|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Notes for completing the Complex Home Modification Assessment Template | | | | | | | |
| **There are specific templates available for the following types of AT:**   * General Assistive Technology Assessment * Continence Assessment * Prosthetics and Orthotics Assessment * Vehicle Modifications Assessment * Complex Home Modification Assessment * Dog Guide Assessment   The assessment information provided in this form will be used by the NDIA to understand how the specified AT will assist the participant to pursue their goals and to assess whether it is reasonable and necessary for the NDIS to fund AT support.  Using this template is not mandatory. If a provider elects to provide information in another format, they must include all information described in this template. Information provided needs to include an outline of the functional impact of each feature being recommended. This should include how the AT will support capacity building, promote independence and impact alternative forms of support.  The primary criteria NDIS delegates use when determining if a piece of equipment or modification is suitable for the NDIS to fund is section 34: reasonable and necessary supports of the [National Disability Insurance Scheme Act 2013 (NDIS Act; external) and section 34.](https://www.legislation.gov.au/Latest/C2018C00276)  Additional information on how the recommendation(s) will be considered in the context of specific supports can be found in the NDIS Operational Guidelines available online and the [NDIS (Supports for Participants) Rules 2013](https://www.legislation.gov.au/Details/F2013L01063).  **AT Strategy:** Supports will be provided in line with the NDIA’s AT Strategy that can be found at [Assistive Technology Strategy](https://www.ndis.gov.au/about-us/strategies/assistive-technology-strategy) and as outlined in [NDIS AT Complexity](https://www.ndis.gov.au/providers/essentials-providers-working-ndia/providing-assistive-technologies-and-home-modifications) document.  **Assistive Technology (AT) Assessor:** An AT assessor is able to assess a participant's needs and situation and identify the most appropriate AT, they may be an AT Mentor, allied health practitioner, continence nurse, rehabilitation engineer or other suitably qualified practitioner.  AT Assessors have obligations under the NDIS Provider Terms of Business, Quality and Safeguards Commission and their respective professional registration under Australian Health Practitioner Regulation Agency (AHPRA).  **Caution:** AT Assessors must be aware of and observe the law with regard to AT that is likely to restrain a participant. [National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018](https://www.legislation.gov.au/Details/F2018L00632)  The NDIA expects AT assessors to consider all options for addressing the participant’s disability related functional limitations and pursuing goals, including non-AT supports.  **NDIS AT Levels 3 & 4 trials:** Where the AT assessor and participant need to work with an AT supplier to trial and develop a specification for the AT support, reasonable supplier costs can be quoted, and if agreed, claimed against the participant’s plan (category ‘rental/trial’). Supplier specification/order details are required with this assessment to enable the NDIS to consider quotes/prices from the supplier.  Quotations should be attached where applicable (items < $1500 may be funded from the CORE consumables budget and do not require an assessment and quote). Quotations can include printouts of web orders and stock numbers from relevant State based equipment suppliers where relevant.  AT assessors can keep up to date at [NDIS provider assistive technology.](https://www.ndis.gov.au/providers/essentials-providers-working-ndia/providing-assistive-technologies-and-home-modifications) Participants can keep up to date at [NDIS participant assistive technology.](https://www.ndis.gov.au/participants/home-equipment-and-supports) | | | | | | | |
| Notes for navigating and editing this document | | | | | | | |
