



Ability Research Centre

Specialists in research  
on technology and disability

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## Submission to the Joint Standing Committee on the National Disability Insurance Scheme

### Inquiry into Assistive Technology

#### Executive Summary

The National Disability Insurance Scheme (NDIS) represents the single most significant reform to the Disability sector in decades. As with the introduction of any major reform, close attention to feedback is critical in ensuring that its goals can be achieved, and its targets met.

As a specialist provider of assistive technology, Ability Technology believes that the expert provision of assistive technology can vastly improve the quality of life of people with disability. This submission is based on our ongoing experience of providing assistive technology to clients within the auspices of the NDIS from the pilot stages in the Hunter and ACT, through to its full rollout.

During this period, we have found a number of issues that diminish the successful provision of assistive technology for NDIS clients. These include: the poor design of the General AT Assessment template, the lack of training of NDIA staff regarding assistive technology and the relevant legislative rules, misapprehensions about the role of generic technologies, the inadequate level of contact with AT specialists, the poor quality of plans and administrative delays. We acknowledge that some of these issues are being addressed by the NDIA

[REDACTED]

Detailed recommendations follow.

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## 1. Introduction

The National Disability Insurance Scheme represents the single most significant reform to the Disability sector in decades. Both major parties should be commended for their leadership in the proposal and development of the Scheme, and for having the courage to commit to its implementation and full funding. At a time when politics is often criticised for being divisive and hyper-partisan, it is commendable that our leaders have attempted to place the needs of people with disability above politics.

Ability Technology is a specialist provider of assistive technology. This submission seeks to provide constructive feedback on the NDIS from the perspective of service providers and consumers dealing with computer-related assistive technology. It is based on our ongoing experience with the NDIS since our involvement in its pilot stages in the Hunter and ACT, through to its full rollout. It relies on consultation with our team members, and draws on the experience of participants through case studies.

We believe that the NDIS has made significant progress. As with the introduction of any major reform, close attention to feedback is critical in ensuring that the goals can be achieved even more successfully. It is in this spirit that our feedback is offered in this submission, based on more than 27 years of providing assistive technology services.

## 2. Different types of assistive technology

“Assistive technology” (AT) is a term that encompasses a wide variety of devices, equipment and systems. These range from prosthetics, ergonomic devices and home equipment like shower chairs and hoists to complex communication systems, specialised computer access hardware and home control devices. It includes both generic and specialised equipment, enlisted to perform a wide variety of functions.

Ability Technology deals specifically with computer-related assistive technology – also known as Computer Assistive Technology (CAT) or Information Computer Assistive Technology (ICAT) – encompassing computer, smartphone and tablet access, communication and home/environmental control. Computer-related assistive technology can assist people across a wide range of abilities and ages to:

- Read
- Write
- Speak
- Study
- Access information
- Engage in employment
- Engage in recreation
- Develop their skills
- Be creative
- Control their home environment
- Feel safe and secure at home
- Be more financially independent.

Ability has set up communication devices that allow non-verbal people to tell their family that they love them; we have assisted bed-ridden people to video call with loved ones overseas; we have seen the smile that comes to a quadriplegic woman's face at being able to use voice control to independently play her favourite music through her smartphone; and we have helped kids with autism to engage more effectively at school through specially-designed iPad apps that speak their language.

Computer-related assistive technology is an area of growing importance. The rapid expansion of IT over the last decade has placed technology at the centre of the lives of many Australians, including those with a disability. This branch of AT can play a substantial role in increasing the independence, productivity and social and economic participation of people with disability, all of which are goals of the NDIS.

While it overlaps with the realm of occupational therapy to a large extent, much of our team members' specialist knowledge is outside the realm of mainstream occupational therapy or speech pathology. Despite extensive training, therapists are generally not required to undertake study in the specialist field of computer-related assistive technology, and this has led to a sector-wide scarcity of expertise linking together the two interrelated areas of on-the-ground therapy and specialist AT knowledge. This is where Ability comes in, providing the link between those practitioners who know their clients best, and the life-changing technology that is available, often unknown to participants or their support people.

