# **Transcript**

# **Assistive Technology Talk – Wheelchairs, aids and devices**

## **Video**

JOSH:
I'm in year three of school. I like to play with my friends at school with my sister Charlie.

NARELLE:
Josh goes to a mainstream school. He's in year three this year. He has cerebral palsy and autism. At home, he's very chatty and very friendly. He loves having visitors, he's got a lot to say. The goals we have for Josh moving forward would be to walk independently. One of his other goals is social skills, trying to build those friendships. Josh has been on the NDIS since he was three years old, and over that time, he's had a range of different AT supports. The ones that he uses the most at the moment are his wheelchair and his walker.

JOSH:
I'm getting really good walking in my walker. I'm feeling really happy learning to walk. My legs are getting really strong.

NARELLE:
His iPad has been a huge change for him with the communication devices because he has the ability now sometimes to express something that was more difficult for him. Josh also has a headset that he uses. He's got a paralysed vocal chords so he uses the headset to help project his voice, and he has a whole heap of other supports in his package that he's had over time.

JOSH:
I use my iPad to talk to my teachers and friends. I feel really happy that I can share with my friends and my mummy.

NARELLE:
Since getting some of this AT equipment, Josh has changed dramatically. The biggest change we've noticed is his independence. So we're really proud of the progress that Josh has been making and it's making a big difference to our family.

SPEAKER:
To find out more about assistive technology, visit ndis.gov.au/AT.

## **Webinar Panel**

MATT WRIGHT:
What a great story. Hello and welcome to the National Disability Insurance Agency's Assistive Technology talk webinar. I'm Matt Wright. I'm deaf and using assistive technology as part of today's proceedings. Shortly, I'll introduce you to our expert panel, but I'd like to first start by acknowledging the traditional owners of the land upon which we meet, and pay my respect to the Elders both past and present. It's great also to have two Auslan interpreters here today ensuring that many people from my community will not miss out. Thank you, I appreciate your work. You can join the conversation by submitting your online questions and comments. We have a dedicated team that will be answering as many questions as possible. So let's get the discussion started. On the panel with me here today is Karun Gupta, General Manager of Service Delivery and Performance. He's affectionately known as KG. KG has been with the NDIA since February 2018 with a strong background in service delivery across sectors like telcos, energy, banking, and finance. KG is here today because his division is responsible for all the NDIA planners. We make plan approvals including AT nationally. Also on the panel is Dr Lloyd Walker. Director of Assistive Technology, markets, providers, and sector development from the NDIA. Lloyd is a professional rehabilitation engineer who's been working in AT for over 25 years. As a user of AT, he has always had an interest in improvements in technology, and its applications to enhance participation. We're also very fortunate to have two other panellists who know assistive technology from first-hand experience. Carl Thompson is an NDIS participant, an AT user. He has a Bachelor of Business and completed his honours thesis in ethical consumerism. He was formerly a national policy officer at the Australian Federation of Disability Organisations. He's currently working as an NDIS consultant, and he has both professional experience and a personal interest in assistive technology. And finally Leah Van Poppel, an NDIS participant and AT user, and the CEO of Women with Disability in Victoria. Leah led the Every Australian Counts engagement with people with disability across Australia that led to the NDIS and is now the board chair of the Every Australian Counts. Welcome all. KG, I'd like to start with you. What is the agency doing to address the delays for participants who need assistive technology?

KARUN GUPTA:
So let me start by... I think, as an agency, we're sorry that a lot of people have had to wait a long time to get the assistive technology or AT support that they need from the agency. This is one of the top three priorities for me, my team, and all our agency staff to work through. Over the last 12 months, there have been several lessons learned of what we did in trial that is not sustainable to do at the large scale of the scheme now, and we're working similar to the new improvements that we brought in earlier in the year, around whether it's replacing your AT or looking at low-cost AT items that you don't have to provide a quote for, and you can get access to them quite quickly. So over the coming 6 to 12 months, there are more improvements to make the experience and the wait times reduced. And recently, the Government also announced a service guarantee. We're working through the details, and there'll be more announcements coming shortly on how the agency's working on releasing these.

MATT WRIGHT:
Terrific, and so the service guarantee might be something like committing to a particular timeframe on AT.

KARUN GUPTA:
Yes, it will be. And what we've uncovered is at times, there are, the delays, could be because the agency process hasn't worked quickly enough to meet the needs and expectation of our participants. Equally, we've also found at times, we haven't received the information from the participant or the specialist assessor that they're using to back to the agency that we can use and make that decision. So we're working on several strategies to get that work through.

MATT WRIGHT:
Terrific. Well, it sounds like there's a fair bit in train. Lloyd, what is in the pipeline to improve the situation more long-term?

LLOYD WALKER:
So, thanks Matt. The focus that my teams have done is to assist KG's team in service delivery but also to build some changes to our structures, and that is in particular in relation to our computer systems so we can help participants track information going through there. But also for participants with complex needs connecting them to a specialised assessor early, preferably during the pre-planning phase, before they've actually got the plan approved, and to get that a slot might be the things that they need, the AT, which is how we shorten assistive technology, AT in their plan. That looks at a range of things. It may suggest things they need straight away within this time, one year plan, but also, things may be in two or three years' time. It'll also identify what supports might the participant need to actually go and implement that plan. So they may need to get and probably will get advice from somebody they know really well - an OT or a physio, or somebody like that - as well as connecting with providers. And there can be funding put into capacity building for that sort of work as well. That means that when they then go to the planning conversation with the planner, everybody's got quite a lot of really useful information to build a good and solid plan. The aim is that that will all be in our systems, and will then be approved, so then they don't need to come back to the agency for any further approvals. They just get on and implement the plan, and tell us at the end of that plan period how did it all go to make a setup for the next one.