| **General Notes**  This document is protected so that only editable fields can be changed but additional rows in tables can be inserted as required.  All editable fields have unlimited text entry, and the document will expand in page length when large amounts of text are entered.  Spelling and grammar can be checked according to the word processor you are using.  The document can be navigated with just the Tab key to encompass varying modes of navigation and levels of computer skills  **JAWS Specific Comments**  Ins + F1 will read document information including the general layout, header and footer information  Ins + F6 will bring up a headings list allowing a JAWS user to jump to heading sections if desired  Ins + F7 will bring a list of web links embedded in the document.  Ins + Z will turn on quick navigation fields so a JAWS user can use say “H” to jump to the next heading for easy navigation. | | | | | | | |
| PART 1 – Participant and Plan Management Details | | | | | | | |
| 1.1 NDIS Participant Details | | | | | | | |
| Name | | |  | | | | |
| Date of Birth | | |  | | | | |
| Age | | |  | | | | |
| NDIS Number | | |  | | | | |
| Address | | |  | | | | |
| Contact Telephone Number | | |  | | | | |
| Email | | |  | | | | |
| Preferred Contact Method | | |  | | | | |
| Nominee or Guardian Name | | |  | | | | |
| Nominee or Guardian Phone | | |  | | | | |
| NDIS Support Coordinator | | |  | | | | |
| Contact Details | | |  | | | | |
| Date of Assessment | | |  | | | | |
| Date of Report | | |  | | | | |
| 1.2 Plan Management Details | | | | | | | |
| Agency Managed | | |  | | | | |
| Self-Managed | | |  | | | | |
| Registered Plan Management Provider | | |  | | | | |
| Contact Details | | |  | | | | |
|  | | | | | | | |
| PART 2 – Assessment | | | | | | | |
| 2.1 Background | | | | | | | |
| General: Describe participant’s current status which may include diagnosis, prognosis, co-existing conditions, disability, personal and instrumental activities of daily living, formal and informal support arrangements and life transitions. | | | | | | | |
|  | | | | | | | |
| 2.2 Participant Goals | | | | | | | |
| If the participant’s NDIS plan has been made available, you can refer to the statement of participant’s goals and outline those relevant to the AT solution. | | | | | | | |
|  | | | | | | | |
| 2.3 Functional Assessment | | | | | | | |
| Outline the specific functional limitation/s related to the participant’s disability that indicate the need for the home modification as below;   * Current functional status, including functional outcomes on discharge if hospitalised, outlining anticipated optimum level of independence and participation in personal care and domestic activities within the home * Details of any formal personal support / informal support and the impact of the proposed complex home modification that the participant requires to perform activities of daily living. * Comment on the impact of any other non-disability related issues on the participant’s functioning. Consider whether assistive technology, additional capacity building supports would enable the participant to maximise their independence. * Consider the social and economic participation and the location of the participants home from their activities. | | | | | | | |
| **2.3.1** Frequency of use of proposed modification. | | | | | | | |
| Continuously / multiple times each day | |  | | | | | |
| Several times weekly | |  | | | | | |
| Other, provide details: | |  | | | | | |
| **2.3.2** Is the Participant / Nominee in agreement with this AT request? Please describe. | | | | | | | |
| Yes | |  | | | | | |
| No | |  | | | | | |
| Comment | |  | | | | | |
| **2.3.3** Findings from functional assessment | | | | | | | |
| **Assessment Area** | **Current Status** | | | **Expected future level of independence** | | | |
| Mobility (Including the ability to use stairs and ramps) |  | | |  | | | |
| Transfers, consider bed, chair, toilet and car. |  | | |  | | | |
| Mobility aids, consider typical footprint and circulation space required for wheelchairs |  | | |  | | | |
| Upper limb / Hand function and reach |  | | |  | | | |
| Lifting and carrying capacity |  | | |  | | | |
| Functional cognitive status |  | | |  | | | |
| Other general safety issues |  | | |  | | | |
|  | | | | | | | |
| **Personal ADL** | **Current Status** | | | **Expected future level of independence** | | | |
| Toileting |  | | |  | | | |
| Dressing |  | | |  | | | |
| Showering/bathing |  | | |  | | | |
| Grooming |  | | |  | | | |
| Other |  | | |  | | | |
| **Domestic ADL** | **Current Status** | | | **Expected future level of independence** | | | |
| Meal preparation |  | | |  | | | |
| Cleaning |  | | |  | | | |
| Laundry |  | | |  | | | |
| Other |  | | |  | | | |
|  | | | | | | | |
| **Community Activities / Access** | **Current Status** | | | **Expected future level of independence** | | | |
