



## Strengthening participant outcomes from AT under the NDIS

Presented by Dr Lloyd Walker, Director, AT Market Policy and Innovation

**ndis**

As of 9 May 2022



### Acknowledgement of Country

I acknowledge the Traditional Owners and Custodians of Country throughout Australia on which we meet and their continuing connection to land, sea and community.

I pay our respects to them, their cultures and to Elders - past, present and emerging.

I would like to extend that acknowledgement and respect to any Aboriginal and Torres Strait Islander people who are here today.



## Agenda

- Overview of AT in the NDIS now
- Improvements to process - mid cost AT
- Improving our guidance and information
- Listening and meeting participant need
- Empowering AT users to share their skills
- Planning for technological revolution
- Pursuing better outcomes

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## Making a difference in AT provision

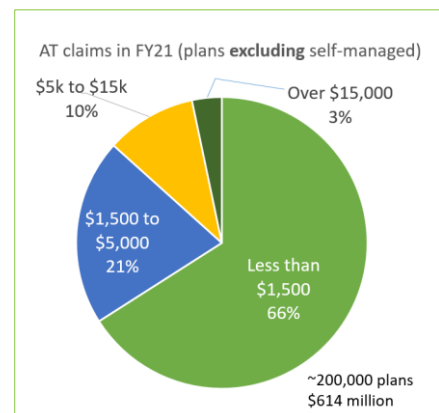


At 30 March 2022:

- 518,668 participants had an NDIS plan
- Over \$1.9 billion (annualised) was committed in active plans on AT & consumables
- New AT providers continued to join the NDIS with the top 4 registration groups:
  - Assistive Products for Personal Care & Safety – 1,617
  - Personal Mobility Equipment – 1,048
  - Prosthetics & Orthotics - 709
  - Comms & Information Equipment – 705

Around 80% of NDIS participants have AT in their plan

The NDIS spent over \$1 billion on AT and consumables in the year ending 30 March 2022



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## Mid Cost AT improvements (from 28 February 2022)



- Streamlined evidence (with price estimate) required for AT between \$1,500 - \$15,000 (no quotes)
- Plans built and fully approved with:
  - budgets to cover the costs of approved mid cost AT
  - Clear and consistent comments describing the AT funded **including** market based pricing information
- Flexibility for participants to use their plans to:
  - Work with an AT advisor to test and choose the most suitable AT
  - Negotiate a reasonable price with their chosen provider
- Claiming uses more specific (and appropriate) AT codes for the item(s) supplied, but ability to claim (when needed) above price limits
- Refocus on investment and achieving good outcomes

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## Using Mid Cost AT with plans now



### Plan built **before** 1 March 2022

1. AT code in plan with funding
  - > use funds as per plan
2. Plan with sufficient (extra) funding for AT required
  - > use Mid Cost AT protocol to assist participant get the right AT

### Plan built **after** 1 March 2022

1. Mid cost AT code(s) with comments
  - > use funds as per comments
2. If sufficient (extra) funding for AT required
  - > use Mid Cost AT protocol to assist participant get the right AT

### If insufficient funds - **all plans**

- follow the new AT Operational Guideline
- If needed, 'change of circumstance' request

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## More training for NDIA staff and partners in AT process



- New mandatory course in handling mid cost AT introduced in October 2021 and updated in Feb 2022
- New guidance tool developed to help teams add mid cost AT to plans consistently
  - offers a 'lookup' function to find most relevant item (based on the AT catalogue)
  - draws on actual claims for AT in previous 12 months
  - describes approved AT in plain English, with pricing data, to enter in the "comments" section of a plan
- Communities of practice, lunchtime briefings and extra resources developed to build skill
- Monitoring and continuous improvement activities are ongoing



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## Consulting to deliver better information



- Held workshops with participants to develop the “Understand AT evidence, advice, assessments and quotes” Fact Sheet for mid cost AT
- Prepared new Would We Fund It guides on AT & Vehicle Modifications at participant request including:
  - Smart devices – tablet computers
  - Specialised footwear
  - Wheelchair modifications
- Brought all AT policy into the Operational Guideline in a more structured, plain English format
- Provided early visibility of changes, with supporting briefings, to AT and allied health peak bodies, and worked cooperatively to deliver briefing sessions and respond to questions raised

## New resources and guidance made available



Materials developed and published on NDIS website in last 12 months include:

