Department of Health and Aged Care

Assistive Technologies and Home Modifications Scheme for In-Home Aged Care

Occupational Therapy Australia response

February 2023

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Introduction

Occupational Therapy Australia (OTA) welcomes the opportunity to provide feedback to the Department on its report “Assistive Technologies and Home Modifications Scheme for in-home aged care,” published in December 2022.

OTA is the professional association and peak representative body for occupational therapists in Australia. There are about 27,000 registered occupational therapists working across the government, non-government, private and community sectors in Australia. Occupational therapists are allied health professionals whose role is to enable their clients to engage in meaningful and productive activities.

Occupational therapy services are fundamental to any Support at Home program as they enable independence, prevent functional decline, increase quality of life and reduce care needs. Occupational therapy is key to enabling older Australians to remain at home longer.

Occupational therapists work with older people with age-related conditions such as poor balance and coordination, memory loss and confusion, and vision and hearing loss, which lead to changes in their ability to participate in the meaningful activities of everyday life. Occupational therapists provide services such as physical and mental health therapy, vocational rehabilitation, chronic disease management, assessments for assistive technology and assessment of environment and safety risks including home modifications.

Assistive technology and home modifications that require the specialist knowledge and expertise of occupational therapists require timely and comprehensive funding to be most effective. With robust funding and infrastructure in place, occupational therapists can use technology to achieve innovative and consumer focussed results that will facilitate positive and healthy ageing experiences for older people.

Recommendations:

Recommendation 1: The objective around enabling older people to live independently at home be broadened, to reflect enablement of older people to participate in all their meaningful activities of daily living, to their fullest potential, allowing them to be active members of their community.

Recommendation 2: The value of AT/HM be determined by data that measures the improvements to function, health outcomes and quality of life that it enables, so that its value is measured not just on the costs of administering the scheme but also on the value gained by the older person from the funded AT/HM.

Recommendation 3: The category list must be broad enough to accommodate the wide variety of AT/HM solutions that benefit older people, and with the categories flexible enough to allow for the prescription of novel and emerging AT/HM.

Recommendation 4: References to AT/HM should avoid the term 'simple' as used in the current CHSP manuals.

Recommendation 5: The Department to utilise existing services that older Australians are already accessing to link them to preventative services. The annual health checks through GP Practice Nurses is one such service.

Recommendation 6: The Department should consider the reinstatement of Independent Living Centres.

Recommendation 7: Improvements be made to the online portal to increase its utility for clients and AT/HM providers.

Recommendation 8: The Department to work with stakeholders including OTA to co-design a credentialing program for AT/HM assessments.

Recommendation 9: The Department include in the AT/HM scheme an option to allow funding for collaboration between professionals and experts to achieve successful AT/HM outcomes.

Recommendation 10: The ordering system be adjusted to provide real-time updates on equipment availability, for example, enabling notifications when new equipment items become available on the system.

Recommendation 11: The prescriber is notified of any issues around AT/HM provision that may warrant a review or reassessment.

Recommendation 12: Funding for the AT/HM scheme must cover all aspects of the occupational therapy process including handover and training to all relevant parties.

Recommendation 13: There should be transparency for clinicians and consumers around funding caps.

Recommendation 14: Mechanisms be developed to ensure that third party contributions do not impede access to AT/HM.

***Recommendation 15: The Department works with stakeholders including OTA to consider how the scheme will support those prescribing AT/HM to know when follow up is required, and funding to ensure this is conducted in a timely and efficient manner*.**

Recommendation 16: The Department consider broadening their triggers for AT/HM reviews and assessments, including automated reviews that can be triggered in various situations.

Recommendation 17: The Department embed OTA's suggested quality and safety protocols into the loan scheme.

Recommendation 18: Outcome measures be identified and integrated into the scheme, with clinical data collected and used for transparent review of the program and to inform pricing and funding allocations.

Recommendation 19: The Department to introduce alternative pathways to the online platform for to enable regional and remote clinicians to interact with the scheme more easily.

Recommendation 20: The online platform used to support the AT/HM scheme be integrated into the broader clinical health records system used across in-home aged care.