| Recreation and leisure |  | | |  | | | |
| Driving and/or transportation in vehicle/cars |  | | |  | | | |
| Work and study issues |  | | |  | | | |
| PART 3 – Property Details | | | | | | | |
| 3.1 Home ownership | | | | | | | |
| **3.1.1** Please indicate the ownership status of the property being assessed. Where ownership is other than the participant, provide more details, e.g. name of real estate agency and contact number | | | | | | | |
| Participant owned |  | | | | | | |
| Co-owned |  | | | | | | |
| Private rental |  | | | | | | |
| Public rental / housing |  | | | | | | |
| Family owned |  | | | | | | |
| **3.1.2** Has the property had previous modifications funded by the NDIA? If ‘yes’, please outline previous modifications completed | | | | | | | |
| Yes |  | | | | | | |
| No |  | | | | | | |
| Details of previous modifications |  | | | | | | |
| **3.1.3** Is the owner of the property aware of and provided written authorisation for the potential modifications? | | | | | | | |
| Yes |  | | | | | | |
| No |  | | | | | | |
| 3.2 Structure of property | | | | | | | |
| Please describe the construction type, e.g. brick or weatherboard, colour bond or tiled roof, approximate age or era, concrete slab or timber stumps | | | | | | | |
|  | | | | | | | |
| 3.3 Description of property | | | | | | | |
| Please describe the layout and size, e.g. 3 bedroom residence with central bathroom and two living areas, single garage, porch at front and back entrances, medium sized home = approx 20 square metres, block size approx 500 – 600 square metres, level block, etc. | | | | | | | |
|  | | | | | | | |
| 3.4 Special Conditions | | | | | | | |
| Please outline any special conditions or considerations, e.g. heritage listed | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| PART 4 – Social Situation | | | | | | | |
| 4.1 Social Circumstances | | | | | | | |
| Detail the participant’s living arrangements, social background, relationship status and other information relevant to the need for home modifications. | | | | | | | |
|  | | | | | | | |
| 4.2 Hospitalisation or Inpatient | | | | | | | |
| If currently an inpatient, please outline which hospital, the current discharge plan and describe any interim arrangements while complex home modifications are completed such as short term accommodation. Describe other assistive technology as appropriate. | | | | | | | |
| N/A |  | | | | | | |
| Anticipated discharge date |  | | | | | | |
| Discharge plan details/Comments | | | | | | | |
|  | | | | | | | |
| 4.3 Proposed living arrangements (including post-discharge, where appropriate) | | | | | | | |
| Comments in this section will relate to decisions that have been made about where and who the participant will live with and how long it is expected they will reside in the house which is being considered for modification. Detail the participant’s expected long-term household/social situation and household supports as well as the participant’s current family support and any known future plans or changes to this. | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| PART 5 – Complex Home Modification Recommendations | | | | | | | |
| 5.1 Modification Details | | | | | | | |
| You should detail the participant’s existing home environment and provide clinical evidence for all home modification recommendation(s). Recommended specifications for access must be consistent with The NDIA document “Guidance for Builders and Designers” unless specifically referenced as an ‘exception’.  You must include:   * Recommendations, having considered all reasonable options * Recommendations should reflect consideration of the requirements of the legislation to pay for the reasonable costs of home modifications required as a result of the participant’s disability. * Clinical evidence for each aspect of your recommendations. * Specific details to ensure recommendations for home modifications are comprehensive and meet the participant’s home modification needs * Where relevant, details of any related modifications or equipment currently being used by the participant * Where appropriate, provide diagrams and/or digital photographs of the home areas requiring modification * Note the participant’s or family preferences separately to the assessor’s recommendations where applicable * Under each area/room requiring modification below, please detail any changes required to door widths, fixtures, fittings, floor coverings etc. * Recommendations comply with relevant Australian Standards | | | | | | | |
