

# Question on Notice from JSC NDIS Planning Hearing

7 November 2019

## Examples on AT – Augmentative and Alternative Communication requests being denied.

### Issue regarding planners denying iPads, or expecting iPads to be used instead of dedicated AAC devices.

These incidents reflect:

- Issues with the ability of Planners to be aware of and appropriately interpret the NDIA's own internal processes. The Association has consistently been informed that the NDIS does not, in fact, have a 'blanket' ban on the provision of iPads as part of an Augmentative and Alternative Communication system, providing that the overall system being provided meets the reasonable and necessary criteria.
- Planners making decisions and recommendations which are completely outside their scope, and doing this without taking the simple step of directly contacting the allied health professional concerned to talk through with them the basis for the recommendation, in order to be able to make informed and appropriate decisions about whether or not the device does in fact meet the reasonable and necessary criteria.

*Specific examples drawn from Speech Pathologists follow:*

"I recently had a LAC suggest that an iPad would be a cheaper and more suitable option for my client and that an iPad would be funded by NDIS in preference to a dedicated device. It wasn't a suitable option for my client and I provided detailed information to argue against an iPad and for a dedicated device in this instance...it takes 18months and 3 AT applications plus detailed emails as in this case" (Aug 19)

.....

" I have a young adult client who is completely nonverbal and has lots of challenging behaviour but has done well on AAC trials. He has an iPad for leisure but I completed an AT request for him to get an iPad with the COMPASS app that he would use only for communication. Months passed and this morning I was informed that the application has been rejected as the NDIS does NOT fund iPads even if they are to be used only for communication as most people buy iPads for leisure. He said it would be better use of the NDIS and client's money to put the app on his leisure iPad. Or he suggested I could prescribe a dedicated speech generating device- because they're so cost effective??? So frustrating! And not what a family on the verge of relinquishment needs to be dealing with..." (May 19)

.....

"I have recently completed an NDIS AT general application. The dedicated SGD [speech generating device] I applied for was rejected, however we have been approved for an iPad and app" (Oct 19)

.....



“I know many of you have said you have had iPads funded by NDIS but in an email today a LAC assured me that these are considered ‘everyday devices’ and won’t be funded. This family is from a low socioeconomic family and don’t own an iPad. The child is doing so well using P2G [Proloquo2go AAC program] on the iPad I don’t think we need to go down the road of a dedicated device.” (Aug 19)

.....

“And interestingly I’ve had two NDIA-managed clients who had applications for iPads turned down, as these were deemed to be a ‘lifestyle choice’ that could be reasonably funded from the clients’ own resources (notwithstanding that they couldn’t use the approved software without them). We had also argued that an iPad would be cheaper than applying for a dedicated device” (Aug 19)

.....

“I’ve just had an application for an LR7[Liberator Rugged 7; dedicated speech generating device] rejected by the NDIS, but they have told me they’re happy to fund an iPad with the software (even though my report clearly states two reasons why an iPad is not suitable and was not trialled!)” (May 19).

#### **Issue regarding difficult and lengthy processes:**

In some instances being required to complete a comprehensive trial of an alternative system is unnecessary and leads to a loss of opportunity, creates a learning burden both for the participant and those in their environment, and leads to increased cost for provision.

These decisions are based on the clinical reasoning of the allied health professional and the preferences of the participant.

While the provision of AAC AT can benefit from access to a delegate with competencies in this specialised area of service provision, having rigid requirements and expectations about the process of trialling of communication devices undermines best practice, and is not an area in which Planners would typically be able to contribute.

What is needed is the development of systems to replace the important capacity building role which was held by the jurisdictional communication assistive technology services.

#### *Specific examples drawn from Speech Pathologists follow:*

“I’ve just had feedback on my AT request for a little guy who uses P2G. Apparently in your trial you have to trial comparable devices ie NOT PECSs vs P2G. So now even though he is achieving success with P2G I have to trial another device....And.... school visits are not sufficient?!? I need to go home too” (Oct 19)

.....

“One of my colleagues has submitted an AT application for an iPad (+ accessories/apps with a total cost of \$1500) late last year but has not heard anything further. This client received a new plan in March which includes \$2500 for AT but does not specify that this can be used for the iPad.” (Aug 19)

.....

“Had a family submit in November 2018. It was just approved last week... 8 months.” (Aug 19)

.....

“One was submitted with a plan review in Feb and we’ve had approval recently after it had to go to a senior delegate” (Aug 19)

....

“Waiting since early May, have been told is likely to be reviewed by subject matter expert by end of August” (Aug 19)

....

“7 months and still waiting - contact person doesn't respond.” (Aug 19)

.....

“I'm still waiting to hear back from one I submitted in around October [2018].” (June 19)

.....

“I have spoken to one of the “AT Specialists” (as they call them) about an application. She'd never clinically worked with HT [high tech] AAC before. Needless to say the little bit of confidence I got from them saying “we have specialist SPs who approve and deny Speech AT”, was completely shot to pieces when she said that all the AAC experience she had was PECS. This application was regarding eye gaze.” (Oct 19).

.....