MATT WRIGHT:
Terrific. So essentially, it's a bit more hand holding to ensure that we get to an outcome.

LLOYD WALKER:
I think it goes back to KG's point. It's about timely provision of information. So if we identify a person needs a little bit more information, provide the evidence to support the plan, we get it at the right time. So before the plan is being constructed, we work out what does it look like, make sure that that goes into the conversation. So planner and participant can build a really good plan from the start.

MATT WRIGHT:
Terrific, Lloyd. And how does the NDIA view AT and enabling participant participation and in pursuing of their goals?

LLOYD WALKER:
OK, so that I don't think really has changed because an AT is a very powerful enabler for people with disability right across the world, and it continues to grow. And the agency knows, based on our recent data, that about a quarter of all NDIS participants have a capital AT item in their plan - that means an item that costs about $1,500 or more. So there's quite a number of participants who have that equipment. It's a misunderstanding that this equipment's always expensive. So a lot of participants will benefit from low-cost equipment, and we've certainly found in some of the test we've done recently with our arrangements, it's simple things like modified cutlery that can make the difference between a person having to wait for somebody else to cut up their food and to have dinner, versus to just make your own sandwich and get on with having some food. But then there are other items which are more expensive. And yes, we would see them as definitely an investment. So perhaps a modified vehicle may cost quite a bit of money, but it might enable a person with a spinal cord injury to go and pick up the kids, go and get a job back in an office complex somewhere - all of those sorts of things - so they really get back into living the day to day life. And it's not just for the here and now. So you can see obviously the participation benefits to some of that investment, but it's also longer term. The NDIS is an insurance scheme. So if we invest in the right equipment now, it can also potentially mean that person will avoid further injury down the track, or maintain and strengthen their function through a long period of life, may be working, but also just enjoying what we would call an ordinary life.

KARUN GUPTA:
I'm just gonna add a point to that Matt. So one of the big pieces is how was that information coming in from our participants into the agency, and consistency of getting that right that we could address those requests in a timely way. So when Lloyd touched on complex items, almost 93% of the items that people are requesting are under the value of $15,000. Some of them do need assessments and could have complex needs, but a huge number is actually not in the complex space. So some of the improvements that our team have been working together on is how do we streamline our process, how do we get our planning teams working quicker on those items that people have been waiting for unacceptably long times, and get those decisions made a lot quicker. So consistency across each state, across each team, and we're doing a lot of work in building people's capability and all the material that they have available can make those decisions quicker.

MATT WRIGHT:
Terrific KG, that's very reassuring. And also Lloyd, I think you make an excellent point about that we want people with disability leading an ordinary life, and an ordinary life is in the community as part of the community like any other citizen. I might bring Carl into the discussion at this point. Carl, you're a user of AT, can you tell us a little bit about your disability, and how you use AT in everyday life?

CARL THOMPSON:
Yeah sure, thanks Matt. So I use an electric wheelchair. So that's for mobility. It's for, you know, driving to the train station, for work, accessing my house, making sure I'm sitting upright, that type of thing, you know, postural support. Also, other pieces of AT which I use would be ceiling hoist for, you know, getting dressing in the morning, shower chairs, for, you know, having a shower - even things like a hollow bed so I can get on my bed safely and support workers can assist me safely. But then, even smaller things like light bulbs which I can turn on and off using my phone, that connect to other things like Google Home and that type of thing, which means I can do more things for myself so I'm more independent, and that way I can rely less on other people because there's cost savings and kind of, you know, independence benefits that I get from the AT that I have.

MATT WRIGHT:
And Carl, your chair is very high tech. In fact, they had to send the mode or something to Germany to ensure that you had the right seating position, and it does things like it goes up and down so that, you know, if you're talking to people and you wanna be at a different level, you can be elevated, or if you wanna come down, you can come down as well.

CARL THOMPSON:
Yeah, so wheelchair's a very, well, it can be very complicated and there's different parts. So for instance, my wheelchair, today, the actual base of the chair is quite old. It's about 7 years old, but the seat itself is only about 6 months old. So there's different parts, and then, you know, they all work together, and they all require things like, you know, repairs and maintenance to work smoothly, because if any of the parts aren't working properly, then, you know, the whole thing breaks down a little bit. So yes, they're complicated, but when they work well, they're very, very useful, especially for complex people like myself.

MATT WRIGHT:
Terrific, and tell us a bit about your Google Home where you can turn on your heating and your lights through your phone.

CARL THOMPSON:
Yeah, well, that one's my favourite examples of kind of modern AT because it's a mainstream product so it's generally a bit cheaper than more complex specific AT. And most people see things like Google Home as a bit of a luxury or a toy. But for me, it's really useful for, you know, turning on the air conditioner or turning on the lights, that type of thing, even setting alarms when I'm in bed by myself. So, you know, for me, it's more of a assistive technology device rather than purely entertainment.

LLOYD WALKER: I think one of things - if I can interject Carl - that that offers you, is it means you don't have to get somebody to come in and do those things for you if the remote's sitting over on another table and you've actually got control through your phone where you are so it manage your environment like many of the rest of us would. I'd get up and walk over to that, but you don't have that benefit. Yeah, exactly right, yeah.

MATT WRIGHT:
And Carl, when we spoke before, it's like supports are a critical thing as well. So you had a home that was set up with all the technology that you need, it was only when the NDIS came in that you were able to get enough support in terms of moving out from the parents and living independently.

CARL THOMPSON:
Yeah, so I was fortunate enough to be in a position to have my own house. But prior to the NDIS, I didn't have enough hours for support workers. So even though I had a house that was ready for me to move into in terms of modifications and that type of thing, I didn't have enough support worker hours. So with the NDIS, they provided funding for that which meant I could move out of my family home. And again it kind of shows that everything needs to work well to get the best outcome. You can't have good AT and no core supports. And so everything needs to work well to get the most out of your plan.