### 3. Experience of therapists and participants

Ability Technology operates from a small head office in Sydney, through a network of therapists and clinicians across a number of fields. Our multi-disciplinary team includes occupational therapists, speech pathologists, ergonomists, IT consultants and other assistive technology specialists, stationed around the country. This model of operation allows for a rich body of experience to be collated through Ability Research Centre, the policy and research arm of Ability Technology Ltd. The main advantage of this model from a research point of view is the breadth of the experience, taken from a cross-section of the disability sector that exceeds the scope of many organisations who are more limited in their focus.

The following list of concerns with the rollout stems directly from our team members' experience with the Scheme on the ground, complemented by case studies of particular participants.

#### 3.1. *Poorly designed General AT Assessment template*

Complaints about the General AT assessment template have been widespread. Administrative burdens have long been identified as an issue among NDIS service providers,<sup>1</sup> and this template is an exemplar of the Scheme's burdensome administrative requirements. The current report template is cumbersome and does not translate easily to the computer-related branch of AT. The form requires assessors to input the same

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<sup>1</sup> Joint Standing Committee on the National Disability Insurance Scheme, Progress Report, September 2017, pp. 63-68.

information in multiple locations, while it lacks the space to fill in details that practitioners deem necessary. In the words of one of our team members:

*“The form is ridiculous- by the time I have filled it out for a complex wheelchair I can’t even check it [as] the text is so small. Some boxes expand and others don’t. I also find myself repeating what I have said, but then no space for the specifics of what is more important.”*

The form’s requirement to detail the specifics of alternatives that are considered but not recommended<sup>2</sup> is clearly suited to recommendations for single items such as wheelchairs or hearing aids. Contrary to this, computer-based AT assessors do not usually recommend single, stand-alone devices; instead, they design whole systems of linked devices and equipment. These systems are delicately designed to suit the participant’s needs, and meticulously researched to ensure that all aspects are compatible with each other. Detailing a small number of arbitrarily chosen alternatives is simply a waste of time.

As noted above, assistive technology refers to a wide variety of devices and equipment with many different functions, ranging from simple home equipment like shower chairs to complex technological systems such as alternative computer access and home automation. As such, the NDIA has deemed it appropriate to create separate report templates for a number of specific categories of assistive technology; in addition to the General AT Assessment Template, there are specific templates available in the areas of Continence, Nutrition Support and Prosthetics and Orthotics, among others.<sup>3</sup>

It is our opinion that there should be a separate template for computer-related assistive technology. This would increase efficiency and reduce the administrative burden for assessors by making sure the form is fit for its specific purpose. As one of our team members noted:

*“Using the same form for a complex [system] as a shower chair incurs a cost in report writing which is more than the shower chair.”*

At the request of the NDIA, Ability Technology has designed an alternative assessment template to address some of these concerns and make it more suited to the computer-related area of AT (see Appendix A). Based on the General AT Assessment Template form, Ability’s suggested form has much stronger and more overt links drawn between the recommended system and the requirements in the National Disability Insurance Scheme Act 2013 and NDIA Rules (3.1-3.4). This redesigned form would not only reduce the administrative burden on service providers, it would also help to reduce delays by increasing clarity around claims: currently, recommendations for systems are often rejected on dubious grounds and then subsequently approved once additional information is provided. Unnecessary complications and unclear processes such as these have previously been identified as significant issues by the Committee.<sup>4</sup> Our form could be adopted or inform the

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<sup>2</sup> NDIS, *General Assistive Technology Assessment Template*, Revised May 2017, p. 4.

<sup>3</sup> NDIS, *General Assistive Technology Assessment Template*.

<sup>4</sup> Progress Report, p. 67.

design of a new, specific assessment form for computer-related AT. We have circulated the draft report template to several of our AT expert team members and received positive feedback. We have also undertaken further liaison with senior NDIA staff, with the latest draft of the template representing a joint effort between our two organisations (see Appendix A).

### *3.2. Poor understanding of AT and how it relates to the NDIS*

It has been well documented that service providers in the sector have been dissatisfied with NDIA staff and how administrative decisions have been made. The Committee has already heard evidence that suggests that NDIA staff have not been adequately trained, possess inadequate understanding of the disability sector, frequently ignore advice and opinions of service providers and disability experts, and sometimes fail to adhere to the legislative mechanisms governing administrative decisions such as the approval of “reasonable and necessary” supports.<sup>5</sup> This had led to what our team members have described as a “complete lack of consistency in approvals” for assistive technology. It is very apparent that there is a paucity of knowledge among the NDIA regarding computer-related assistive technology. This is understandable given the narrowness of the field, however the erroneous decisions and extensive delays that have resulted are needlessly distressing for participants and service providers alike.

It has become clear that many NDIA staff have little awareness of how the AT sector operates, or how it is supposed to integrate with NDIA processes. For instance, NDIA staff often seem to be unaware of the essential AT services that are needed to implement and/or complement AT systems, and the additional funding therefore required. It is commonplace for planners to include a provision for “assistive technology” in a participant’s plan, without additional funding for the services required to assess their needs, set up and customise their AT system, or train them in its use.

On multiple occasions, Ability has prepared a report detailing the findings and recommendations for equipment and associated services, fully costed with quotes included. As we cannot approve our own recommendations, we are unable to proceed with implementing the AT system until we receive written approval from the NDIA. As a result, the participant is left in limbo, with no mechanism seemingly in place to approve the recommendations.

The NDIA seems unaware of some of the nuances and intricacies of the work of AT specialists. Specialists have had to adapt their work models to fit the rigidities of the NDIS Plan system to accommodate the uneasy marriage of an annualised NDIS Planning process with an ongoing AT implementation process. Assessments need to be done in advance of Plans being finalised if they are to include the recommendations. Otherwise, the recommendations are usually too late to be included in that year’s Plan. Yet without a Plan in place, there is usually no funding available for the assessment to take place in the first place. It is our understanding that some positive steps are being taken by the NDIA in relation to this area of AT processes. The idea of specialised assessors has been flagged, working with the NDIA to assess the AT needs of participants in conjunction with

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<sup>5</sup> Progress Report, pp. 47-49.

practitioners prior to the implementation of participant plans. We look forward to continuing to work closely with the NDIA in the future.

There is also ambiguity surrounding equipment trials. Best practice is usually for trials to take place over a number of weeks, but short trials during an assessment are also possible to gauge the suitability of equipment. Lengthy trial periods are not always possible; it can depend on the equipment's availability. The general assumption of the NDIA is that all equipment undergoes a lengthy trial prior to a report being written. The NDIA needs to understand that the process of determining AT recommendations takes time. This is a complex process often requiring multiple visits and equipment trials. For one client, equipment was trialled at the assessment and it was determined that a more extended trial would be beneficial. A draft report was submitted to the NDIA, who responded by saying that an "unscheduled plan review" would be required, in order to conduct the trial. Their belief was that "[a]ll assessments will include training / trials under the CB Daily Activity budget". The client became frustrated and decided to fund the trials himself, rather than wait for the lengthy process of plan review. As he stated, "I only have one lifetime".

While AT is included on the NDIS portal, specialists in our area of AT often run into another hurdle at this stage of the process. Very little of the specialised equipment we typically recommend is listed: trackballs, joysticks, mouth control devices and complex switches are all excluded. Often, AT specialists are forced to bastardise the existing list by fitting items uneasily into existing categories. Following discussion with the NDIA, Ability has prepared a list linking commonly used assistive technology items to ISO9999 codes (see Appendix B).

Despite small improvements on the initial version, the portal is still unintuitive and clumsy, leading to further delays. In the words of one of our team members:

*"I find the Support Booking System really clunky- I do my best to work out the time but often I short change myself and it is difficult to add additional hours."*

### 3.2.1. Value for money

We have found that the requirements for supports to represent "value for money" are often being interpreted too narrowly, with a destructive effect on outcomes for participants. For instance, a client of ours, Mary,<sup>6</sup> was denied approval for a QuadJoy mouth-operated joystick on the grounds that it did not represent value for money (Section 34(1)(c)). The explanation for this was that the joystick would not reduce the cost of daily care support she would have to be provided:

*"I was unable to get a clear understanding that if the request [sic] QuadJoy was approved that there would be a reduction in your current daily activities supports. I am therefore not satisfied the requested QuadJoy represents value for money."*

This is a reference to Rule 3.1(f) of the *National Disability Insurance Scheme (Supports for Participants) Rules 2013*, which denotes that the NDIA is to "consider" whether a support

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<sup>6</sup> Not her real name.

<sup>7</sup> Letter from [REDACTED] Delegate of the CEO, NDIA, dated 12 May 2017.

would be likely to reduce the cost of supports in the long term. The full Rule 3.1 is set out below:

***Value for money***

- 3.1 *In deciding whether the support represents value for money in that the costs of the support are reasonable, relative to both the benefits achieved and the cost of alternative support, the CEO is to consider the following matters:*
- (a) *whether there are comparable supports which would achieve the same outcome at a substantially lower cost;*
  - (b) *whether there is evidence that the support will substantially improve the life stage outcomes for, and be of long-term benefit to, the participant;*
  - (c) *whether funding or provision of the support is likely to reduce the cost of the funding of supports for the participant in the long term (for example, some early intervention supports may be value for money given their potential to avoid or delay reliance on more costly supports);*
  - (d) *for supports that involve the provision of equipment or modifications:*
    - (i) *the comparative cost of purchasing or leasing the equipment or modifications; and*
    - (ii) *whether there are any expected changes in technology or the participant's circumstances in the short term that would make it inappropriate to fund the equipment or modifications;*
  - (e) *whether the cost of the support is comparable to the cost of supports of the same kind that are provided in the area in which the participant resides;*
  - (f) *whether the support will increase the participant's independence and reduce the participant's need for other kinds of supports (for example, some home modifications may reduce a participant's need for home care).*

It is clear that Rule 3.1(f) is one of multiple factors that the NDIA is to *consider* in deciding whether a particular support represents value for money. The staff member who made the decision was clearly treating this point as a *criterion*, rather than a *consideration*. On balance (and with respect to the other considerations listed in Rule 3.1), the mouth-controlled joystick in question would absolutely and unambiguously represent value for money:

- There are no supports that would achieve the same outcome at a lower cost; comparable devices are substantially more expensive (Rule 3.1(a)).<sup>8</sup>
- The QuadJoy would be of clear long-term benefit to the participant, and would substantially improve her life stage outcomes (Rule 3.1(b)).
- There were no expected changes to the technology or the client's condition in the short term that would make funding the device inappropriate (Rule 3.1(d)).
- The QuadJoy would significantly increase her independence (Rule 3.1(f)).

Additionally, the device would dramatically improve Mary's social and economic participation by allowing her to perform online banking, shopping and financial transactions, as well as connecting to friends and family through social media, and to the wider world through news and media sites; these outcomes characterise the core values of the NDIS. The staff member involved evidently misinterpreted the Act and its Rules to an erroneously narrow reading of these requirements, which has had the effect of undermining the benefits

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<sup>8</sup> At the time, the QuadJoy (\$1,093) was half the cost of the LipStick (\$2,000) and one-third the cost of the IntegraMouse (\$3,020).

of the Scheme for this participant. Unfortunately, this does not seem to be an isolated incident and this kind of error appears to be common.

### 3.2.2. *Generic vs specialised equipment*

There has been a struggle to navigate the requirements under the Act for supports to be “reasonable and necessary”, given that the NDIA has been hesitant to fund equipment that would be used in “ordinary life”. An example is smartphones: should the NDIS fund the provision of a smartphone for someone with a disability to use with their AT system, given that the vast majority of the general population has a smartphone? What if a smartphone was recommended because it has voice-dialling functionality which would otherwise require an unnecessarily complex and expensive AT system?

To date, these clear advantages have often not been sufficient to convince the NDIA to fund the provision of generic technology. One client had her recommended speech recognition software denied by the NDIA on the grounds that “it is widely used by the everyday Australian”. It appeared self-evident, to the NDIA staff member, that a support could not be reasonable and necessary if it is “not disability specific”.<sup>9</sup> Apart from this being an obvious factual error (the software in question is not used by the everyday Australian), this line of reasoning relies on a grave misunderstanding of the assistive technology sector. This particular NDIA staff member was apparently unaware that generic devices and equipment are frequently enlisted by experts as critical elements of AT systems. Devices such as iPads, Google Home, Amazon Echo, ergonomic keyboards, touch screen styluses and smart speakers are not disability-specific, but their role in assisting people with disability to access a computer, communicate or control their home environment can be immense, as part of an assistive technology system. The NDIS has been hesitant to fund generic devices, despite the fact that disability-specific alternatives are often more expensive, more complicated and less familiar to participants. Looking at a system from a client-centred perspective (as per the philosophy underpinning the NDIS), it is clear that sometimes a generic option such as an iPad is simply the best option, offering superior outcomes and value for money. Yet these recommendations are consistently queried, or even rejected outright, by NDIA staff. Despite the inclusion of “customised commercial tablet” in the NDIA AT Code Guide,<sup>10</sup> it is now notoriously difficult to get an iPad approved by the NDIA. It is baffling that the NDIA would always fund a dedicated communication device over an iPad, despite the latter being more compatible, better supported and up to ten times less expensive.<sup>11</sup>

In one of the more absurd cases, we had a client who had an AT system of environmental control equipment recommended for him. One element of the system was a smartphone or tablet, neither of which were owned by the client. As funding for this element of the system was denied by the NDIA, \$3,000 worth of approved specialised equipment was supplied but sat idle because the client had no device to control it. The stand-off rolled on for months and then became years. Phantom approvals for a tablet appeared then disappeared. The equipment, now well out of date, was sent to the NDIA and sits in a box somewhere. The client never received their system.

<sup>9</sup> Letter from [REDACTED] Delegate of the CEO, NDIA, dated 11 September 2017.

<sup>10</sup> *NDIA Assistive Technology & Consumables Code Guide*, updated 27 April 2017, p. 18.

<sup>11</sup> Apple’s 12.9” iPad Pro is available for \$1,199, compared to Tobii Dynavox’s Indi which costs around \$2,267, the Grid Pad Go 8 which costs \$5,915 and the Tellus 5 which costs \$12,555.



During recent consultation with the NDIA, Ability proposed a three-fold mechanism for the approval of assistive technology that is generic:

*For the purposes of section 34 of the NDIS Act 2013, generic technology (including generic devices and generic software) may be reasonable and necessary if:*

- a) It is a necessary or preferred component of an assistive technology system that is designed to achieve the goals listed in the participant's NDIS plan;*
- b) It represents value for money in comparison to specialised products while achieving the same or substantially similar results for the participant; and*
- c) The client does not already have access to an adequate alternative to this technology.*

We look forward to further opportunities to contribute in this area in the future, together with industry representatives and NDIA officials.

### *3.3. Little contact with AT specialists*

AT recommendations outlined in a report are often dismissed by NDIA staff without any contact or consultation whatsoever with the AT professional who made the recommendations. Rarely is an attempt made to find out more information about why the recommendations provided may be necessary; the expertise of AT practitioners is simply overruled, often on dubious grounds. For example, our client Peta<sup>12</sup> who suffers from quadriplegia, has been attempting to have a number of recommendations approved by the NDIA for some time. They have been denied at multiple levels of appeal, yet at no stage in the process was this client or her support people contacted and asked to elaborate on the benefits of the recommended system or how it fulfils the requirements of Section 34 of the Act. As an organisation, the NDIA seems to be troublingly opaque, with little transparency offered by way of direct contact, or the questioning of administrative decisions. In the words of one team member:

*"It is not possible to talk directly with anyone. You leave [phone] messages or send messages to a generic inbox and often get no response."*

This may be ameliorated somewhat by the proposed system involving specialised assessors. A dedicated phone number for assistive technology follow-up has also been proposed. We welcome both developments.

### *3.4. Poor quality plans*

The committee has already identified the quality of plans as a concern as the Scheme continues to roll out,<sup>13</sup> so this will not be emphasised here. However, it is worth noting that for some clients, poor quality plans listing vague goals have led to adverse effects in the later stages of the approval process. These problems are exacerbated when, as the Committee has previously noted, participants are largely excluded from the planning

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<sup>12</sup> Not her real name.

<sup>13</sup> Progress Report, p. 71.

process.<sup>14</sup> For instance, David<sup>15</sup> was approved for hundreds of dollars in funding for Riding for the Disabled, which he had not asked for or expressed interest in, while he has been unable to get funding for vital assistive technology appropriate for his level of disability, which renders him bed-bound for most of the day.

### 3.5. *Administrative delays*

It is not unusual for clients to wait many months in order for a decision to be made about assistive technology requests. The computer and home control technology sector is a rapidly developing area, especially as generic technologies continue to trend toward inclusive design. Examples of this trend are the increasing prevalence of home 'smart speakers' such as Google Home and Amazon Echo, the latter of which was not on the market until earlier this year. Moreover, the release of new devices and later models of devices often result in price fluctuations and changes in the functionality which may affect the relevance of report recommendations. As a result, administrative delays can have a big impact on outcomes for participants with regard to their assistive technology, especially those with progressive illnesses.

In some cases, participants have spent their own money in order to implement what they regard as urgent computer-related assistive technology, circumventing the NDIS all together. In extreme cases, where a participant has a progressive illness, delays have been intolerable. In one case, our team member watched powerlessly as recommended equipment requests bounced around between NDIA staff and suppliers, as the man's condition deteriorated. He eventually passed away, 12 months after the date of the initial assessment, and the emotional strain caused our team member to resign.

## 4. Conclusion

The NDIS is a major social reform whose benefits will be beyond measurement. It has the potential to improve countless lives and increase social cohesion. The overwhelming support it has from providers and the wider public is testament to this. However, there are a number of areas related to assistive technology where the NDIS could be improved. These include improvements to the Assessment Template, better training of NDIA staff (including in legislative requirements, the importance of generic technology and the AT sector), more contact with AT specialists and minimising administrative delays.

This submission has aimed to make constructive criticisms of the Scheme in the area of assistive technology, with the aim of improving outcomes for people with disability, and the efficiency of the Scheme itself. While the Scheme has undeniably undergone substantial teething pains, it is imperative that in order to address these, both government and non-government stakeholders invest time and resources worthy of the Scheme.

We acknowledge that many of the issues raised in this report are in the process of being addressed by the NDIA [REDACTED] This is in keeping with the spirit of our observations and constructive criticisms.

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<sup>14</sup> Progress Report, p. 72.

<sup>15</sup> Not his real name.

Please do not hesitate to contact Ability regarding any aspect of this submission.

Recommendations follow below.

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Ability Technology

Jeremy Smith  
Research and Policy Coordinator  
Ability Technology

13 September 2018

## 5. Recommendations

1. The NDIA should create a separate AT Assessment Template specifically for computer-related assistive technology. This form should be less cumbersome and more directly address the requirements under Section 34 of the NDIS Act.<sup>16</sup>
2. The NDIA should have an Expert Assessor Panel, made up of assistive technology experts, who would be involved in reviewing the recommendations of AT specialists.
3. NDIA's AT processes should be simplified and better communicated to the AT sector. The role and timing of assessments, reports, quotes and approvals should be clarified to providers.
4. There should be a uniform understanding of the role of equipment trials across the NDIA that is consistent with the AT sector.
5. The NDIA should add more of the most common computer-related AT equipment to the Portal and the NDIA Assistive Technology & Consumables Code Guide. These include:
  - a. Alternative pointing devices (e.g. trackballs, joysticks)
  - b. Mouth controlled pointing devices (e.g. QuadJoy, IntegraMouse)
6. The portal should be professionally redesigned with the user in mind.
7. NDIA staff should undergo sufficient training as to ensure that their legislative requirements are met when making decisions regarding approvals, especially with regard to Section 34 of the National Disability Insurance Scheme Act 2013.
8. The NDIA should adopt a uniform approach to generic assistive technology, based on the three criteria listed on page 9.
9. The NDIA should abandon the usage of the term "ordinary life" to the extent that its meaning is congruent with that of the term "reasonable and necessary" as defined by the NDIS Act. To the extent that its meaning is not congruent with that of the term "reasonable and necessary", it should be defined clearly and its usage as a distinct category should be made plain to practitioners and participants alike.
10. Where it would be beneficial in determining the appropriateness of AT recommendations, the NDIA should contact the AT specialist who made the recommendations.
11. The NDIA should pay greater attention to the planning stage. This stage of the process is vital, and should involve extensive input and consultation with participants and their support people, including AT experts.
12. The NDIA should continue to work towards minimising administrative delays which can be costly in terms of client outcomes in the rapidly changing field of AT.

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<sup>16</sup> See Appendix A.

## Appendix A



## Ability Research Centre

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### Computer-Related Assistive Technology NDIS Assessment Template

#### PART 1 – Details

##### A. NDIS Participant Details

Name	
DOB	
Address	
Phone Number	
Alternative Contact/Guardian	
Contact Phone Number	
NDIS Number	
NDIS Plan Manager	
NDIS Plan Manager Phone Number	

##### B. AT Assessor

*You must be able to provide evidence of competence in assessing this type of AT on request from an NDIS Auditor.*

Name	
Position & Qualifications	
NDIS Registration Number	
Business Name	
Email Address	
Phone Number	
Assessment Date(s)	
Date of Report	
State Emergency Supply Scheme Prescriber (if relevant)	

## PART 2 – Evaluation / Assessment

### A. Background

*General: Describe participant's current circumstances. This may include: disability; living situation; social supports; moving through life transition; coexisting medical conditions and behavioural status.*

*Past and Present Use of AT: Describe the participant's past experience with AT and specify any AT they are currently using.*

### B. Functional Limitations

*Please clearly outline the specific functional limitation/s related to the participant's disability that indicate the need for assistive technology or other supports. (NDIS expects relevant assessments are conducted where required and records held by AT assessor for NDIS audit purposes.)*

### C. Assessment Procedures

*How was the assessment conducted? What options were considered/trialled and with what outcomes?*

## PART 3 – Recommended AT System

### A. Description of Recommended AT Device or System

*Please state all the support required for the recommended option including non-AT supports and environmental modifications. Supplier details are to be included in quotations attached, including GST status, delivery charges, model numbers.*

ITEM	COST
QuadJoy with G-Clamp, gooseneck	<b>\$1,817</b>
Dragon Naturally Speaking Premium	
Philips Speech Mike	
Google Home	
Logitech Harmony	
TOTAL	

### B. Generic Items

*Answer Section 3B if the recommended system includes generic items. Generic items are items that are designed for the mainstream market, such as phones, tablet and computers, rather than items that are disability-specific. If the recommended system does not include generic items, go straight to Section 3C.*

*Are the generic items **essential parts of the proposed system** for achieving the participant's goals?*

☐ Yes

☐ No

*If Yes, please describe their roles in the system*

*Do the generic items represent **value for money** in comparison to alternatives?*

☐ Yes

☐ No

*If Yes, please provide details*

Does the client already have access to an **adequate alternative** to the generic items requested?

- ☐ Yes  
☐ No

How will the generic item(s) be funded?

- ☐ The NDIS is requested to fund the item(s) in full  
☐ The NDIS is requested to fund the item(s) in part, to cover the difference between the participant's existing unsuitable generic device, and the model required for the recommended system  
☐ No funding necessary – the participant already has the item(s) or is prepared to purchase the item(s)

Comments/details

### C. Services required to implement the recommended system

Please specify the services required to implement the recommended system. These are to be included in attached quotations. Services to be provided by family/support staff should still be included (hours), but not costed.

SERVICE	DETAILS	HOURS	COST PER HOUR	TOTAL COST
Setup – generic	Staff	2	\$xx	\$xx
Setup – specialised				
Ongoing customisation				
Training – client				
Training – others (e.g. carers, family)				
Ongoing support				
Re-assessment	Per 6 months			
Other				
<b>TOTAL</b>				\$xx

Who will coordinate support and warranty implementation for the system and its components?

- ☐ Participant and family members/support workers  
☐ Local generic services  
☐ Specialised support service: \_\_\_\_\_

### D. Participant Agreement

Do AT Assessor and Participant agree on the recommended option?

- ☐ Yes  
☐ No



**PART 4 – Information to inform a decision on whether the support is “reasonable and necessary” according to Section 34 of the National Disability Insurance Scheme Act.**

**A. Achieving the Participant’s Goals and Aspirations**

*Refer to the goals in the participant’s plan and identify how this AT system relates to the achievement of these goals. **How does this support(s) address the participant’s goals and desired outcomes ?** Include any measurable functional goals the client has for this AT/solution.*

**B. Facilitating the Participant’s Social and Economic Participation**

*Describe how the recommended system will assist the participant to undertake activities that will improve their social/economic participation.*

### C. Offering Value for Money

*Are there any comparable systems or options that would achieve the same outcome at a lower cost?*

- ☐ Yes
- ☐ No

*Comment:*

*Would the recommended system substantially improve the participant's life stage outcomes over the long term?*

- ☐ Likely
- ☐ Unlikely
- ☐ N/A

*Comment:*

*Could this system reduce the cost of other supports, now or in the future?*

- ☐ Likely
- ☐ Unlikely
- ☐ N/A

*Provide details of the supports to be addressed:*

*Have the comparative costs of purchasing and leasing the equipment been considered?*

- ☐ Yes
- ☐ No

*Comment:*

*Are there any foreseeable changes in the technology or in the client's circumstances that would make this system inappropriate in the near future?*

