National Disability Insurance Scheme Independent Review

Occupational Therapy Australia submission

January 2023

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Contents

Executive Summary

Occupational Therapy Australia (OTA) welcomes the opportunity to provide feedback to the Independent Review of the National Disability Insurance Scheme (NDIS). We thank the Review Panel for their extension of time to enable OTA to submit its comments in January 2023.

Occupational therapists (OTs) work with clients to enhance their ability to engage in the occupations or activities they want, need, or are expected to do; or by modifying the occupation or the environment to better support their occupational engagement.

OTs have had a pivotal service provider role in the National Disability Insurance Scheme (NDIS) since its inception and have long recognised the value of the scheme. OTA supports the National Disability Insurance Agency's (NDIA's) commitment to giving people choice and control over how their disability-related services and supports are delivered.

The NDIS has expanded disability supports to a wide range of Australians and has seen thousands of participants work towards their goals. OTA has heard feedback from OTs that when the scheme functions effectively, it results in participants receiving life changing supports.

OTA has heard from members working in the scheme that current operations have some significant shortcomings, particularly in the way that NDIA makes decisions about scheme access and plans, and the way that NDIA staff communicate with service providers. This creates delays and administrative burden, negatively affects the efficient and effective use of scheme funds, and delivery of timely and appropriate supports to participants.

These problems, outlined in this submission, also negatively impact service providers including OTs, by creating frustration, stress and burnout. This is compounded by a stagnating price for therapy supports which has not increased in three years, is not indexed, and does not accurately reflect current business costs. This is leading OTs to contemplate exiting service provision under the scheme. OTs are in short supply and OTA has heard reports of long waitlists for services across Australia. This is even more acute in regional and rural settings. Any exit by current providers will further exacerbate waitlisted services and affect timely provision of OT supports for participants.

Our submission outlines a range of opportunities to address these shortcomings through additional training and resourcing of NDIA, including improved case management models, streamlining of processes, and changes to pricing and fee structures to incentivise OTs to work to their full scope and remain working within the scheme. OTA also encourages NDIA and government to build trust with stakeholders and service providers and to collaborate with these groups to address issues identified in the Independent Review.

OTA is eager to work with NDIA and other stakeholders to codesign solutions and provide advice and support to assist the NDIA to refine systems and processes to reduce red tape and improve efficiencies within the scheme so that the scheme remains viable in the long term, and participants can continue to be supported to achieve their goals.

Recommendations

Recommendation 1: That NDIA work with OTA and the Department of Health and Aged Care to develop a national workforce strategy to support attraction and retention of OTs to the NDIS.

Recommendation 2: That NDIA work with sector experts and stakeholders to review access pathways to ensure that they are equitable and accessible for people with disability and their families, taking into account socio-economic status, geographic location, language and cultural needs.

Recommendation 3: That Government funds independent advocacy services that support Australians access the NDIS and provides supports to make complaints and appeal decisions made at time of access request, and ongoing plan reviews. These services should be accessible for the community including in remote and regional locations, and for Aboriginal and Torres Strait Islander, and CALD communities.

Recommendation 4: NDIA collaborates with key stakeholders including OTA, to co-design appropriate assessment tools for specific aspects (e.g. eligibility, planning, review etc) that are clinically informed and appropriate for all NDIS participants, including those with psychosocial disability, and that NDIA supplies clear guidance for practitioners on how to complete these assessments.

Recommendation 5: NDIA to improve collaboration with OTs about reporting and assessments to ensure they are accurately interpreted and requested where clinically appropriate. NDIA also supplies appropriate implementation guidelines to inform planning and funding decisions.

Recommendation 6: NDIA to work with OTA to develop training and tools to support NDIA staff to provide clearer instructions and directions to OTs about the type of report needed to support a client, and the detail required for NDIA to make a decision.

Recommendation 7: NDIA to develop an access pathway for participants with complex needs, including psychosocial disability to ensure their needs can be accommodated when accessing the scheme.

Recommendation 8: NDIA funding is provided for positive behaviour supports, including sensory interventions that are specific to the needs of individual participants, where clinically justified and delivered by appropriately trained occupational therapists.

Recommendation 9: NDIA partners with key industry associations to develop and deliver training and resources to NDIA staff, so they can build empathy skills, and adequately understand types of disability, including complex multi-factor disability, and the impacts of disability on the client's personal and social needs. This training should also include information on the key role that health and allied health staff play in supporting participants, including qualifications, expertise and scope of practice.

Recommendation 10: That NDIA increases internal staff capability through the creation of Specialist Disability Advisor roles who can provide an internal point of review and enhance NDIA's clinical decision making.

Recommendation 11: That NDIA adopts a tiered Case Management Model where complex claims or claims of certain categories are consistently managed by the same staff. This will improve consistency in the agency's decision making and user experience and reduce scheme inefficiencies from NDIA staff needing to review all client documentation every time when making decisions, and OTs needing to navigate poor communication pathways to resolve plan and funding issues.

Recommendation 12: That NDIA appoints staff with experience and qualifications in allied health disciplines, including occupational therapy, to support capacity building of other staff,

and embed a greater level of understanding of the roles of allied health professionals when working with participants.

Recommendation 13: That NDIA introduce registration for support coordinators, and key competencies they must meet to work with participants.

Recommendation 14: NDIA establish clear guidelines and processes to ensure transparency in NDIA decision making, so that OTs can provide required information to enable NDIA to make a fair and equitable decision to provide reasonable and necessary supports for participants including those with reduced decision-making capacity.

Recommendation 15: NDIA works with OTA to co-design report formats that are clinically informed, fit for purpose, and set out NDIA's core information requirements and criteria.

Recommendation 16: NDIA works with OTA, assistive technology and home modification providers and others to develop clear guidelines on "reasonable and necessary" supports, which clearly states what supports and treatments will be funded and provides clarity on NDIA's decision making matrix.

Recommendation 17: The NDIA develops a system in which the status of key documentation and requests can be monitored and escalated should problems arise.

