

# Improving the participant and provider experience of AT/HM supports under the NDIS

Lloyd Walker

Director, Assistive Technology

17 May 2018

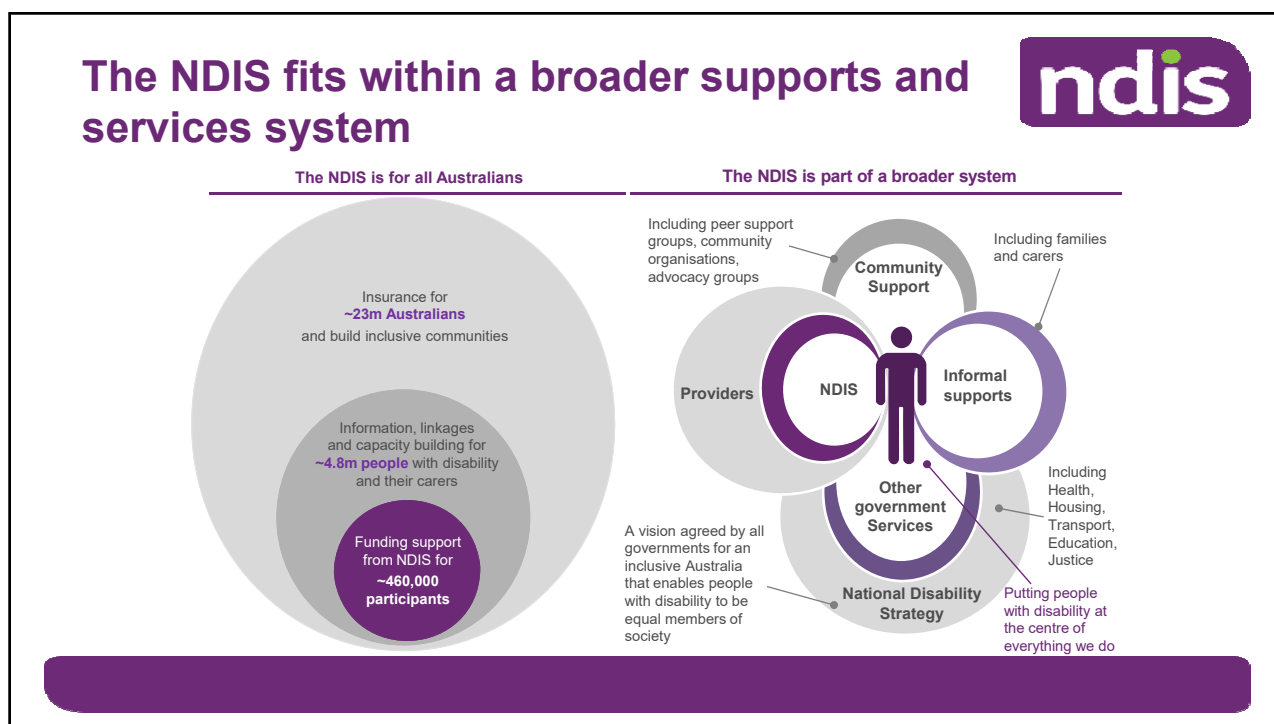
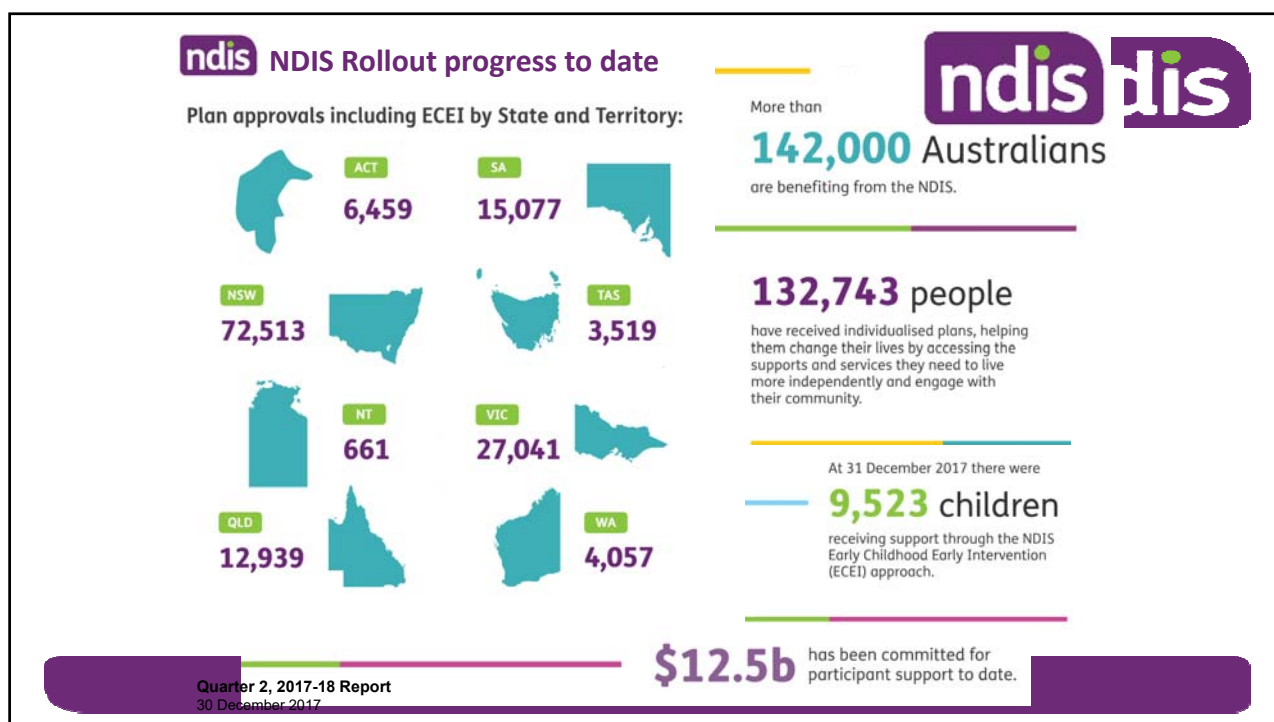


