Joint Standing Committee on the National Disability Insurance Scheme

Provision of assistive technology under the NDIS

December 2018

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2.61 The committee recommends that the Agency revise the AT information on its website to improve clarity around all aspects of the AT process, and ensure training and guidance is provided to NDIA staff to improve consistency in the information provided to participants, providers and AT assessors.

Recommendation 2

2.64 The committee recommends that a line item for trial costs of AT equipment be created and included in the plans of all relevant participants.

Recommendation 3

2.101 The committee recommends that the NDIA prescribe KPIs for the length of time in which staff must consider and process AT applications.

Recommendation 4

3.22 The committee recommends that the Agency publish criteria of the circumstances which will require the Agency to conduct further assessment beyond that provided by a registered therapist.

Recommendation 5

3.34 The committee recommends that the NDIA makes funding decisions based on outcomes rather on whether the item is considered mainstream, or could be used beyond its AT purpose.

Recommendation 6

3.62 The committee strongly recommends that the NDIA adopt the SWEP credentialing model for prescribing Assistive Technology.

Recommendation 7

3.82 The committee recommends the NDIA explore entering into agreements with state schemes for the prescription, assessment, and delivery of Assistive Technology to NDIS participants.

Recommendation 8

3.102 The committee recommends that the NDIA undertake an urgent review of all aspects of its AT delivery model, with specific focus on how it can utilise current state and territory equipment schemes, including bulk-purchasing, loan and recycling programs.

Executive Summary

Utilisation of expert reports

A fundamental aspect of how the Agency interacts with Allied Health professionals in this space is trust. Over the course of numerous inquiries the committee has heard repeated evidence of what can only be described as the development of a culture of mistrust of participants and their needs. The evidence the committee heard in this inquiry around how formal clinical reports and expert opinions of Allied Health professionals are discounted, or second guessed, in favour of either those of the planners, or presumably in favour of other Allied Health professionals without specific knowledge of the case on an 'expert panel'.

Given the evidence received, the committee is of the view that there should be a presumption in favour of accepting the advice from appropriate experts.

Accreditation for AT professionals

The committee welcomes the continuous efforts of the agency to improve the capability of its decision makers. However, it is at a loss to understand why the Agency has not utilised the expertise and experience of state and territory systems. The credentialing model employed by SWEP in Victoria seems to offer a robust, logical, cost effective, equitable, and efficient system for ensuring the best possible outcomes for both participants and funding bodies. The committee strenuously suggests that the Agency does not re-invent the wheel yet again by attempting to design a model with all the features of the models in place before the Scheme rolled out, but with much worse outcomes for all stakeholders, including tax payers.

Interaction with state and territory systems

The committee heard compelling evidence on the efficiency of the operation of AT equipment services in states and territories prior to the NDIS. The time periods between the necessary equipment being identified, provided, and used appropriately and safely, have blown out significantly under the NDIS.

The current situation is unworkable, and is producing unacceptable delays. The Agency has to decide on one process or the other. Given the experience, skills and expertise of the state schemes, the committee suggests that the Agency enter into agreements, or Memorandums of Understanding with them to process and manage applications instead of the Agency.

Loan pools and recycling of AT equipment

Loan pools, recycling, and refurbishment of assistive technology have long since been a feature of any aids and equipment programs. The NDIS model, with an emphasis on an individual bespoke solution for each participant, does not sit easily within those previous systems.

However, not every AT solution is a fully customised piece of technology that can only be utilised by its intended recipient. There are thousands of standard items that the committee heard were being purchased at high cost, on an individual basis, and not being recycled or re-used afterwards. Evidence to the inquiry suggests that there are

improvements and efficiencies possible across the board, on processes and procedures, as well as significant cost saving opportunities.

Tracking AT applications

All submitters, including the Agency itself, agree that the ability to track the progress of an AT request would assist everyone. It is a basic requirement, and the committee welcomes steps taken by the Agency to incorporate it into the *myplace* portal. It will also provide valuable data which will assist the Agency is providing further improvement to the AT process at a systemic level, while alleviating some stress on participants that a lack, or inconsistency of information brings. The committee will monitor the introduction of the capability with interest.

The need for KPIs

The committee heard that it can take months, even years in some cases, to receive requested equipment or devices. Delays for AT place can have profound effects on the development of young children, those who require prosthetics or orthotics, and those with degenerative conditions. The committee welcomes steps taken by the Agency to address delays, however, it is of the view that the Agency should set KPIs for the length of time in which staff must consider and process applications.

Chapter 1

Context of inquiry

Referral of inquiry and terms of reference

1.1 The Joint Standing Committee on the National Disability Insurance Scheme (NDIS) was established on 1 September 2016. The committee is composed of five members and five senators.

1.2 The committee is tasked with inquiring into:

(a) the implementation, performance and governance of the NDIS;

(b) the administration and expenditure of the NDIS; and

(c) such other matters in relation to the NDIS as may be referred to it by either House of the Parliament.

1.3 After 30 June each year, the committee is required to present an annual report to the Parliament on the activities of the committee during the year, in addition to other reports on any other matters it considers relevant.

1.4 The committee is also able to inquire into specific aspects of the Scheme. On 15 August 2018, the committee decided to undertake an inquiry into the provision of assistive technology (AT) under the NDIS, with particular reference to:

(a) the transition to the NDIS and how this has impacted on speed of equipment provision;

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

(c) whether market based issues impact the accessibility, timeliness, diversity and availability of AT;

(d) the role of the NDIA in approving equipment requests;

(e) the role of current state and territory programs in the AT process;

(f) whether the regulatory frameworks governing AT are fit-for-purpose; and

(g) any other related matters.

Structure of report

1.5 This report is comprised of four chapters, as follows:

- Chapter 1 outlines the administration and context of the inquiry;
- Chapter 2 considers the AT application process; and
- Chapter 3 explores issues around the procurement and supply of AT.

Conduct of the inquiry

1.6 The committee received 73 submissions to the inquiry from individuals and organisations. These submissions are listed in Appendix 1.

1.7 The committee also conducted two public hearings:

- 19 October 2018 in Sydney; and
- 22 November 2018 in Melbourne.

1.8 Transcripts from these hearings, together with submissions and answers to questions on notice are available on the committee's website. Witnesses who appeared at the hearings are listed in Appendix 2.

Note on terminology and references

1.9 References to submissions in this report are to individual submissions received by the committee and published on the committee's website. References to Committee Hansard are to official transcripts.

Acknowledgments

1.10 The committee would like to thank the individuals and organisations that made written submissions to the inquiry, as well as those who gave evidence at the public hearings. We are grateful for their time and expertise.

Background information

What is AT?

1.11 The NDIS defines AT as 'any device or system that allows individuals to perform tasks they would otherwise be unable to do or increases the ease and safety with which tasks can be performed'.[1] Hearing aids, wheelchairs, communication aids, and prostheses are all examples of assistive products. Home modifications required as a result of the participant's disability are also considered AT under the Scheme.[2] Funding for AT may be included in a participant's plan if it is identified as a reasonable and necessary support that relates to the participant's disability, and is the most appropriate and cost-effective solution for their needs.[3]

Demand for AT

1.12 Of the active participants with AT supports in their most recent plan as at 30 June 2018, it is estimated that around 29,000 participants (25 per cent) required an

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1 NDIA, *Assistive Technology Strategy*, October 2015, p. 5.

2 NDIA, *NDIS Operational Guidelines—Home modifications*, https://www.ndis.gov.au/Operational-Guideline/including-5 (accessed 26 September 2018); and NDIA, *AT Complexity Level Classification*, March 2017, pp. 1–2.

3 NDIA, *NDIS Operational Guidelines—Planning*, https://www.ndis.gov.au/operational-guideline/planning/deciding-supports-plan.html#10.1 (accessed 27 September 2018); and *NDIS Act 2013*, s. 34; and NDIA, *NDIS Operational Guidelines—Planning*, https://www.ndis.gov.au/operational-guideline/planning/deciding-supports-plan.html#10.1 (accessed 27 September 2018).

AT assessment to be conducted.[4] According to the Agency's latest market insight, people with intellectual disability were the largest group of AT participants and account for the highest proportion (20 per cent) of AT expenditure.[5] Over 2016–17, personal mobility equipment and care products accounted for over 70 per cent of AT expenditure.[6]

The AT Strategy

1.13 Before the NDIS commenced rollout across the country the NDIA developed a strategy for the provision of AT under the Scheme. Its vision was to 'build an empowering, sustainable and consistent approach to ensuring NDIS participants have choice in, and access to, individualised AT solutions that enable and enhance their economic and community participation'.[7]

1.14 The Agency stipulated three strategic priorities:

(i) Support and stimulate a vibrant and innovative supply-side market by providing a conduit for innovation and promoting the take-up of technology solutions;

(ii) Support and stimulate informed, active, participant-led demand by empowering participants to choose technology that best supports their needs; and

(iii) Deliver a financially robust, sustainable scheme that generates economic and social value with the Agency only intervening to optimise outcomes for participants and economic value for the Scheme.[8]

4 NDIA, *answer to question on notice SQ18-000254*, received 21 November 2018.

5 NDIA, *Market Insights Assistive Technology*, Issue 1, November 2017, p. 3.

6 NDIA, *Market Insights Assistive Technology*, Issue 1, November 2017, p. 3.

7 NDIA, *NDIS AT Strategy*, October 2015, p. 3.

8 NDIA, *NDIS AT Strategy*, October 2015, p. 4.

Chapter 2
The application process

2.1 This chapter describes the issues faced by participants and providers as they navigate through the Assistive Technology (AT) process. It considers the equity and accessibility of the process, as well as examining the evidence around delays and inconsistencies in the length of time it takes the NDIA to assess and deliver AT.

AT applications

2.2 Effective information is the first step to achieving the vision outlined in the *NDIS AT Strategy* set out in Chapter 1. Clear information ensures common understanding, efficiency of resources, and manages participants' expectations. The committee repeatedly heard of the frustration felt by individuals, their families, carers, service providers, and suppliers, who are attempting to navigate the process.[1]

2.3 A lack of information about what constitutes a sound application (including what can and cannot be funded) was a common issue raised. The committee received numerous reports there are inconsistencies between AT decisions, even in cases where participants' circumstances, needs, and goals appear similar.[2]

2.4 Specifically there is confusion as to:

(a) the method to submit an AT application;[3]

(b) who can submit an application;[4]

(c) what constitutes a sound AT application;[5]

(d) who considers AT applications;[6]

(e) how to alter an application;[7] and

(f) how the results of applications are communicated.[8]

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1 For example: Name Withheld, *Submission 2,* pp. 2–3; The Benevolent Society, *Submission 40,* p. 5; Lifestart Cooperative, *Submission 48,* p. 9.

2 For example: Amy Martin, *Submission 31,* p. 4; ARATA, *Submission 35,* p. 5; Cerebral Palsy Alliance, *Submission 39,* p. 2; The Benevolent Society, *Submission 40,* p. 6; ECIA, *Submission 43,* p. 9; Amaze, *Submission 46,* p. 10; Lifestart Cooperative, *Submission 48,* p. 9.

3 Northcott, *Submission 30,* p. 2.

4 Cerebral Palsy Alliance, *Submission 39,* p. 1.

5 For example: Commonwealth Ombudsman, *Submission 12,* p. 3; Syndromes Without a Name, *Submission 19,* p. 1; Amputees Association of NSW, *Submission 23,* p. 2; Scope Australia, *Submission 34,* p. 5; Spinal Life Australia, *Submission 45,* p. 2; Yooralla, *Submission 58,* p. 9.

6 Northcott, *Submission 30,* p. 2.

7 Cerebral Palsy Alliance, *Submission 39,* p. 1.

2.5 Complaints to the Commonwealth Ombudsman Office indicate that participants find the AT process confusing. Participants are uncertain as to what information is required with applications and what form this information should take:

> The NDIA refused to consider a quote submitted by the participant's occupational therapist as the therapist had not completed the required NDIA training. After submitting another two quotes from NDIA-trained therapists, NDIA staff told the participant they could not accept either quote as they were not itemised.[9]

2.6 Limbs 4 Life argued that the lack of information has a flow-on effect to organisations, whose resources become absorbed developing material to assist participants to navigate the Scheme.[10]

2.7 The Benevolent Society argued that transparency in each stage of the application process is vital to managing participants' expectations.[11]

Inequity between application methods

2.8 Submitters raised concerns about how the method by which applications are submitted can affect the speed with which they are resolved.[12]

2.9 There are three ways individuals can apply for AT under the Scheme:

(a) Prior to a planning meeting:

(i) the individual pays for an AT assessment, and trials of equipment, and takes the assessment report, and quotes, to their planning meeting. The planner allocates a monetary value for AT on the participant's plan and the item can be ordered once the plan is approved;[13]

(b) During a planning meeting:

(i) the participant identifies a need for AT and the planner records AT on the plan but does not allocate a monetary value while the participant undergoes assessments and trials. When the participant has obtained an assessment report and quotes, they request a partial plan review for the AT component of their plan. When the partial plan review for AT is approved, the item can be ordered;[14]

(c) During an active plan that does not contain an AT component:

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8 Northcott, *Submission 30,* p. 2.

9 Commonwealth Ombudsman, *Submission 12,* p. 3.

10 Limbs 4 Life, *Submission 49,* p. 14.

11 The Benevolent Society, *Submission 40,* pp. 3 and 5.

12 For example: Speech Pathology Australia, *Submission 21,* p. 12 ; Noah's Ark, *Submission 25,* p. 4; Therapy for Kids et al, *Submission 55,* p. 4.

13 NDIA, *answer to question on notice SQ18-000255,* received 21 November 2018.

14 NDIA, *answer to question on notice SQ18-000255,* received 21 November 2018.

(i) the individual completes an AT assessment and equipment trials and obtains an assessment report and quotes. The participant submits a request for a full plan review, and can order the AT item once the full review has been completed and the AT component approved.[15]

2.10 Therapy for Kids et al raised concerns that the speed of decisions on equipment requests were to some degree dependent on how and when they were raised:

> If justification report and quotes are all presented at a face-to-face planning meeting, they are generally actioned within one month and if they are approved then the funds are in a participant's plan between one and 3 months after the planning meeting. If they are presented at any time around this meeting or required within the time period of the plan, there are great delays being experienced.[16]

2.11 In addition to concerns around varying processing speeds, the probability that applications are less likely to be rejected when considered in-person rather than online was also raised:

> If assistive technology requests are lodged during a planning meeting there is the opportunity for a verbal discussion to be had. This is clearly a better form of communication then email, and is a way for planners and participants to ask questions and ensure there is an understanding of the request. When an assistive technology application is made outside of the planning meeting, it can only be lodged via email to the NDIA or through the relevant state based AT program. There is no opportunity for further discussion or questions with the NDIA employee who is actioning the request.[17]

Administrative requirements for replacement items

2.12 The committee received numerous submissions that there are onerous administrative requirements being placed on prescribing therapists as a result of inefficiencies in the application process.[18]

2.13 For example, several submitters were critical of the need to complete a full AT application for direct replacement AT, arguing that the process is inefficient, time consuming, and unnecessary.[19] The committee also heard that items outgrown by

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15 Extrapolated from Noah's Ark, *Submission 25,* p. 3.

