

## Update from the NDIA – Dr Lloyd Walker

### 1. AT Approvals since late 2023

The NDIA is aware that some participants are experiencing delays in decisions for requested supports (including AT).

The NDIA continues to examine its processes to reduce these delays, and this has included how we handle AT requests via our systems.

An Action plan has been implemented to:

- ensure highest priority requests are considered with urgency;
- reduce overall wait times.

Participants and providers can alert the NDIA (preferably via the LAC, myNDIS Contact or the NCC call centre, or [enquiries@ndis.gov.au](mailto:enquiries@ndis.gov.au)) if a participant's AT should be prioritised.

To assist the NDIA to action this, be specific and clear why a request needs prioritisation, including clearly describing the outcome for **this** participant (or their carers) if not addressed quickly. Issues that may be a basis for prioritisation include:

- AT that has failed and/or is causing harm (to the participant or carers), and the participant doesn't have alternate supports for daily living or to continue participation in employment, education or other key life roles.
- Further delay in providing new/replacement AT is likely to cause serious long-term damage/functional loss (and be clear in what way e.g. mobility independence).
- A participant can't leave institutional care (e.g. hospital) because they need AT decisions (contact with the NDIS [Hospital](#) or [Justice](#) Liaison Officer can be a key resource here).

### 2. Transition to the new NDIA computer system (PACE)

National roll out commenced in November 2023, and we are taking a careful approach.

If a participant has a current plan in SAP/CRM and it is meeting their needs, they can agree to have that plan extended for now.

**All new planning (and changes to plans) is being done in the PACE system.** When a participant needs to change something in their plan (such as add AT), the plan will transition to PACE.

Once a PACE Plan is built, any further requests for needed AT (or other supports) generally do not require plan reassessment – mostly just plan variation.

Details & guidance on the PACE system for providers are available at <https://improvements.ndis.gov.au/providers>. Some specific points for participants and providers relating to AT are:

PACE plans have a new dedicated support category (budget) for AT Repairs, Maintenance and Rental

- This allocates appropriate funding at regular intervals, reducing the risk it will run out in longer plans
- Providers should use the same Repair, Maintenance & Rental codes listed in the [AT, HM & Consumables Code guide](#) to make claims (whether in PACE or an old system plan).

Use the AT, HM & Consumables Code Guide to find the **right Support Item code**, and guidance, on claiming for AT. **Pricing arrangements and limits are the same in both NDIA computer systems.**

Service Agreements with participants remain important for providers of AT, particularly if using pre-payments or if you are not endorsed as a my provider by the participant. They are key in helping resolve disputes around claims.

Other guidance around claims is available on the Improvements webpages at: [Claims and payments | NDIS Improvements](#)

The NDIA has worked with relevant provider peaks to develop Allied Health specific information to assist allied health providers use our new computer system:

<https://improvements.ndis.gov.au/sites/default/files/2023-12/Information%20pack%20-%20allied%20health%20providers.pdf>.

### **3. Clarification on AT Guidance and Evidence, and submitting requests for AT to the NDIA.**

The NDIA is aware that from late 2023 until recently, some incorrect instructions have been sent to participants and providers by our teams. The scripts they used have now been corrected, and staff reminded of the correct processes.

Our Guidelines and other resources specifically for AT (including AT assessment templates) have not changed in recent months. There is a Dog Guide Assessment Template currently under trial.

As always our current requirements are explained in Our Guidelines <https://ourguidelines.ndis.gov.au/>

Further relevant information on these processes is available at [www.ndis.gov.au/AT](http://www.ndis.gov.au/AT) , and assessment templates are available in the [AT Provider section](#) of the NDIS website.

#### **Requests for Mid Cost AT:**

A participant needs to have sufficient funding in their plan for the AT they require. To buy Mid Cost AT, this is in the “Assistive Technology” Capital Support Category.

