



Submission to
NDIS Act Review and Participant Service
Guarantee (Tune Review)

October 2019

Solve Disability Solutions Inc. | C/ Royal Talbot Rehab. Centre, 1 Yarra Boulevard, Kew Victoria, 3101 | P | (03) 9853 8655 or 1300 663 243

E | info@solve.org.au | W | solve.org.au |  | facebook.com/solvedisabilitysholutions |  | linkedin.com/company/solve-disability-solutions

Incorporated Associations Registration #A0054698V | A.B.N. 16 294 381 734 | NDIS Provider #4050000978

Solve Disability Solutions Inc. (formerly TADVIC)

Contents

1.0 About Solve Disability Solutions	3
2.0 About Solve’s Bespoke Assistive Technology	4
3.0 Solve and the NDIS	5
4.0 Participant Service Guarantee	5
5.0 Challenges with Assistive Technology and NDIS	6
5.1 Equality - Lack of recognition of value of Assistive Technology	6
5.2 Consistency and Fairness	7
5.3 Timeliness	8
5.3.1 Delays in Approval of AT	
5.3.2 Expired Plans / Reviews	
5.4 Transparency & Accountability	9
5.5 Lack of Consultation regarding Changes to Registration Group	10
6.0 Recommendations	11
7.0 Conclusion	12



1.0 About Solve Disability Solutions

Solve Disability Solutions is a not-for-profit Victorian organisation, founded (as TADVIC) in 1975, whose mission is to ensure people with disability have equitable access to quality, safe and fit-for-purpose assistive technology and therapy services to enable them to achieve their goals.

Solve's Occupational Therapists are qualified and experienced Assistive Technology (AT) specialists, and along with technical volunteers, work closely in co-design with each client to design and make or modify bespoke equipment to suit individual requirements. Providing customised solutions and services to meet individual needs means Solve fills a gap not met in the broader AT market. With a therapy focus on each individual participant and equipment solution, Solve ensures participants receive AT that is safe, practical and suited to the user's wants, needs and abilities. Highly skilled technical volunteers provide their time and a wide range of skills and expertise to design and deliver innovative technologies to people with disability.

Solve provides an outreach service to assist people in their preferred location; homes, school, workplace or wherever the equipment is to be used. This enables the Solve team to better understand the client and their AT needs and ensure the client's goals are met. Solve is the only organisation in Victoria which uses the combined skills of health professionals and technical volunteers to solve equipment problems. This model not only minimises the cost to the client, but also provides our volunteers with the opportunity to share and use the skills acquired over a lifetime in the workforce to give back to the community.

Solve has a metropolitan base, 8 regional branches, 7.5 FTE staff and 148 technically-skilled volunteers. We assist over 500 people with disability each year. Solve is fully accredited to Department of Health and Human Services standards and is a registered NDIS Provider. Solve is a member of TAD Australia, a national federation of seven state-based organisations with the collective purpose of providing customised AT that enables people with disabilities to achieve greater independence. Managed by an Executive Committee consisting of members from each organisation, TAD Australia provides governance to projects delivered nationally. The CEO of Solve is president of TAD Australia. Solve is a member of the Australian Rehabilitation and Assistive Technology Association (ARATA).

Solve Disability Solutions, like other TADs, is governed by a volunteer Board of Directors, who apply a wealth of experience in key business disciplines, as well as lived experience of disability. Solve's Risk Committee and Finance Committee are appointed by the Board, and meet monthly to monitor risk and financial management of the organisation.

Our national Freedom Wheels program gives riders of all ages and abilities the opportunity to receive and learn to ride a customised bike. The Freedom Wheels process begins with an individual assessment by an allied health professional, who identifies physical/cognitive needs, considering the environment and goals of the individual and family. Freedom Wheels bikes are customised to the individual with options of removable/adjustable supports including stabilising wheels, postural supports, foot/pedal supports, steering and braking modifications. Following the assessment clinic, families are provided with a quote for their customised bike, as well as an NDIS report, submitted by an OT on behalf of the client, with clinical justification and benefits of the Freedom Wheels bike.

