Rapid Review 6

Assistive Devices: Regulation and Coverage in Australia

A Rapid Review Prepared for Converge3

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Report:

Access to Assistive Devices in Australia

Australian Institute of Health Innovation

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Introduction

In this preliminary report, a purpose-assembled team from the Australian Institute of Health Innovation (AIHI) provide an overview of the extant Australian federal, state and territory programs that provide, support and administer assisted devices to people with a disability. The following review presents summaries, original tables and figures, and a series of extracts and sources which map out the path for individuals, families and carers in obtaining access to assistive devices in Australia.

Firstly, an overview of the report and preliminary findings are provided as a summary of this complex issue. Secondly, the term 'assisted devices' will be discussed. This is a complex and ever-evolving term that differs from state to state. For consistency, this report will follow the definition used in the Canadian rapid review on assisted devices. This is the definition used in the United States of America Assistive Technology Act 2004: "any item, piece of equipment, or product, whether acquired commercially, modified or customised, that is used to increase, maintain, of improve functional capabilities of individual with disabilities" (Congress United States of America Government 2004).

Thirdly, the diverse federal, state and territory schemes will be discussed. The Australian government, from our analysis, appears to have divided the numerous schemes into two main categories, and therefore will be discussed as such in this report. These are those schemes targeted to the Australian population under the age of 65, and those over the age of 65. This differs from the Canadian rapid review, which mainly focused on the growing aging population of Canada. Regarding the schemes for those over the age of 65, an overview of the Australian system will be discussed, with the state of New South Wales used as a case study.

Lastly, a literature review has been included with multiple appendices which highlight the statistics of the Australian population and healthcare system in reference to people with a disability.

1. Overview and preliminary findings of assistive devices in Australia

- If you have a permanent and significant disability, are under the age of 65, and an Australian resident, you will likely be covered for an assistive device (AD) by the National Disability Insurance Scheme (NDIS). This scheme is new and is currently being rolled out state by state (2016 – 2019)
- The National Disability Agreement (NDA), a similar scheme existing prior to the NDIS, still exists, and seems to have wider coverage (as there is no age cap), but it is currently being phased out, to be replaced by the NDIS
- The government funding available for assistive devices are a mixture of federal, state and territory funding, but the funding decisions and policies are controlled by state and territory governments. Access to assistive devices is heavily reliant on availability of resources
- There are several independent and not-for-profit organisations that support the community with assistive devices, which are state-specific and are tailored to a particular disability
- Each state appears to have varying definitions on what is considered an 'assistive device' – the term 'assistive technology' is frequently used in the literature and the separation between assistive device and medical device is frequently blurred
- What is considered as a 'disability' in different funding policies varies (e.g. some policies clarify between physical, sensory and communication disabilities)

In general, those under the age of 65 are covered by a federal disability scheme, whereas those over the age of 65 are covered by a variety of schemes managed by the Australian Government Department of Health: Ageing and Aged care (e.g. My Aged Care https://www.myagedcare.gov.au/).

Table 1 provides an overview of the main funding programs in Australia and whether they are funded at a national level or by individual states and territories. There are various eligibility factors which are discussed further in the report. For example, if a resident is covered by the Department of Veterans Affairs (DVA), most assistive devices will be funded through the DVA, unless they are living in a residential aged care facility. In this circumstance, the DVA does not provide financial assistance and Commonwealth programs administer funding for the assistive device.

Table 1. Overview of funding for assistive devices in Australia

Department/organisation / State/territory	Name	State/national/private (funding)	Over 65/under/both
Overarching schemes			
New South Wales (NSW)	Aids and Equipment Program (EnableNSW)	State	Over 65
Victoria	Aids and Equipment Program	State	Over 65
Queensland	Medical Aids Subsidy Scheme	State	Over 65
Australian Capital Territory (ACT)	ACT Equipment Scheme	State	Over 65
Western Australia	Community Aids and Equipment Program	State	Over 65
Northern Territory	Disability Equipment Program	State	Over 65
South Australia	Domiciliary Equipment Service	State	Over 65
Tasmania	TasEquip	State	Over 65
Australian Government schemes			
National Disability Insurance Agency	National Disability Insurance Scheme (NDIS)	National	Under 65
Australian Government Department of Health	Residential Aged Care Facilities (RACF)	National	Over 65
Australian Government Department of Health	Commonwealth Home Support Programme (CHSP)	National	Over 65
Department of Veterans Affairs (DVA)	Rehabilitation Appliances Program (RAP)	National	Both
Australian Government Department of Health	Stoma Appliance Scheme (SAS)	National	Both
Department of Human Services	Continence Aids Payment Scheme (CAPS)	National	Both
Australian Government: Job Access	Commonwealth Workplace Modifications Scheme; Employment Assistance Fund (EAF)	National	Both
Australian Government Department of Health	The Australian Government Hearing Services Program	National	Both
State and territory schemes			
NSW Government: ATEP (workplace)	The Assistive Technology and Equipment Program (ATEP)	State	Both
NSW Department of Family and community services	Aids for Individuals in ADHC Accommodation Services (AIDAS)	State	Both
NSW Department of Family and Community Services	Younger people in Residential Aged Care Program (YPIRAC)	State	Under 65
Government of South Australia	Lifetime Support Scheme (motor vehicle accident)	State	Both
Department of Human Services South Australia	Housing SA	State	Both
Department of Human Services South Australia	Living Equipment Program (ILEP)	State	Both
Queensland Government	Queensland Community Care Services	State	Under 65
Queensland Government	Community Aids Equipment and Assistive Technology Initiative (CAEATI)	State	Both
Queensland Government	Vehicle Options Subsidy Scheme (VOSS)	State	Both

Queensland Government	Specialist hospital-based scheme (Cystic Fibrosis Program)	State	Both
Queensland Government	Spectacle Supply Scheme (SSS)	State	Both
Queensland Government	Queensland Artificial Limb Service (QALS)	State	Both
Queensland Government	Spinal Cord Injuries Response	State	Both
Victoria State Government	Supported Accommodation Equipment Assistance Scheme (SAEAS)	State	Both
Victoria State Government	Domiciliary Oxygen Program (DOP)	State	Both
Victoria State Government	Vehicle Modifications Subsidy Scheme (VMSS)	State	Both
Victoria Department of Health and Human Services	The Supported Accommodation Equipment Assistance Scheme (SAEAS)	State	Both
Not for profit (NFP)**			
National NFP	Vision Australia	National/private	Both
National NFP	The Cerebral Palsy League's Assistive Technology Support Services (ATSS)	National/private	Both
National NFP	The Royal Institute for Deaf and Blind Children (RIDBC)	National/private	Under 65***
Queensland Government	LifeTec Queensland	State	Both

**Selected not for profit organisations included (from our research we found these particular NFPs provided significant grants to individuals and their families for funding of AD); **Children (Under 18)

2. Definition

In Australia, the term 'assistive technology' is more commonly used than the term 'assistive device'. According to the NDIS, assistive technology is defined as: 'any device or system that allows individuals to perform tasks they would otherwise be unable to do or increases the ease and safety with which tasks can be performed.' This definition is based on that provided by the World Health Organisation (WHO). The WHO define assistive technology in further detail:

"Assistive technology is an umbrella term covering the systems and services related to the delivery of assistive products and services. Assistive products maintain or improve an individual's functioning and independence, thereby promoting their well-being. Hearing aids, wheelchairs, communication aids, spectacles, prostheses, pill organizers and memory aids are all examples of assistive products."