Recommendation 21: The AT/HM IT system supports all key stakeholders including consumers.

Objectives and Principles

Occupational therapists support clients to engage in meaningful and productive activities. This may be achieved through the use of assistive technology, environmental modification, personal and community support, and task modification. OTA believes that the objective of the Assistive Technologies and Home Modifications Scheme for in-home aged care, that "older Australians have timely access to safe assistive technology and home modifications to help them to live independently at home" is too narrow.

Recommendation 1: The objective around enabling older people to live independently at home be broadened, to reflect enablement of older people to participate in all their meaningful activities of daily living, to their fullest potential, allowing them to be active members of their community.

Principles

The principle that "the scheme provides value for money to eligible Australians and the broader Australian community and Government" indicates that the value of the AT/HM will be measured in comparison to the cost of providing the services. Investment in AT/HM is supported by the fact that through enabling older people to live independently and participate in society, AT/HM benefits the whole society on an economic level.

> An annual spend of $16 billion dollars [on AT/HM] can save $32 billion dollars. For every dollar spent on assistive technology and home modifications, there is a conservative two-fold return on investment relating to savings on the cost of paid carers, support service and medical services.
>
> (Layton and Brusco, 2020, p. 35).

Moreover, the value for money of AT/HM goes beyond economic benefit, creating improvements to function, health outcomes and quality of life. ATscale found that providing four items of assistive technology: hearing aids, prostheses, eyeglasses and wheelchairs, produce an average of 1.3 quality-adjusted life years (QALY) per person, where a QALY is a year of 'perfect health' (ATscale, 2020, p. 30). The QALY captures an individual's ability to independently self care, navigate mobility restrictions and engage in work and other meaningful activities before and after the intervention (ATscale, 2020, p. 30).

Recommendation 2: The value of AT/HM be determined by data that measures the improvements to function, health outcomes and quality of life that it enables, so that its value is measured not just on the costs of administering the scheme but also on the value gained by the older person from the funded AT/HM.

Category names

OTA welcomes discussions in the report regarding the ability to request inclusion of items that are not yet listed in the manual. The scheme must ensure that the inclusion/exclusion criteria are not limiting in any way that would prevent clinicians from prescribing the best solution available for the older person. Clinicians are often at the coalface of emerging AT/HM solutions

and should be supported to utilise these novel solutions within the proposed program if assessed as clinically appropriate. We also note that communication devices, personal safety devices and SMART or digital technologies are all notably absent from the list provided in the report. The categories list must include these frequently used items.

Additionally, OTA provided examples in our correspondence to the Department in May 2022 around the risks involved in using the term 'simple' as it is currently used in the CHSP manuals (Appendix 1). These terms indicate that such items or works don't require comprehensive assessment or consideration of broader regulatory or legislative factors.

Members have also requested that equipment be filtered beyond the categories outlined in the report into more useful search terms like pressure care, bathroom etc. These terms would allow clinicians or consumers, when accessing online equipment lists, to easily locate and identify equipment available and avoid unnecessary administrative burden.

Recommendation 3: The category list must be broad enough to accommodate the wide variety of AT/HM solutions that benefit older people, and with the categories flexible enough to allow for the prescription of novel and emerging AT/HM.

Recommendation 4: References to AT/HM should avoid the term 'simple' as used in the current CHSP manuals.

Preventative Services

While the LiveUp Life Curve quiz may be useful to some older people, OTA encourages the Department to consider utilising existing services that older Australians are already accessing. For example, annual health checks through GP Practice Nurses may provide an avenue for early education, health promotion and on-referral should expert advice be required.

Independent Living Centres have the potential to provide preventative services through early education and awareness building, and also support prescribers of AT/HM in their assessment and prescription process. For those living in regional and remote locations, this is especially important, and we welcome the considerations being offered on how these services can be offered flexibly.

OTA members have also suggested that further work could be done with the AT/HM online platform to offer video demonstrations of the equipment available, clear images of the items from multiple angles with full model descriptions and details, and the ability to liaise with an AT/HM expert to discuss the item prior to ordering.

