

# **The Australian Rehabilitation and Assistive Technology Association (ARATA) Submission to the National Disability Insurance Scheme (NDIS) Joint Standing Committee (General Issues)**

**14 August 2025**

*ARATA would like to acknowledge and thank the many ARATA members who contributed their knowledge and expertise to inform this submission.*

# 1. Introduction

The Australian Rehabilitation and Assistive Technology Association (ARATA) welcomes the opportunity to contribute to the Joint Standing Committee (JSC) on the National Disability Insurance Scheme (NDIS).

This submission reflects key concerns and policy recommendations based on the collective insights of our members and detailed engagement with NDIS policy and practice changes, as they relate to access to assistive technology and home modifications. In particular, this document draws on ARATA's formal submissions to the Department of Social Services (DSS) regarding the implementation of Section 10 Support Rules<sup>1</sup> and to the 2024–25 Annual Pricing Review (APR)<sup>2</sup>. We provide an evidence-informed perspective on how changes in policy settings are affecting participant outcomes, workforce capability, and provider sustainability, through an access to assistive technology(AT) and home-modification, lens.

## 2. About The Australian Rehabilitation and Assistive Technology Association (ARATA)

The Australian Rehabilitation and Assistive Technology Association (ARATA) is the national non-profit peak body representing assistive technology stakeholders. ARATA works to advance access to rehabilitation and assistive technologies and promote practices that ensure positive outcomes from their use for people of all abilities. ARATA includes a membership of both National Disability Insurance Scheme (NDIS) participants and NDIS providers, as well as other assistive technology (AT) stakeholders across all experiences of individual AT use, the provision of AT advice (e.g. via health professionals), AT supply, product development, and AT research and education in Australia and internationally. ARATA is run by a voluntary Board of Management that includes both NDIS participants and NDIS providers. For details, including our constitution, see [www.arata.org.au/about-ARATA/mission/](http://www.arata.org.au/about-ARATA/mission/)

ARATA provides a national forum for information sharing and liaison between people who are involved with the use, selection, customisation, supply, research and ongoing support of rehabilitation and assistive technologies. Our Association promotes, develops, and supports the national rehabilitation and assistive technology community of practice as well as contributing as a founding organisation to the Global Alliance of Assistive Technology Organizations (GAATO)<sup>3</sup>. Through its membership, ARATA represents the interests and opinions of the full range of assistive technology stakeholders in Australia. ARATA maintains that roles for all AT stakeholders must be considered, centred around the goals

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<sup>1</sup> ARATA (2025), *Submission to DSS on Section 10 Support Lists*; ARATA (2025), *Response to NDIS Annual Pricing Review* [ARATA - Australian Rehabilitation & Assistive Technology Association](http://www.arata.org.au/about-ARATA/mission/)

<sup>2</sup> ARATA (2025) *Urgent concerns regarding NDIS 2024-25 annual pricing review and implications for assistive technology and home modification services* [ARATA - Australian Rehabilitation & Assistive Technology Association](http://www.arata.org.au/about-ARATA/mission/)

<sup>3</sup> [History | GAATO](http://www.gaato.org/)

and needs of people who use AT in their own lives, and their informal supporters – including family members – who may engage with the NDIS.

ARATA has made several previous submissions to the Australian Government regarding the NDIS and invested in strategic projects to inform the Scheme development and enhance an effective AT ecosystem. For a full list of previous submissions – see

[www.arata.org.au/education-resources/publications](http://www.arata.org.au/education-resources/publications)

### 3. Policy and Practice Issues with Section 10 Support Lists

ARATA has contributed various submissions on the new National Disability Insurance Scheme Amendment (Getting the NDIS Back on Track No. 1) Bill 2024 (introduced into Parliament in late 2024), which has contributed to the work by DSS on both NDIS Supports Transitional Rules, Support Lists and Replacement Supports processes. These include:

- an initial submission by ARATA to the Community Affairs Legislation Committee Inquiry into the Bill in May 2024;
- a second submission by ARATA made after review of the Bill amendments made in early June 2024;
- extensive feedback submitted by ARATA via the Engage DSS platform in late August 2024, specific to the draft list of NDIS Support released by DSS as part of the Section 10 Rule framework; and
- July 2025, submission to the DSS consultation on the NDIS Support Lists, Section 10 framework<sup>4</sup>

Despite these various submissions, the Board and members of our Association remain deeply concerned about the Section 10 Rule framework, which has been in operation since October 3<sup>rd</sup>, 2024. Our members have provided extensive evidence from both NDIS participant and provider perspectives that this new approach - and associated guidance - has significantly compromised reasonable access to assistive technology (AT) and home modifications for NDIS participants. Please refer to Appendix 1 for specific examples provided to ARATA. In many instances, the uncertainty and confusion created by the transitional framework has had multiple negative impacts, including:

- stifling AT innovation and the creative problem solving required to achieve good AT or home modifications outcomes.
- reducing or effectively eliminating access to the most reasonable and necessary capital supports in the area of AT or home modifications.

