



# URGENT ACCESS REQUEST - COVER LETTER

## How to request urgent NDIS access for your patient

JUNE 2023

In some circumstances a person may be vulnerable to risk and need urgent supports. For example, they may be going back to live in a community setting with few supports of any kind after they are discharged from hospital, or they may not be able to return home and may be at risk of moving into a residential aged care facility.

To seek priority access and planning for the prospective participant:

1. If emailing the Access Request Form, use the subject line: PRIORITY – Urgent Access Decision Required.
2. If posting the request, the top of the first page of the Access Request Form should include the same line.
3. In the body of the email or cover letter, detail the urgent circumstances and clearly identify that the prospective participant is in hospital. The “Sample Access Request (AR) cover letter” below provides some guidance for how to do this.

For health staff supporting people in hospital, please refer to the [How to fill out the NDIS Access Request Form](#) step-by-step resource for further guidance on completing an Access Request Form. You can download the Word doc. version of this resource [here](#).

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**[Health Service Logo]**

Dear NDIS National Access Team,

I am writing with regards to **[insert prospective participant name]** who is currently an patient/client at **[insert health service name]**.

**[insert prospective participant name]** has a significant and permanent disability and is unable to leave hospital/is unsafe at home without the urgent implementation of an NDIS plan to adequately address the support needs arising from their disability.

At this time **[insert prospective participant name]** is unable to provide verbal, written or alternate methods of consent due to **[insert communication impact of disability]**. **[insert prospective participant name]** also has no legal representative. **[insert prospective participant name]** is supported by **[insert NOK]**/the treating healthcare team to initiate an access request so that appropriate supports can be available during discharge planning. It is requested that an exceptional circumstance is considered to support access without formal consent. **[delete if not required]**

**[insert prospective participant name]**'s support plan will likely require personal supports, equipment, home modifications and support to explore alternative housing options **[include all relevant]**.

The health team estimates that **[insert prospective participant name]** will have completed their required inpatient hospital stay and be ready for discharge from hospital on **[insert date]**. **[delete if in community]**

**[insert prospective participant name]** meets the requirements for priority access and planning due to urgent circumstances as defined on page 48 of the 'Applying to the NDIS' Operational Guidelines (July 2022).

Specifically, **[insert prospective participant name]** is **[Choose which circumstances apply]**:

- **Child younger than 7 years with a hearing impairment, either:**
  - Identified as Hearing Australia or Early Childhood Partner Priority
  - Identified as 'newly diagnosed'
- **A child is identified as having a developmental delay and is turning 6 years old within 30 days of a valid NDIS application.**
- **Immediate risk to self, others, community or agency where appropriate disability or informal supports are not in place.**
- **Unexpected, significant deterioration of disability-related functional capacity where appropriate disability or informal supports are not in place.**
- **Rapid deterioration in functional capacity of a person with one of the following permanent disabilities:**
  - Amyotrophic Lateral Sclerosis (ALS)
  - Brain Cancer
  - Motor Neurone Disease (MND or Lou Gehrig's Disease)
  - Progressive Bulbar Palsy (PBP)
  - Primary Lateral Sclerosis (PLS)
  - Progressive Muscular Atrophy (PMA)
- **Imminent risk (within 1-14 days) of breakdown of either:**
  - Accommodation - risk of homelessness
  - Caring arrangements, including informal supports, due to death, serious illness or injury of informal supports, or significant and unexpected deterioration of disability-related functional capacity.

- Appropriate disability supports are not in place and are re-entering the community after a long-term residence or hospital stay (specific release date not required):
  - A person with a newly acquired, significant disability, such as spinal cord injury, being discharged from hospital
  - A younger person living in residential aged care
  - A person being discharged from an inpatient mental health facility
  - A person due to be released from correctional facility

In addition to this, **[insert prospective participant name]** has the following complexities **[elaborate and/or remove what is not appropriate]**

- Involvement with other systems (e.g. justice, child protection etc)
- Significant support level for physical support or behaviours of concern (i.e. 1:1 or 2:1)
- Risks with current housing (e.g. shared supported accommodation or residential aged care); need for alternative
- No/minimal informal or community supports
- Input from multiple providers
- Other: CALD, parent/carer with a disability, rural/remote location where thin market exists

Given these complexities, an NDIA senior planner from the YPIRAC team or Complex Support Needs Pathway should be considered to provide an effective level of support to **[insert prospective participant name]**.

The primary contact person in **[insert prospective participant name]**'s health team is **[insert staff member]**, **[insert discipline]**. The treating team at **[insert health service name]** is available to support **[insert prospective participant name]** in collaboration with the NDIS in planning for **[insert prospective participant name]**'s discharge from hospital/ to remain safely at home and achieving their ongoing NDIS plan.

Kind regards,

**[Staff member], [Role]**

**[Ph], [Email]**