Recommendation 5: The Department to utilise existing services that older Australians are already accessing to link them to preventative services. The annual health checks through GP Practice Nurses is one such service.

Recommendation 6: The Department should consider the reinstatement of Independent Living Centres.

Recommendation 7: Improvements be made to the online portal to increase its utility for clients and AT/HM providers.

Assessment

The report proposes that AT/HM will be categorised as low risk, under advice or prescribed, with the suggestion that "all assessors could be trained and supported to assign low risk AT/HM" and "select assessors may also be trained and supported to assign under-advice AT/HM."

OTA welcome the sharing of AT/HM assessment and prescription amongst those who are suitably trained and skilled. It is important, however, to acknowledge that AT/HM under the 'low risk' and 'under advice' categories still need to be assessed for with a functional performance and safety lens to ensure successful prescription.

We encourage the department to consider systems that ensure all assessors and prescribers of AT/HM, particularly non-clinician assessors, receive adequate training and support. The program must ensure that clinician prescribers hold the competencies and knowledge required to prescribe across the AT/HM categories.

The process to support safe and successful assessment and prescription must be multi-faceted, include a clear governance and monitoring system and be appropriately evaluated. Allied health professionals like occupational therapists are well placed to provide support to those building skills in AT/HM assessment and prescription.

OTA would welcome the opportunity to work with the Department to co-design a credentialing program to ensure that AT/HM is never be prescribed by people who don't have the requisite training, skills or support systems in place.

Multidisciplinary working and collaboration with AT/HM experts is a common feature of the assessment and prescription process. In Victoria, previous programs that funded collaboration between architects and occupational therapists were highly successful when managing complex home modifications and were essential if seeking government funding. Furthermore, current block funding allows for the flexibility required to resolve complex situations, where several meetings or trials may be required. The report fails to offer insights to how the AT/HM scheme will be funded to allow for collaboration between professionals and experts to achieve successful AT/HM outcomes.

Recommendation 8: The Department to work with stakeholders including OTA to co-design a credentialing program for AT/HM assessments.

Recommendation 9: The Department include in the AT/HM scheme an option to allow funding for collaboration between professionals and experts to achieve successful AT/HM outcomes.

Ordering

Occupational therapists have reported that the lack of detail available on the ordering system has led to significant administrative burden and time wasted requesting this information from the national provider. Ideally the ordering system would provide real-time updates on

equipment availability and order status. Furthermore, there should be parameters for the prescribing therapist to receive notifications if there is any change to the status of their order, or if the equipment they're waiting to prescribe becomes available on the system. This could also extend to notifications when new equipment items are added to the inclusion list.

Recommendation 10: The ordering system be adjusted to provide real-time updates on equipment availability, for example, enabling notifications when new equipment items become available on the system.

Recommendation 11: The prescriber is notified of any issues around AT/HM provision that may warrant a review or reassessment.

Funding

Funding for the AT/HM scheme must cover all aspects of the occupational therapy process required to achieve a successful equipment and home modification outcome. This includes handover and training to all relevant parties. This is an important and often overlooked step in successful AT/HM prescription. OTA acknowledges this may not always be conducted by the prescribing clinician and welcome discussions with the Department to consider how the scheme will accommodate for the sharing of the AT/HM responsibilities.

Furthermore, there must be transparency around any caps that may apply to funding within the specified categories. This is particularly important should there be multiple clinicians prescribing equipment or modifications. Additionally, consumers must be clear from the outset of what the caps might be and if there may be any contributions on their part.

OTA agrees with the Department that any consumer contributions required must not impede AT/HM access to the older person. Occupational therapists prescribing AT/HM are often responsible for sourcing gap funding from third parties when consumer contribution is not possible, and this can be a time consuming and complex process. As such, there must be methods by which consumer contributions can be waived, or emergency funds sourced, should financial hardship be reported. OTA welcome further discussions with the Department to consider the most equitable and efficient process should consumer contributions be adopted.

Recommendation 12: Funding for the AT/HM scheme must cover all aspects of the occupational therapy process including handover and training to all relevant parties.