If the participant doesn't have enough funding in that budget for the AT required,

- submit the evidence to the NDIA as per Our Guidelines
- If AT is accepted as reasonable and necessary, funding will be added to the plan.

When there **is** sufficient funding in a plan:

- no further approval from the NDIA is needed; however
- participants must still work with their AT advisor to buy or get the AT right for them (and Plan Managers may ask to see written evidence of this before approving payments for such AT).

Quotes are not required for AT valued less than \$15,000; but they are often used to provide the required cost estimate

Please remember, NDIA staff need more detailed evidence for higher cost AT -items over \$15,000 (as per [Our Guidelines](#)).

AT trials, or evidence that alternate (usually lower cost) options were considered, is particularly important if the request is for AT that is new for the participant.

### **Submitting a request, forms and assisting triaging**

Generally, a “Change of Circumstance/Situation” form for routine AT requests is not required, if requested/submitted by a participant or their nominee.

Also, a participant (or their AT Advisor/provider) doesn’t need to request a Plan Change if the AT evidence is provided following a request from the NDIA (e.g. at a planning meeting or check-in) for that information.

Please remember, only a participant and/or their authorised representative can request a plan change (such as a new request to add AT outside of a Scheduled Plan Reassessment).

More information is available at: <https://ourguidelines.ndis.gov.au/your-plan-menu/changing-your-plan>

If someone other than the participant/authorised representative is submitting a request, it must include evidence that the participant/nominee has consented to the request.

To show this an AT Advisor could include:

- Current advice/consent from the participant/nominee (on NDIA file) for the provider to make such requests
- an AT/VM/P&O/Contenance assessment template, with the participant consent section signed,
- a confirming participant/nominee signature on the AT request for Mid Cost AT, or
- email authorisation from the participant/nominee included when AT Evidence Request is submitted to the NDIA, or
- the Change of Situation form.

Alternately the participant/nominee can call/email the NCC to indicate they are requesting new AT, and the evidence is being sent by email.

### **Emailing AT requests or evidence to [enquiries@ndis.gov.au](mailto:enquiries@ndis.gov.au):**

Ensure your AT Request/Evidence email clearly details:

- who the request/evidence is for (participant name/NDIS number) and if needed, their consent?
- is it a new request, or extra information that was requested (and by whom in the NDIA)?
- what item(s) of AT this is for
- what action you want the NDIA to take (e.g. make a decision about the support, escalate a previous request because it is now urgent, or just put the evidence on the participant’s file).

If you are an AT Supplier, you should coordinate with the participant/authorised representative or their AT Advisor when sending in evidence to the NDIA.

If the request is for replacement AT (that the participant has been regularly using), the following will assist to speed up decisions by being clear (in the email and evidence),

- evidence/details [required by Our Guidelines](#) for the level of AT being requested,
- evidence that a planner asked for, or was discussed at a planning meeting, and/or
- why the participant can’t source the suitable AT with their existing plan funding.

The NDIA Contact Centre receives over 250,000 emails each month, so clarity in emails with **participant specific** details (including appropriate attachments included) will help improve the accurate processing of requests. **Avoid** boilerplate phrases or words that are not specific to the participant’s situation; these confuse and are generally counterproductive to good triaging of requests.

As always, the Providers & Market Coordination Division will ensure key peak bodies are made aware as early as possible of any proposed changes or updates to these resources or processes.

**The best contacts for providers:**

- To submit evidence on behalf of a participant (be sure to include participant ID information, and where required evidence of their authorisation if not already provided) to [Enquiries@ndis.gov.au](mailto:Enquiries@ndis.gov.au), or Provider Support. **Do not** submit these requests to the NDIA AT Markets team.
- If you need to follow up a request on behalf of a participant, you can contact the National Contact Centre or [Offices and contacts in your area | NDIS](#). Note that where the participant has signed the consent section of an AT Assessment Template, this is consent for the provider to discuss the participant's AT case with the NDIA – the provider may need to highlight this consent in the template when speaking to the NDIA staff member.