

# Change to MMM classification for Gunbalayna, NT from MMM7 Very Remote to MMM6 Remote

## MJD Foundation Submission to the NDIA August 2020

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### Submission Purpose

One of the announcements made in the NDIS Pricing Review announced in June 2020 was the change to the pricing category applied to Gunbalanya, NT (West Arnhem Land).

It is proposed that from 1<sup>st</sup> October 2020 Gunbalanya, NT will be reclassified in line with the Modified Monash Model from MMM7 Very Remote to MMM6 Remote<sup>1</sup>.

The purpose of this submission is to put forward the argument to the National Disability Insurance Agency (NDIA) as to why this change should not go ahead.

Please also see Appendix A listing the organisations who are supportive of this submission, and Appendix C for a supporting letter from National Disability Services (NDS).

Disclosure: Whilst the MJD Foundation (MJDF) has prepared, and is making this submission, it should be noted that we only have one (1) NDIS participant living in Gunbalanya. The impact to us as an organisation is therefore minimal. However, we feel strongly that service delivery to Gunbalanya presents all the challenges of a very remote community resulting in a thin market, with very few services and little to no choice and control for participants.

<sup>1</sup> <https://www.ndis.gov.au/providers/price-guides-and-pricing/annual-price-review>

## Modified Monash Model

The Modified Monash Model (MMM)<sup>2</sup> is a geographical classification system adopted in 2015 to address the maldistribution of medical services across Australia.

The model categorises remoteness and population size on a scale, with MMM1 being a major city and MMM7 being very remote. Some Government programs use the MMM to define their eligibility requirements, and the National Disability Insurance Scheme uses the model to define Pricing categories. This NDIA categorises MMM6 as 'remote' and MMM7 as 'very remote'.

### Modified Monash Model classifications table

Modified Monash category	Inclusions
MM 1	All areas categorised ASGS-RA1.
MM 2	Areas categorised ASGS-RA 2 and ASGS-RA 3 that are in, or within 20km road distance, of a town with a population greater than 50,000.
MM 3	Areas categorised ASGS-RA 2 and ASGS-RA 3 that are not in MM 2 and are in, or within 15km road distance, of a town with a population between 15,000 and 50,000.
MM 4	Areas categorised ASGS-RA 2 and ASGS-RA 3 that are not in MM 2 or MM 3 and are in, or within 10km road distance, of a town with a population between 5,000 and 15,000.
MM 5	All other areas in ASGS-RA 2 and 3.
MM 6	All areas categorised ASGS-RA 4 that are not on a populated island that is separated from the mainland in the ABS geography and is more than 5km offshore.  Islands that have an MM 5 classification with a population of less than 1,000 (2019 Modified Monash Model classification only).
MM 7	All other areas; that being ASGS-RA 5 and areas on a populated island that is separated from the mainland in the ABS geography and is more than 5km offshore.

<https://www.health.gov.au/health-workforce/health-workforce-classifications/australian-statistical-geography-standard-remoteness-area>

The determination of the classifications is a complex process and is based on the Australian Statistical Geography Standard – Remoteness Areas (ASGS-RA)<sup>3</sup> framework.

The ASGS-RA divides Australia into five (5) classes of remoteness.

ASGS-RA1	Major cities of Australia
ASGS-RA2	Inner regional Australia
ASGS-RA3	Outer regional Australia
ASGS-RA4	Remote Australia
ASGS-RA5	Very Remote Australia

<sup>2</sup> <https://www.health.gov.au/health-workforce/health-workforce-classifications/modified-monash-model>

<sup>3</sup> <https://www.health.gov.au/health-workforce/health-workforce-classifications/australian-statistical-geography-standard-remoteness-area>

Remoteness is determined according to “Accessibility and Remoteness Index of Australia (ARIA+)” which was developed by the Hugo Centre for Migration and Population Research at the University of Adelaide<sup>4</sup>.

The ARIA+ methodology<sup>5</sup> measures remoteness in terms of distance along the road network from populated localities to 5 categories of service centres based on population size. It then uses a national average to calculate an ARIA score.