Delivered by the  
National Disability  
Insurance Agency

## Agenda



- Progress and context of the NDIS (+ new NDIS Q&S Commission)
- The Participant pathway
- Other Provider & Market initiatives



## The desired NDIA approach



### Empower people with disability to choose and achieve their goals

- We are outcomes focussed and people with disability are at the centre of everything we do
- We deliver quality plans and invest in participant outcomes over the long-term



### Deliver in partnership with providers

- The NDIA is reliable and trusted and works with providers to deliver participant driven models of support and grow vibrant localised markets



### Work with the community and other systems

- We work to ensure communities and other service systems are connected and inclusive



### Deliver a sustainable NDIS

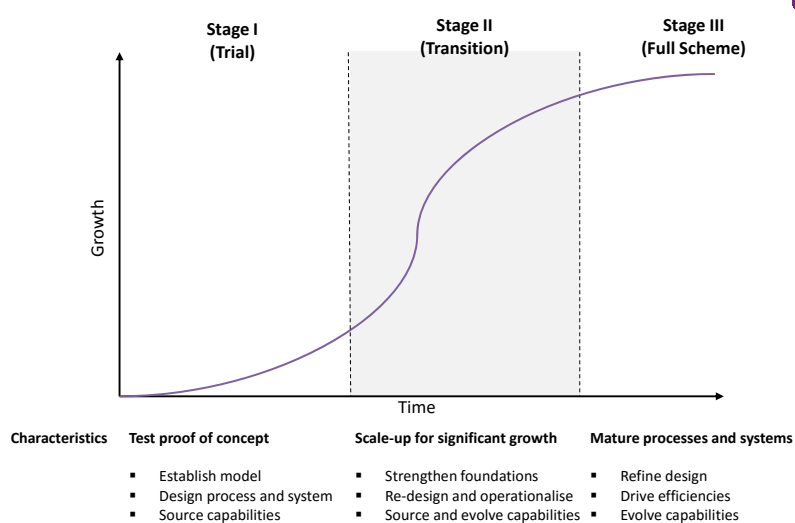
- We will continue to deliver a financially sustainable NDIS today and for future generations



4

Overview

## Stages of growth



5

Overview

## The NDIA Strategy



7

Overview

## Information, Linkages & Capacity Building (ILC) National Readiness Grants, Round 2 - AT examples (released April 2018)



| ORGANISATION  | PROJECT TITLE  | TOTAL FUNDING AMOUNT (GST excl.) and DURATION (1 or 2 years) | COVERAGE AREA                  |
|---|--|--|--------------------------------|
| Australian Communications Consumer Action Network Limited | Nationwide Disability Telecommunications Information and Referral Service (NDTS) | \$1,497,525.00<br>(two year)                                 | National                       |
| Independent Living Centre of Western Australia Inc.       | Assistive Technology (AT) CHAT Australia   | \$473,580.00<br>(two year)                                   | Queensland, Tasmania, Victoria |
| Independent Living Centre Consortium                      | National Equipment Database (NED) Innovations Project                            | \$499,519.00<br>(two year)                                   | National                       |
| TAD Australia   | TADAust Assistive Technology Information Service                                 | \$300,000.00<br>(one year)                                   | National                       |

