**Defining and differentiating Capacity building and Medicare funded Treatments and Therapy**

We have compiled some frequently asked questions about Therapeutic Supports / Capacity Building Programs to help you understand the main difference between NDIS funded supports and Medicare funded therapy / services.

**Can I attend Pathways MH for Therapy and fund from my Capacity Building budget?**

As a NDIS participant funding for Therapeutic Supports is available for specific Capacity Building goals that relate directly to your plan and build independent living skills. Therapy and clinical services for specific diagnosed mental health conditions are available via referral from your GP to psychologists or mental health professionals. Therapeutic interventions such as CBT, DBT and Counselling can be funded through your Mental Health Care Plan / Medicare and not though your Capacity building budgets.

**Does Pathways provide therapy and supports for non-NDIS funded participants?**

Yes we also provide Mental Health Nursing Services, privately funded therapy and take referrals from NGO’s

**How are NDIS Capacity Building programs different from mainstream Therapy services?**

Capacity building is about developing a person’s skills so that they no longer require future supports or require those supports in a more limited capacity. For example, under the Medicare system, we may have someone who has been diagnosed with anxiety and is treated with Cognitive Behaviour Therapy for anxiety to treat their symptoms. However, through NDIS Capacity Building, someone who has Autism and an anxiety diagnosis can be taught coping skills, education and understanding about anxiety, it will arguably limit and reduce the impact of that anxiety and the behaviours of anxiety so therefore promoting independence and reducing the need for ongoing sessions.

**Can you give me an example of how I can use my capacity building funds?**

If you need capacity building, to develop your life skills, education or understanding so that you are able to function at a higher level or to develop independent living skills it is more likely that the NDIS will fund you for that. The NDIS will also fund supports that assist you to develop relationship skills and social skills development. However, if you need treatment for an anxiety disorder or acute mental health episode it is less likely that the NDIS will fund you. Here are some case examples:

**Clinical Mental Health Supports**

Emilia has a mental health condition that has led to a psychosocial disability. She feels her condition is getting worse. She asks NDIS to fund clinical treatment from a mental health professional. This funding would supplement the supports she already gets from mainstream health services where she lives, through her mental health plan.

**Would NDIS fund this?**

No, NDIS don’t typically fund clinical treatment from a mental health professional. They will only fund supports where they are the most appropriate funding body. NDIS can’t fund supports more appropriately funded or provided through other general systems of service delivery or support, including as part of a universal service obligation. The health system is responsible for clinical mental health supports.

**Why wouldn’t NDIS fund this?**

When working out whether a support is reasonable and necessary for participants, they look at the information you gave them against the NDIS Funding Criteria (<https://ourguidelines.ndis.gov.au/how-ndis-supports-work-menu/reasonable-and-necessary-supports/what-supports-can-you-get/what-are-reasonable-and-necessary-supports>).

Participants need to show that a support is most appropriately funded or provided through the NDIS, rather than provided through other service systems, including the health system.

NDIS have to think about a number of things when they decide if they are the most appropriate funding body for a support. They are not responsible for funding mental health supports that are a form of clinical treatment. This includes acute, ambulatory and continuing care in the community, and rehabilitation or recovery.

This means that if you need more clinical treatment from a mental health professional, NDIS are not the most appropriate funding agency. This is the case even if your need for extra clinical supports is due to your disability.

NDIS also don’t fund psychology as therapy or clinical treatment to address symptoms of your mental health condition. If your treatment is to stabilise or manage your mental illness, or to set up longer-term recovery pathways, the health or mental health system is responsible. NDIS don’t fund clinical mental health treatment as a reasonable and necessary psychology support in your plan.

**What else do NDIA think about?**

NDIS are not responsible for clinical mental health supports.

 Early intervention supports related to mental health treatment, including clinical supports for child and adolescent developmental needs.

 Residential care where the main purpose is for inpatient treatment or clinical rehabilitation. This includes places that mainly employ clinical staff to give primary mental health care supports.

 Supports relating to co-morbidity. This relates to other conditions that participants may have alongside their mental health condition. For example, treatment for drug or alcohol dependency is not our responsibility.

