ATSA Submission to New Framework Planning and NDIS Supports Consultation

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About Assistive Technology Suppliers Australia (ATSA)

Assistive Technology Suppliers Australia (ATSA) is Australia's national peak body representing the needs of assistive technology suppliers, distributers, manufacturers and technicians. We also work closely with the allied health sector, with allied health professionals being eligible for affiliate membership.

ATSA requires our members to adhere to a comprehensive Code of Practice on the provision, sales and servicing of assistive technology (AT).

We are a registered not-for-profit organisation with charitable status, ensuring we advocate for the rights of people with disability and older persons to access the most appropriate assistive technology to provide for their ongoing independence and individual needs.

Our Purpose is to support the assistive technology industry to enhance the lives of Australians with disability by:

- Ensuring the provision of quality equipment
- Upholding ethical business practices
- Conducting research
- Promoting education
- Cultivating partnerships
- Advocating for positive change with government and other stakeholders

We are also a member of the Australian Ethical Health Alliance.

Summary of Recommendations

Recommendation 1

Establish clear criteria for when a targeted assistive technology (AT) assessment is required, including how AT needs identified through the core needs assessment or Personal and Environmental Circumstances Questionnaire (PECQ) trigger further assessment.

Recommendation 2

Ensure participants are not responsible for identifying the correct AT assessment pathway themselves and provide clear, funded pathways for obtaining any additional evidence required.

Recommendation 3

Require the support needs assessment to systematically identify where AT may assist in meeting functional needs across all assessment domains, including where the participant does not currently use AT.

Recommendation 4

Clearly explain how AT needs that do not require a targeted assessment will be recorded in the support needs assessment report and translated through the budget method into sufficient flexible funding.

Recommendation 5

Publish clear criteria distinguishing AT that can be identified through the core support needs assessment and funded flexibly from AT that requires a targeted assessment and stated funding, including clarification of areas where the pathway is currently unclear.

Recommendation 6

Require the PECQ and targeted AT assessments to identify the condition, suitability and expected lifespan of existing AT, and ensure sufficient funding is allocated for foreseeable servicing, maintenance, repairs and replacement over the duration of the plan.

Recommendation 7

Require targeted AT assessments to identify foreseeable AT rental needs, including interim equipment required during assessment, repairs, replacement or delivery of permanent equipment. Ensure these needs are adequately funded through the planning and budget process.

Recommendation 8

Establish a timely funding pathway for urgent or extended AT rentals where existing funding is unavailable or exhausted, ensuring participants retain access to essential equipment and suppliers are appropriately paid.

Recommendation 9

Publish clear criteria for considering professional AT recommendations. When a recommendation is not accepted, the NDIA must give the participant a clear explanation, in an accessible format, of:

- *Which parts of the recommendation were not accepted and why.*
- *What evidence was used to make the decision.*

- *If the evidence was considered insufficient, what additional evidence is needed and how to submit it for reconsideration.*
- *How to challenge the decision, including the available review and appeal options and any relevant time limits.*

Recommendation 10

Require the support needs assessment to identify interdependent supports needed to achieve the participant's intended outcome. Ensure these supports are planned and funded together across relevant budget categories.

Recommendation 11

Ensure the budget method accounts for and adequately funds the full range of associated services required for safe and effective AT use, including trials, fitting, customisation, set-up, individualised training and follow-up support.

Recommendation 12

Limit standard price benchmarking to genuinely comparable off-the-shelf AT and ensure the budget method separately accounts for clinically or functionally required configuration, accessories and customisation.

Recommendation 13

Explicitly allow participants to use available flexible funding for essential interim AT rental where stated rental funding has not been included or is insufficient. Clearly explain any requirements that apply, including while participants await a plan variation, AT assessment, repairs, replacement or delivery.

Recommendation 14

Publish a clear AT-specific decision framework explaining when repairs, rentals, replacements, new AT, vehicle modifications and home modifications will be addressed through a plan variation and when a full reassessment is required.

Recommendation 15

Ensure an AT request is directed to the appropriate planning pathway by the NDIA without requiring the participant to identify whether a variation or reassessment is required.

