



Improving assistive technology

Sector Briefing – Lloyd Walker

As of 1 March 2022



Agenda

1. Background
2. Current planning issues and the impact
3. Extending mid-cost AT and new AT Budget Tool
 - Ensuring Integrity and Appropriate Spending
 - Participant/sector feedback
4. Remediating existing (in-flight) plans

Background



- Need for improvement

- It has been taking too long, too much 'red tape' for participants to get needed mid cost AT
 - This means participants and NDIS does not get early benefit from right AT
 - Level of work involved in mid cost AT has knock on effect delaying higher cost AT
- Threshold for mid cost AT was too low
 - Expense in assessment and quoting often outweighed cost of the AT
 - Volume of quotes/assessments received each week was overwhelming NDIA capacity to action
- Concerns of inconsistency in decisions

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What we know about AT

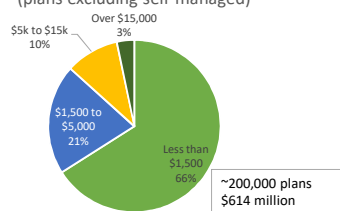
When participants get good advice about what AT to buy, they will usually make good decisions about what is right for them.

80+% of NDIS participants have AT in their plan.

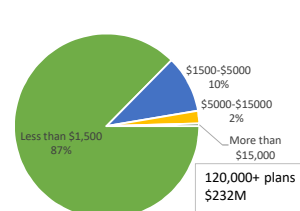
95+% of AT the NDIS funds costs less than \$15,000.

Timely provision of AT can deliver good return on investment; up to 9:1 (WHO data)

AT claims in FY21
(plans excluding self-managed)



AT claims in FY21
(for self-managed plans)



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Desired Outcome	Enablers	Status
Good R&N decisions	CI Connect (How to do Mid Cost AT well) Address expired quotes & TAB referrals	✓ Phase 1
Getting the right mid cost AT in plans	New planning codes with 3 distinct budget levels: Level one = up to \$5k Level two = up to \$10k Level three = up to \$15k Data informed AT item budget tool – to guide staff	✓ Phase 2
Post purchase controls – did the participant buy the right thing?	New claiming items – supporting better data and integrity monitoring	✓ Phase 2
Clear decision making information for all	Updated OGs	✓ Phase 2
Clear process information for NDIA staff/partners	Updated internal SOPs	✓ Phase 2
All plans (old and new) don't require quotes for AT under \$15,000	Automated approach to "accept" open quotable items to make the funds available for participant use under the new model	✓ Phase 2.5
Capital AT is tracked and management automated by new NDIA business system	New approach is now in design phase with clearer supplier linked coding of product to Support Items, managed through system rules.	X Phase 3 (estimated 2023) To be confirmed

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Current mid cost AT (up to \$5,000) challenges

Plan building

1. Inconsistency in use of mid cost AT codes
2. Inconsistent (or absent) guidance to participant for implementation
3. Sometimes still using 'quotable' AT items
 - Requires at least 3 Agency actions to implement

Provider/Participant claims:

1. Generally using generic claiming codes (e.g. "AT for Personal Mobility & Transfer")
2. If quotable code used:
 - a) MUST use that code to claim, even if wrong
 - b) No value to the participant of 'savings' when negotiating price
3. Can't track progress of a quote etc. – leads to repeated questions of NCC/LACs

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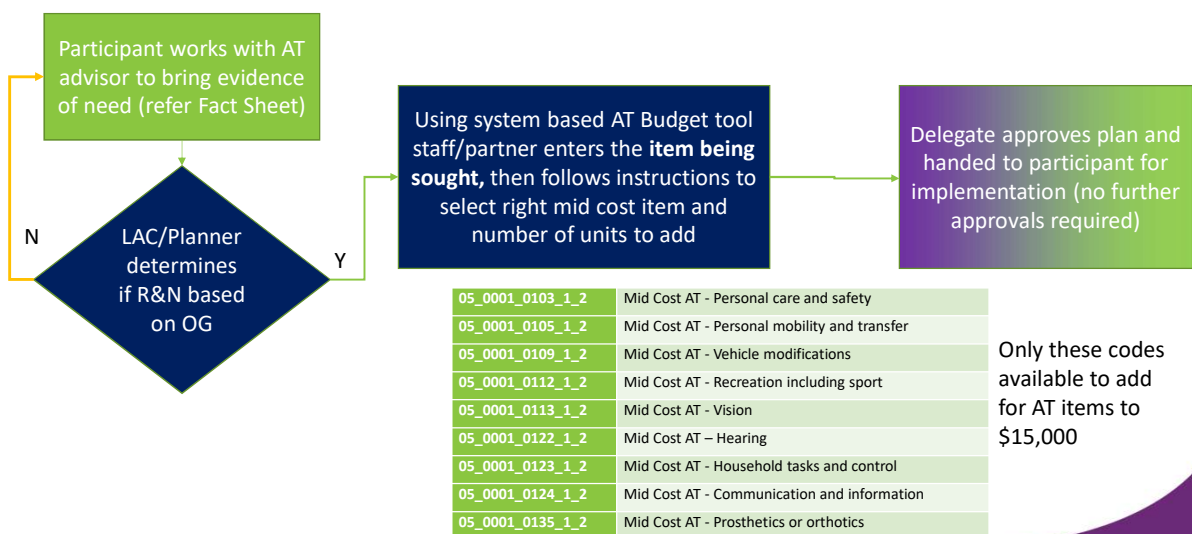
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Fundamentals going forward (post Feb 2022)