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<sup>4</sup> [ARATA - Australian Rehabilitation & Assistive Technology Association](http://www.arata.org.au/education-resources/publications)

- restricting NDIS participant choice and control in the type and way AT or home modifications can be delivered to meet their individual goals and needs and to achieve optimal outcomes.
- significantly increasing the cost of both capital supports - and the AT or home modifications advisory services required - to secure an AT or home modifications solution that complies with the restrictive support lists and replacement support process .

NDIS participants describe fear of misinterpreting the unclear guidelines, as a barrier to engaging with AT solutions that may lead to better outcomes in their individual circumstances. The individual NDIS participant - and broader sector - impacts arising from the transitional Section 10 Rule framework, are detailed in Section 3.1-3.3 below.

### **3.1 Fragmentation and Inequity in AT and Home Modification Access**

ARATA members have identified that the introduction of Section 10 Support Lists has created significant barriers to participant AT and home modification access. The binary division of items into 'in' and 'out' lists undermine the foundational NDIS principle of reasonable and necessary supports being determined on an individual basis. There is insufficient transparency about what supports are included or excluded, leading to inconsistent and inequitable decision making. This also contradicts the flexibility that is essential to support people with disability to reach optimal AT and home-modification outcomes.

### **3.2 Misalignment Between Functional Outcomes and Item Categorisation**

Section 10's structure often excludes low-cost mainstream items such as tablets, kitchen aids, and communication devices, despite these items having essential functional utility for communication, cognitive support, or executive functioning. ARATA strongly recommends that categorisation determining support access via Section 10, should prioritise functional benefit to the individual, over the physical or commercial nature of an item. This would better align with the NDIS Act's purpose and social model of disability.

### **3.3 Burden of Evidence for Replacement Supports**

Participants face an onerous and disproportionate administrative burden when engaging with the 'replacement support' process for AT. In some cases, the NDIA requires re-assessments and new justifications for equipment that is clearly worn out or unsafe; or where there has been a precedent for an 'everyday' or mainstream item providing a cost-effective solution for an individual. A simplified and risk-proportionate replacement policy should be established, particularly for low-risk or universally available items, that hold a disability related functional benefit to the person.

An ARATA members describes the following challenges in supporting a new NDIS participant to access required AT:

"I have been navigating everyday items with a plan manager for a new NDIS participant. Since there are no funds for low cost AT in the PACE plan, we will have to go back to the NDIS since the items are not within the designated list of items deemed eligible as replacement supports (smart watches, tablets, smart phones, apps for accessibility/communication purposes). My participant is a new Thoracic vertebra T4 (ASIA D) spinal injury sole parent of 3 boys with significant neuropathic pain issues who is seeking: office chair, low clothes line, and kitchen stool to support self-management. Even if the replacement support process did allow funds to transfer from Consumables for these

items, it would not be appropriate since it would leave insufficient funds for catheters and bowel irrigation products. Only 3 hours of occupational therapist funding has been allocated for AT prescription, which is vastly inadequate.”

## **4. Interface Issues Between NDIS and Other Service Systems**

A longstanding weakness in the implementation of the NDIS has been the unclear division of responsibility between federal and state systems, particularly where the provision of AT and home modification overlaps with health, aged care, or education sectors. These jurisdictional ambiguities have resulted in critical service delays, especially in high-risk contexts such as hospital discharge or pressure care.

With current reform proposals exploring potential reduced access to the NDIS for certain population groups—such as for particular impairments or those with less complex support needs—there is a growing risk that these individuals will need to engage with state-based systems, which may not be adequately funded, equipped, or coordinated to deliver equivalent levels of support.

In this context, there is a heightened concern that the NDIS may devolve some AT and HM responsibilities without a parallel investment in state-based systems to absorb this demand. This transition, if poorly managed, could exacerbate existing gaps and lead to reduced access to AT and home modifications, increased inequity, and negative outcomes for individuals who cannot access the NDIS. ARATA advocates for a nationally coordinated policy response to this challenge.

## **5. Sector Capacity and Workforce Development**

### **5.1 Inconsistencies in Decision-Making**

ARATA members consistently report that planners, Local Area Coordinators (LACs), and other intermediaries frequently interpret policy rules inconsistently, particularly in regard to AT and home modifications. This inconsistency contributes to delays, participant distress, and avoidable review requests.