**NDIS Quality & Safeguards Commission  
Establishment**



**1 July 2018 NSW and SA**

**1 July 2019 Vic, Qld, Tas, ACT & NT**

**1 July 2020 WA**

**Further Information**



For more information visit:

**[www.dss.gov.au](http://www.dss.gov.au)**

NDIS Quality and Safeguards  
Commission fact sheets for providers,  
participants and an overview are now  
available at the DSS website at  
**[www.dss.gov.au/ndisqualitysafeguards](http://www.dss.gov.au/ndisqualitysafeguards)**

Or contact:

**[NDISQualitySafeguards@dss.gov.au](mailto:NDISQualitySafeguards@dss.gov.au)**

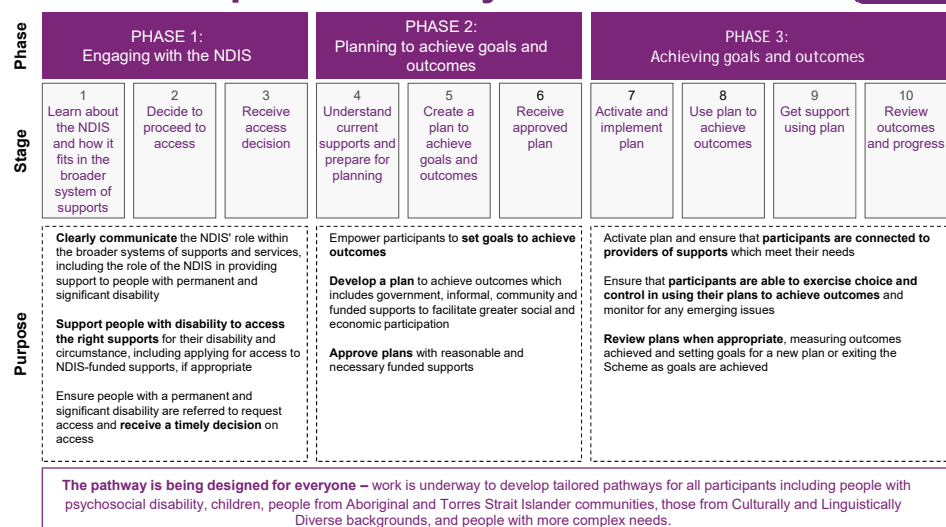


## Agenda

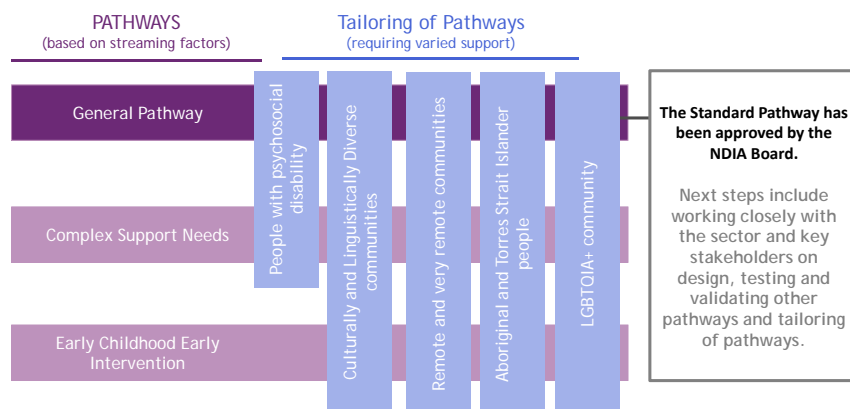


- Background and context of the NDIS
- The Participant pathway
- Other Provider & Market initiatives