Recommendation 18: NDIA provides better contact pathways for providers to seek information, clarify NDIA decision making and provide accessible contacts for escalation of problems.

Recommendation 19: That before introducing major scheme changes, or significant changes to NDIA processes, that NDIA engage with OTA and other allied health professionals so that they can advise on the information and communication needs of providers working in the sector.

Recommendation 20: NDIA meet with OTA and specialist driving instructor representatives to understand issues relating to driving supports.

Recommendation 21: Fees are indexed annually and there is no real reduction in the fees for 'therapy supports.'

Recommendation 22: NDIA engages with OTA to discuss fee structures that maximise outcomes for participants.

Recommendation 23: That NDIA introduces a separate funded category for allied health travel costs, commensurate with other jurisdictions. This will enable allied health professionals to travel to provide supports to clients in home, without utilising therapy support funding.

Recommendation 24: That NDIA engage with allied health providers before exploring new registration models, and that any proposed framework considers business size and the importance of minimising red tape, so as not to disincentivise service provision, and reduce risk of provider scheme exit.

Introduction

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

OTs have a critical role in providing services within the NDIS, supporting people living with physical, intellectual, psychosocial and other disabilities. OTs work in a diverse range of settings to deliver NDIS services, or support NDIS participants, including private practice, public health and rehabilitation settings, paediatric services, community services and in medium and large private providers.

Occupational therapists and the NDIS

Thousands of OTs are delivering vital services for NDIS participants. Occupational therapy is a person-centred health profession concerned with promoting health and wellbeing through participation in occupation. Occupational therapists achieve this by working with participants to enhance their ability to engage in the occupations (activities) they want, need, or are expected to do; or by modifying the occupation or the environment to better support their occupational engagement. Occupational therapists provide services across the lifespan and have a valuable role in supporting participants living with developmental disorders; physical, intellectual, chronic and/or progressive disability; and mental health issues.

Occupational therapists help to unlock the value of the NDIS by working with scheme participants to identify goals and engage them with appropriate supports and services that promote independence, social connection, economic participation and protect and sustain physical and mental health. They deliver services including:

- functional capacity assessment
- prescription and implementation of assistive technology and/or environmental modifications
- positive behaviour support
- disability-related chronic disease management
- driving assessments (when specifically trained to do so) and
- targeted, goal-focussed capacity building (for example, activities of daily living, or ADL training) with participants with physical and/or psychosocial disability.

OTs are highly skilled in assessing the degree to which a person's disability affects their level of function in daily tasks. Based on these assessments, occupational therapists make recommendations for, and then deliver, interventions that enhance and maintain an individual's functional capacity, and prescribe supports, aids and assistive technology that help everyday Australians live as engaged, valued and contributing members of society.

OTA has long recognised the value of NDIS and welcomes any initiatives that will improve the experience and outcomes of participants. OTA fundamentally supports NDIA's

commitment to giving people choice and control over how their disability-related services and supports are delivered.

OTA has welcomed many of the changes resulting from the rollout of the NDIS across Australia, and supports a strong, sustainable and effective NDIS. However, OTA has heard from our members over the past few years that a range of issues exist that continue to negatively affect the experiences of participants and providers and risk the continued delivery of OT services for NDIS participants.

OTA has sought to highlight these issues in its recent submissions to a range of inquiries and reviews of the NDIS, as listed below.

- Submission to the Australian National Audit Office on NDIA and daily life supports (October 2022)
- Submission to the Joint Standing Committee on the National Disability Insurance Scheme: Capability and Culture of the NDIA (October 2022)
- Australian Parliament Joint Standing Committee on the National Disability Insurance Scheme: Inquiry into general issues around the implementation and performance of the NDIS (April 2022)
- Inquiry into Current Scheme Implementation and Forecasting for the NDIS (February 2022)

OTA also made several submissions and advocated strongly against the proposed introduction of Independent Assessments into the scheme in 2021, which threatened to introduce unsuitable and non-clinical assessment tools. OTA's submissions are listed below:

- Consultation Paper: Planning Policy for Personalised Budgets and Plan Flexibility Occupational Therapy Australia submission February 2021
- Consultation Paper: Home and Living Consultation – An ordinary life at home: Occupational Therapy Australia submission August 2021
- Consultation Paper: Planning Policy for Personalised Budgets and Plan Flexibility Occupational Therapy Australia submission February 2021

To support OTA's submission to the current NDIS Review, OTA undertook a survey of our members to understand their current issues with the scheme. OTA received responses from 320 OTs from across Australia, and their responses have been used to develop this submission. OTA also engaged with our NDIS National Reference Group, which is comprised of more than 20 expert OTs working across the spectrum of NDIS services. OTA has included italicised quotes throughout to highlight their feedback and feedback from the survey broader member survey.

The value of the NDIS

> *"When funding arrives, and the participant obtains the supports or equipment they need it makes a huge difference to their life and this is a blessing."*
> (An OTA member about the benefits of the NDIS).

We have heard from our members that when the scheme works well it is life-changing for Australians with disability, and their friends and family. The scheme has increased the visibility and participation of people with disability in society which is of huge benefit to the Australian community. It also signals a fundamental shift in the way that people with

disability are viewed by society, from a financial burden to productive and contributing members of society.

OTs report that the NDIS has resulted in extremely positive outcomes for some Australians, including:

- Funding for capacity building has enabled people with disabilities to work with OTs to build social and financial independence, gain employment and social connections and build skills and confidence to contribute positively to the communities and society they live in.
- Funding for whole cohorts of people to access services for the very first time, for example, participants who were relying on outdated equipment provided when they were children can now access suitable aides after 20 years.
- Young people who were previously living in inappropriate aged care settings can now relocate to their own independent homes.
- Children who benefit from early interventions to achieve important developmental milestones, and continue to achieve their life goals, as they (appropriately) change along the lifespan.

Workforce context

The Department of Health and Aged Care has identified OT as the fastest growing registered health profession in Australia. Despite this growth and the significant growth of OT courses available, many organisations continue to carry vacancies and are having increasing difficulty in recruiting to OT roles, especially in remote and rural areas. NDIS participants are also having difficulty accessing OT services due to shortages.

