

SAMPLE COMPLEX NDIS PLAN: SUPPORTING A PERSON WITH COMPLEX CARE NEEDS.

Part 1: About Me

This part of the Participant Statement is about me, my daily life and the people in my life.

Where will I live and who will support me

*** lives at home with her parents, ****, **** and sister ****. She has her own room. The family have completed building a new home with planning for **** long-term disability support needs in mind.

*** is dependent on others for support with everyday tasks and to monitor and support her safety. Her epilepsy management plan has been updated following further EEG testing, with the most significant change being an alteration in when midazolam is administered. This change has meant that **** is more alert, providing more opportunities for learning & she is demonstrating increased skills. However ongoing safety needs of vigilance for & during seizures are part of **** everyday experience, that of her family and those working with her. She continues with supplementary oxygen on some nights, suctioning as needed & PEG feeding.

The family have extended family support, but with **** specialist care needs and their other commitments, her extended family is unable to provide alternative care for her. To support the family in sustaining care funding was provided for 24/7 care. It has been difficult to establish this support due to internal difficulties in the agency providing the care, the recruitment and training of staff. The family experience is that it takes new support workers around 4 weeks after training before they are confident to care for **** without family being there to support. **** has support from a range of therapists, a specialist teacher and medical specialists.

My Daily Life

**** health and development needs impact her on her everyday routine. She has many medical appointments both in Geelong and Melbourne. Each trip outside home means packing up equipment that **** may need. She has attended kinder this year when a support worker is available and Sunday school taking the support worker with them. Most weeks **** has therapy appointments at home. Therapy and play often require 2 people, as does transport.

Supporting **** ongoing health and well-being means minimising her exposure to potential sources of infection/illness by avoiding contact with ill family and staff. Her sister enjoys playing with ****. The family are currently developing a school transition plan for her to transition to school in 2018.

Part 2: My Goals

This part of my participant statement lists the goals I want to work towards during this plan.

My First Goal is:

During this plan: Mum & Dad would like **** to remain living at home with her family with adequate and appropriate supports to sustain the family and the home environment.

My Second Goal is:

During this plan: Mum & Dad would like **** to continue learning through a range of therapies including vision and music.

My longer term goals and aspirations are:

Goal: Mum & Dad would like **** to continue to build her communication skills so that others better understand her thoughts, wants and needs and she can express her own personality.

Relates to: Social and Community Activities.

Part 3: My Supports

These are supports that will help me work towards my goals.

Family and friends

These are who the NDIS calls 'informal' supports.

My informal supports

- Mum, dad and sister support with everyday care, growth and development that involves attending to the high demands of **** complex care needs to help maintain her health and well-being.
- **** grandparents care and support from extended family. **** specialist are needs mean that extended family members are unable to provide alternative care for her.

Services and community groups

These services might include things like health or mental health services, schools or education services, community groups, sporting or hobby clubs, or other government services. These are what the NDIS calls 'community and mainstream' supports.

My community and mainstream supports

- Royal Children’s Hospital Clinics: Dental Clinics every 6 months. Neurology Clinics every 2-3 months. Ophthalmology every 12 months. Metabolic clinic every 6 months. Gastroenterology every 6 months. Palliative care clinic every 6 months/as required. The family support her to attend specialised medical appointments & follow ups as required. The frequency of appointments can vary depending on her health care needs.
- HEN program, Barwon health. Currently the program provides support ad monitoring of PEG feeding, including the provision of equipment.
- Geelong paediatric group with Dr. ****
- Myer St Medical Centre with Dr. ****
- Family support her to attend appointments and follow up as required.
- Very Special kid support for family and provision of occasional respite. Family maintain contact with VSK as and when required.
- Community based Church.
- The Family Choice Program Royal Children’s Hospital.
- Specialist training for up to 6 support workers so as to be able to attend to **** specialised care needs.

NDIS reasonable and necessary supports budgets

I can choose how I spend the amount in each budget listed below by checking the NDIS price list and the matching supports on the NDIS website at ndis.gov.au/participants.

Where a support listed in my plan as ‘stated’, I must purchase this support as it is stated within the plan. I cannot swap ‘stated’ supports for any other supports.

Supported Area:	Assistive Technology
Budget:	\$9,250
Details:	Equipment requirements for the next 3 months, pending quotes and NDIA approval. This may include communication device and wheelchair mounts, slings, knee wraps, eye gaze controls, change table, power wheelchair, body splint, AFO and orthotic shoes. Also funding is available for repairs of equipment that is not covered under warranty.
How will the supports be paid:	NDIS will pay my support provider directly for these supports.

Supported Area:	Improved life choices
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Budget:	\$288.75
Details:	Financial Intermediary monthly processing
How will the supports be paid:	NDIS will pay my support provider directly for these supports.

Supported Area:	Improved daily living
Budget:	\$17,540.08
Details:	Provision of therapy services across all environments; with therapists to work in collaboration to support family to implement strategies to assist in meeting goals as per the plan including support to staff where required. Detailed progress report on strategies implemented & outcomes against relevant goals in plan, to include ongoing functional needs with goals to inform next plan. Therapists are to adhere to the NDIS guidelines relating to NDIS interface with education and health. Therapy allocation including therapy travel – can be used flexibly as required by family.
How will the supports be paid:	NDIS will pay my support provider directly for these supports.

Supported Area:	Support Coordination
Budget:	\$10,599.50
Details:	Specialised support coordination and support coordination. Assist family to implement and manage NDIS plan.
How will the supports be paid:	NDIS will pay my plan management agency directly for the supports

Supported Area:	Core Supports
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Budget:	\$136,751.82
Details:	<p>Funding for your continence including delivery. Funding for your assistive technology products are level 1 of the AT complexity level classification document and available 'off the shelf'. Warning: some low cost equipment like bed rails, sticks, covers and weighted blankets are high risk and should NOT be purchased with these funds as they require an AT assessment. Therapy items should not be purchased.</p> <p>Assistance with self-care 16 hours a day includes Saturdays and Sundays and public holiday rates and 8 nights of short term accommodation per month.</p>
How will the supports be paid:	NDIS will pay my support provider directly for these supports.