



CONTINENCE-RELATED ASSISTIVE TECHNOLOGY ASSESSMENT TEMPLATE

For AT supports of NDIS AT Complexity Level 2, 3 and 4.

Notes for Assistive Technology (AT) Assessors of Continence AT Supports

Check the [NDIS Assistive Technology page](#) for the current version of this form.

This is the NDIS Continence-related AT Assessment Template and there are specific templates for the following types of AT:

- **Nutrition Support**
- **Prosthetics and Orthotics**
- **General AT**

The information provided in this form will be used by NDIS to understand how the specified AT will support the achievement of the participant's goal and to assess whether it is reasonable and necessary with regard to the criteria in Section 34 of the National Disability Insurance Scheme Act 2013 (see informative extract on the following page). The [NDIS AT Complexity Level Classification is available on the NDIS Website](#).

AT Assessors are reminded of their obligations under the NDIS Terms of Business when providing funded supports (e.g. assessments).

CAUTION – RESTRICTIVE PRACTICE: AT Assessors must be aware of and observe the law with regard to AT options that are likely to restrain a participant. Where an NDIS participant has a legally compliant behavioural support plan in place and the recommended option is consistent with that plan, NDIS may approve the AT but require a review when the behavioural support plan is reviewed.

AT Assessor role regarding scope of service: Should concern arise regarding the scope of the service booking, or appropriateness of the service booking to achieve the goal (s), the AT assessor should firstly discuss this with the participant (and/or support network). If necessary they should together contact the participant's LAC or Support Plan Coordinator to discuss before proceeding with the assessment and before undertaking any work not related to the support request.

NDIS AT Complexity Levels 3 & 4: Where the AT Assessor and participant need to work with an AT Supplier to trial and develop a specification for a support, reasonable supplier costs for trial can be claimed against the participants plan (category 'rental/trial') upon quote. If only selecting from State/Territory AT Provider, only that option needs to be detailed in Part 5.

N.B. Supplier specification/order details are required with this Form to enable the NDIS to request quotes/prices from the supplier.

AT Participant Capability Framework: This initiative is part of the NDIS AT Strategy aimed at building NDIS participant skill, knowledge and resources to increase their ability to exercise choice and control over the AT evaluation and selection process. More information about this process and implementation will be made available in 2017.

NDIS expects AT assessors and participants to consider all options for addressing the participant's disability related functional limitations and achieving goals including non AT supports.



Attachment 1 – NDIS Act: Reasonable & Necessary Supports

NATIONAL DISABILITY INSURANCE SCHEME ACT 2013

Section 34: Reasonable and necessary supports

- 1) For the purposes of specifying, in a statement of participant supports, the general supports that will be provided, and the reasonable and necessary supports that will be funded, the CEO must be satisfied of all of the following in relation to the funding or provision of each such support:
 - a) the support will assist the participant to pursue the goals, objectives and aspirations included in the participant's statement of goals and aspirations;
 - b) the support will assist the participant to undertake activities, so as to facilitate the participant's social and economic participation;
 - c) the support represents value for money in that the costs of the support are reasonable, relative to both the benefits achieved and the cost of alternative support;
 - d) the support will be, or is likely to be, effective and beneficial for the participant, having regard to current good practice;
 - e) the funding or provision of the support takes account of what it is reasonable to expect families, carers, informal networks and the community to provide;
 - f) the support is most appropriately funded or provided through the National Disability Insurance Scheme, and is not more appropriately funded or provided through other general systems of service delivery or support services offered by a person, agency or body, or systems of service delivery or support services offered:
 - i. as part of a universal service obligation; or
 - ii. in accordance with reasonable adjustments required under a law dealing with discrimination on the basis of disability.

The National Disability Insurance Scheme rules may prescribe methods or criteria to be applied, or matters to which the CEO is to have regard, in deciding whether or not he or she is satisfied as mentioned in any of paragraphs (1) (a) to (f).

Additional information on how the application will be considered in the context of specific supports can be found in the [NDIS Operational Guidelines available online](#).