KARUN GUPTA:
Just gonna add a point to what Carl's called out there. I think that's what we're finding a lot is AT is crucial, absolutely, but it's part of the bigger plan, and all the supports that our participants need to meet their core goals, and also capacity building. If there's delays with AT, then that has other implications, and vice-versa. So I think that's one of the things we're also working hard on building that awareness of timeliness.

CARL THOMPSON:
Yep, and putting things together as a bundle, again, not funding things in isolation is really important.

MATT WRIGHT:
So Carl, you have all of the things that a person with a disability should expect - independence, meaningful relationships, and work. So it's clear to me that getting the right assistive technology can make a huge difference in someone's life.

CARL THOMPSON:
Yeah, that's definitely true. It's really important, and again, it means that I can live an ordinary life and not have to kind of worry about these things because when things are working well, you almost take it for granted, and it's only when things don't work or things need repair, or there's issues, that's when you kind of think about how important they are.

MATT WRIGHT:
Great, thanks. All right, at this point I might bring in Leah to the conversation. Leah, let's take a trip down memory lane. Your mother contracted rubella when she was pregnant, and as a result, when you were born you lost your sight. Can you take me through what technologies were important for you along your journey?

LEAH VAN POPPEL:
Sure. So when I was born, we knew that I was totally blind. But, we didn't know that I had a hearing impairment. And we actually didn't find that out for a couple of years because I was a child of the 80s. There weren't tests to do that sort of thing. And my mum carried me everywhere as a baby and talked to me, because she knew I couldn't see. So I didn't have some of the language delays that might've been indicated a hearing impairment. When that was finally worked out, I got hearing aids. So putting hearing aids on a three or four year old is, so people in the audience who've done it will know it's a challenge - getting them to stay, making sure you don't lose things, and making sure that you don't have to repair bits all the time, it's really, really challenging.

MATT WRIGHT:
I totally relate to that one.

LEAH VAN POPPEL:
Yep, my mum did a really good job of making sure that that was kept on track. And as I got older, going to a mainstream school, I began to use different bits of adaptive technology. So I used things like magnifiers, but also monoculars that would let me see things on the whiteboard or the blackboard at school. And then when I got to high school, I had access to a laptop. And that was really useful for me because it meant I could take notes and do my assignments without worrying about my handwriting being an issue. And it meant that I was able to go back and look at those notes really readily later on. So it really aided my learning. When I finished school, well, I went off to university, and there, you're looking at, again, sort of this is early 2000s, a lot's changed in technology, but a lot of the papers and things that I had to look at were just in print and they weren't easily enlarged - I would've been carrying around a whole stack of stuff. So I used CCTV, which is a machine where you have a tray, you put the piece of paper underneath, it picks up from a camera what's on the tray, and just enlarges it on a screen. So that meant that I could read more complex papers really, really easily, especially things like statistics where you have graphs - and that's really hard to interpret with a vision impairment. Then I lost my hearing. So one of the things that's happened to me over time is my sight has gotten better through operations and things but my hearing has gotten worse. (AUDIO LOST) implant, which has been really, really helpful. I'm using the cochlear implant today to be able to hear all of the other speakers, and I'm able to use it in lots of ways to hear in different environments. Over the last 5 or 10 years, I think the big game changer for me has been having access to an iPad and an iPhone. So I use those for as AT in ways that maybe other people use them as well, like Carl was talking about the Google Home being something that other people would use, but he just needs it more. And that's true for me with my iPads and things as well. So I will use Kindle a lot to read books, and I can change the font size and the background to mean that I can actually read what I wanna read. And I also use Netflix on my iPad as well. I can stream that straight into my cochlear implant now so I can hear better, and I can also hold it up close which means that I can see the captions as well. And some of the Netflix shows have audio description, which is brilliant because that means I can follow what's going along when there's a dark scene or something happens really quickly.

MATT WRIGHT:
And Netflix is also a fabulous thing for the deaf community. It's the first time that everything was captioned in the one place at the one time, yeah. So you mentioned the cochlear, but people wouldn't realise that these things aren't all easy. It was quite a tricky operation and all of that type of thing before you got to the benefit.

LEAH VAN POPPEL:
Yeah that's right. People think that really is, you get a cochlear implant and it's like magic. For some people it is, but sometimes it is a bit of a longer journey. So I had complications with the first operation when I had my cochlear implant installed. And so it took a lot longer to do the switch on. And then once you get a cochlear implant, you have to do some adjustment. You're not just able to turn it on and hear everything naturally. And for some people, that never comes. So, I can hear reasonably well. I can stream phone calls into my implant now directly. Again, that's a great piece of technology, and it's really, really new so I'm quite excited about that, because I can really follow phone calls, even with people who have speech impairments now quite well. But it took a long time. And in large groups or in large meetings, I have to use things like an audio loop, which we're using here today, so that I can hear through the sound system, or an FM, which means that I can then follow what's going on in smaller group conversations.

MATT WRIGHT:
Fabulous. So tech AT is a very important part of your life as well.

LEAH VAN POPPEL:
Totally. I think it would've been very difficult for me to work. I use screen enlargement software on my computer. I access paper than email and things just electronically now. And it means that every day I'm able to access information that would be really hard to find in the world around me, like train timetables, or what platform I need to be on - I can't read the signs. And sometimes if there's a change, it's really difficult to get that information otherwise.

MATT WRIGHT:
Lloyd, both Carl and Leah have talked about personal items like iPhones and iPads being a really important part of their assistive technology. Some people disabilities are confused. They get an iPad or an iPhone, or a personal item as part of their planning. I'm just wondering if I throw it to you to kind of clear up some of those issues.