This workforce shortage is likely to become more pronounced as the NDIS continues to support more Australians with disability. In addition, demand for OTs will increase across the health sector, including in aged care and mental health treatment.

This is compounded due to the risk of OTs exiting service provision for NDIS participants due to the challenges in dealing with the NDIA and supporting participants with inadequate plans.

OTA is pleased that the Australian Government has recently listed Occupational Therapy as a Priority Profession for the purposes of considering long-term skilled visa applications. However, this is unlikely to address short- and medium-term shortages.

OTs are experiencing professional burnout at an unprecedented rate. Of the 320 OTs responded to the survey, 83% reported that they had experienced stress or burnout in the past 12 months as a result of providing NDIS services. OTA expects that enhancements to the NDIS to reduce administrative issues and provide more support for providers could assist in reducing these risk factors.

OTA is proactively addressing workforce challenges through its workforce strategy, and is keen to engage further with NDIA to address specific challenges that arise for OTs working under the scheme.

An OTA member has made the following comment when asked about their intentions to continue to deliver therapy services under the current scheme if adjustments are not made:

> *"Our rate hasn't gone up in 4.5 years, so it is becoming unsustainable. We will probably deregister if it doesn't change next year. There is zero benefit to being registered as there is so much need, OTs can be unregistered and do fine with self-managed and plan managed clients while charging a higher rate. The audit process is cumbersome and doesn't differentiate a private practice OT from an aged care facility- a colleague just renewed their registration and needed a policy for fitting masks on aged people even though they run a paediatric practice."*

These pressures further validate the need for Federal Government support strategies to retain OTs within the NDIS as a priority to ensure the high risk of provider burnout and exit is addressed, and participants can continue to access vital occupational therapy services.

Recommendation 1 – That NDIA work with OTA and the Department of Health and Aged Care to develop a National workforce strategy to support attraction and retention of OTs to the NDIS.

Eroding public trust in the NDIS

OTA is very concerned about the erosion of public trust in the scheme that has occurred in recent years, following media reports and public commentary that have focussed on provider fraud and inappropriate participant requests. This includes newspaper articles in October 2022 that alleged that service providers are overcharging or 'price gouging' when they work with NDIS participants.

OTA has identified that this erosion of public trust has led to poor experiences for providers and impacted their relationships with participants. OTA is concerned that the impact of the agency's ability to monitor and manage fraudulent practices is now impacting on those providers who are focused on improving health and participation outcomes.

OTA is strongly of the view that provider fraud should be addressed, and that fees charged for services must be set at appropriate rates to ensure the sustainability of the scheme. However, ongoing negative commentary about the scheme, focussing on the financial cost as a burden on Federal and State government budgets, also risks framing people with disability as a burden on society and further reduces public support for the scheme.

OTA hopes that following the outcomes of the NDIS Review, there are opportunities to rebuild trust in the scheme and highlight the critical benefits it has and continues to deliver to Australians.

Case study

Daniel's* story (name changed to protect privacy)
OTA sourced the following case study from an OTA member, to show an example of the outcomes that can be realised by a participant when Occupational Therapy supports can be accessed via their NDIS plan, and appropriate OT funding is approved in a timely way.

Daniel is a 57-year-old man with a diagnosis of schizophrenia. He lives alone in a villa in a retirement village. At the time of initial referral in 2019, Daniel's brother and sister-in-law were his main informal supports, with his sister-in-law attending medical appointments with Daniel. Daniel had been working in an Australian disability enterprise (ADE) three days per week for the past 12 years. He would catch public transport there and back as he was unable to obtain a driver's licence. Daniel had community access support work for 5 hours per week. He was able to independently manage his home duties.

At the time of the OT's initial assessment, Daniel was experiencing significant delusional thinking. He believed people on the TV were talking to him, and people walking nearby, on the bus or train were talking about him, impacting on his ability to travel independently. He was anxious in public and did not engage in any social and community-based activities. After review of a Functional Capacity Assessment completed by the OT, the NDIA approved 45 hours of OT services per year.

The OT worked with Daniel to reduce his anxiety in public, and practiced strategies whilst going for a walk, going to the shops etc. The OT worked in conjunction with Daniel's clinical psychologist and support worker. Since the application of OT supports, Daniel has progressed immensely.

- *Daniel has commenced an open employment job as a store person.*
- *He has been an active volunteer at a not-for profit organisation for over two years.*
- *He is able to access public transport again, independently.*
- *He has joined a social group and goes out to various dances and events regularly and independently. He is independently participating in various Meetup social events.*
- *He has been actively seeking a girlfriend and has done some dating.*
- *He has started working towards getting his driver's licence.*

Occupational therapy supports assisted Daniel to set goals, and work toward achieving these through the provision of therapies that supported building his capacity to participate in activities that were important to him. In addition to this, the OT investigated options with Daniel, provided supportive problem solving, contacted and linked Daniel up to other agencies. If sufficient OT funding was not provided for Daniel, none of his goals would have been achieved.

Collaboration

For the NDIS to be a successful and sustainable scheme, OTA believes that there needs to be a shift in the way that service providers are viewed. NDIS service providers should be considered a core part of the NDIS. This is because they deliver essential supports and are often the direct connection that the participant has with the scheme. This reframing of the value and importance of providers would assist in developing trust, and better ways of working between providers and the NDIA.

Currently, OTs report that they feel there is no trust or understanding of their role within the scheme and the clinical expertise and key supports they provide for NDIS participants. This means they see the relationship with the NDIA as adversarial. To improve outcomes for the scheme and its participants, OTA recommends a more collaborative approach that involves providers at the design point for key scheme elements and decision points. This includes developing processes, clinical assessment tools and report formats and guidance.

OTA has experience in collaborating via formal and informal consultation processes and when invited by government departments to provide input into the development of key

documents and guidance. For example, OTA worked with WorkSafe Victoria to introduce new item codes for mental health therapy supports delivered by OTs into its existing fee schedule. There was ongoing engagement between WorkSafe and OTA to support the implementation with OTA promoting the changes via its channels to encourage OTs to participate. OTA also supported the development of educational materials for WorkSafe insurance agents to understand the role of mental health OT services and encourage more referrals.

