



### Notes for Assistive Technology (AT) Assessors of Prosthetics & Orthotics (P&O)

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

**This is the NDIS Prosthetics and Orthotics AT Assessment Template. There are specific templates available for the following:**

- General Assistive Technology
- Continence
- Nutrition support
- Complex Home Modifications
- AT Needs Assessment

The information provided in this form will be used by NDIS to understand how the specified AT will support the achievement of the participants 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](#).

Only an **estimated cost** of the recommended P&O AT option is required in this report. A detailed supply quotation will be requested by NDIS after the P&O support proposed is approved as being reasonable and necessary. Sections 1-3 can also be used to report a participant's P&O Allied Health practitioner needs assessment for the development of a participant's plan.

**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 the support, reasonable supplier costs for trial can be quoted and if agreed, claimed against the participant's plan (category 'rental/trial').

**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.**

## **Extract – 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.*
- 2) *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 DETAILS**

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

Name	
Position & Qualifications	
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 AT assessment request**

*Refer to the statement of participants' goal(s) and identify how this AT assessment request relates to the achievement of these goals. (Which goal is being addressed and how; or if a specialist AT Needs Assessment)*



### PART 3 - Evaluation / assessment

#### A. Background

Note participant’s circumstances including: disability; current living situation; social supports and environment in general and with regard to use of AT; if moving through life transition; coexisting/changing medical and health conditions including behavioural status (note that NDIS can only fund AT related to participant’s disability).

#### B. Functional Assessment findings

Note current level of function related to disability and impact on life roles \*NDIS expects relevant assessments are conducted where required and records held by AT assessor for NDIS audit purposes. (e.g. K Level)

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

#### C. Current AT in use: review where related to goal, including environmental considerations

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 – Current AT relevant to goal

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

Are there unmet needs or alternative interventions identified by participant / AT Assessor?



## PART 4 - Exploration of Options

### A. Evaluation of options

Please provide information on alternatives considered to achieve goal/s including use of other supports and approaches and reasons why they were not considered suitable. Where trials have been conducted please give details of where the trials took place and for how long.

Where necessary add further lines and/or attach further detail

Circle preferred option	Describe features/functions of AT solutions and other options trialled that make goal achievement possible	Trialled (T) or Considered (C)? Include trial details	Describe why it was not considered suitable (not applicable for the preferred option)	Estimated cost (include training <sup>1</sup> )
Option 1				
Option 2				
Option 3				

<sup>1</sup> 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:

*Results of options review from perspective of participant and AT assessor*

### A. State all the supports required (*noting reduction or addition*) for the recommended option including non AT supports and environmental modifications.

*The specification for the AT support/device should be provided in Part 6.*

Do AT Assessor and Participant agree on Recommended option? Comments:

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**B. Explain the evidence for the recommended option as the most suitable/appropriate alternative which will facilitate achievement of the participant's goal, compared to others considered.**

*(e.g. trial outcomes and consideration of long term benefit in both current and anticipated future needs, change/adjustment to personal care support need etc.)*

**C. Are there any other factors that need resolution in order to implement the above?**

*E.g. behavioural support plan for restrictive practice; Are any environmental modifications required?*

**D. If there are any additional features, customisation or specification recommended that are considered to be above the minimum or standard level of this support for reasonable and necessary funding, provide the specific evidence/ clinical justification for these**

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How will these be funded?

**E. Measuring success:**

*How will the anticipated benefits of this support be measured?*

**What are the expected outcomes of providing this recommended support?**

*E.g. specific goals achieved, other supports changed/reduced, etc.*

**How will you measure whether these outcomes have been achieved?**

**When will you measure these outcomes?**

## PART 6 – Specification of Recommended P&O solution/device

### Specification/Description of P&O AT solution/device

*Detail all necessary components required to meet participant's goal. This must be detailed enough to ensure that reasonable and necessary can be accurately assessed in relation to the information supplied above (the fully completed Activity, Detail and quantity columns only of an AOPA compliant example quotation form can be attached to this form as an alternative) Reference: AOPA Quotation Development Tool Final 2015*

### (Capacity building) Professional assessment, specification, fitting and training

Activity	Detail	Quantity (hr)
Clinical Assessment		
Liaise with other health professionals		
Device specification/measurement		
Fitting and adjustment		
Client education		
Ongoing review/s (Identify intervals for first two years)		

### (Capital) Labour

Activity	Detail	Value (\$)
Fabrication/modification		
Fitting/s		
Administration		

### Componentry included in specification (Prosthetic) List details using ISO codes.

Component	Detail	Value (\$)
Connective componentry		
Knee/Elbow		
Foot/Wrist		
Socket/suspension		
Consumables		
Costs of acquiring & stocking items above		

### Componentry included in specification (Orthotic) List details using ISO codes.

Component	Detail	Value (\$)
Fabrication materials		
Ankle Joints <i>(Size; batch number)</i>		
Knee Joints		
Other Joints		
Prefabricated componentry		
Custom made componentry		
Consumables		
Costs of acquiring & stocking items above		

**Quoted capital cost of total solution/device (yellow value areas above):**



PROSTHETICS & ORTHOTICS AT ASSESSMENT TEMPLATE

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

<b>EXTRA FEATURES</b> <i>List and Estimate cost of components/accessories (if any) that are desired by the participant but are unlikely to be assessed reasonable and necessary.</i> <b>Does the participant agree to pay for these from their own (not NDIS) funds?</b>	
<b>Item(s)</b>	<b>Cost estimate</b>

Which supplier does the participant wish to use for the service booking for ongoing maintenance and repair of the recommended AT?

The participant must be provided with maintenance and servicing information for their prosthetic/orthotic to remain in good working order. Specify who is to do this and when?

Time from funding approval to expected orthosis/prosthesis provision (weeks):

Is the participant at safety or other risk while waiting for the orthosis/prosthesis? Give details

Is a short term option necessary? E.g. immediate repair on current or prefabricated item to trial or rent to ensure safety prior to final orthosis/prosthesis provision (Details if applicable)

I certify that I have evidence that I meet the NDIA expectations of provider suitability (including understanding of the current NDIS Act, Rules and Operational Guidelines) to assess this type of assistive technology 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: