# Notes for Assessors of Nutrition and Dysphagia AT Supports

There are specific templates available for the following types of Assistive Technology (AT):

* General Assistive Technology Assessment
* Continence Assessment
* Prosthetics and Orthotics Assessment
* Vehicle Modifications Assessment
* Complex Home Modification Assessment
* Dog Guide Assessment
* Nutrition and Dysphagia Assistive Technology Supports Assessment

The assessment information provided in this form will be used by the National Disability Insurance Agency (NDIA) to understand how the specified AT will assist the participant to pursue their goals and to assess whether it is reasonable and necessary for the NDIS to fund AT support.

Using this template is not mandatory. If a provider elects to provide information in another format, they must include all information described in this template. Information provided needs to include an outline of the functional impact of each feature being recommended. This should include how the AT will support capacity building, promote independence and impact alternative forms of support.

The criteria NDIS delegates use when determining if a piece of equipment or modification is suitable for the NDIS to fund is section 34: reasonable and necessary supports of the [National Disability Insurance Scheme Act 2013 (NDIS Act; external) and section 34](https://www.legislation.gov.au/Latest/C2018C00276).

Additional information on how the recommendation(s) will be considered in the context of specific supports can be found in the [NDIS Operational Guidelines](https://intranet.ndiastaff.ndia.gov.au/service-delivery/Pages/Pre-Planning.aspxhttps:/www.ndis.gov.au/about-us/operational-guidelines) available online and the [NDIS (Supports for Participants) Rules 2013](https://www.legislation.gov.au/Details/F2013L01063).

The NDIS (Supports for Participants) Rules 2013, Schedule 1, 7.4 and 7.5 should be considered in relation to disability-related health supports. NDIS participants will be able to receive funding for the disability-related health supports they need as a direct result of their disability and as part of their daily life, through their NDIS plan. The NDIS supports should be related to the participant’s ongoing functional impairment and enable the participant to undertake activities of daily living. The NDIS will not be responsible for diagnosis and clinical treatment of health conditions, activities that aim to improve the health status of Australians and palliative care.

AT Strategy: Supports will be provided in line with the NDIA’s [Assistive Technology Strategy](https://www.ndis.gov.au/about-us/strategies/assistive-technology-strategy) and as outlined in the [NDIS AT Complexity](https://www.ndis.gov.au/providers/essentials-providers-working-ndia/providing-assistive-technologies-and-home-modifications) document.

Assistive Technology (AT) assessor: An AT assessor is able to assess a participant's needs and situation and identify the most appropriate AT. They may be an AT Mentor, allied health practitioner, continence nurse, rehabilitation engineer or other suitably qualified practitioner.

AT assessors have obligations under the NDIS Provider Terms of Business, NDIS Quality and Safeguards Commission and their respective professional registration under Australian Health Practitioner Regulation Agency (AHPRA).

Caution: AT assessors must be aware of and observe the law with regard to AT that is likely to restrain a participant. [National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018](https://www.legislation.gov.au/Details/F2018L00632).

The NDIA expects AT assessors to consider all options for addressing the participant’s disability-related functional limitations and pursuing goals, including non-AT supports.

NDIS AT Levels 3 & 4 trials: Where the AT assessor and participant need to work with an AT supplier to trial and develop a specification for the AT support, reasonable supplier costs can be quoted, and if agreed, claimed against the participant’s plan (category ‘rental/trial’). Supplier specification/order details are required with this assessment to enable the NDIS to consider quotes/prices from the supplier.

Quotations should be attached where applicable (items < $1,500 may be funded from the Core consumables budget and do not require an assessment and quote). Quotations can include printouts of web orders and stock numbers from relevant State based equipment suppliers where relevant.

AT assessors can keep up to date at [NDIS provider assistive technology](https://www.ndis.gov.au/providers/essentials-providers-working-ndia/providing-assistive-technologies-and-home-modifications). Participants can keep up to date at [NDIS participant assistive technology](https://www.ndis.gov.au/participants/home-equipment-and-supports).

