



Submission in response to:

National Disability Insurance Scheme Consultation
Papers

- Accessibility and Eligibility Policy for independent assessments and
- Planning Policy for Personalised Budgets and Plan Flexibility

22 February 2021

CONTACT David Sinclair, Executive Officer

ATSA PO Box 7245, TATHRA NSW 2550

About Assistive Technology Suppliers Australia (ATSA)

Assistive Technology Suppliers Australia (ATSA) welcomes the opportunity to respond to the National Disability Insurance Scheme Consultation Papers

- Accessibility and Eligibility Policy for independent assessments and
- Planning Policy for Personalised Budgets and Plan Flexibility.

ATSA is a national organisation representing assistive technology (AT) suppliers, including manufacturers, importers, distributors, retailers, tradespeople and technicians.

Our 145 members comprise businesses and not-for-profit organisations and range from small family-owned concerns to multinational organisations throughout Australia.

It is estimated that, excluding AT for communication and sensory disabilities, approximately 80% of the AT in Australia passes through the hands of ATSA members.

ATSA is a registered not-for-profit charity with the ACNC and requires that its members adhere to a comprehensive Code of Practice on the provision, sales and servicing of AT.

ATSA RESPONSE TO ACCESS AND ELIGIBILITY POLICY INDEPENDENT ASSESSMENTS CONSULTATION PAPER

Learning about the NDIS

1. What will people who apply for the NDIS need to know about the independent assessments process? How is this information best provided?

In order to give participants and their family time to understand the process and provide a more considered and accurate response, it is suggested the participant be given copies of the assessment tool sheets prior to the meeting with the Independent Assessor. This also allows family members to better assist participants who need support in completing the assessment forms. This is particularly important in the implementation of say the WHOAD 2.0 form¹ which requires respondents to think back over the past 30 days when answering each question.

In addition, this approach will allow for the applicant to consider the various contexts that will need to be taken into account during the assessment to identify a wholistic picture of the functional capacity requirements, i.e., at home, travelling, at work or community involvement setting.

Undertaking an independent assessment

5. What are the traits and skills that you most want in an assessor?

During the initial eligibility assessment, more than one type of trained expert may be required to encapsulate the functional limitation of the potential participant as the single skill set of one assessor may not be sufficient. For example, a psychologist and an occupational therapist for applicants with complex needs maybe required to discern the circumstances and needs of the potential participant. We recommend that it is not inferred or assumed that only one individual assessor be given total authority to determine if other experts are required to review the responses to the new assessment tools.

Two skills that need to be considered to ensure successful assessments are a high level of investigative skills and a sound understanding of Assistive Technology.

6. What makes this process the most accessible that it can be? For example, is it by holding the assessment in your home?

ATSA supports the premise that the assessment discussion should be in a location that allows for the provision of information in a “safe environment.” We also believe that it would be highly advantageous to consider physically stepping through a typical week, to enable triggers of functional need as the person is assessed. For example, the applicant and assessor should meet in the applicant’s home and workplace where applicable. An assessment of the applicant’s access to public transport to determine if the applicant can access the wider community ideally, not just one or two regular travel routes.

Consideration to the person’s goals and objectives as part of the assessment, will allow for successful outcomes for the applicant from the planning process.

7. How can we ensure independent assessments are delivered in33 a way that considers and promotes cultural safety and inclusion?

Provide full disclosure on the assessment and planning processes along with who is involved at what stage during both processes in multiple languages.

Also provide the assessment questions ahead of time and in the person’s preferred language to help them better prepare for the assessment. This will also allow families/carers to better support the applicant during the assessment.

Closing Comments

Proposed Access and eligibility process

It has been identified across the Consultation papers that there is assumed linkages between the flow charts in, “*Access and Eligibility Policy with Independent Assessments*” and “*Planning Policy for Personalised Budgets and Plan Flexibility*.” We recommend a change in

the wording on the independent assessment in Step 4 of the flow chart in Figure 1 of the Assessment Consultation Paper to reflect the wording from the flow chart in the Planning Policy. Step 4 should read “Applicant undergoes an independent assessment, incorporating an assessment of functional capacity, including any environmental factors, and other individual circumstances”. This change will provide consistency and remove the risk of misunderstanding.

1. WHODAS 2.0 WORLD HEALTH ORGANIZATION DISABILITY ASSESSMENT SCHEDULE 2.0

Page 1 of 4 (36-item, self-administered) 36-item version, self-administered. Referred to in September 2020 Independent Assessment Selection of Assessment Tools

ATSA RESPONSE TO PLANNING POLICY FOR PERSONALISED BUDGETS AND PLAN FLEXIBILITY CONSULTATION PAPER

2. How can we support participants to prepare for a planning meeting? What might be needed to support participant decision-making?

To ensure the planning process is a success, the participant should be supplied with their functional assessment report. They should be encouraged to seek advice from their support networks to identify what information and support services/assistive technology they need to help them to meet their goals and objectives. For example, if a participant registered as “Extreme or cannot do” under the areas of Getting Around or Life Activities in the Assessment (as per the WHODAS 2.0 Assessment tool ²), then information on the type of Assistive Technology available will significantly improve the outcomes from the planning meeting and support the participant and planner in agreeing an appropriate plan.