NDIS may fund non-clinical supports that relate to your ongoing psychosocial disability and functional ability. This includes supports that let you do day-to-day tasks and take part in community and social and economic life. To decide this, we look at the information participants give us against the NDIS Funding Criteria (<https://ourguidelines.ndis.gov.au/how-ndis-supports-work-menu/reasonable-and-necessary-supports/what-supports-can-you-get/what-are-reasonable-and-necessary-supports>).

**Case example**

Jim is 48 and lives with schizophrenia. He works part time as a groundskeeper and also does landscaping. Jim’s psychosocial recovery coach has noticed that his behaviours have recently deteriorated. His psychologist recommends Jim do intensive cognitive behavioural therapy to manage the symptoms he now has as a result of his psychosocial disability.

Jim asks us to fund intensive psychological support. He supports this request with a copy of the report from his psychologist.

When working out whether the funding for cognitive behavioural therapy is reasonable and necessary, the planner looks at the information Jim gave us against the NDIS Funding Criteria (<https://ourguidelines.ndis.gov.au/how-ndis-supports-work-menu/reasonable-and-necessary-supports/what-supports-can-you-get/what-are-reasonable-and-necessary-supports>). In doing so the planner thinks about whether the support:

 relates to Jim’s psychosocial disability

 will be, or is likely to be, effective and beneficial for Jim, in line with current good practice

 is a clinical treatment for the symptoms of Jim’s mental health deterioration

 is most appropriately funded or provided through the NDIS, or is more appropriately funded or provided through the health system

 represents value for money in that the costs of the support are reasonable, compared with alternative supports which may achieve the same benefit.

In Jim’s case the planner decides:

 the need for this treatment is due to a deterioration in Jim’s mental health caused by a change to his schizophrenia, and is related to Jim’s psychosocial disability

 based on the psychologist’s recommendation, cognitive behavioural therapy is likely to be effective and beneficial for Jim’s mental wellbeing and aligned to good clinical practice

 cognitive behavioural therapy is a form of clinical treatment and the health system, not the NDIS, is the most appropriate agency to fund this support

 as clinical mental health therapy is not most appropriately funded by the NDIS, the support does not represent value for money.

This means that Jim’s funding request is not reasonable and necessary and funding for cognitive behavioural therapy is declined.

The planner highlights that with Jim’s consent, his psychosocial recovery coach should be able to participate in case meetings with his health system clinician in order to:

 develop an agreed understanding of each parties’ responsibility

 ensure Jim understands who he should contact under what circumstances, for example crisis management

 ensure Jim’s NDIS plan, treatment plan and recovery plan complement each other to improve outcomes for treatment and recovery.

 identify how to maintain access to clinical mental health supports, including health services available at times of crisis or escalation of need.

For more information, refer to:

 Guideline - Reasonable and necessary supports (<https://ourguidelines.ndis.gov.au/how-ndis-supports-work-menu/reasonable-and-necessary-supports>)

 Guideline – Disability-related health supports (<https://ourguidelines.ndis.gov.au/supports-you-can-access-menu/disability-related-health-supports>)

**Non-Clinical Mental Health Supports / NDIS Capacity Building**

Case example

Roxanne has lived with a psychiatric condition for several years. Her mental health has a big impact on her life and she has an NDIS plan to help her with her psychosocial disability supports. Roxanne wants to improve her independence and asks the NDIS for funding for capacity building supports. The supports are to help her learn how to do day-to-day activities such as paying her bills and cooking her meals. By providing capacity building supports it is expected Roxanne’s need for support will reduce over time as she builds her independence.

Would NDIS fund this?

Yes, NDIS would typically fund capacity building and social, community and civic participation supports if they:

 relate directly to the disability

 help improve independence.

 enable you to undertake day-to-day tasks.

Why would NDIS fund this?

When working out whether a support is reasonable and necessary for you, we look at the information you give us against the NDIS Funding Criteria (<https://ourguidelines.ndis.gov.au/how-ndis-supports-work-menu/reasonable-and-necessary-supports/what-supports-can-you-get/what-are-reasonable-and-necessary-supports>). We typically fund mental health supports that:

 are not clinical in nature

 relate to your ongoing psychosocial disability

 focus on your functional capacity and independence.

