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

Inquiry into General Issues Around the Implementation and Performance of the NDIS

Executive Summary

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

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

During this period, we have found a number of issues that diminish the successful provision of assistive technology for NDIS clients. These include: the poor design of the General AT Assessment template, the lack of training of NDIA staff regarding assistive technology and the relevant legislative rules, the inadequate level of contact with AT specialists, the poor quality of plans, administrative delays and clients being left behind by gaps in the system.

Detailed recommendations follow.

1. Introduction

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

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

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

2. Different types of assistive technology

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

Ability Technology deals specifically with computer-based assistive technology, encompassing computer, smartphone and tablet access, communication and home/environmental control. For a person with quadriplegia who wants to access social media, or an MND patient who wants to control their TV and home entertainment, or someone who is non-verbal who wants to communicate independently, Ability can design a technology system to suit individual needs.

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

Computer-related assistive technology is an area of growing importance. The rapid expansion of IT over the last decade has placed technology at the centre of the lives of many Australians, including those with a disability. This branch of AT can play a substantial role in

increasing the independence, productivity and social and economic participation of people with a disability, all of which are goals of the NDIS.

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

3. Experience of therapists and clinicians

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

The following list of concerns with the rollout stems directly from our team members' experience with the Scheme on the ground.

3.1. *Poorly designed General AT Assessment report template*

Complaints about the General AT report template have been widespread. Administrative burdens have long been identified as an issue among NDIS service providers,[1] and this template is an exemplar of the Scheme's burdensome administrative requirements. The current report template is cumbersome and does not translate easily to the computer-related branch of AT. The form requires assessors to input the same information in multiple locations, while it lacks the space to fill in details that practitioners deem necessary. In the words of one of our team members:

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

The form's requirement to detail the specifics of alternatives that are considered but not recommended[2] is clearly suited to recommendations for single items (such as wheelchairs);

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[1] Joint Standing Committee on the National Disability Insurance Scheme, Progress Report, September 2017, pp. 63-68.

[2] NDIS, *General Assistive Technology Assessment Template*, Revised May 2017, p. 4.

this shows a lack of understanding of those AT specialists whose job is to design entire systems of linked devices and equipment. Computer-based AT systems are delicately designed to suit the client's needs, and meticulously researched to ensure that all aspects are compatible with each other. Detailing a small number of arbitrarily chosen alternatives is simply a waste of time.

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

It is our opinion that Computer-Based Assistive Technology should also have a separate form. This would increase efficiency and reduce the administrative burden for assessors by making sure the form is fit for its specific purpose. As one of our team members noted:

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

At the request of the NDIA, Ability has designed an alternative assessment template to address some of these concerns and make the report template more suited to the computer-based area of AT.[4] Based on the General AT Assessment Template form, Ability's suggested form has much stronger and more overt links drawn between the recommended system and the requirements in the National Disability Insurance Scheme Act 2013 and NDIA Rules (3.1-3.4). This redesigned form would not only reduce the administrative burden on service providers, it would also help to reduce delays by increasing clarity around claims: currently, recommendations for systems are often rejected on dubious grounds and then subsequently approved once additional information is provided. Unnecessary complications and unclear processes such as these have previously been identified as significant issues by the Committee.[5] Our form could inform the design of a new, specific assessment form for computer-related AT. We have circulated the draft report template to several of our AT expert team members and received positive feedback.

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[3] NDIS, *General Assistive Technology Assessment Template*.
[4] Appendix A.
[5] Progress Report, p. 67.

It has been well documented that service providers in the sector have been dissatisfied with NDIA staff and how administrative decisions have been made. The Committee has already heard evidence that suggests that NDIA staff have not been adequately trained, possess inadequate understanding of the disability sector, frequently ignore advice and opinions of service providers and disability experts, and sometimes fail to adhere to the legislative mechanisms governing administrative decisions such as the approval of "reasonable and necessary" supports.[6] This had led to what our team members have described as a "complete lack of consistency in approvals" for assistive technology. It is very apparent that there is a paucity of knowledge among the NDIA regarding computer-related assistive technology. This is understandable given the narrowness of the field, however the erroneous decisions and extensive delays that have resulted are needlessly distressing for participants.

