ATSA Submission to the NDIS Support Coordination and Connection Reform 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

The NDIA should retain assistive technology coordination in the Support Coordination and Connection service specification and practice guidance, covering access, implementation, maintenance and continuity.

Recommendation 2

The NDIA must establish published, needs-based eligibility criteria and adequately resourced pathways that:

- *recognise complex, urgent and episodic assistive technology coordination needs*
- *provide time-limited assistance for participants who are not eligible for ongoing Support Coordination and Connection services*
- *enable prompt increases in service intensity when needs change*
- *provide accessible reasons for access decisions and a timely mechanism to reconsider eligibility or service intensity.*

Recommendation 3

The NDIA must include foundational assistive technology knowledge in SCC workforce competency, training and supervision requirements. These should be developed in consultation with participants, assistive technology professionals and the AT sector.

Recommendation 4

Practice requirements must include proactive monitoring of significant ongoing supports, including assistive technology rentals, early action on foreseeable funding or continuity risks, and timely communication of relevant changes to affected providers. Information sharing should occur with participant consent and appropriate privacy safeguards, with responsibilities agreed between the relevant parties.

Recommendation 5

The NDIA must require structured handover whenever a Support Coordination and Connection worker or organisation changes, including during transition to the commissioned model. With participant consent, handover should include:

- *communication of all ongoing AT rentals or orders in process to the new support coordinator*
- *immediate written notification of the change in support coordinator arrangements to any AT supplier with ongoing AT rentals, orders in process or unpaid invoices.*

Recommendation 6

The NDIA must establish a formal escalation pathway for urgent or unresolved assistive technology matters raised by Support Coordination and Connection workers, with defined responsibilities, escalation criteria and response timeframes.

Recommendation 7

Commissioning and payment arrangements should allow Support Coordination and Connection organisations to increase service intensity promptly when participants experience significant changes or time-limited periods of complexity, without requiring a lengthy reassessment process.

Recommendation 8

Commissioned Support Coordination and Connection arrangements must protect participants' genuine choice of assistive technology supplier and include safeguards against conflicts of interest, self-referral and inappropriate concentration of referrals among preferred providers.

Recommendation 9

The NDIA must independently monitor regional provider markets under the commissioned Support Coordination and Connection model, including participant access to assistive technology, unmet demand, referral patterns, provider diversity and feedback from participants and suppliers.

Recommendation 10

The Australian Government must establish a nationally consistent Support Coordination and Connection complaints and accountability framework that:

- *provides a clearly identified pathway for participants, representatives, providers and relevant professionals to raise concerns about workers or organisations*
- *specifies responsibility for receiving, investigating and resolving different types of complaints*
- *establishes expected response and resolution timeframes*
- *provides an escalation pathway for serious, urgent or unresolved matters*
- *enables systemic or repeated performance concerns to inform NDIA contract management and performance monitoring*
- *protects participants from adverse consequences arising from making a complaint*

- *provides clear referral pathways to the NDIS Quality and Safeguards Commission or other appropriate bodies where conduct raises regulatory or safeguarding concerns.*

Recommendation 11

The NDIA must establish outcome-based performance monitoring, public reporting and a continuous improvement process from commencement.

Recommendation 12

The NDIA must implement a funded transition plan that prevents gaps in coordination as participants move to the new model. This must:

- *assess each affected participant's coordination needs before existing funding is withdrawn, including where they are not eligible for ongoing Support Coordination and Connection services.*
- *maintain funded coordination until any required replacement service or alternative support is in place and able to meet the participant's assessed needs*
- *provide accessible information and individual transition planning, preserving trusted coordination relationships wherever possible.*
- *establish specific continuity arrangements for participants with urgent or unresolved assistive technology matters.*

Introduction

ATSA welcomes the opportunity to provide feedback on the proposed NDIS Support Coordination and Connection (SCC) service.

Effective support coordination can play an important role in helping participants to access and maintain the assistive technology (AT) that is needed to facilitate their independence, safety and participation. Under current arrangements, however, gaps in coordination can delay access to equipment, interrupt essential supports and expose both participants and suppliers to avoidable risks.

ATSA supports the objective of improving the quality, consistency and accountability of support coordination services. Drawing on the practical experiences of our members, this submission identifies what should be retained from current arrangements and what must be improved under the new model. Our recommendations focus on:

- Access to coordination when participants need it, including for complex, urgent or temporary AT needs
- Workforce capability and clear responsibilities for coordinating AT
- Early action on risks to essential supports and timely escalation to the NDIA
- Participant choice and access to a diverse AT provider market
- Clear complaints pathways, accountability and meaningful performance monitoring
- Continuity of support when coordinators change, including during transition to the new model.

1. What is working well in support coordination today that should be retained?

The experiences of ATSA members demonstrate the important role effective support coordinators can play in implementing a participant's AT supports.

The current NDIA description of support coordination includes helping participants understand and use their plan, connect with providers and coordinate supports. Support coordinators are also expected to report barriers, risks and information relevant to decisions about reasonable and necessary supports.

These functions should be retained and strengthened under the SCC model.

For AT, effective coordination may include helping a participant:

- identify and engage appropriate AT providers and allied health professionals
- understand how AT funding in their plan can be used
- coordinate assessments, trials, quotes and supply
- establish temporary equipment or rental arrangements while longer-term AT is being considered
- monitor whether funding remains sufficient for ongoing rentals, repairs and maintenance
- identify changes in circumstances that affect AT needs
- coordinate information between the participant, supplier, allied health professional, plan manager and NDIA
- escalate problems where a participant's plan no longer meets their AT needs.

These activities can be particularly important for participants with complex needs who may be dealing simultaneously with suppliers, allied health professionals, plan managers, the NDIA and other service systems.

Recommendation 1

The NDIA should retain assistive technology coordination in the Support Coordination and Connection service specification and practice guidance, covering access, implementation, maintenance and continuity.

2. What participant groups will benefit most from the SCC service? What do their needs for connection and coordination of supports look like?

ATSA is concerned about how eligibility for the new SCC service will be determined and what support will be available to participants who do not meet the eligibility threshold.

The consultation indicates that not all NDIS participants will be eligible for SCC and proposes that access be informed by factors such as the stability and predictability of a participant's supports, safety risks, their ability to navigate the NDIS and other service systems, and the complexity of their circumstances. It also proposes two levels of support, SCC and the more intensive SCC+ service.

ATSA considers that eligibility should recognise that a participant's need for coordination may arise from the complexity of their support arrangements, even where their overall circumstances are otherwise relatively stable.

Assistive technology provides an important example. A participant may generally be able to manage their NDIS plan with limited assistance but require significant coordination at particular points, such as when:

- complex AT is being assessed, trialled, customised and implemented
- essential equipment breaks down and requires urgent repair or replacement
- temporary equipment is required while a permanent solution is being assessed or approved
- AT rental funding is approaching exhaustion while the participant continues to rely on the equipment
- a participant's functional needs change and existing equipment is no longer appropriate
- home or vehicle modifications require coordination between multiple professionals and providers.

These circumstances can require communication between the participant, allied health professionals, AT suppliers, plan managers and the NDIA. They can also be time-sensitive. A failure to coordinate or escalate an issue may result in interruption to essential equipment, increased safety risks or suppliers continuing to provide equipment without certainty of payment.

A participant’s ability to manage routine supports should not be taken to mean they can independently navigate a complex or urgent AT issue. Eligibility should consider the coordination required, communication and information barriers, the availability of effective assistance, and the consequences of delay.

ATSA therefore recommends that eligibility and service intensity are sufficiently flexible to recognise episodic complexity. Participants should be able to access coordination when a significant issue arises, rather than eligibility being determined solely by whether they require intensive coordination on an ongoing basis.

The consultation paper suggests that participants who are not eligible for SCC may obtain assistance through other coordination supports. However, it does not

establish who will coordinate complex or urgent AT matters, or whether those services will have sufficient capacity and expertise. The final model should provide a clear, accessible and adequately resourced pathway for participants who need time-limited assistance. Removing support coordination funding from participant plans without establishing an alternative pathway for participants whose needs are episodic in nature risks creating a significant service gap.

The NDIS Review recommended general navigation assistance for people with disability, with specialist assistance for participants with more complex or specific needs. The final SCC model should explain how participants outside ongoing SCC will obtain practical help when an AT issue creates a temporary need for coordination.

Recommendation 2

The NDIA must establish published, needs-based eligibility criteria and adequately resourced pathways that:

- *recognise complex, urgent and episodic assistive technology coordination needs*
- *provide time-limited assistance for participants who are not eligible for ongoing Support Coordination and Connection services*
- *enable prompt increases in service intensity when needs change*
- *provide accessible reasons for access decisions and a timely mechanism to reconsider eligibility or service intensity.*

3. What should be improved in the new SCC service?

SCC workforce capability must include assistive technology

ATSA supports stronger workforce capability requirements and minimum practice standards for SCC workers. These are among the quality measures identified in the consultation.

SCC workers do not need to be AT specialists and should not replace the expertise of allied health professionals or AT suppliers. However, they need sufficient AT literacy to understand:

- the different roles of participants, allied health professionals, AT suppliers, plan managers and the NDIA
- the basic pathways for accessing different types of AT
- the importance of assessment, trials and appropriate product selection
- AT rental arrangements

- repairs, maintenance and replacement
- how AT funding interacts with plan budgets
- when specialist clinical or technical advice is required
- when delays or funding problems create risks requiring escalation

Earlier AT inquiries have identified consistent information, staff training and clear operational guidance as essential to effective AT administration (Commonwealth Ombudsman 2020; Joint Standing Committee on the National Disability Insurance Scheme 2018). SCC workers must therefore have access to current AT guidance, practical training and supervision, with ongoing checks that this knowledge is being applied effectively.

Recommendation 3

The NDIA must include foundational assistive technology knowledge in SCC workforce competency, training and supervision requirements. They should be developed in consultation with participants, assistive technology professionals and the AT sector.

Monitoring implementation of AT supports

ATSA members' experiences with AT rentals highlight the importance of proactive monitoring and communication. Rental equipment may initially be required for a relatively short period but continue because permanent equipment has not yet been approved or delivered. If no one identifies that allocated rental funding is approaching exhaustion, the participant may continue using essential equipment after funding has run out.

The supplier can then face an unacceptable choice between continuing to provide essential equipment without payment or removing equipment that the participant relies upon for safety, mobility, positioning or daily living.

Member evidence indicates that support coordinators can play an important role in monitoring these arrangements and initiating action before funding is exhausted. This requires timely communication with assistive technology suppliers, particularly when changes to a participant's circumstances, funding or support arrangements may affect ongoing equipment provision. With the participant's consent, suppliers should receive timely information relevant to an existing arrangement so they can respond appropriately and help avoid interruption to essential equipment or the accumulation of preventable unpaid costs.

The future Support Coordination and Connection service should therefore adopt a preventative rather than reactive approach. Monitoring significant ongoing supports and communicating relevant changes to affected providers with participant consent and appropriate privacy safeguards should be formal practice requirements, with

commissioned organisations accountable for how effectively these responsibilities are performed.

The NDIS Review recommended a stronger approach to identifying individual risks and building safeguards (NDIS Review 2023). For participants who rely on essential AT, this should include early identification of equipment and funding risks, with clear responsibility for arranging action before access is disrupted.

Recommendation 4

Practice requirements for Support Coordination and Connection staff must include proactive monitoring of significant ongoing supports, including assistive technology rentals, early action on foreseeable funding or continuity risks, and timely communication of relevant changes to affected providers. Information sharing should occur with participant consent and appropriate privacy safeguards, with responsibilities agreed between the relevant parties.

Clear handover requirements are essential

ATSA members have identified problems when a participant changes support coordinator and information about existing AT arrangements is not effectively transferred.

An ATSA member reported difficulty resolving payment for delivered equipment after a participant changed support coordinators. The supplier held delivery records, but the existing equipment arrangement was disputed and the supplier did not have contact details for the incoming coordinator. This example illustrates the importance of transferring relevant AT records and establishing clear communication during handover.

The NDIA's current guidance already recognises the importance of continuity when participants change support coordinators. It expects relevant reports, barriers, risks and future support information to be shared with participant consent and requires a clear end date to facilitate smooth handover.

The commissioned model provides an opportunity to formalise and strengthen this process.

Handover information should include ongoing service agreements and significant AT arrangements, particularly rentals, equipment awaiting approval or delivery, outstanding repairs and maintenance issues, and unresolved funding matters.

The Commonwealth Ombudsman has recommended safeguards against AT requests being lost when NDIA staff change or are absent (Commonwealth Ombudsman 2023). The same continuity principle should apply to SCC. Outstanding actions must remain assigned, relevant records must be transferred, and participants and affected providers must know who is responsible.

