



9 September 2018

Joint Standing Committee on
The National Disability Insurance Scheme
PO Box 6100
Parliament House
CANBERRA ACT 2600

E: ndis.sen@aph.gov.au

Dear Committee

RE: PROVISION OF ASSISTIVE TECHNOLOGY UNDER THE NDIS

Special Needs Solutions is a specialised service provider offering over 150 paediatric products from a range of high quality manufacturers. SNS has been established for 13 years and distributions in Qld and Northern New South Wales. We are a highly trained team who are passionate about ensuring children have the correct equipment to achieve to the maximum potential. Our motto "Live Laugh Play" sums up our passion and goals to make sure every child with a disability has the opportunity to "Live Laugh and Play".

Our assistive technology (AT) product range caters for children with basic needs up to children with multiple complex needs. We pride ourselves on working closely with therapists and families by offering a large range of choice. Therapists rely on our AT expertise to effectively script and quote. Whilst we do employ therapists, we do not offer therapy or AT assessment services, as our expertise lays in provision of equipment. We do offer many education programs on AT and regularly present to State Govt bodies, Qld Education, Lady Cilento Children's Hospital, along with many organisations such as CPL, Montrose Access, CP Alliance, Spina Bifda just to name a few. We also support and present at a number of Qld Universities to 3rd and 4th year Physio, OT and Speech Students.

The introduction of the NDIS has been both a positive and negative experience for our business and team. We are seeing the There are elements of the -NDIS which work well however there are areas that it is not working at all. The NDIS has placed pressure on our business and at times has sparked lively debate within the team as to how we will manage the ever changing way the NDIA is moving, in particular with regards to provision of AT. To be totally honest, myself and the Team feel the NDIA have not grasped the importance of AT has for the NDIS

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participant and the role that the AT suppliers play leaving AT on the "back burner" (this seems to be consensus amongst many suppliers).

On a happy note, I am pleased to hear the NDIA are now acknowledging AT suppliers, our expertise in the industry and how AT suppliers are a crucial part of the puzzle to work with AT Assessors to ensure the correct equipment is provided to achieve the goals of the participant.

I understand you may receive many submissions, so I will now try and keep this short by dot points. If you require further explanation on any point, please contact me.

1. I respectfully request the NDIA create a line item for AT suppliers to be able to charge a fee for service (like all other Service Providers) to cover travel to and from a trial including, to conduct the trial and prepare quotes. I do know there was some talk in the industry about charging this fee under "Rental", however it is not a rental as such, it is a fee for service for a trial. Just like a therapist is paid to travel and attend a trial at a child's home. Simply, if we are unable to charge a fee for service our business will not be sustainable. Particularly if we continue to do these quotes and the NDIA require 2 quotes. The problem is, the first business to quote has born the trial costs, then the second party is trading off their work and can easily undercut the first quote. This results in the first business been left with often a high out of pocket expense to run the trial, plus the loss of the sale. Of course, if other companies have not had the expense of physically travelling to a trial they will be able to offer a cheaper quote. Please note: we do not appoint sub agents, as we are highly specialised, and we do cover long distances and conduct over 10 outreach trips per year (average road trips are 3000kms round trip and average number of children we see 20-40 per trip). There is also much work to do prior to travelling to a trial – we have an extensive trial request form which the therapists completes, we then liaise with the therapists to find out more details and we not only look at the child with a disability but the family as a whole unit and we take the family's circumstances into account i.e.: if a family was living in a small apartment and were requiring a large standing frame, we would find out more details on how the family would be able to accommodate a large piece of equipment etc. It is a complex process and each child/family is assessed on an individual basis. This ensures the trial runs smoothly and efficiently for all and the child has the correct equipment to enable them to achieve their goals.
2. In our experience the impact of the transition to the NDIS on speed of delivery of equipment has been significant. We are seeing delays of 4 to 9months (from time of approval of plan) for approval of AT and in several instances over 18months. Our experience of an average wait time is 7months. The best was 4 weeks.
3. I feel the delay in approval may reflect on several things:

- a. NDIA do not employ enough staff with Paediatric experience to be able to efficiently work through approvals. (In saying this I understand late last year the NDIA were looking at setting up a Paediatric specialist team – could you please advise if a team has been established?)
- b. We understand that more complex AT applications are sent to Head Office in Geelong and I know there is a large “bottle neck”. What are the NDIA doing to alleviate this?
- c. Planners are not consistent and at times using the incorrect line item number for certain equipment. A recent example - a walker had been processed in the portal under Standing Frame. A Standing Frame had already been supplied so we could not process the service booking under the Stander line item number. We have referred this back to the Planner requesting this to be amended and explaining the reason why. The Planner admitted they did not know the difference between a Standing frame and a Walker! This was 5 weeks ago, and we are still awaiting a response from the planner.

The committee have requested refer to particular issues – one of them being “the role of the NDIA in approving equipment requests”. In light of point 3 and in the hope a Paediatric specialists team is being set up, the other suggestion I have is to ask for the NDIA to be more transparent for both participants and providers and have an “open order” supply tracking system set up in the portal where once an AT application has been lodged the participant and provider can login and see where the process is at i.e.: ———

- a. application received on
- b. application ready for assessment
- c. application with assessor
- d. application rejected/approved or for further information required
- e. application approved

This is a very basic example. This would benefit both the NDIA as it would eliminate many phone calls from anxious parents asking when equipment will be approved and it will enable suppliers to predict approvals and have the appropriate stock levels to expediate delivery. A win win for all! We currently phone/email Qld Health (MASS/CAEATI) on a regular basis_ for updates on approvals and this certainly helps with control of stock level, scheduling delivery and fitting times plus remove the duel cost of calls to find out what is happening (to give you an idea we employed a person 25hrs per week to solely work with the NDIA and participants to work through issues with approvals, service bookings, payments, plan information etc to ensure our clients receive their equipment in a timely manner. We feel if we are not continually following up the NDIA then service bookings etc are left in limbo). If the above suggested tracking system was implemented this would be a real saving opportunity to all parties.

4. The committee have requested feedback on “the role of current state and territory programs in the AT process”_ Over the last 2 months we are seeing

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with Medical Aids Subsidy Scheme Qld (MASS) a significant slowdown in approvals. It is my understanding you are eligible for MASS funding up until the date you accept your NDIS plan. In the Gold Coast/Brisbane and Cairns area, which is a large roll out area, we have many families who have not even had their Plan meeting. Therapists are continuing to lodge MASS applications and MASS are asking questions around when Plans will be approved. A little similar with Community Aids, Equipment and Assistive Technologies Initiative, Qld (CAEATI) –funding as well – although this is guaranteed funding it has been slowed down. My point is we need the Qld State Government to commit to funding until all children have transitioned. Clearly the Qld State Government have a duty of care to continue to provide equipment and frankly I am not sure the State budget has allocated enough funding to these programs as they would have thought the NDIS transition would be quicker!

In closing, I thank you for taking the time to read this submission. I am very passionate about having the AT system for paediatric equipment work more efficiently. I guess my passion comes from having a young adult with Muscular Dystrophy whom I have fought hard for over the past 18+ years!! Myself and my team are simply trying to assist families to ease the already heavy burden they carry in raising a child with special needs. And if we together with the NDIS can deliver essential equipment in an efficient and timely manner than we are all happy.

Many thanks

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