

Preparing for your 12 month review meeting with the NDIA



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1800 275 753
or visit
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Thank you for continuing to choose CPL - Choice, Passion, Life as your NDIS provider.

For nearly 70 years we've been helping people grow beyond expectations, seize new opportunities and do amazing things with their lives.

The stories from that journey have taught us that every moment, interaction and relationship is an opportunity to question, evolve and challenge ourselves and others to go beyond good enough. CPL can support you to be fully prepared for your review meeting with the NDIA.

If you need any further support please contact us on 1800 275 753 or visit www.cpl.org.au

CONTENTS

1.0 Plan Assessment	2
2.0 My Accommodation	4
3.0 Client Profile	6
4.0 My Current Supports	8
5.0 My Goals	14
6.0 My Future Supports	18
7.0 Final Things to Consider	32

1. Let's assess your current NDIS Plan

What worked well and what didn't?

Funds	
Looking at your overall plan, are you able to identify funds that are not being fully spent and are likely to remain unspent by the end of your plan?	
Which area/s of funding does this relate to?	
In order to retain this funding on your next plan, you may be required to explain to your planner/LAC why this funding should continue. Do you know why these funds are not being fully utilised?	
Do you expect to be able to fully spend these funds in the future?	
What would be changing to make this possible?	

Goals	
What are the goals on your current plan?	What progress has been made towards achieving these goals? Are you able to provide any evidence of your progress?
Goal 1 -	
Goal 2 -	
Goal 3 -	
What are your goals for your next plan?	What supports will you need to achieve these goals? (This could include a variety of supports such as assistance from a support worker, equipment or aids, therapy, training/skills development, transport etc.)
Goal 1 -	
Goal 2 -	
Goal 3 -	

At your review meeting you may be offered the option of a two year plan

Do you think this would be suitable to to your needs? Yes No

What is your preferred option? One year plan Two year plan

2. My Accommodation

My Current Accommodation - Supported Independent Living (SIL)

The number of other people I live with:	
Is this Specialist Disability Accommodation (SDA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
I am happy with my current home and wish to continue living there at this time	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
I am thinking about a change and would like assistance to explore other housing options	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure

OR

My Current Accommodation - Independent Living

The number of other people I live with:	
I am happy with my current home and wish to continue living there at this time	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
I am thinking about a change and would like assistance to explore other housing options	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure

OR

My Current Accommodation - Family Home

The number of other people I live with:	
I am happy with my current home and wish to continue living there at this time	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
I am thinking about a change and would like assistance to explore other housing options	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure

3. Client Profile

It's all about me!

<p>My current support needs – these are the general comments about the level of support I need each day</p>	
<p>Have your support needs changed since your last plan? If so, explain how they have changed and what changes need to be made to your support funding</p>	
<p>The address where I live</p>	
<p>Who I live with</p>	
<p>My support arrangements for where I live</p>	
<p>My main family contact</p>	
<p>My current health – please comment generally</p>	

Has your health changed since your last plan? If so, explain what the changes have been. Do these changes impact on your support services?	
My current job or volunteer job - where I work, how many days per week, how I get there, what support I need to maintain my job	
My current transport funding on my NDIS Plan	\$ per fortnight
My current transport costs per week	\$ per week
Risks that are of current concern to my health and well being	
Other things I am concerned about	



4.0 My Current Supports

This is how I currently use my funded supports each week

		Support at Home		Support to Access the Community	
		Day	Evening	Day	Evening
Mon	Hours				
	Activities				
Tues	Hours				
	Activities				
Wed	Hours				
	Activities				
Thur	Hours				
	Activities				
Fri	Hours				
	Activities				
Sat	Hours				
	Activities				
Sun	Hours				
	Activities				

Other supports in my life - extra information

4.1 My current supports

I have family and friends who are able to provide me with some informal supports	<input type="checkbox"/> Yes <input type="checkbox"/> No
Briefly explain the type of informal (unpaid) support these people provide to you. Are they able to keep doing this for you?	
How is this support going, is it working well or not?	
People who help me make decisions	
Public Guardian is appointed for decision making	<input type="checkbox"/> Yes <input type="checkbox"/> No
Public Trust is appointed for my finances	<input type="checkbox"/> Yes <input type="checkbox"/> No
People who help me to manage my money	

4.3 Consumable supports I use in my daily life

Item	Estimated Annual Cost
Continence Aids	
Wipes	
Gloves	
Mattress Protectors	
Other (list here)	

4.4 Capital supports I use in my daily life - Assistive Technology

Think about what you need at home **AND** also what you need when you are in the community.