16 Therapy for Kids et al, *Submission 55*, p. 2.

17 Therapy for Kids et al, *Submission 55*, p. 6.

18 For example: Shirley Humphries, *Submission 1*, p. 1; Jane Tracey, *Submission 14*, p. 2; Develop Therapy Services, *Submission 17,* p. 6. Name Withheld, *Submission 18,* p. 2; Noah's Ark, *Submission 25,* p. 5; Amy Martin, *Submission 31,* p. 1; Cerebral Palsy Alliance, *Submission 39,* p. 1; Therapy for Kids et al, *Submission 55,* p. 2.

19 For example: Shirley Humphries, *Submission 1*, p. 1; Jane Tracey, *Submission 14,* p. 2; Develop Therapy Services, *Submission 17,* p. 6; Name Withheld, *Submission 18, p. 2;* Amy Martin, *Submission 31*, p. 1; Cerebral Palsy Alliance, *Submission 39,* p. 1.

participants and require one size up require a full AT application form to be submitted.[20]

2.14 Cerebral Palsy Alliance argued that the requirement can cause delays for AT for participants, waste funding and therapists' time, and affect the development of children in particular.[21] One submitter provided an example of this process in action:

> A 15-year-old girl with a chromosomal syndrome, severe intellectual disability and very low muscle tone requires specialist orthotics in her shoes. These need to be assessed and replaced every 12 to 18 months. The girl required an intensive early intervention program to get her walking and many people with the same condition us a wheelchair.[…] Every year the planner agrees the orthotics are reasonable and necessary, however, the family is still required to submit an assistive technology request, costing $500 in paper work for orthotics that cost between $800 to $1200 and can take 3 to 6 months for an approval.[22]

2.15 The Agency said it is working to address this issue in Q2 2018–19 by allowing replacement items to be sourced quickly without needing reassessment.[23] It has developed a form for participants, providers and planners to outline what criteria must be met for replacement items to be added to plans without further assessment. The approach has recently commenced testing in several sites in NSW.[24]

Duplication of paperwork to meet state and federal requirements

2.16 Submitters argued there is duplication of paperwork when AT items are requested through NDIS plans but are obtained through state based equipment programs, and that this is is further delaying participants' access to AT.[25]

2.17 OTA questioned why applications are required to pass through two approval systems for the same equipment:

> Occupational therapists are faced with a system where each agency blames the other for blockages…It is not clear why there is this requirement in Victoria for AT requests to pass through two systems of checking, with all of the expensive delay this entails….The system is challenging at best, and broken at worst. The involvement of two agencies, and the unnecessary duplication of bureaucratic requirements, is adding further delays to an already protracted process. This is frustrating for our members and tragic for their clients.[26]

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20 Develop Therapy Services, *Submission 17,* p. 6.

21 Cerebral Palsy Alliance, *Submission 39,* p. 1.

22 Name Withheld, *Submission 18, p. 2.*

23 NDIA, *Submission 50,* p. 5.

24 NDIA, *answer to question on notice SQ18-000266,* received 21 November 2018.

25 For example: Noah's Ark, *Submission 25,* p. 5; Therapy for Kids et al, *Submission 55,* p. 2.

26 OTA, *Submission 52,* p. 9.

2.18 Therapy for Kids et al argued that the SWEP process comprehensively considers AT applications and that participants should not be subjected to an additional NDIS process:

> SWEP receives applications for assistive technology for people in Victoria [and] approves the items based on their thorough prescription forms providers are required to provide. However, the NDIS participants' applications now go through an additional approval process direct with the NDIA…[27]

2.19 OTA argued that the interaction of systems is placing excessive administrative burden on therapists:

> One occupational therapy practice reports that its clinicians are each having to devote at least one hour a week to following up SWEP applications. The practice does not bill participants for this time, as its clinicians do not believe this is fair. Across this organisation, with more than 50 therapists, it is estimated that AT-related problems amount to 100 hours per week of non-billable time. This is 100 hours that would otherwise be spent helping NDIS participants achieve outcomes. It also, of course, undermines the financial viability of the practice.[28]

2.20 The NDIA advised that it is continuing to streamline its arrangements, and highlighted that, in the case of SWEP in Victoria, the state equipment program altered its online submission tool to receive NDIS related assessments as part of their assistance in providing quality assurance before passing to the NDIA for decision.[29]

AT assessment and trials

2.21 Before funding for AT can be included in a participant's plan, an assessment must be conducted by an AT assessor. Depending on the type and complexity of the AT and the needs of the individual, an assessor may be an AT Mentor, allied health practitioner, continence nurse, registered dietician, psychologist, or rehabilitation engineer.[30]

2.22 Not all AT requires an assessment to be conducted. The NDIA uses four complexity levels to identify participants' needs. Complexity Levels 2, 3 and 4 typically require an appropriate assessment form to be completed by, or with the oversight of, an AT assessor with suitable experience in that AT. No assessment is required for Level 1 as these items are easy to purchase, low risk, and require little or no assistance to set up.[31]

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27 Therapy for Kids et al, *Submission 55*, p. 2.

28 OTA, *Submission 52*, p. 10.

29 NDIA, *answer to question on notice SQ18-000276*, received 21 November 2018.

30 NDIA, *Assistive Technology FAQs*, https://www.ndis.gov.au/providers/assistive-technology-faqs (accessed 2 October 2018).

31 NDIA, *Identifying your Assistive Technology needs*, https://www.ndis.gov.au/participants/at/your-at-needs (accessed 2 October 2018).

2.23 Where assessment is compulsory, assessors are required to:

- trial AT with the participant to ensure it is best fit for their needs and used correctly and safely;
- recommend appropriate AT for the individual's needs;
- provide a recommendation report (including quotes) to the NDIA;
- assist the participant to select and purchase AT once funding has been approved; and
- set up and provide training on how to use the equipment.[32]

Assessment paperwork

2.24 The assessment forms attracted substantial criticism from submitters. AT assessors are required to complete assessment templates provided by the Agency. The forms provide information on the participant's goals, needs, equipment options trialled, and recommended AT.[33] However the templates were criticised for duplicating sections, and being time-consuming to write, counter-intuitive, and unfit-for-purpose.[34]

2.25 Permobil argued there is inadequate scope on the forms to convey how essential the AT is for the participant:

> …therapists are reporting frustration with the report templates they are required to fill out and submit. The format does not allow adequate scope for providing information resulting in therapists feeling they can answer all the questions but still feel like they have not been given adequate opportunity to highlight how essential the Assistive Technology is. The report needs to be redesigned with consultation from therapists.[35]

2.26 Cerebral Palsy Alliance argued that some sections are poorly formatted and not clear on what information is being sought.[36] Noah's Ark argued that the application phase is taking 'at least twice as long as previously' in order to provide sufficient evidence that demonstrates need for AT.[37] Spinal Life Australia argued that AT report writing under the NDIS is arduous, not user friendly, and places clinicians under unnecessary stress.[38]

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32 NDIA, *Participant Fact Sheet – Specialised (Level 3) and Complex (Level 4) AT*, undated, p. 2.

33 NDIA, *Assessing a participant's AT needs*, https://www.ndis.gov.au/providers/at/assessing-at.html (accessed 22 October 2018).

34 For example: Independent Living Centre Tasmania, *Submission 5*, pp. 1–2; Ability Research Centre, *Submission 15*, pp. 3 and 4; Cerebral Palsy Alliance, *Submission 39*, p. 1; Spinal life Australia, *Submission 45*, p. 2; Permobil, *Submission 53*, p. 3.

35 Permobil, *Submission 53*, p. 3.

36 Cerebral Palsy Alliance, *Submission 39*, p. 1.

37 Noah's Ark, *Submission 25*, p. 4.

38 Spinal Life Australia, *Submission 45*, p. 2.

2.27 The NDIA acknowledged that further improvements to its templates are required and advised that it is working to improve its templates to make them simpler and easier to use.[39]

Assessment for complex cases

2.28 For participants who require more complex AT, assessments and equipment trials are required. Following purchase, assessors assist by setting up equipment and training the participant in how to use the AT.[40] Each stage of the process is critical to ensuring participants have appropriate AT and are using it correctly.

2.29 AT assessments often require a considerable amount of time for the assessor to travel to the individual's home, develop an understanding of the participant's and family's needs, order and assess pieces of trial equipment, obtain quotes from suppliers, and write a recommendation report for the on Agency's template.[41] In some cases this can take up to 20–30 hours required for liaison, trial, reporting, delivery, and set up.[42]

2.30 Families who cannot afford to source assessments and reports for AT are reliant on the funding allocated in their plans to understand what AT solutions are most appropriate. Without an effective assessment, participants are at risk of missing out on key AT items. The committee heard that most of the steps in AT provision are not product-related,[43] and that 90 per cent of work is done prior to providing a quote.[44]

2.31 Submitters also reported that not all elements of the assessment and trial process were funded,[45] particularly around the travel time required to conduct trials, and to set up equipment and devices.[46] For example, Therapy for Kids et al pointed out that therapists are often not within close range of participants and that multiple trips to the participant's home are usually needed.[47] The committee heard that one participant was unable to undertake any training with his AT because the funding allocated for his AT trial had been drained by traffic delays in Sydney.[48]

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39 NDIA, *answer to question on notice SQ18-000265,* received 21 November 2018.

40 NDIA, *Participant Fact Sheet – Specialised (Level 3) and Complex (Level 4) AT,* undated, p. 2.

41 For example: Special Needs Solutions, *Submission 13,* p. 2; WA Occupational Therapy Association, *Submission 27,* p. 2; Therapy for Kids et al, *Submission 55,* p. 3.

42 Noah's Ark, *Submission 25,* p. 4.

43 Dr Emily Steel, Private capacity, *Proof Committee Hansard,* 19 October 2018, p. 32.

44 Mrs Tiffany Heddes, Director and Business Owner, Special Needs Solutions, *Proof Committee Hansard,* 19 October 2018, p. 32.

45 For example: Special Needs Solutions, *Submission 13,* p. 2; Noah's Ark, *Submission 25,* p. 4; National Disability Services, *Submission 32,* p. 2; Therapy for Kids et al, *Submission 55,* p. 3; Physical Disability Council of NSW, *Submission 56,* p. 6.

46 For example: OTA, *Submission 52,* p. 6;Therapy for Kids et al, *Submission 55,* p. 3; Physical Disability Council of NSW, *Submission 56,* p. 6; Yooralla, *Submission 58,* p. 7.

47 Therapy for Kids et al, *Submission 55,* p. 3;

48 Physical Disability Council of NSW, *Submission 56,* p. 6.

2.32 Submitters drew attention to the lack of additional loading for therapists to travel to participants in regional and remote areas, and for associated trial and fitting costs.[49] Evidence from the family of Tim Rubenach identified that significant underfunding of the remote travel cost component of his plan contributed to unnecessary, stressful, and extensive delays for AT.[50]

Funding for AT, and repairs and maintenance

2.33 Several submitters argued that funding for AT equipment or devices is also frequently insufficient.[51] Therapy for Kids et al argued that some plans underestimate the cost of AT items even despite provision of a quote or estimate.[52]

2.34 The committee also heard that some plans include insufficient funding for repairs and maintenance,[53] causing unnecessary delays while an unscheduled plan review process is undertaken.[54]

2.35 With regard to the repairs and maintenance issues, the NDIA has been attempting to address the funding, and access, for participants. According to their response to questions on notice, they are calculating an appropriate budget for repair and maintenance coverage, as well engaging with AT repairs and maintenance services nationally to explore market-based arrangements to meet demand.[55] Changes to the process following this work are expected from Q2 2018–19.[56]

Multiple trials and quotes

2.36 Submitters expressed frustration that some participants were asked to undertake several trials and provide multiple quotes in order to demonstrate cost effectiveness of the selected AT.[57] The Australian Rehabilitation and Assistive Technology Association (ARATA) argued it is unreasonable to require assessors,

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49 For example: Peter and Beverley Rubenach and Hannah Rubenach-Quinn, *Submission 10,* p. 3; Therapy for Kids et al, *Submission 55*, p. 3; The Benevolent Society, *Submission 40,* p. 6..

50 Peter and Beverley Rubenach and Hannah Rubenach-Quinn, *Submission 10,* p. 3.

51 For example: Ability Research Centre, *Submission 15*, pp. 7–8; Develop Therapy Services, *Submission 17,* p. 3; WA OTA, *Submission 27,* p. 2; Vision Australia, *Submission 33,* p. 9; Can:Do Group, *Submission 36,* p. 3; Cerebral Palsy Alliance, *Submission 39,* p. 2; The Benevolent Society, *Submission 40,* p. 6; Therapy for Kids et al, *Submission 55*, p. 5.

52 Therapy for Kids et al, *Submission 55*, p. 5.

53 For example: The Benevolent Society, *Submission 40,* p. 6; Therapy for Kids et al, *Submission 55*, p. 3; Australian Physiotherapy Association, *Submission 62,* p. 4.

54 Australian Physiotherapy Association, *Submission 62,* p. 4.

55 NDIA, *answer to question on notice SQ18-000272,* received 21 November 2018.

56 NDIA, *Submission 50,* p. 5.

57 For example: ILC Tasmania, *Submission 5,* p. 1; ILC WA, *Submission 26,* p. 1; WA Occupational Therapy Association, *Submission 27,* p. 2; ARATA, *Submission 35,* p. 1; Spinal Life Australia, *Submission 45,* p. 2; Assistive Technology Suppliers Australasia, *Submission 54,* p. 6; Mrs Tiffany Heddes, Director and Business Owner, Special Needs Solutions, *Proof Committee Hansard,* 19 October 2018, pp. 18–20.

participants, and suppliers to undertake numerous trials simply to obtain cost comparisons, as each trial takes up considerable time, resources, and NDIS funding.[58] Spinal Life Australia argued that comparative quotes cannot be guaranteed to be like-for-like due to differences in trial equipment and changes to prescriptions following second assessments.[59]

2.37 The committee heard that some practitioners were asked to trial lower cost equipment even in complex cases where low cost equipment was not appropriate.[60]

2.38 ILC Tasmania pointed out that that the multiple trial and quote requirement results in increased report writing time, creating a convoluted and inefficient process:

> 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.[…] 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.[61]

2.39 Likewise, Noah's Ark was concerned that a significant amount of providers' time is spent contacting suppliers which can reduce the participant's funding for other supports.[62] The inefficiency of the system was underscored by evidence from this NDIS participant:

> As a wheelchair user for more than 38 years, with some experience of scripting wheelchairs, I filled out the wheelchair script and used the therapists as a check to ensure I had measured correctly. Then we spend 4-5 hours wasting the time of suppliers and the therapist's time so that we could say we had tried different brands of chairs and had quotes. The therapist cost of the equipment trials and quotes was around $900, and of course had to happen over several days due to coordination of dealers and the therapist and my time.[63]

2.40 Submitters argued that, in some circumstances, it may also be inappropriate to require participants to undertake trials of equipment before AT can be included in their plans for logistical reasons.[64] For example, some AT equipment is manufactured and supplied from overseas and may not be available for participants to trial before purchasing. In one case, the requirement resulted in perverse outcome for the participant and the Scheme:

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58 ARATA, *Submission 35,* p. 1.