LLOYD WALKER:
I can but it's complex. And the part that I can make it as simple as possible is to start by saying both Carl and Leah have said, it starts with what they're trying to achieve. So as part of their disability, they have a barrier or an issue that they have to address. So for Carl, it's mobility to go and operate things in his house. For Leah, it was about being able to access prints and those sort of systems. So that then tends to lead to, well, what are the possible solutions I could use to solve that problem? So once that's been established, then potentially mainstream technologies like the iPhone, or iPad, or tablets - if we stick away from being brand specific - a tablet type solution will often run the app or the thing that makes that work. If Carl just needs a phone to answer his phone calls, or I'd buy one, and I'm sure Carl will buy that, so that's not an appropriate thing really for reasonable and necessary funding. Yet for Leah, it's pivotal to have a phone with the appropriate apps and she may choose a particular style of phone, and then the app would definitely be reasonable and necessary, but she also may find that she needs the app but she's never had a phone and then in order to operate the app, obviously she's going to need the technology to make it possible. So it really does have to start with, well, what is the functional factor that the person's trying to address that would be something that a person that doesn't have a disability doesn't require.

CARL THOMPSON:
Yeah, and if I could jump in. Sorry, it's a similar example with computers. You know, I wouldn't expect the NDIS to purchase a computer for me. But I also use speech recognition software to do work, or to communicate with friends so I speak and it turns into text, and that's something which the NDIS might be more likely to fund. So I wouldn't expect the NDIS to purchase a computer because that's something which is now, even though it might be expensive, it's still an everyday item which most families have.

LLOYD WALKER:
Well, and I guess Carl, you're using it for a whole range of things. So this is the software that's enabling to address an aspect of your disability that you want to use that computer more effectively. And that's definitely moving into the space of the reasonable and necessary space.

KARUN GUPTA:
Yeah, I think, building on Carl's point, at times the volume of requests that are coming in that people in the community might think that the scheme needs to cover, but when we apply that reasonable and necessary lens and what the NDIS act requires us to do, that at times also slows down how things actually work out. So there are examples where if a communication device is a core device that a participant needs to communicate and carry on with their day to day life, we will look at that as, if that device happens to be a tablet, then that will be.

LLOYD WALKER:
Tablet with the right apps.

KARUN GUPTA:
With the right apps, but including the tablet, not just the apps. But if that's just only to build their capacity, they're looking to get more apps that'll help to build their capacity, then it's only the apps that we'll support as necessary, not the whole device. That's where the fine balance for our broader planning team and for us of an agency is.

LLOYD WALKER:
And I think if I finish that, I won't finish it, but anyway, in terms of what the agency can help people with, the technology they may already have is a lot of that technology has some built in smarts, we're getting much more universally designed technology. And so it's certainly in scope for the agency to support funds to help people get set up time, and training on how to use those features they may already have in the equipment they've got in their hands. And that's definitely a valuable thing that they could -

MATT WRIGHT:
Great, thanks Lloyd. All right, we might go now to our online audience. Katrina has written in. Is the NDIA doing anything to minimise waiting times for assisted technologies, i.e. braille, displays, speech synthesiser software, CCTVs? KG, I think you've (AUDIO LOST) but you wanna add anything further?

KARUN GUPTA:
I think given the things that Katrina's mentioned, if any of them required adjustments on the more complex things and other points that Lloyd earlier raised on what we are looking from an assessment pilot point in couple of areas in New South Wales and ACT is to try and get those assessments done earlier in the planning process before the plan's approved so it becomes part of a full holistic solution for that participant's needs, And then we can work through that and get that decision made much more efficiently. Unless Lloyd, do you think you want to add to that?

LLOYD WALKER:
I think the other thing KG is your team have also introduced a strategy for some of those items there, what we would call mid cost items. And so there is a way perhaps for the planner to identify, yes, somebody needs in Leah's identified space of a means of being able to interpret something that's come through email, but I can't see it, so it may be something in the braille space. They could describe that in the plan, put a relevant line item in, and indicate the typical amount of money that the planner has agreed is reasonable. That would then enable the participant to go off and find the exact item, bring back the proposal, and then that would nearly always be (AUDIO LOST)

MATT WRIGHT:
OK, Rebecca asks, iPads are dedicated communication devices. Is an AT request required, or can they be claimed through low risk consumables? I might throw that over to Lloyd.

LLOYD WALKER:
OK, so because the identification here is a communication device, typically in this case, it's gonna be face to face communication. The focus would be, in our mind, to go and get good advice as to what is the right solution. Cause some people believe certain app on an iPad will solve all their communication problems. It may not be the right solution. So we do fund into capacity building money for the participant to go and have a conversation, in this case with a speech pathologist, get good advice, make sure that the technology you're thinking is the right one, and if it comes in that low cost space, then you've got good evidence as to why it's a reasonable thing to get.

MATT WRIGHT:
Great, thank you. Paul has asked, what AT can and can't be purchased with a self-managed plan? So I might throw to KG on this one.

KARUN GUPTA:
Sure. So I think, when it comes to AT through a self-managed plan, as long as, depending upon which level of complexity that AT falls into, our website's got some really clear guidelines and some really good material available on the AT page, which can help even for self-managed plans. It's which assessors they go and use to give them the assessment report, and when you're self-managing, you've got a broader choice of providers you could go to and get those assessments done. So I think, I'll encourage Paul to look at that help guide on our website, and that's got a lot more detail if in case they've got any questions on something that's not working, they can either contact our contact centre first, on 1-800-800110. Or they can email their local office, which on our website we've got every local office listed.

MATT WRIGHT:
Right. Thanks KG. Shannon has called through and wants to know, What can be done about the shortfall in hire equipment that is occurring for participants while they await AT to be approved and then supplied? In many cases, they are waiting excessive months without the right equipment, and in some cases, this has resulted in pressure injuries and required hospitalisation." Lloyd?