# Notes for navigating and editing this document

General Notes

This document is protected so that only editable fields can be changed but additional rows in tables can be inserted as required.

All editable fields have unlimited text entry, and the document will expand in page length when large amounts of text are entered.

Spelling and grammar can be checked according to the word processor you are using.

The document can be navigated with just the Tab key to encompass varying modes of navigation and levels of computer skills.

JAWS Specific Comments

Ins + F1 will read document information including the general layout, header and footer information.

Ins + F6 will bring up a headings list allowing a JAWS user to jump to heading sections if desired.

Ins + F7 will bring a list of web links embedded in the document.

Ins + Z will turn on quick navigation fields so a JAWS user can say “H” to jump to the next heading for easy navigation.

# Part 1 - Details

## 1.1 NDIS Participant Details

| Name |  |
| --- | --- |
| Date of Birth |  |
| Age |  |
| NDIS Number |  |
| Address |  |
| Contact Telephone Number |  |
| Email |  |
| Preferred Contact Method |  |
| Alternative Contact (Nominee or Guardian) Name |  |
| Alternative Contact (Nominee or Guardian) Phone |  |
| NDIS Support Coordinator |  |
| Contact Details |  |

## 1.2 NDIS Participant Plan Management Details

| Agency Managed |  |
| --- | --- |
| Self-Managed |  |
| Registered Plan Management Provider |  |
| Contact Details |  |

# **PART 2 - Evaluation / Assessment**

## 2.1 Background

Note participant’s circumstances, including:

* disability;
* current living situation;
* social supports and environment in general and with regard to use of AT;
* if moving through life transition;
* coexisting medical and health conditions including behavioural status (note that NDIS can only fund AT related to participant’s disability).

Please include information regarding the participant’s current mealtime regime and nutritional supports and how well these meet participant’s nutritional needs.

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## 2.2 Functional Assessment findings

Please clearly outline the specific functional limitation/s related to the participant’s disability and impact on life roles:

* postural deformity or complex postural needs;
* skin integrity issues;
* rapidly changing condition – including growth or weight change;
* cognitive issues;
* behaviours of concern;
* dysphagia;
* bowel habits.

\*NDIS expects relevant assessments are conducted where required and records held by AT assessor for NDIS audit purposes.

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## **2.3 Participant’s measurements details**

| Date of measurement |  |
| --- | --- |
| Height in centimetres (cm) |  |
| Weight in kilograms (kg) |  |

# PART 3 - Exploration of Options

## 3.1 Evaluation of options

Please provide information on all alternatives considered (including non-nutrition support AT-related solutions) to achieve goal/s, including use of other supports and approaches and reasons why they were not considered suitable. Note that the NDIA will generally fund the most cost-effective option, usually the minimum necessary, for example, tinned products rather than ‘ready-made premixed’ and larger tins rather than individual serves. Where trials have been conducted, please give details of where the trials took place and for how long.

| **Option** | **Describe potential options in relation to goal achievement** | **Trialled (T) or Considered (C)? Trial details (date, length, location)** | **Why was it considered suitable/not suitable?** | **Estimated cost (include training[[1]](#footnote-1))** |
| --- | --- | --- | --- | --- |
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# PART 4 - Recommended Option

4.1 Please state all the supports required for the recommended option including non AT supports and environmental modifications. The specification for the AT support/device should be provided in Part 5.

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Is there agreement between the AT assessor and participant on the recommended option? Yes or No. Explain if required.

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4.2 Explain the evidence for the recommended option which will facilitate the participant’s goals compared to other options considered. E.g., demonstrated trial outcomes and consideration of long term benefit in both current and anticipated future needs; change or adjustment to personal care supports need. If the recommended enteral feed, nutritional supplement, or thickener is above the basic minimum or standard level, please include specific evidence/ clinical justification in Section 4.4 below. Please consider those products available on the Pharmaceutical Benefits Scheme.