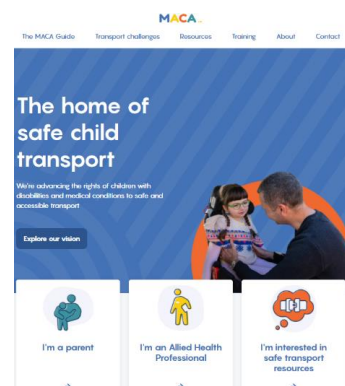
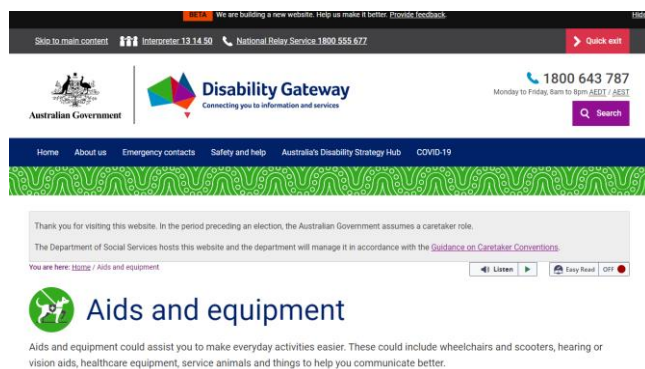
- Updated plain English Our Guidelines on AT and Vehicle Modification
- New “Understanding evidence...” fact sheet and updated existing fact sheets and the Complexity Table
- Would We Fund It guides updated and added to
- Two new animations developed (AT, vehicle modification)
- Updated AT, HM & Consumables Code guide including new sections on mid cost AT claiming, subscriptions and pre-payments



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## Working with others on NDIS & information initiatives



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## Listening and improving provider information



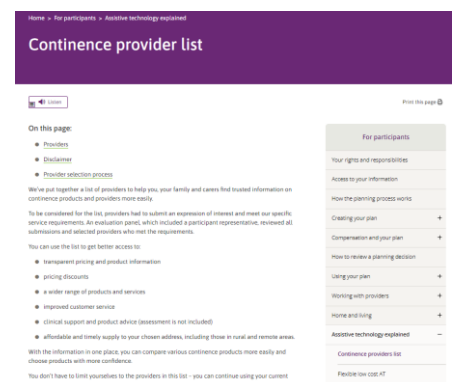
Continence AT Users wanted help with the market:

- Survey and interviews
- Developed a statement of requirements, and EoI process for a list
- Evaluation team included a participant
- Information list of 10 providers published on NDIS website
- Live from November 2021

Evaluating this work now but already we know:

- Providers more proactive on consumer centric needs
- Some participants have changed provider

*Participant survey closed 13 May 2022*



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## Developing new approaches with participants & market – early childhood, loan and second hand AT



- July 2021 completed a Request for Information on an Early Childhood AT approach – we received 23 responses from the market and sector
- We have continued to work with the NDIA Independent Advisory Committee Reference Group on Early Childhood, participants and families, and the sector
- Approach has continued to develop
  - In early June we will release summary of RFI and engage with families and other key stakeholders on the next steps
  - There is increasing demand for loan options, and solutions being proposed (and in some cases trialled) by the market on loan, manufacture sponsored reissue etc.
  - Peak bodies (like ATSA) continue to actively contribute to this discussion.

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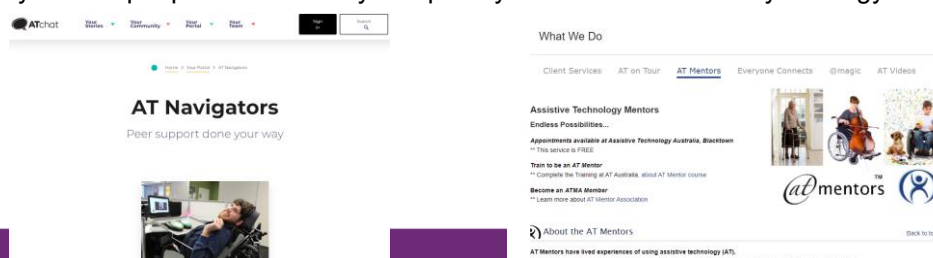
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## Building an inclusive, competent AT workforce



- In 2014/2015 the NDIS funded development of an AT Mentor's Cert IV level program (led by AT Australia)
- Internationally (WHO) work has progressed on training and competency standards for a diverse range of AT practitioners to support successful AT outcomes
- NDIS participants have struggled in some locations (and for some AT) to find suitable AT assessors needed to get AT included in their NDIS plans; waits can be several months
- Skilled & competent people who are AT users have an important contribution to make
- Employment of people with disability is a priority in Australia's Disability Strategy



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## Defining and developing qualified AT advisors



New NDIA Operational Guideline on Assistive Technology introduced:

AT Advisors – practitioners qualified to offer AT advice through appropriate training (including AT mentors) and the subgroup of

AT Assessors – professionally qualified AT practitioners.