Recommendation 16

Establish timely processes for AT-related plan variations, particularly where equipment failure, safety risks or ongoing rental costs make delay consequential.

Recommendation 17

Establish and publicly report AT-specific performance measures, including average decision times, compliance with relevant service standards and analysis of AT-related complaints, to identify delays and drive improvements in timely access to assistive technology.

Introduction

ATSA welcomes the opportunity to provide feedback on the proposed New Framework Planning Rules.

Timely access to appropriate assistive technology (AT) enables people with disability to live safely and independently and participate in everyday life. Delays or gaps in AT funding can put participants' safety and independence at risk. They can also increase reliance on other NDIS and health-related supports.

ATSA supports the aim of a more consistent, transparent and person-centred planning process. Drawing on the experiences of AT suppliers, this submission examines whether the proposed framework:

- Identifies AT needs early, including needs not yet recognised or formally assessed.
- Funds complete AT solutions, including trials, fitting, set-up, training and follow-up.
- Maintains existing AT, with adequate funding for servicing, repairs and foreseeable replacement.
- Anticipates rental needs, ensuring participants can access essential interim equipment without interruption.
- Responds promptly to changing needs, through timely decisions, plan variations and clear accountability for delays.

1. Feedback on support needs assessment rules

1.1 Clarify when a targeted AT assessment is required

Greater clarity is needed about how AT needs will be identified and when a targeted assessment will be required.

The consultation paper states that, for most targeted assessments, the NDIA assessor will check whether a participant has relevant reports from a medical or allied health professional to determine whether a targeted assessment is needed. However, it is unclear how AT needs will be identified in the absence of existing professional evidence. Will participants be expected to obtain reports before their support needs assessment? What happens when a need for AT is identified during the assessment, but no supporting report is available?

It is our strong belief that participants should not need to understand the NDIA's assessment processes, identify the correct targeted assessment module or obtain professional reports in advance for their AT needs to be recognised.

The final Rules and supporting guidance should therefore clearly explain how AT needs will be identified, what triggers a targeted assessment, when additional professional evidence is required and how participants will be supported to obtain it.

Recommendation 1

Establish clear criteria for when a targeted assistive technology (AT) assessment is required, including how AT needs identified through the core needs assessment or Personal and Environmental Circumstances Questionnaire (PECQ) trigger further assessment.

Recommendation 2

Ensure participants are not responsible for identifying the correct AT assessment pathway themselves and provide clear, funded pathways for obtaining any additional evidence required.

1.2 Clarify how AT needs funded through the 'Assistive Technology - other' category will be identified

The proposed framework identifies 'Assistive Technology - other' as a flexible support category for low-risk assistive technology, with funding determined through the core support needs assessment rather than a targeted AT assessment.

However, it is unclear how the core support needs assessment and PECQ will identify AT needs that fall within this category, or how those needs will be reflected in a participant's flexible budget.

The core needs assessment considers functional needs across domains including mobility, domestic life, self-care and communication. These domains should provide opportunities to identify needs that may be appropriately addressed through AT. However, the consultation material does not clearly explain how assessors will recognise that AT could address an identified functional need when no targeted assessment is required.

For example, an assessment may identify that a participant has difficulty dressing, preparing meals or completing household tasks. These needs could potentially be addressed through personal assistance, capacity-building supports, AT or a combination of supports. It is unclear how the assessment determines that AT may be an appropriate way of meeting the identified need, how this is recorded in the support needs assessment report, and how the budget method subsequently ensures sufficient flexible funding is available.

This is particularly important for participants who do not currently use AT or who may not know that an AT solution exists. The PECQ captures information about a participant's current AT, but recording existing equipment will not necessarily identify unmet or emerging AT needs. Participants should not need to know what equipment they require, or already have an allied health recommendation, for a potential AT need to be recognised during the assessment.

Assessors should therefore be equipped to identify where AT may assist in addressing functional needs across all assessment domains and initiate further exploration where appropriate.

Clearer guidance is also needed on the boundary between AT that can be identified through the core assessment and purchased using flexible funding, and AT that requires a targeted assessment and stated AT funding. Without this distinction, there is a risk that AT needs may fall between the two pathways. Some areas remain particularly unclear, including complex cognitive AT, pressure care and positioning equipment, computer and alternative access technologies and disability-related health AT. The framework should clearly identify whether these supports are expected to be addressed through flexible funding or require a targeted AT assessment.

Recommendation 3

Require the support needs assessment to systematically identify where AT may assist in meeting functional needs across all assessment domains, including where the participant does not currently use AT.

Recommendation 4

Clearly explain how AT needs that do not require a targeted assessment will be recorded in the support needs assessment report and translated through the budget method into sufficient flexible funding.

Recommendation 5

Publish clear criteria distinguishing AT that can be identified through the core support needs assessment and funded flexibly from AT that requires a targeted assessment and stated funding, including clarification of areas where the pathway is currently unclear.

1.3 Plan for the condition and lifespan of existing AT

The PECQ is proposed to collect information about a participant's current assistive technology. ATSA asserts that simply recording what equipment a participant currently uses is insufficient.

The assessment must establish whether existing AT:

- continues to meet the participant's functional needs
- is safe and fit for purpose
- requires modification, servicing, maintenance or repairs
- is approaching the end of its expected useful life
- is likely to require replacement during the proposed plan period.

This becomes particularly important if participants receive plans lasting up to five years. While longer plans may provide greater choice and control, they also increase the likelihood that equipment will require servicing, maintenance, repairs, modification or replacement before the plan ends.

Planning must account for the ongoing costs of keeping existing AT safe and functional, not just the initial purchase or eventual replacement of equipment. This includes routine servicing, preventative maintenance and foreseeable repairs, with sufficient funding for associated labour, replacement parts and travel costs where

required. These costs should be anticipated and incorporated into participant budgets rather than requiring a plan variation each time equipment needs attention.

Similarly, participants should not have to wait until essential equipment fails before the NDIS begins considering replacement. Where an assessment identifies equipment approaching the end of its expected useful life, foreseeable replacement needs should be incorporated into planning and budgeting.

ATSA members and other stakeholders continue to report cases where funding for maintenance, repairs and foreseeable replacement needs is inadequate, even when allied health professionals have provided evidence of these requirements.

Case example: Poor planning leads to request for plan review

An occupational therapist (OT) from Victoria supporting a participant with high support needs reported significant issues following the approval of a 5-year NDIS plan. As part of the planning process, the OT submitted a Functional Capacity Assessment outlining the participant's assistive technology replacement needs, including replacement of a 20-year-old ceiling hoist and a 10-year-old pressure care mattress. The report included estimated replacement costs and identified the risks associated with ageing equipment. Despite this, the approved plan did not include sufficient funding to replace this ageing equipment, which was expected to fail within the 5 year period of the plan. The participant was allocated approximately $500 per year for repairs and maintenance, which was largely exhausted within the first six months of the plan.

Within the first year of the plan the participant's ceiling hoist failed. The participant and providers are now faced with deciding whether to spend approximately $1,500 on urgent, but short-term repairs or embark on a lengthy process of having the plan changed.

This case highlights the consequences of failing to adequately plan and fund the ongoing maintenance, repair and replacement of essential AT, even when professional evidence identifies foreseeable needs. The proposed assessment process must ensure that this evidence informs funding decisions so participants can maintain access to safe, functional equipment without repeatedly seeking urgent changes to their plans.

Recommendation 6

Require the PECQ and targeted AT assessments to identify the condition, suitability and expected lifespan of existing AT, and ensure sufficient funding is allocated for foreseeable servicing, maintenance, repairs and replacement over the duration of the plan.

1.4 Anticipate and fund the need for AT rentals

AT rental plays an essential role in ensuring participants have continuous access to the equipment they need. Rental is commonly used as an interim solution while participants await assessment, funding approval, repairs, replacement or delivery of permanent equipment. It may also be the most appropriate option where a participant's needs are changing, equipment is required for a short period, or an urgent and unforeseen need arises.

