

**Australian Government
National Disability Insurance Agency**

2020-21 Annual Price Review

Occupational Therapy Australia submission

February 2020

Introduction

Occupational Therapy Australia (OTA) welcomes the opportunity to provide a written submission to the 2020-21 NDIS Annual Price Review.

OTA is the professional association and peak representative body for occupational therapists in Australia. As of September 2019, there were approximately 22,000 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 minimise the functional impairment of their clients to enable them to participate in meaningful and productive activities. As such, occupational therapists particularly work with people with a disability and their families to maximise outcomes in life domains including daily living, social and community participation, work, learning and relationships. Occupational therapists are therefore key service providers under the National Disability Insurance Scheme (NDIS).

OTA thanks the National Disability Insurance Agency (NDIA) for the opportunity to participate in the annual price review process and makes the following observations and recommendations around several issues pertaining to the delivery of care under the NDIS.

Proposed Reforms to Planning Arrangements

It is noted on the NDIA's website, on the page headed *Annual price review – consultation*, that the review will consider "Ways to increase flexibility for participants and reduce administrative burden for providers".

OTA strongly supports this objective and therefore endorses proposed reforms to the scheme's planning arrangements, as outlined by the Minister for the National Disability Insurance Scheme, the Hon. Stuart Robert MP, in an address to the National Press Club on 14 November last year. These reforms include the introduction of three-year plans for those participants with stable conditions, the capacity to amend parts of a plan without triggering a complete plan review, and the provision of draft plans to participants. OTA strongly endorses these proposed changes, believing they will reduce the incidence of failed plans and the long periods of time participants must subsequently wait for a new plan – often without the supports they need to live safely. OTA also notes our longstanding advice to government that getting NDIS plans right in the first instance will save the scheme hundreds of millions of dollars over the medium to long term.

Differential Pricing

OTA renews its call for a flat rate to be implemented across all the allied health professions to ensure providers are fairly compensated for the hours they dedicate to ensuring clients receive an optimal service. The decision to pay some allied health professionals more than others is not just

inequitable, it will ultimately result in a complex schedule of items that, if not constantly updated, will always contain anomalies.

Cancellations

The existing cancellation policy enables providers to recover 90% of the fee associated with the activity if the participant has given less than two business days' notice of the cancellation. OTA notes, however, that the provider might still have to pay staff to be idle. OTA recommends that 100% of the fee be claimable.

Some OTA members have expressed concern around cancellation related travel. Can the provider claim for 90% of the travel that had been scheduled for the visit and, also, why can't 100% of travel be claimed in those instances where the provider arrives at a participant's home and the participant is not there?

Provider Travel

In Section 10 of the Issues Paper, headed *Provider travel rules*, it states: *"The National Disability Insurance Agency (NDIA) recognises that supports are often best delivered in the community or the participant's own home"*.

OTA reminds the NDIA that this is particularly so for occupational therapists, whose primary purpose is to enable clients to function as effectively as possible in their everyday environment – most commonly the home, the workplace or the classroom.

There is also considerable academic evidence to support the need for occupational therapists to observe how a client functions across a range of settings. Howe and Briggs (1992) state that it is the responsibility of the occupational therapist to consider the whole context when undertaking an assessment, including the home, school, workplace and community.¹ Dunn et al. (1994) state that occupational therapy is most effective when it is embedded in real life – that is, when the occupational therapist can modify an occupation in the actual setting where it takes place.² Ciampa et al. (2016), in a study looking at work integration, also support the need to undertake assessment in the setting where the occupation takes place.³

More than any other allied health profession, occupational therapy delivers supports in the client's own environment and, therefore, the occupational therapist is more likely than any other allied health professional to travel to the client.

It follows that the sustainability of occupational therapy services is particularly susceptible to any shortcomings in the NDIS travel policy.

Recent changes to NDIS travel arrangements notwithstanding, the existing travel policy does not adequately fund providers' travel costs.

Nor is the policy equitable for participants; it makes no sense that the last participant of the day should fund the provider's return travel at the end of the working day. It is very challenging, if not impossible, at the time of developing a service agreement to be able to reliably inform a participant of the exact travel costs over the life of their plan. In addition, the existing policy has the unintended but highly unfortunate consequence of forcing NDIS participants to wait for therapy support because providers have to cluster their appointments geographically. This seriously compromises participants' ability to achieve their goals in a timely manner.

Existing travel arrangements are actually restricting choice and control for participants, as providers are being forced to deny support because of travel funding constraints. Adequate travel funding would enable participants to source and access the most appropriate therapist. In the case of occupational therapy, inadequate reimbursement for providers' travel is currently denying participants such vital services as complex home modifications, assistive technology, independent living skills, early childhood supports, behaviour supports, and SDA assessments. It is important that each participant has the opportunity to work with an occupational therapist who has the right skill set to help them achieve their goals.

With regard to non-labour travel costs, OTA members seek a revised policy whereby providers are fairly reimbursed for their travel time as well as cost of travel, for example fuel and vehicle usage. It would make sense for any reimbursement to be based on kilometres travelled, as providers may well be routinely keeping this data for tax purposes anyway. It is imperative, however, that any revised travel arrangements do not increase the administrative burden of providing therapeutic supports.

OTA also notes that when a provider makes a claim for travel, the travel has to be claimed under "provider travel" using the same line item as the primary support. This is despite the funding being included as one item in the capacity building budget. Increased transparency would be achieved if the NDIA provided separate budgets for "therapy" and "travel", ensuring budgets that better reflect the hours required.

The current price guide does not clearly state that travel is payable to therapy assistants. We ask that this be made clear in the next price guide.

Non-Face to Face Time

Occupational therapy support frequently includes a significant amount of non-face to face time. This may include AT research and applications, complex home modification applications, report writing and developing resources. OTA calls for increased clarity in the price guide in order to better inform participants and planners as to what can be reasonably funded from the participant's plan. This enhanced clarity will greatly assist providers in managing participants' expectations.

Group-based Supports

Providers report that the existing recommended group ratios are not sustainable. Some groups need to be larger, particularly those where the focus is on improving social skills. The group fee needs to take into account the significant amount of preparation involved in group sessions, something that is not currently captured in group pricing.

OTA members report that it can be difficult to fill a position as part of a group where the group is working on skill progression and interaction between participants. It is recommended that groups be billed for the program (regardless of attendance) rather than individuals being billed for attendance at each session.

Capacity Building Supports

Increasingly, occupational therapists are undertaking work outside of standard business hours. Specialist Disability Assessments often require the occupational therapist to complete an assessment in the participant's own environment at the time that they usually complete the task. Examples include assessment of an active night requirements, assessment of personal care in the early morning, or participation in social activities on weekends.

For this reason, OTA would support proposal 5.2 in the Capacity Building Supports section of the Issues Paper.

Conclusion

OTA thanks the NDIA for the opportunity to provide this submission to its annual pricing review. We would be happy to provide further information on any of the issues raised in our submission should this be required.

References

- 1 Howe, M. C., & Briggs, A. K. (1982). Ecological systems model for occupational therapy. *American Journal of Occupational Therapy*, 36(5), 322-327.
- 2 Dunn, W., Brown, C., & McGuigan, A. (1994). The ecology of human performance: A framework for considering the effect of context. *American Journal of Occupational Therapy*, 48(7), 595-607.
- 3 Ciampa, M. A., Roca, M., Torralva, T., Lischinsky, A., Manes, F., & Camino, J. (2016). Specific work integration program with a patient with traumatic brain injury. *J Neurol Ther*, 2(3), 8-14.