Design, operations and sustainability of the NDIS

Scheme design

Scheme Access

OTA members have described the issues they have observed when helping participants access the scheme, particularly around inconsistent decision-making. OTs have reported experiencing inconsistencies with the type and level of information requested by the NDIA to make a decision on an individual's eligibility and plan, despite OTs using the tools and templates requested by the agency. OTs report receiving ambiguous feedback from NDIA about what is required, with limited or no justification as to how or why a decision was reached. It is felt by some OTs that NDIA staff who are assessing initial applications do not have a base-level understanding of disability, the role of OTs, or basic clinical terminology, that would support decisions about scheme access being more consistent, accurate and timely. These challenges and the frustrations of navigating the NDIA's reporting expectations contribute to ongoing delays and poor retention of occupational therapists working in the disability sector. Providing clearer information about what the NDIA will, and will not pay for and providing adequate reasons for decisions will improve both provider and participants experiences.

OTA members also report particular difficulty in successfully supporting people with psychosocial disabilities approved for access to NDIS. Additionally, psychosocial disability, when listed as a secondary disability in an access request, is frequently ignored and not included. This decision is often not shared with the participant nor the clinician.

NDIA participants also experience difficulties accessing the scheme due to the information requirements set out in the application process. The form is long and complex and often requires assistance to complete, particularly for those with complex disabilities. The requirement to gather medical evidence of current disability is hampered by the cost of obtaining required evidence and reports, which must be accessed by often waitlisted or unavailable services. For example, we have heard reports of up to two-year waitlists to see psychiatrists for a paediatric psychosocial disability assessment, meaning participants are not able to access the scheme for an extended period during a critical period of development.

OTA has been advised that the information requirements lead to inequitable scheme access, with participants from diverse backgrounds experiencing poorer outcomes. Participants who can afford up-front costs of medical and allied health assessments and have friends or family members who have experience in applications and advocacy to government agencies will experience more streamlined approval of access, and larger plan funding decisions. Participants from CALD, Aboriginal and Torres Strait Islander, and low socio-economic status backgrounds experience less favourable outcomes.

This is inconsistent with the Australian Government's Disability Strategy, which identified the impacts of intersectionality on the experience of Australians with disability and directed service providers seeking to align with the Strategy's Policy Priorities to "consider

incorporating tailored approaches designed to enable and include people and groups who face intersectional barriers".

OTs also report a clear gap in the free supports available to assist participants and their families to access the scheme. While Local Area Coordinators (LACs) can assist approved participants, there is a need for consistent and accessible NDIA advocacy support services that can work with future, or potential participants and families to assist with initial scheme access and ongoing advocacy for NDIA plan needs. OTs report often being the sole support for a participant and taking on an advocacy role when dealing with the NDIA for initial approval, and ongoing approval of plans and supports. The time taken to support clients in advocacy activities is often unfunded.

Recommendation 2 – That NDIA work with sector experts and stakeholders to review access pathways to ensure that they are equitable and accessible for people with disability and their families, taking into account socio-economic status, geographic location, language and cultural needs.

Recommendation 3 – That Government funds independent advocacy services that support Australians access the NDIS and provide supports to make complaints and appeal decisions made at time of access request, and ongoing plan reviews. These services should be accessible for the community including in remote and regional locations, and for Aboriginal and Torres Strait Islander, and CALD communities.

Assessments and Capacity Building

OTs are highly skilled in assessing the degree to which a person's disability affects their level of function in daily tasks, and their home and living options. Their clinical expertise is necessary to assess the functional capacity of people with disability to provide evidence and recommendations to inform NDIA decision-makers. Assessments are often carried out when a participant is either severely limited or at risk in their current home, or are unable to return to their current home, for example, from a hospital setting. Based on these assessments, OTs make recommendations for supports and interventions, and then deliver interventions that empower and enable participants who require assistance with daily life to engage in meaningful activity and participate in the community.

OTs are also highly trained and skilled in providing therapies that build a person's capacity to participate in activities that they identify as meaningful or necessary to them. They do this through task analysis and modification, prescription of assistive technology, and through training in activities of daily living.

OTA members report that there is often wastage of participant funds due to unnecessary requests by NDIA or its delegates for assessments and reports. This impacts directly on participants, as they have less funds available to work with OTs on capacity building, toward their life goals.

This problem is described below by an OTA member:

> *"Participants are put through stressful, unnecessary and lengthy assessments that are costly. This leaves less funding left for meeting their goals. As one of the few adult OTs in our rural area, we are being asked to do these assessments and lengthy reports for NDIS participants who are not currently on our caseload, to seemingly tick a box for the NDIS so that the participant can justify the funding they require. This is not meaningful work and leads to therapist dissatisfaction, especially when it appears that these reports are not read. This process means there is reduced funding for participants to achieve their goals."*

Many OTs have reported confusion about the type and level of detail required by the NDIA in assessments and reports related to eligibility and planning. OTA understands that NDIA uses the term "Functional Capacity Assessments" for a range of assessments they seek from supporting therapists and allied health practitioners, even when they are being used for different purposes, for example determining scheme eligibility, versus undertaking participant planning.

The process for determining funding for home and living options is lengthy, and there is a lack of transparency in the NDIA decision-making process. OTA members state that there is a lack of clarity among occupational therapists about the level of detail expected of a functional capacity assessment for NDIA to fund home and living options. As stated by one OTA member:

> *"We need consistent information from the NDIA regarding their expectations and what information they want from the report. Planners' decisions vary dramatically, and they frequently come back with questions that have already been clearly outlined in the report."*

Some of these inconsistencies arise because there is a lack of clarity provided by NDIA and its delegates around what constitutes a clinical decision versus a funding decision. For example, OTs have reported that there is often a lack of transparency in what the NDIA funding decision is based on, particularly when the decision is at odds with an evidence-based recommendation provided by the OT. This is an important distinction. From a clinical perspective, OTA asserts the need for home and living assessments to present a holistic understanding of a participant's support and housing needs, preferences and goals and provide clear recommendations with clinical justifications.