59 Spinal Life Australia, *Submission 45,* p. 2.

60 ECIA, *Submission 43,* p. 9.

61 ILC Tasmania, *Submission 5,* p. 1.

62 Noah's Ark, *Submission 25,* p. 5.

63 Name Withheld, *Submission 47,* p. 2.

64 For example: ILC Tasmania, *Submission 5,* p. 1; ILC WA, *Submission 26,* p. 5; Northcott, *Submission 30,* p.1; ARATA, *Submission 35,* p. 1; Spinal Life Australia, *Submission 45,* p. 2.

> We had an example of a participant who required titanium heavy duty crutches for mobility which could only be supplied from the US. Trial was not possible, however trials were completed of other products which were not suitable. The NDIA planner did not approve this equipment as we couldn't trial it, and chose to fund less suitable crutches despite the high likelihood that they would require much more frequent replacement and greater long term cost.[65]

2.41 For participants in regional, rural, and remote areas, accessing trial equipment presents additional difficulties.[66] The Benevolent Society explained that some suppliers may only visit remote areas every few months:

> It is particularly difficult for practitioners in regional and remote areas to comply with the trialling requirement and ensure that equipment is provided to clients in a timely manner. In some regional areas, equipment suppliers may only visit the area every four months so opportunities to trial equipment is limited. When the practitioners and the family have done their research and are certain that the equipment they are requesting is what is needed to support the participant to function, being asked to trial other equipment which the practitioner and participant know is unsuitable is time consuming, costly and appears unnecessary.[67]

2.42 Assessors' ability to conduct trials may also be impacted by a limited number of suppliers in some regions.[68] Northcott argued that therapists in regional NSW have limited access to equipment and it is often impossible for them to organise more than one trial.[69] In Tasmania, the ILC pointed out that often only one supplier may stock the item.[70]

2.43 Even in cases where suppliers stock the required equipment, the ability to trial can be impacted by the limited number of items available.[71] In Melbourne, Therapy for Kids et al reported that items are often not available for trial at the time they are needed which can prolong delays for participants.[72]

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65 Northcott, *Submission 30,* p. 1.

66 For example: WA Occupational Therapy Association, *Submission 27,* p. 2; ARATA, *Submission 35,* pp. 6 and 8; The Benevolent Society, *Submission 40,* p. 5; ECIA, *Submission 43,* p. 10. OTA, *Submission 52,* p. 6; Permobil, *Submission 53,* pp. 3–4.

67 The Benevolent Society, *Submission 40,* p. 5.

68 ILC WA, *Submission 26,* p. 5.

69 Northcott, *Submission 30,* p.1;

70 ILC Tasmania, *Submission 5,* p. 1.

71 For example: ARATA, *Submission 35,* p. 6; ECIA, *Submission 43,* p. 5; Therapy for Kids et al, *Submission 55,* p. 3; Australian Physiotherapy Association, *Submission 62,* p. 8.

72 Therapy for Kids et al, *Submission 55,* p. 3.

2.44 Other submitters highlighted that some suppliers are reluctant to cover freight costs, which can further limit access to trial equipment.[73]

2.45 WA OTA argued that coordinating availability of equipment with the required health professional can also complicate and delay the process.[74] Noah's Ark reported that typical wait times in Victoria were 3–4 weeks for an appointment and 3–4 weeks to receive a quote.[75]

Impact of quote shopping

2.46 Submitters raised concerns that AT suppliers who have taken the time to provide trials and quotes to participants are being penalised for doing so.[76]

2.47 Mr David Sinclair, Executive Officer, Assistive Technology Suppliers Australia, explained that suppliers expend considerable resources to provide a quote, which is provided to the NDIA, however, some planners will then carry out a 'desktop shop' for a competing price and another company will benefit for undercutting the original price.[77]

2.48 Special Needs Solutions drew attention to suppliers' inability to claim for trial services under the NDIS:

> We, as a highly specialised service provider, cannot charge for our services at the moment. We predominantly cover Queensland and northern New South Wales. I currently have two of our team on a trip from Brisbane and Hervey Bay to Bundaberg, Gladstone, Rockhampton and return. We are not paid any fees for actually going out and doing those trials and those assessments with the occupational therapists and the physiotherapists. For our business to remain sustainable, we need to be able to charge a fee for our service. Under the NDIA there is a rental line which the NDIA have advised us that we can draw a fee for our service from. However, this is very rarely allowed in a plan, so it's simply not working…The general cost of a week-long road trip is about $15,000…under the state-based scheme, when we had a tender system, that cost was built into that. But we were fairly much guaranteed that we were the preferred supplier under that tender

73 For example: ILC Tasmania, *Submission 5,* p. 2;WA Occupational Therapy Association, *Submission 27,* p. 2.

74 WA Occupational Therapy Association, *Submission 27,* p. 2.

75 Noah's Ark, *Submission 25,* p. 5.

76 For example: WA OTA, *Submission 27,* p. 2; Assistive Technology Suppliers Australasia, *Submission 54,* p. 6; Mr David Sinclair, Executive Officer, Assistive Technology Suppliers Australia, *Proof Committee Hansard,* 19 October 2018, p. 20; Mrs Tiffany Heddes, Director and Business Owner, Special Needs Solutions, Proof Committee Hansard, *19 October 2018,* pp. 18–20.

77 Mr David Sinclair, Executive Officer, Assistive Technology Suppliers Australia, *Proof Committee Hansard,* 19 October 2018, p. 20.

> system, so that cost would be recuperated…At the moment we cannot recuperate those costs at all.[78]

2.49 Assistive Technology Suppliers Australia argued that the quote shopping process has potential to affect market sustainability, and that some businesses were beginning to protect themselves by charging participants for quotes:

> The current approach by the NDIA insisting on multiple quotations has created an unsustainable market for quote shopping and under-cutting. Decisions to work with an AT supplier are being based on price, rather than who has invested time and expertise working with a participant…In the quoting process, the supply of trial equipment is common, and historically this has been provided by the supplier at no charge. However due to the quote shopping that is current with the NDIA, these costs will need to be charged as businesses cannot sustain hours of work with a risk of missing out on the order.[79]

2.50 The Agency has submitted that it is working to introduce a new funding tool to calculate appropriate funding for AT supports to replace the current reliance on quotes. The new tool is expected to be introduced progressively starting with the most common AT items from Q2 2018-19.[80]

2.51 A further development is that the threshold for when quotes are required was raised from $1000 to $1500 in the last quarter of 2017–18, which will apparently impact 50 per cent of AT applications.[81]

Tracking application status

2.52 As discussed at the start of this chapter, effective communication is essential to empowering participants, and their families, providers, and suppliers, throughout the AT process. The committee heard that a lack of communication throughout the AT process is a cause of considerable stress for individuals who are waiting for essential equipment.[82] Applicants are continually calling and emailing the Agency to seek

78 Mrs Tiffany Heddes, Director and Business Owner, Special Needs Solutions, *Proof Committee Hansard,* 19 October 2018, pp. 18–20.

79 Assistive Technology Suppliers Australasia, *Submission 54,* p. 6.

80 NDIA, *Submission 50,* p. 5.

81 NDIA, *Submission 50,* p. 5.

82 For example: Name Withheld, *Submission 2,* p. 2; Kyle Cogan, *Submission 4,* p. 1; Speech Pathology Australia, *Submission 21,* Noah's Ark, *Submission 25,* p. 5 , p. 8; Northcott, *Submission 30,* p. 3; Amy Martin, *Submission 31,* p. 6; National Disability Services, *Submission 32,* p. 3; Vision Australia, *Submission 33,* p. 4; Cerebral Palsy Alliance, *Submission 39,* p. 1; The Benevolent Society, *Submission 40,* p. 4; Lifestart Cooperative, *Submission 48,* p. 5.

updates on the status of their applications in the absence of any communication.[83] Evidence indicates that the Agency frequently fails to provide verbal or written advice to applicants on:

- receipt of applications;[84]
- progress of applications;[85]
- when applications are likely to be considered;[86] and
- the outcome of applications.[87]

2.53 The Commonwealth Ombudsman received similar complaints from participants encountered by participants in finding out about the progress of their AT request, despite having contacted the NDIA multiple times.[88] In one case cited by the Ombudsman, a participant was never notified of the outcome of their application:

> [T]he complainant had made an assistive technology request for a prosthetic arm in mid-2017. In March 2018, the NDIA accepted quotes for the prosthetic arm and added funding to the participant's plan at the time of conducting a scheduled plan review. However, the NDIA did not notify the participant of the outcome. In June 2018, the participant complained to our Office about the apparent delay in his assistive technology request being decided. Our investigation revealed a decision had been made, but that it had not been clearly communicated to the participant.[89]

2.54 Other submitters reported similar situations.[90]

2.55 Lifestart pointed out that Enable NSW would provide written confirmation of the outcomes of applications to both prescriber and participant, and contact both of them again when funding became available.[91]

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83 For example: Name Withheld, *Submission 2,* p. 2; Commonwealth Ombudsman, *Submission 12,* pp. 3–4; Vision Australia, *Submission 33,* p. 4; Ms Alison Chung, Acting Director, Practice and Service Innovation, Disability, The Benevolent Society, *Proof Committee Hansard,* 19 October 2018, p. 7; Ms Valerie Cooper, Senior Occupational Therapist, The Benevolent Society *Proof Committee Hansard,* 19 October 2018, p. 7.

84 For example: Speech Pathology Australia, *Submission 21,* p. 8; Northcott, *Submission 30,* p. 3; Cerebral Palsy Alliance, *Submission 39,* p. 1; The Benevolent Society, *Submission 40,* p. 5; Limbs 4 Life, *Submission 49,* p. 10; OTA, *Submission 52,* p. 11; Australian Physiotherapy Association, *Submission 62,* p. 10.

85 For example Name Withheld, *Submission 2,* p. 2; Northcott, *Submission 30,* p. 3; Cerebral Palsy Alliance, *Submission 39,* p. 1; The Benevolent Society, *Submission 40,* p. 5; ECIA, *Submission 43,* p. 9; OTA, *Submission 52,* p. 11; Australian Physiotherapy Association, *Submission 62,* p. 10.

86 For example: Speech Pathology Australia, *Submission 21,* p. 8; Northcott, *Submission 30,* p. 3.

87 For example: Cerebral Palsy Alliance, *Submission 39,* p. 1; Lifestart Cooperative, *Submission 48,* pp. 5 and 6; Yooralla, *Submission 58,* p. 9.

88 Commonwealth Ombudsman, *Submission 12,* pp. 3–4.

89 Commonwealth Ombudsman, *Submission 12,* pp. 3–4.

90 For example: Noah's Ark, *Submission 25,* p. 5; Northcott, *Submission 30,* p. 2

2.56 Ms Melissa Noonan, CEO, Limbs 4 Life, argued that replicating the practice in use at the Transport Accident Commission (TAC) in Victoria might be beneficial for the NDIS:

> I am actually a TAC client…When I meet with my clinician and discuss my needs and what I need to achieve an independent life, I have timelines of when that is submitted and when it's accepted. I'm also corresponded with quite frequently during the review process, and there are timelines in place. It might be a 28-day process. When the quote is approved, I receive a copy of that quote. It outlines all of the pricing and everything else related to the assistive technology I'm going to receive. That could be similar if I require—if I'm changing devices or upgrading a device and I request a number of days of training sessions from a physiotherapist, I get exactly the same information.[92]

2.57 Submitters argued that participants should be able to track the progress of their AT requests through the *myplace* portal. For example, the portal could indicate: receipt of application, with delegate, referred to technical advisory team, awaiting further information, rejected/approved.[93]

2.58 According to responses to questions on notice the Agency has designed a method to track participant and provider AT requests in its business systems, and that, when implemented, participants and providers will be able to view the status of individual applications in the *myplace* portal. It is expected to be incorporated into the system in the first half 2019.[94]

Committee view

2.59 The committee heard that a lack of clear consistent information on the AT application process is contributing to confusion for participants and their prescribing therapists. Whilst the information on the website outlines the process generally, that process does not appear to be delivered once participants actually enter the system and go through the application and assessment process.

2.60 Further clear information is required on assessment, trial, and quote phases, as well as on the methods by which applications can be submitted, what constitutes a sound application, and who can submit them. The Agency should also clarify when trials of equipment and quotes will be required and what format quotes and other information should take.

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91 Lifestart Cooperative, *Submission 48,* pp. 5 and 6.

92 Ms Melissa Noonan, CEO, Limbs 4 Life, *Proof Committee Hansard,* 19 October 2018, p. 26.

93 For example: Special Needs Solutions, *Submission 13,* p. 3; National Disability Services, *Submission 32,* p. 3; ARATA, *Submission 35,* p. 6; Spinal Life Australia, *Submission 45,* p. 4; Yooralla, *Submission 58,* p. 8.

94 NDIA, *answer to question on notice SQ18-000267,* received 21 November 2018.

Recommendation 1

2.61 The committee recommends that the Agency revise the AT information on its website to improve clarity around all aspects of the AT process, and ensure training and guidance is provided to NDIA staff to improve consistency in the information provided to participants, providers and AT assessors.

2.62 All submitters, including the Agency itself, agree that the ability to track the progress of an AT request would assist everyone. It is a basic requirement, and the committee welcomes steps taken by the Agency to incorporate it into the *myplace* portal. It will also provide valuable data which will assist the Agency in providing further improvement to the AT process at a systemic level, while alleviating some stress on participants that a lack, or inconsistency of, information brings. The committee will monitor the introduction of the capability with interest.

2.63 The committee also heard from AT providers on the prohibitive costs of providing trial items to participants, especially in an outreach context in regional and rural areas. This service is crucial to participants, and despite the NDIA advising that there is a 'rental line' item available to pay for such costs, the committee is of the view that a specific line item for trial costs should be available for participants in receipt of AT.