2.0 Solve's Bespoke Assistive Technology

Assistive Technology (AT) describes any device or system that enables an individual with disability to perform a task and increases ease and safety with which tasks are performed. While scope and breadth of commercially available AT solutions continues to grow, often modifications or development of customised AT solutions are required to meet the highly variable needs of individuals with disability. For 43 years, Solve Disability Solutions has modified environments and developed customised AT solutions that enable people with disability to achieve greater independence in the home and community, and participate in recreation, education and employment.

The appropriate prescription and use of AT can have the following benefits

- Enables more choice, control and independence with participation in everyday tasks
- Minimises the rate of functional decline and emergence of secondary co-morbidities, delaying the need for ongoing home care or residential care.
- Results in less cost burden on the health system in the longer term

The combination of targeted therapy and AT can enable people to maintain (or regain) their independence and improve function and participation in daily activities and in their community.

Our innovative client-centred approach focuses on the individual's goals at home and in their community, delivering unique outcomes through therapeutic assessment, trial, prescription and development of custom AT to support their abilities.

Each individual is unique, and their circumstances inevitably evolve over time. Our approach is focused on individual priority, with foresight to their changing needs and future requirements. Our specialised therapy team works with the individual with a focus on their abilities, rather than their disabilities, to maximise independence. Our custom assistive technologies assist people to live more independently in their own home and access their communities. Our therapy service focuses on those who wish to use AT as a tool to improve their functioning, through reablement and restorative care that will improve emotional and physical well-being and overall quality of life.

3.0 Solve and the NDIS

Each request by an NDIS participant for Solve's service follows a process that begins with phone-based Triage, to determine the physical and cognitive needs of the client, the client's goal relating to the equipment request and the exact scope of the equipment need. The Triage is conducted by a Solve Occupational Therapist, who will investigate whether there could be a commercial solution that meets the client's need. If the OT decides that a customised solution is appropriate, the equipment request is logged on the database as a Solve project.

A clinical assessment (at the place where the equipment is to be used) may be required by the OT. This is dependent on the complexity of the project. If this is required, the participant will be asked to sign a service agreement to allow Solve to claim the OT time from their plan. Following the assessment, the participant will be provided with a quote for their equipment. The participant can then lodge the quote with the NDIS through the appropriate channel, depending on whether they are self-managed, plan managed or NDIS managed. If the equipment is a listed item in Capital Supports section of their plan, the OT will provide an NDIS report with clinical justification for the AT.

Once the quote has been approved by NDIS, an invoice is sent and the Occupational Therapist and a technical volunteer will design and develop the equipment solution. The OT hours will be charged for NDIS report, clinical oversight of equipment design and final assessment with completed equipment.

4.0 Participant Service Guarantee

Solve Disability Solutions welcomes introduction of new participant pathways and a Participant Service Guarantee that addresses the principles of Timeliness, Engagement, Expertise, Connection, Value, Decision Making and Accessibility. Other principles which could be included are Consistency, Fairness and Equality.

Solve's experience with NDIS participants has highlighted significant issues and alarming systematic shortfalls in most of these areas. In particular, we are concerned that the NDIS hasn't created a level playing field where all people with disability have equal access to quality plans that adequately recognise Assistive Technology. From our experience and engagement working with over 2,000 people with disability since the beginning of the NDIS rollout, our perception is that people who do not have equal system literacy, capability, knowledge or advocacy commonly receive an NDIS plan that is not reflective of their genuine needs and life aspirations. This is largely due to a LAC / Planner workforce that does not have the appropriate level of expertise, qualifications or training to appropriately advise and mentor them throughout the planning process. Additionally, we have experienced barriers and a lack of interest when trying to develop proactive channels between providers and LACs / Planners, to the participants detriment.

5.0 Challenges with Assistive Technology and NDIS

5.1 Equality - Lack of recognition of value of Assistive Technology

Solve's experience and direct participant feedback has been that LACs / Planners have a tendency to fall back to an 'easier' more traditional approach to solving problems for people with disability by allocating a human carer as a default. Rather than think outside the square, a participant's dignity, capacity and desire for independence is being overlooked, and cost-effective, capacity building (equipment) solutions that allow a participant to perform tasks independently aren't being considered and included in NDIS Plans. Planners need to be upskilled to look for an equipment solution that fosters more control and autonomy. The challenge we observe in this approach is the limitation and dependency it builds. This misallocation of (limited) human resource and associated higher costs could be alleviated through assistive technology and training that builds individual capacity and creates opportunities for greater access, participation and independence.