Equipment that you use at home or at work - what type of equipment will you need in your home or at work (such as an electric bed, mattress, hoist and sling, bathroom and toilet equipment, furniture etc.)?

Item required	Reason - why this is needed

Equipment you use to get around - examples are things like a new walker, wheelchair, Ankle-Foot Orthoses (AFO's) etc.

Item required	Reason - why this is needed

Equipment you use to communicate - examples are things like Communication Boards, Speech Generating Device, Pragmatic Organisation Dynamic Display (PODD), computer applications etc.

Item required	Reason - why this is needed

Equipment that needs to be maintained/serviced/repaired - such as hoist or wheelchair services, new slings, electric beds, commodes.

List all your equipment items that require maintenance	How often each year	Cost per year

5. My Goals

I would like to work towards achieving these goals with my next NDIS plan

My first goal: _____

Supports I need to achieve this goal:

Support worker:

Therapy:

Aids or equipment:

Skill development or training:

Transport:

My second goal: _____

Supports I need to achieve this goal:

Support worker:

Therapy:

Aids or equipment:

Skill development or training:

Transport:

Please use this space to comment on future goals, or for any questions you may have for your NDIA planner

Notes

My long term goals and aspirations: _____

Supports I need to achieve my long term goals:

Support worker:

Therapy:

Aids or equipment:

Skill development or training:

Transport:

6.0 My Future Supports

Core supports I need to manage my daily life

Area	How many hours per day?	How many days per week?	How many weeks per year?
Day service (centre group based activities)			
Day service (centre based – amount of 1:1 support that is needed when in group setting)			
Community, social and recreational activities (1:1) support			
Support at home (1:1 self care activities)			
Short term accommodation (respite)			
House and/or yard maintenance			
Other			
Other			
Other			
Other			

Is this support on Saturdays?	Is this support on Sundays?	Is this support on Public Holidays?	Transport requirements to access this support each week

6.1 My future supports

Capacity Building: Therapeutic supports that could improve my daily living

Which overarching goal does this address?	What is required?
<i>Example: Safe mealtime participation</i>	<i>Mealtime management guideline</i>

Think about your current situation and things that could improve your daily living. There are some therapy supports you may wish to consider. Do you have any specific needs such as mealtime management guidelines, manual handling support, behaviour management support, social support etc.?

Reason for why this is needed	Supports needed to attend this activity	Transport needed for this activity
<i>To document how I eat my meals and how best to support me</i>	<i>Allied Health</i>	<i>Allied Health professional will travel to my home</i>

6.2 My Future Supports - Capacity Building (other)

These are supports that I need to enable me to do things like:

- Improve my Learning
- Improve my Health and Wellbeing
- Improve my Relationships
- Finding and Keeping a Job
- Increased Social and Community Participation
- Support Coordination
- Plan Management

Support Area	Things to consider
Positive Behaviour Support Plan	Do you already have a Positive Behaviour Support Plan in place? Will it need to be reviewed in the next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
Behaviour Support	Do you feel that you would benefit from strategies or recommendations to support positive behaviours and your emotional wellbeing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Assistance with medication	Do you require assistance to take medications? <input type="checkbox"/> Yes <input type="checkbox"/> No
Counselling or Social Work	Do you need support to develop confidence and wellbeing or engage in school or the community? Do you currently engage at times with a Social Worker or counselling services? <input type="checkbox"/> Yes <input type="checkbox"/> No
Increased health and wellbeing	Do you need assistance for exercise or therapies that increase your physical capacity or general wellbeing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Improved learning	Do you need help with the transition through school and to further education? <input type="checkbox"/> Yes <input type="checkbox"/> No



Which goal does this address?	Supports needed to attend this activity	Transport needed for this activity