OTs report that it is unclear what information is required in functional capacity assessments, and whether the information should vary depending on if the report is for establishing client eligibility, or client plan needs. More clarity is needed from NDIA on the type of information needed at each stage of the assessment and planning journey. One way NDIA could assist is through a change in language to label assessments as "eligibility assessments' and "planning assessments".

OTA has also identified that there is inconsistency and lack of transparency in how NDIA makes decisions about functional capacity and participant needs. There is an overreliance on average "Typical Support Packages" based on assessment of low, medium or high functional capacity when making funding decisions for participants, leading to inadequate plans that don't meet individual needs.

OTA recommends that NDIA adopt a transparent and clinically informed functional assessment matrix that can adequately and appropriately assess for participant disability including complex multi-factorial disability and psychosocial disability, in partnership with OTA, participants, and their advocates. OTA would be pleased work with NDIA to co-design an appropriate assessment tool.

Recommendation 4: NDIA collaborates with key stakeholders including OTA, to co-design appropriate assessment tools for specific aspects (e.g. eligibility, planning, review etc) that are clinically informed and appropriate for all NDIS participants, including those with psychosocial disability, and that NDIA supplies clear guidance for practitioners on how to complete these assessments.

Recommendation 5: NDIA to improve collaboration with OTs about reporting and assessments to ensure they are accurately interpreted and requested where clinically appropriate. NDIA also supplies appropriate implementation guidelines to inform planning and funding decisions.

Recommendation 6: NDIA to work with OTA to develop training and tools to support NDIA staff to provide clearer instructions and directions to OTs about the type of report needed to support a client, and the detail required for NDIA to make a decision.

Interaction with other schemes and services

OTs have reported that the NDIA is not interacting effectively with other schemes, and that participants are 'falling through the cracks' where they are deemed ineligible for NDIS supports, due to their potential eligibility for support through other schemes or health systems.

OTA members also report that participants with forensic needs or connections to the justice system are not being accommodated adequately.

Where participants are denied funded supports, where NDIA has assessed that they could access services via the health system for example, this access does not always eventuate. This approach does not consider the issues of critically unfunded and waitlisted services, such as for psychological services, nor does it recognise the interface between health and disability, particularly for those with complex disabilities where the person's health condition arises as a direct result of their disability. It also does not consider other barriers that may exist including geographical location or language or cultural needs, or other needs due to participants' disability which could include past trauma, distrust, special access needs, and advocacy needs.

Sometimes OTs have needed to work with a client to understand barriers for accessing health treatments and supports, which may exist for a variety of reasons, including cultural reasons, socio-economic status, or sensory needs among others. If a participant is denied scheme access and is expected to access other community or public services, then

appropriate referrals and advocacy ought to be provided to guide and support the person on this journey.

Scheme operations

Plan decision making

OTA members report that initial approval of participant plans is often inappropriately funded and does not contain adequate supports for the participant to access required OT services. Members also report that plan reviews have often led to a large reduction in funded supports, despite the need for continued funding at previous levels. Many participants experience changes in functional capacity over time and it is important that NDIS plans allow for adequate funding for ongoing assessments and therapy supports that can support a client's changing needs. Without clinical oversight by an OT and appropriate maintenance and adjustments, there is an increased risk to participants using equipment or receiving supports that may no longer be appropriate.

If a client is vulnerable or does not have someone to advocate on their behalf, OTs often become the key link for a participant to seek a review of an NDIA decision. In addition to supporting participants to exercise their rights under the scheme, OTs are also called upon to provide additional evidence at reviews, the time for which is either unfunded or use up participants' plan funding.

Psychosocial disability

Psychosocial disability impacts a high proportion of NDIA clients. This disability must remain an accepted form of disability under the scheme, both as a standalone diagnosis and when co-occurring with other forms of disability.

Despite the NDIA having criteria in place to support participants with psychosocial disability, OTs have observed shortcomings in the way NDIA staff have assessed and responded to the needs of participants with psychosocial disability, due to the varied and episodic presentation of this form of disability. OTs have observed that there is a bias towards observable physical disability, and limited understanding of the needs and supports that are required for those with psychosocial disabilities.

For example, under the NDIA initial assessment criteria, participants with Autism Spectrum Disorder (ASD) Level 1 diagnosis are ineligible to access the scheme. OTA is aware of situations where a participant has ASD Level 1 diagnosis and additional co-occurring disabilities that would meet the threshold for NDIA support when considered cumulatively based on their level of impact, and level of functional impairment, however due to the presence of the ASD Level 1 diagnosis, participants NDIS applications have been rejected outright.

OTs have also reported that NDIA is also not utilising appropriate assessment tools to understand the functional needs of these participants. There are a range of standardised tools that may be used to identify functional deficits and opportunities. OTA encourages

NDIA to accept a range of clinically justified and appropriate OT assessments. OT assessments are of a quality and specificity that provide the detail required to support the development of a plan and identify the level of support a person requires as a result of their psychosocial disability.

Recommendation 7: NDIA develops an access pathway for participants with complex needs, including psychosocial disability to ensure their needs can be accommodated when accessing the scheme.

Sensory modulation

OTs report that they have encountered barriers under the NDIS to providing evidence-based sensory interventions. These interventions align with the NDIS Commission's aim of reducing and eliminating the use of regulated restrictive practices. In particular, sensory modulation strategies can be appropriate for people with psychosocial disability.

OTA members report that NDIS planners and LACs can have a poor understanding of sensory strategies, intervention and sensory items, and funding requests for these are frequently declined. This can result in the use of more restrictive (and often, more costly) strategies such as chemical or physical restraints (which are not in the best interests of the participant, their family and significant others).

The NDIS Guidelines are currently unclear and state that the NDIS is unlikely to fund sensory items. This is often interpreted by NDIS planners as a blanket "no" to funding any sensory strategies, interventions and sensory items even when a clear clinical rationale and evidence is provided to support their use.