LLOYD WALKER:
I'll start, but I think KG's also got some thoughts into this space, as well. Trial is definitely an element, and we have clear guidance to our planning teams, particularly with participants who've got complex pieces of technology, that including money for trial and hire of equipment is a really important part of a plan. It gives them the opportunity to test items and see how that's working. But in this case, it could also give them funds into plan, and there's some money there for repairs and maintenance but that can also be used for trial, to get somebody through a period where perhaps, their technology has broken down and they're waiting for a repair or a fix. We will be strengthening that in coming months, and KG's got some thoughts in that space, I think.

KARUN GUPTA:
I think while there's the - can you arrange to get some, let's say, cover between you or until you've had the trial completed and you can now procure that device, if you're struggling and you want to escalate that issue, that you haven't heard back or something 's not gone on, we've got a very simple process now, where I'm encouraging people like - I think Shannon's raised a question is, we should - they need to contact our contact centre in 1-800-800110. Raise that matter with them and they will pass that as urgent request straight to the local office. And then, once the local office gets set, we can prioritise that request and work through it and make sure, if funds are not included, depending upon when their plan started, we can make that adjustment to their plan quicker and have those funds available.

LLOYD WALKER:
We definitely want to avoid those issues which may lead to a person to get an injury, deterioration of their health, or at the worst case, going to hospital. That's not the way we want.

MATT WRIGHT:
I think Leah wants to add a point.

LEAH VAN POPPEL:
Yeah, I just wanted to say I think it's really good that there's some process change around this, but if people are struggling with getting that access to AT and it's getting urgent for them, it's also really good to know that there are disability advocacy agencies out there who can assist you with talking to the agency and making sure that your request lands in the right spot. So, that's really important.

KARUN GUPTA:
Yeah, so I think, Leah, what you raised there is one of our key findings through all the work we've been doing together and all of the people in the agency, to understand where is the request sitting at now? And what we find is often, there'd been multiple emails that had been sent by the same requester, at times, would mark, sort of mask how big or how long has someone been waiting. So, one of the new things in that process we're trying to bring is identify the participants who at this point, we don't have the right assessment or the right response back from them. And then proactively contact them and when we are contacting them, the number might come out as a private number, which at times, people don't respond to. So, that's one of the ways we're trying to improve this. That rather than letting it wait for months and months, when the participant might not even know that we are waiting an action on the participant's part to provide either an additional assessment report or additional piece of information that's crucial for us to make that decision. So, those calls will start and they will come from private numbers, which at times, the community might say it's a telemarketing call and not take it. So, we're looking at does our team send an email first, and then contact. We're testing the feel of those things.

MATT WRIGHT:
Carl, if your chair went down tomorrow, would your supplier step in or would you know who to contact?

CARL THOMPSON:
Yeah, right. I was about to jump in, actually. I think one of the big issues that we've got with this is even if the NDIS or the NDIA approves funds and people can go and purchase AT, at the moment, especially for complex AT, there's just really not enough suppliers who are either available or able to do some complicated requests. And that's a bit of a challenge where there's no. easy answer, but - and that might be why there is such a gap between someone putting in a request for you know, actually purchasing or procuring AT, and then waiting months before they actually get it. And that's something which hopefully, the agency is working on and trying to get more people to come onboard and sell AT and become skilled at that. And you know, people starting businesses and (CROSSTALK).

LLOYD WALKER:
It's an important point, Matt, and it's a matter that the Chairman of the NDIA board has flagged. It's not just the agency making decisions. It's also a supplier on it, which is what, Carl, we're really looking at. But it's really difficult for suppliers, if they're not sure when the agency's going to make a decision. So, all the work that KG's team is doing about getting that smoother and being more consistent and clear, and enables providers to organise themselves to pick up the baton, if we're gonna call it that, and take it through to conclusion, sometimes even pre-ordering, if they're fairly confident it's going to go through. Yes, we do have more work to do in this whole area of market development, and that includes things like - I've been talking in a few forums about options that participants can sign up to for a year on subscription, to repairs and maintenance, for instance. So you could effectively prepare yourself, in case anything does happen through the year. And then, you have a phone number that might be on a sticker on your chair, you can just dial into your phone or it might even be on speed dial for you, Carl. Speed dial, "OK, I'm here. The chair's just conked out. Can somebody come down and get me?" They look out and go, yes, you're on our register. We'll be there in 20 minutes." A bit like RACV in Victoria. That sort of stuff we're looking at.

MATT WRIGHT:
Great! Leah?

LEAH VAN POPPEL:
But in the meantime, if someone has an issue with... wheelchair goes down or their Braille printer stops working, what's the best thing for them to do right now?

LLOYD WALKER:
There's two pathways there. One is depends how new it is . So if it's only reasonably recently been bought, this equipment is the participant's equipment, unless there's an agreement some other way. So, the participant might be able to just phone the supplier and say, Well, I just got this Braille printer about three months ago. It's a dud. I need another one and I need it now, 'cause I'm depending on it." And that's a warranty repair, like other things. If that's not going to work, there are a range of techniques that we can do. Since February, we introduced an improvement where we're trying to identify if you've got AT in your plan, that we actually include enough money in your plan for repair and maintenance, so you can have confidence to give a phone call to the relevant repairer and say, I can get this fixed. Can you make a service booking against my plan and come and get it fixed?" If you're self-managed, obviously, you'd pay the bill yourself and claim it out of your plan. We're still, in the next few weeks, working with our state and territory equipment providers and other big providers, to maintain some of those connections so that participants who've gotten used to being able to get one of those big providers to come and do repairs, there's ways to support participants where perhaps, the claim is missing the funds. So that they're not left stranded without any sort of way you could go. I think it goes back to KG's point. If participants are concerned and they're really stuck, the state equipment programs will step in as will sometimes, RACV, NRMA, all of those groups will often get a participant out of trouble in a mobility situation. But if it's just that the equipment you've discovered this morning on Monday, is broken, you need help, contact their contact centre and they'll try and make the connections to work and get a solution.