PART 1 - Details

NDIS PARTICIPANT DETAILS

Name	
DOB	
Address	
Contact telephone number	
Alternative Contact/Guardian	
Contact telephone number	
NDIS Number	
Participant's NDIS Contact (name & phone number)	

AT ASSESSOR

You must be able to provide evidence of competence in assessing this type of AT on request from NDIS Auditor

Name	
Position	
Business Name	
Email address	
Contact telephone number	
Date (s) of initial assessment	
Date of Report	
State Equipment Supply Scheme Prescriber Number (if relevant)	

PART 2 - Participant's Goals and Contenance assessment request



PART 3 - Evaluation / assessment

A. Background

B. Functional Assessment findings

What are the applicant's measurements? Height cm Weight kg

Type of loss: UI FI UI & FI



C. Current Continence Supports in use: factors which may impact current assessment and goal achievement

Identify continence equipment / environmental/health factors which may impact current assessment and goal achievement. If it is the view of the NDIS participant or AT assessor that another relevant item of AT involved in goal achievement needs to be reassessed before this AT assessment progresses, joint contact should be made with Participant’s LAC or Support Plan Coordinator at this point.

Section 1 - Consideration of health issues and related aspects

<ul style="list-style-type: none"> o Have the participant and AT Continence Assessor considered health issues and other related aspects that may influence the need for continence support? Yes No o Has the AT Continence Assessor recommended that the participant seek health or medical assessment and advice from any of the following health or allied health professionals? Yes No <p>Tick relevant health professional(s) recommended:</p> <ul style="list-style-type: none"> o Allied Health Professionals: Physiotherapist; Dietician; Occupational Therapist o Medical: General Practitioner; Medical Specialist <ul style="list-style-type: none"> o Is subsequent medical specialist advice recommended? Yes No <p> If yes, please give details:</p> <ul style="list-style-type: none"> o Has the participant agreed to seek this advice? Yes No o Is the participant aware that the NDIS cannot fund medical and health services recommended? Yes No o How might the outcome of this advice change the recommended NDIS AT continence supports to achieve participant’s goals? (Please give details)
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Section 2 - Current supports relevant to goal

Type of Continence Product	Usage	Participant’s report of suitability	Does it need reassessment?



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Are there additional continence product/training needs identified by participant/AT Assessor?

Are there other AT devices or adaptations of relevance e.g. toileting equipment, toilet modifications?

PART 4 - Exploration of Additional Continence Interventions/ Options

Provide a statement of all continence options considered - including extra continence care and education requirements - in the table below.

A. Evaluation of options

Thorough list of alternatives including use of other supports and approaches. Where trials have been conducted please give details of where the trials took place and for how long.

	Describe potential options trialled in relation to goal achievement	Trialled (T) or Considered (C)? Include trial details (timing, location)	Advantages	Disadvantages	Estimated hours for training & review
Option 1					
Option 2					
Option 3					
Option 4					

¹ NOTE training in device use is included and expected to be accomplished within 2 hours. Provide rationale and hours required if more extensive or specific training is indicated. **A quote is not required.**



PART 5 - Recommended Option:

- A. Please state all the supports required for the recommended option including non AT supports and environmental modifications.**

Do AT Assessor and Participant agree on Recommended option? Y N

Additional comment (optional)

- B. Please provide the specific evidence that the supports described as the recommended option support will enable the participant to achieve current identified goals**

- C. Are there any other factors that should be considered in order to implement the above?**

- D. Are there any additional features, customisation or specification recommended that is considered to be above the minimum or standard level of this support?**



PART 6 – Recommendation - Contenance products specification

Description of AT solution/device:	<i>Estimated cost of total solution/device:</i>
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Item	Quantity	Frequency of supply required	State/Territory Scheme specification/ item ID

Participant’s preferred supplier (Optional):	Is recommendation in line with supplier product use guidance?
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The participant is to be provided with product information and instructions for use including any precautions. Specify who is to do this and when?

Is urgent supply required?

Contenance product order detail is attached (as advised by supplier(s))	State/Territory Scheme specification (mandatory) Other supplier’s specification (optional)
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I certify that I meet NDIA expectations of provider suitability (including understanding of the current NDIS Act, Rules and Operational Guidelines) to assess the type of assistive technology, home modification and associated supports at the level of complexity required by this participant and will provide such evidence to the NDIA if requested.
The above specification is consistent with the preferred option agreed between the participant and the AT Assessor.

Signature of AT Assessor

Date