| *Example Bathroom* | | | | | | | |
| *N/A* |  | | | | | | |
| *Current Situation* | *Existing bathroom has a shower over the bath and there is no other wheelchair accessible bathroom in the home.* | | | | | | |
| *Recommendations* | *Removal of bath and installation of a level-entry shower recess with hand-held shower hose.* | | | | | | |
| *Priority* | *1* | | | | | | |
| *Clinical Evidence* | *The client is wheelchair dependent for all mobility and requires use of a mobile shower commode to enable them to shower independently, with no further change in mobility status anticipated.* | | | | | | |
| 5.2 Externals | | | | | | | |
| 5.2.1 Front Access | | | | | | | |
| N/A |  | | | | | | |
| Current Situation |  | | | | | | |
| Recommendations |  | | | | | | |
| Priority |  | | | | | | |
| Clinical Evidence |  | | | | | | |
| 5.2.2 Other Access | | | | | | | |
| N/A |  | | | | | | |
| Current Situation |  | | | | | | |
| Recommendations |  | | | | | | |
| Priority |  | | | | | | |
| Clinical Evidence |  | | | | | | |
| 5.2.3 Car Parking | | | | | | | |
| N/A |  | | | | | | |
| Current Situation |  | | | | | | |
| Recommendations |  | | | | | | |
| Priority |  | | | | | | |
| Clinical Evidence |  | | | | | | |
| 5.3 Internals | | | | | | | |
| 5.3.1 Bedroom. Suitable for participant to use (preferably located on ground floor). Please include doorways, flooring, lights, fixtures/fittings, door handles and light switches where applicable | | | | | | | |
| N/A |  | | | | | | |
| Current Situation |  | | | | | | |
| Recommendations |  | | | | | | |
| Priority |  | | | | | | |
| Clinical Evidence |  | | | | | | |
| 5.3.2 Living Area Please include doorways, flooring, lights, fixtures/fittings, door handles and light switches, circulation space where applicable | | | | | | | |
| N/A |  | | | | | | |
| Current Situation |  | | | | | | |
| Recommendations |  | | | | | | |
| Priority |  | | | | | | |
| Clinical Evidence |  | | | | | | |
| 5.3.3 Hallway Internal steps to enable access to a suitable bedroom and bathroom. Please include doorways, flooring, lights, fixtures/fittings, door handles, light switches and width of corridors where applicable | | | | | | | |
| N/A |  | | | | | | |
| Current Situation |  | | | | | | |
| Recommendations |  | | | | | | |
| Priority |  | | | | | | |
| Clinical Evidence |  | | | | | | |
| 5.3.4 Bathroom/Toilet Bathroom/toilet that would be suitable for participant to use (preferably located on ground floor). Please include doorways, flooring, lights, fixtures/fittings, door handles and light switches, hand rails, tap ware, shower hose, etc. where applicable. Describe if combined or separate. | | | | | | | |
| N/A |  | | | | | | |
| Current Situation |  | | | | | | |
| Recommendations |  | | | | | | |
| Priority |  | | | | | | |
| Clinical Evidence |  | | | | | | |
| 5.3.5 Kitchen Please include doorways, flooring, lights, fixtures/fittings, door handles and light switches, hand rails, tap ware, etc. where applicable | | | | | | | |
| N/A |  | | | | | | |
| Current Situation |  | | | | | | |
| Recommendations |  | | | | | | |
| Priority |  | | | | | | |
| Clinical Evidence |  | | | | | | |
| 5.3.6 Laundry Please include doorways, flooring, lights, fixtures/fittings, door handles and light switches, hand rails, tap ware, etc. where applicable | | | | | | | |
| N/A |  | | | | | | |
| Current Situation |  | | | | | | |
| Recommendations |  | | | | | | |
| Priority |  | | | | | | |
| Clinical Evidence |  | | | | | | |
| 5.3.7 Other/not included above | | | | | | | |
| N/A |  | | | | | | |
| Current Situation |  | | | | | | |
| Recommendations |  | | | | | | |
| Priority |  | | | | | | |
| Clinical Evidence |  | | | | | | |
| 5.4 Heating and Cooling | | | | | | | |
| Please note, this modification applies only to participants with medically diagnosed thermoregulation impairment. Please provide details of current heating and cooling systems**.** | | | | | | | |
|  | | | | | | | |
| 5.5 Staged Process | | | | | | | |
| Is a staged process for building modifications appropriate? Yes or No? | | | | |  | | |
| e.g. first stage is to enable access for safe discharge from hospital and short term accommodation. The second stage is modifications to enable the participant to transition to long-term accommodation. | | | | | | | |
|  | | | | | | | |
| 5.6 Exception to Disability Standards | | | | | | | |