[Source: http://www.who.int/mediacentre/factsheets/assistive-technology/en/]

Other organisations, such as Assistive Technology Australia, also use the term assistive technology as: "…(AT) is any device, system, or design used by individuals to perform functions that might otherwise be difficult or impossible. Such technology may be something as simple as your common household items such as a carrot peeler to the more complex products such as pressure care mattress for the prevention of pressure sores. In short, anything that assists individuals continue to carry-out daily activities can be considered assistive technology."

[Source: http://at-aust.org/home/assistive_technology/assistive_technology]

Each scheme's definition of assistive technology or assistive devices differs, and therefore it becomes complex when trying to understand what is covered by the fund, if at all, and where the line exists between an assistive device, a medical device, an aid, a carer, a modification or other forms of assistance such as a guide dog.

To gain a better understanding as to the types of assistive technologies in Australia, **Figure 1** taken from Assistive Technology Australia's website, has been included. The definition of assistive device will be included in relation to each scheme as necessary.

Types of Assistive Technology

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There are many different categories of Assistive Technology available ranging from simple "low-tech" devices such as pencil grippers to more "high-tech" items such as voice-control software used to control a computer instead of a keyboard.

The South Carolina Assistive Technology Program provides a detailed definition of Assistive Technology and the types of Assistive Technology available. Further information is available at http://www.sc.edu/scatp/what.htm.

Aids for Daily Living

Devices that assist in daily living and independence. Examples include modified eating utensils, page turners, dressing aids, emergency call systems, adapted personal hygiene aids.

Augmentative Communication

Devices that assist people with speech and/or hearing disabilities communicate: communication boards, speech synthesisers, and modified typewriters, head pointers, text to voice software.

Computer Access Aids

Headsticks, light pointers, modified or alternate keyboards, switches activated by pressure, sound or voice, touch screens, special software, and voice to text software.

Environmental Controls

Electronic systems that assist people control various appliances, switches for telephone, TV, or other appliances which are activated by pressure, eyebrows or breath.

Home/Workplace Modifications

Structural adaptations that remove or reduce physical barriers: ramps, lifts, bathroom changes, automatic door openers, expanded doorways.

Prosthetics and Orthotics

Replacement or augmentation of body parts with artificial limbs or other orthotic aids such as splits or braces.

Mobility Aids

Devices that assist people move within their environments: electric or manual wheelchairs, modifications of vehicles for travel, scooters, crutches, canes and walkers.

Recreation

Devices to enable participation in sports, social, cultural events. Examples include audio description for movies, adaptive controls for video games, adaptive fishing rods, cuffs for grasping paddles or racquets, seating systems for boats.

Seating and Positioning

Adapted seating, cushions, standing tables, positioning belts, braces, cushions and wedges that provide body support to assist people perform a range of daily tasks.

Sensory Aids for Vision/Hearing Impaired

Aids such as magnifiers, Braille and speech output devices, large print screens, hearing aids, visual alerting systems, telecommunication devices.

Browse Assistive Technology Australia Database @magic

Our AT database @magic has an extensive range of Assistive Technology products and services. It is free and is beneficial to users and providers of **NDIS** (National Disability Insurance Scheme).

Browse Assistive Technology Products in @ magic ▸

Figure 1. The various types of assistive technologies available to people with disabilities.

[Source: http://at-aust.org/home/assistive_technology/assistive_technology]

3. Federal, state and territory schemes

a. Australian residents under the age of 65

This section discusses the mechanisms for funding assistive devices; the assistive devices that are supported by the fund; and what the eligibility criteria are to be covered by the fund.

i. The disability services environment

In recent years, the disability services environment in Australia has changed significantly:

- **Endorsement of the National Disability Strategy (2010 – 2020)**
  - This underpins the United Nations convention on the Rights of Persons with Disabilities (UN 2006)
  - The endorsement looks beyond the support of NDA and NDIS and covers all people with a disability, irrespective of whether they need or use specialised disability services
  - Drives improvements into access to mainstream services
- **Revision of the National Disability Agreement (NDA)**
  - The NDA, revised in 2012, has been in place since 1991 and replaced the Commonwealth/Territory Disability Agreement 2009
  - Under the NDA, state and territory governments fund a range of disability support services, but eligibility requirements vary between jurisdictions and the service someone receives is largely subject to availability of services
  - Services are mainly delivered by block-funded providers, and alternate funding streams
- **Staged implementation of the National Disability Insurance Scheme (NDIS)**
  - A scheme based on an insurance model that aims to help people who have a significant and permanent disability and who need assistance with everyday activities
  - Rolled out in stages; available from 2016 except in Western Australia, where a state-run NDIS is in place
  - The National Disability Insurance Agency (NDIA), an independent statutory agency whose role it is to implement NDIS, collects data on NDIS and publishes quarterly on the NDIS website

The NDA is still in place in areas of Australia, and will be briefly reviewed in this report. However, as the NDIS is the implemented government-funded service to those under the age of 65, this will be primarily discussed in this report.

ii. The National Disability Agreement (NDA)

The NDA is slowly being replaced by the NDIS but will remain active until all eligible participants transition to the NDIS. The eligibility requirements for the NDA vary between jurisdictions and the funding is generally allocated directly to service providers to deliver services. Data on the services provided under the NDA are collected in the Disability Services National Minimum Data Set (DS NMDS) held by the Australian Institute of Health and Welfare (AIHW) and are released annually on the AIHW website.

According to the 2015 – 2016 AIHW report regarding the NDA:

- 332,000 people used disability support services under NDA (with a caution that this is an underestimate as the ACT did not supply information)
- The average age of service users was 35 (72% of service users were under 50, 22% were aged 50 – 64 and 6% were over age 65)
- 43% had an intellectual or learning disability, 42% had a physical disability, 29% had a psychiatric disability and 18% had a sensory or speech disability

[Sources: https://www.aihw.gov.au/reports-statistics/health-welfare-services/disability-services/about; https://www.abilitylinksnsw.org.au/]

iii. The National Disability Insurance Scheme (NDIS)

Government-funded services have commonly been provided under the NDA, but many of these services will progressively transition to the NDIS. Existing NDA service users are expected to move to the NDIS as the scheme is progressively rolled out across Australia. However, not all NDA service users will be eligibile for NDIS. Governments have put in place 'continuity of support' arrangements to ensure people are not disadvantaged in the transition. Once a service users have an approved NDIS plan, they would have officially transitioned schemes and begin to receive components of their services in cash or in kind.