The current disability sector is diverse and variable. This presents a significant challenge for participants trying to access the information and advocacy they require to make informed decisions during the planning process. Unbeknown to families, significant preparation is required for an NDIS planning meeting, such as obtaining quotes, documents and 'evidence'. Often *people don't know what they don't know*, and it will take more than a checklist to get it right. Solve therapists and staff spend a significant amount of time educating and supporting NDIS participants prior to their planning meeting by encouraging them to think of the supports they would need on their 'worst day'. We believe this is the core business of NDIS staff and is a crucial step that should be provided for participants at their initial contact with the NDIS.

Solve welcomes a move to provide participants with a draft plan for their oversight before final approval. However, this still relies on the participant having the capacity to understand what their needs will be for the next 12 months. Many will need expert advice and assistance with this to ensure the best, reasonable and necessary support is identified and included. Solve's experience has been that many of the NDIS personnel (including LACs) who assist with plans have little understanding of the complex needs of people living with disability and the supports which assist them to live a normal life. NDIS staff are often under-qualified, new to the disability sector and lack the experience and right attitude to undertake a role that oversees fundamental, sometimes life-changing decisions directly affecting those with disability. This is inappropriate and disrespectful for participants and families, particularly when a participant with significant disability is required to sign their name for decisions, when they are not even able to hold a pen – this example has been seen on a number of occasions.

The process of approval has also been met with disappointing admittance of the systematic inconsistencies described. "It really depends whose desk it lands on." – NDIS Help Desk

5.2 Consistency and Fairness

The stage of the process that Solve encounters most red tape is after participants plans are confirmed. Even if participants have the appropriate AT itemised in their plan, participants and providers are met with unreasonable and unnecessary delays to accessing services and supports. Solve has numerous examples of people who have the AT listed as a stated line item, have been provided with a clinical report from an allied health professional clearly describing the client goal and the therapeutic benefits of the AT, but have had funding for the equipment questioned and declined by an NDIA representative who deems the AT is not 'reasonable and necessary'. As noted in section 32 of the NDIS Act, the reasonable and necessary criteria are confusing, repetitive and open to broad interpretation.

Today, we worked with a gentleman with cerebral palsy, who has just had his application for a wheelchair declined by NDIA for the third time, despite having it listed in his plan with clinical justification provided by an occupational therapist. He has had no explanation as to why it has been declined.

NDIA representatives are often not clinically trained professionals. NDIA representative making this decision have, however, been given power and permission to disregard the advice of an Occupational Therapist with the qualifications and years of clinical experience and in-depth knowledge of the specific abilities and therapeutic requirements of the participant. The arbitrary nature of these decisions is highlighted by the inconsistencies we have experienced regarding approvals of Freedom Wheels Bikes. What is deemed reasonable and necessary for one child is declined for another, despite their disability and circumstances being similar, and in some cases, identical, without explanation beyond, "It really depends whose desk it lands on." NDIS Help Desk

An extreme example of this is the case of a family with identical twin boys (8 years old) with Fragile X Syndrome. Both presented with very similar personalities and challenges. They attended their Freedom Wheels clinic on 31st October 2018 and a quote and SWEP application was submitted for each bike on 5th December 2019. One boy had his bike approved on 1st June 2019. The other has (still) not had approval for his bike, almost one year after his application was submitted, and 6 months after his twin brother received his. In another case, the astounding reason for a bike request being declined by NDIA was that the child 'would grow out of it'. Yet another was declined on the basis of the child having a diagnosis of autism. Having never met the child, assessed their abilities or spoken to their allied health professional, the NDIA representative thought a customised bike would be dangerous, and denied him the right to learn to ride a bike. One of the largest participant cohorts of bike riders with disability (nationally) is children with ASD.

This inconsistency and arbitrary nature of quote approvals is unjust and not in line with the NDIS charter of participant 'choice and control'. Furthermore, it undermines the expertise and qualification of the allied health workforce and derails the efficacy of therapeutic practice for people with disability in Australia.