Recommendation 13: There should be transparency for clinicians and consumers around funding caps.

Recommendation 14: Mechanisms be developed to ensure that third party contributions do not impede access to AT/HM.

Wrap around supports.

OTA agrees with recommendations made to ensure there are suitable wrap around supports and follow up for prescribed AT/HM. There may be certain AT/HM situations where the

recommendation for follow up is at the discretion of the prescriber and no follow up is warranted beyond the provision of manuals or product flyers. At other times, follow up is an important and essential step in the AT/HM process and must be completed.

***Recommendation 15: The Department works with stakeholders including OTA to consider how the scheme will support those prescribing AT/HM to know when follow up is required, and funding to ensure this is conducted in a timely and efficient manner*.**

Reviews and reassessments

Automated reviews can be scheduled for certain clients with specific AT to ensure that the AT prescribed continues to meet their needs. Systems like this exist within current state government funding programs where triggers like age of AT, high frequency of maintenance or repair call outs in a fixed period, or changes in an older person's presentation will elicit a reassessment. OTA welcomes systems that take a more proactive approach to AT reviews and ultimately supports older people to continually benefit from their prescribed AT, prevent injury, and limit waste.

Recommendation 16: The Department consider broadening the triggers for AT/HM reviews and assessments, including automated reviews that can be triggered in various situations.

Loan Scheme

OTA welcomes recommendations allowing for loaned and refurbished AT to be offered within the in home aged care program. To ensure a successful loan or reissue scheme there must be some consideration to the following:

- Safety – Equipment purchased through the AT/HM scheme should comply with Australian quality and safety standards and with Therapeutic Goods Administration (TGA) regulations. A strong focus must be given to safety with rapid attention to all TGA alerts, particularly for AT in circulation, with clear pathways management of these items (i.e., removal from circulation, communication to key stakeholders and participants using such equipment etc).
- Hygiene - extensive infection control management pathways, particularly relevant in these times of pandemic.
- History – for refurbished equipment, a full appreciation of the equipment history including how it was used, if it has been involved in any accidents or modified such that warranties are impacted and can no-longer be adapted for reissue.
- Currency – is the item up to date and compatible with existing AT or is it dated and no longer relevant for refurbishment.
- Liability/Accountability – a clear ownership of liability and accountability for reissue or AT by the agency and any organisations tasked with the management of these assets.
- Traceability – greater emphasis on monitoring of the AT funded under the AT/HM scheme and issued into the community. An asset management system would support the return of unused items back for refurbishment and reissue and prevent people from selling or swapping AT in the private market. To mitigate risk, emphasis is needed on transparency and accountability for all refurbished and reissued equipment.

- Variety – highly adaptable and flexible AT solutions are central to successful uptake, greater longevity and reduced waste and must be the focus of a loan pool. Investing in the right AT will support greater value for money and cost effectiveness in the long run and will certainly achieve improved consumer outcomes.
- Maintenance - a robust maintenance and servicing program to support the reconditioning, delivery, set up and handover of the AT is essential. This must be managed and conducted by experienced AT professionals to address the liability and accountability of reissued AT. Maintenance programs within equipment pools will also support the longevity and sustainability of the available AT.

Recommendation 17: The Department embed OTA's suggested quality and safety protocols into the loan scheme.

Data Collection

There is a lack of nationally consistent clinical data available to inform the AT/HM scheme on the types of AT/HM commonly prescribed, the types of clinicians involved in prescribing AT/HM and the resources required for success AT/HM provision. As such, decisions around funding allocation lack a rigorous evidence base.

OTA welcomes any actions taken to improve the data collection to ensure the model adopted is grounded in best practice and evidence based.

Recommendation 18: Outcome measures be identified and integrated into the scheme, with clinical data collected and used for transparent review of the program and to inform pricing and funding allocations.