Recommendation 8: NDIA funding is provided for positive behaviour supports, including sensory interventions that are specific to the needs of individual participants, where clinically justified and delivered by appropriately trained occupational therapists.

NDIA staff capability

OTA members have reported that through their interactions with NDIA staff, through communication and decision making, they have identified shortcomings in the capability of NDIA staff in terms of understanding the fundamental needs and experiences of participants' disability. This includes limited or no understanding of psychosocial disability.

NDIA staff and Support Coordinators also have incorrect or unrealistic understanding of the role of OTs and their scope of practice. It is also unclear to many OTs what the scope of role is for NDIA staff and support coordinators. This can impact client relationships and affects participant ability to receive support they require, where misunderstandings lead to poor quality requests or delayed decision making. For example, if a support coordinator has limited understanding of an OT's role in assessing the need for and prescribing equipment, this can lead to delays in participant transition into specialist disability accommodation.

OTs have also reported a lack of empathy displayed by NDIA staff who have appeared combative and focussed on saving scheme funds, at the expense of meeting participants' needs.

Recommendation 9: NDIA partners with key industry associations to develop and deliver training and resources to NDIA staff, so they can build empathy skills, and adequately understand types of disability, including complex multi-factor disability, and the impacts of disability on the client's personal and social needs. This training should also include information on the key role that health and allied health staff play in supporting participants, including qualifications, expertise and scope of practice.

Recommendation 10: That NDIA increases internal staff capability through the creation of Specialist Disability Advisor roles who can provide an internal point of review and enhance NDIA's clinical decision making.

Recommendation 11: That NDIA adopts a tiered Case Management Model where complex claims or claims of certain categories are consistently managed by the same staff. This will improve consistency in the agency's decision making and user experience and reduce scheme inefficiencies from NDIA staff needing to review all client documentation every time when making decisions, and OTs needing to navigate poor communication pathways to resolve plan and funding issues.

Recommendation 12: That NDIA appoints staff with experience and qualifications in allied health disciplines, including occupational therapy, to support capacity building of other staff, and embed a greater level of understanding of the roles of allied health professionals when working with participants.

Recommendation 13: That NDIA introduce registration for support coordinators, and key competencies they must meet to work with participants.

NDIA decision making

OTA members report that the lack of consistency and transparency of NDIS decision making is limiting the ability of OTs to provide their clients with appropriate care in a timely manner and negatively impacts outcomes for NDIS participants.

Recommended supports from OTs are being rejected or subjected to unreasonable requests for justification by NDIS staff and this in turn is delaying the provision of these vital services to NDIS participants. Rejections do not state the reasons for the rejection or refer to any stated criteria, or clinical reasoning, making it difficult for OTs to provide further required or revised information. Not only does this result in worse outcomes for clients, but without subsequent justification from NDIS planners, the OTs are unaware of why this rejection occurred and the problem continues to reoccur.

One OTA member describes the situation below:

> *"We frequently do not get told why a decision against something we recommend has occurred. There is no system for feedback.*

This lack of feedback extends to a complete lack of communication when a decision is made. OTs report that despite a decision being made by the NDIS, neither the therapist nor the client are informed. Or in some cases, only the OT is informed, leaving the OT to communicate NDIA's decision to the client, negatively impacting the provider-client relationship.

This can then have lasting effects on the client/therapist relations as described below by an OTA member:

> *(This) damages therapeutic relationship and can make OT's look incompetent when they say: NDIS won't talk with me or finding out 2 months later when you ring to follow up something that it was actually approved 10 days after submission but neither participant nor OT knew."*

These delays in approvals or decisions directly affect the quality of participants' lives. OTA understands that on many occasions delays from NDIA have contributed to participants being kept in public hospitals for lengthy periods of time (in some cases, years), impacting on their wellbeing and participation in life. The impacts of these delays extend beyond the individual, onto others who are unable to access health services due to bed blocking. Where a participant is living independently, delays in decision making can result in a safety risk to the participant and result in new hospital presentations. In some cases, the impact of these delays has lasted until participants have passed away. As one OTA member described a client who passed away while waiting for approval *"without the required supports they needed to live out their remaining time with dignity."*

OTs also report inconsistency in NDIA decisions, with some participants getting approval for supports and items, while a participant with similar or identical needs and plan is denied an approval. One OT described it as: *"luck of the draw on the day whether you get approvals or not".*

Some OTs have reported they have changed their practice to avoid working with NDIA entirely due to ongoing frustrations with the agency and only accept plan managed and self-managed participants as clients.

Recommendation 14: NDIA establish clear guidelines and processes to ensure transparency in NDIA decision making, so that OTs can provide required information to enable NDIA to make a fair and equitable decision to provide reasonable and necessary supports for participants including those with reduced decision-making capacity.

Report writing

OTA members advise that reports, which are required by the NDIS, are overly comprehensive and often go unread by the agency. Some OTs report that they have had NDIA staff ask questions or seek information that has already been provided in submitted reports and have had to direct staff to page and paragraph numbers. Reports contain clinical justification for participant support requests and yet our members say that despite this, requests are rejected due to lack of supporting clinical evidence. This results in OTs being required to write another even longer report that either consumes more of a client's plan or is undertaken as unpaid administrative work.

One OTA member has described the issue below:

> *"NDIS funding is wasted on duplication and additional (and sometimes unnecessary) reports; extra time spent writing reports or responses for S100 and AAT means new and existing clients are waiting longer for services."*

Another member describes it as an *"excessive utilisation of funding to support reviews of inappropriate decisions."*

Streamlining the documentation process and ensuring NDIS staff are trained to understand the clinical justifications made by OTs would improve efficiencies within the system dramatically and ensure participants are equipped with supports earlier. Additionally, as described above, there is significant wastage of funds through the duplication of clinical reports and ensuring clear expectations exist for these reports and ensuring they are read will reduce the use of funds on this process.