Although rental is often a temporary solution, it can be essential to a participant's safety, independence and ability to undertake daily activities. Without access to suitable interim equipment, participants may be left without essential mobility, transfer, positioning or other supports for extended periods.

Despite its importance, ATSA members consistently report that rental needs are overlooked during NDIS planning or that insufficient funding is allocated to cover the period for which equipment is required. Delays in approving permanent equipment or processing plan variations can result in rentals continuing well beyond their anticipated duration, with allocated funding exhausted before the participant's needs are resolved.

This creates significant problems for AT suppliers. When rental funding is unavailable or exhausted, suppliers face an unacceptable choice between withdrawing essential equipment from a participant or continuing to provide it without payment. Members report that requests for additional funding are often delayed and that retrospective payment may be refused because the equipment has already been supplied.

The financial consequences are substantial. ATSA has received reports from individual members of losses of over $100,000 in the previous financial year from unpaid NDIS AT rentals alone. These losses are being absorbed by suppliers who have continued providing essential equipment to avoid placing participants at risk. This is neither fair nor sustainable and may ultimately undermine suppliers' capacity to offer rental services into the future.

AT rental should be recognised as an integral component of the AT pathway and adequately funded through the planning process. Targeted AT assessments should identify foreseeable rental requirements, including interim equipment needed during assessment, repairs or replacement, and ensure sufficient funding is allocated.

Where rental needs arise unexpectedly or extend beyond the funded period, participants must also have access to a timely mechanism for securing additional funding without interrupting essential supports.

Recommendation 7

Require targeted AT assessments to identify foreseeable AT rental needs, including interim equipment required during assessment, repairs, replacement or delivery of

permanent equipment. Ensure these needs are adequately funded through the planning and budget process.

Recommendation 8

Establish a timely funding pathway for urgent or extended AT rentals where existing funding is unavailable or exhausted, ensuring participants retain access to essential equipment and suppliers are appropriately paid.

1.5 Clarify how professional AT evidence will be considered

Allied health professionals and other qualified AT assessors play an important role in identifying appropriate AT solutions, particularly where equipment is complex, customised or carries significant safety implications.

The consultation paper indicates that health professionals may provide reports about the types of AT, home modifications or vehicle modifications a participant requires. However, it is unclear how this evidence will be weighed within the targeted assessment and subsequent budget process.

This touches on an important ongoing issue. ATSA members and other stakeholders continue to report situations under the current NDIS planning arrangements where professional recommendations are provided but ultimately disregarded by the NDIA. This was also raised as an important unresolved systemic issue by the Joint Standing Committee on the National Disability Insurance Scheme in its *Inquiry into the Provision of Assistive Technology Under the NDIS* (Joint Standing Committee on the National Disability Insurance Scheme 2018). A recent example shows how this can cause significant physical and emotional harm to participants.

Case study: Failure to act on clinical recommendations for essential AT

A 73-year-old NDIS participant with a below-knee amputation experienced significant delays in obtaining replacement prostheses, despite her prosthetist providing clinical evidence demonstrating the need for replacement equipment.

In August 2025, the participant's prosthetist submitted supporting evidence and quotes for replacement of her everyday and water-activity prostheses after changes in limb volume caused significant fitting problems. Despite this evidence and escalation of the request due to concerns about the deteriorating fit, the participant's plan was rolled over in September without funding for the recommended replacements.

The participant subsequently developed wounds associated with the ill-fitting prosthesis and spent several months unable to bear weight and reliant on a wheelchair. She lost independence, missed important family events and required

additional assistance from her partner, who took leave from work to support her.

Despite repeated contact with the NDIA, the request remained unresolved until the participant lodged a formal complaint in April 2026, providing photographs of her

injuries. The matter was then urgently escalated, and funding for both prostheses was approved following review by the NDIA's technical adviser team.

This case highlights the consequences of failing to act on professional AT recommendations during planning. Clinical evidence identifying the need for replacement equipment was available before the participant's plan was renewed, yet funding was not included and the participant's condition deteriorated while awaiting a decision.

