

## **The role of state and territory programs in the assistive technology process:**

The Electronic Communication Devices Scheme (ECDS), a sub program of the Victorian Aids and Equipment Program (VAEP), has been operating successfully for many years in Victoria. The scheme subsidised communication assistive technology for all age groups in Victoria and was highly regarded and valued by speech pathologists.

### **Strengths :**

- Equipment provision under the ECDS was timely, responsive and efficient. It was not uncommon for an application (if robust and all criteria met) to be processed, clinically reviewed, approved and equipment ordered the same day.
- Device repairs and applications for people with progressive neurological conditions were prioritised.
- In contrast to most state-funded equipment programs, it was rare for the ECD Scheme to have a waitlist pre-NDIS.
- Clinical reviewers (part-time speech pathologist and OT) were employed in the scheme to review applications and to build prescriber capacity.
- Long-term loan scheme - equipment could be returned and serviced for re-issue

The statement in NDIA's submission that state based schemes provide "basic checks" is inaccurate in relation to the ECDS. ECDS provides expert clinical review.

### **Limitations:**

The main limitation of the ECDS is the funding cap. Further, the ceiling amount has remained static for many years and has not responded to market changes. Applicants needing communication AT costing more than the ceiling amount need to source alternative funds to cover the gap amount. Mainstream technologies such as iPads were also not funded by ECDS. A benefit of the NDIS is that assistive technology can, potentially, be fully funded.

## **The transition to the NDIS**

In Victoria there has not been a smooth transition from the state-funded scheme to NDIS regarding provision of communication AT. The ECDS has been progressively de-funded as the NDIS rolls out with the subsequent introduction of a waitlist and increasing delays in equipment provision.

On May 28<sup>th</sup> 2018, the Victorian Department of Health and Human Services (DHHS) advised that NDIS-eligible children and adults would be ineligible for the VAEP from the date the NDIS becomes available in the region in which they live - even if they do not have an NDIS plan. With long delays in securing a planning meeting and approved plan, this has left many children and adults in limbo without access to government funding for communication AT. For those who had already been on the ECDS waitlist for many months, this resulted in increased delay and frustration.

With changing eligibility criteria, many applicants have bounced on and off the waitlist. Initially, people were eligible until they had an approved NDIS plan, then they were eligible if NDIS had not yet rolled out in their region. Children living in the Bayside Peninsula and Hume Moreland regions became eligible again for the ECDS due to a delayed transition arrangement. The most recent announcement from DHHS has again altered the eligibility criteria with the introduction of a staged approach.

## **The role of the NDIA in approving equipment requests**

Poor stakeholder engagement and communication:

- Prescribing therapists are often not contacted by the delegate where clarification or further information is required and are not informed by NDIA of the delegate decision.
- Prescribing therapists have been unable to contact NDIA delegates involved in decision making. There appears to be a policy of delegates not being contactable.

Unprincipled decision-making and poor outcomes:

- Some applications for communication AT, despite being clinically reviewed and approved by ECDS have been declined. The role of clinical review provided by ECDS has been disregarded.
- Where applications have been declined, usually no rationale is provided beyond 'not considered reasonable and necessary'. Reasons that have been provided fly in the face of what is considered good practice, are not rights-based, and in some cases have reflected a misinterpretation of the section 34 criteria.
- Professional opinions of speech pathologists with expertise in communication AT have been treated with disrespect.
- Internal reviews of decisions (where another planner reviews the decision) have usually resulted in the original decision to decline equipment being upheld.
- I think it likely there is an under reporting of dissatisfaction with outcomes related to AT equipment requests as many family members and participants have been reluctant to complain or to take their case to the Administrative Appeals Tribunal.

I have concerns regarding the revised AT model proposed by NDIA, such as: the composition of the AT assessor panel, how an AT assessor is defined and the apparent side-lining of the participant's treating/prescribing therapist(s) in the model.

As a priority I would like to see NDIA consult and collaborate with Speech Pathology Australia to design improvements to communication AT processes.

Rosie Miller

Speech pathologist MSPA, B App. Sci (Speech Pathology), M.A (App. Ling), MPH

27th November 2018