| Please note in most cases compliance with Australian Standard 1428 Design for Access and Mobility Part 1 (General) (AS 1428.1) is not required but are examples of best practice. Users of this template need to ensure they understand the relevant building codes, standards and regulations that relate to the state and location where the modification is planned. | | | | | | | |
|  | | | | | | | |
| PART 6 – Complex Home Modification Quotes | | | | | | | |
| Please attach information from relevant builders, building project management meetings or relevant scope of works documents | | | | | | | |
|  | | | | | | | |
| PART 7 – Details of Assessor | | | | | | | |
| **DECLARATION** (indicate all relevant sections that apply) | | | | | | | |
| I certify that I meet the NDIA expectations of AT assessor suitability (including understanding of the current NDIS Act, Rules and Operational Guidelines) to assess the complex home modification supports at the level of complexity required by this participant. | | | | | | |  |
| I will provide appropriate evidence to the NDIA and/or Quality and Safe Guards Commission if and as requested. | | | | | | |  |
| I understand and acknowledge that the NDIA and participant will rely on my professional advice to select, source and implement this assistive technology. | | | | | | |  |
| This assistive technology has been assessed by the treating multi-disciplinary team and I have completed the AT assessment on behalf of that team. | | | | | | |  |
| **Assessor’s Details** | | | | | | | |
| Name |  | | | | | | |
| NDIS Provider Registration number (where applicable) |  | | | | | | |
| Phone |  | | | | | | |
| Email |  | | | | | | |
| Signature |  | | | | | | |
| Qualification |  | | | | | | |
| Date of Assessment |  | | | | | | |
| Date of Report |  | | | | | | |
| **Review by Building Construction Professional** (as applicable) | | | | | | | |
| Name |  | | | | | | |
| NDIS Provider Registration and/or Builder Registration |  | | | | | | |
| Phone |  | | | | | | |
| Email |  | | | | | | |
| Signature |  | | | | | | |
| Qualification |  | | | | | | |
| Date of review by Building Construction Professional |  | | | | | | |
| Indicate where this report has been developed in consultation with a Building Construction Professional. The recommendations contained herein are viable for this property (including construction risks e.g. asbestos) and are proposed as the most suitable of all reasonable alternatives. | | | | | |  | |
| PART 8 – Consent to Collect and Share Your Information | | | | | | | |
| **For the participant to complete**  As a participant who requires home modification and/or assistive technology supports, the National Disability Insurance Agency (NDIA) may need to contact your service providers, health and medical practitioners to discuss information within your assistive technology assessment and quotation(s). This will assist the NDIA with determining whether your request for assistive technology funded support(s) can be provided to you under the NDIS.  If you choose not to provide this consent, this may extend the time required in considering this request for assistive technology supports to be included in your NDIS plan. | | | | | | | |
| Do you consent to the NDIA collecting and disclosing your information including from these third parties mentioned above, in relation to your assistive technology assessment and quotation? | | | | | | | |
| Yes, I consent | |  | | | | | |
| No, I do not consent | |  | | | | | |
| Participant’s Signature When I sign this form: | | | | | | | |
| I understand that I am giving consent to the NDIA to do the things with my information set out in this section. I understand that I can withdraw my consent for the NDIS to do things with my information at any time by letting the NDIA know. | | | | | | |  |
| I understand that I can access the NDIA’s Privacy Notice and Privacy Policy on the [NDIA website](https://www.ndis.gov.au/providers/providing-at.html) or by contacting the NDIA. | | | | | | |  |
| Signature | |  | | | | | |
| Date | |  | | | | | |
| Full name | |  | | | | | |
| **If you have signed this Form on behalf of the NDIS participant**, please complete the details below. It is an offence to provide false or misleading information.  We may require you to provide evidence of your authority to sign on behalf of the person. | | | | | | | |
| Signature | |  | | | | | |
| Date | |  | | | | | |
| Full Name of person completing this form (please print): | |  | | | | | |
| Relationship to participant or person wishing to become an NDIS participant: | |  | | | | | |