6.2 My Future Supports - Continued

Support Area	Things to consider
Increased Social and Community Participation	Do you need help to develop life skills to increase your independence? Is there a training program, short course, workshop, program that you wish to undertake? <input type="checkbox"/> Yes <input type="checkbox"/> No
Increased Social and Community Participation	Do you need help with developing skills to allow you to participate in community, social and recreational activities? <input type="checkbox"/> Yes <input type="checkbox"/> No
Finding and Keeping a Job	Do you need assistance with finding or keeping a job or with finding a volunteer position? <input type="checkbox"/> Yes <input type="checkbox"/> No
Finding and Keeping a Job	Do you need support while working on your job or volunteering? This may include training, personal care or workplace modifications. <input type="checkbox"/> Yes <input type="checkbox"/> No
Support Coordination	Do you need help to coordinate your supports? <input type="checkbox"/> Yes <input type="checkbox"/> No
Plan Management	Do you need training in how to manage your plan? <input type="checkbox"/> Yes <input type="checkbox"/> No

6.3 Staff training requirements

Do your support staff require additional specific training? If so, what?

Support needed	Training required

Which goal does this address?	Supports needed to attend this activity	Transport needed for this activity

Support needed	Training required

6.4 Modifications

Modifications	Why is this needed?	Do you have supporting evidence?
Modifications required for my home		<input type="checkbox"/> Yes <input type="checkbox"/> No
Modifications required for my vehicle		<input type="checkbox"/> Yes <input type="checkbox"/> No
Modifications required for my equipment (i.e. cushion mods, wheelchair mods etc.)		<input type="checkbox"/> Yes <input type="checkbox"/> No



6.5 Employment - Choose your employment adventure!

SCHOOL LEAVERS (Yes, I want employment)	
Are you leaving school this year?	
Are you interested in looking for a job?	
Do you currently receive any employment support services (e.g. DES)?	
What sort of job are you looking for?	
Do you need skills development to assist you?	
What sort of skills development/supports/equipment/training/resources do you need?	
Do you think you need 1:1 on the job support?	
Will you need transport to be able to get to work?	
What are your concerns about getting a job?	

6.5 Employment - Continued

SCHOOL LEAVERS (No, I do not want employment)	
Are you leaving school this year?	Yes, I am
Are you interested in looking for a job?	No, I am not ready
Do you currently receive any employment support services (e.g. DES)?	
Is finding a job something that you are considering for the future?	
If YES, what sort of skills development/supports/equipment/resources do you think you would need?	
Would you like to start building your future employment capacity through developing some skills now?	
What are your concerns about getting a job?	
VOLUNTEERING OR WORKING but wanting to explore other employment options	
What is your current job/volunteer position?	
Is this supported employment? How many hours/days do you work each week?	

<p>Is this open employment? How many hours/days do you work each week?</p>	
<p>What current supports/ equipment/resources do you use at work/volunteering?</p>	
<p>What type of job/volunteer position would you like to do instead?</p>	
<p>What is stopping you from making a change?</p>	
<p>What supports/equipment/resources/skill development do you need to reach your employment or volunteering goal?</p>	
<p>Will your transport requirements change if you get a job or start volunteering?</p>	
<p>What are your concerns about making a change?</p>	

6.5 Employment - Continued

UNEMPLOYED CURRENTLY, but looking for an opportunity to work or volunteer?	
Are you unemployed but looking for a job or volunteer opportunity?	Yes, I am
Do you currently receive any employment support services (e.g. DES)?	
What do you think is stopping you from finding a job or volunteer position?	
What sort of job or volunteer role are you looking for?	
What sort of skills development/supports/equipment/training/resources do you think you need to help you find and keep a job or volunteer position?	
Do you think you need 1:1 on the job support?	
Will you need transport to be able to get to work?	
What are your concerns about getting a job or becoming a volunteer?	

WORKING/VOLUNTEERING but wanting to slow down, reduce days, make community connections?

What is your current job/volunteer position?	
What current supports/equipment/resources do you use at work/volunteering?	
Are you wanting to stop working or volunteering completely?	
Are you wanting to reduce your days? If so, what would this be?	
What would you like to do instead of your current job or volunteer position?	
What sort of support would you need to begin reducing your workload?	
What support would you need on your day's off work?	