## The New Participant Pathway

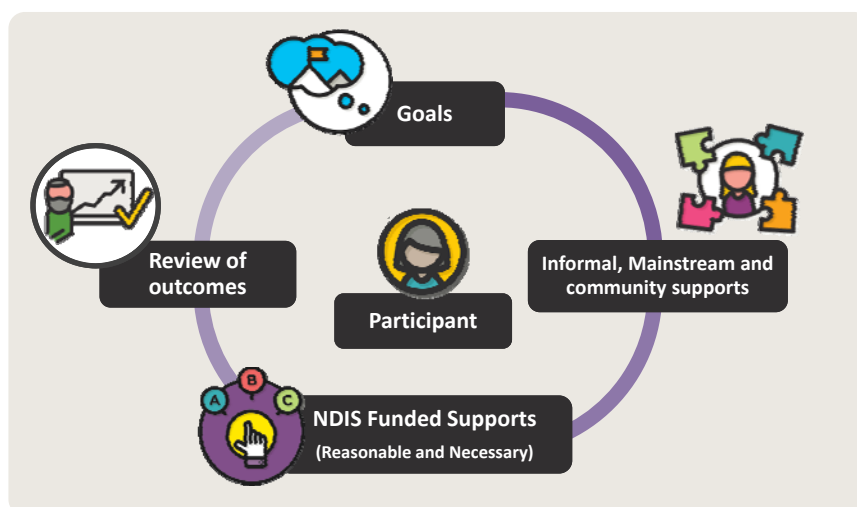


## Development of other Pathways and Tailoring of Pathways



Note: there will be overlap between the pathway variants

## NDIS Cycle of Goal achievement



## Reasonable and Necessary Supports



## AT/HM Policy (at start of 2018)



### Low Value/Low Risk AT/Home Mods

- Some AT funds in consumable budget (<\$1000)
- Intended to assist >50% of participants needing AT

### Complex, medium to high value AT/Home Mods

- Most approved plans include supports marked “quote required” and an estimate for repairs and maintenance is included in the capital budget.
- Funds allocated into capacity building for assessment.
- After plan approved, participant sources assessment and quote(s) for further delegate approval prior to supply

#### ➤ Issues

- Inconsistent and sometimes insufficient (e.g. R&M) funding included
- Administrative burden and delays to achieving outcome



## Phased approach to resolving AT & HM issues

Part of Participant and Provider Pathway Reform.

New processes implemented in progressive phases (though parallel development where possible).

### **Phase 1: Interim corrections/adjustments**

- Focus on improvements with short term implementation
- Not dependent on computer system change.

### **Phase 2 : Medium-long term solution**

- Design, build & staged pilot

### **Phase 3: Staged roll-out of the preferred process nationally**

- Refine, adjust, train and inform, including build of national panel



### **Phase 1: *Interim corrections/adjustments***

#### **1.0 Low value/low risk Assistive Technology and Home Adjustments**

## Phase 1.0 - Key concepts for low cost AT/HM



### 1. Improve participant experience for simpler AT

- Simplify process to include funds for this AT/HM in plan at plan approval stage
- Participants have choice and control over AT/HM purchased and suppliers used
- No requirement for assessment or report prior to purchasing this level of AT/HM

### 2. Funding to reflect likely costs

- Budget allocated better aligned with anticipated expenditure on low cost AT solutions & incidentals
- Provide better guidance to NDIA planners on repair costs for budgeting

### 3. Perceived risks addressed

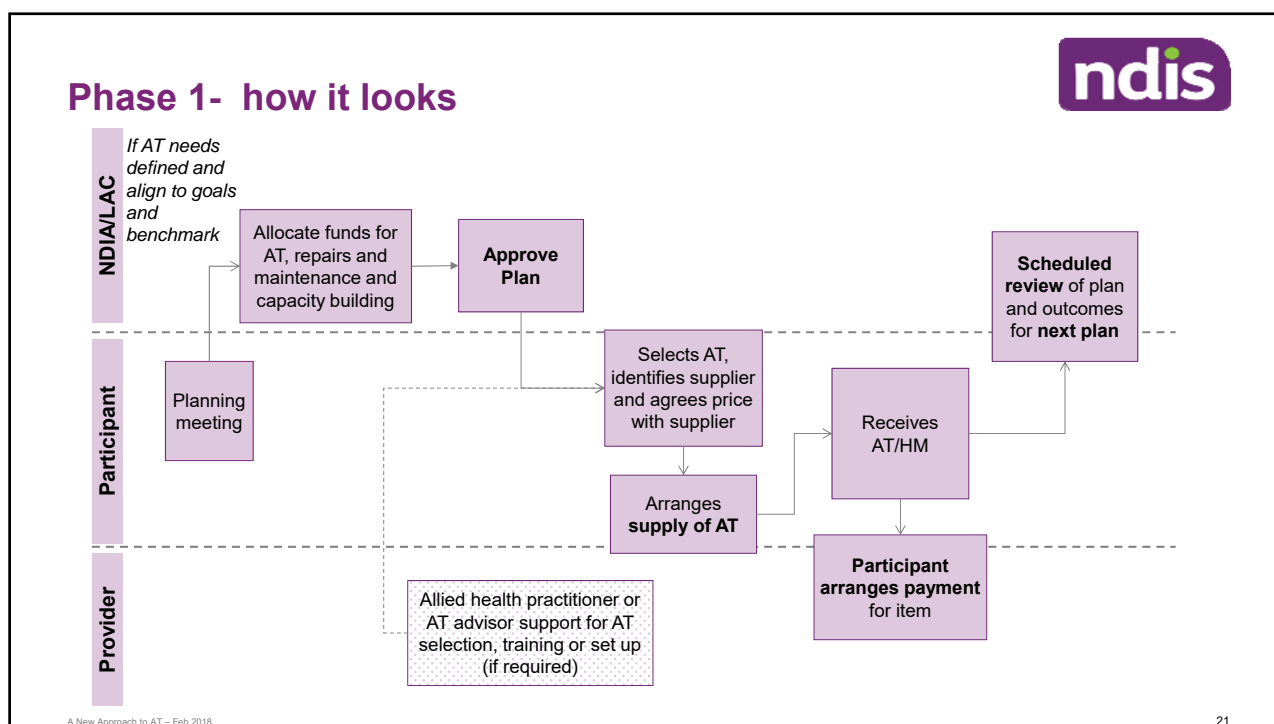
- Participants have funds if they need support in the selection or use of supports (capacity building)
- Increased information for participants and providers on use of these funds