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

Planning – mid cost up to \$15,000





Planning will also add the ancilliary costs for AT

- **Repair & maintenance**
 - As per fact sheet
 - If needed 2x quotable codes available for higher cost repairs (contingency funding)
- **Short term AT rental budget** (as per SOP) for backup during repair/holidays etc. (normally less than 2-3 weeks)
- **Low cost AT** (as per Fact Sheets) to the 03 (Consumables) budget

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Planning flexibility is encouraged

Mid cost AT budgets should be sufficient for most costs, for **most** participants including:

- Trial to buy/getting quotes
- Purchase/rental/subscription of the AT item (possibly with discount for any trial payment)
- Delivery & set up

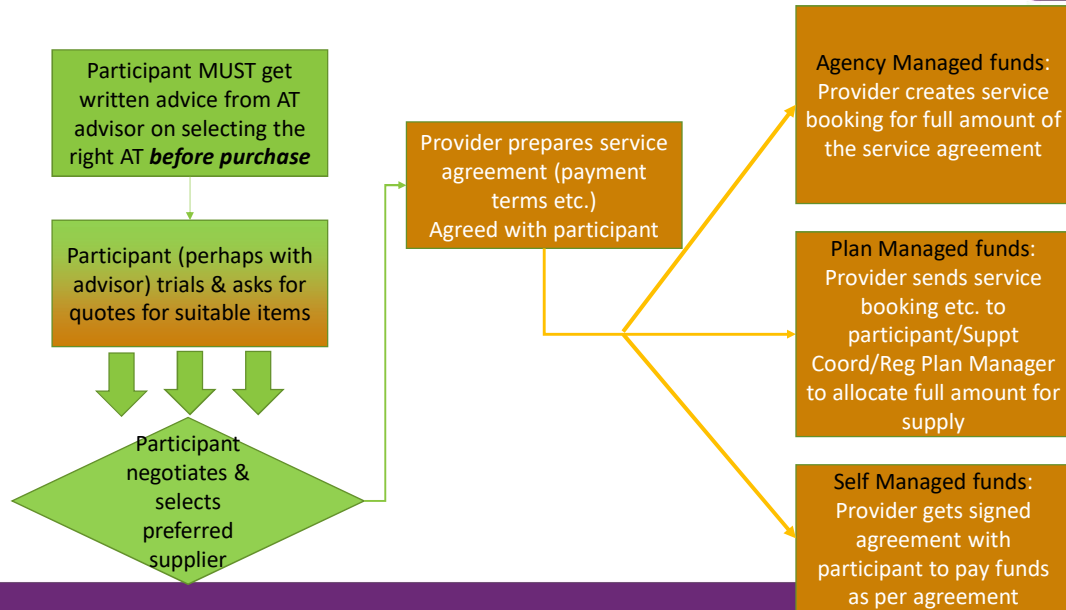
HOWEVER **some** participants may have 'extra' cost such as:

- Freight – particularly for remote and very remote supply
- Particular installation costs above the usual cost of the item, that are specific to the person/use
- Evidence that this participant needs multiple 'adjustments' or 'programming' to adjust to the item

Expectation: Planner will "top up" (at category level) the mid cost budget specified to match this needed budget and ensure successful supply.

