



Notes for Assessors of Nutrition Support (previously HEN)

In accordance with the NDIS Guide to Suitability, the AT assessor completing this form must be an Accredited Practising Dietitian (APD).

The National Disability Insurance Agency (NDIA) have issued templates for AT assessors:

- Contenance
- Prosthetics and Orthotics
- General Assistive Technology
- Nutrition Support
- Complex Home Modifications – L4
- AT Needs Assessment

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

The information provided in this form will be used by the NDIA to understand how the specified AT will support the achievement of the participant's goal and to assess whether the AT 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](#) classifies nutrition support AT as **Level 4 complexity**.

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 local area coordinator (LAC), Support Coordinator or Early Childhood Partner to discuss before proceeding with the assessment and before undertaking any work not related to the support request.

NDIS AT Complexity Level 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').

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 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 medical and health conditions including behavioural status (note that NDIS can only fund AT related to participant's disability).

Note how well current AT nutritional supports meet participant's needs.

B. Functional Assessment findings

Please clearly outline the specific functional limitation/s related to the participant's disability and impact on life roles: postural deformity or complex postural needs; skin integrity issues; rapidly changing condition – including growth or weight change; cognitive issues; behaviours of concern; dysphagia; bowel habits. ***NDIS expects relevant assessments are conducted where required and records held by AT assessor for NDIS audit purposes.**

Participant's measurements on (date) : Height (cm): ; Weight (kg):

PART 4 - Exploration of Options

A. Evaluation of options

Please provide information on all alternatives considered (including non-nutrition support AT –related solutions) 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.

| Option | Describe potential options in relation to goal achievement | Trialed (T) or Considered (C)? Trial details (date length, location) | Why was it considered suitable/not suitable? | Estimated cost (include training ¹) |
|--------|--|--|--|---|
| 1 | | | | |
| 2 | | | | |

PART 5 - Recommended Option:

A. Please state all the supports required 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? y/ n (Explain if needed)

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



B. Explain the evidence for the recommended option which will facilitate the participant's goals compared to other options considered.

e.g. demonstrated trial outcomes and consideration of long term benefit in both current and anticipated future needs; change or adjustment to personal care support need

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

e.g. behavioural management plan for restrictive practice; are any environmental modifications required?

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

Please provide the specific evidence/ clinical justification for these or if the participant has agreed to fund.



PART 6 – Recommended Nutrition Support AT specification

Description of nutrition support AT including recommended product:

Detail all necessary components required to meet client’s goal. This must be detailed enough to ensure that the item can be accurately quoted and supplied.

Recommended supplier:

Does recommended supplier endorse recommendation? y/n (Choose)

Nutrition support AT equipment delivery costs

EXTRA FEATURES

List below and estimate cost of any other nutrition support supplies (including additional cost of food when necessary) that are desired by the participant but are not related to the functional limitation/s related to the participant’s disability and the achievement of their stated goals.

Item(s):

Quantity/frequency of supply required:

Cost estimate (including delivery): \$

Does the participant agree to pay for these from their own (not NDIS) funds?

Are plans in place for the ongoing maintenance and repair of the recommended AT?

Where AT is proposed, the participant is to be provided with maintenance, servicing and troubleshooting information indicated for the AT to remain in good working order.

Specify who is to do this and when:

AT specification/order detail is attached (as advised by supplier(s)) where AT costing more than \$500 is sought):

State/Territory Scheme specification (mandatory)

Other supplier’s specification (optional)

Assessor certification

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