## Phase 1.0 – Implementation into plans (where AT needed)



- Include funds in **core budget** (\$500 or \$1000 or \$1500) based on functional limitation and types of supports required.
- Approx. \$520 for support from AT Practitioner (if required) included in **capacity building budget** to assist with selection and training on use of supports.
- **No additional information** (e.g. assessments or quotations) required prior to purchase
- Self managed by participants (where possible) - facilitates choice and control and provider selection.
- New Participant Fact Sheet detailing types of supports applicable to this funding.

National release was 9 May



21

## Phase 1.+ – next steps?

Under consideration

**ndis**

**Streamline funds for existing AT that needs replacement (not unmet needs/upgrades)**

- Clearly still in use and effective

AND

- Reaching end of service life **or** participant growth/change requires replacement (*?evidence*)

AND

- Cost of replacement (suitably indexed) is equivalent to current item

**Other AT/HM initiatives (Delivered May 2018)**

Dedicated email accounts to assist participants/providers to contact relevant regional teams –  
for submitting assessment forms, quotes, queries, follow-up, escalation  
(examples) **AT.VICWest@ndis.gov.au**; **AT.QLDSouth@ndis.gov.au**; **AT.SA@ndis.gov.au** etc.

A New Approach to AT – Feb 2018

22

## Phase 1 – Ongoing work to improve experience



**Continue work with all stakeholders to improve existing elements where possible:**

- More guidance and training on AT to assist planners and NDIA partners in community (LAC)
- Streamline and enhance internal methods for advice and prioritisation on AT/HM decisions
- Simplify and improve AT assessment templates, quote forms/requirements etc.
- Assist participants to authorise direct NDIA contact with assessors/other provider
- As it becomes available, replace need for quote with NDIA market sourced pricing information

**Until further notice - Current process for higher value & more complex AT/HM unchanged**

- Planning and use of 'quote required' for AT/HM valued > \$1,500 will follow current process until advised otherwise
- These supports require the additional information of assessment form and quote to support R&N decision

A New Approach to AT – Feb 2018

23

## Phase 2:

### Designing & Implementing the new AT Approach

***- to fund AT and HM more than \$1500***



A New Approach to AT – Feb 2018

24

## Current state (May 2018) and associated issues



### Requirement for AT/HM assessments and quotes

- Participant responsibility
- Can deplete capacity building budget for therapeutic supports
- Possibility of conflict of Interest
- Administrative burden and cost for all in providing quotes and supporting documentation

### NDIA consideration of assessment and quotes for AT/HM

- Requires significant expertise to interpret against reasonable and necessary requirements
- Relies on assessors with sufficient competency providing objective reports that consider options

### Current process can lead to some uncertainty about plan implementation – especially capital supports

- Two step approval of capital supports (AT and HM) (different again if self-managed)
- Ensuring scope of assessment aligns with intent of *this* plan (e.g. goals, functional needs)