Recommendation 2

2.64 The committee recommends that a line item for trial costs of AT equipment be created and included in the plans of all relevant participants.

Delays in AT decisions

2.65 Nearly every submitter to the inquiry raised concerns about the length of time it takes the Agency to process AT applications. The committee repeatedly heard that it can take several months, and in some cases over a year, for the NDIA to process applications.[95]

2.66 The most common issue raised in complaints about AT to the Commonwealth Ombudsman in 2017–18 related to the time taken by the NDIA to decide an AT request.[96] Some participants who had approached the Office had waited 12 months with no decision having been made by the NDIA on their request for particular

95 For example: Name Withheld, *Submission 3*, p. 1; Independent Living Centre Tasmania, *Submission 5*, pp. 3–4; Commonwealth Ombudsman, *Submission 12*, p. 2; Ability Research Centre, *Submission 15*, p. 10; Develop Therapy Services, *Submission 17*, p. 2; Speech Pathology Australia, *Submission 21*, p. 8; Amputee Association of Australia, *Submission 23*, p. 3; Noah's Ark, *Submission 25*, p. 5; Amy Martin, *Submission 31*, p. 2; Vision Australia, *Submission 33*, p. 3; Can:Do Group, *Submission 36*, p. 4; Cerebral Palsy Alliance, *Submission 39*, p.1; Name Withheld, *Submission 41*, p. 3; Permobil Australia, *Submission 53*, p. 3; Physical Disability Council of NSW, *Submission 56*, p. 2.

96 Commonwealth Ombudsman, *Submission 12*, p. 2.

equipment, such as power wheelchairs, while other participants who requested AT in the form of home modifications or prosthetics, waited 24 months for an outcome.[97]

Impact of delays to participants

2.67 AT items typically restore function, prevent deterioration, and improve quality of life. As such, delays for approvals can significantly impact participants and their families. The committee heard some participants cannot be discharged from hospital, others cannot access their own bathroom, and some have no means of communicating without the requested AT or modifications.[98]

2.68 The committee heard there is widespread frustration amongst individuals, families, carers, service providers, and suppliers, who do not know when funding will become available.[99]

2.69 Amputees awaiting prosthetic limbs are at increased risk of pressure areas and resulting wounds, infections, and risk of falls which could result in preventable hospital admissions, and the potential for carer injuries was also raised.[100] The committee heard that damage can be caused to the remaining limb when sockets do not confirm perfectly to the individual's body.[101] ECIA drew attention to the impact that these delays are having on children who miss developmental milestones for lack of essential equipment.[102]

2.70 Some families purchased equipment with their own funds in order to avoid the Scheme' delays for approvals:

> If we had to delay surgery whilst waiting for the NDIS to approve orthotics, our daughter's mobility would have continued to decline, she would quite likely have gone "off her feet", her muscles would have lost more strength, she would have done more damage to her joints and it would have been more difficult for her to regain her mobility post-surgery…[103]

2.71 In NSW, the state government intervened to mitigate the impact of AT approval delays on participants:

> As at 7 September 2018 at least 990 participant requests reviewed by EnableNSW at the request of the NDIA are yet to be finalised by the NDIA and have been in the system for longer than three months awaiting a 'reasonable and necessary' decision for plan finalisation…Consequently, EnableNSW has provided equipment for 567 NDIS participants who are

97 Commonwealth Ombudsman, *Submission 12,* p. 2.

98 Name Withheld, *Submission 2,* pp. 1–2 and Speech Pathology Australia, *Submission 21,* p. 12.

99 For example: Amputee Association of Australia, *Submission 23,* p. 4; Cerebral Palsy Alliance, *Submission 39,* p. 2; The Benevolent Society, *Submission 40,* p. 8.

100 NSW Government, *Submission 61,* p. 6.

101 Mr Darrel Sparke, President, Amputee Association of NSW Inc, *Proof Committee Hansard,* 19 October 2018, p. 28.

102 ECIA, *Submission 43,* p. 5.

103 Name Withheld, *Submission 6,* p. 1.

> waiting on approval of AT in their plans. While AT is now the responsibility of the NDIS, NSW Health is aware that delays in the provision of aids and equipment are adversely impacting participant's health and has intervened to minimise the impact from these delays.[104]

2.72 A side-effect of delays for approvals was highlighted by The Benevolent Society, in that the person who requested the equipment may no longer be involved with the client or that funding in the plan may be exhausted by that time. In these cases, there may no longer be a practitioner or funding available to set up the equipment.[105]

Lengthy plan reviews

2.73 Inadequate plans not only have potential to compromise participants' outcomes, but they can result in the need for participants and their families to undergo an unscheduled plan review or appeal process which can further delay access to AT.

2.74 MS Australia reported that over 80 per cent of participants the organisation is providing support to have required a plan review due to errors in plans, underfunding of supports, or unmet needs not addressed during plan design.[106]

2.75 Submitters were critical of the need for participants to undergo unscheduled plan reviews in order to correct insufficient funding or errors in plans.[107] Submitters argued that the process is inefficient and there are often significant delays before a resolution is reached.[108] Attention was drawn to the additional stress the appeal process takes on participants and their families.[109]

2.76 MS Australia pointed out that undergoing an appeal process does not guarantee that a satisfactory result will be achieved:

> The process for submitting and waiting for a response from the NDIA is just another cause of stress for those people that are most vulnerable. The fact that a total plan reset is required to change a single item in a plan or to amend an error by the Agency is causing a strain on the resources within the Agency which is then transferring to participants and the MS support staff involved. Once reviewed, changes to those support areas which were not included in the plan review leads to reductions in funding for core

104 NSW Government, *Submission 61,* p. 6.

105 The Benevolent Society, *Submission 40,* p. 3–4.

106 Multiple Sclerosis Australia, *Submission 16,* p. 5.

107 For example: Multiple Sclerosis Australia, *Submission 16,* p. 3; Speech Pathology Australia, *Submission 21,* pp. 8 and 11;Name Withheld, *Submission 24,* p. 5; Noah's Ark, *Submission 25,* p. 3; National Disability Services, *Submission 32,* p. 2; Cerebral Palsy Alliance, *Submission 39,* p. 2; The Benevolent Society, *Submission 40,* p. 7; Permobil Australia, *Submission 53,* p. 2.

108 For example: National Disability Services, *Submission 32,* p. 2; Vision Australia, *Submission 33,* p. 3.

109 The Benevolent Society, *Submission 40,* p. 6.

> supports. These reductions then lead to yet another review and the cycle begins anew.[110]

2.77 The Benevolent Society argued that appeals drain funding from participant's plans and there may be insufficient funding for therapists to assist with the process.[111]

2.78 The committee heard that some families are choosing to avoid the process altogether by paying for AT themselves, and those who cannot afford to do so are simply going without:

> …in many cases, clients or parents/carers of clients are taking it upon themselves to fund repairs to equipment because they cannot wait for the NDIS approval or review process for essential equipment. But in cases where clients are not able to cover the cost of the equipment or repairs themselves they are simply going without necessary equipment, which impacts on the quality of their life.[112]

2.79 The lack of communication from the Agency on the progress of reviews was also criticised:

> A major concern is the lack of communication from the NDIA to participants regarding the progress of a review. This is especially frustrating for participants waiting for aids and equipment or home modifications.[113]

2.80 The Benevolent Society highlighted that a flow-on impact of unscheduled plan reviews is that service providers are unable to continue to deliver services to the client while the plan is placed on hold:

> Given that NDIS plans do not include flexible or contingency funding, whenever funding in a plan is insufficient and additional funding is needed for new equipment, equipment upgrades or repairs a plan review is required. Whenever a plan is being reviewed, the plan is placed on hold and service providers are unable to continue to deliver services to the client, or to bill for services already delivered. Anytime an adjustment is required to the AT line item in a plan- the plan is placed on hold, and clients and providers are often not advised that the plan review is underway.[114]

2.81 The Commonwealth Ombudsman's May 2018 report into the NDIA's handling of reviews identified that the Agency had around 8100 reviews on hand, was receiving around 620 new review requests each week (at February 2018), and some reviews are taking up to nine months to be completed.[115]

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110 Multiple Sclerosis Australia, *Submission 16,* p. 5.

111 The Benevolent Society, *Submission 40,* p. 6.

112 The Benevolent Society, *Submission 40,* p. 7.

113 Multiple Sclerosis Australia, *Submission 16,* p. 6.

114 The Benevolent Society, *Submission 40,* p. 7.

115 Commonwealth Ombudsman, *Administration of reviews under the NDIS Act 2013: Report on the NDIA's handling of reviews,* Report No. 3, May 2018, p. 3.

Causes of delays

2.82 Evidence indicates there could be a number of reasons why participants are experiencing delays for an AT application outcome.

- NDIA staffing pressures; [116]
- Minor changes require a full plan review. [117]

Specific language required

2.83 The committee received feedback that some therapists are uncertain how to write AT reports in a way that meets the requirements of the Scheme.[118] Permobil argued that therapists are used to writing from a clinical perspective rather than in a way that links requested equipment to goals:

> We have found that often the reports therapists put together do not link the Assistive Technology to the goals of the participant. Many therapists are still writing the reports with a focus on "clinical requirements" without linking the equipment to goals, which results in the applications being rejected by the NDIA. When the reports are rewritten linking the equipment to the participants goals the review approves the equipment. However, this process can take months.[119]

2.84 Mrs Julienne, Physiotherapist, Australian Physiotherapy Association, told the committee that prescribing therapists are learning to write their reports and recommendations in a way the NDIS requires:

> They're non-clinical; they don't understand jargon. Gone are the days when we could talk to people who understood the disability and what we were saying. As physios, we dumb it down. We're taking out anything of clinical significance and putting really basic words in it in the hope that the person understands it…That's what we're all trying to work towards: what is the language we need to use; and how do we use NDIS language in our communications to the agency?[120]

Lack of assessors

2.85 Several submitters reported that participants are experiencing considerable delays accessing AT assessors[121] and that many professionals are heavily booked and

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116 Commonwealth Ombudsman, *Submission 12,* p. 2.

117 ECIA, *Submission 43,* p. 9.

118 For example: Permobil, *Submission 53,* pp. 2–3; Physical Disability Council of NSW, *Submission 56,* p. 5.

119 Permobil, *Submission 53,* pp. 2–3.

120 Mrs Julienne, Physiotherapist, Australian Physiotherapy Association, *Proof Committee Hansard,* 22 November 2018, p. 26.

121 For example: Able Australia, *Submission 29,* p. 1; Permobil Australia, *Submission 53,* p. 2; Therapy for Kids et al, *Submission 55*, p. 3; Physical Disability Council of NSW, *Submission 56,* p. 5.

managing lengthy waiting lists.[122] Moreover, the committee heard that some therapists automatically decline NDIS assessment work due to the delays involved.[123]

2.86 PDCN reported that participants who require therapists to prescribe complex AT are experiencing additional delays that can add weeks or months to the process.[124] Similar feedback was provided by this NDIS participant:

> This was the big hold up for me. The shortage of prescribing therapists with the skills to deal with a customised wheelchair script meant that it took about a month to be able to have an appointment with a therapist I trusted. Her feedback was that she is inundated due to the lack of therapists…It then took approximately 6 weeks for the therapist to do the report. Followed up several times but again she said she was flat out and was working through the assessments systematically.[125]

2.87 Able Australia drew attention to the difficulties faced by certain cohorts, for example, those with combined vision and hearing loss, who face additional complexity finding an appropriately experienced and qualified allied health professional who can recommend suitable specialised AT.[126]

2.88 There are additional concerns for participants living in regional, rural and remote areas. Independent Living Centre WA reported that participants in rural and regional WA are having AT assessments completed by the Health Department's therapy services as there are no private providers in the region.[127]

Lack of priority system for urgent cases

2.89 A common concern in submissions was the lack of a priority system to escalate urgent AT requests.[128] According to feedback from stakeholders, there is no way for applicants to distinguish urgent or dangerous situations for the Agency.[129]

2.90 APA drew attention to the lack of a public risk management system in use by the team processing AT applications:

> Decisions and wait times appear to be inconsistent and do not follow any clear pattern (or documented process) around cost of equipment, needs, outcomes or risks to the participant. There appears to be no business rules for when applications will be responded to (approved / declined). There

122 For example: Able Australia, *Submission 29,* p. 1; Therapy for Kids et al, *Submission 55,* p. 3.

123 Name Withheld, *Submission 47,* p. 2.

124 Physical Disability Council of NSW, *Submission 56,* p. 5.

125 Name Withheld, *Submission 47,* p. 2.

126 Able Australia, *Submission 29,* pp. 1–3.

127 ILC WA, *Submission 26,* p. 3.

128 For example: Multiple Sclerosis Australia, *Submission 16,* pp. 6–7; Develop Therapy Services, *Submission 17,* p. 5; Northcott, *Submission 30,* p. 2; ECIA, *Submission 43,* p. 7.

129 For example: Develop Therapy Services, *Submission 17,* p. 2; Australian Physiotherapy Association, *Submission 62,* p. 11.

> appears to be no published risk matrix or clear information available around how to request an urgent application where health or safety risks are imminent'.[130]

2.91 Indeed, the committee received feedback that some applications were not appropriately escalated. In the case of Timothy Rubenach, the urgency of his situation was communicated at several points; however, the requests failed to trigger an urgent response:

> Urgency was identified in many emails…regarding Tim's health and wellbeing and this was repeatedly ignored/not acted upon/not even acknowledged by return email from NDIS, and our 8th March letter, sent the NDIS and to the Disability Minister was ignored as well…Out of desperation, media (Fairfax and ABC) was contacted in early May…A final plea was made to politicians the day before Tim passed away...[131]

2.92 Similarly, the AT request for this participant was not escalated:

> 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.[132]

2.93 The committee understands that the Agency has guidance to prioritise certain requests, including for: children with a rate of developmental changes that affects need; people with broken equipment in urgent need of replacement due to risk; and people with progressive neurological conditions where support needs change rapidly.[133]

2.94 The Agency has also advised that it has placed guidance on its website on how applicants can indicate urgency of requests. It also advised that a central team of planners is trying to respond to escalations within two business days.[134]

Impact of delays to providers and suppliers

2.95 Evidence indicates that approval delays can have considerable consequences on AT suppliers and providers. Most quotes are only valid for three months and expire by the time the NDIA approves them, meaning suppliers have to continually requote AT for participants which requires considerable resources on behalf of the supplier,

130 Australian Physiotherapy Association, *Submission 62*, p. 11.

131 Peter and Beverley Rubenach and Hannah Rubenach-Quinn, *Submission 10*, p. 2.

132 Ability Research Centre, *Submission 15*, p. 10.

133 NDIA, *answer to question on notice SQ18-000260*, received 21 November 2018.

134 NDIA, *answer to question on notice SQ18-000261*, received 21 November 2018.

participant, and assessor.[135] The committee heard that delays can sometimes be so extensive that a new assessment of the participant is required.[136]

2.96 Submitters argued that delays in approval have potential to impact sustainability of suppliers.[137] PDCN argued that repeat consultations and quotes is inefficient and uneconomical, especially for smaller businesses:

> Suppliers frequently find they are required to re-do consultations, for example in situations where the initial assessment and quote was provided up to 12 months prior. This impacts on the viability of businesses and may edge smaller suppliers out of the market, reducing the level of choice for consumers.[138]

2.97 Likewise, ILC Tasmania argued that it is unreasonable to expect suppliers to place items on hold for prolonged periods of time:

> This is placing pressure on businesses as they run a trial for the AT, hold the items for the participant for approval, and due to delays, cash flow suffers. When this is the case for multiple orders, it can create major problems for a small specialised business.[139]

2.98 A common issue raised in submissions was the erosion of the client-provider relationship as a result of delays for AT.[140] Indeed, OTA argued that reputational risk has become a genuine concern for many prescribing therapists despite their innocuous role in the AT process:

> A related and very serious issue for OTA members is reputational. Participants frequently develop a negative view of our members because of delays in the delivery of AT; delays which are attributable to existing arrangements for AT provision, and over which our members have no control. This has also impacted adversely on longstanding business relationships and given rise to a situation where the prescription of AT and home modifications, an integral part of the occupational therapist's role, has now become a business risk.[141]

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135 For example: Commonwealth Ombudsman, *Submission 12,* p. 2; National Disability Services, *Submission 32,* p. 3; ECIA, *Submission 43,* p. 7.

136 National Disability Services, *Submission 32,* p. 3; Cerebral Palsy Alliance, *Submission 39,* p.1; The Benevolent Society, *Submission 40,* p. 3; ECIA, *Submission 43,* p. 7; Lifestart Cooperative, *Submission 48,* p. 8; Permobil Australia, *Submission 53,* p. 3.

137 For example: ILC Tasmania, *Submission 5,* p. 3; Amy Martin, *Submission 31,* p. 5; Physical Disability Council of NSW, *Submission 56,* p. 3.

138 Physical Disability Council of NSW, *Submission 56,* p. 3.

139 Independent Living Centre Tasmania, *Submission 5,* p. 3.

140 For example: Develop Therapy Services, *Submission 17,* p. 2; Amy Martin, *Submission 31,* p. 5; Vision Australia, *Submission 33,* p. 11; Spinal Life Australia, *Submission 45,* p. 2; OTA, *Submission 52,* p. 10.

141 OTA, *Submission 52,* p.10

Committee view

2.99 The Agency does not currently have specific KPIs in place across the Scheme for the consideration, and delivery, of Assistive Technology. The committee is strongly of the view that what you can measure, you can improve. The length of time that some people have had to wait for decisions around AT is unacceptable, especially in light of the length of time people had to wait under previous state and territory schemes.

2.100 The committee heard that it can take months, even years in some cases, to receive requested equipment or devices. Delays for AT place can have profound effects on the development of young children, those who require prosthetics or orthotics, and those with degenerative conditions. The committee welcomes steps taken by the Agency to address delays, however, it is of the view that the Agency should set KPIs for the length of time in which staff must consider and process applications. This will improve inconsistencies in the Scheme and help to manage the expectation of participants and their providers.

Recommendation 3

2.101 The committee recommends that the NDIA prescribe KPIs for the length of time in which staff must consider and process AT applications.

2.102 The committee also heard that therapists are having to amend their language in order to meet the requirements of planners, and the administration of the Scheme. The Committee is concerned that if planners do not have the knowledge or training to understand clinical language, how can they be in a position to make decisions about the clinical needs of participants.

2.103 The committee urges the Agency to ensure that all delegates responsible for deciding which AT equipment a recipient may receive, have all the necessary skills and training to make those decisions.

Chapter 3

Procurement and supply of AT

Factors in NDIA decision making

3.1 Submitters highlighted a number of reasons why participants may be subject to inappropriate decisions, or are experiencing misdirected funding or shortfalls in their plans. These include:

- disregard of expert advice;
- the Scheme's focus on AT products rather than services;
- varying knowledge and experience in AT of planners;
- differing abilities of participants to understand, predict, and advocate for AT; and
- the Scheme's emphasis on value for money.

Utilisation of expert reports

3.2 Reports from therapists are routinely required as part of the assessment process. Unfortunately, the committee received a plethora of feedback that there is general disregard for expert advice and recommendations on appropriate AT for participants amongst planners and staff considering applications.[1]

3.3 Can:Do Group argued that specialist recommendations are frequently ignored by delegates despite their lack of knowledge about the device or client:

> The lack of specialist knowledge of planners regarding AT needs for participants is highly concerning, as they are allocating funding and making decisions regarding appropriate devices, often without ATS assessments or in direct contravention of expert advice. This is resulting in insufficient funding to provide equipment required, or rejection of recommended equipment required by the client. There is also a lack of appreciation for specialised AT knowledge – which is evident across NDIA. Recommendations are often over ruled or over looked.[2]

3.4 The Benevolent Society raised similar concerns:

> Our staff find it very frustrating to have conducted extensive trials on equipment, to only have their recommendation following the trials declined or questioned by the NDIA who may suggest trialling less expensive but inappropriate technology. [3]

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1 For example: Develop Therapy Services, *Submission 17,* pp. 3–4; Speech Pathology Australia, *Submission 21,* p. 10; The Benevolent Society, *Submission 40,* p. 5; Can:Do Group, *Submission 36,* pp. 3 and 8; Therapy for Kids et al, *Submission 55*, pp. 3 and 4.

2 Can:Do Group, *Submission 36,* p. 3.

3 The Benevolent Society, *Submission 40,* p. 5.

3.5 The committee heard that therapists' reports are frequently misunderstood, or not read by, staff reviewing applications.[4]

3.6 Submitters argued that the Agency should recognise practitioners' AT knowledge, experience, and judgement to make appropriate recommendations, especially in cases where it has requested the advice.[5]

3.7 Ms Volkert from Occupational Therapy Australia made the point that the NDIA's administrative requirements often involve a relatively unskilled planner making decisions, sometimes in conflict with that of the therapist:

> All too often the delegate is an unskilled planner who does not have an understanding of disability, the clinical reasoning required to determine the most appropriate solution for an individual or the AT options available to address disability. We are also particularly concerned to hear of instances when a planner or an unskilled delegate has sought to change selected items within an AT application without consulting the prescribing occupational therapist, resulting in the provision of inappropriate or inoperable assistive technology.[6]

3.8 Ms Olsson from Speech Pathology Australia concurred, and provided an example of NDIA staff making recommendations about Augmentative and Alternative Communication (AAC) Assistive Technology:

> [There are] various issues related to poor planner knowledge and skills and their propensity to work outside of their scope, such as making recommendations for AAC AT themselves or suggesting alternative options to those that have been recommended by an experienced allied health practitioner, repeatedly requiring the assessor adviser to provide additional and lengthy clinical justifications for their recommendations as part of trying to make their decisions about whether the item meets the reasonable and necessary requirements, and refusing a request based on uninformed or ill-informed assumptions about what AAC AT is appropriate or represents value for money for participants.[7]

3.9 As illustrated below in the discussion about mainstream technology, the criteria used by the NDIA delegate sometimes results in perverse outcomes which do not meet the participant's needs:

> It's certainly been the experience that we have heard from our members that decisions are questioned and overturned. It is occasionally the situation that

4 Therapy for Kids et al, *Submission 55*, pp. 3 and 4.

5 For example: Can:Do Group, *Submission 36,* p. 3; Therapy for Kids et al, *Submission 55*, p. 3

6 Ms Volkert, Occupational Therapy Australia, *Proof Committee Hansard*, 22 November 2018, p. 23.

7 Ms Olsson, Speech Pathology Australia, *Proof Committee Hansard,* 22 November 2018, p. 24.

> a recommendation from an occupational therapist is overturned and something more expensive is put into place.[8]

3.10 The NDIA responded to questions from the committee that over the last two years of the Scheme operating, inconsistencies in advice from specialists has led to the Agency being circumspect about the advice provided:

> [T]he experience of the agency in the last two years is that the variation in that advice, which we didn't expect to see, has meant that in some cases we get really good advice and in other cases the advice has proved problematic. So we've had some participants with a request that we have signed off on for, say, an $18,000 wheelchair, but the actual assessment hadn't checked the person's home, so they actually couldn't get it in the front door. There was a key flaw that had occurred.[9]

3.11 When further pressed by the committee, Dr Walker from the NDIA said the Agency would 'assist' participants who are in the situation where the planner has disagreed with the advice of a specialist, to 'put strength back into that advice'.[10]

3.12 Furthermore, Dr Walker stated in response to a question on whether there should be a presumption in favour of accepting specialist advice:

> I think that would be our approach.[11]

Interaction between the NDIA and Allied Health professionals

3.13 In a related area, the committee also heard that it is very difficult for a therapist to communicate with the Agency to clarify any aspects of their advice.[12]

3.14 Submitters argued the inequity could be mitigated by requiring staff processing applications to contact the prescribing therapist if they have queries about the request, or are planning on rejecting the application, to allow for any misunderstandings to be resolved during the decision-making process.[13]

3.15 The Agency explained that NDIS delegates are unable to contact assessors if consent has not been provided by the participant.[14] However, the NDIA is working to

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8 Ms Volkert, Occupational Therapy Australia, *Proof Committee Hansard*, 22 November 2018, p. 24.

9 Dr Lloyd Walker, Special Advisor, Assistive Technology and Home Modifications, NDIA, Proof *Committee Hansard,* 22 November 2018, p. 59.

10 Dr Lloyd Walker, Special Advisor, Assistive Technology and Home Modifications, NDIA, Proof *Committee Hansard,* 22 November 2018, p. 58.

11 Dr Lloyd Walker, Special Advisor, Assistive Technology and Home Modifications, NDIA, Proof *Committee Hansard,* 22 November 2018, p. 59.

12 Noah's Ark, *Submission 25,* p. 5.

13 For example: Northcott, *Submission 30,* p. 2; Amy Martin, *Submission 31,* pp. 4–5;Therapy for Kids et al, *Submission 55*, p. 6.

14 NDIA, *answer to question on notice SQ18-000264,* received 21 November 2018.

incorporate explicit consent from participants on its improved templates to ensure that delegates can contact prescribing therapists for clarification as needed.[15]

3.16 The NDIA is also piloting a panel of specialised AT assessors in Q3 2018–19 to attempt to improve the quality of plans.[16] According to the Agency these changes are expected to help manage assessment costs, through contracted arrangements with a specialised panel of providers to inform the planning process.[17] Mr Scott McNaughton, General Manager, Government, NDIA, explained:

> …the most significant reform that we've got coming up next year is creating a specialist panel of AT assessors who'll work on arranging the functional assessment for those more complex and costly AT home modifications and vehicle modifications. The intent there is for the panel to do that assessment before a plan is approved. Then we use that information and approve the plan so the person doesn't have to wait for those assessments after the plan's approved. We think that will really expedite the process quite considerably and unblock some of those challenges we experience now. We're also creating internally a team of subject matter experts who will provide counsel and more support for our network so that we can reduce delays and help monitor and resolve more quickly any issues that keep arising.[18]

3.17 However, Vision Australia expressed deep concerns that a panel type arrangement would only provide a generic response, and would not provide the specialist knowledge that some AT decisions require for specific conditions:

> …we are concerned that the panel of assessors for AT will be a generic one, without specialist understanding or knowledge sufficient to determine the AT support needs of a participant who is blind or has low vision. Vision Impairment makes up between 2-4% of the NDIS market, and the AT support options are highly specialised, from braille devices to new technology such as Aira. Participants who are blind or have low vision, and other low incidence cohorts, will have limited confidence in a new system which does not recognise specialist need.[19]

Committee view

3.18 A fundamental aspect of how the Agency interacts with Allied Health professionals in this space is trust. Over the course of numerous inquiries the committee has heard repeated evidence of what can only be described as the development of a culture of mistrust of participants and their needs. The evidence the committee heard in this inquiry around how formal clinical reports and expert opinions of Allied Health professionals are discounted, or second guessed, in favour

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15 Dr Lloyd Walker, Special Advisor, Assistive Technology and Home Modifications, NDIA, *Proof Committee Hansard*, 22 November 2018, p. 56.

16 NDIA, *answer to question on notice SQ18-000252*, received 21 November 2018.

17 NDIA, *answer to question on notice SQ18-000259*, received 21 November 2018.

18 Mr Scott McNaughton, General Manager, Government, NDIA, *Proof Committee Hansard*, 22 November 2018, p. 54.

19 Vision Australia, *Supplementary submission 3.1*, p. 1.

of either those of the planners, or presumably in favour of other allied health professionals without specific knowledge of the case on an 'expert panel'.

3.19 The committee recognises the Agency's efforts to introduce a panel of specialised AT assessors to help improve quality of plans. However, if planners and NDIA staff placed greater trust in the advice of professionals and participants, it would not need to implement a panel of specialists.

3.20 The committee is well aware of the financial imperatives the Agency is required to work to, and that there will be circumstances where a further assessment will be appropriate. However these circumstances should be prescribed and published.

3.21 Given the evidence received, in particular from professional organisations representing highly trained and accredited Allied Health professionals, the committee is of the view that there should be a presumption in favour of accepting the advice from appropriate experts.

Recommendation 4

3.22 The committee recommends that the Agency publish criteria of the circumstances which will require the Agency to conduct further assessment beyond that provided by a registered therapist.