The supports should help you undertake day-to-day activities and take part in community, social and economic life.

Examples of the types of non-clinical mental health supports we might fund to help you with your psychosocial disability include:

Coaching to help participants improve their motivation, focus, knowledge and skills, resilience and decision-making so you can be more independent with day-to-day activities

 assistance to help you work with broader mental health, health system and other services by ensuring the supports you receive outside of the NDIS are responsive to your needs and helping you achieve your recovery goals

 support you to connect positively with family, friends and others.

We call these capacity building and social, community and civic participation supports. It is expected by funding these supports to build capacity, the need for support will reduce over time as independence increases.

The non-clinical mental health supports also need to meet other NDIS funding criteria. They need to be effective and beneficial for your psychosocial disability needs, and value for money.

**What else do NDIA think about?**

There are a range of supports NDIS don’t fund:

 Clinical supports related to mental health, including acute, ambulatory and continuing care in the community, and rehabilitation or recovery.

 Early intervention supports related to mental health that are clinical in nature, including for child and adolescent developmental needs. For example a therapeutic plan including strategies and/or medications to manage the symptoms of the mental health condition.

 Residential care where the main purpose is for inpatient treatment or clinical rehabilitation. This includes places that mainly employ clinical staff to give primary mental health care supports.

 Supports relating to co-morbidity. This relates to other conditions that you may have alongside your psychosocial disability. . For example, we won’t fund treatment for drug or alcohol dependency This is because the health system, rather than the NDIS, is the most appropriate funding source for these supports.

Case example

Yindi is 27 and has a psychosocial disability. She lives in temporary accommodation and does not work. Yindi wants to move out of temporary accommodation to live in her own home, and reconnect with her friends and hobbies. Her psychosocial recovery coach has recommended training and therapy to help improve her:

 day-to-day skills to live independently, focusing on cooking, cleaning and paying bills

 social skills to connect with people in a positive way and connect with the community.

Yindi asks us to fund the recommended training and therapy. She supports her request with a copy of the report from her psychosocial recovery coach.

When working out whether the funding for capacity building and social, community and civic participation supports are reasonable and necessary, her planner looks at the information Yindi provides against the NDIS Funding Criteria (<https://ourguidelines.ndis.gov.au/how-ndis-supports-work-menu/reasonable-and-necessary-supports/what-supports-can-you-get/what-are-reasonable-and-necessary-supports>). In doing so the planner thinks about whether the support:

 will help Yindi do day-to-day activities, and take part in social and economic life

 is value for money in that its costs are reasonable compared to both the benefits achieved and the cost of other support options

 will be, or is likely to be, effective and beneficial for Yindi, in line with current good practice

 most appropriately funded or provided through the NDIS, rather than through other general systems of service delivery such as the health system.

Based on the report from Yindi’s psychosocial recovery coach, the planner decides the supports will help her to do day-to-day tasks and take part in social and economic life.

The planner also decides the supports are:

 good value for money and likely to build Yindi’s independence, reducing her long-term reliance on other supports

effective and beneficial for Yindi’s mental wellbeing as recovery coaches follow a recovery-orientated approach, in line with current good practice

not clinical in nature, because they focus on improving Yindi’s functional abilities and will mean she can do day-to-day activities and take part in her community

are most appropriately funded by the NDIS, rather than the health system.

This means Yindi’s training and capacity building is reasonable and necessary and funding is included in her plan to help improve her:

1. day-to-day skills to live independently, focusing on cooking, cleaning and paying bills
2. social skills and build her capacity to connect with people in a positive way and connect with the community.

Over all It is expected the funding of these supports will improve Yindi’s independence and reduce her need for ongoing support over time

**More Info from NDIA**

Our Guideline - Reasonable and necessary supports (<https://ourguidelines.ndis.gov.au/how-ndis-supports-work-menu/reasonable-and-necessary-supports>)

Our Guideline – Disability-related health supports (<https://ourguidelines.ndis.gov.au/supports-you-can-access-menu/disability-related-health-supports>)