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

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

The NDIA seems unaware of some of the nuances and intricacies of the work of AT specialists. Specialists have had to adapt their work models to fit the rigidities of the NDIS Plan system to accommodate the uneasy marriage of an annualised NDIS Planning process with an ongoing AT implementation process. Assessments need to be done in advance of Plans being finalised if they are to include the recommendations. Otherwise, the recommendations are usually too late to be included in that year's Plan. Yet without a Plan in place, there is usually no funding available for the assessment to take place in the first place.

There is also ambiguity surrounding trials. Best practice is usually for trials to take place over a number of weeks, but short trials during an assessment are also possible to gauge the suitability of equipment. Workplace assessments, such as those under JobAccess, tend to involve equipment being trialled during the assessment, while planners tend to want lengthy trial periods. However, depending on the equipment's availability, this is not always possible. The general assumption of the NDIA is that all equipment is trialled prior to a report being compiled. The NDIA needs to understand that the process of determining AT

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[6] Progress Report, pp. 47-49.

recommendations takes time. This is a complex process often requiring multiple visits and equipment trials.

While AT is included on the NDIS portal, specialists in our area of AT often run into another hurdle at this stage of the process. Very little of the specialised equipment we typically recommend is listed: trackballs, joysticks, mouth control devices and complex switches are all excluded. Often, AT specialists are forced to bastardise the existing list by fitting items uneasily into existing categories.[7] Despite small improvements on the initial version, the portal is still unintuitive and clumsy, leading to further delays. In the words of one of our team members:

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

3.2.1. Value for money

We have found that the requirements for supports to represent "value for money" are often being interpreted too narrowly, with a destructive effect on outcomes for participants. For instance, a client of ours, Mary,[8] was denied approval for a QuadJoy mouth-operated joystick on the grounds that it did not represent value for money (Section 34(1)(c)). The explanation for this was that the joystick would not reduce the cost of daily care support she would have to be provided:

> *"I was unable to get a clear understanding that if the request [sic] QuadJoy was approved that there would be a reduction in your current daily activities supports. I am therefore not satisfied the requested QuadJoy represents value for money."[9]*

This is a reference to Rule 3.1(f) of the *National Disability Insurance Scheme (Supports for Participants) Rules 2013*, which denotes that the NDIA is to "*consider*" whether a support would be likely to reduce the cost of supports in the long term. The full Rule 3.1 is set out below:

> **Value for money**
> 3.1   In deciding whether the support represents value for money in that the costs of the support are reasonable, relative to both the benefits achieved and the cost of alternative support, the CEO is to consider the following matters:
> (a)   whether there are comparable supports which would achieve the same outcome at a substantially lower cost;
> (b)   whether there is evidence that the support will substantially improve the life stage outcomes for, and be of long-term benefit to, the participant;
> (c)   whether funding or provision of the support is likely to reduce the cost of the funding of supports for the participant in the long term (for example, some early intervention supports may be value for money given their potential to avoid or delay reliance on more costly supports);

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[7] Following discussion with the NDIA, Ability has prepared a list linking commonly used assistive technology items to ISO9999 codes. Please see Appendix B.
[8] Not her real name.
[9] Letter from Ms Jupp, Delegate of the CEO, NDIA, dated 12 May 2017.

> *(d)   for supports that involve the provision of equipment or modifications:*
>   *(i)   the comparative cost of purchasing or leasing the equipment or modifications; and*
>   *(ii)   whether there are any expected changes in technology or the participant's circumstances in the short term that would make it inappropriate to fund the equipment or modifications;*
> *(e)   whether the cost of the support is comparable to the cost of supports of the same kind that are provided in the area in which the participant resides;*
> *(f)   whether the support will increase the participant's independence and reduce the participant's need for other kinds of supports (for example, some home modifications may reduce a participant's need for home care).*

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

- There are no supports that would achieve the same outcome at a lower cost; comparable devices are substantially more expensive (Rule 3.1(a)).[10]
- The QuadJoy would be of clear long-term benefit to the participant, and would substantially improve her life stage outcomes (Rule 3.1(b)).
- There were no expected changes to the technology or the client's condition in the short term that would make funding the device inappropriate (Rule 3.1(d)).
- The QuadJoy would significantly increase her independence (Rule 3.1(f)).