The NDIS is based on an insurance model, and each person seeking access is assessed according to a common set of criteria. People who are deemed eligible receive a package of funding to buy the services identified in their individualised plan. Clients of defined programs and services will generally be considered to satisfy the disability requirements without further evidence being required. If they are not currently

receiving services, they will be able to apply to access the NDIS when it becomes available in their region during the staged roll-out across Australia.

Governance

Figure 2 depicts the administration of the NDIS scheme with reference to its structure:

1. The National Disability Insurance Agency, established under Commonwealth legislation
2. The Standing Council on Disability Reform, a Council of Australian Governments (COAG) Ministerial Council made up of treasurers and ministers responsible for disability from the Commonwealth and each state and territory is the decision-maker on policy issues
3. The National Disability Insurance Agency holds all funds contributed by the Commonwealth, States and Territories in a single pool
4. The Board of the National Disability Insurance Agency is responsible for the performance of these functions
5. The National Disability Insurance Agency Board
6. The Commonwealth Minister is responsible for administering the NDIS Act

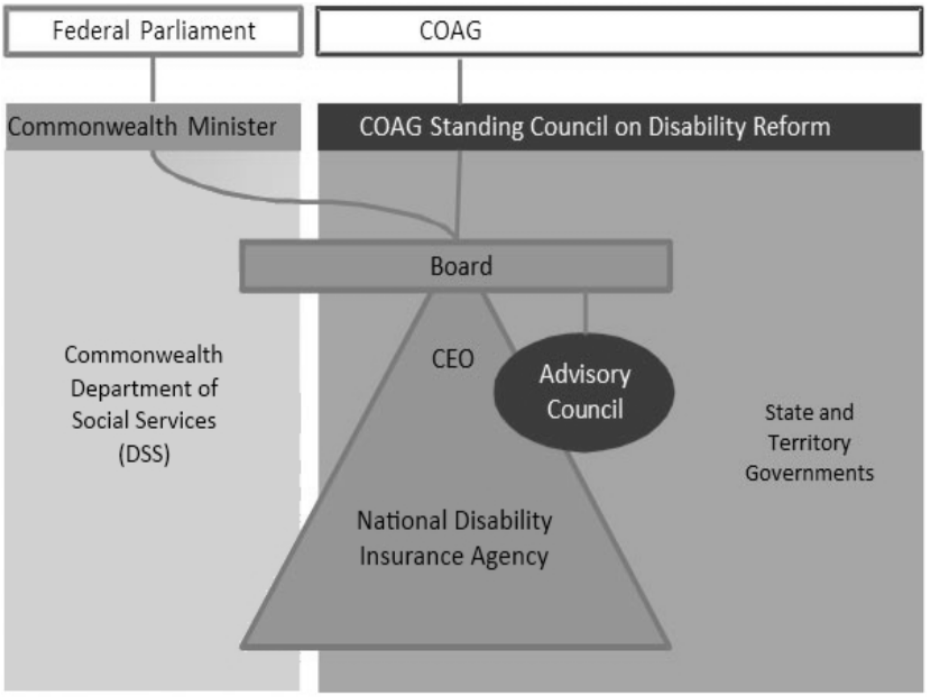

Figure 2. A depiction of the relationships between the Commonwealth Minister, the Council of Australian Governments (COAG) Standing Council on Disability Reform and the National Disability Insurance Agency.

[Source: http://www.carersaustralia.com.au/ndis-and-carers/what-is-the-ndis/]

On 7 December 2012, COAG signed an Intergovernmental Agreement (IGA) for the launch of the NDIS. Further to this, states and territories have signed bilateral agreements with the Commonwealth detailing the operational and funding arrangements for the NDIS in each trial site. These agreements include matters such as the planned intake of participants and the balance of cash and in-kind contributions to the scheme.

Agreements for the full scheme roll out of the NDIS have been reached with the states of New South Wales, Victoria, Queensland, South Australia, Tasmania, the Australian Capital Territory and the Northern Territory. The scheme will be available to all eligible residents in the Australian Capital Territory by July 2016, in New South Wales and South Australia by July 2018, and in Tasmania, Victoria, Queensland and the Northern Territory by July 2019. By 2019, the scheme will support approximately 460,000 Australians with a disability.

[Sources:https://www.ndis.gov.au/about-us/governance/intergovernmental-agreements; https://ilcaustralia.org.au/Using_Assistive_Technology/workplace]

Eligibility and inclusions

To be eligible for the NDIS, a person must:

- Have a significant and permanent disability that substantially reduces their functional capacity, or they need access to early intervention supports
- Be an Australian citizen, a permanent resident, or a protected Special Category Visa holder
- Be under the age of 65 when first applying to become a participant
- Live in an area where the NDIS has begun
- Where applicable, meet the age/or phasing requirements for that area during the staged roll-out across Australia

The NDIS funds 'reasonable and necessary' supports that help a person with disability with day-to-day living and to reach their goals and increase their social and economic participation. The types of services vary depending on each individual's need.

For a support to be deemed 'reasonable and necessary' it must:

- Be related to the participant's disability
- Be likely to be effective and beneficial to the participant
- Take into account informal supports provided by families, carers and the community

Examples include:

- A resource or piece of equipment, such as wheelchair, assistive technology or home and car modifications, to help beneficiaries live an ordinary life
- Helpful in building the skills people need to live the life they want, such as opportunities to work, further their education, volunteer or to participate in an education program

Some examples of assistive devices that an NDIS participant may be eligible to receive funding for includes (but is not limited to):

- A mobility cane
- Nonslip bathmat
- Talking watch
- Long-handled or adapted grip equipment
- Shower stool/chair
- Over-toilet frame
- Bed rails
- Wheelchair
- Hoist
- Hearing aids

Where assistive devices are funded, or otherwise provided to a participant, it is generally expected that the NDIS will also fund reasonable and necessary:

- Delivery costs to the place of intended use
- Costs associated with set up and configuration with other equipment
- Repairs and maintenance to equipment due to regular wear and tear

Exclusions

The NDIS does not fund supports and services that are funded under other mainstream services, but they will help the person with a disability connect to those services. Assistive devices under the NDIS do not include:

- Items for treatment or rehabilitation
- Built environment that is used by the public e.g. ramps, pathways and lifts
- Mainstream technology that does not overcome a functional limitation but modifications to this technology could be included e.g. a car would not be an assistive device, but modifications to the car could be
- Something that does not include a device e.g. medicine, education, training
- Income support
- Housing

- Employment
- Public transport or health services

Mainstream technologies not supported by the NDIS are supported by the Local Area Coordinators and Early Childhood Early Intervention access partners who have partnered with the NDIA.