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4.3 Are there any other factors that need resolution in order to implement the above? E.g., postural management; behavioural management plan for restrictive practice; are any environmental modifications required.

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4.4 If an enteral feed, nutritional supplement or thickener is above basic minimum or standard level being recommended in Section 4.2. Please provide the specific evidence/ clinical justification (e.g., medical confirmation of results of food allergies/intolerance tests or blood nutrient analysis), or if the participant has agreed to fund.

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# PART 5 – Recommended Nutrition Support AT specification

5.1 Description of nutrition support AT including recommended product(s). Detail all necessary specifications required to meet client’s goal. This must be detailed enough to ensure that the item can be accurately quoted and supplied.

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Recommended supplier.

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Nutrition support AT equipment delivery costs

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5.2 Extra Features. List below and estimate cost of any other nutrition support supplies (including additional cost of food when necessary) that are desired by the participant but are not due to the functional limitation/s related to the participant’s disability and the achievement of their stated goals.

| **Item(s):** | **Quantity/frequency of supply required:** | **Cost estimate (including delivery):** |
| --- | --- | --- |
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| Does the participant agree to pay for these from their own (not NDIS) funds? Yes/No |
| --- |
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| Other supplier’s specification (optional) |
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# PART 6 – Details of Assistive Technology Assessor

DECLARATION (indicate all relevant sections that apply)

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| --- | --- |
| I certify that I meet the NDIA expectations of AT assessor provider suitability (including understanding of the current NDIS Act, Rules and Operational Guidelines) to assess the type of assistive technology and associated supports, at the level of complexity required by this participant. |  |
| I will provide appropriate evidence to the NDIA and/or NDIS Quality and Safeguards Commission if and as requested. |  |
| I understand and acknowledge that the NDIA and participant will rely on my professional advice to select, source and implement this assistive technology. |  |
| This assistive technology has been assessed by the treating multi-disciplinary team and I have completed the AT assessment on behalf of that team. |  |

| Name |  |
| --- | --- |
| Position |  |
| Qualification |  |
| Business Name |  |
| Contact Telephone Number |  |
| Email |  |
| Preferred Contact Method |  |
| Date of assessment |  |
| Date of report |  |

# PART 7 – Consent to Collect and Share Your Information - Provider AT Assessment and Quotation(s)

For the participant to complete

As a participant who requires assistive technology supports, the National Disability Insurance Agency (NDIA) may need to contact your service providers, health and medical practitioners to discuss information within your assistive technology assessment and quotation(s). This will assist the NDIA with determining whether your request for assistive technology funded support(s) can be provided to you under the NDIS.

If you choose not to provide this consent, this may extend the time required in considering this request for assistive technology supports to be included in your NDIS plan.

Do you consent to the NDIA collecting and disclosing your information, including from these third parties mentioned above, in relation to your assistive technology assessment and quotation? (Please tick either the yes or no answer below.)

| Yes, I consent |  |
| --- | --- |
| No, I do not consent |  |

When I sign this form:

I understand that I am giving consent to the NDIA to do the things with my information set out in Part 5. I understand that I can withdraw my consent for the NDIS to do things with my information at any time by letting the NDIA know.

I understand that I can access the NDIA’s Privacy Notice and Privacy Policy on the [NDIA website](https://www.ndis.gov.au/providers/providing-at.html) or by contacting the NDIA.

| Signature |  |
| --- | --- |
| Date |  |
| Full name |  |

If you have signed this form on behalf of the NDIS participant, please complete the details below. It is an offence to provide false or misleading information.

We may require you to provide evidence of your authority to sign on behalf of the person.

| Signature |  |
| --- | --- |
| Date |  |
| Full Name of person completing this form (please print): |  |
| Relationship to participant |  |

1. NOTE training in AT device use of participant/family or support workers is included and expected to be accomplished within 2 hours. Please provide rationale and hours required if more extensive or specific training is indicated. A quote is not required. [↑](#footnote-ref-1)