MATT WRIGHT:
Right. We might go to our next question. OK, Trudy asks "Why are some AT approved in some states and not in others? Shouldn't it be consistent across all states?" KG?

KARUN GUPTA:
That falls squarely on to me, thank you. Thank you, Trudy, I think this is when I say why is it part of our top three priority? So, at NDIA, we're close to having 300,000 participants nationally. And having 300,000 participants in this scheme who are supported through funded support, also create a massive opportunity to keep working on building consistency in practice, in applying reasonableness in decisions. The legacy or our growth through a significant growth phase has created some issues which are there which we are working through, in building that consistency of practice. So, from state to state, there shouldn't be a difference. Their background of where each state had a different cap on what was funded for assistive technology, the agency since coming in, it's more about what are those individual choice and control needs, and more importantly, what's the functional impact of the disability? And then, rather than saying we can only do 10,000 and you fund the rest, it's...we're asking for those complexities to be clearly understood and getting the right professional assessors to assess them, so then we can make the right planning decisions. So, a part of that consistency journey for us for the next 6-12 months is training and retraining a lot of our staff building the quality of our consistency of applying - if it's a mid-cost, mid-complexity AT request, how do we make sure that nationally, we're making if not the same, very similar decisions, cause each participant's unique. So, at times, we've got to allow that. So recently, in New South Wales, the team have done 29 training sessions and they've trained just under 600 people about how to use some of these new process improvements that we're putting in place. And that will continue to happen throughout the country over the coming months, until we get everybody to a national consistent level. So, it's definitely fair and square on our pad.

MATT WRIGHT:
Yeah. You make a great point. You've lead a lot of that consistency, but each participant is given (CROSSTALK) and there are small variations in people's plans, even with similar disabilities.

KARUN GUPTA:
Absolutely. I mean, that's where while we're striving towards a baseline experience that everyone can expect from us, we need to allow for those things to be tweaked according to each individual's needs. And how Carl uses his Google Home is completely different to what Leah's needs are. While we will put them both under the $1500 - or $15,000 mid-cost element, but how they are being used, that's completely different.

MATT WRIGHT:
Perfect! Alright, we might go to our next question, which is Katrina. Can you please define low-cost items for AT? For low-cost, low-risk items, my understanding was that this could be funded through consumables."

LLOYD WALKER:
Right. That can be me again. So, low-cost, the agency understands, is generally items less than $1,500.

KARUN GUPTA:
Yes.

LLOYD WALKER:
And yes, you're absolutely right, Katrina, it is in the core budget, under the consumables budget three. But at the moment, the term is daily adaptive equipment. There's a line item, generally there. But after 1 July, we're going to switch it and the words will be low-cost assistive technology. So, that's where you can go. On most participants' self-manage that budget. And that gives them a lot of flexibility. They can go to Bunnings, they can go to the chemist, they can go to - if it's modified cutlery, they might find it even at David Jones. All of these types of stores suddenly become available. Participants can go and check it out, make sure it's the right thing to address their disability needs and buy it, and then claim it out of their self-managed fund.

MATT WRIGHT:
Terrific! I might actually go to Leah and Carl now. You both talk to a number of people with disability. I'd be interested in your thoughts about what you think that the agency is doing well in AT, and what are some areas for improvement? So, I'll start with Leah.

LEAH VAN POPPEL:
I think, in terms of what the agency is doing well, when you get AT that you've not had before, it can be really, really life-changing for people. It can mean that for instance, you're able to get things in hard copy Braille without having to go through an agency and wait a couple of months for someone to print out and copy over your musical score or some financial reports that you want to read through. You can just print that out at home. So, it's really revolutionary, in ways that can be quite... can seem small to other people, but really large in a person's life. In terms of what's not working so well, I think we've touched on some of that already today. You know, there are really long wait times. It is really hard to find out where anything is at. Sometimes, even if you do call the contact centre, it's very, very hard to get a clear sense of where that information goes. And I think also, when people are having that initial discussion with planners, particularly if you have really specific needs. So, since your disability is sometimes one in and you've got really complicated equipment, that can be another. You feel like you have to educate the planners. A lot of people talk about that need to kind of explain to a planner what a piece of adaptive technology is for. And to be really clear about that, so that it can go into the plan in the first place.

MATT WRIGHT:
Yeah, terrific! KG?

KARUN GUPTA:
I think Leah has raised a really good point, which we're working hard to address and it's taking time, so I apologise it's taking a long time. It's not acceptable, and we're working on getting that better. Is that participant experience of you have to explain your need to a planner who potentially does not understand it. So, at the agency, we don't expect planners to be experts in AT, because that's not what their role is. It's...if you've engaged a qualified professional assessor who's put that report in front, what we're building with our planners from a consistency point is that report should be enough evidence that we need to consider that that's reasonable and necessary. In most cases, there would be a finding that some providers are potentially not following the reasonable and necessary lengths, and that's a different problem for us to work through, and other methods of how to influence the market from a participant's point, from an experience, and it should be if you've gone to a qualified professional, you brought that report with you at the planning, that should be enough for us to go, here's the evidence, that's what we need to consider and work through.

LEAH VAN POPPEL:
Can I just ask a follow-up question about that? If you go into a planning meeting, and you haven't already got that report, and you've got a planner who doesn't understand, what's the step to take then?