The NDIA will generally not fund household items that are not related to the participant's functional limitations or which would normally be purchased by any person. For example, general household furniture or appliances would not be funded, but the extra cost of furniture or appliances adapted or designed to address the participant's functional limitations may be (e.g. a stand-up lounge chair).

[Sources: https://www.aihw.gov.au/reports-statistics/health-welfare-services/disability-services/about; https://www.ndis.gov.au/people-disability/what-help-can-i-get]; http://www.carersaustralia.com.au/ndis-and-carers/what-is-the-ndis/; http://www.carersaustralia.com.au/ndis-and-carers/ndis-faqs/]

iv. The role of the National Disability Insurance Agency (NDIA)

The NDIA determines if a person with a disability is eligible to participate in the NDIS. If the person is ineligible for the NDIS, the NDIS can provide support through the Information, Linkages and Capacity (ILC) building program for referral and other support options. The NDIS has Operational Guidelines to assist the NDIA in making decisions or recommendations about people with disability, their families and carers. These Guidelines are based on the NDIS Act. The NDIS Rules and Guidelines also refer to the ways that carers can be involved in the assessment and planning process.

The planning process seeks to identify the individual needs of participants' and determine the range of informal, community, mainstream and NDIA funded supports needed to progress towards their goals.

A participant's plan is made up of two parts:

1. The participant's statement of goals and aspirations, which is prepared by the participant and specifies their goals, objectives, aspirations and personal context (including all informal, community and other mainstream supports already available to the participant)
2. The statement of participant supports, which is prepared with the participant and approved by the NDIA, which specifies, among other matters, the supports that will be provided or funded by the NDIS

Discussion of Part A

Assistive devices range in complexity, cost and risk, from simple mass-produced consumer products like non-slip mats through to complex, individually tailored technology. The amount of assistance a participant needs to make an assistive device selection varies according to the complexity of the equipment and the participant's level of knowledge, need and experience. In relation to funding assistive devices, the NDIA must consider, amongst other matters, whether the support is related to a participant's disability, and assesses the particular goals of the participant: i.e. if the goal is specific (e.g. the desire to be able to undertake a particular task) or general (e.g. greater independence).

The NDIA will generally only fund the minimum necessary or standard level of support required (e.g. a wheelchair with standard specifications and features, as opposed to funding additional items that are not related to the functional specifications required to meet the participant's goal). When considering whether a proposed assistive device represents value for money, the NDIA will also consider:

- The comparative cost relative to alternative equipment, taking the lifetime cost of the equipment into account including repairs, maintenance and availability of spare parts
- The cost, compared to the long-term cost of alternative supports which provide a similar level of independence and function

Where a particular type of assistive device is being considered, the NDIA may seek expert assessment and assistance. Generally, a written report detailing clinical reasoning and justification of recommended assistive device is required prior to approval of funding for complex, high risk or specialised assistive device. The NDIA may provide funds for a participant to receive necessary expert assessment or assistance with selection, fitting, configuring and training where these services are not otherwise available as part of the purchase price or part of the standard service offering.

In limited circumstances, specialist assessment and assistance may be considered to be unnecessary. For example, when:

- The assistive device is not complex (i.e. standard or low risk equipment)
- The participant has relevant expertise
- A participant's needs have not changed and there is a need to replace equipment that is no longer serviceable with the same equipment

Participants will have the use of assistive device supports for as long as necessary. When no longer required by participants, equipment is to be returned to the relevant NDIA approved service for refurbishment, reissue or recycling as appropriate.

[Sources: https://www.ndis.gov.au/Operational-Guideline/including-4.html; https://www.ndis.gov.au/about-us/governance/functions-ndia-including-decision-making.html; https://www.ndis.gov.au/operational-guideline/planning/deciding-supports-plan.html#10.1; http://www.carersaustralia.com.au/ndis-and-carers/what-is-the-ndis/]

b. Australian residents over the age of 65

The NDIS is responsible for the overarching funding administration for under 65's in Australia, however, over the age of 65 individuals are faced with a complex milieu of funding programs or 'schemes'. Over 65's who had previously received funding through the NDIS are moved into a new care plan funded by the Commonwealth aged care system or state schemes when appropriate and are not disadvantaged by the age cut off.

The formation and trajectory of funding policies may be influenced by contextual factors such as political ideology, data about health outcomes, change in government, and international agendas. Certain disabilities and their corresponding devices have more streamlined funding processes and receive additional support from grassroots organisations; receiving grants from the Commonwealth, state governments, philanthropic investors and research funding bodies such as the National Health and Medical Research Council (NHMRC). Differing levels of funding support may be influenced by the greater prevalence of certain disabilities. For example, one in six Australians suffer from some degree of hearing loss and by 2050, this is projected to increase to one in four, with hearing loss costing Australia $11.75BN annually in lost productivity and other impacts.

[Source: Listen Hear! The economic impact and cost of hearing loss in Australia. Sydney, Australia: Access Economics; 2006]

Table 2 provides a condensed outline of the overarching funding schemes which primarily affect Australians over the age of 65 and their eligibility requirements. The more populous states (i.e. NSW, Victoria and Queensland) have associated funding organisations directed by the overarching state funding body, responsible for administering and controlling funding on their behalf (e.g. the nationally funded CAPS program). Western Australia, in comparison, have Disability Sector Organisation Providers who administer funding for ADs and are not-for-profit (NFP) or non-government organisations.

Table 2. Overarching state funding schemes available for people over 65 years old

Name of funding scheme	Eligibility	Ineligibility	Associated funding program
Enable NSW	The person: • Is a permanent resident of NSW, or a refugee residing in NSW • Has a permanent or long-term disability (i.e. a disability likely to last more than 12 months regardless of the cause of the disability) • Has long-term assistive technology needs that have stabilised and allow them to remain in a community setting • Has not received compensation or damages in respect of the disability for which the assistive technology device or support is required • Is not eligible to receive the assistive technology under any other government-funded program	EnableNSW excludes the provision of assistive technology and specialised support services that can be funded from other government programs or from other sources, including: • Resident in a group home operated by Ageing, Disability and Home Care (ADHC) –this is funded through Aids for Individuals in ADHC Accommodation Services (AIDAS) • Patients who require assistive technology on a temporary or short-term basis—assistance is provided by the treating hospital or Local Health Network Equipment Loan Pool. Exceptions to this are oxygen and some respiratory devices, however, in the case of patients who need oxygen equipment, the discharging hospital is required to supply the first month of oxygen post-discharge • Patients with far advanced progressive disease, including cancer, HIV/AIDS, end stage respiratory disease, cardiac and liver disease, or any other palliative care group, as hospitals are required to provide equipment for palliative care on loan for short-term use (approximately three months) • People who have received compensation or damages in respect of the disability for which the assistive technology has been prescribed. In exceptional circumstances where an applicant has received a compensation payment, some years have elapsed since receipt of the payment, and the applicant is able to demonstrate financial hardship, discretion may be exercised to provide assistance under EnableNSW • People receiving Commonwealth-funded aged care services: people who live in a residential aged care facility (RACF) or who qualify for an Extended Aged Care at Home (EACH) or Extended Aged Care at Home – Dementia (EACH-D) package. This group may be eligible for devices such as prosthetic limbs and power wheelchairs through EnableNSW • Younger people with disability who are approved for assistance under the Younger People in Residential Aged Care program	• Continence Aids Payment Program • Home Respiratory Program (HRP) • Prosthetic Limb Service (formerly known as ALS) • Specialised Equipment Essential for Discharge (SEED) • Speech Generating Devices