IT systems

As outlined in our report to the Department dated May 2022 (Appendix 2), OTA is aware of several issues with operating the current GEAT2Go platform entirely online. Many of our regional and remote clinicians reported significant connectivity issues and requested work arounds to address this. We recognise that online platforms offer the most centralised and efficient management systems, but this relies on adequate connectivity and resourcing. In the absence of these, access is problematic and as such we recommend that alternative pathways are made available.

In light of the report's intention to support the workforce through better reporting systems and sharing of data, we recommend that the online platform used to support the AT/HM scheme be integrated into the broader clinical health records system used across in-home aged care. This will make it possible for people to cross reference and check actions taken by other prescribers to avoid duplication. It will also support the timely consideration of medical reviews or clinical assessments that are required to inform AT/HM prescription. At the very least, the AT/HM system should have seamless interoperability with the clinical records system to avoid duplication and administrative burden.

OTA also encourages consumer interaction with the IT system. The system could allow for consumers to not only search and learn more about the AT/HM available but also learn about

any co-contributions that may apply. If considering the voucher scheme as proposed, the IT system could support consumers in identifying suppliers local to them.

An app could be integrated to the IT system and form a suite of support systems that might include the return of the ILC's and National AT/HM helplines. By providing a range of contact and information exchange options for older people, not only can we create a pathway to early education and prevention but bolster the network of AT/HM support available older people or carers.

Consideration would need to be taken to address the language, access, literacy and skills required of older people to utilise such a platform. In these circumstances there may be provision in the care plan for the support of care partners proposed in the last Support at Home consultation paper.

Recommendation 19: The Department to introduce alternative pathways to the online platform to enable regional and remote clinicians to interact with the scheme more easily.

Recommendation 20: The online platform used to support the AT/HM scheme be integrated into the broader clinical health records system used across in-home aged care.

Recommendation 21: The AT HM IT system supports all key stakeholders including consumers.

Contact

OTA would welcome further consultation, particularly in areas that specifically impact occupational therapy and allied health practice. For further information please contact:
Christina Wyatt – Senior Project Officer
Occupational Therapy Australia
Email: policy@otaus.com.au

References

ATScale, (2021). *The Case for Investing in Assistive Technology*; https://atscalepartnership.org/investment-case

Layton, N., & Brusco, N. (2022). The Australian assistive technology equity studies: Improving access to assistive technology for people with disability who are not eligible for the NDIS. Monash University; COTA Victoria. https://doi.org/10.26180/211138

Appendix 1 – Inaccuracies in the manual for the Commonwealth Home Support Program

Nick Morgan
Assistant Secretary Home Support and Hearing Branch Department of Health
GPO Box 9848
Canberra ACT 2601 nick.morgan@health.gov.au

6 May 2022

Dear Mr Morgan,

Re: Inaccuracies in the manual for the Commonwealth Home Support Program

Occupational Therapy Australia (OTA) has received feedback from members about several inaccuracies in the manual for the Commonwealth Home Support Program (CHSP). These inaccuracies pose significant financial and safety concerns for government, services administering funds, and for the recipients of services.

OTA represents occupational therapists who work with older people receiving services through the CHSP. These services are currently using occupational therapists who are skilled in the assessment of the built environment to identify barriers in the home and to recommend interventions that can maintain and/or improve people's health, functional performance, safety, and home and community participation.

Occupational therapists are working closely with building service professionals such as certifiers, builders, plumbers, electricians, and others, to recommend solutions that comply with the relevant standards, codes, and legislation as expected by industry. OTA have consulted with experts in home modifications to assist in the development of this letter.

The Issues

1. The statement that works are easily performed by CHSP service providers (pg 34) and that occupational therapy functional assessments are only required for complex modifications, is problematic. The issue is that even minor modifications can be complex, and these require the involvement of an occupational therapist to ensure they are the most appropriate solution for clients.
2. If comprehensive assessments and consideration of relevant standards, codes, and legislation hasn't occurred during prescription of home modifications, then the government, services administering clients, property, and the department, face significant risks.