A useful example of this calculation can be found here.

<https://www.adelaide.edu.au/hugo-centre/services/aria#metro-aria>

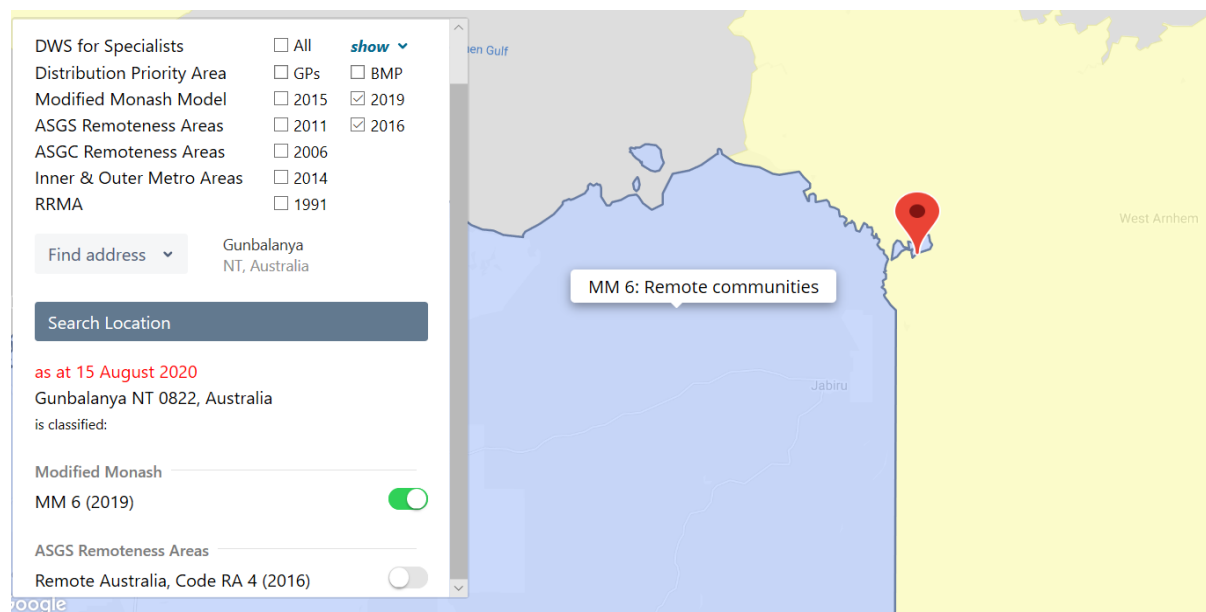
The ARIA score maps back to the ASGS-RA category.

## Gunbalanya’s current categorisation

The Health Workforce Locator provides a lookup to determine the ASGS-RA and MMM rating of a location.

<https://www.health.gov.au/resources/apps-and-tools/health-workforce-locator/health-workforce-locator>

Gunbalanya is currently (from 2019) rated as MM6 and ASGS-RA code 4.



The screenshot shows the Health Workforce Locator interface. On the left, there are filters for various categories: DWS for Specialists, Distribution Priority Area, Modified Monash Model, ASGS Remoteness Areas, ASGC Remoteness Areas, Inner & Outer Metro Areas, and RRMA. The Modified Monash Model is set to 2019, and ASGS Remoteness Areas is set to 2016. The search location is Gunbalanya NT, Australia. Below the search bar, the results show: "as at 15 August 2020", "Gunbalanya NT 0822, Australia", "is classified:", "Modified Monash MM 6 (2019)", and "ASGS Remoteness Areas Remote Australia, Code RA 4 (2016)". The map on the right shows the location of Gunbalanya on the northern coast of Australia, with a red pin and a tooltip that reads "MM 6: Remote communities".