5.3 Timeliness

5.3.1 Delays in Approval of AT

The lengthy delays experienced by participants in having equipment approved by NDIS, is a major barrier to participants receiving the care and support they were promised by the NDIS. With the elimination of SWEP from this process, the approval time for new requests submitted directly to NDIS appears to be becoming shorter, the pathways more direct and the duplication of clinical reports eliminated. These are all positive developments.

Many requests that were submitted to SWEP in 2018 were still awaiting approval in July this year. This backlog of quotes has since been forwarded by SWEP to NDIS. The majority of these have still not been processed at the time of writing this submission. Participants are coming up to their third plan cycles and we are still awaiting response to from applications made through their first plan and goals they made two years ago - goals that remain out of reach and unachievable, waiting for NDIS approval.

Solve currently has a backlog of 102 clients waiting for NDIS approval – totaling \$159,415 in outstanding quotes. Of these, 52% have been in the system for over 90 days with 37% of these over 6 months. 52 of these clients are currently waiting on NDIS approval for a Freedom Wheels bike, 15 of whom had their initial bike assessment and prescription in 2018.

As well as delays causing significant problems with cash flow required for the sustainability of our organisation, it is particularly disturbing for our team to see so many people missing out on timely bespoke assistive technology that has potential to improve their independence and quality of life. Personal needs of people with degenerative conditions can change and children grow, meaning participant conditions are depreciating and worsening while waiting for NDIS approval, and the original AT prescribed can be redundant by the time it has been approved.

Providers and frontline therapists see participant after participant making goals, raising hopes, identifying solutions, only to be disappointed by the delays and rejections of the NDIS.

5.3.2 Expired Plans / Reviews

With inexplicably long delays, the AT is often not approved before the plan expires, and the cycle begins again. The goals and related AT are not automatically rolled over into the next plan, despite the preliminary work, planning, support and an application for the equipment being underway. The result: when the equipment is eventually approved, a plan review is required before the funding can be redeemed. Plan reviews can take up to 6 months to be completed, causing even more unfair delays, missed opportunities and more participants with unachieved goals.

This could be avoided if, when creating a new plan, the NDIS Planner determined which AT applications were still underway and automatically rolled this AT into the next plan. A plan review does not mean a participant's goals or pending requests should fall off. At a minimum, the participant and provider should be prompted and consulted to confirm the AT is still needed, and any outstanding payments are reconciled. Additionally, reassessments may be required if the NDIS process exceeds 90 days, as conditions may have changed. This also needs to be factored into this process.

5.4 Transparency & Accountability

Solve Disability Solutions has an important advocacy role. Some of the applications awaiting NDIS approval are over 12 months old. Many of these applications appear to have hit a blockage in the system, or fallen through the cracks. NDIS participants consistently express frustration and disappointment with NDIS red tape and lack of transparency, often requesting Solve's assistance to determine where their quote is being held up in the system. As such, a large part of our work has been absorbed by fielding, explaining and addressing transparency and accountability issues within the NDIS. The internal NDIS Assistive Technology team and its processes are far from transparent and it is a very difficult and time consuming process to access and discuss AT applications with an NDIS staff member.

Solve are encountering a lack of transparency and accountability in our investigations into these applications. Despite being the NDIS Provider who issued the quote, the NDIS Call Centre can only provide us with limited information, which does not include the status of applications. The only help the Call Centre staff are able to provide is to *have the participant 'escalate' the request*. To date, the majority of these elevated requests have created unnecessary burden on participants and have not generated any tangible results.

A recent example has been for a young girl who has been waiting for her Freedom Wheels Bike to be approved since July 2018. SWEP approved the bike in November 2018 so the application was forwarded to NDIA. As we approach 2020, the bike has still not been approved by NDIA, and we have been unable to determine where or why the application is being held up in the system. Meanwhile, the child has grown and will now have to start the process again with a new assessment and prescription as she has outgrown the original prescription. This is not an isolated case.

The lack of transparency, information and collaboration is creating compounding barriers for participants and providers alike. The perception is that applications seem to be lost in a 'black hole'.

One solution could be a Customer Relationship Management or a system that confirms plan status, receipt of submissions, the location (department / representative) where the submission sits, with reports on expected wait times, and provides up-to-date status alerts to providers and participants alike. One popular example of a user-centric system used globally is the software application used by transportation organisation, Uber or food delivery companies like Dominos. At all times the customer / participant is made aware of the expected processing time and status of their request, the location, person handling their request, and an opportunity to provide feedback once their submission has been completed.