KARUN GUPTA:
So, what we then do is based on what you feel your needs are, we put that AT line item without the specific amount in there, then we allow enough funding in there for you to go and get those cost assessment reports, and then we can either do what we call it at the agency a light touch review, and activate that funding, or if we need to do some more extensive work, we can do that post... We've got those to understand the middle-high cost or high complexity items. Lloyd, if you...

LLOYD WALKER:
Certainly, my only follow up there would be, it's a lot easier if you've already got an item that you're wanting to replace, because you're demonstrating by your day to day use of it, its effectiveness for you, and that's why we introduced that simplified process for replacing AT, in February. I think a lot of the work we've talked about in the last couple of months is the amount of evidence to just put the item in the plan. So it could be a letter from your doctor or from a worker, somebody who's worked with you on your AT or your day to day requirements, that says, "There's clear evidence that Leah is going to need this item and that should be explored in the next 12 months," that can be sufficient for a plan if they have enough confidence to make the reasonable necessary determinations. And then you've got time with some support, to then implement that over the coming 12 months. Those are some of the improvements we're trying to be a bit more flexible with.

KARUN GUPTA:
Just one more point, Ma'am, it's what we're almost trying to go is how the, if it's under 1,500, what's the guidance to the planner? And then, so between 1,500 and 15 and 5,000, between 5,000 and 15,000, what's the guidance? How do we get this working more efficiently and quicker so we can get to an outcome for the participant quicker? If it's above 15,000, there's a lot more due diligence and a lot more checks we need to do to measure...

LLOYD WALKER:
It takes time to work out the right solution so everybody's confident.

KARUN GUPTA:
Absolutely.

MATT WRIGHT:
Terrific. We might now go to Carl.

CARL THOMPSON:
Yeah. So, and I think one of the things that the agency is doing, as KG mentioned it before is, if the NDIS agrees to something is needed by that particular person, that will generally fund the entire cost of that equipment. That's, you know, way better than it was. Previously where people had to, including myself, we used to have to fundraise for wheelchairs because the state government would only fund in a certain percentage of that, so that's one good thing. You know the concern that I've got is a little bit what we've been talking about just now is that, again, with AT, it's not just the equipment that you need funding for. You need funding for having someone to write the reports to get the equipment, you need funding for setup of the equipment, and then you need funding for writing more reports to, you know, justify the maintenance of the equipment as well. So making sure that, you know, the NDIS doesn't just fund the wheelchair and no occupational therapy, or making sure that the NDIS doesn't just fund their speech device, but no speech pathologist. That needs to be, you know, really kind of clear bundles of funding that the NDIS funds rather than just worrying about the equipment itself. That's one improvement, I think, which you might already be doing.

LLOYD WALKER:
It's a key element of the way the NDIA has always looked at the system technology and that is... KG has put it well, we're saying it's not planners' job to understand everything there is about what's the right assistive technology for Carl. That's where you work with provider and that provider needs to be funded.

CARL THOMPSON:
Yeah.

LLOYD WALKER:
Some for assessing, some for helping you specify, and that's got to go in your capacity building budget, and then the money for your purchase, etcetera, goes into your capital, and then another bunch of money has to go into the repair and maintenance. I think the challenges, partly making sure those bits go together, fit as you say, a bundle, and we do that for people whose needs are changing rapidly, we actually can fund a bundle of money. A package if I could use it that way. That enables the participant to work very closely with a specialist provider. And they can swap pieces of equipment as their changing needs impact their life. We're going to keep doing that better I think, in providing more information in that space, so that it's not left in the participants and staff to try and remind everybody of the bits and pieces that need to be put together, you're right.

CARL THOMPSON:
Yeah, and that's great. So as long as the planner knows what they don't know, that's one of the things - planners, you need to understand that they need to know about all AT. But they need to know that there should be some provision for funding so they can explore options.

LLOYD WALKER:
The bits and pieces that are part and parcel about making it work.

CARL THOMPSON:
Yeah. Exactly.

MATT WRIGHT:
Terrific. Alright, we might go back to our online audience. Nancy asked, "Who do you contact to find out the status of an AT request that has been submitted? To find out if the application has been received? Estimated time frames? Who can do this? Can the prescriber who has completed the application, find out about the status on behalf of the participant?" KG.

KARUN GUPTA:
So I'll start, I'm sure Lloyd's got some more words of wisdom to add.

LLOYD WALKER:
Maybe.

KARUN GUPTA:
So recently, I think one of the system improvements that Lloyd touched on was, I think the question that last part of the question was, if the prescriber has submitted the report, can they follow up on the status? So the myplace provider portal recently has had some improvements, when they'll get notified when that report is logged or received. There's more work that's being done in that space. Similarly, for participants also we have working, that we're working through in the coming months of how do we give them better visibility of where that request is sitting. But in the meantime, if your matter's urgent, I encourage everyone to pick up the phone to the contact centre and raise and give as much detail as you can on the urgency of your matter. If you've sent your report in and you just don't know if someone's got it or they've done something with it, then you email your local office which we've got on our website list of every single local office, either your partner that you've been work, LAC partner you've been working with, or directly to NDIA, who were you working with. And then we are putting the right process and the right discipline, that people are working through those requests at pace and if it's something that's low cost, something that's mid-cost that's quick and easy and applying our new process, we can make a decision quicker, we can get that... until we can get more improvements through the system. It does take a little bit of manual work, and I apologise for that, and I thank our participants for their patience while we keep working on fixing this.

MATT WRIGHT:
So the contact centre has access to that information?

KARUN GUPTA:
Yes. So they can see what's on the participant's file. If they're not clear on something they've got a clear line of contacting someone in the planning team to get that additional information. But they could if it's a simple enough inquiry of I'll send this in, and you see if it's on my file, in our system, the contact centre can easily go and one of the improvements that Lloyd and the team worked hard on bringing was to create a separate section in our system where all our AT information's stored. So it's accessible really quickly rather than sifting through many records.