Recommendation 5

The NDIA must require structured handover whenever a Support Coordination and Connection worker or organisation changes, including during transition to the commissioned model. With participant consent, handover should include:

- *communication of all ongoing AT rentals or orders in process to the new support coordinator*
- *immediate written notification of the change in support coordinator arrangements to any AT supplier with ongoing AT rentals, orders in process or unpaid invoices associated with the NDIS participant*

Clear responsibility for identifying and escalating AT-related problems

ATSA strongly supports the proposal for SCC services to *"implement strategies to address barriers and escalate relevant issues to the NDIA."*

However, the final model needs considerably more clarity about what escalation means in practice.

ATSA members regularly encounter situations where a participant's circumstances or AT requirements change during a plan. Examples include:

- funding for an essential equipment rental being exhausted while the participant is waiting for approval of permanent equipment
- urgent or unforeseen need for rental equipment
- equipment breaking down and requiring urgent repair or replacement
- insufficient funding for repairs and maintenance in a participant's plan
- delays in decisions about complex AT
- AT needs changing because of deterioration or other significant changes in a participant's circumstances.

In these circumstances, simply identifying the problem is not sufficient. SCC workers need a clearly defined mechanism for escalating the issue to the NDIA and obtaining a timely response.

This is particularly important because the proposed model expressly states that SCC workers will not determine NDIS eligibility, manage participant finances or provide crisis response services. There therefore needs to be a clear interface between the matters SCC workers are expected to identify and the matters the NDIA itself must resolve.

Earlier AT inquiries have recommended published service standards, timely status updates, urgency-based escalation and clear review rights (Commonwealth Ombudsman 2020; Joint Standing Committee on the National Disability Insurance

Scheme 2018). The SCC model should build on these arrangements through an agreed NDIA escalation pathway, with responsibility for follow-up until an outcome is communicated. Escalation should preserve participants' access to formal review processes.

Recommendation 6

The NDIA must establish a formal escalation pathway for urgent or unresolved assistive technology matters raised by Support Coordination and Connection workers, with defined responsibilities, escalation criteria and response timeframes.

4. How might SCC providers manage variable need among the participants it supports? Which workforce, caseload, and service capacity factors should be considered?

ATSA supports the proposal for SCC and SCC+ service levels and the principle that commissioned organisations should respond when participant circumstances change. The consultation states that SCC organisations would manage necessary changes within their service capacity.

This flexibility is important.

A participant may ordinarily require relatively little coordination but temporarily need substantial assistance following a significant change in function, equipment failure, hospital discharge or the need to obtain complex AT.

ATSA is concerned that a commissioned payment model based too rigidly on average participant needs could recreate problems currently caused by inadequate hours of support coordination.

One example provided to ATSA involved a participant assessed as high risk whose support coordination allocation had reportedly been reduced to only four hours per year, despite reports outlining the participant's complexity. ATSA was advised that the participant's support coordinator was undertaking additional work without payment because there was otherwise insufficient capacity to assist the participant.

The proposed commissioning model should prevent this type of under-servicing.

The consultation appropriately recognises the risk that payment arrangements could incentivise either too much or too little support and proposes that service intensity reflect assessed need.

Recommendation 7

Commissioning and payment arrangements should allow Support Coordination and Connection organisations to increase service intensity promptly when participants experience significant changes or time-limited periods of complexity, without requiring a lengthy reassessment process.

5. What commissioning arrangements would best balance participant outcomes, quality, sustainability and choice and control?

ATSA recognises the potential benefits of commissioning Support Coordination and Connection services, including greater consistency, clearer accountability and stronger oversight. However, the commissioning model must be designed carefully to avoid unintentionally restricting participant choice or concentrating referral pathways within a small number of providers.

This is particularly important under a regional model where a lead Support Coordination and Connection organisation may become a significant pathway through which participants identify and connect with providers.

Protect participant choice of assistive technology provider

Participants must retain genuine choice over the assistive technology suppliers and allied health professionals they engage. Support Coordination and Connection organisations should help participants understand the range of suitable providers available to them, rather than directing participants towards the organisation's own services, associated businesses or a limited group of preferred providers.

This is important both for participant choice and for the long-term sustainability of the assistive technology market. Assistive technology is a diverse and specialised market. Participants may require providers with expertise in particular equipment, disability types, complex customisation or servicing requirements. Providers may also operate across regional boundaries or deliver specialist services through outreach arrangements.

If referrals become concentrated among a limited group of providers, participants may have less access to specialist expertise and established provider relationships. Over time, this could also affect the viability of other suppliers and reduce the diversity of the market available to participants.

Commissioning arrangements should therefore include safeguards against actual or perceived conflicts of interest and inappropriate steering of referrals. Support Coordination and Connection organisations should be expected to demonstrate that

participants are provided with meaningful options and remain free to select the provider that best meets their needs.

Recommendation 8

Commissioned Support Coordination and Connection arrangements must protect participants' genuine choice of assistive technology supplier and include safeguards against conflicts of interest, self-referral and inappropriate concentration of referrals among preferred providers.

Monitor regional assistive technology markets

Commissioning also creates a need for broader market oversight. Reporting by Support Coordination and Connection organisations will provide useful information about their own activities and performance, but this will not necessarily identify emerging problems across the wider provider market.

The NDIA should independently monitor whether participants can obtain the supports they need within each region. For assistive technology, this should include whether participants can access appropriate assessments, trials, equipment, rentals, repairs and maintenance within reasonable timeframes; whether particular needs are going unmet.

Participant and provider feedback should form part of this monitoring. Assistive technology suppliers can identify emerging issues such as inappropriate referral practices, gaps in regional capacity or changes in demand that may not be apparent from Support Coordination and Connection activity data alone.

This information should be used to identify emerging market problems and inform commissioning and market stewardship responses before those problems become entrenched.

The NDIS Review recommended active market monitoring and timely responses to service gaps (NDIS Review 2023). The Disability Royal Commission also recommended arrangements to maintain essential supports when markets fail (Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, 2023). Regional AT monitoring should therefore trigger practical action when participants cannot obtain suitable equipment, assessments, repairs or temporary supports.

Responses should be developed with affected participants and communities, including First Nations and remote communities, and recognise the needs of people requiring specialised AT.

Recommendation 9

The NDIA must independently monitor regional provider markets under the commissioned Support Coordination and Connection model, including participant

access to assistive technology, unmet demand, referral patterns, provider diversity and feedback from participants and suppliers.

6. What quality, workforce and safeguarding requirements should apply to commissioned SCC organisations?

ATSA supports stronger quality, workforce and safeguarding requirements for the new SCC service, with a particular focus on clear accountability and measuring whether SCC services are achieving meaningful outcomes for participants, as discussed below.

Establish a clear accountability and complaints pathway

ATSA member experiences demonstrate why clear accountability and complaints mechanisms are needed. Members have reported difficulties communicating with support coordinators, failures to appropriately manage or escalate issues, inadequate handover between coordinators, and conduct that has adversely affected relationships between participants and AT providers. In some cases, suppliers have been unclear about where to raise concerns or obtain assistance after attempts to resolve an issue directly with the support coordinator have failed.

Case study: Inappropriate provision of complex assistive technology

An ATSA member reported a case involving a regional NDIS participant who had been assessed by an occupational therapist (OT) and prescribed a complex powered wheelchair. The AT supplier worked with the OT to specify and quote an appropriate wheelchair, and funding was subsequently approved by the NDIA.

However, without the knowledge of the OT or the original AT supplier, the participant attended a local AT supplier showroom with their support coordinator and purchased a second-hand powered wheelchair. This AT supplier does not supply complex, customised power wheelchairs, but just so happened to have a second hand power wheelchair available. The wheelchair is not the customised wheelchair that was recommended by the original AT supplier or trialled and prescribed by the OT.

The participant subsequently had an accident while using the wheelchair, resulting in significant equipment damage and approximately $8,900 in repair costs.

Both the original AT Supplier and OT inspected the wheelchair and determined that it was not fit for purpose and posed a significant ongoing safety risk. The original AT supplier has now been engaged to repair and modify the wheelchair to make it safer and more suitable to the client's needs, but advised that it would still

be unsuitable for the participant even after the approximately $2,500 in further modifications.

Of particular concern, the OT raised the matter with the management of the Support Coordinator, but no apparent action or resolution followed.