Additionally, the device would dramatically improve Mary's social and economic participation by allowing her to perform online banking, shopping and financial transactions, as well as connecting to friends and family through social media, and to the wider world through news and media sites; these outcomes characterise the core values of the NDIS. The staff member involved evidently misinterpreted the Act and its Rules to an erroneously narrow reading of these requirements, which has had the effect of undermining the benefits of the Scheme for this participant. Unfortunately, this kind of error does not seem to be an isolated incident.

3.2.2. Generic vs specialised equipment

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

To date, these clear advantages have often not been sufficient to convince the NDIA to fund the provision of generic technology. One client had her recommended speech recognition

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[10] The QuadJoy ($1,093) is half the cost of the LipStick ($2,000) and one-third the cost of the IntegraMouse ($3,020).

software denied by the NDIA on the grounds that "it is widely used by the everyday Australian". It appeared self-evident, to the NDIA staff member, that a support could not be reasonable and necessary if it is "not disability specific".[11] Apart from this being an obvious factual error (the software in question is not used by the everyday Australian), this line of reasoning relies on a grave misunderstanding of the assistive technology sector. This particular NDIA staff member was apparently unaware that generic devices and equipment are frequently enlisted by experts as critical elements of AT systems. Devices such as iPads, Google Home, Amazon Echo, ergonomic keyboards, touch screen styluses and smart speakers are not disability-specific, but their role in assisting people with disabilities to access a computer, communicate or control their home environment can be immense. The NDIS has been hesitant to fund generic devices, despite the fact that disability-specific alternatives are often more expensive, more complicated and less familiar to participants. Looking at a system from a client-centred perspective (as per the philosophy underpinning the NDIS), it is clear that sometimes a generic option such as an iPad is simply the best option, offering superior outcomes and value for money. Yet these recommendations are consistently queried, or even rejected outright, by NDIA staff. Despite the inclusion of "customised commercial tablet" in the NDIA AT Code Guide,[12] it is now notoriously difficult to get an iPad approved by the NDIA.

As the common law informs the drafting of legislation, common law can assist in its interpretation. According to the common law, costs associated with widely-used and generic technology are indeed reasonable, provided that the *need* for the technology is significantly greater because of their disability.[13] In one case it was concluded that the plaintiff, suing for damages, "should not suffer any reduction in his damages based on the probability that he would have come round to buying a computer, uninjured; *the computer is now a clear necessity*" (emphasis added).[14] For someone with no ability to communicate other than through augmentative communication aids, the option to not purchase a device no longer exists: some kind of communication device is a clear necessity. It is baffling that to date, the NDIA would prefer to fund a dedicated communication device over an iPad, despite the latter being more compatible, better supported and up to ten times less expensive.[15]

3.3. Little contact with AT specialists

AT recommendations outlined in a report are often dismissed by NDIA staff without any contact or consultation whatsoever with the AT professional who made the recommendations. Rarely is an attempt made to find out more information about why the recommendations provided may be necessary; the expertise of AT practitioners is simply overruled, often on dubious grounds. For example, our client Peta[16] who suffers from quadriplegia, has been attempting to have a number of recommendations approved by the NDIA for some time. They have been denied at multiple levels of appeal, yet at no stage in

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[11] Letter from Mr Hartas, Delegate of the CEO, NDIA, dated 11 September 2017.

[12] *NDIA Assistive Technology & Consumables Code Guide*, updated 27 April 2017, p. 18.

[13] *Toomey v Scalaro's Concrete Constructions Pty Ltd (in liq).*

[14] *Nominal Defendant v Armstead;* also see *Van Gervan v Fenton* and *Diamond v Simpson*.