Focus on AT equipment rather than outcomes

3.23 The *NDIS AT Strategy* supports the provision of tablets and smartphones where they are found to be the most cost effective solution that best meets the participant's needs. It states that:

(a) AT in the NDIS includes devices used by people without disabilities (e.g. smartphones, tablets and 'apps') that are offering new ways to form connections and increase participation;[20]

(b) the Agency is committed to keeping up to date with changes to mainstream technology and how they can benefit people with disability;[21] and

(c) smartphones and tablets are offering potential solutions in some parts of the disability sector. These require further investigation and efforts to encourage take-up, given tablets and smartphones may provide similar functionality to a specialist disability device and are generally lower cost.[22]

20 NDIA, *NDIS AT Strategy*, October 2015, p. 5.

21 NDIA, *NDIS AT Strategy*, October 2015, p. 6.

22 NDIA, *NDIS AT Strategy*, October 2015, p. 13.

3.24 In many cases, a smartphone or tablet is the most appropriate and cost-effective AT solution for the participant.[23] However, the committee has repeatedly received feedback that smartphones and tablets are being rejected by the Scheme on the grounds that they are 'mainstream technology'.[24]

3.25 Ability Research Centre expressed bewilderment that the Agency would reject superior devices simply because they were 'mainstream':

> …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, 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.[25]

3.26 The absurdity of the policy was captured in this example:

> …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.[26]

3.27 Ms Olsson from the Speech Pathology Australia summed up the situation succinctly:

> There's a focus on the item rather than the purpose or the outcome.[27]

3.28 Mrs Rachel Tosh, Director, Therapy Alliance Group, provided a similar example illustrating that the Agency's decision-making process does not consider what barriers are being overcome by a particular piece of equipment:

> As an example, we submitted a request for an iPad and a Proloquo2go. It was rejected. The NDIA representative suggested the alternative of an Android tablet, which doesn't support the apps that the client was already

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23 For example: Deaf Services, *Submission 11,* pp. 3–4; Ability Research Centre, *Submission 15,* p. 8; Speech Pathology Australia, *Submission 21,* p. 12; Able Australia, *Submission 29,* pp. 1 and 2; Vision Australia, *Submission 33,* p. 6; Amaze, *Submission 46,* p. 9; Yooralla, *Submission 58,* p. 9.

24 For example: Ability Research Centre, *Submission 15,* p. 8; Syndromes Without a Name, *Submission 19,* p. 1; ILC WA, *Submission 26,* p. 3; Yooralla, *Submission 58,* p. 9.

25 Ability Research Centre, *Submission 15,* p. 8.

26 Ability Research Centre, *Submission 15,* p. 8.

27 Ms Olsson, Speech Pathology Australia, *Proof Committee Hansard,* 22 November 2018, p. 32.

> using for communication. The iPad and Proloquo2go were $2000. The alternative recommended by NDIA was $7,000, hadn't been trialled with the client and was not appropriate to that client's needs, and the application for the iPad and Proloquo2Go was rejected.[28]

3.29 ILC WA pointed out that many specialist products do not allow for testing prior to purchase, limit options for local setup and repairs, and are quickly obsolete due to emerging technology.[29] It argued many devices have now crossed into mainstream markets, and not including them in plans can leave consumers with outdated and complicated equipment or none at all.[30]

3.30 The committee heard that policy ambiguity has led to some inconsistency across plans, whereby some participants have had devices funded while others in similar circumstances and with similar needs have not.[31]

3.31 In advice to the committee, the Agency confirmed that tablets, smartphones, and phone and data plans are generally considered day-to-day living costs, and are therefore not NDIS fundable. However, it is Agency policy to fund tablets when it is a stand-alone communication device required due to a person's disability.[32]

3.32 Dr Emily Steel argued there is a need to define what 'AT' covers as there is an assumption it is about products, rather than products *and* services.[33] Indeed, the Agency's definition of AT stipulates that AT is 'any device or system that allows individuals to perform tasks they could not otherwise do' which seems to imply a focus on products.

Committee view

3.33 Mainstream technology such as iPads have been transformational in the field of AT. The committee has heard countless examples of where the platform has provided for an extensive range of communication aids. The apparent ban on funding them because they are mainstream technology seems to disregard the many positive reported outcomes of the use of the technology, and the associated applications. The committee urges the Agency to make decisions based on outcomes rather than a funding ban on technology that has the potential to deliver those outcomes.

Recommendation 5

3.34 The committee recommends that the NDIA makes funding decisions based on outcomes rather on whether the item is considered mainstream, or could be used beyond its AT purpose.

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28 Mrs Rachel Tosh, Director, Therapy Alliance Group, *Proof Committee Hansard,* 22 November 2018, p. 12.

29 ILC WA, *Submission 26,* p. 2.

30 ILC WA, *Submission 26,* p. 3.

31 Syndromes Without a Name, *Submission 19,* p. 1.

32 NDIA, *answer to question on notice SQ18-000271,* received 21 November 2018.

33 Dr Emily Steel, Private capacity, *Proof Committee Hansard,* 19 October 2018, p. 30.

Knowledge of planners

3.35 Poor quality plans were linked to a lack of knowledge and experience amongst NDIS local area coordinators (LACs) and planners. Feedback suggests there is limited understanding among staff about the impact different disabilities can have on individuals and the appropriate AT solutions.[34]

3.36 The committee heard that some plans have missed key AT items:

> We are concerned that due to a lack of education and training for Planners and Local Area Coordinators, as well as staff attrition, this has also caused distress for some Participants who have experienced key items being missed on their Plan. This has been particularly the case where a Participant lacks confidence or capacity to self-advocate and/or is unsure of what AT (or other items/services) would assist them to achieve their goals and aspirations.[35]

3.37 Submitters reported some participants, despite their own limited knowledge, were having to educate planners and LACs:

> Limbs 4 Life has received numerous phone calls from educated, intelligent and positive people who, when entering the NDIS, are immediately thrown into a world they know nothing about. They need to be proactive, assertive and advocate on their own behalf to justify their needs and goals but without any tools (other than that provided by Limbs 4 Life) to do so. They have subsequently been thrown into a situation whereby they need to educate their Planners and LACs, who more often than not have a limited understanding of the unique needs of people living with limb loss, to ensure that the Planners understand what needs to be included in their Plan.[36]

3.38 Able Australia argued that some planners are not aware that some devices may not be complex on their own, but when used together they must be configured for the participant and thus require additional funding:

> Deafblind users often need a range of hardware, software and accessories that combine to provide "the device" and each of these components are from different suppliers. Bought separately they may not require an assessment but they combine to provide a holistic solution. The device should be recognised as a Category 3 complex device and receive adequate funding to customize the configure the device so that the participant can use it. There is limited expertise amongst planners to navigate this process and often breaks down.[37]

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34 For example: Ability Research Centre, *Submission 15,* p. 5; Noah's Ark, *Submission 25,* p. 4; Able Australia, *Submission 29,* p. 1; Therapy for Kids et al, *Submission 55,* p. 5; Physical Disability Council of NSW, *Submission 56,* p. 5.

35 Limbs 4 Life, *Submission 49,* p. 8.

36 Limbs 4 Life, *Submission 49,* p. 12.

37 Able Australia, *Submission 29,* p. 1.

3.39 Ability Research Centre reported that some plans include funding for the AT product but omit associated set up, customisation, and training costs:

> …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.[38]

3.40 The *NDIS AT Strategy* identified there is a 30 per cent abandonment rate of AT when individuals do not understand how to properly use their equipment or devices.[39]

3.41 Amaze argued that insufficient training budgets can undermine the benefits of the Scheme for participants. It expressed concern that none of the 42 respondents to its survey reported receiving funding for AT training in their plans:

> We are concerned that training is not generally being funded to support participants and their families to use complex AT. Without appropriate training, the use and cost-effectiveness of funded AT can be vastly undermined…In particular, if funding is provided for a communication app, funding must also be provided for a parent/carer and relevant others (including education providers, employers, etc.) in how to use it. This training needs to be ongoing to ensure its use is sustainable and evolves to meet the evolving needs of the user.[40]

Ability to understand and predict AT needs

3.42 The Scheme's individualised planning approach is predicated on the ability of participants to understand their disability, their requirements, the AT options available, and then advocate for their preferred AT solution. However, many participants, and their families and carers, are not well informed about disability or AT in general, and are unable to advocate strongly for their needs.

3.43 This is amplified for individuals and families with a newly acquired or complex disability and those dealing with sophisticated and ever-changing technology:

> …amongst the amputee population very little is known about accessing prosthetic trials, gaining access to a physiotherapist for further gait training and/or support from Occupational Therapists for upper limb device training. People living with limb loss are users of some of the most complex and technical AT devices required to live an ordinary life. This cohort sometimes uses advanced complex prosthetic and other AT devices; with engineering and technology advancing at a rapid pace in this particular space. In light of this the vast majority of consumers, regardless of whether

38 Ability Research Centre, *Submission 15*, p. 5.

39 NDIA, *NDIS AT Strategy*, October 2015, p. 14.

40 Amaze, *Submission 46*, p. 11.

> they have lived with limb loss for decades or only months, are not aware of the AT available to them.[41]

3.44 ILC WA argued that it takes a skilled clinician to understand and forecast appropriate AT and associated services:

> With complex AT, it takes an experienced and skilled AT clinician to see, mitigate, and plan for future issues…Under the NDIS this decision and planning is left to the responsibility of the participant who often don't hold or value this knowledge and may solely rely on suppliers or their own social networks.[42]

3.45 Limbs 4 Life pointed out that the NDIS has been a crash course for many individuals:

> For many, the process has been a crash course in education, the ability to self-advocate, an urgent need to understand their disability requirements, while simultaneously trying to understand and interpret new NDIS-related processes…With the rollout of the NDIS individuals are required to have a complete and thorough understanding of the NDIS process and structures or risk having their AT needs not met.[43]

National accreditation for AT practitioners

3.46 In response to a lack of knowledge across all stakeholders, some submitters proposed a national accreditation system for allied health professionals that recognises skills, knowledge, and experience in AT.[44] As pointed out by ARATA, a lack of accreditation makes it difficult for NDIS participants to determine who can provide appropriate and quality AT services.[45]

3.47 There are varying levels of AT knowledge held by prescribing therapists, and no minimum competencies or standardised skills across the sector. There are concerns some may be relying solely on the advice of AT suppliers which raises questions around conflict of interest.[46] Indeed, Dr Ken Baker argued that, with the future uncertain for state-funded independent living centres, independent advice and the ability to trial AT in a neutral environment is at risk of being lost.[47]

3.48 Previous work undertaken by ARATA and Assistive Technology Suppliers Australia identified the need for a credentialing and accreditation system that recognises competence and sets minimum practice standards for providers and

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41 Limbs 4 Life, *Submission 49,* p. 12.

42 ILC WA, *Submission 26,* p. 3.

43 Limbs 4 Life, *Submission 49,* p. 7.

44 NDIA, *answer to question on notice SQ18-000251,* received 21 November 2018.

45 ARATA, *Submission 35,* p. 6.

46 ILC WA, *Submission 26,* p. 3.

47 Dr Ken Baker, Principal Advisor, National Disability Services, *Proof Committee Hansard,* 19 October 2018, p. 2.

suppliers.[48] The project found that regulatory schemes such as accreditation can achieve:

- reduced abandonment of assistive products;
- greater efficiency by directing demand for higher or lower practitioner competence based on risk and complexity;
- consolidation of knowledge amongst practitioners;
- agreement on necessary AT competencies.[49]

3.49 The project reviewed national and international systems and recommended an approach to establishing an Australian national accreditation system for AT practitioners and suppliers.[50]

3.50 The committee acknowledges that some professions, such as orthotists and prosthetists, are already required to undertake core competencies in AT and should therefore not be subject to additional requirements.[51]

3.51 SWEP in Victoria provided information on their Registration and Credentialing Framework, which currently has over 8000 providers across all Allied Health and medical staff with the knowledge and skills required in the prescription of all types of AT. Key features include:

- Threshold credentials for each AT category;
- Performance expectations of prescribers at each level (green, amber and red);
- Client characteristics that may impact prescription;
- Robust, accountable and credible system that defines standards of competence;
- A matrix for categorisation of AT, client and prescriber; and
- Standards for minimum requirements for registration.[52]

3.52 According to the their submission, SWEP's 'traffic light' system works in the following way:

> SWEP credentialed prescribers are allocated a traffic light colour for each AT category which relates to their formal qualification (threshold credentials), years of experience, frequency of prescribing AT and continuing professional development (CPD). A 'white' prescriber provides

48 ARATA, *Submission 35*, p. 4.

49 ARATA and ATSA, *National Credentialing & Accreditation of AT Practitioners & Suppliers Options Paper*, May 2013, p. 8.

50 ARATA, *Submission 35*, p. 4.

51 Ms Leigh, Executive Officer, Australian Orthotic Prosthetic Association, *Proof Committee Hansard*, 22 November 2018, p. 20.

52 SWEP, *Submission 70*, p. 3.

> administrative support to registered prescribers only, they cannot prescribe. A 'green' prescriber can prescribe AT for clients that is considered non-complex. An 'amber' prescriber will have a higher level of expertise and experience, while a 'red' prescriber is recognised as an expert in their field.[53]

3.53 Speech Pathology Australia supported this model which they claim will build the capacity of the sector as a whole:

> The Association supports a model similar to one employed by the Victorian State-wide Equipment Service which can offer the scaffolded supports whereby providers can develop the knowledge, skills and expertise about AAC AT, helping to build capacity in the sector as a whole.[54]

Emphasis on value for money

3.54 Striking a balance between adequate funding for individuals whilst ensuring Scheme sustainability is no easy task. There are concerns that the NDIA is placing undue emphasis on value for money at the expense of participants' outcomes.[55]

3.55 The NDIA's operational guidance states that the Scheme will only fund the minimum necessary or standard level of support required to meet the functional specifications needed to meet the participant's goals.[56] However, submitters argued there is usually a reason why a more expensive option has been recommended.[57] Vision Australia pointed out there are many elements to a therapist's recommendation or a participant's preference:

> …things such as the design of the user interface, prior experience, the amount and availability of training and support, ergonomic considerations, reading and learning preferences, cognitive function and many more. These are often not given any consideration due to the planner's insistence on getting a cheaper product that, in their opinion, is equivalent.[58]

3.56 Therapy for Kids et al made a similar argument:

> Items can be rejected with the suggestion that a cheaper item of similar characteristics should be suitable. An understanding of how an assistive technology item removes a barrier in participation or activity for a participant assists in identifying why an item has been suggested by a therapy provider. Often a similar or cheaper product does not remove the

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53 SWEP, *Submission 70*, p. 2.

54 Speech Pathology Australia, *answer to question on notice*, received 30 November 2018, p. 2.

55 For example: Ability Research Centre, *Submission 15*, pp. 7–8; Develop Therapy Services, *Submission 17*, p. 3; Vision Australia, *Submission 33*, p. 9; Therapy for Kids et al, *Submission 55*, p. 4.

56 NDIA, *Operational Guidelines—Assistive Technology*, https://www.ndis.gov.au/Operational-Guideline/including-4 (accessed 22 October 2018).