The below case study provides an example of these issues and the damaging effects of these inefficiencies:

> *"A highly dependent participant with Multiple Sclerosis (hoist transferred) was phoned by NDIS personnel who caught her on a "better" day and on the basis of this woman (with cognitive impairment) saying it was a "better day" they slashed her high level of supports by two thirds. Leaving her husband with end-stage emphysema to have to cover for the supports that had to be withdrawn until they could get funding reinstated. The psychological and emotional toll this took on her carer's health was tremendous and will probably add to the pace of his decline and bring her into requiring full-time or institutional care even sooner. Additionally, all personnel involved in her care (OT, physiotherapy, support workers, etc) had to redo all their justifications for re-instating the funding for her high level of supports for her. A huge waste of funds!"*

Clearer guidelines on what will be funded and what is expected from clinicians in terms of justification for supports would also improve the efficiency of the scheme and outcomes for participants. Our members report that the lack of consistency in decisions from NDIS staff extends to what is expected from the OT clinical reports. As suggested by a member,

> "*Clearer and stronger guidelines about what is appropriate for NDIS to fund ('reasonable and necessary' is too subjective), and less time wasted on OTs completing applications for items with declined outcomes."*

OTA is aware of professional challenges for OTs who receive conflicting decisions from NDIA. For example, an OT reported that they provide supports to two participants with very similar abilities and needs and made recommendations to NDIA for a certain type of equipment. One request was approved, and the other was rejected, despite having the almost identical needs and circumstances.

OTs also report that participants and their families have expectations about what will be funded, based on what they have observed being approved for other participants. This creates the potential for discord in the provider-participant relationship, as the OT is informed by their clinical expertise and knowledge of what is appropriate for the participant's

circumstances and needs. A lack of clear guidance from NDIA makes it challenging for the OT to manage participant expectations.

Additionally, a process for following up on requests and clarifying reasoning would ensure both participants and therapists are aware of all decisions in real-time. This would help repair the trust between participants and the NDIS. This fractured relationship is best described by an OTA member who said:

> *"My reports have to be much longer so that every argument can be covered because I know it will be read without any spirit of teamwork or cooperation."*

Recommendation 15 – NDIA works with OTA to co-design report formats that are clinically informed, fit for purpose, and set out NDIA's core information requirements and criteria.

Recommendation 16 – NDIA works with OTA, assistive technology and home modification providers and others to develop clear guidelines on "reasonable and necessary" supports, which clearly states what supports and treatments will be funded and provides clarity on NDIA's decision making matrix.

NDIA communication and administration

OTA members report that at times, communication with NDIA staff and LAC's staff has been poor. OTA members state that paperwork has been lost, or it is received by NDIA but never acknowledged. In some cases, an assessment or report has been submitted to NDIA, and the OT has had to follow up several times only to be told the report was never received. While administrative errors can and do occur, this is being reported at a wide scale.

Contact with NDIA is also challenging, with many OTs advising that it is difficult getting a hold of NDIA staff, as they cannot communicate with NDIA staff directly. OTs receive an email from an NDIA planner and then must contact the NDIA general enquiries email inbox if they want to reply. NDIA staff call from private numbers, and OTs are not provided with direct number to call back, leading to delays receiving email responses, and time spent on hold or navigating the phone system to reach the right area.

OTs also report they experience delays in receiving payments for services delivered to plan managed clients, which affects their operating capacity.

Recommendation 17: The NDIA develops a system in which the status of key documentation and requests can be monitored and escalated should problems arise.

Recommendation 18: NDIA provides better contact pathways for providers to seek information, clarify NDIA decision making and provide accessible contacts for escalation of problems.

Change management

When NDIA has made changes to processes, OTs report that the change management process has been poor, with lack of communication, and lack of guidance on the implications for changes and the timeframes for when the changes will occur.

Recommendation 19: That before introducing major scheme changes, or significant changes to NDIA processes, that NDIA engage with OTA and other allied health professionals so that they can advise on the information and communication needs of providers working in the sector.

Clinically appropriate assessments and prescriptions

Recently, NDIA has responded to provider and participant feedback about delays to Assistive Technology (AT) approvals by introducing streamlined approvals for low-cost AT requirements. This has enabled more efficient access for this type of equipment for participants. However, there is an ongoing need for training and support for the use of this equipment, and NDIA must ensure that adequate funding is provided to support participants to use low-cost AT.

OTA is also concerned about observed or potential scope creep in who is permitted to prescribe Assistive Technologies and Home Modifications for NDIS participants.
OTs are appropriately trained and possess clinical skills in undertaking comprehensive person-centred assessments of a participants' functional needs, including identifying needs for training and behaviour changes for ongoing use of equipment and aides. If non-skilled and inappropriately trained providers begin to prescribe AT (beyond their scope), there are clear risks to the participants in terms of inappropriate prescriptions which may endanger physical safety. There are also risks to the scheme in terms of funding for inappropriate or non-clinically justified equipment.

Driving assessments

OT Driving Assessors are specialised to work with NDIS participants to assess their ability to drive and prescribe supports to fulfil this goal which may include the need for specialised driving instruction, vehicle modifications and other physical or behavioural adjustments. This is a specialist field requiring additional training and skills, and the current NDIS fee schedule does not adequately remunerate this additional skill set. OTs have also advised that they experience delays in decisions for applications for vehicle modifications, that there is poor understanding of this service by planners and LACs, and inconsistency across LACs in approving driving lessons.

OTA is aware of issues in the related discipline of specialist disability driver instruction, which provides specialised driving lessons in modified vehicles, and vehicle modification services. These providers report similar issues with delayed NDIA approvals for services, or approval of funding below what was recommended by a driver trainer OT and confusion and lack of clarity in the NDIA pricing structure. In addition, a lack of a separate fee item for travel time to get to and from lesson locations all combines to impact their ability to provide services to NDIS participants.

Cumulatively, these issues impact the ability of NDIS participants to access support to work towards their driving goals, which can lead to increased independence, and reduced reliance on NDIS funding for commercial travel options like taxis or Uber.

Recommendation 20: NDIA meet with OTA and specialist driving instructor representatives to understand issues relating to driving supports.