[15] Apple's 12.9" iPad Pro is available for $1,199, compared to Tobii Dynavox's Indi which costs around $2,267, the Grid Pad Go 8 which costs $5,915 and the Tellus 5 which costs $12,555.

[16] Not her real name.

the process was this client or her support people contacted and asked to elaborate on the benefits of the recommended system or how it fulfils the requirements of Section 34 of the Act. As an organisation, the NDIA seems to be troublingly opaque, with little transparency offered by way of direct contact, or the questioning of administrative decisions. In the words of one team member:

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

3.4.   Poor quality plans

The committee has already identified the quality of plans as a concern as the Scheme continues to roll out,[17] so this will not be emphasised here. However, it is worth noting that for some clients, poor quality plans listing vague goals have led to adverse effects in the later stages of the approval process. These problems are exacerbated when, as the Committee has previously noted, participants are largely excluded from the planning process.[18] For instance, David[19] was approved for thousands of dollars in funding for Riding for the Disabled, which he had not asked for or expressed interest in, while he has been unable to get funding for vital assistive technology appropriate for his level of disability, which renders him bed-bound for most of the day.

3.5.   Administrative delays

The computer and home control technology sector is a rapidly developing area, especially as generic technologies continue to trend toward territory that is especially beneficial for people with a disability, even if this is not the primary market. Examples of this trend are the increasing prevalence of home 'smart speakers' such as Google Home and Amazon Echo, the latter of which was not on the market until earlier this year. Moreover, the release of new devices and later models of devices often result in price fluctuations and changes in the functionality which may affect the relevance of report recommendations. As a result, administrative delays can have a big impact on outcomes for participants with regard to their assistive technology.

3.6.   Clients falling through the gaps

Ability deals with clients with all levels of disability, from a variety of funding sources. Since the NDIS has been periodically rolled out, the proportion of our client base who are NDIS participants has climbed to more than 80% of referrals to Ability in the first quarter of 2018. However, there are still individuals who are being left behind in terms of access to funding because they are not eligible for the NDIS. The most common reason for this is the age cut-off of 65 years, put in place to limit the Scheme's encroachment into the territory of Aged Care. But this line is extremely blurred. While a cut-off is necessary to limit overlap between the two sectors, its placement at 65 is largely arbitrary. Rosemary[20] is a client of ours with advanced MS who has no movement below the neck. She is reliant on a complex assistive technology system to allow her to make and take phone calls, listen to music and control

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[17] Progress Report, p. 71.
[18] Progress Report, p. 72.
[19] Not his real name.
[20] Not her real name.

aspects of her home environment. She has had MS for almost forty years and is severely disabled, but has no access to funding through the NDIS. *A person in exactly her situation, but born two years later, would have access to a fully-funded plan.* Rosemary is not alone. People in their mid-late sixties, many of whom have had disabilities for most of their lives, are being turned away from the Scheme in droves. As the NDIS rolls out, alternative funding sources are drying up, leaving people like Rosemary in a very desperate situation.

Finding a solution for this is delicate, given that there is widespread agreement that the Scheme must include an age ceiling to be cost feasible. One option would be to raise the age limit from 65 to 70, in line with the expected increase in the retirement age. For this group, access to the Scheme could be limited to participants who have had their disability from birth or whose disability was acquired through accident or illness and not through the course of ageing.[21] This would represent a fair middle ground between the problematic current policy and the cost blow-out of removing the ceiling entirely. Such a move would incur additional costs, but these would be offset by savings accrued from reducing the role of Aged Care among this group, and doing so in a way that would produced economic benefits from increased social and economic participation.[22] It would also reflect the shift in social perceptions and expectations of that age group, which has driven the government's attempt to increase the Age Pension qualifying age from 65 to 70 by 2035.

Although it is outside the terms of reference of this Committee, it is worth noting that Aged Care must be considered in any holistic approach to Disability. Aged Care and Disability are in many respects two sides of the same coin, and the line becomes increasingly blurred as people get older. The Aged Care sector could adopt some of the philosophy of the NDIS (in particular its client-centred approach to care) in order to improve outcomes for this group.

