



SUBMISSION:

Inquiry into the Capability and Culture of the National Disability Insurance Agency (NDIA)

OCTOBER 2022

Audiology Australia (AudA) welcomes the opportunity to provide a submission to the Standing Committee on the National Disability Insurance Scheme (the Committee) inquiry into the capability and culture of the NDIA.

AudA is the peak professional body for the health profession of audiology, representing over 3,300 audiologists across Australia and 95% of all practising audiologists in the country. Audiologists are hearing health practitioners who provide hearing services and supports to people across their lifespan. AudA has many members who deliver high quality hearing health care services and supports to participants under the National Disability Insurance Scheme (the Scheme).

As of 30 June 2022, there were 25,804 NDIS participants with hearing impairment as their primary disability. They were supported by around 6,095 providers in the following registration groups; specialised hearing services, hearing equipment, hearing services, therapeutic supports and early intervention supports for early childhood (*NDIS Quarterly Report to disability ministers, 2022*).

Our submission focuses on the Committee's Terms of Reference as outlined below and highlights key issues and concerns raised by AudA members providing hearing services and supports to participants under the Scheme. Please refer below.

a. the capability and culture of the NDIA, with reference to operational processes and procedures, and nature of staff employment

Significant funding discrepancies between participants with hearing impairment

AudA members have raised the issue of there being significant funding discrepancies between participants of similar hearing losses. Whilst it is understood that participant plans are specific to participants' needs, the significant variations in funding for hearing participants with similar needs and goals indicates that there are differences in the decision-making processes undertaken by NDIA staff. Furthermore, the lack of transparency as to how outcomes are reached in regard to funding decisions has led to confusion on the part of our members on how best to advocate for their clients' hearing health care needs.

AudA members have also reported specific issues that they have experienced with planners, including there being significant variations in planners' understanding of hearing and balance issues and how the Scheme eligibility criteria apply to people with hearing difficulties.

Our members believe that a better awareness of the effectiveness, necessity, and value of supports recommended by audiologists is required within the Scheme to ensure that LACs and planners are well informed on participants' hearing health care needs and the importance of audiological interventions and supports. We highlight the importance of ensuring that participants are provided with consistent information about the Scheme, their plans and funding allocations for supports and services, and note that an increased and uniform awareness of the hearing health care needs of hearing participants may help to support consistency in NDIA decision-making for this participant group.

Determining the market rate for assistive hearing technology products

The operational processes and procedures of the Scheme relating to hearing supports is generally unclear for hearing providers. As an example, our members have been asked by Local Area Coordinators (LACs) and the Technical Advisory Team (TAT) to unbundle the pricing of assistive technology products from the hearing services provided so that the cost of an assistive technology product can be checked and compared with the expected price range for a similar product on the market. Oftentimes, our members have reported that it seems the "market rate" provided to them by the LAC/TAT has been determined by comparing the product prices from online hearing retailers who do not include fitting fees and from much larger hearing providers who can offer heavily discounted products, but which smaller hearing providers and clinics are unable to do.

In one instance, an AudA member received feedback from the TAT that an intermediate hearing aid for a participant could be obtained with approximately \$1000. It was difficult for our member to understand how the TAT was determining the cost figures for the hearing product, as it does not reflect the reality of the pricing that many hearing clinics/providers can afford to offer.

AudA thus recommends that the Agency increase the transparency of the cost comparison process for assistive technology products, which may include making available to providers any internal price lists or price range for assistive technology products utilised by the Agency and/or for LACs/TAT to provide details to providers on how the market rate of an assistive technology product has been determined.

Questionnaire for hearing-impaired participants targeting expressive communication

AudA has been informed by our members that at numerous planning meetings, hearing-impaired participants have been provided with a questionnaire specifically focusing on a participant's expressive communication, rather than receptive communication. To explain, one such question is: "How confident are you, that when you communicate, others understand you?" We highlight that hearing-impaired participants often can make

others easily understand them (expressive language) but have difficulty understanding others (receptive language).

These questions seem to be presented to hearing-impaired participants at every planning meeting. We are concerned that this questionnaire forms part of the standard questions that are used to scale a participant's hearing impairment. We consider this questionnaire to be inadequate in assessing the impact of the disability and strongly recommend a review of the questionnaire.

Inconsistent advice regarding changes to mid cost assistive technology process

Since February 2022 to date, AudA has received inconsistent advice and guidance from NDIA staff regarding the changes to the approval and funding process for mid cost assistive technology products introduced by the Minister for the NDIS on 1 March 2022.