New framework planning must improve transparency around these decisions rather than reproduce this problem within a new assessment architecture. Where a qualified professional's AT recommendation is not accepted, participants should receive a clear, accessible explanation of which parts were not accepted, why, and what evidence informed the decision. If the NDIA considers the evidence insufficient, it should explain what additional evidence is needed and how the participant can submit it for the decision to be reconsidered. The NDIA must also clearly explain how participants can challenge the decision, including the available review and appeal pathways and any relevant time limits.

Recommendation 9

Publish clear criteria for considering professional AT recommendations. When a recommendation is not accepted, the NDIA must give the participant a clear explanation, in an accessible format, of:

- *Which parts of the recommendation were not accepted and why.*
- *What evidence was used to make the decision.*
- *If the evidence was considered insufficient, what additional evidence is needed and how to submit it for reconsideration.*
- *How to challenge the decision, including the available review and appeal options and any relevant time limits.*

1.6 Coordinate interdependent supports

AT cannot always be assessed or implemented in isolation. A participant may require assessment, trials, therapy, training, equipment and other supports that collectively enable a functional outcome.

New framework planning makes coordination particularly important because different elements of the same pathway may be allocated to different funding categories. The consultation paper proposes, for example, that AT assets will be stated supports, while therapy and specialised driver training will be flexible supports.

Case study: the driver licensing journey

For an NDIS participant who requires vehicle modifications, learning to drive is an interconnected pathway rather than a collection of independent supports.

The participant may initially require an occupational therapy driving assessment to establish functional capacity and identify potential vehicle modifications. For complex modifications, assessment can involve staged practical trials involving an occupational therapist driving assessor, specialised driving instructor and vehicle modifier.

Specialised driver training may then be required to establish whether the participant can safely use the proposed modifications. The results may lead to further trials or changes in equipment design. Once requirements are established, modifications must be designed, quoted, approved, installed and certified. Further occupational therapy assessment and specialised driver training may be required before the participant can drive independently.

This example demonstrates the interdependencies that must be considered during planning. Under the proposed framework, these elements may be divided between flexible therapy funding, flexible specialised driver training and stated AT funding for vehicle modifications. The consultation paper identifies specialised driver training as flexible funding and vehicle modifications as part of the targeted AT assessment structure.

If these supports are assessed and funded separately, a participant could receive funding for one component but be unable to progress because another necessary component is absent. Funding vehicle modifications without sufficient specialised driver training, for example, may leave the participant unable to use the vehicle safely. Conversely, expenditure on assessment and training may be wasted if necessary modifications cannot subsequently proceed.

The support needs assessment must identify all supports needed to achieve the participant's intended outcome and how those supports depend on each other. These supports should be planned and funded together so each is available when needed, even where they fall within different funding categories.

Recommendation 10

Require the support needs assessment to identify interdependent supports needed to achieve the participant's intended outcome. Ensure these supports are planned and funded together across relevant budget categories.

2. Feedback on budget method rules

2.1 Ensure the budget method allocates funding for the full range of services required for safe and effective AT use

Funding for assistive technology must extend beyond the cost of the equipment itself. Many AT solutions require a range of associated services, including equipment trials, fitting, customisation, set-up, training and follow-up support. These services

are essential to ensuring that equipment is appropriate for the participant, can be used safely and delivers its intended functional outcomes.

The nature and cost of these services can vary significantly depending on the participant's needs and the complexity of the equipment. For example, one participant may require only a brief demonstration, while another may need extensive training over multiple sessions, including training for family members or support workers who assist them to use the equipment. Some participants may also require ongoing adjustments and follow-up to ensure the equipment continues to meet their needs.

ATSA is concerned that a budget method based on standardised AT categories or benchmarked equipment costs may not adequately account for this variation. Where associated services are funded through different budget categories, there is also a risk that equipment will be approved without sufficient funding for the professional or supplier services required to implement it effectively.

Funding equipment without the services needed to use it safely and effectively can undermine the entire investment. Participants may be unable to use their AT as intended, reducing its benefits and potentially increasing their reliance on other supports.