4. Conclusion

The NDIS is a major social reform whose benefits will be beyond measurement. It has the potential to improve countless lives and increase social cohesion. The overwhelming support it has from providers and the wider public is testament to this. However, there are a number of areas related to assistive technology where the NDIS could be improved. These include improvements to the Assessment Template, better training of NDIA staff (including in legislative requirements, the importance of generic technology and the AT sector), more contact with AT specialists, minimising administrative delays, and reducing the number of people left behind by the Scheme. This submission has aimed to make constructive criticisms of the Scheme in the area of assistive technology, with the aim of improving outcomes for people with disability, and the efficiency of the Scheme itself. While the Scheme has undeniably undergone substantial teething pains, it is imperative that in order to address these, both government and non-government stakeholders invest time and resources worthy of the Scheme.

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[21] *Productivity Commission Inquiry Report, Volume 1, Disability Care and Support,* No. 54, 31 July 2011, pp. 94-95

[22] *Productivity Commission Study Report, National Disability Insurance Scheme (NDIS) Costs*, October 2017, pp. 127-149.

5. Recommendations

1. The NDIA should create a separate AT Assessment Template specifically for computer-based assistive technology. This form should be less cumbersome and more directly address the requirements under Section 34 of the NDIS Act.[23]

2. NDIA staff who are involved in approvals should be made aware of basic computer-related assistive technology to improve the consistency of approvals.[24]

3. NDIA's AT processes should be simplified and better communicated to the AT sector. The role and timing of assessments, reports, quotes and approvals should be clarified to providers.

4. There should be a uniform understanding of the role of equipment trials across the NDIA that is consistent with the AT sector.

5. The NDIA should add more of the most common computer-related AT equipment to the Portal and the NDIA Assistive Technology & Consumables Code Guide. These include:

    a. Alternative pointing devices (e.g. trackballs, joysticks)

    b. Mouth controlled pointing devices (e.g. QuadJoy, IntegraMouse)

6. The portal should be professionally redesigned with the user in mind.

7. NDIA staff should undergo sufficient training as to ensure that their legislative requirements are met when making decisions regarding approvals, especially with regard to Section 34 of the National Disability Insurance Scheme Act 2013.

8. NDIA staff should undergo sufficient training as to understand the kinds of technology that AT specialists typically recommend including, where necessary, generic (non-disability specific) equipment.

9. The NDIA should abandon the usage of the term "ordinary life" to the extent that its meaning is congruent with that of the term "reasonable and necessary" as defined by the NDIS Act. To the extent that its meaning is not congruent with that of the term "reasonable and necessary", it should be defined clearly and its usage as a distinct category should be made plain to practitioners and participants alike.

10. Where it would be beneficial in determining the appropriateness of AT recommendations, the NDIA should contact the AT specialist who made the recommendations.

11. The NDIA should pay greater attention to the planning stage. This stage of the process is vital, and should involve extensive input and consultation with participants and their support people, including AT experts.

12. The NDIA should continue to work towards minimising administrative delays which can be costly in terms of client outcomes in the rapidly changing field of AT.

13. The age cut-off of 65 years should be reviewed. The ceiling should be raised to 70. Those aged between 65 and 70 should be split into two groups: (a) those whose disability was present at birth or acquired through an accident or health condition; and (b) those

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[23] See Appendix A.
[24] Ability Technology would be happy to offer this service.

whose disability is "due to the natural process of ageing". Those in the first group should be allowed to be admitted to the Scheme, while those in the second should be supported by the Aged Care system.