5.5 Lack of Consultation regarding Changes to Registration Group

12% of participant requests to Solve are for assistance with personal care tasks (80 items/year that include access to baths, toilet, showers, commodes, etc). Providing equipment that enables people to perform personal care activities with dignity is an area of our service that is critical to improving quality of life. Until July 2019, these items were claimed under the category 'Assistive Products for Household Tasks'. In July of this year a new Registration Group was added to NDIS: *Item # 103 - Assistive Products For Personal Care And Safety*.

Solve Disability Solutions is not currently registered for this new Group and have been notified that we will be unable to register until we receive NDIS accreditation (due September 2020). In the meantime, we have had 2 clients have their personal care Assistive Technology solutions (both are modified commodes) declined by the NDIS because we are not registered to provide this category as it didn't exist when the claim was originally made. Unless some flexibility is shown by NDIS, we expect many more requests for personal care AT to be declined until we receive registration for this category. At this point we will be unable to provide these services or support participants until September 2020. The personal care equipment required by these clients is vital for their quality of life, and currently suspended by the new NDIS categorisation.

Solve received no prior notification of this change to Registration Groups and only became aware of the change when the equipment was declined. Had we been given adequate warning, or opportunity we would have applied for registration in this category in advance. This situation is also an issue for other member organisations of TAD Australia and their clients, who are being declined services regulated under the quietly introduced categories.

6.0 Recommendations

1. Ensure NDIS Planners and LACs receive appropriate training to gain awareness of the value of Assistive Technology and use this expertise to prompt participants in the planning stage to think about the supports they need to achieve their goals. Continued education and exposure to service provider networks would also be very valuable to their practice.
2. Ensure NDIS decision-makers have appropriate respect and consideration for the time, expertise and knowledge of the allied health professional who assess, prescribe and write the prescription, quotes and clinical justification for each piece of Assistive Technology.
3. If NDIS decision-makers disagree with clinical justification by allied health professional, a formal follow up process must be identified and followed rather than issuing a blanket statement that the application “has been declined”.
4. Remove arbitrary nature of decisions regarding ‘reasonable and necessary’ by employing personnel with the appropriate background to understand the benefits of the supports being requested, and respect the individual nature of participants choice and control.
5. Develop a living database of past decisions regarding AT to develop more consistent guidelines for ‘reasonable and necessary’ – take personal opinion (of NDIS personnel) out of the decision.
6. Allocate extra personnel and/or prioritise work to review and process backlog of AT requests that were delayed by SWEP.
7. Establish clear metrics around the response times of NDIS approval teams and ensure visibility of these by the community.
8. Establish service standards for responsiveness to requests for plan reviews to accommodate changing needs.
9. When writing new plan, make it compulsory for an NDIS Planner to review, address and respond to each AT applications still pending / underway, to determine whether it is still required and automatically roll this AT into the new plan.
10. Improve transparency and collaboration by removing barriers and improving access to information for participants and service providers regarding status of AT requests for approval. Participant – Provider tracking system.
11. Improve (advanced) notification of proposed or upcoming changes to NDIS Registration Groups, and reconciliation of any pending requests under previous categories.
12. Build in flexibility to enable approval of AT in a timely manner (e.g. 90 days) when changes to rules regarding NDIS Registration Groups threaten to delay delivery of equipment.



7.0 Conclusion

Solve Disability Solutions believes the National Disability Insurance Scheme has potential to improve the lives people with disability by giving them choice and control over their supports. With the scheme in its fourth year, it is timely to now take stock of the challenges and issues that have arisen as the scheme has developed from pilot to full national rollout. We anticipate the new Assistive Technology pathways will alleviate many of these issues.

We welcome the opportunity to provide this feedback to the Tune Review, on behalf of our clients, to ensure a Participant Service Guarantee is installed that addresses the principles of Timeliness, Engagement, Expertise, Connection, Value, Decision Making and Accessibility, as well as Consistency, Fairness and Equality.

We would welcome the opportunity to discuss our submission further should you require any additional information.