This case and other experiences reported by ATSA members, demonstrates the importance of establishing a transparent accountability pathway within the future SCC model. Where the actions or inaction of an SCC worker may contribute to inappropriate support decisions, disruption to essential supports or participant safety risks, participants, providers and allied health professionals must have a clear mechanism to raise concerns, have them investigated and receive an outcome. Serious or unresolved matters must also have a clear pathway for independent escalation.

Recommendation 10

The Australian Government must establish a nationally consistent Support Coordination and Connection complaints and accountability framework that:

- *provides a clearly identified pathway for participants, representatives, providers and relevant professionals to raise concerns about workers or organisations*
- *specifies responsibility for receiving, investigating and resolving different types of complaints*
- *establishes expected response and resolution timeframes*
- *provides an escalation pathway for serious, urgent or unresolved matters*
- *enables systemic or repeated performance concerns to inform NDIA contract management and performance monitoring*
- *protects participants from adverse consequences arising from making a complaint*
- *provides clear referral pathways to the NDIS Quality and Safeguards Commission or other appropriate bodies where conduct raises regulatory or safeguarding concerns.*

Measuring and improving performance

The NDIA should establish performance measures and baseline data before transition. Monitoring should assess whether participants obtain and maintain suitable supports, exercise meaningful choice and have problems resolved promptly. It should draw on service-access data, complaints and feedback from participants,

suppliers, allied health professionals and SCC workers. Results should be publicly reported and used to address emerging problems.

An independent evaluation of the service's first 12 months should examine:

- Access and eligibility
- Service intensity and workforce capacity
- Participant choice and continuity of supports
- Regional coverage, and
- How effectively SCC services and the NDIA work together to resolve problems.

Evaluation findings should be published in accessible formats, with an NDIA response setting out improvement actions, responsibilities and timeframes.

Recommendation 11

The NDIA should establish Support Coordination and Connection performance measures, performance monitoring, public reporting and a continuous improvement process from commencement.

7. What transition arrangements would minimise disruption and support successful implementation?

The transition to commissioned SCC services will be significant. Under the proposed arrangements, participants currently receiving support coordination funding would no longer receive that funding in their plans from 1 July 2028. Some of these participants would instead receive an NDIA-funded commissioned SCC service. There may also be changes to the person or organisation providing support where an existing support coordinator is not part of the commissioned organisation.

ATSA strongly supports the consultation's emphasis on maintaining continuity and trusted relationships during transition.

Transition planning should pay particular attention to participants who have complex or unresolved AT matters underway at the point of transition. These could include participants:

- awaiting decisions on AT
- undertaking equipment trials or assessments
- renting essential equipment

- awaiting delivery of customised equipment
- dealing with equipment failure or repair
- undertaking complex home or vehicle modifications.

The NDIS Review recommended gradual design, testing and implementation of navigation arrangements, with continuity prioritised throughout transition (NDIS Review 2023). SCC implementation should follow this approach, with clear communications and individual transition arrangements that preserve responsibility for active AT matters until handover is complete.

Recommendation 12

The NDIA must implement a funded transition plan that prevents gaps in coordination as participants move to the new model. This must:

- *Assess each affected participant's coordination needs before existing funding is withdrawn, including where they are not eligible for ongoing Support Coordination and Connection services.*
- *Maintain funded coordination until any required replacement service or alternative support is in place and able to meet the participant's assessed needs.*
- *Provide accessible information and individual transition planning, preserving trusted coordination relationships wherever possible.*
- *Establish specific continuity arrangements for participants with urgent or unresolved assistive technology matters.*

Closing

ATSA supports the goal of creating a more consistent, capable and accountable Support Coordination and Connection service.

The recommendations in this submission are intended to ensure the new model supports effective coordination of assistive technology, preserves participant choice and a diverse provider market, identifies and addresses emerging issues early, and provides clear accountability when problems arise.

If properly implemented, these arrangements could significantly improve the participant experience and help ensure NDIS-funded assistive technology remains available when participants need it.

ATSA would welcome the opportunity to work with the NDIA to refine the arrangements outlined in this submission. Drawing on our members' practical experience and technical expertise, we can help develop clear AT coordination functions, workforce guidance, escalation pathways and handover requirements. We would also welcome involvement in designing meaningful performance measures, alongside participants and other relevant stakeholders, to help ensure the new service delivers timely, safe and sustainable access to assistive technology.

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