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

Warm regards,

Jeremy Smith
Research and Policy Coordinator,
Ability Technology

Ability Research Centre
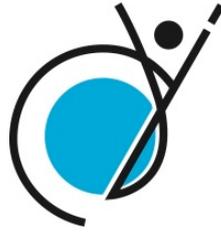
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Computer-Based Assistive Technology
NDIS Report Template

PART 1 – Details

A. NDIS Participant Details

Name	
DOB	
Address	
Contact telephone number	
Alternative Contact/Guardian	
Contact telephone number	
NDIS Number	
Participant's NDIS Contact (name & phone number)	

B. AT Assessor

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

Name	
Position & Qualifications	
Business Name	
Email address	
Contact telephone number	
Date(s) of initial assessment	
Date of Report	
State Emergency Supply Scheme Prescriber (if relevant)	

PART 2 – Participant's Goals

Please list the relevant goals identified by the participant's plan that will be addressed by this AT assessment.

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PART 3 – Evaluation / Assessment

A. Background

Note participant's circumstances including: disability; currently living situation; social supporters and environment in general and with regard to use of AT; moving through life transition; coexisting medical and health conditions including behavioural status (note that NDIS can only fund AT related to participant's disability).

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B. Functional Assessment Findings

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

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C. Reassessment

Will another assessment be required before the NDIS Plan is reviewed? Y / N

PART 4 – Recommended AT System:

A. Description of AT Device or System

Please state all the support required for the recommended option including non-AT supports and environmental modifications. This description must be adequately detailed to ensure that the item can be accurately supplied.

Do AT Assessor and Participant agree on the recommended option? Y / N

Is the AT device/system likely to be available on reissue? Y / N

Recommended supplier/s

Are there any extra features or accessories desired by the participant but not related to the functional limitations related to the participant's disability and the achievement of their stated goals?

Item(s)	Cost estimate ($)

Does the participant agree to pay for these from their own funds? Y / N

Are plans in place for the ongoing maintenance and repair of the recommended AT? Y / N

The participant must be provided with maintenance, servicing and troubleshooting information indicated for the solution to remain in good working order. Who is responsible for providing this information?

AT specification/order detail is attached (as advised by supplier/s):
- State/Territory Scheme specification (mandatory)
- Other supplier's specification (optional)

Additional comments (optional):

B. Are there other potential alternatives to this option? Explain why this option is preferable.
E.g. outcomes of trialling options, consideration of long term benefits, anticipation of future needs etc.

C. What other factors, if any, need to be resolved before the preferred option can be implemented?
E.g. are any environmental modifications required?

PART 5 – Recommended AT Services

A. Services required to implement the recommended system

Service	Hours	Cost per hour	Total Cost
Setup – generic			
Setup – specialised			
Ongoing customisation			
Training – client			
Training – others (e.g. carers, family)			
Ongoing support			
Reassessment			

PART 6 – Reasonable and Necessary Supports

A. Achieving the Participant's Goals and Aspirations

Refer to the goals in the participant's plan listed above and identify how this AT system relates to the achievement of these goals. Which goals are being addressed and how?

B. Facilitating the Participant's Social and Economic Participation

Describe how the AT assessment request will assist the participant to undertake activities that will improve their social/economic participation.

C. Offering Value for Money

Explain how the costs of the support are reasonable, relative to the benefits achieved.

Are there any comparable supports which would achieve the same outcome at a lower cost?
Y / N

Will the supports substantially improve the participant's life stage outcomes over the long term?
Y / N

Could the supports reduce the cost of other supports in the long term?
Y / N

Does the system include technology that is likely to become obsolete in the near future?
Y / N

Would it be more cost-effective to rent or purchase relevant equipment?
Y / N

Will it increase the participant's independence and reduce their need for other kinds of support?
Y / N

D. Effective and Beneficial

Is the support consistent with current good practice? Has it been effective for others in similar circumstances? Is it consistent with the consensus of expert opinion?

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E. Reasonable Expectations of Care

Would it be appropriate to expect the participant's family, carers or informal networks or the general community to provide this support?

Y / N

More information (optional):

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F. Other Means of Funding

Are there any other means of funding this support that would be more appropriate than the NDIS?

Y / N

More information (optional):

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Signature of AT Assessor _____   Date _____

Appendix B: ISO9999 Codes for Common Assistive Technology Items

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

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