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Selecting & implementing mid cost AT



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Mid cost – creating service booking



Plan has **planning code, budget and explanatory comments** (including price range)
(Example: Bilateral AFOs for older teenager)

1

Funded support

05_0001_0135_1_2: Mid cost AT - Prosthetics & Orthotics

Budget

\$10,000 (bilateral)

Comments (in plan): "Funding provisioned for Orthosis – Ankle Foot (AFO) – Custom Made, with price range from \$974 to \$2,553"

2

Participant accepts provider's quote to supplies two AFO Orthoses – Custom Made (bilateral) – total cost \$4,400.

3

Provider/RPMP creates the service booking at the 'support category' (not support item) level for \$4,400.

Should have the flexibility to claim the more precise item codes under this category, for example

- the orthoses,
- specific additional feature,
- delivery etc.

Home > For providers > Working as a provider > Connecting with participants

Managing service bookings

On this page:

Creating service bookings
Managing service bookings
Viewing a service booking
Editing a service booking
Ending a service booking

Mid cost – claiming ... within benchmark



Use the most accurate code from the Support Guide that aligns with the description in the Comments of the field and is appropriate for the participant's need.

Other AT can only be supplied AFTER ALL the items mentioned in the Capital (coments) are covered (and preferably supplied or service bookings in place).

Provider needs permission to see the 'comments' in the plan

Assuming the provider supplies two AFO Orthoses – Custom Made (bilateral) – total cost \$4,400.

1

Provider searches catalogue for closest code:

Claiming Code	Description	Benchmark
05_061203111_0135_1_2	Orthotic - Foot (all types) and Prefabricated Orthotic Footwear	\$400
05_061203821_0135_1_2	Orthopaedic Shoes - Other Custom Made	\$2,500
05_061206111_0135_1_2	Orthosis - Ankle Foot (AFO) - Prefabricated	\$600
05_061206821_0135_1_2	Orthosis - Ankle Foot (AFO) - Custom Made	\$2,800
05_061206891_0135_1_2	Orthosis - Ankle Foot WITH Ankle Joints - Custom Made	\$3,000
05_061209821_0135_1_2	Orthosis - Thigh Knee Ankle - Custom Made	\$5,600
05_061212821_0135_1_2	Orthosis - Knee Ankle Foot - Custom Made	\$10,010

2

Provider claims against their service booking:

2x 05_061206821_0135_1_2 @\$2,200 ea = \$4,400

NOTE: Not publicly shared. These values change and are NDIA commercial in confidence

Participant has \$10,000-\$4,400 = \$5,600 left for other AT related costs

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Mid cost – claiming ... exceeding benchmark



Must provide the support that aligns with the description in the Comments.

ALWAYS: supply the most cost-effective support to meet the participant need and participant must agree to the cost (particularly if outside of the band in the comment).

Assuming the provider had determined (and participant agrees) they need to supply 2x AFO Orthoses – Custom Made (bilateral) – total cost \$6,500.

1

Claiming Code	Description	Benchmark
05_061203111_0135_1_2	Orthotic - Foot (all types) and Prefabricated Orthotic Footwear	\$400
05_061203821_0135_1_2	Orthopaedic Shoes - Other Custom Made	\$2,500
05_061206111_0135_1_2	Orthosis - Ankle Foot (AFO) - Prefabricated	\$600
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05_061212821_0135_1_2	Orthosis - Knee Ankle Foot - Custom Made	\$10,010

2

Plan said upper price likely to be \$2,553 ea

Provider claims against their service booking:

2x 05_061206821_0135_1_2 @\$3,250 ea

CRM pays: 2x \$2,800 (benchmark) = \$5,600

05_0002_0135_1_2 AT Supplementary Charge - Prosthetics or Orthotics \$1

Provider claims the balance against service booking using the Supplementary Charge:

900x 05_0002_135_1_2 @\$1 unit = \$900

Charge can be any value up to balance of service booking/available budget

BUT – NDIA monitoring use (show cause)

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Supplementary Charge codes (for claiming only)

- To enable claim for above benchmark if participant agrees (impacts any savings)
- \$1 units
- No limit (up to available budget)

- Multiple unit (e.g. 1.25 x) claiming of AT stops
- Will monitor use of supplemental charge