ARATA supports the development of sector-specific training modules and micro-credentials co-designed with professional associations and people with lived experience. A consistent, nationally recognised training framework would build sector knowledge and capability to support equitable decision-making and improve trust in the Scheme. ARATA has developed a micro-credential ‘An introduction to the good practice steps of assistive technology provision’ that could be utilised and expanded with additional microcredentials for the purpose of training a range of NDIS workforces, including planners and LACs.

### **5.2 Pricing Models and Workforce Viability**

The 2024–25 Annual Pricing Review (APR) proposed reductions in the travel reimbursement rate to 50% of provider hourly rates. This change is not evidence-based and significantly affects the viability of AT and home modification assessment and implementation, particularly in rural and remote contexts. It directly undermines the Scheme's equity goals and will lead to service gaps in regions already experiencing workforce shortages.

Additionally, reductions in allied health pricing threaten the capacity of experienced clinicians to remain engaged in NDIS work. Complex AT and home modifications require high levels of clinical reasoning, risk assessment, and stakeholder coordination. Undervaluing these services risks not only quality of care but also cost blowouts due to inappropriate or failed AT or home modification solutions.

## **6. Analysis of the 2024–25 Annual Pricing Review**

### **6.1 Undermining of Face-to-Face Service Models**

The APR's proposed allied health travel cost reduction from 100% to 50% of the hourly rate threatens the viability of community-based, home-delivered AT and home modification assessment and prescription. ARATA notes that participants who require in-home or context-specific assessments, including those with mobility, sensory, cognitive, communication, psychosocial disabilities, or culturally and linguistically diverse groups, will be disproportionately impacted. This measure may result in unmet need or forced use of inequitable, inappropriate or less effective assessment formats, such as telehealth models, even where not clinically appropriate.

### **6.2 Impact on Allied Health Service Quality**

The pricing changes reflect a commoditised view of allied health provision, without recognition of the complexity involved in functional and environmental assessments for AT and home modifications. The lack of pricing differentiation between routine services and highly skilled assessments fails to reward clinical expertise, creating perverse incentives and reducing quality assurance. Workforce attrition among senior clinicians has already been reported by ARATA members, due to pricing pressures.

### **6.3 Risk of Market Withdrawal**

Reduced reimbursement will disincentivise AT and home modification specialist providers and sole traders, particularly in low-density and remote locations. Many of these providers already operate at narrow margins. Without pricing models that reflect real costs and market realities, the Scheme risks consolidating service provision among fewer, less specialised entities, undermining participant choice and innovation.

### **6.4 Recommendations for APR Reform**

ARATA strongly recommends:

- Retention of full travel cost recovery for all AT and home modifications related assessments.
- Independent cost-of-service modelling for AT and home modification services.
- Ongoing consultation with professional associations and disability-led organisations, including ARATA, to inform future policy reform.

## 7. Summary - Policy Recommendations

### 7.1 Reform Section 10 Support Lists

- Transition to a single inclusive list of supports with clear exclusions.
- Categorise items based on functional benefit and participant goals.

### 7.2 Streamline Replacement Pathways

- Categorise assistive technology (AT) items, including 'mainstream' items, according to their functional benefit to the person, to ensure cost-effective access to AT supports.
- Restore flexible, low-cost assistive technology budgets that do not impose a high (and costly) evidence burden.
- Establish proportionate evidence requirements based on risk.
- Remove the 12-month ban on reapplying after an initial denial of a replacement support application.

### 7.3 Clarify Inter-System Responsibilities

- Enact a national framework to define funding responsibilities, across jurisdictions.
- Develop a dispute resolution protocol between NDIA and state systems.

### 7.4 Support AT and Home Modification Sector Viability

- Restore full travel reimbursement for outreach and home-based services.
- Protect allied health pricing for complex functional assessments.

### 7.5 Invest in Workforce Development

- Fund co-designed AT and home-modification training of the NDIS workforce to support consistent application of policy e.g. through micro-credentialing.
- Recognise the advanced scope of practice involved in AT and home modification, assessment, prescription and service delivery.

## 8. Conclusion

The Board and General Members of ARATA continue to believe that Australia's National Disability Insurance Scheme is a vital social policy that must continue to receive Government investment, and hold central the human rights and choice and control of Scheme participants - we have strong evidence that when the NDIS is implemented consistently, fairly and using a person-centred approach people with disability can achieve outcomes linked to their participation goals, including through the use of assistive products and services.