57 Vision Australia, *Submission 33*, p. 9; Therapy for Kids et al, *Submission 55*, p. 4.

58 Vision Australia, *Submission 33*, p. 9.

> barrier being experienced by the participant and is therefore a meaningless purchase.[59]

3.57 The concerns were echoed by Develop Therapy Services:

> Planners do not always have the appropriate skills to decide to approve or not approve specific items. Approval seems to be based largely around the cost of the recommended AT when there are multiple factors to consider, as we have listed above. It is false economy to provide a cheaper alternative if it results in injury or lost opportunity to the participant.[60]

3.58 WA OTA argued that participants may choose AT suppliers based on reputation and reliability but that these preferences are being disregarded for cheaper alternatives.[61]

3.59 Vision Australia argued that a focus on cost rather than outcomes places progress in AT innovation at risk as new solutions that may be marginally more expensive are rejected.[62]

Committee view

3.60 The committee heard evidence that the focus on value for money, is more a focus on bottom line cost, rather than value. The committee fully understands the pressure the Agency is under to ensure the sustainability of the Scheme. However, a focus on monetary value alone disregards the tangible outcomes that will ensue if participants have access to the appropriate assistive technology that will assist them in being as physically, socially, and economically participative in society as possible.

3.61 The committee welcomes the continuous efforts of the agency to improve the capability of its decision makers. However, it is at a loss to understand why the Agency has not utilised the expertise and experience of state and territory systems. The credentialing model employed by SWEP in Victoria seems to offer a robust, logical, cost effective, equitable, and efficient system for ensuring the best possible outcomes for both participants and funding bodies. The committee strenuously suggests that the Agency does not re-invent the wheel yet again by attempting to design a model with all the features of the models in place before the Scheme rolled out, but with much worse outcomes for all stakeholders, including tax payers.

Recommendation 6

3.62 The committee strongly recommends that the NDIA adopt the SWEP credentialing model for prescribing Assistive Technology.

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59 Therapy for Kids et al, *Submission 55*, p. 4.

60 Develop Therapy Services, *Submission 17*, p. 3.

61 WA Occupational Therapy Association, *Submission 27,* p. 2.

62 Vision Australian, *Submission 33,* p. 9.

The supply of AT

Market conditions

3.63 Much of the success of the NDIS overall relies on providers of services coming into the Scheme to provide the choice and control that underpins the ethos of the Scheme. Competition within the AT market supply and provision is similarly essential to ensure the cost effective provision of equipment.

3.64 The NDIA provided evidence that they are exploring various options with the sector to develop initiatives to stimulate choice and competition in the market place.

3.65 Dr Lloyd Walker, Special Advisor, Assistive Technology and Home Modifications, NDIA, explained:

> …you have to recognise the agency's priority is to work within a market system. […] I was having a conversation yesterday with a provider who has a very close link to a fleet car organisation about offering fleets of very expensive power wheelchairs and vehicle modifications. The agency would fund into a participant's plan effectively a lease. We would lease off that fleet. That would cover their repairs, their maintenance. If they need to change it, they could get it changed at a moment's notice pretty much. And, potentially, they can add in a bit more money and lift the bar and go to higher product, if that is what they want as well.[63]

State and territory systems

3.66 Given the extensive delays, and supply issues around the provision of AT, the committee welcomed information on the seemingly extensive stores of AT held by states and territories, and the apparently highly efficient procurement and supply processes that were in place prior to the roll out of the NDIS.

3.67 Therapy 4 Kids described the ACT model as being a good exemplar:

> The ACT's state model was particularly quick. Sometimes I would get an answer within 24 hours, often within a week and always within a month. For items that were more expensive, it was within three months.[64]

3.68 The body responsible for AT in NSW is Enable NSW who operate the Aids and Equipment Program (AEP). Enable NSW is also a registered service provider to the NDIA and can 'provide co-ordination of equipment supports approved in NDIS Plans (for example placing orders for new equipment, ordering consumable products or contacting suppliers to arrange repairs)'.[65]

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63 Dr Lloyd Walker, NDIA, *Proof Committee Hansard*, 22 November 2018, p. 59.

64 Ms Carolyn O'Mahoney,, Director and Physiotherapist, Therapy 4 Kids, *Proof Committee Hansard*, 22 November 2018, p. 6.

65 Enable NSW, *Information for people receiving assistance from EnableNSW*, available at: http://www.enable.health.nsw.gov.au/ndis/consumers, accessed 29 November 2018.

3.69 EnableNSW also provide prosthetic and orthotic manufacturing services, specifically for people in regional and rural NSW, which is again a registered service provider to the NDIS:

> …we operate two prosthetic and orthotic manufacturing services in rural areas, which ensure people living in regional and rural New South Wales have access to a service that would be otherwise unavailable. We anticipate these services will continue to offer registered provider services to NDIS participants who choose them on an ongoing basis.

3.70 EnableNSW provided a summary of their main KPIs for both internal and external processes for Aids and Equipment and for Prosthetics:

INTERNAL – AIDS AND EQUIPMENT	
(i) Customer service and processing times	KPI
Incoming calls	Average Speed of Answer < 40 sec
Email response	< 24 hours
Repair lodged with provider	< 24 hours
Re-order lodged with provider - continence, Home Enteral Nutrition (HEN)	< 2 days
Quoted equipment request* to purchase order	<10 days
Refurbished stock request* to delivery bay	<5 days

*Assumes complete application

EXTERNAL – AIDS AND EQUIPMENT	
(ii) Equipment request (order placement to delivery)	KPI
Order delivery – continence, Home Enteral Nutrition (HEN)	< 10 days
Refurbished stock delivery bay to home	< 14 days

INTERNAL – PROSTHETIC LIMBS	
(i) Prosthetic Limb Service Metrics (request to approval/order)	KPI
Interim Limb (first limb post-amputation surgery) approval	< 24 hours
Replacement limbs and sockets	<14 days*
Minor repairs under $700	Immediate
Minor repairs ($700-$2000) – where provider telephones EnableNSW for approval	Immediate

*NB: EnableNSW guidelines are published and consistent so many providers commence work ahead of approval

EXTERNAL – PROSTHETIC LIMBS (ii) Prosthetic Service Provider Metrics (funding approval to delivery)	KPI
Interim Limbs (metro)	5 days
Interim Limbs (rural/regional)	17 days
Replacement limbs or sockets (metro)	10 days
Replacement limbs or sockets (rural/regional)	15 days[66]

3.71 Currently, in Victoria, SWEP is working 'within an informal 'business as usual arrangement' with the Agency'[67] subject to ongoing discussions. This arrangement follows SWEP being the 'in-kind' provider for the Scheme throughout the trial phase up until 2016.[68]

3.72 SWEP provided a late submission to the committee, outlining some of the key features of their program. According to the submission the model is designed to respond to funding bodies, and the needs of participants with a model that:

> …encompasses an integrated approach to provide assurance that equipment provided to AT consumers is best fit for purpose and best value for money. This approach also allows AT consumers to exercise choice and control considering parameters such as safety, functionality and durability, within the context of the funding body's requirements for dignity of personal risk for their consumers.[69]

3.73 The SWEP system has some features which appear to address precisely many of the problems the Agency is facing. Aside from the credentialing of providers discussing earlier in this chapter, the SWEP submission highlights how it operates in the following areas:

- Assessor Support;
- Infrastructure & Governance Framework;
- Repairs;

66 EnableNSW, answer to question on notice, received 30 November 2018, p. 3-4.

67 SWEP, *Submission 70,* p. 1

68 SWEP, *Submission 70,* p. 1

69 SWEP, *Submission 70,* p. 2.

- Refurbished Equipment;
- Priority of Access;
- Strategic Procurement; and
- Organisational Agility.

3.74 In terms of waiting times, witnesses and submitters supported the claims of SWEP and other state services, that their systems were significantly more efficient and timely than the NDIS model.[70] For example:

> …previously, under the State-wide Equipment Program, if something was urgent, we were able to phone the SWEP program, speak to someone, and equipment was often funded within 24 to 48 hours.[71]

3.75 SWEP's submission provided a table[72] illustrating the difference in response times for the provision of a highly customised powered wheelchair:

Process	State funded Scheme (Victoria)	NDIS
Identification of suitable item	01/10/18	06/10/17
Application received by SWEP	02/10/18	09/10/17
Quality assurance check undertaken by SWEP	05/10/18	11/10/17
Application sent to NDIA for R&N decision	N/A	11/10/17
Approval to order received from NDIA	N/A	26/02/18
Order placed	09/10/18	26/02/18
Wheelchair modifications & build commenced	10/10/18	unknown
Item delivered to participant	19/11/18	09/07/18
TOTAL TIME TAKEN	**49 days**	**277 days**

3.76 However, the committee did receive evidence from the Australian Orthotic and Prosthetic Association that, in the case of orthotics and prosthetics, it was the use of state schemes that was causing the extensive delays and called for the practice to be halted. The Association provided the following example of the system malfunctioning:

> A participant in Victoria visited an orthotist for an assessment to receive a knee-ankle-foot orthosis. An application for funding was submitted to the Victorian State Scheme (State-Wide Equipment Program) portal and was only forwarded to the NDIS after one month. After being approved by the NDIS after another month, the order has been delayed in the SWEP

70 For example: Name Withheld, *Submission 2,* p. 1; Noah's Ark, *Submission 25,* p. 4; Lifestart, *Submission 48,* p. 10; Permobil, *Submission 53,* p. 2; Therapy 4 Kids, Splash Physiotherapy and Therapy Alliance Group, *Submission 55,* p. 2.

71 Ms Suzie Green, Team Leader and Senior Physiotherapist, Noah's Ark, *Proof Committe Hansard,* 22 November 2018, p. 5.

72 SWEP, *Submission 70,* p. 8.

> administrative process for two months and the practitioner is unable to provide the service. This delay is caused by both SWEP and the NDIS.[73]

3.77 This view is supported by other groups who reported that since Scheme rollout, there have been considerable delays for AT for some participants through these state-based equipment programs:

> The transition in Victoria has caused a significant backlog for AT provision for both NDIS and Department of Education and Training (DET) funded clients. DET clients are now going on a SWEP waitlist, with the majority being told they will not receive equipment until they receive their NDIS plan (currently occurring in Bayside and Southern regions as they roll into the NDIS).[74]

3.78 However, the model under state systems was different, and often equipment provided under those systems was not fully funded, requiring the participant to either contribute or access additional funding through charities:

> Under the State-wide Equipment Program in Victoria, equipment was funded based upon risk, so urgent equipment was funded fairly quickly; less urgent equipment took longer. Some equipment, as I said before, could be funded within 24 to 48 hours. The challenge that the State-wide Equipment Program had in its funding model is that not all equipment was wholly funded. If we think back a couple of years you might have a wheelchair where part of the wheelchair was funded and then families were required to access charities, so the charity part of the funding model would take anywhere up to a year or two years to gain that funding. We appreciate, under the NDIS, that it is wholly funded, but the time frames that we're looking at at the moment are anywhere above six to 12 months for that funding to come through.[75]

3.79 Dr Walker from the NDIA also pointed out that the NDIS facilitates a much more holistic evaluation of the participant's needs, beyond simply the assistive technology:

> One of the big differences between the NDIS and state programs is the NDIS is a funding program to give participants access to a support. Most of the state programs focus on offering a fleet of equipment from which the participants receive. You've heard from Ms Hiller about EnableNSW's pool of equipment that they make available to participants. When a participant in New South Wales wants to draw off EnableNSW, they put in a request for a wheelchair, whereas, when they're approaching the NDIS, we are looking broadly at what their range of supports might mean, which is a combination of whether it's personal care support, a wheelchair, transfer equipment or modification of a house—all of those are potentially in play. That

73 Australian Orthotic and Prosthetic Association, *Supplementary Submission 57.1,* p. 11.

74 Noah's Ark, *Submission 25*, p. 3.

75 Ms Green, Noah's Ark, *Proof Committee Hansard,* 22 November 2018, p. 6.

> sometimes adds to the length of time in considering what the most appropriate option is.[76]

Committee view

3.80 The committee heard compelling evidence on the efficiency of the operation of AT equipment services in states and territories prior to the NDIS. The time periods between the necessary equipment being identified, provided and used appropriately and safely, has blown out significantly under the NDIS. According to evidence this is because of a duplication of application and assessment processes.

3.81 The committee understands that the NDIA cannot completely outsource its assessment procedures to state agencies, however the current situation is unworkable, and is producing unacceptable delays. The Agency has to decide on one process or the other. Given the experience, skills and expertise of the state schemes, the committee suggests that the Agency enter into agreements, or Memorandums of Understanding with them to process and manage applications instead of the Agency.

Recommendation 7

3.82 The committee recommends the NDIA explore entering into agreements with state schemes for the prescription, assessment, and delivery of Assistive Technology to NDIS participants.

State-based loan pools

3.83 The committee also heard suggestions that loan pools and leasing arrangements should be utilised to assist some participants to access AT temporarily in a cost effective way.[77]

3.84 Therapy for Kids et al argued that one of the reasons for delays to AT is the purchasing of new equipment. It suggested wait times for AT could be reduced by allowing NDIS funding to be used to access state-based loan pools of equipment through the State-wide Equipment Program (SWEP):

> SWEP has a reissue database. Especially for children, items are often used for 4 years due to growth. SWEP's repairs and maintenance program services the items and makes them available for reissue. Currently NDIS participants 'own' the items and are giving them away or selling them after they are no longer needed. Making use of existing state-based infrastructure to reissue AT items would make a difference to times to receive AT in some instances and would be a budget saver for the NDIA.[78]

3.85 The Australian Physiotherapy Association made a similar argument:

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76 Dr Lloyd Walker, Special Advisor, Assistive Technology and Home Modifications, NDIA, *Proof Committee Hansard,* 22 November 2018, p. 55.

77 For example: Therapy for Kids et al, *Submission 55*, pp. 5 and 7; Australian Physiotherapy Association, *Submission 62,* p. 12; Dr Ken Baker, Principal Advisor, National Disability Services, *Proof Committee Hansard,* 19 October 2018, p. 2.

78 Therapy for Kids et al, *Submission 55*, pp. 5 and 7.

> We understand that Victoria has an excellent and well established re-issue system and pool of equipment with an excellent, well maintained database for re-issue. This is easy to use and provides great solutions for people with disabilities. It is a very cost effective way for this equipment that is still in working order but not able to be used for another person.[79]

3.86 Dr Ken Baker, Principal Advisor, National Disability Services, argued that these systems are valuable for urgent and short term use:

> The second strength under some of the state systems, although it was patchy, was access to recycled equipment for people, often either children—children's needs for equipment can change quite rapidly, so it often makes sense to get equipment, use it for a short term and then for that equipment to be recycled and used by other children—or people with rapidly deteriorating neurological conditions where they don't want to wait long for equipment, they need equipment now and they won't need it for long. [80]

3.87 Speech Pathology Australia were also supportive of a loan system for AT. According to their evidence, the NDIA should support:

> …a 'library' system for AAC AT to provide participants with the ability to trial equipment, to ensure they are able to identify the best AAC AT solution for them.[81]

3.88 The NDIA explained that, for participants with degenerative conditions, planners can include a funding budget for accessing AT pools operated by specialist organisations (such as the Motor Neurone Disease Association of NSW) or state and territory AT programs.[82]

3.89 However, it pointed out that not all participants will be able to access state-based equipment loan pools. This is because delegates must consider the cost of purchasing or leasing equipment when determining whether AT supports represent value for money.[83] It also highlighted that not all government-operated state-based loan pools offer a hire service, some state programs do not provide supports to 'self-managed' NDIS participants, although, in these cases, participants can have AT supports 'agency managed' so they can hire through these programs.[84]

3.90 Ms Suzie Green, Team Leader and Senior Physiotherapist, Noah's Ark, noted that, in Victoria, NDIS participants were no longer allowed to access the SWEP loan of equipment:

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79 Australian Physiotherapy Association, *Submission 62,* p. 12.