		(YPIRAC) should apply to Ageing, Disability and Home Care (ADHC), Department of Family and Community Services, to establish their eligibility for assistive technology under that program. Under an internal agreement between ADHC and NSW Health, EnableNSW administers the equipment provision for approved YPIRAC clients after their equipment needs have been assessed and recommended	
SWEP Victorian Aids & Equipment Programs (VAEP)	• Must be a permanent resident of Victoria or hold a Permanent Protection Visa - Resolution of Status (RoS) (subclass 851); asylum seekers (may also be Protection Visa applicants) • Have a permanent or long-term disability and/or are frail aged • Require aids and equipment or vehicle modifications from the aids availability list on a permanent or long-term basis	People are not eligible if they are either already eligible to receive assistance from other government-funded aids and equipment programs or entitled to any form of compensation relating to their disability. For example: • The Supported Accommodation Equipment Assistance Scheme (SAEAS) • The Department of Veterans Affairs (DVA) Gold Card holders (except scooters and powered wheelchairs for those without a DVA 'approved disability') • Residents of government funded Residential Aged Care Facility • The Transport Accident Commission (TAC) • Victorian Workcover Authority • An in-patient of a public or private hospital • Can claim the cost of the aid/equipment through a private health insurance policy • Within the 30 days post discharge period from a public hospital or extended care centre where the provision of aids, equipment or home modification required is related to the hospital admission	• Vehicle Modifications Subsidy Scheme (VMSS) • Continence Aids Program • Domiciliary Oxygen Program (DOP) • Supported Accommodation Equipment Assistance Scheme (SAEAS)
Queensland Government	Eligibility is determined by both administrative and clinical criteria: *Administrative eligibility* The applicant: • Is a permanent Queensland resident • Must hold one of the following eligibility cards - in the name of the applicant: - Centrelink Pensioner Concession Card - Centrelink Health Care Card	Persons not eligible for assistance include: • Those in receipt of assistance or funding for medical aids and equipment under one or more State or Commonwealth government funded programs, e.g.: - Workcover - DVA (if eligible) • Commonwealth residential care facility recipients, as follows: - For oxygen - all classifications - For other aids and equipment - have a classification of a high rating in any domain category or a medium rating in	• Community Aids Equipment and Assistive Technology Initiative (CAEATI) • Vehicle Options Subsidy Scheme (VOSS) • Specialist hospital-based scheme (Cystic Fibrosis Program)

Medical Aids Subsidy Scheme (MASS)	- Centrelink Confirmation Concession Card Entitlement Form (conditions apply) - Department of Veteran Affairs (DVA) pensioner Concession Card (conditions apply) - Queensland Government Seniors Card • Provides a copy of both sides of the eligibility card or signed consent to access Centrelink information on the MASS 84 Proxy Access to Centrelink Information Form *Clinical eligibility* Determined by the MASS Clinical Advisor, and based on: information provided by the prescriber, including: • Applicant has a permanent and stabilised condition or disability which restricts activities in the home environment • Clinical justification by the prescribing health professional from a functional and clinical perspective as to why the aids and equipment are required • Equipment can be appropriately stored and maintained	two or more domain categories per the Aged Care Funding Instrument (ACFI) assessment as noted in the Quality of Care Principles 2014 Subsection 7 • Home Care Package- All Level 3 & Level 4 recipients of Aged Care (Living Longer Living Better) Bill 2013; For oxygen All Level 1 to 4 recipients • Consumer Directed Care (CDC) high care program recipients • Hospital in-patients • Palliative care eligible persons • Persons in receipt of compensation or damages in respect of their disability • Children under the age of 5 years for continence pads and nappies MASS does not provide subsidy funding for aids and equipment that are: • Primarily needed for use to access the community, including school and work • Needed for short-term post-acute care • Needed for therapy or rehabilitation programs	Basic aids schemes: • Spectacle Supply Scheme (SSS) • Queensland Artificial Limb Service (QALS) • Spinal Cord Injuries Response
ACT Equipment Scheme	All clients seeking assistance from the ACTES must meet all the following criteria to be eligible: • Be a permanent Australian resident with a minimum of 6 months residency • Be a permanent Australian and ACT resident with a minimum of 6 months residency • Require assistance for a permanent disability of for a disability that has lasted for at least two years duration (as determined by the referring medical practitioner) or ne frail aged person • If a compensable client, agree to reimburse the ACT Government – Health Directorate in full upon settlement of the associated claim *Financial eligibility* Clients must meet the above eligibility criteria AND the following financial criteria to be eligible for assistance:	• They are an in-patient of a public or private hospital unless the equipment is required for discharge planning purposes and is approved for funding by the Advisory Committee Chairperson • They are able to claim the cost of the aid/equipment through a private health insurance policy. Consumers with private health insurance are required to ascertain whether their health fund will cover all, or part, of the cost of the prescribed device, before they apply to ACTES • They are able to receive equivalent assistance from other government funded schemes, such as the National Disability Insurance Scheme (NDIS) • They are living in a residential care facility (i.e. nursing home) – some specialised and custom equipment may be considered by the Advisory Committee where the residential care facility is not required to provide, e.g. customised power wheelchair • If currently receiving a Department of Health Home Care package. Only equipment which is not included in the home package care will be considered for supply	• Domiciliary Oxygen and Respiratory Support Scheme • Equipment Loan Service

	• Under 16 years of age (birth certificate is required on initial application); or • Over 16 years of age; and in receipt of a full Australian Government Centrelink Pensioner Concession Card in their own name, for the ACT; or • Hold a current valid Centrelink Health Care Card in their own name, for the ACT	• A person with an advanced progressive disease which is determined to be palliative; hospitals are required to provide equipment for palliative care on loan for short-term use. • Hold a current Centrelink Commonwealth Seniors Health Care Card or a Mobility Allowance Health Care Card	
Disability Services Commission Community Aids and Equipment Program CAEP	To be eligible for CAEP participants must: • Have a permanent disability • Live at home in the community most of the time • Have an Australian: Pensioner Concession Card, or • Health Care Card, or • Commonwealth (not State) Seniors Health Care Card, or • Be eligible for a Carer Payment, or demonstrate financial hardship	CAEP will not fund equipment when it is available through other funding sources or programs such as: • Hospitals • Commonwealth aged care packages • Compensation settlements that cover equipment • Other government funding programs • Through the Department of Veteran Affairs	Disability Sector Organisation Providers listed below have individual agreements with the Commission for CAEP: • Cerebral Palsy Association of WA (Ability Centre) • Disability Services Commission – Services Branch • Nulsen Haven Association Inc. • Rocky Bay Inc. • Senses Australia • Therapy Focus Inc
Disability Equipment Program	*Children* Children up to 16 years old with a long-term disability are eligible for disability equipment regardless of their parent or carer income. *Adults* To be eligible for the equipment program you must be able to show all of the following: • Have a permanent or long-term disability • Are a permanent resident of the NT • Are living in or returning to the community • Need approved equipment on a permanent or long-term basis	• Resident of an aged care facility • Eligible to receive equipment under another program or compensation claim	

	• Are beneficiaries of a full Centrelink Disability Support or Aged Pension	
Government of South Australia **Domiciliary Equipment Service**	To be eligible for DCSI Equipment Services, participants must be: • A permanent resident living in the community in South Australia, and be eligible for state funded specialist disability services or state funded programs from Domiciliary Care (metropolitan) e.g.: - Palliative care - Metropolitan Equipment Scheme - Specialist disability services provided by Disability SA and non-government agencies funded by DCSI - The Independent Living Centre, including the Continence Resource Centre This includes: • People aged under 65 years (or under 50 years for ATSI people), who are clients of Disability SA and live in an Australian Government funded residential care facility.	• Home modification services by Housing SA or equipment services provided by the Independent Living Equipment Program (ILEP) in rural and remote areas • People who may meet the Equipment Services eligibility requirement but who are also eligible for an equivalent service from another funding source. In this instance, equipment services should be provided through the alternate source • People accessing the Commonwealth Home Support Programme, the National Disability Insurance Scheme, Lifetime Support Scheme, the Department for Veteran's Affairs Rehabilitation Appliance Programme, as well as programs provided by other South Australian Government agencies • People seeking equipment solely for use in a workplace, educational program, or for transportation or recreational purposes
Tasmanian Government **TasEquip**	• TasEquip provides equipment to eligible clients who are permanent Tasmanian residents and who have a proven financial need for assistance to access the range of equipment in scope for TasEquip • Permanent Tasmanian resident, and • Centrelink benefit recipient – Health Care, Pensioner Concession, and • Living in the community, or required for discharge from hospital, and • Ineligible for Home Care Package level 3 or 4, Workers Comp, MAIB, or DVA • Non-eligible clients who need equipment to allow them to be discharged from a public hospital (or a public bed in a private hospital), or who are receiving specialist palliative care services, will be considered as eligible for this purpose only	• Means tested • Ineligible if private health insurance will cover the device/modification • Eligible for funding by another scheme

Discussion of Part B

Table 2 does not include information on private health insurance funding, as the level of coverage varies from insurer to insurer and in some states, means testing and private health insurance coverage affects eligibility for state funding schemes. Information on the DVA, RACF, CHSP and other nationally funded schemes (listed in **Table 1**) are also not included in **Table 2** as these programs often make individuals ineligible for funding by the overarching state schemes.

There are several cross over areas between the NDIS and state funded schemes. For example, someone under the age of 65 (part of the NDIS) requiring a hearing aid, will be referred to a separate government entity (The Australian Government Hearing Services Program) as will DVA card holders or patients receiving funding from the state or territories corresponding scheme. Akin to this, stoma support and continence aid funding schemes are also administered by specific agencies (i.e. SAS and CAPS). The overarching schemes do not fund workplace modifications. These are administered at a national level by the Commonwealth Workplace Modifications Scheme, further complicating the process for patients and their families.

In addition to varying eligibility requirements and condition or disability specific parameters, there are some variations between states which are highlighted in **Table 2**, such as differences in funding of ADs in palliative care. The complexity of funding processes and the lack of clarity may cause unnecessary distress, for example, in the case of an acute spinal cord injury, patients are sent through a bureaucratic matrix to obtain the necessary equipment, home and vehicle modifications with no streamlined process from hospital to home or care facility.

Finally, the NDIS specifically excludes prisoners and whilst overarching state funding schemes do not specifically address this, some Commonwealth programs administered by the state/territory schemes do explicitly exclude prisoners (e.g. the CAPS program). This means the federal government, by excluding prisoners from the NDIS, and federal programs, may be discriminating against prisoners with a disability, risking being in direct infringement of Australia's international human rights obligations.

4. Published literature in assistive device funding in Australia

To explore the funding of assistive devices within the Australian context, a search of the PubMed database using the following search strategy was undertaken in April 2018:

Category	Search term
MeSH Terms	Self-Help Devices
Results: 10,308	
AND	
Title/Abstract	fund* OR financ* OR plan OR scheme
Results: 412	
AND	
Title/Abstract	Australia OR Australian
Results: 9	

The search yielded nine results, which are summarised in **Table 3**.

Table 3. A summary of the literature on assistive device funding in Australia

Muenchberger H et al (2016) *The critical role of community-based micro-grants for disability aids and equipment: results from a needs analysis*. **Disability and Rehabilitation** 38:9, 858-864	• Micro-grant (<$10,000) funding requests submitted to a not-for-profit (NFP) organisation were analysed to determine the demographics of the applicants (disability type, living situation, etc.) and the nature of their requests (equipment, home modification and/or respite; and funding amounts requested) • There are significant gaps in fundamental service provision, including insufficient access to essential services, such as equipment and home modifications, and out-dated equipment • Living situation (i.e. independently or with family) significantly influences the nature and extent of requests. People with complex disabilities living with their families require more service provision than those living independently. Supporting adults <65 years old to live more independently would decrease the need for 24/7 family respite and relieve carer burden • The role of NFPs in providing micro-grants remains significant even under a national disability insurance and injury scheme. Micro-grant schemes appear to be providing

	essential or core services (e.g. wheelchairs) that would not otherwise be delivered
Iacono T et al (2011) *Non-electronic communication aids for people with complex communication needs*. **International Journal of Speech-Language Pathology** 13:5, 399-410	• Data from the Non-Electronic Communication Aid Scheme (NECAS) pilot program was analysed. Such data included who requested the aids, the nature of disability of the person who would receive the aid, and the type of aid provided • A large demand for non-electronic communication aids was reported. Most requested aids were provided to adults with developmental disabilities, with most requests being made by speech language pathologists or disability support personnel. The most frequent requests were for comprehensive communication aids, followed by targeted expressive communication aids and visual supports • Despite the high demand for non-electronic aids, funding and research literature tended to focus on electronic communication aids • Further research is required to inform the government about factors that influence successful funding schemes of augmentative and alternative communications (AACs)
Iacono T et al (2013) *Experiences of adults with complex communication needs receiving and using low tech AAC: an Australian context*. **Disability and Rehabilitation: Assistive Technology** 8:5, 392-401	• The experiences of adults who received aids through NECAS were explored using interviews. Specifically, questions were asked regarding participants' communication needs, benefits of the aids, concerns regarding the aids, and participant involvement in choice or design of the aids • Multimodal communication (i.e. use of both high and low tech AACs) was considered optimal to meet the needs of people with complex and varied communication needs and allowed them to feel empowered. Most participants reported that they were involved in the aid's development • The need for multimodal communication should be reflected in government funding (e.g. NECAS)
Steel EJ et al (2016) *Challenges of user-*	• User involvement in assistive technology (AT) provision was critically analysed, and AT users were found to be

centred assistive technology provision in Australia: shopping without a prescription. **Disability and Rehabilitation: Assistive Technology** 11:3, 235-240	heterogeneous, and in need of flexibility in funding for their assistive solutions • Power imbalances and differing perspectives between practitioners and consumers act as a barrier for consumers to feel empowered; and international and online markets for AT devices has increased accessibility to ATs, with no additional support for consumers to make decisions • Personalised information to facilitate user involvement in AT decisions are required e.g. provision of independent information services that are staffed to support personal consultations
Steel EJ & Layton NA (2016) *Assistive Technology in Australia: Integrating theory and evidence into action*. **Australian Occupational Therapy Journal** 63, 381–390	• A qualitative review of AT provision was conducted using the Integrating Theory, Evidence and Action (ITEA) method, which is a systematic and rigorous process that includes knowledge from diverse sources of evidence, allowing for the mapping of AT provision in Australia • As the range and number of users of ATs expand, there is a greater need for robust approaches and reasoning to inform practice. Provision of AT devices and services can be improved by collaborating with consumers, and congruence between theory, process and outcomes • The ICF and IMPACT^2 model form useful frameworks to inform practice and research, by illustrating the contextual factors, key variables and intervention approaches that shape outcomes from AT provision
Hobbs DA et al (2009) *Developing a national research and development centre in assistive technologies for independent living*. **Australian Health Review** 33:1, 152-160	• Given there is a clear need for ATs that are appropriately matched to the support services available in Australia, a Cooperative Research Centre (CRC) expression for funding was submitted but was unsuccessful. The process of developing the submission and subsequent assessment was explored • The funding application described a model to involve users in AT development to ensure outcomes were translated into commercial items that were both useful and provided value for money, and combined with a national education program for ongoing training and skill development

Friesen EL et al (2015) *Informing the Australian government on AT policies: ARATA's experiences*. **Disability and Rehabilitation: Assistive Technology** 10:3, 236-239	• The Australian Rehabilitation and Assistive Technology Association (ARATA) developed Policy Statements and Background Papers to influence discussions on the development of the National Disability Insurance Scheme (NDIS) • The ARATA Policy Statement and Background Papers were well received by ARATA members, and appeared to have considerable impact across the broader AT sector • These methods represented an effective way for non-profit organisations to influence government policy, as well as increase the profiles of non-profit organisations, raise member awareness of links between practice and policy, and contribute to increasing bodies of evidence
Friesen EL et al (2015) *Use, performance and features of mobile shower commodes: perspectives of adults with spinal cord injury and expert clinicians*. **Disability and Rehabilitation: Assistive Technology** 10:1, 38-45	• The use of mobile shower commodes (MSCs) by adults with spinal cord injury including features that affect their performance and decisions about their design, from the perspective of users and expert clinicians was explored using the Policy, Human, Activity, Assistance and Technology, and Environment (PHAATE) theoretical framework model • Use of MSCs and their performance varied across activities and during interactions between the user, the MSC, other AT, assistance and the physical environment • Clinical assessments and selection of MSC frames and seats rely on observation and experience of participants and not standardised assessment instruments and processes
Layton NA (2015) *Problems, Policies and Politics: making the case for better assistive technology provision in Australia*. **Disability and Rehabilitation:**	• Kingdon's theory of multiple streams was applied to understand the complexities of and government actions in the assistive technology policy reform in Australia (NDIS) • The theory demonstrated that the NDIS acts as a "policy window" representing a point at which change can be achieved, Specifically, a problem in the confluence of disability and aging along with human rights expectations was recognised, and political will was manifested to build policies to meet these needs

Assistive Technology 10:3, 240-244	• To inform the enactment of this change, expertise of the AT sector, including perspectives of consumers, AT practitioners, and the AT supply industry, is required

Abbreviations: NFP, not-for-profit; NECAS, Non-Electronic Communication Aid Scheme; AACs, augmentative and alternative communications; AT, assistive technology; CRC, Cooperative Research Centre; ITEA, Integrating Theory, Evidence and Action; ARATA, Australian Rehabilitation and Assistive Technology Association; NDIS, National Disability Insurance Scheme; MSCs, mobile shower commodes; PHAATE, Policy, Human, Activity, Assistance and Technology, and Environment.

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Professor Jeffrey Braithwaite is a leading health services and systems researcher with an international reputation for his work investigating and contributing to systems improvement. He has particular expertise in the culture and structure of acute settings, leadership, management and change in health sector organisations, quality and safety in healthcare, accreditation and surveying processes in international context and the restructuring of health services. Professor Braithwaite is well known for bringing management and leadership concepts and evidence into the clinical arena and he has published extensively (more than 700 refereed contributions, and 900 total publications) about organisational, social and team approaches to care which has raised the importance of these in Australia and internationally. He has presented at or chaired international and national conferences, workshops, symposia and meetings on more than 900 occasions, including 90 keynote addresses. He is the recipient of 40 awards, including the prestigious Health Services Research Award by Research Australia in 2015 and multiple Editor's Choice awards for papers published in *International Journal for Quality in Health Care*.

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Professor Johanna Westbrook is Director of the Centre for Health Systems and Safety Research (CHSSR), Australian Institute of Health Innovation (AIHI). Her research expertise centres on the design and execution of complex multi-method evaluations in the health sector with a particular focus on the effective use of information and communication technologies. The CHSSR is the largest health informatics evaluation research team in Australia and the team's work is highly competitive with international groups. Research areas have included the first and largest population study (n=55,000) of clinicians' use of online evidence and its integration into, and impact on, work practices and decision-making. This work showed that clinicians actively seek online evidence to support clinical care which was much disputed until this work. Professor Westbrook has led research on measuring the impact of computerised pathology ordering systems on organisational efficiency and communication processes. Recent research includes major observational studies of health professionals' work and communication patterns (including interruptions and multi-tasking), and identification of contextual work factors which may disrupt effective and safe work.