The Joint Standing Committee on general issues within the NDIS has an important role in its annual reporting on the implementation, performance and governance of the Scheme. Given the significant and challenging reforms NDIS participants and providers have endured since late 2024, it is of vital importance that the Joint Standing Committee document the issues being experienced, and closely consider solutions to address them.

As detailed in this submission, two key reforms that have posed significant challenges are the Section 10 Support Rules and changes implemented within the 2024–25 APR reflect a shift toward reduced, inflexible access to AT. These reforms risk undermining the innovation, participant choice and control, and evidence-informed Scheme design that has led to positive outcomes within the NDIS, including for Scheme participants who are AT and/or home modifications users.

ARATA urges the Joint Standing Committee to advocate for reforms that restore equity, sustainability, and innovation to the assistive technology service system.

We thank the Committee for its commitment to ensuring the NDIS remains responsive, inclusive, and sustainable.

## Appendix 1: Examples of issues arising from the exclusion of specific AT and Home Modification items

| S10 Issue                                     | Why This Is Problematic   | Example / Quote   |
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| Exclusion of 'Standard' or 'Unmodified' Items | Many AT supports (e.g. smart devices, alerting systems) are excluded simply because they are not modified. This ignores their disability-related benefit and forces participants to pursue more expensive specialised alternatives. | <p><i>"After a lengthy appeals process with the tribunal, my client—who is vision impaired—was finally approved for a large-screen TV. The TV was compensatory and adaptive when compared to a standard one, enabling my client to achieve the goal of sitting on the couch and watching TV and movies with his family—just like non-disabled people. It supported living an 'ordinary life' and fostered a sense of connection through shared leisure activities. Interestingly, the TV was also more cost-effective than a disability-specific AT alternative like the Vision Buddy."</i> - NDIS provider quote</p> <p><i>"I use an off the shelf android tablet with text-to-speech function for all communication - these are low risk, low cost items that used to be covered in the low risk AT consumable budget. Because tablets are now on the 'out' list, and I do not have other supports in my plan that could be 'replaced' by a tablet for communication, I have had to look at more expensive disability-specific communication devices with text-to-speech features to meet my communication needs. However, these would only be funded by the NDIA if a speech pathologist writes a report recommending them. All up, the cost difference for my NDIS plan is around \$500 for the tablet and app, versus \$8,000 plus the cost of a speech pathology assessment for the disability-specific option. Mainstream technology can easily meet my communication needs, but the NDIS 'out list' says I can't purchase this low cost equipment with my NDIS funding".</i> - NDIS participant quote</p> |

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| Definition of 'Standard Household Items' | Current definitions assume equal baseline access and do not reflect the lived experience of those on low incomes. Items such as robotic vacuums or smart kettles may be essential for independence in specific tasks while not 'standard' household items in many communities. | <i>"If I weren't autistic and didn't have extreme sensory sensitivities, I would not need noise-cancelling headphones. They are a necessity, not a choice"- NDIS participant quote</i>   |
| Home Automation Components               | Items such as smart switches and cameras are excluded as 'standard tech', yet are often essential for people with severe motor or sensory impairments, to control their environment and/or live independently.   | <p><i>"For example a quadriplegic without hand function could be assisted to live independently in his own home with the ability to use "off-the-shelf" Wi-Fi controlled air-conditioners, ceiling fans, and roller blinds - except for the NDIA refusing to fund the voice controlled iPad- to run the system, and remote controlled ceiling fans are specifically mentioned on the "out" S10 list."- Rehabilitation engineer quote</i></p> <p><i>"Currently, the 'Apple Homepod' is not considered eligible as a replacement support, even though it is essential for my home automation system - it would allow me to operate the blinds, lights, TV and the door, from my wheelchair"- NDIS participant quote</i></p>  |
| Assistive Apps and Tablets for AAC       | AAC apps require tablets to function. Excluding tablets (as 'standard' or 'lifestyle' items) blocks access to communication, a fundamental human right.  | <p><i>"Why should people needing a communication device need to apply to the NDIS for a replacement support, or have the trial of a communication device (iPad hire) declined by a plan manager, when it is so fundamental to communication?"- NDIS provider quote</i></p> <p><i>"There is ongoing confusion and inconsistency regarding whether NDIS participants can claim the cost of AAC app trials under their plans. For example, a support coordinator reported receiving conflicting advice from the same plan manager on whether a trial could be funded without written delegate approval, despite the participant having "Assistive Technology" listed in their Consumables budget. This inconsistency stems from a lack of clear, written guidance: while NDIA staff have verbally confirmed that AAC apps can be funded for trial and</i></p> |