OTA are concerned at the language used in the current CHSP manual regarding home modifications (last updated January 2022). Whilst the manual acknowledges the need for compliance with standards, codes and legislation, the list of examples is inaccurate:

> Some of the inaccuracies identified include, for example:
>
> – There is a comment about lowering or removing a hob as being a simple

modification but removing a hob triggers the waterproofing requirements in the Building Code, which means that the whole of the bathroom needs to be stripped and the floor and walls waterproofed– this is a major or complex modification according to the Queensland Building Authority – Queensland Building and Construction Commission (QBCC).

- Removal of all shower screens are not acceptable if there is no certificate of waterproofing provided by the owner of the property (according to QBCC). If a door is removed and a weighted shower curtain is put in place, this is considered appropriate if there is no water flow onto the floor (according to QBCC).
- There are also complexities associated with recommending grabrails and doorway wedges. A grabrail or doorway wedge may seem simple but the process of getting to these options can be quite complex – they are not a "do it yourself" or simple solution. There is complexity associated with threshold ramps as they can be a trip hazard for some people who have dementia, or who have issues with lower limb sensation and proprioception especially if they don't use wheeled equipment.
- The installation of a handheld shower can contravene the plumbing code if it touches the top of the pan or extends into the bowl (according to QBCC).
- Slip resistant flooring treatments may not work or can ruin a floor and need to be done by a business that specialises in this type of work (especially if wall tiles are used as floor tiles).
- Additionally, there is a lack of clarity about what constitutes a "ramp" and "lift". For example, there are four types of ramps described in the Australian Standards (AS 1428.1 2021) offering a wide range of features. There is a range of lift designs that vary in their technical features. The language about these two types of solutions needs to be more specific.

Our recommendations

It is our belief that the wording of the CHSP manual be rewritten to avoid risk and complaint to the department, harm to clients and property damage. These changes will create an accurate and reliable base to inform the new Support at Home Program manuals.

We recommend:

1. Wording be provided in the CHSP Manual that states that Occupational therapists are best placed to consider the personal, environmental, and functional performance needs of the client when prescribing modifications solutions due to the education, training, and experience.
2. There be no suggestion that certain modifications are considered simple – all modifications present their own unique complexities and risks that require thorough assessment and consideration by a qualified occupational therapist.
3. The Home modifications section of CHSP manual to be rewritten to ensure that the home modifications listed reflect the requirements of State/Territory legislation and regulations, and other relevant standards, codes, and legislation for technical accuracy.
4. Occupational therapists to be involved in this process of reviewing the CHSP manual home modification section to provide accurate information such as the

detail listed above. Occupational therapists provide a specialist knowledge and perspective on home modifications. This insight is essential for the development of the new Support at Home Program assistive technology and home modification manuals.

We appreciate your consideration of our views and welcome any opportunity to explore them further with you.

Yours sincerely

Samantha Hunter Chief
Executive Officer

Cc: Nick Hartland, Russell Herald

Appendix 2 - GEAT2Go feedback and required changes for improvement.

Nick Morgan
Assistant Secretary Home Support and Hearing Branch
Department of Health GPO Box 9848 Canberra ACT 2601
nick.morgan@health.gov.au

6 May 2022

Dear Mr Morgan,

Re: GEAT2Go feedback and required changes for improvement

I write on behalf of Occupational Therapy Australia (OTA) to emphasise several issues with the GEAT2Go system of sourcing Assistive Technology for older Australians.

OTA is the professional association and peak representative body for occupational therapists in Australia. As of 31 December 2021, there were more than 26,400 registered occupational therapists working across the government, non-government, private and community sectors in Australia.

Occupational therapists are allied health professionals whose role is to enable their clients to participate in meaningful and productive activities. They work with older people with age-related conditions such as poor balance and coordination, memory loss and confusion, and vision and hearing loss and work to maximise abilities, improve overall health and wellbeing and ensure care services are specific and tailored to a person's needs.

Occupational therapists assess, review and consider the health, disability, cognitive, social and caring needs of a person when recommending assistive technology as an intervention for improved wellbeing.

In addition to promoting independence, Assistive technology is cost-effective by offsetting health-related expenditure. It minimises falls and secondary complications, thus decreasing the need for health interventions such as GP visits, emergency presentations, or hospital admissions.

