



# SUBMISSION:

National Disability Insurance Scheme  
Consultation paper: Access and  
Eligibility policy with Independent  
Assessments

23 FEBRUARY 2021

## Introduction

Audiology Australia (AudA) welcomes the opportunity to respond to the *Consultation Paper: Access and Eligibility Policy with independent assessments*. AudA is the peak professional body for the health profession of audiology, representing over 3,000 audiologists across Australia.

Audiologists are hearing health practitioners who help their clients preserve, manage, and improve their hearing and balance and their ability to process and understand sounds. They provide hearing services to a wide range of clients, including to National Disability Insurance Scheme (NDIS) participants. Currently, there are 21,079 NDIS participants with a hearing impairment in Australia (NDIA 2020).

AudA is writing to comment on the proposed independent assessments (IA) – an assessment of a person’s functional capacity including their environmental and individual circumstances and that will be undertaken by qualified health care professionals for the purposes of NDIS decision making. They will be free for participants and people with disability applying to access the NDIS.

Functional capacity is a major part of decision-making in the NDIS, however, under current arrangements, it can be a complex, costly and inconsistent process with participants sometimes spending thousands of dollars obtaining assessments to show their level of functional capacity.

We acknowledge the National Disability Insurance Agency’s (Agency) stated objectives behind the introduction of IA - that everybody, regardless of their situation will have access to internationally recognised, evidence-based assessments and have an up-to-date and complete assessment of their functional capacity. By making IA free, the Agency is also seeking to remove the financial burden of evidence gathering, to access and use the NDIS, and making sure participants have the right assessments to assist in the planning or review process.

A major focus of the IA process is to have consistent decision making for functional assessments to make sure the NDIS is fair and consistent for all participants. Lack of consistency has been a major problem for NDIS participants with hearing loss with similar functional assessments. AudA members frequently report to us that the resulting NDIS funded supports and budgets have wildly varied depending on where a person lives, who their local area coordinator or planner is and their knowledge and understanding of the impact of hearing loss.

However, AudA is concerned that the current IA proposal will not meet these objectives and in fact that it will disadvantage NDIS participants, including those with hearing loss in terms of goal setting, their resulting NDIS plan and plan budget.

### **Independent Assessment pilots**

As a general comment, AudA is concerned about the speed of the rollout of IAs and the lack of evaluation across the different disability areas of the NDIS. The first IA pilot in late 2018 sought to demonstrate whether sourcing independent functional capacity assessments improved consistency, accuracy and reliability of Agency decisions. It included 513 opt-in IAs in nine metropolitan service delivery areas in NSW and covered NDIS applicants and participants with autism spectrum disorder, intellectual or psychosocial disabilities. The first pilot provided evidence that the use of standardised assessments can support better decision-making by the Agency and participants were generally satisfied with the process but, crucially, the summary report of the pilot's results did not include any information about the links between IAs and the resulting participant's support budgets.

We note the second pilot for IAs recently recommenced after it was delayed due to COVID-19. While we support the second trial as it will cover participants from a wider variety of backgrounds, we believe that it needs to be concluded and evaluated before the IA process can be introduced. It appears that the IA process will be implemented in mid 2021 regardless of the second pilot's outcomes.

### **Access/eligibility requirements**

The introduction of IAs means significant changes to the current operation of the NDIS, including a new NDIS Access and Eligibility Policy.

This will replace existing processes, including the NDIS access lists, which set out a number of health conditions that automatically met the disability or early intervention requirements of the NDIS. One of these conditions was permanent bilateral hearing loss > 90 decibels in the better ear (pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz).

Now, it is proposed that all participants will need to provide evidence of their disability. This will include advice from their treating health professional as to whether their impairment is likely to be permanent and whether, in their health professional's clinical judgement, a person's disability or disabilities are attributable to one or more cognitive, neurological, sensory or physical impairments. Health professionals will also be required to provide information about what interventions or supports have been considered and/or administered to the potential participant.

Based on the consultation paper, it appears that potential participants will not be funded to gather evidence of their disability and so will still need to spend considerable time, effort and cost to obtain this information if they have not already done so (as is often currently the case now).

Currently, the Agency accepts evidence of a person's hearing loss as illustrated through an audiogram (or other relevant testing) combined with an assessment from their treating audiologist of that person's functional capacity or the impact that hearing loss has on that person's ability to participate in everyday life and their individual circumstances.

As the extent and nature of a person's hearing loss is not going to be demonstrated through a functional capacity test, this means that potential participants will still need to self-fund the cost themselves to demonstrate their eligibility for the NDIS with a "hearing impairment". We submit that the Agency needs to put measures in place to enable NDIS participants to deal with the costs of these assessments. One idea could be to have a gated assessment process with funding available once a certain stage in the process is passed or funding could be made available for a designated portion of the assessment costs over a certain amount.

This also makes clarifying how the Agency will consider pre-existing assessments as part of the IA process crucial to save potential participants time, effort and cost. This is particularly important for people with hearing loss who – by the time – they apply for access to the NDIS have usually already expended some time and funds to ascertain whether they have a hearing loss, the extent of that loss and recommended intervention strategies. It is AudA's opinion that this cohort should not have to undergo new testing or a requirement to tell people their circumstances repeatedly to meet different bureaucratic requirements.

We also query how the IA process will increase access and equity for underrepresented groups such as people from CALD or Aboriginal and Torres Strait Islander backgrounds to access the scheme with these requirements in place?

### **Role of health professionals**

Under the proposal, a person will need to have their IA done by one of the appointed assessors who will work separately to the Agency rather than having a functional capacity assessment done by their treating health professional/s. While we know that independent assessors will not be Agency employees, there has been no announcement to date which organisation/s will be undertaking them or how this will work in practice.

The consultation paper states that independent assessors will be health care professionals, including occupational therapists, physiotherapists, speech pathologists, clinical and registered psychologists, rehabilitation counsellors and social workers.

While AudA is pleased that the proposed assessors are to be trained health professionals, it is important to have assessors with at least a couple of years of clinical experience and who have provided services to people with a range of health conditions and not just people straight out of university who will not have yet fully developed these skills.

It is also unclear whether audiologists will form part of the pool of independent assessors and how an IA will be approached if a person is deaf or hard of hearing.

AudA understands that one of the Agency's reasons to use independent assessors is to remove any potential 'sympathy bias' – the idea that a treating health professional who is familiar with an existing person may be inclined to give a sympathetic portrayal of that person and overstate their need for NDIS funding. However, we also note that health professionals are trained to provide objective assessments based on their clinical assessment of a person's health care needs and, as noted, a person's treating health professional will remain part of the NDIS application process in any case in terms of providing evidence of a person's disability, which may include insights into their functional capacity.

AudA also seeks clarification of what oversight there will be of independent assessors. Registered NDIS providers are regulated by the NDIS Quality and Safeguards Commission but there seems to be no such requirement for the providers of Agency commissioned assessments.

## References

National Disability Insurance Agency. (2020). NDIS Quarterly Report to disability ministers 30 December 2020. <https://www.ndis.gov.au/about-us/publications/quarterly-reports>