It was our understanding that under the announced changes to assistive technology, any assistive technology valued between \$1,500 and \$15,000 would be defined as mid cost assistive technology and no longer require a formal written assessment by an assistive technology assessor and a quote to be submitted and approved by the NDIA.

However, since the announcement, we have received conflicting advice regarding the evidence requirements for the prescribing of hearing aids and other hearing devices in relation to the approval and funding process for mid cost assistive technology. This has resulted in time spent following up with the NDIA to confirm the advice and guidance received. However, we note that our experiences of liaising with NDIA staff have been pleasant and respectful.

Reducing the administrative burden faced by hearing providers

AudA strongly highlights the administrative burden faced by hearing providers and the need to streamline the existing hearing technology assessment process. Our members have raised the issue of navigating the "labour intensive", "difficult" and "time-consuming" regulatory processes within the Scheme. For example, when hearing providers assess participants' hearing needs to identify the most appropriate hearing assistive technology, they can either choose to fill out the 25-page hearing technology assessment template or provide the information in another format, which must include all information described in the template.

Furthermore, the requirement for participants to undertake hearing device trials on at least two or three different levels of technology places an enormous clinical and administrative burden on the provider. The procedure of trialling multiple devices is also a burden for some participants, especially those who must take time off work to trial

devices and/or require advanced level hearing devices, which involves trialling all devices starting from basic level devices until the level of device necessary to meet participant needs is reached.

Recommendation 1:

That the Agency ensure local area coordinators and planners have a uniform awareness of the hearing supports recommended by audiologists and provide consistent advice to participants with a hearing impairment on their NDIS plans and funding allocations for hearing supports and services.

Recommendation 2:

That the Agency increase the transparency of the cost comparison process for assistive technology products. This may include making available to providers any internal price lists or price ranges for assistive technology products or providing further detail on how the market rate of an assistive technology product has been determined.

Recommendation 3:

That the Agency review the appropriateness of the questionnaire provided to participants with a hearing impairment at planning meetings that focuses on a participant's expressive communication, rather than receptive communication.

Recommendation 4:

That the Agency ensure consistent advice is provided in regard to the approval and funding process for mid cost assistive technology products, including the evidence requirements for the prescribing of mid cost hearing devices.

Recommendation 5:

That the Agency address the significant administrative burden faced by hearing providers by streamlining the existing hearing technology assessment process.

b. the impacts of NDIA capability and culture on the experiences of people with disability and NDIS participants trying to access information, support and services from the Agency

Lastly, we highlight the detailed account provided by an AudA member of the experiences of one of their clients, a hearing-impaired participant, trying to access support and services from the Agency, as follows:

- The client had a cochlear implant older than 5 years, which had broken. He kept getting referred to Hearing Australia, despite his audiologist showing the LAC that Hearing Australia does not provide replacement cochlear implant devices for adults. The Agency refused to fund the cochlear implant device, resulting in the client being unable to hear anything at all. Subsequently, his audiologist, Ear Nose and Throat specialist, and GP wrote letters regarding the safety risk this presented – however, the client was still declined a cochlear implant device. His audiologist then had to involve the assistance of their local Federal member of Parliament to have their client's case viewed by the Agency. In the meantime, a loaner device (cochlear implant valued at \$10,000) was provided by his audiologist, which the client wore for months while his case was being reviewed. This caused significant distress to the client, as the coloured processor he was wearing was not his usual colour. The client found this to be stigmatizing and psychologically distressing.

We note that this is just one example provided to us of the difficult experiences that participants with a hearing impairment and their hearing providers have faced when trying to access support and services under the Scheme. However, we are aware that there may be many more examples of similar experiences that our members who are providers under the Scheme and their clients have faced whilst trying to access information, support and services from the Agency.

c. any other relevant matters

Including interventions for children on the autism spectrum

We have received substantial feedback from members indicating that certain reasonable and necessary interventions that have been shown to be beneficial for the clinical needs of children with autism and functional listening difficulties are frequently and consistently declined by the NDIA on the basis that there is no evidence to support their use.

In regard to assistive technology such as remote microphone technology (RMT), we note that there is significant evidence supporting the use of this assistive technology as a reasonable and necessary intervention for children with autism and functional listening

difficulties. AudA's submission on RMT as a reasonable and necessary intervention can be viewed [here](#).

As such, AudA strongly recommends that the NDIA consider the inclusion of RMT and auditory therapy as interventions for the participant group.

Recommendation 6:

That the Agency consider the inclusion of remote microphone technology and auditory therapy as interventions for children on the autism spectrum who are participants of the Scheme.