7.0 Final Things to Consider

Think about what you need for a successful plan meeting.

Review meetings generally commence approximately 2 months before your current plan ends. Before you get the phone call from NDIA to arrange a meeting time, you may want to consider -

- Where do you want the meeting to take place (e.g. your home, NDIA office)?
- Who you want to support you at the meeting?
- Do you want to have other people dialled in to the review meeting with you?
- Are you willing to have your review meeting over the phone?
- Or, is it important to you that the meeting is face to face?

Decide how you'd like to manage your NDIS plan

Support Coordination

Tick the level of support co-ordination you would like to help you with managing your next plan.

- I don't need any support to find and work with service providers or mainstream supports.
- I would like some support to link me with service providers, mainstream supports and community activities so I can achieve the goals in my NDIA plan.
- I need assistance to coordinate my supports, work with service providers and resolve issues.
- I want training in planning and plan management so that I can learn how to do this myself.
- I have complex care needs and require specialist assistance to find the right supports and coordinate my services.

Financial management

Tick the level of financial management you would like to put in place to manage your next plan.

- NDIA MANAGEMENT** - I would like my NDIS funding to be managed by the NDIA. This means that service providers will invoice the NDIA directly. The NDIA will pay my service provider directly and I can monitor my funds through the NDIA website portal.
- SELF MANAGEMENT** - I would like to manage my NDIS funding myself. This means that I will be invoiced by service providers of my choice and have to directly pay these service providers. I will claim funds back through the NDIA website portal and monitor my own spending.
- REGISTERED PLAN MANAGER** - I would like to use a Registered Plan Management Provider to help me manage my plan and claim funds from the NDIA to pay my accounts for me from registered and unregistered providers.
- COMBINATION OF OPTIONS** - I would like use a combination of options to manage my plan.

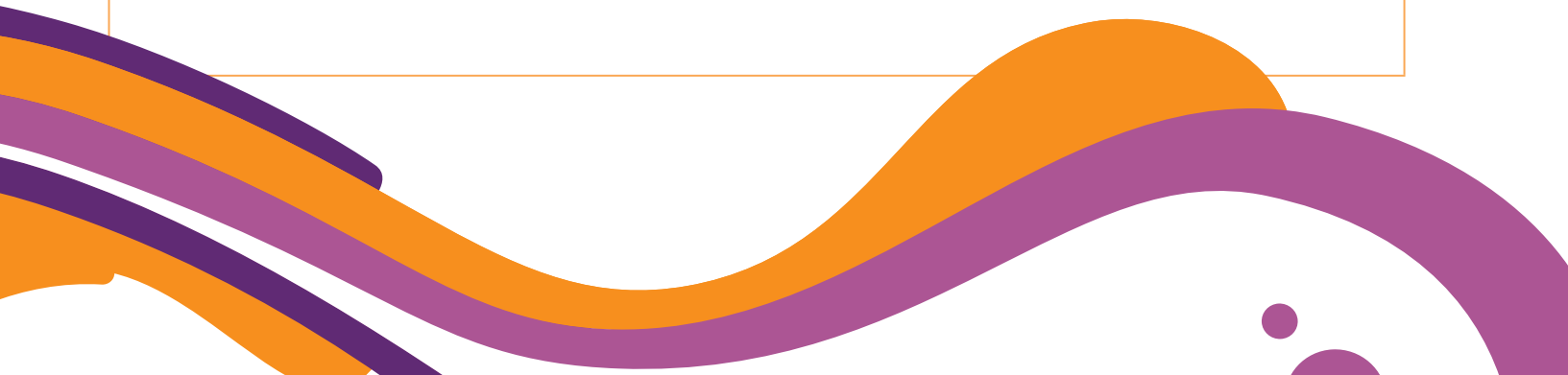
This document is to help you prepare for your NDIS review meeting. CPL is ready to support you to set your goals, plan your supports and live the life you choose with passion.

Download a copy of this document (Microsoft Word) for you to complete at home.

If you need further assistance, please call 1800 275 753.



Notes





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