A New Approach to AT – Feb 2018

25

## The New AT Approach – principles (1 of 2)



### 1. Prioritise – where possible straight through to *finalised* plan

- Less than 50% need AT/HM and only 25% may need specialised assessment
- Assessment done as part of NDIA pre-planning process

### 2. Use specialised assessors to complete assessments to inform planning

- A panel of assessors will be formed to provide specialised assessment (s.36)
- Where needed Participants will be requested to undergo assessment of their AT requirements by a panel assessor, who can draw on all information the NDIA and participant already has
- Will involve home visit (or equivalent using video-link where necessary)
- Assessment template will be standardised layout/content to facilitate consistency
- Any use of the assessment panel will be funded by the NDIS
- NDIA planners will rely on these assessments to make planning decisions
  - AT & HM items in capital + advisor funds in capacity building budgets
  - Guidance on outcomes anticipated & potential impact on future plans

A New Approach to AT – Feb 2018

26

## Current NDIS AT/HM assessment is challenging



### Current NDIS templates & AT/HM assessments are cumbersome

- Intent is to provide 'evidence' to enable planner s.34 decision
- Structured to help guide good clinical decision making (for spectrum of providers)
- AT Needs Assessment is rarely used – focus has been on individual capital items noted in plan
- Once completed, has sufficient detail to order the actual item
  - When linked to a quote(s), the NDIA can effectively 'order' the item (Service Booking) for participant

The focus has been lost in the detail..



A New Approach to AT – Feb 2018

27

## Need to split the 'assessment' from 'selection'



### s.36 'pre-plan' Needs Assessment

- Informs the plan
- What is required (this year, next, 5yr)
- Objective and evidence based
- Generic (not brand limiting)
- Standardised format (ease of interpretation against s.34)
- Identify outcomes anticipated within context of other supports
- **Insufficient** to source the item alone

### Advice/support to select, source, setup & train (Capacity building budget – implementation)

- Informs/guides the participant
- The specific solution right for me
- Draws on evidence but also personal preference
- Identify the ideal item(s) to acquire
- Meaningful guidance and support to the participant/ decision maker
- Sufficient detail to source a specific solution to achieve defined outcomes/expectations

A New Approach to AT – Feb 2018

28

## The New AT Approach – principles (2 of 2)



### 3. Use tiered approach to determine capital budget

- Low cost budget for small items
- Pricing tool or cost estimation tools/firms for medium to higher cost items

### 4. Once approved, participant can exercise full choice & control

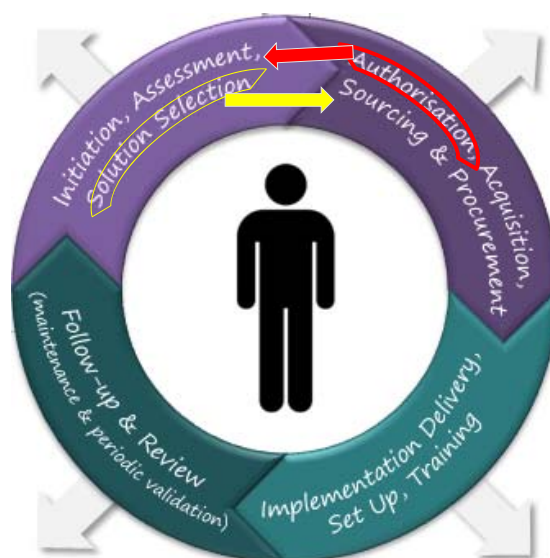
- Most plans are complete at approval (including budget) and only the most complex AT requirements will require a 'quote' for AT items
- Reduces effort for both participants and providers, but includes funds for advice/support
- Can map out participant AT needs over several years (i.e. next year's plan, 2 years, 5 years) and describe anticipated outcomes & future benefits
- Recognises participant capability and provides assistance for participants who need it

**N.B.** Special arrangements for assessment likely for remote and some rural participants

A New Approach to AT – Feb 2018

29

## A change to the 'Four Cornerstones'



A New Approach to AT – Feb 2018

30

## A little more about the AT/HM specialised assessors



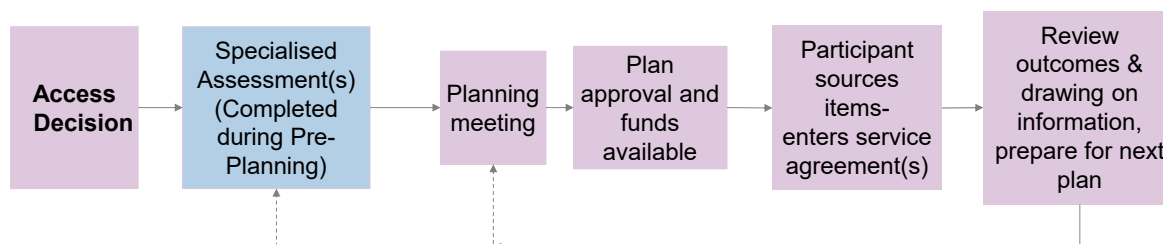
### To participate, must be NDIS “registered provider”