80 Dr Ken Baker, Principal Advisor, National Disability Services, *Proof Committee Hansard,* 19 October 2018, p. 2.

81 Speech Pathology Australia, *answer to question on notice,* received 30 November 2018, p. 2.

82 NDIA, *answer to question on notice SQ18-000273,* received 21 November 2018.

83 NDIA, *answer to question on notice SQ18-000277,* received 21 November 2018.

84 NDIA, *answer to question on notice SQ18-000277,* received 21 November 2018.

> In the current system in Victoria we have the State-wide Equipment Program, which previously had a very large loan pool. Recently their rules changed in terms of: if you were NDIS funded, you were not able to access the loan pool. So, there is a very large loan pool at the State-wide Equipment Program which is available for SWEP funded clients but not for NDIS funded participants. I think they're expecting that, as more equipment is purchased by the NDIS, that pool will increase, but at this point it's very small.[85]

3.91 With the introduction of the NDIS, EnableNSW ceased its communication devices loan pool:

> We don't any longer, but we did run a communication devices loan pool, and that particularly helped with some of the issues that have been addressed this morning about the need for items to be in place and used for a good long period. We had a month where allied health professionals could get them out of the pool and work with them themselves and become familiar with them but also could leave them with a participant for a month and have them programmed for them to give them time to prove they could use them and that they were effective for them before they would go on to actually request the item… The demand for that fell away with the NDIS. As we slowly assessed that situation, we returned the remaining items to clinical services that had a need for them for people who were outside of the NDIS, particularly in the area of degenerative conditions, because it was not being accessed.[86]

3.92 While the Agency has not yet had discussions with Enable NSW regarding its plans to establish a coordinated pool of common AT across NSW community health facilities by July 2019,[87] it is considering whether to extend arrangements to assist participants to access government coordinated stock equipment and the impact this may have on the market.[88]

Recycling of equipment

3.93 The committee heard there is not currently a centralised system to recycle AT equipment that has been bought through the NDIS but is no longer required by the participant.[89] Mr Enis Jusufspahic, National Manager, Sector Development, ECIA, explained that families and business are simply running their own informal loan pools:

> There's no formal way of recycling it, so, at the moment, providers take it upon themselves, with the families that they work with, to ask them to bring

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85 Ms Suzie Green, Team Leader and Senior Physiotherapist, Noah's Ark, *Proof Committe Hansard,* 22 November 2018, p. 1.

86 Ms Jackie Hiller, Manager, EnableNSW, HealthShare NSW, *Proof Committe Hansard,* 22 November 2018, p. 49.

87 NDIA, *answer to question on notice SQ18-000278,* received 21 November 2018.

88 NDIA, *answer to question on notice SQ18-000280,* received 21 November 2018.

89 For example: Therapy for Kids et al, *Submission 55,* pp. 5 and 7; Australian Physiotherapy Association, *Submission 62,* p. 12; Dr Ken Baker, Principal Advisor, National Disability Services, *Proof Committee Hansard,* 19 October 2018, p. 2.

> in the equipment that they're not using, and then they would maintain it and repair it and loan it back out to other families. They would run their own loan pools, essentially, but there is no formal way of managing this, from a scheme perspective.[90]

3.94 The committee heard that families are selling and buying AT through platforms such as eBay, as a way to circumvent the delays of the NDIS:

> If it's an item that they've seen for sale that someone else has had, they'll say: 'I've seen that on eBay, I know that's what we want and I know we're about to go through all the trials and all the documents in the next 12 months. What if I just sell this and buy that?' If it's an item that they can readily access second-hand, they'll often choose that.[91]

3.95 EnableNSW noted that access to its equipment recycling and reissue program would save the Scheme a considerable sum of money each year:

> …at the request of the NDIA, we provide some services under working arrangements as a registered provider. These working arrangements expire on 30 June 2019. New South Wales accepted the request to provide these services in order to share our expertise in assistive technology provision, and to support access to cost-effective assistive technology through our equipment recycling and reissue program and our contract arrangements. At the time of the initial request, the NDIA found that in relation to AT access to information, some specific contracted items, and recycling and reissuing equipment that the NDIS could save $161 million per annum. This would clearly assist scheme sustainability, and those details are in the NDIS AT strategy.[92]

3.96 The program in NSW drew from more mature programs in South Australia, and from New Zealand:

> The most developed program is in South Australia. We and South Australia probably based a lot of our learnings on Enable New Zealand, which has had a very mature recycle and reissue program, but there are also programs throughout Europe and the UK.[93]

3.97 SWEP in Victoria compared the typical cost of buying new wheelchairs, with the cost of refurbishing them:[94]

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90 Mr Enis Jusufspahic, National Manager, Sector Development, ECIA, *Proof Committee Hansard,* 19 October 2018, p. 8.

91 Ms Suzie Green, Team Leader and Senior Physiotherapist, Noah's Ark, *Proof Committe Hansard,* 22 November 2018, p. 9.

92 Ms Jackie Hiller, Manager, EnableNSW, HealthShare NSW, *Proof Committee Hansard,* 22 November 2018, p. 48.

93 Ms Hiller, Enable NSW, *Proof Committee Hansard,* 22 November 2018.

94 SWEP, *Submission 70,* p. 6.

Item	Age	Current Price (New)	Reissue Cost (Second hand)	Savings
Quickie Iris manual customised wheelchair	4 years	~ $11,000	$1,256	$9,744
Quickie 2 manual customised wheelchair	2 years	~$6,500	$1,247	$5,253
QM710 customised power wheelchair & specialised backrest	2 years	~$14,000	$3,666	$10,334
Q6 Edge 2 customised power wheelchair	1 year	~$18,500	$2,935	$15,565

3.98 Speech Pathology Australia were strongly of the view that the expertise and experience of the state specialised equipment services should be retained, and accessible to NDIS participants:

> We feel it is essential that the NDIA ensures continued access to supports such as those provided by the former specialised equipment services including: - a 'one-stop' centre of support, providing access to AT Advisors who can offer independent advice as well as direct supports (i.e. assessment, training, set up and support for equipment trial, individualised set up of AT) and/or capacity building supports to participants, primary therapy providers and others.[95]

3.99 The NDIA is consulting and engaging with the AT provider sector to develop a coordinated approach to services that can acquire, refurbish, resell and when appropriate, recycle used AT. It advised that the next workshop with AT providers on this topic is scheduled for late November 2018.[96]

Committee view

3.100 Loan pools, recycling and refurbishment of assistive technology have long since been a feature of any aids and equipment programs. The NDIS model, with an emphasis on an individual bespoke solution for each participant, does not sit easily within those previous systems.

3.101 However not every AT solution is a fully customised piece of technology that can only be utilised by its intended recipient. There are thousands of standard items that the committee heard were being purchased at high cost, on an individual basis, and not being recycled or res-used afterwards. Evidence to the inquiry suggested that there were improvements and efficiencies possible across the board, on processes and procedures, as well as significant cost saving opportunities.

95 Speech Pathology Australia, *answer to question on notice*, received 30 November 2018, p. 1.

96 NDIA, *answer to question on notice SQ18-000279*, received 21 November 2018.

Recommendation 8

3.102 The committee recommends that the NDIA undertake an urgent review of all aspects of its AT delivery model, with specific focus on how it can utilise current state and territory equipment schemes, including bulk-purchasing, loan and recycling programs.

Hon Kevin Andrews MP

Chair

Senator Alex Gallacher

Deputy Chair

Appendix 1

Submissions and additional information

Submissions

1	Mrs Shirley Humphris
2	Name Withheld
3	Name Withheld
4	Kyle Cogan
5	Independent Living Centre Tas Inc
6	Name Withheld
7	Dr David Squirrell
8	Name Withheld
9	Name Withheld
10	Hannah Rubenach-Quinn Peter Rubenach and Beverley Rubenach
11	Deaf Services
12	Commonwealth Ombudsman
13	Special Needs Solutions
14	Ms Jane Tracy
15	Ability Research Centre
16	Multiple Sclerosis Australia
17	Develop Therapy Services
18	Name Withheld
19	Syndromes Without A Name Australia
20	Dr Emily Steel
21	Speech Pathology Australia
22	Peninsula Paediatric Physiotherapy
23	Amputee Association of NSW
24	Name Withheld
25	Noah's Ark Inc.
26	Independent Living Centre WA
27	WA Occupational Therapy Association
28	Name Withheld
29	Able Australia
30	Northcott
31	Ms Amy Martin
32	National Disability Services
33	Vision Australia
34	Scope (Aust) Ltd
35	Australian Rehabilitation and Assistive Technology Association
36	Can:Do Group

37 Ms Bernadette Wright
38 Name Withheld
39 Cerebral Palsy Alliance
40 The Benevolent Society
41 Name Withheld
42 Assistive Technology Australia
43 Early Childhood Intervention Australia
44 Roundsquared
45 Spinal Life Australia
46 Amaze
47 Name Withheld
48 Lifestart Co-operative Ltd
49 Limbs 4 Life Incorporated
50 National Disability Insurance Agency
51 Carers NSW
52 Occupational Therapy Australia
53 Permobil Australia Pty Ltd
54 Assistive Technology Suppliers Australia
55 Therapy 4 Kids, Splash Physiotherapy and Therapy Alliance Group
56 Physical Disability Council of New South Wales
57 The Australian Orthotic Prosthetic Association
58 Yooralla
59 Children and Young People with Disability Australia
60 Debbie Cooke
61 New South Wales Government
62 Australian Physiotherapy Association
63 Confidential
64 Confidential
65 Confidential
66 Confidential
67 Motor Neurone Disease Australia
68 Macular Disease Foundation Australia
69 WA Government
70 SWEP
71 Every Australian Counts
72 Name Withheld
73 Confidential

Additional information

1 Limbs 4 Life, Prevalence of prosthetic use in Australia, received 30 October 2018
2 Speech Pathology Australia, received 30 November 2018

3 Vision Australia, received 30 November 2018
4 Noah's Ark, received 29 November 2018
5 Therapy 4 Kids, Splash Physiotherapy and Therapy Alliance Group, received 28 November 2018
6 Speech Pathology Australia, received 28 November 2018
7 NSW Government, Letter of correction, received 30 November 2018

Answers to questions on notice

1 NDIA, received 21 November 2018
2 NDIA, received 30 November 2018
3 NSW Government, received 30 November 2018

Appendix 2
Public hearings and witnesses

Friday 19 October 2018 - Sydney

Ability Research Centre
Dr Graeme Smith, Executive Director

Able Australia
Ms Claire Tellefson, National Digital Literacy Co-ordinator

Amputee Association of NSW Inc
Mr Darrel Sparke, President

Assistive Technology Australia
Ms Robyn Chapman, Chief Executive Officer,
Ms Ann-Mason Furmage, Deputy Chair, Board of Directors

Assistive Technology Suppliers Australia
Mr David Sinclair, Executive Officer

Cerebral Palsy Alliance
Mrs Jo Ford, General Manager Therapy Services

Dr Emily Steel, Private capacity

Limbs 4 Life Inc
Ms Melissa Noonan, Chief Executive Officer
Mr Ren Gallet, National Amputee Advisory Council Member

National Disability Services
Ms Philippa Angley, Executive Officer
Dr Ken Baker, Principal Advisor

Scope (Australia) Ltd
Ms Denise West, General Manager, North Division and Statewide Services
Ms Marion Van Nierop, Speech Pathologist

Special Needs Solutions Australia
Mrs Tiffany Heddes, Director and Business Owner
Mrs Maggie Mavris, Accounts and Admin

The Benevolent Society
Ms Alison Chung, Acting Director, Practice and Service Innovation, Disability
Ms Valerie Cooper, Senior Occupational Therapist

Vision Australia
Mr Scott Jacobs, Program Manager, NDIS and Aged Care
Mr Damian Mcmorrow, Access Technology Product Owner

Thursday 22 November 2018 - Melbourne

Amaze
Mr Braedan Hogan, Manager, Public Affairs and NDIS Transition
Ms Nicole Antonopoulos, Policy Officer, Public Affairs and NDIS Transition

Australian Orthotic Prosthetic Association
Ms Leigh Clarke, Executive Officer
Mr Luke Rycken, Policy and Advocacy Officer

Australian Physiotherapy Association
Mrs Julienne Locke, Physiotherapist

Australian Rehabilitation and Assistive Technology Association
Ms Trina Phuah, Secretary

Early Childhood Intervention Australia
Mr Enis Jusufspahic, National Manager, Sector Development

HealthShare NSW
Ms Jackie Hiller, Manager, EnableNSW

NDIA
Ms Liz Neville, General Manager, Provider and Market Relations
Mr Scott Mcnaughton, General Manager, Government
Dr Lloyd Walker, Special Advisor, Assistive Technology and Home Modifications

Noah's Ark
Dr Kerry Bull, Director
Ms Suzie Green, Team Leader and Senior Physiotherapist

Occupational Therapy Australia
Mrs Andrea Douglas, Professional Advisor, NDIS
Ms Anita Volkert, National Manager, Professional Practice and Development
Office of the Commonwealth Ombudsman
Mr Michael Manthorpe, Commonwealth Ombudsman
Ms Suseela Durvasula, Acting Director, Social Services, Indigenous and Disability
Mrs Lee Katauskas, Director, Immigration, Defence and Law Enforcement

Mr Peter Rubenach, Private capacity
Mrs Beverley Rubenach, Private capacity
Mrs Hannah Rubenach-Quinn, Private capacity

Ms Jane Tracy, Private capacity

Ms Bernadette Wright, Private capacity

Speech Pathology Australia
Ms Rosie Miller, Member Speech Pathologist,
Ms Catherine Olsson, National Advisor, Disability

Therapy Alliance Group
Mrs Rachel Tosh, Director

Therapy 4 Kids
Ms Carolyn O'Mahoney, Director and Physiotherapist