Scheme sustainability

Scheme inefficiencies

The inefficiencies and administrative issues described above are impacting the effective and efficient administration of scheme funds.

One large NDIS provider has reported that NDIA administrative issues including poor communication, unexplained rejections of requested supports, and unjustified decisions mean that their staff spend approximately one third of their time dealing with administrative issues and NDIA liaison (outside of providing funded therapy support services). This reduces the amount of time available delivering billable supports, which significantly impacts oncosts.

Dealing with scheme bureaucracy and employing specialised staff to address this demonstrates the significant time and money that is expended by some providers.

Building a more responsive and supportive market and workforce

OTs form a core part of the NDIS service provider workforce and OTA has heard from members that there are a number of current scheme factors that are impacting the national workforce and pose significant risk of workforce burnout, and shortages in the short and medium term, through OTs electing to no longer working in the sector. These factors are discussed below and present risks to the scheme's operations and to NDIS participants who already face waitlisted services and approval delays.

NDIA pricing

OTs bill their services under the "therapy supports" NDIS item code. This unindexed fee has not increased in more than three years which has resulted in a real price reduction of 16 percent over three years, including 8 percent in the past 12 months, due to the impact of inflation. OTs operating across the spectrum of practice types, from sole providers to large providers, and registered and unregistered providers, all report that their business costs are increasing, and the stagnant NDIS fee means they are now only just breaking even or operating at unsustainable levels.

This is compounded by the type of work that OTs are delivering under the scheme. Due to the more complex nature of disability for NDIS participants, and the complexity of dealing with the NDIA, providers have reported that their revenues are on average 30% to 40% lower per clinician than other schemes and for private practice clients.

It is notable that the most recent annual review of NDIS fees in 2021-22 did not take these factors into account in its assessment of fees. It considered modelling of a limited sample of provider costings, and only acknowledged a few of the many complexities that impact service delivery for NDIS participants.

OT providers report that the real fee reduction means they have been unable to recruit OTs, as they cannot offer competitive salaries. They also report being unable to innovate their service delivery or pursue service expansions into outer metropolitan and remote areas, where OT services are significantly under-provisioned, or offer training for staff in servicing CALD and Aboriginal and Torres Strait Islander participants, and training for staff to provide more specialised OT services, for example paediatrics and mental health. Similarly, some providers say they have been delivering innovation work to assist development within the scheme but have not received adequate remuneration which as eaten into provider business costs.

An NDIA fee increase would enable OTs to deliver innovation and improve service delivery, delivering on one of the NDIS Review terms of reference to "*improve access to supports in thin markets – including cultural and regional, remote and very remote communities and service categories.*"

OTA is aware of one large OT provider that has ceased services in Toowoomba due to the price freeze, and compounding factors of cost of wages, cost of inflation and capped travel

distances. This has affected more than 200 NDIS participants who were utilising services through this company. These participants are concerned that they will not be able to receive services, as there are few alternative providers in this marketplace.

If NDIS fees continue to reduce, through inadequate indexation or an actual price cut, this will exacerbate workforce shortages and waitlists for services. Participants will be adversely affected through these shortages and the resulting inability to access critical supports.

OTA asked its members the question “If there was a reduction in the NDIS fee payable for OT services how likely is it that you/your employer would stop providing services under the NDIS scheme?” Of 320 respondents, 52% reported it was very likely, and 31% reported it was likely that they would stop providing NDIS funded services. Cumulatively, this is 83% of surveyed recipients, and demonstrates that the current pressures are placing scheme operations at risk.

Recommendation 21: Fees are indexed annually and there is no real reduction in the fees for ‘therapy supports’.

Recommendation 22: NDIA engages with OTA to discuss fee structures that maximise outcomes for participants.

Travel costs

Travel is an important component of OT practice as it enables an OT to attend a participant’s home, workplace, or other location where they seek to complete occupational activities. Currently NDIA enables OTs to fund travel costs out of plan funded hours. This compensates OTs for lost practice time, but as this funding is taken out of a participant’s total therapy support funded hours, it impacts the provision of capacity building therapy supports, which is important especially for participants with limited funding. It also disproportionately affects participants who are located in regional or rural locations where there are no or limited locally based OTs (particularly for participants requiring very specific supports due to complex or rare disability), and therefore OTs require longer travel time to access them.

Travel costs should be approved and funded in addition to core therapy supports, compensating OTs for lost practice time, as well as the oncosts (e.g. cost of petrol).

Recommendation 23: That NDIA introduces a separate funded category for allied health travel costs, commensurate with other jurisdictions. This will enable allied health professionals to travel to provide supports to clients in home, without utilising therapy support funding.

Provider registration

OTs deliver services under the NDIS as both registered and unregistered providers. Registration requires a provider to undergo a range of administration processes including registration, auditing and certification, but allows providers to offer services for NDIA

managed participants and charge service at the highest NDIA fee level. OTA has heard from members that some auditor fees are excessive, and this impacts business operations. Some OTA members have reported that they enjoy the level of flexibility offered by providing services as an unregistered provider, including that they do not have to “deal with” the NDIA.

However, OTA is aware of concerns from some registered providers that this creates inequity because they undergo stringent registration requirements and so are disadvantaged due to registration and compliance costs. They are also concerned that the presence of unregistered providers across the scheme, who can charge variable rates, also erodes public trust in the scheme, and impacts the public expectation that participants are accessing quality, trusted, regulated services.

If NDIS removes unregistered providers from service provision, some OTs will exit service provision, which will impact wait times for current and future participants. If the NDIS Quality and Safety Commission were to explore full provider registration, this would require an extended period to implement to enable providers to understand and meet registration requirements. They would also need to explore tiered registration models that would accommodate all sizes of service provider (from sole practitioner to large multi-service providers) and accommodate the added administration costs into pricing structures, including the costs of engaging and meeting audit requirements.

Recommendation 24 – That NDIA engage with allied health providers before exploring new registration models, and that any proposed framework considers business size and the importance of minimising red tape, so as not to disincentivise service provision, and reduce risk of provider scheme exit.

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