<sup>4</sup>

[https://www.abs.gov.au/ausstats/abs@\\_nsf/Latestproducts/1270.0.55.005Main%20Features15July%202016?opendocument&tabname=Summary&prodno=1270.0.55.005&issue=July%202016&num=&view=](https://www.abs.gov.au/ausstats/abs@_nsf/Latestproducts/1270.0.55.005Main%20Features15July%202016?opendocument&tabname=Summary&prodno=1270.0.55.005&issue=July%202016&num=&view=)

<sup>5</sup> <https://www.adelaide.edu.au/hugo-centre/services/aria#aria-methodology>

## Submission

This submission is advocating for the NDIA to treat Gunbalanya, NT (West Arnhem Land) as **ASGS-RA code 5** – Very Remote Australia, and therefore categorised as **MMM7 Very Remote** under the National Disability Insurance Scheme.

The current ASGS-RA code 4 for Gunbalanya is misleading by solely measuring road distance to the nearest service centres. Whilst Gunbalanya (population ~ 1,200<sup>6</sup>) is 59km from Jabiru (population ~1,100<sup>6</sup>) and 303km from Darwin (population ~78,800<sup>6</sup>), distance alone is misleading when determining 'accessibility'.

There is only one road in and out of Gunbalanya which crosses the East Alligator River at the Cahills Crossing. The Cahills Crossing is completely cutoff to vehicle access for approximately 6 months (Dec to May) of the year through the wet season with the only option to charter an aircraft costing a minimum of ~ \$1,200 from Darwin return. Gunbalanya is essentially an island for 6 months of the year. Even throughout the dry season, the tides still limit the windows of opportunity for crossing the river and a high clearance 4WD with snorkel is recommended. Truck freight access also challenging.

It is this inaccessibility that results in Gunbalanya displaying all the challenges of 'very remote' service delivery resulting in thin markets and very few (often no) choices of support providers for NDIS participants.

Challenges of very remote service delivery in the NT (which are all shared by Gunbalanya) include the following:

- Extreme weather conditions – cyclones, flooding wet seasons and very hot and humid temperatures
- High delivery/freight costs due to inaccessibility
- High staff turnover due to inaccessibility, inadequate staff housing
- Culturally oriented community issues – closure for respect, gender matching for workforce/clients, family based decision making (and the fact that these are not adequately catered for in funding services)
- Differences in the conceptualisation of disability in western medical terms in an Indigenous context

These challenges lead to many barriers, which in turn directly affect the 'market' in very remote locations leading to a 'thin' or non-existent market:

- Lack of staff housing in community
- Issues with attracting and retaining staff
- Lack of accessible housing for people living with disabilities
- Lack of accessible vehicles (community transport) – and long waits for vehicles to be repaired
- Lack of (or season restricted) services (eg tradesmen to install housing mods)
- Unreliable scheduling of community trips for service delivery with possible community closures etc
- Lack of accessible community infrastructure – due to weather extremes (lack of drainage, kerbs, gutters, graded access, street lighting, sealed roads)
- Limited housing and facilities makes provision of services in-situ in some communities problematic, necessitating Fly in Fly (FiFo) out or Drive in Drive out (DiDo) models of service provision.
- Minimal or inconsistent mainstream services (due to same barriers)

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<sup>6</sup> 2016 Census

In Gunbalanya, there is currently only one local provider (West Arnhem Regional Council) with limited capacity themselves (due to the above barriers) to provide a full suite of NDIS supports. Of the other approximate 15 NDIS registered providers who have drawn down on NDIS participant plans, most of those are for one-off therapy assessments, or sporadic therapy and other non-Core supports delivered either via fly-in-fly-out (FIFO) or drive-in-drive-out (DIDO) providers, or delivered face to face in Darwin when the participant occasionally visits.

It is also important to note that the closest service centre, Jabiru is a mining town, originally created to support the ERA mine's operations<sup>7</sup>. With the imminent closure of the mine in January 2021<sup>8</sup>, there are grave concerns about the future of Jabiru. There are some mitigating actions planned in regards to tourism, but services are still expected to significantly decline.

There is a high risk, that by reducing the NDIS pricing from Very Remote to Remote, this may further diminish the options and already limited choices that NDIS participants living in Gunbalanya may have resulting in a lower utilisation of plans, which ultimately means people living with disability are not receiving the supports they need.



Photo: Cahills Crossing (Dry Season) - ABC Darwin

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<sup>7</sup> [https://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Former\\_Committees/uranium/report/c11](https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Former_Committees/uranium/report/c11)

<sup>8</sup> <https://www.energyres.com.au/media/era-releases-closure-plan-for-ranger-mine/>

## Appendix A - Consultation

The following organisations are supportive of this submission and have consented to their names being included:

- National Disability Services
- West Arnhem Regional Council
- Carpentaria
- Eunoia Lane
- Territory Therapy Solutions
- Bodyfit NT
- NT Integrated Therapy

## Appendix B - MJD Background

### MJD Foundation

Since its inception in 2008, the MJD Foundation (MJDF) has been working in partnership with Aboriginal<sup>9</sup> Australians, their families and communities living with Machado-Joseph Disease (MJD) in a growing number of remote and very remote communities and urban centres across the Northern Territory (NT) and in Far North Queensland (QLD).

The MJDF has substantial and unique experience in Aboriginal very remote non-government disability service provision. Services are delivered in response to the expressed needs of the client base, consistently, despite very high costs. These services were historically frequently designed to fill gaps in government service provision. With the introduction of the National Disability Insurance Scheme (NDIS), the MJDF has increased its supports to further meet some of the supports previously provided by government.

### Machado-Joseph Disease

MJD is a very rare genetic neurodegenerative condition, experienced at the highest rates internationally among Aboriginal people in the NT. It is a terminal condition that gradually destroys independence and impacts on every facet of life.

The disease is extremely disabling, of significant duration - those affected experience progressive symptoms for up to 20 years. Genetic 'anticipation', a phenomenon whereby children of those with the disease experience symptoms earlier than their affected parent means that the age at which the disease manifests is variable, with symptomatic children as young as twelve (12) known to the MJDF. Deterioration of function with MJD is gradual but inexorable and progression is more rapid with earlier age of onset. There is no remission or effective treatments, people who are able to walk independently at the onset of the disease will *always* end up using a wheelchair. Functional change however, occurs gradually over a number of years. During this time care needs change significantly, necessitating regular assessment and good planning.