The budget method must therefore recognise the full cost of delivering a functional AT solution, rather than simply the purchase price of equipment. It must provide sufficient funding for trials, fitting, set-up, training and follow-up, based on the participant's assessed needs.

Recommendation 11

Ensure the budget method accounts for and adequately funds the full range of associated services required for safe and effective AT use, including trials, fitting, customisation, set-up, individualised training and follow-up support.

2.2 Ensure benchmarked AT prices reflect individual requirements

The consultation paper proposes that funding for AT assets may be calculated using quotation or benchmarking, multiplied by the quantity required. It also provides the example that funding for a manual wheelchair may be based on a set market price.

ATSA supports appropriate use of market information to improve consistency. However, benchmarking must not assume that products within an AT class are interchangeable.

Even apparently standard products such as manual wheelchairs can vary substantially according to a participant's functional needs. Configuration, seating, pressure management, dimensions, controls, accessories, componentry and customisation can materially alter both the product and its cost.

A benchmark based on a standard product may therefore systematically underfund participants who require customised or complex configurations.

Benchmark prices are most appropriate for genuinely comparable, standard products. Where individual assessment identifies additional specifications, the budget method must accommodate those costs rather than treating expenditure above a benchmark as exceptional.

Recommendation 12

Limit standard price benchmarking to genuinely comparable off-the-shelf AT and ensure the budget method separately accounts for clinically or functionally required configuration, accessories and customisation.

3. Feedback on NDIS supports rules

3.1 Preserve access to interim AT rental

ATSA is concerned that the proposed distinction between flexible 'AT Other' and stated 'AT Assets' could unintentionally reduce participants' ability to respond to urgent equipment needs.

Under the proposed framework, AT assets, including purchase, rental, set-up and ongoing maintenance, are identified as stated supports, while low-risk AT that does not require ongoing maintenance sits within flexible funding.

Current guidance published in the NDIS Assistive Technology guideline states that "*You may be able to use the flexible funds in your plan to rent the assistive technology*". The new framework should preserve the ability to respond where essential equipment is required urgently but stated funding is unavailable or exhausted. This could occur where equipment fails unexpectedly, a participant is waiting for permanent replacement equipment, or an existing rental continues longer than anticipated because an AT purchase or plan variation has not yet been finalised.

The rules should expressly allow participants to use available flexible funding for essential interim AT rental where stated rental funding has not been included or is insufficient. Supporting guidance should clearly explain any requirements that apply, so participants and providers can arrange interim equipment with certainty about how rental costs will be paid.

Recommendation 13

Explicitly allow participants to use available flexible funding for essential interim AT rental where stated rental funding has not been included or is insufficient. Clearly explain any requirements that apply, including while participants await a plan variation, AT assessment, repairs, replacement or delivery.

4. Feedback on plan variations and reassessment rules

4.1 Provide a clear pathway for AT-related plan reviews

ATSA supports the proposal to use plan variations to make targeted changes without requiring a participant to undergo an entirely new support needs assessment.

The consultation paper states that variations will commonly be used for urgent funding and for "repairs, rentals, replacements" relating to AT, assistance animals and home modifications. It also states that most plan updates are intended to occur through variations rather than full reassessments, including when equipment needs repair or replacement.

This is a positive direction. However, the distinction between a plan variation and plan reassessment remains unclear for AT.

The consultation describes variations as being used for short-term changes, while reassessments are intended where ongoing support needs have changed significantly. This distinction may be difficult for participants to apply to AT.

A new wheelchair, communication device, bed or vehicle modification may be a permanent support but still represent a discrete change that could be addressed without reassessing the participant's entire plan. Likewise, a functional decline or other permanent change in circumstances may have led to the need for new AT. A NDIS participant may therefore be confused about whether this represents the type of significant and permanent change in circumstances that warrants a full plan reassessment.

Participants should not be required to determine which legislative mechanism applies before seeking support. Nor should access to essential AT be delayed because a request enters the wrong administrative pathway.