The Issues:

- Connectivity issues with the online portal are being experienced by many of our members conducting home visits across both metropolitan and rural/regional areas. Some members are having to make repeat visits to complete the order. These issues also complicate the requirement of an e-signature on the consent form. OTA understand that a 'three way phone call' work around is offered by indigo, however, this can be subject to poor reception and communication issues.
- There are issues around ordering equipment and its delivery.
    - Members are reporting difficulty with identifying and prescribing unfamiliar items due to the way they are displayed. Some items on the product list don't start with the name of the item but with the brand. This makes it difficult for clinicians to make educated decisions about the type of AT they are ordering.
    - Many members have reported difficulty with ordering items they're not familiar with as they are often unable to trial these before ordering. This increases the

risk of unsuccessful prescriptions that cannot be remedied easily as delivered items are unable to be returned.
    - The inability to view these equipment lists without opening a new order complicates the ability of the prescriber to consider their options for prescription or backorder.
    - Members have also raised issues with equipment pricing. Some have identified issues with pricing changes resulting in orders being rejected as client permission is required for the new cost. Others have noted the lack of detail available about pricing of items makes it difficult for clinicians to compare costs or consider final costs and any possible client contribution amounts.
    - Items can be removed from the list without notice due to supply issues. Moreover, when items are unavailable, they can be cancelled without notice and with no option of waitlisting or backordering.
    - Clinicians have reported delivery times of up to 5 months, often due to lack of stock or logistics issues. These delays are unacceptable since a client's capacity may deteriorate while waiting for AT and place the client at risk.
    - There is a lack of communication about potential delays for equipment orders, and revised ETA often not provided.
    - There is also a lack of communication about when an order has been processed or delivered. With no notification of the delivery, there is a risk clients may start using the item before it is safely set up or handed over by the prescribing occupational therapist. This poses a risk to the client's safety.
    - With no notification of planned delivery, some members have reported items being left at a post office or depot for clients to collect. With many of our CHSP clients experiencing physical mobility and community access limitations, this is not a viable option.
- Previously, CHSP clients were able to access the full $1000 to purchase GEAT through local suppliers as prescribed by their clinicians. The $300 administrative fee of GEAT2Go whittles down the already limited $1000 allocation. Moreover, if the available $700 threshold is exceeded, or a second order is made, an additional handling fee is charged. This can occur even when an original order cannot be fulfilled due to stock availability. This seems an unreasonable penalty for older Australians, with many having to make unnecessary out of pocket payments.
- Certain items available for non-clinical aged care assessors to prescribe through GEAT2Go require a clinical perspective. These include 'powered scooter accessories' such as rear carrier bags with cane holders, walking frame carriers and seat walker carriers require a clinical perspective. An occupational therapist would assess an older person's ability to lift their walker onto a carrier at the back of their scooter along with their functional mobility when prescribing such items. Failure to do so poses risks to a client's safety.

Recommendations:

- Items should be listed by type, and clinicians should be able to view items without starting a new order. This would improve the prescription process and reduce the risk of unsuccessful orders.
- Clinicians should be allowed to source AT from local suppliers. This would mitigate stock and logistical issues and potentially provide better consumer service for warranty and product servicing and repair.
- GEAT2Go should allow for paper alternatives to the online portal for those circumstances with limited to no internet connectivity.

- The list of equipment items available for prescription by non-clinicians must be thoroughly reviewed to prevent risks to client safety. Occupational therapists can assist in this process.
- Timely communication around delays, cancellations or deliveries must happen to prevent unnecessary risks.
- GEAT2Go administration should be separately funded, and consumers should have access to the full $1000 allocation as previously funded through CHSP.OTA supports initiatives that improve access to AT for older Australians. AT schemes must offer high quality services through strict governance and safeguards. Equally they must be funded adequately to avoid consumer financial burden and provide timely delivery of AT.

We appreciate your consideration of our views and welcome any opportunity to explore and collaborate on these recommendations further with you.

Yours sincerely

Samantha Hunter
Chief Executive
Officer

Cc: Nick Hartland, Russell Herald