- Similar to a ‘contracted provider’
- Will use Commonwealth procurement principles to invite organisations to participate, and likely to be staged formation
  - Initial trials – limited approach to the market
  - National roll out – Expression of Interest, Request for Tender
- Conflict of interest requirements (above quality and safeguard & AHPRA rules)
  - Specialised assessor can not provide any reasonable and necessary funded supports to a participant they assess for the NDIA
  - Can provide R&N supports to other participants
- NDIA will ensure appropriate oversight and governance of assessors
- NDIA will provide guidance and training for the assessors

A New Approach to AT – Feb 2018

31

## Future State process



### Key Objectives

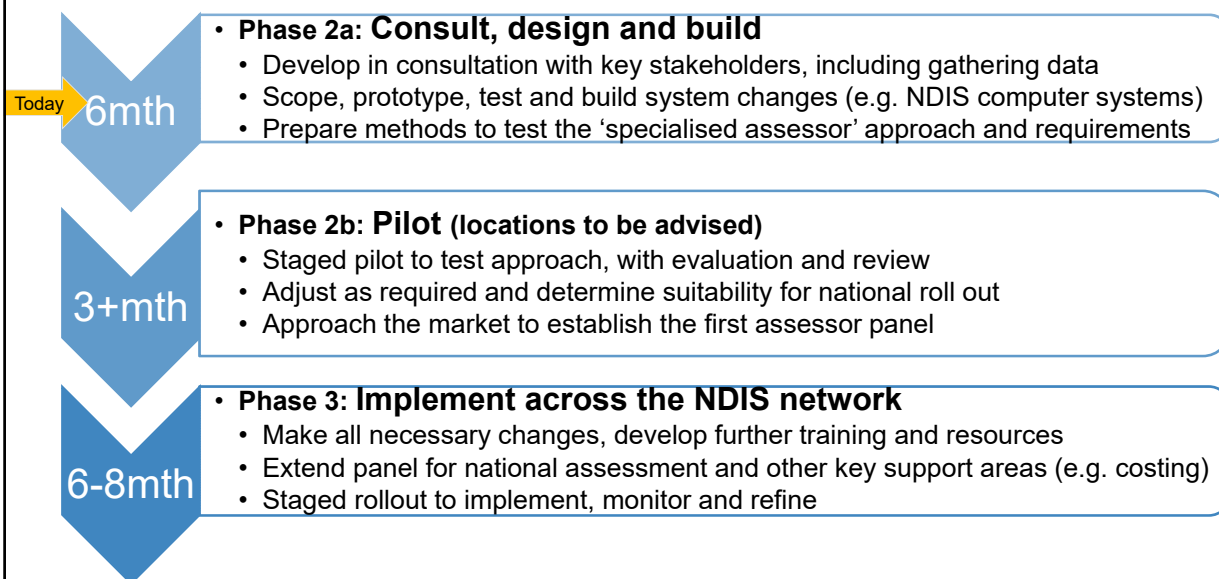
- Increase in participant satisfaction
- Deliver the benefits of appropriate AT and/or HM as quickly as possible
- Simplify the process so that, where possible, all information necessary for a decision is available at time of planning/plan approval

A New Approach to AT – Feb 2018

32



## Designing & Implementing Phases 2 & 3



A New Approach to AT – Feb 2018

33

## Agenda



- Background and context of the NDIS
- The Participant pathway
- Other Provider & Market initiatives

## New Provider Toolkit – why?



Example of old Provider Toolkit

### Provider Toolkit Module 2: Registering as a provider

1 July 2016

ndis.gov.au

1 July 2016 | Provider Toolkit Module 2



#### 2.1. Becoming a Registered Provider

If you or your organisation is wanting to provide supports to participants whose plans are managed by the National Disability Insurance Agency (NDIA; the Agency) or if you want to provide Plan Management services, it is necessary to become a Registered Provider with the National Disability Insurance Scheme (NDIS; the Scheme). To provide services to participants who are self-managing their plans or are using Plan Management services it is not mandatory to become a Registered Provider.