NDIS Participants often seek:

- publicly available, verified information about individual AT practitioner competencies
- to optimise their use of capacity building funding, often with multidisciplinary contributions at different qualification levels

NDIA is working with stakeholders from the sector and regulators (mindful of WHO initiatives) to:

- a) Help define the scopes of practice for different AT advisor groups, including team approaches to advice delivery
- b) Encourage pathways for employment for skilled AT users to strengthen & develop capacity building supports available

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## Artificial Intelligence (AI) & AT as part of the NDIS



- NDIA has been discussing this revolution with developers & market innovators for over 2 years
- May 2021 – hosted a Roundtable workshop with diverse voices contributing
- Commissioned CSIRO to help develop a Framework and Roadmap to successfully take up the potential of AI to the benefit of NDIS participants
  - Evidence & literature review
  - Consulted with a range of stakeholders
  - Input from an Independent Reference Group

CSIRO's report provided to the NDIA in May 2022 recommends a framework based on six foundation elements;

User Experience, Human Rights, Privacy & Security, Value, Safety, and Quality

There will be further discussion with stakeholders around use of the Framework and Roadmap during 2022.

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## Refocusing on outcomes

*AT is an investment – and there should be clear outcomes expected from its supply and use.*

- Complex, bureaucratic processes caused confusion, frustration and delay – getting an item of AT became the goal! Mid cost AT streamlining should help reduce this:
  - First give enough evidence to justify why to invest in the proposed AT solution (broadly defined)
  - Then focus on the specific match of participant to the right product and set up to optimise success
- Recent legislative change permitting plan variation should make adjustments easier 'in flight'
- Encourage everyone to start with the outcome in mind:
  - Short, medium and even long term
  - Think through (document) what factors will help or hinder achieving that outcome
  - As much as possible quantify the outcome – savings in personal care hours, tasks that may be independently done, improved health or participation measures
  - Reflect clearly the alternates.
  - When/how will you or the participant monitor progress to ensure it is going 'to plan'?
- Listen carefully to what the participant is wanting their AT to do and any special requirements/expectations.

## NDIA aim to capture better AT related data



Broad codes (e.g. AT for personal care & support) are being withdrawn for claiming.

Refining remaining codes to be:

- Specific (granular) enough to identify the type of AT supplied
- Manageable for a provider with minimal extra administration

Automated tools to facilitate accurate AT data capture are being incorporated into the new NDIA systems

Research & Evaluation Teams are helping build the foundations to gain insights of what works and what doesn't and share it with participants:

- Guidance documents on particular topics
- Information that informs planning conversations based on markers or past experience




There is potential to build broader awareness of this approach through brief interviews of experienced AT users describing the approach they have taken to achieving good outcomes, and lessons learnt when the outcome was not ideal.



## Questions




#### National Disability Insurance Agency

-  1800 800 110
-  [ndis.gov.au](https://www.ndis.gov.au)
-  [provider.support@ndis.gov.au](mailto:provider.support@ndis.gov.au)
-  Find us on Facebook/NDISAus
-  Follow us on Twitter @NDIS

#### For people with hearing or speech loss

-  TTY: 1800 555 677
-  Speak and Listen: 1800 555 727

#### For people who need help with English

-  TIS: 131 450

## Resources



- Updated Assistive technology guideline
- 'Understand assistive technology evidence, advice, assessments and quotes' participant factsheet
- 'Would we fund it' guide updates:
  - Recliners and lift chairs
  - Specialised footwear
  - Tablets and devices
  - Wheelchair modifications
  - Previously installed vehicle modifications.
- Updated Vehicle modifications and driving supports guideline.
- Updated Vehicle modifications assessment template.
- Updated NDIS Support Catalogue 2021-22 effective 19 April 2022
- Updated Assistive technology, Home Modifications and Consumables Code Guide 2021-22 effective 19 April 2022.
- Animations on AT updates and vehicle modifications

#### Coming soon:

AT Provider Workshops – through  
NDIS Provider Engagement

## Summary of AT changes from 1 March 2022



	Low cost AT (up to \$1,500 item)	Mid cost AT (\$1,500 to \$15,000 item) + day to day AT care/access	Higher cost AT (more than \$15,000)
<b>Budget structure</b>	Nominal budget allocated & flexible with CORE	Budget with comments in plan to explain what it is for ("stated" broadly, to type of AT) + price advice	Specific, stated items – 95%+ of funding is restricted
<b>Preplanning requirements</b>	Advice recommended	Need written evidence to add items (except R&M and temporary rental)	Detailed assessment & quote required
<b>How is funding calculated and assigned?</b>	Amount based on fact sheets/ history of typical need. Evidence needed for more \$	Budget built by adding in items described in evidence (AT Budget tool) or SOP (R&M, rental)	A list of higher cost R&N items (preferably with quotes accepted to lock in level of funding)
<b>Support to implement</b>	Self guided purchase/ payment within budget	Skilled advisors required to inform (written advice) participant purchase decisions + setup	Closely shepherded by AT professionals (often checked by TAB), with specialised providers
<b>Timing to delivery</b>	Instant implementation	R&M/rental – instant Mid cost supply – days to weeks	Trials, fitting and often custom made elements – weeks to months.
<b>Flexibility of 'excess' \$</b>	Any core expense	Any valid AT expense	None