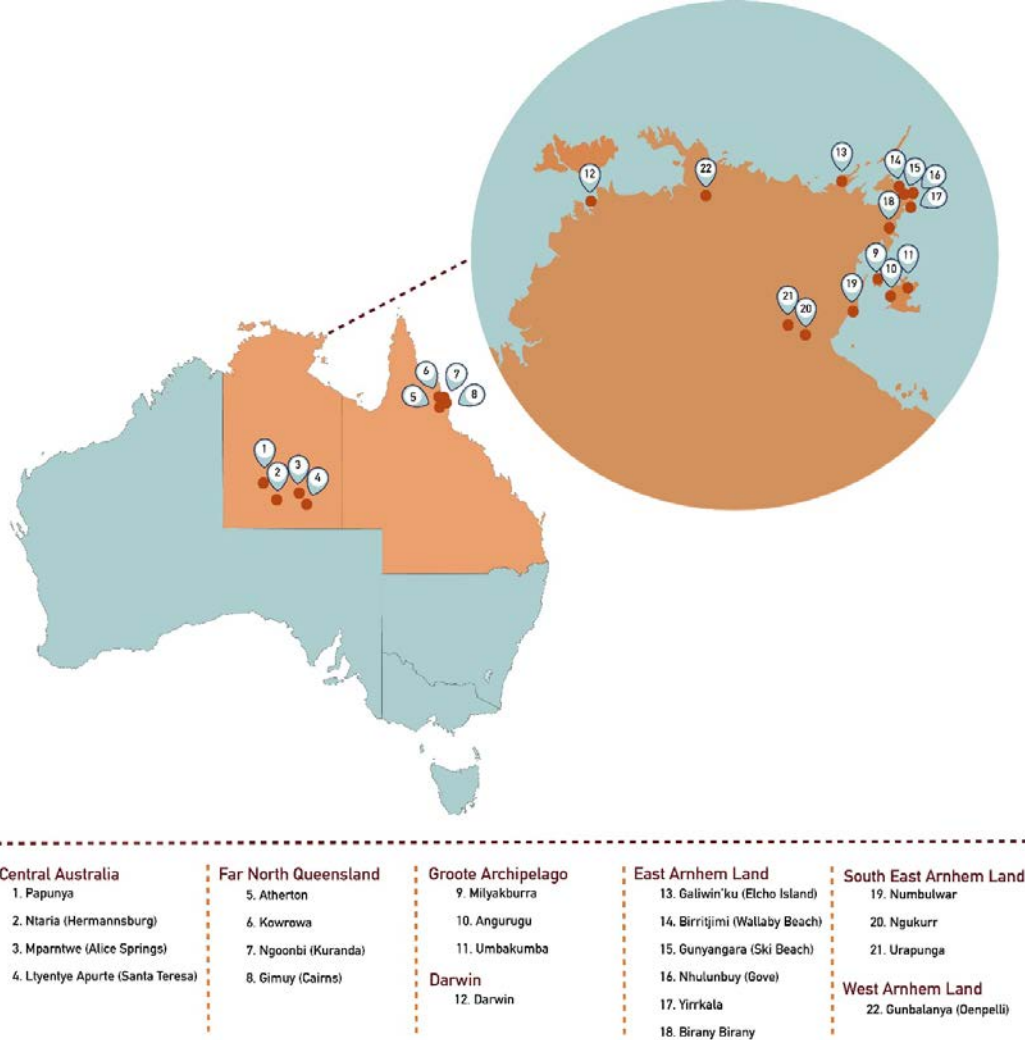
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<sup>9</sup> The MJDF uses the term Aboriginal in preference to Aboriginal and Torres Strait Islander in recognition that Aboriginal people are the original inhabitants of Arnhem Land. Aboriginal and Torres Strait Islander is referred to in the National context. No disrespect is intended to our Torres Strait Islander families and communities. The MJDF acknowledges the inclusion of Torres Strait Islanders who may be affected by MJD.



The vast majority of the MJDF's clients live in very remote Aboriginal communities<sup>10</sup>. Those who live in urban centres such as Darwin, Alice Springs or Cairns have tended to do so in order to access specialist disability or high level support services as their disease progresses.

This map show the locations where the MJDF's clients live and where the MJDF provides services.





## **Appendix C – Support letter from National Disability Services**



28 August 2020

Dear Nadia,

I am writing to confirm that NDS supports the MJD submission "Change to MMM classification for Gunbalayna, NT from MMM7 Very Remote to MMM6 Remote."

We note that the most recent NDIS COAG quarterly report presents information that 42.3% of the Northern Territory's 3, 511 participants live in remote or very remote locations. We also note that there is a 44% underutilisation rate in the remote and very remote areas of the Territory, which many of our members have suggested is due to the complexities of delivering services to remote and very remote locations.

The Northern Territory has 1% of Australia's population spread over 17% of the country's land mass. NDS members and other disability services in the Northern Territory continue to face significant challenges in delivering services to remote and very remote locations, and have incurred significant and extra costs in doing so.

NDS staff in the NT advise that, in order to access Gunbalayna, vehicles must complete a river crossing over the East Alligator River ([Cahills Crossing](#)). As the name suggests, this river is known to have a high population of crocodiles, representing an additional risk to the safe delivery of disability services and adding further weight to the submission that Gunbalayna should be treated as a very remote location for the purpose of NDIS pricing.

Please accept this letter of support as a contribution to your submission.

Yours sincerely



Susan Burns  
Northern Territory Manager  
National Disability Services  
Ph: 0889302824 Mob: 0455 097 338  
Email: [susan.burns@nds.org.au](mailto:susan.burns@nds.org.au)