There are three key stages of the provider registration process as defined below and described in more detail in the following section of this Module.

1. authentication (PRODA) & access to myplace
2. intent to register
3. completing your registration with NDIS

To commence your registration you must complete the Provider Digital Access (PRODA) authentication process and obtain access to myplace.

Myplace is the online portal, used by both providers and participants, to administer the NDIS. Access to myplace is through an authentication process called PRODA. All Providers will need to have a PRODA account before they can use myplace. A PRODA account is unique to an individual meaning that anyone in your organisation who will require access to myplace must create their own PRODA account. Once a PRODA account is created, you can log in to myplace using your PRODA username and password.

**NOTE:** Before you apply to become a registered provider, it is important that you read the Guide to Suitability, the NDIA Terms of Business, and your State/Territory's Quality and Safeguard Working Arrangements. The Guide to Suitability is found in Module 4 of the Toolkit, the Terms of Business in Module 3 and the Quality and Safeguard arrangements in the Guide to Suitability and on the State/Territory specific 'registering as a provider' pages on the NDIS website.

##### 2.1.1 Provider Digital Access (PRODA)

PRODA stands for Provider Digital Access (PRODA). PRODA is an online authentication system designed to provide secure access to specific government services. PRODA replaces the previously used authentication process, AUSkey, which was used to access the old Provider Portal.

The PRODA authentication system is a two-step online process:

1. create your account – provide basic personal information, create a username and password, and provide contact information for the secure management of your account
2. verify your identity – verify your identity online using Government issued identity documents which requires you to provide key information from your documents. Your identity will be verified online and in real-time using the Government's Document Verification Service (DVS).

**NOTE:** Every individual who needs to access myplace on behalf of a registered provider will need to create their own Provider Digital Access system (PRODA) account.

One person from each organisation should be the nominated Account Manager for myplace, such as the Chief Finance Officer, Accounts Manager, Chief Information Officer, or for Sole Traders the owner of the business. Note that the Account Manager will also be the Primary Contact for the organisation.

ndis.gov.au

1 July 2016 | Provider Toolkit Module 2

4

## New Provider Toolkit



### How do I access the new toolkit?

The access to new toolkit can be found on the NDIS Provider Page [www.ndis.gov.au/providers](http://www.ndis.gov.au/providers)

### How was the new toolkit created?

- Staged approach
- Co-design and user tested with 105 providers

### What is different about the new toolkit?

The new provider toolkit is an accessible online resource that includes:

- Easy to follow and fully accessible content
- Online e-learning activities
- 'Hot Topics' section
- Improved Frequently Asked Questions (FAQs)
- Latest Updates
- Search Functionality
- Feedback on the toolkit

## National Provider Payments Team



Centralised Provider Payment Team established in February 2018

- one point of contact for providers
- increased efficiency and reduced time delays

Contact *provider.payment@ndis.gov.au* if you:

- need support claiming through the portal, or
- have an outstanding payment.

## Other NDIA AT Team work



- Support NDIA policy development and clarification on AT/HM issues
- Liaison with regulators (ACCC, TGA, Building authorities, AHPRA etc.) on regulation of AT/HM areas
  - Explore/assist AT sector self-regulation (e.g. credentials) to assist participants
- Work with market to enhance options for participant sourcing of AT
  - Hire/lease pools of equipment (including refurbish/reuse of returned items)
  - Repair/maintenance support
  - Concierge/broker type models to assist AT/HM plan implementation
- Progress the NDIA role in facilitating AT/HM innovation

## How may NDIA do AT Innovation?



- Facilitate and build on existing centres and initiatives
- Make connections between consumer and designers/the market
- Build demand pathway – comparative evaluation analysis
- Link with and encourage sector development (e.g. AusIndustry)
- Support industry challenges on key priority areas



## How will stakeholders be involved and kept informed?



### Peak Body engagement :

- NDIA consulting with Peak bodies and they are assisting with the communicating information on the changing approach to AT & HM in the NDIS
- Contributors to process design work

### Updates will be provided in the NDIS website and provider newsletter :

- FAQ's will inform critical changes
- Changes to existing process or requirements will be communicated



## Questions?



Visit: [www.ndis.gov.au](http://www.ndis.gov.au)

Phone: 1800 800 110  
8am-11pm local times, weekdays

Email: [enquiries@ndis.gov.au](mailto:enquiries@ndis.gov.au)



Like us on Facebook



Follow us on Twitter @NDIS