The NDIA must publish a clear decision framework explaining how AT requests will be triaged between variation and reassessment, with examples covering:

- repair and maintenance
- like-for-like replacement
- replacement with a different AT solution
- rental
- urgent and emergency AT
- new AT needs
- changing or progressive disability
- vehicle modifications
- home modifications
- significant changes in functional need.

Where the participant seeks AT and the NDIA determines that a different planning mechanism is required, the request should be redirected internally rather than requiring the participant to lodge a new request.

Timeliness will also be critical. A streamlined variation pathway will have limited benefit if participants continue to wait extended periods for decisions while essential equipment is unavailable or suppliers continue providing rental equipment without funded payment.

Recommendation 14

Publish a clear AT-specific decision framework explaining when repairs, rentals, replacements, new AT, vehicle modifications and home modifications will be addressed through a plan variation and when a full reassessment is required.

Recommendation 15

Ensure an AT request is directed to the appropriate planning pathway by the NDIA without requiring the participant to identify whether a variation or reassessment is required.

Recommendation 16

Establish timely processes for AT-related plan variations, particularly where equipment failure, safety risks or ongoing rental costs make delay consequential.

4.2 Monitor the time taken to make a decision on AT

Timely decisions are critical to ensuring participants can access essential assistive technology. Delays in approving AT can leave participants without equipment needed for mobility, personal care and daily activities, potentially resulting in injury, loss of independence and increased reliance on other supports.

The Commonwealth Ombudsman has previously identified delays in AT decision-making as a significant concern (Commonwealth Ombudsman 2020). In its 2020 report, *Administration of NDIS-funded assistive technology,* the Ombudsman made two relevant recommendations, both agreed to by the NDIA:

- **Recommendation 13:** The NDIA should implement an ongoing and regular process to analyse assistive technology complaints and use the data collected to inform improvements to its administrative processes and information provided to participants about assistive technology.
- **Recommendation 14:** The NDIA measure the average time it takes to decide an assistive technology request in order to calculate its capacity to meet anticipated demand for assistive technology within its service standards.

Although the NDIA has published service standards stating that a decision on AT will be made in 28 days (for low/mid cost AT) or 50 days (for high cost AT), performance against these timeframes is not separately measured and publicly reported. General reporting on plan changes does not reveal how long participants wait for AT

decisions, whether delays differ by equipment type or complexity, or how frequently AT requests exceed the relevant service standards.

New Framework Planning provides an opportunity to address this longstanding gap. The NDIA should establish AT-specific performance measures and publish regular data on the time taken to assess and decide AT requests, including those involving targeted assessments, plan variations, repairs and replacement equipment. This should be accompanied by analysis of AT-related complaints to identify systemic problems and inform improvements.

Without transparent, AT-specific performance reporting, it is difficult to determine whether planning reforms are improving timely access to essential equipment or to hold the NDIA accountable for persistent delays.

Recommendation 17

Establish and publicly report AT-specific performance measures, including average decision times, compliance with relevant service standards and analysis of AT-related complaints, to identify delays and drive improvements in timely access to assistive technology.

Concluding comments

ATSA supports the intent of New Framework Planning to create a more consistent, transparent and flexible planning process. We see this as a significant opportunity to address the issues of inadequate planning for AT and ensure participants can access the equipment they need in a timely manner.

ATSA would welcome the opportunity to work with the NDIA to further refine the approach to AT planning before the roll-out of the new framework. We would like to offer to convene an AT-specific roundtable or focus group with participants, allied health professionals, suppliers and others involved across the AT pathway. This would allow the Department and NDIA to test the proposed targeted assessment process, evidence requirements and budget approach against practical examples before they are finalised. Please contact ATSA's Policy Officer, Karen Larsen-Truong at karen.truong@atsa.org.au should you wish to discuss this opportunity in greater detail.

References

Commonwealth Ombudsman, 2020, *Administration of National Disability Insurance Scheme funded assistive technology*, Commonwealth Ombudsman, Canberra.

Joint Standing Committee on the National Disability Insurance Scheme, 2018, *Provision of assistive technology under the NDIS*, Commonwealth of Australia, Canberra.