MATT WRIGHT:
Terrific.

LLOYD WALKER:
My only addition would be in May, we introduced or released new assessment forms, because one of the important parts for the agency is the privacy of our participant's information, and so that has been a bit of a barrier because the participant hadn't alerted the agency that they were happy for the agency to discuss the matter with the assessor or the supplier. So those forms now have a place for the participants to give express consent to say, "It's fine for you to talk to this assessor." They ensure that the assessor can contact the agency and we can follow through on that.

MATT WRIGHT:
Great. Alright, we have another question. Tanya asked, "If a participant has submitted a quote for AT and an assessment but is allocated less in the plan, cover the full cost of the requested AT, what is the process of review and or recourse by the participant? I might go to Lloyd on this one.

LLOYD WALKER:
Actually think it's probably more KG. (CROSSTALK)
I think he might start because it is more a review question.

KARUN GUPTA:
Absolutely. So I think the question that Tanya raised is, if you've had a decision on what the agency will fund in your plan, and you're not happy with that, we've got a very clear set of obligations under the NDIS Act that we have to provide you as a participant of how you can lodge and review of that decision. So, what we've done to improve the process and the timeliness of that is, as soon as you request that plan review request, we need to make a decision on that request that are we considering that as a right request? Or is that not enough information for that request to go to another plan review within 14 days? And that's when throughout this webinar been talking about, getting things onto our system so we can effectively track and monitor them. So, that's one of the recourses they can take. What I'll encourage Tanya to do first is really look at what's been included, and the flexibility of some of the supports in the plan might be worth speaking to if there is a local area coordinator involved, who can help understand that a bit better. But if that still doesn't meet their needs, then they go down the path of requesting a review of that plan.

MATT WRIGHT:
Great, thanks so much KG. KARUN GUPTA: Leah's going to add.

LEAH VAN POPPEL:
I just wanted to say, sometimes there are a couple of different types of review, that the agency does. One, which is just about if there's a change in your circumstances, and the other is about if you're wanting to challenge a decision that has been made in your plan. So it's really important to know which kind of review is happening for you because the kind of review that happens if you're going to challenge what's been put in your plan, which is I think on Section 100...

KARUN GUPTA:
It is, that's correct.

LEAH VAN POPPEL: .. that's correct, then? If you get that kind of review, you can then take it further, if you are still not happy with the outcome. But if you get the other kind of review, that's not possible. So sometimes people find themselves going back to the very start of the process. If you think that that's going to be a bit confusing and challenging for you, I think again, then please contact someone independent like an advocate to help you navigate that. That's a really valid point, that you've called out there. So the two ways, so the change of circumstances in the NDIS Act is called a Section 48 request, which gets processed through (INAUDIBLE)
And then what do you call that is the internal review request or review of a reviewable decision, which is a Section 100, which we have to follow a different process and get that done. I'm going to acknowledge we've had delays in both of those areas, which similar to what we're doing to fix AT delays. There's work that's actively being done at the agency to get that timeframe tighter because a times, people had to wait months to hear back for a review request.

MATT WRIGHT:
Terrific. Alright. Emerson asked, "How do I know what sort of prescriber I need depending on the complexity of the AT?" Lloyd.

LLOYD WALKER:
OK, I'm going to play with semantics here. I understand what Emerson's asking but I'll make an important point for the agency because we don't use the word prescriber in the agency. Because these, the person who's helping a participant gather the evidence, providing information or an assessment is working with the participant to give the evidence to the agency. They don't control, they're not a gatekeeper for whether Carl or Leah or any other participant, you or myself, Matt, can or can't have a piece of equipment. So, that person is going to give the evidence, will vary depending on the complexity of the technology. So if it's a fairly simple piece of technology, it actually could be an AT mentor or somebody like that who could provide enough guidance because they work or are connected with an independent living centre. They know the range of technologies that are available. They can give evidence that says we looked at these items, this is the best one that's going to meet this person's needs. That's really good evidence. Once we get into, as Carl's mentioned, his complex postural supporting seating system, that's now moving into the space where I would normally expect it to be a very skilled occupational therapist or physiotherapist. He's done quite a lot of seating who knows what can go wrong. It's usually expensive, and it also takes quite a bit of time doesn't it, Carl?

CARL THOMPSON:
Yeah. And that's so, yeah, that's what the same for that, they set up and maintenance.

LLOYD WALKER:
So, that first person who's going to do that assessment should be competent, know exactly what they're doing so that they don't waste Carl's time, they give a good and succinct report and are confident they're working within their area of practice. So, I think participants should be really clear to ask the person they're going to work with, Are you confident you can give me good evidence about what I'm there to ask."

MATT WRIGHT:
Great. Thank you. Alright. Caitlin is interested in understanding how the process for prescription of equipment to support transition from hospital to home, maybe improving. KG.

KARUN GUPTA:
I'll start on that. So there's work that when participants in hospital, they can work with their health practitioner on what their needs if there is a change in their circumstance after that hospitalization. And then they can either request the agency to review the plan and make adjustments, if there's, you need to set-up a merge depending upon the complexity of that AT need, then what we've been talking throughout the webinar, we've got different pathways, we can get that done for the participant, but if there is some short term, whether it's rental or higher funding that they need support with, then they contact the NDIA through the call centre or through their LAC or local office, and we can work with them.

MATT WRIGHT:
Great, thank you. Alright. So we might have to wrap it up there. I'd like to thank all the panellists and the audience for joining us today. A recording of the webinar complete with captions and the transcript will be available on the NDIS website in the coming week. We look forward to you joining us at our next NDIS webinar. We now go to a short animation to explain the AT process. Thank you so much for joining us. Bye.

KARUN GUPTA:
Thank you.