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|  |  | <i>purchase, this is contradicted by other materials (e.g., the Replacement Supports form and absence of “trial” in the Supports that are NDIS Supports list). Because trials are not explicitly referenced, many plan managers and delegates incorrectly assume they are excluded—delaying essential AAC assessments and undermining communication access.”- NDIS provider quote</i>  |
| Alternative powerpacks                             | There is a strong case for backup power-sources for people who rely on essential, daily electric equipment and devices   | <p><i>“What about backup power? Batteries might be ‘in’ while generators are ‘out’. This does not make sense.”- NDIS participant quote</i></p> <p><i>“An example listed on the generators “would we fund it page”. It’s unclear from the example use case whether 7-year-old Jane is more appropriately funded by “replacement battery to also provide sufficient power supply to allow time for Jane to get help if there was a problem power outage” - which is allowed by S10. Or a “NDIS approved, medical grade UPS” which is not allowed by S10.” (Although specifically excluded by S10, NDIA endorses \$20,000 UPS and diesel-powered generators as solutions in the mandatory HPS SDA requirement-demonstrating a systemic inequity). - Rehabilitation engineer quote</i></p> |
| Relocation Costs Excluded (Stamp Duty, Agent Fees) | Removing support for relocation forces the NDIA to fund expensive home modifications—even when moving would be more cost effective and timely. This limits choice and delays access to safe housing. | <i>“There are urgent concerns regarding the NDIA’s recent change in Rules that excludes stamp duty and real estate commission from being considered reasonable and necessary supports. This change has removed a key option previously used to deliver cost-effective, participant-centred housing outcomes - relocation to a more accessible property in lieu of high-cost home modifications.”- NDIS provider quote</i>  |
| Inconsistency and Confusion in Rules               | Participants, providers, and NDIA staff all report inconsistent interpretations of what is 'in' or 'out.' This creates inequity, delays, and lengthy appeals.  | <i>“Months passed waiting on a decision on funding for a thermoregulation device, a neck-cooler. My adult client with FND experiences seizures in hot environments and has thermoregulation dysfunction documented via neurologist. The heat issue resulted in [client] having a seizure on a train trip, which has resulted in a loss of confidence. The participant has stopped any and all</i>  |

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|  |   | <i>activities that heat her body up (exercise included) to avoid triggering seizures.”- NDIS provider quote</i>   |
| Items eligible as Replacement Supports | Many items previously accessible as low-cost AT now require a replacement process, creating significant delay and/or rendering AT support inaccessible.               | <i>“I support a young man in his early 30s with a [neurological disability], who is at very high risk of falls. We explored a falls alert watch (e.g., Live Life/Med Alert) as a more discrete alternative to a pendant (due to his age and the stigma associated with visibly displaying a disability). The plan manager declined this request, citing it as an 'everyday item'. He then required additional support worker assistance to access the community as the falls alert watch was also declined as a 'replacement support.”- NDIS provider quote</i> |
| Intersecting Disability Needs          | People with complex needs (e.g. motor + sensory disabilities) are especially impacted when AT exclusions block their ability to use or integrate with other supports. | <i>“I have complex disability and I’m not sure how other changes like impairment notices and stated supports, will impact my access to assistive technology. Will the items currently on the ‘in’ list still be accessible to me once these extensive reforms take place?” - NDIS participant quote</i>   |
| Visual and Hearing Related AT Excluded | Items like visual smoke alarms or phone-compatible cochlear apps are often excluded despite being vital for safety, especially for people who live alone.             | <i>“The NDIA denied my request for a visual smoke alarm, telling me to go to Hearing Australia instead. But Hearing Australia doesn’t provide these alarms—and the ones you can buy off the shelf often don’t meet safety standards because they’re not wired in. It feels like I’m being sent in circles for something that’s essential for my safety.” – NDIS participant quote</i>   |

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| AT for sexual activity | Whilst it is understood that it is not reasonable for sex toys to be funded through the NDIS, some people need AT for sex and sexual activity due to their disability-related support needs. Currently these supports are not being funded, as they are viewed as 'sex toys' and thus on the 'out' list. | <i>"Sex and sexual activity is a basic human right. Because my disability affects my hand function, I cannot masturbate without the use of assistive technology - specifically, I need a vibrating masturbation aide that I can hold in my hand (which only has limited grip). The list of items not funded in the NDIS includes 'sex toys', but the 'in list' does not include assistive technology required for sexual activity due to a person's disability. Without sex AT, I am unable to masturbate like any other person may choose to do". NDIS participant quote</i> |
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