- ☐ Yes
- ☐ No

*Comment:*

*Will it increase the participant's independence?*

- ☐ Likely
- ☐ Unlikely
- ☐ N/A

*Comment:*

#### **D. Effective and Beneficial Support**

*Is the proposed system consistent with current good practice?*

- ☐ Yes
- ☐ No
- ☐ N/A

*Has it been effective for others in similar circumstances?*

- ☐ Yes
- ☐ No
- ☐ N/A

*Is it consistent with the consensus of expert opinion?*

- ☐ Yes
- ☐ No
- ☐ N/A

Additional information (optional):

## **E. Reasonable Expectations of Care**

Does this support replace or duplicate support or services typically provided by a family, carers or informal networks or the general community?

- ☐ Yes
- ☐ No

Additional information (optional):

## **F. Other Means of Funding**

Have other mainstream sources of funding this support been considered (e.g. education provider, JobAccess) that would be more appropriate than the NDIS?

- ☐ Yes
- ☐ No

Additional information, including details of any guidance from a mainstream provider (optional):

**What other factors, if any, need to be resolved before the preferred option can be implemented?**

*For example, are any environmental modifications required?*

I declare that I have evidence of my competence to make these recommendations, and that the NDIA and participant may rely on this professional advice to select, source and implement the recommendations.

Signature of AT Assessor \_\_\_\_\_ Date \_\_\_\_\_

*Quotations should be attached. These can include printouts of web orders and quotations.*

## Appendix B: ISO9999 Codes for Common Assistive Technology Items

ISO CODE	ISO NAME	ABILITY EXAMPLES
<b>22: ASSISTIVE PRODUCTS FOR COMMUNICATION AND INFORMATION MANAGEMENT</b>		
<b>Input devices for computers (ISO 22.36)</b>		
22.36.21	Computer Pointing Devices, or Assistive Products to Position Screen Pointer and to select items on computer display	Expert Mouse trackball, Evoluent Mouse, Lipstick, IntegraMouse, Traxsys joystick, Jouse, Smartnav4
22.36.18	Input Software	Speech recognition, On screen keyboards
22.36.03	Keyboards	Physical keyboards
22.36.12	Alternate Input Devices	<i>I take this to mean other input devices that don't offer direct cursor control:</i> Eyegaze, Caduceus stylus
22.36.15	Input accessories	Switch interfaces, keyguards
<b>22 21 Assistive products for face-to-face communication</b>		
22.21.12	Face to face communication software	Proloquo2Go, Pictello
22.21.09	Dialog Units	AAC devices
22.18.33	Microphones	Microphones
<b>Computers and Terminals (22:33)</b>		
22.33.18	Accessories for computers and networks	iPad cases
22.33.06	Portable computers and personal digital assistants	iPads, Android tablets, Windows tablets
<b>Output Devices for Computers (22:39)</b>		
22.39.12	Special output software	Screen readers, text-to-speech
22.39.04	Visual computer displays and accessories	Displays
<b>Assistive products for drawing and writing (22.12)</b>		
22 12 24	Word processing software	
<b>24: ASSISTIVE PRODUCTS FOR CONTROLLING, CARRYING, MOVING AND HANDLING OBJECTS AND DEVICES</b>		
<b>Assistive products for controlling from a distance (ISO 24.13)</b>		
24.13.03	Environmental control systems	HouseMate Lite, HouseMate Pro, WeMo Light Switch
24.13.06	Personal environmental control software	<i>Perhaps Indigo? Most ECU would be under 24.13.03</i>
24.24.03	Fixed Position Systems	Mounts

24.09.18	Switches On off and other functions	J-Pad, switches
24.09.30	Timer switches	Powerlink
05 ASSISTIVE PRODUCTS FOR TRAINING IN SKILLS		
05 06	Assistive products for training in alternative and augmentative communication	
05.12 Assistive Products for Training in Cognitive Skills		
05.12.24	Assistive products for developing understanding of cause and effect	Various apps on iPad
05.24.03	Assistive products for training in musical skills	Soundbeam, Invisible Keys
ASSISTIVE PRODUCTS FOR RECREATION AND LEISURE (30)		
Assistive Products for Play 30.03		
30.03.09	Games	
Assistive products for office administration, information storage and management at work 28.21		
28 21 12	Office software and industrial software	Ebook software
18.03.15	Bed tables	