

## AT Senate Inquiry – submission by Independent Living Centre Tas

### Responses:

#### a) Transition to the NDIS & how this has impacted on speed of equipment provision

- This process has slowed considerably under the NDIS, as we now have to wait for funding to be specified in person's NDIS plan prior to requesting equipment which can take many months.
- A person's functional needs can change following assessment and prescription being completed due to the lengthy waiting times for funding to be approved and equipment being ordered.
- There are difficulties when a participant transitions into the NDIS and has current Tas Equip equipment needing to be repaired urgently and no provision has been made in the initial NDIS plan for repair or equipment replacement.
- Participants need to be able to identify, articulate and negotiate their needs to ensure that funding is allocated for AT in their plan and for health professional assessment/input for complex AT. Sometimes NDIS participants may not be aware of what they will or may require, or what services they currently receive should be included in their NDIS plan.
- Health professionals are not always consulted prior to the development of the participant's NDIS plan. As health professionals, we can only provide services for those items/services funded and stated in the current plan. We can make suggestions/recommendations for the new plan which may take a few months to be approved. Delays in the speed of equipment provision can therefore be experienced if not specified in the participant's plan or if insufficient funding has been allocated.
- Limited suppliers within Tasmania. Trial of equipment is required for all AT, but particularly critical for complex and specialised AT. NDIS requires multiple trials of AT and the therapist to demonstrate transparency in their clinical justification. This may then result in additional time/inefficiencies sourcing AT from interstate and increased report writing time to provide evidence about AT trialled and reasons for discounting various options. At least 2 quotes are needed for the preferred AT – not always possible as only one Tasmanian supplier may stock the item, and considerable time is taken for the supplier to provide quotes without payment or certainty of getting the order. OTs undertake the same trial process which can take several hours using NDIS plan funds. At the basic AT (Level 2) we still need to provide 2 quotes which takes time.
- Therapists may not be aware that an AT recommendation will result in a NDIS plan review and loss of hours in the current plan. It needs to be standard practice that unused hours in the old plan are carried forward and any other additional needs identified and funded. E.g. carer training in the piece of equipment and ongoing maintenance.
- Therapist are not often advised (without following it up themselves, often involving many phone calls or emails, which cannot be claimed against the plan) that a piece of AT has been approved or supplied.
- If multiple pieces of AT are required the AT requests for the recommended equipment need to be completed on separate NDIS documents - being able to submit on the one document

for these items would be more time efficient and a better use of therapist time. This can delay speed of equipment service provision.

- Documentation requirements have increased and templates are difficult to navigate and don't always meet therapist needs. Information and clinical justification is often duplicated.

**b) Whether the estimated demand for equipment to be sourced through the AT process in each roll out area was accurate**

- No comment

**c) Whether market based issues impact the accessibility, timeliness, diversity and availability of AT**

- Geographical barriers can delay the provision of some of the more complex and specialised AT as suppliers may not be available in Tasmania. Interstate purchases and trials may be required which often incurs freight costs and longer waiting periods to be able to trial with participants. Timeliness and accessibility of some AT are impacted. Trials are important to help determine the suitability of AT for the individual's needs and to provide opportunity for choice and control.

**d) The role of the NDIA in approving equipment requests**

- Delays in approval process – participant's needs may change in this time or the cost of the AT may vary as quotes may expire.
- Therapists are often requested to organise purchase and/or install or set-up AT without sufficient funds being allocated for this e.g. organising plumbers, builders.
- The actual purchase of AT for participants can be very time-consuming. Caps for line items are not known, and unable to be found by searching the NDIS website, and frequently items cost more than the caps allowed. Considerable time can be taken trying to work out which line item to claim under to enable the full price to be recouped.

**e) The role of the current state and territory programs in the AT process**

- No comment

**f) Whether the regulatory frameworks governing AT are fit-for-purpose**

- No comment

**g) Other related matters**

- Funding needs to be allocated not just for AT but also for therapist set-up and participant/carer training for complex AT.
- AT may need to be sourced quickly due to clinical urgency for some conditions/change in person's function – NDIS does not facilitate a quick process for this to occur.
- Home modifications process is unclear and needs to be rectified – from initial assessment of home through to completed works. Home modifications and the provision of complex AT is sometimes needed to enable a discharge from hospital, hence discharges are delayed or alternative accommodation/equipment needs to be sought.

- Documentation requirements are extensive and templates are difficult to navigate and don't always meet therapist needs. Duplication of clinical information and justification is necessary. Extensive time needed for clinical justification/transparency as increased detail is required and expected. Need to provide evidence of all options considered, reasoning for items being discounted. Multiple quotes are required for preferred item which can be difficult in Tasmania. We have experienced also being asked for information/ being questioned when the information was clearly provided in the report and reason why this was not feasible. e.g. why client could not access other bedrooms on first floor when a home modification is requested.
- Lack of feedback from NDIS, declined applications/no right of reply– therapists are not advised by NDIS of AT application outcomes. So this becomes the responsibility of the participant and this process is not working. Therapists cannot improve their reports or AT applications if they are not provided with feedback about the information provided and how it may need to be changed.