ATSA strongly recommends participants have an opportunity to state their goals before the formal planning meeting. In the case of participants needing assistive technology, engaging with assistive technology suppliers early in the planning process rather than the implementation phase will support both the planner and the participant in agreeing the most cost effective and appropriate/potential solutions and budget. This integrated approach to the planning activity which includes the participant’s goals and objectives will ensure the participant and planner have the information required to make the plan easy to understand. It will also reduce the potential for human error early in the planning process.

This position is supported by research undertaken by Jennifer L Womack which states “Evidence suggests that supporting clients' autonomy in prioritizing personally meaningful goals leads to increased engagement in intervention, less emotional anxiety about the rehabilitation process, and improved treatment outcomes” ¹

It is therefore recommended the proposed planning process include goal setting from the participant in Step 1 rather than Step 4 as shown in Figure 1 of the Consultation paper.

4. How can we assure participants that their plan budgets are at the right level? (e.g., panels of the Independent Advisory Council that meet every six-months to review learnings and suggest improvements)

We note the Assessment process determines a Yes/No response to an applicant’s eligibility to join or continue in the NDIS however, in the Consultation Papers, the outcomes from the Assessment process also forms the basis for the first draft plan and budget. We recommend streamlining and improving the link between the two processes by adding the context of the participant’s goals and objectives to the development of the draft plan and budget in Step 1. As an example, assume the WHODAS 2.0 Assessment tool² showed a participant has severe mobility limitations. This does not give the Planner sufficient information to start a draft budget as a conversation with the participant could reveal they can safely move around on a

flat surface inside their home but have severe mobility restrictions when in the rougher outdoor terrain. The participant may be able to use a walking stick inside but needs a scooter for the external terrain.

To promote transparency of the process, we recommend further information on the link between the outcomes from the Functional Capacity Assessment tools and the planning process be made available to all parties.

Personalised Budgets: Noting the plan is 5 years and the budget provided to the participant is for 12 months, clarification on whether the personalised budgets will be subject to an annual CPI adjustment or be fixed for the 5-year period should be included in the documentation.

8. How best to handle the timing of the release of funds into plans and rollover of unused funds?

ATSA supports the release of all funds for assistive technology at the start of the plan or at an agreed timetable as set at the planning meeting. This will ensure the participant is able to have major activities such as home modifications, vehicle modifications, tailored adjustments to motorised wheelchairs completed as early as possible noting these can have longer lead times. Timely purchase of equipment such as shower hoists and pressure mattresses will prevent the risk of injury/ health issues to the participant and the people who support them in daily living activities.

ATSA also supports the proposed rollover of unspent funds on a monthly or quarterly basis.

The flexibility of funds allows choice and control for the participants and will allow them to purchase unplanned services or equipment repairs when needed.

10. How often should we check-in with participants in different circumstances?

This should be agreed and incorporated into the plan or triggered by the participant if an unforeseen event occurs.

11. How can the NDIS ensure positive relationships between participants and planners?

Ensure there is an effective communication pathway and easy access to the planner and openness to pass information with agreement by the participant to the suppliers of support when necessary. E.g., notification of an approved quotation to supply AT, and opportunity for issue resolution when necessary.

12. How can we best support participants to transition to this new planning model?

Involving the client and including their goals and objectives at the start of the planning process and providing information on what assistive technology solutions are available to help them maximise their functional capacity is key to make this a successful transition to the new model. This would also include the provision of a draft plan to ensure any unintended errors are identified prior the any finalisation of the plan.

Closing Comments

Early intervention of Planning Errors

ATSA highly recommends that there should be a “quick” pathway to resolve unintended plan errors rather than the need for a full review. This “quick” pathway solution should not replace disrupted approvals, but simple obvious errors in a plan.

In addition, clarity is required in the documentation regarding the process that will be followed to amend draft budgets and unintended errors.

Auditing Requirement

ATSA supports the move from the current 3 tier funding model to the 2 tier approach with the associated flexibility to address unforeseen events.

Ongoing Training

The planner will require ongoing training in assistive technology to ensure they are providing the most appropriate information on the range of equipment available in the marketplace.

We are recommending an expert panel be established to develop an online base training module for the independent assessors and planners. Ideally planners are required to attend an assistive technology training event or attendance to an NDIA approved assistive technology event every 2 years to maintain their knowledge of new assistive technologies to improve participant outcomes.

- 1 Article on Perspective on Neurophysiology and Neurogenic Speech and Language Disorders, Volume 22 April 1 2012 pp 28-35 [The Relationship Between Client-Centred Goal-Setting and Treatment Outcomes | Perspectives on Neurophysiology and Neurogenic Speech and Language Disorders \(asha.org\)](#)

2. WHODAS 2.0 WORLD HEALTH ORGANIZATION DISABILITY ASSESSMENT SCHEDULE 2.0

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