05_0002_0103_1_2	AT Supplementary Charge - AT Personal Care/Safety
05_0002_0105_1_2	AT Supplementary Charge - Personal Mobility or Transfer
05_0002_0109_1_2	AT Supplementary Charge - Vehicle modifications
05_0002_0112_1_2	AT Supplementary Charge - Recreation including sport
05_0002_0113_1_2	AT Supplementary Charge - Vision
05_0002_0122_1_2	AT Supplementary Charge - Hearing products
05_0002_0123_1_2	AT Supplementary Charge - Household Tasks and Control
05_0002_0124_1_2	AT Supplementary Charge - Communication & Information support
05_0002_0134_1_2	AT Supplementary Charge - Hearing AT
05_0002_0135_1_2	AT Supplementary Charge - Prosthesis or Orthosis

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Integrity and compliance



Tighter mid-cost bands will limit amount of 'unallocated' funds

- should not exceed \$5,000
- only available for use on 05 AT capital (including repair/ maintenance and rental)

Data monitoring and compliance of claiming:

- Compare plan code with claim code
- Monitor use of **Supplementary charge** code
- Monitor claiming trends – targeted action, or market intervention
- Targeted investigation and action (show cause)

Plan code

05_0001_0105_1_2

Mid cost AT – Personal Mobility and Transfer

Claim codes

✓ 05_122203821_0105_1_2 Wheelchair – Manual – Folding...

× 05_061218813_0135_1_2 Lower Limb Orthotic – Dynamic/Lycra

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Strong backing from participants and provider peaks



- Strong participant support - "Makes sense. Why wouldn't you do this?"
- New mid-cost AT flexibility could enable more cost-effective use (with professional advice) of off the shelf items to get good outcomes rather than higher-cost specialist devices.
- Further resources such as fact sheets, checklists and 'Would we fund it' guides have been developed with participant input/review.
Appropriate Spending

Providers

- Sector (both AT assessors and suppliers) values low cost AT and the mid cost AT (to \$5,000) improvements – works well when correctly applied – positive about extension.
- Inconsistency in planning (decisions at odds with published OG) has frustrated all and wasted resources (higher costs that get passed on).
- Recognise that participants are likely to bargain harder with providers.

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Phase 2.5 - Rectification of Current Plans



Existing plans that have **unclaimed** quotable items

(for example)

05_122203211_0105_1_2

MWC Basic Folding/Light Weight/Transit

(currently marked 'stated' and 'quote required')

IF code not yet claimed:

System script to:

- a) **Auto-approve** up to Pricing Agreed value (may not match a quote).
- b) **Suppress** the 'Autogenerate' function that creates service booking
- c) Add the following to the Comments field "Your [*Old code description*] has now been auto-approved. Contact your AT advisor. A **quote is no longer required** before you source it from your preferred AT provider. If this item is no longer the right AT item for you, you need to discuss this with your myNDIS contact." (expected to be visible in Participant's myPlace portal after 13 March)

General

Monitor, and when all plans with code have claimed, will progressively remove the old codes

Note:

- if participant already has quote loaded into CRM, we auto-accepted that quote as per BAU (some exceptions) - ~70 cases.
- Quotes sent by email may not have been loaded to CRM by 1 March (manual process). These cases will get the 'auto-approved' fund level (no SB)

Over 15,000 were updated
on 1 March 2022

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What's next



1. Planning now incorporates the NEW Mid Cost AT approach (since 28 Feb 2022)
2. Some existing plans with these AT codes are being 'manually reviewed' by the NDIA (e.g. Disability Related Health Supports)
3. Want to hear from participants with old plans (before 1 March 2020) if they still need the AT in their plan
4. Expect to do further plan remediation of many of those held back in coming weeks
5. Communication & scripts to avoid confusion
 - a) NDIS website and National Contact Centre advice updated (28 Feb)
 - b) Participants impacted by the plan AT remediation – comment added in their plans, specific emails/SMS being sent
 - c) Providers – initial briefings and then education & training resources (often in collaboration with peaks).
 - d) NDIA teams – information, training and resources/briefings continues

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Summary:



More efficient assessment/planning + greater control for participants + better data capture

- Once plan approved, Mid Cost AT in plans **is ready for implementation (no quote acceptance).**

Risk management of implementation phase (with minimal NDIA/Partner involvement)

- Plan includes description (and pricing guidance) of what is funded
- Participant needs to get advice (in writing) to help selection, set up etc.
- Providers must use the most appropriate, **specific** AT code (not composite or general code)

Flexibility for participant

- Spend as guided by plan. Spare funding can be used on other relevant AT costs.

Integrity controls (for monitoring)

- Supplementary Charge Codes (x9) for provider charges above system limits (with participant approval)
- Participant must spend within their budget (AT Capital)
- Claiming codes will be monitored – education, and then compliance action were inappropriate

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