Dr Amy Nguyen, PhD [UNSW], GradCert (Research Management and Commercialisation) [UNSW], BMedSc (Physiology) [Sydney]

Doctor Amy Nguyen is a Postdoctoral Research Fellow in the Centre for Health Systems and Safety Research (CHSSR). Amy has a background in both qualitative and quantitative research, and has conducted research in chronic disease management, primary care, mobile health, and user involvement in health technology design. She also has a keen interest in effective scientific communication and is an active STEM Mentor for The New York Academy of Sciences. Amy was awarded her PhD in Neuroendocrinology undertaken at the Garvan Institute of Medical Research in 2014, where she investigated the

central signalling pathways involved in appetite regulation. Her first postdoctoral position at UNSW focused on co-designing a smartphone app for and with gout patients to self-manage their condition. Currently, Amy is working with the CHSSR team across multiple projects in aged and community care services.

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Meagan has a background in arts and science, graduating with a Master of Science from University College London, in Bioarchaeological and Forensic Anthropology. She is currently employed in the Centre for Healthcare Resilience and Implementation Science as a research assistant. Her role includes the submission of journal articles, assisting with literature reviews, preparing and submitting grant proposals, and assisting with presentations for national and international conferences, workshops and seminars. Her interests include resilient healthcare, health systems improvement, paleopathology and paleoepidemiology.

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Claire is employed in the Centre for Healthcare Resilience and Implementation Science as a research assistant. Prior to her role with the Institute she worked at the University of Western Sydney and has experience delivering health promotion initiatives in drug and alcohol harm minimisation. Her research interests include health systems improvement, life-course epidemiology and the prevention and management of chronic diseases.

Appendix A. A summary of the health services used by people with disability

In 2015, of those aged under 65 living in the community:

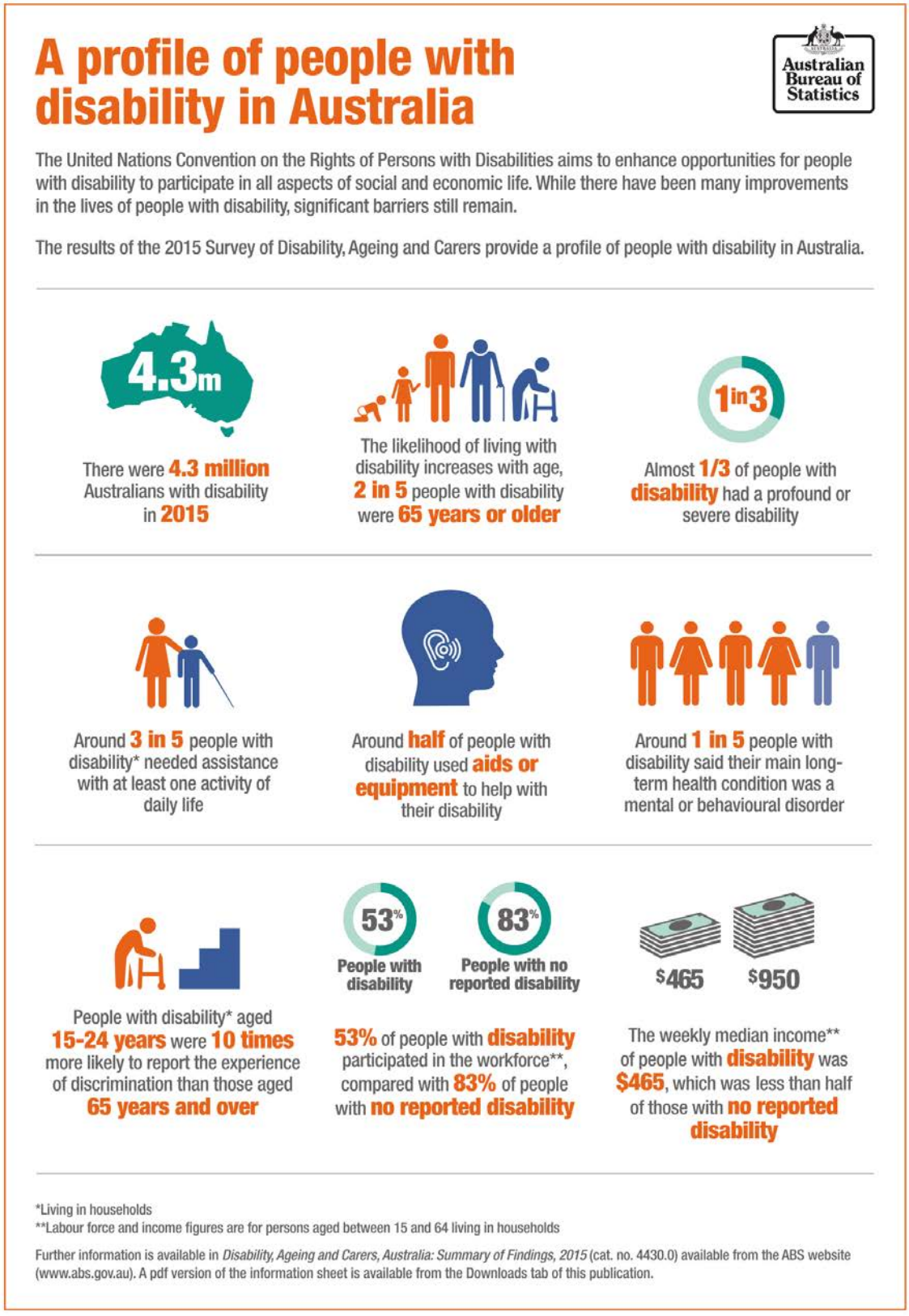
	**most (93%)** saw a GP
	**1 in 5 (20%)** saw a GP for urgent medical care
	**2 in 3 (62%)** saw a medical specialist
	**half (50%)** saw a dental professional
	**1 in 4 (26%)** visited a hospital emergency department (ED)
	**1 in 5 (22%)** had been admitted to hospital
	**2 in 5 (37%)** saw three or more different health professionals for the same condition
	**1 in 4 (26%)** had a health professional coordinating their care when they saw three or more different health professionals for the same condition
	**2 in 3 (63%)** who needed help with health-care activities received informal services[a]
	**2 in 5 (44%)** who needed help with health-care activities received formal services[a]

a. Aged 5–64.

Source: AIHW analysis of ABS 2015 SDAC confidentialised unit record file; tables S1 and S7.

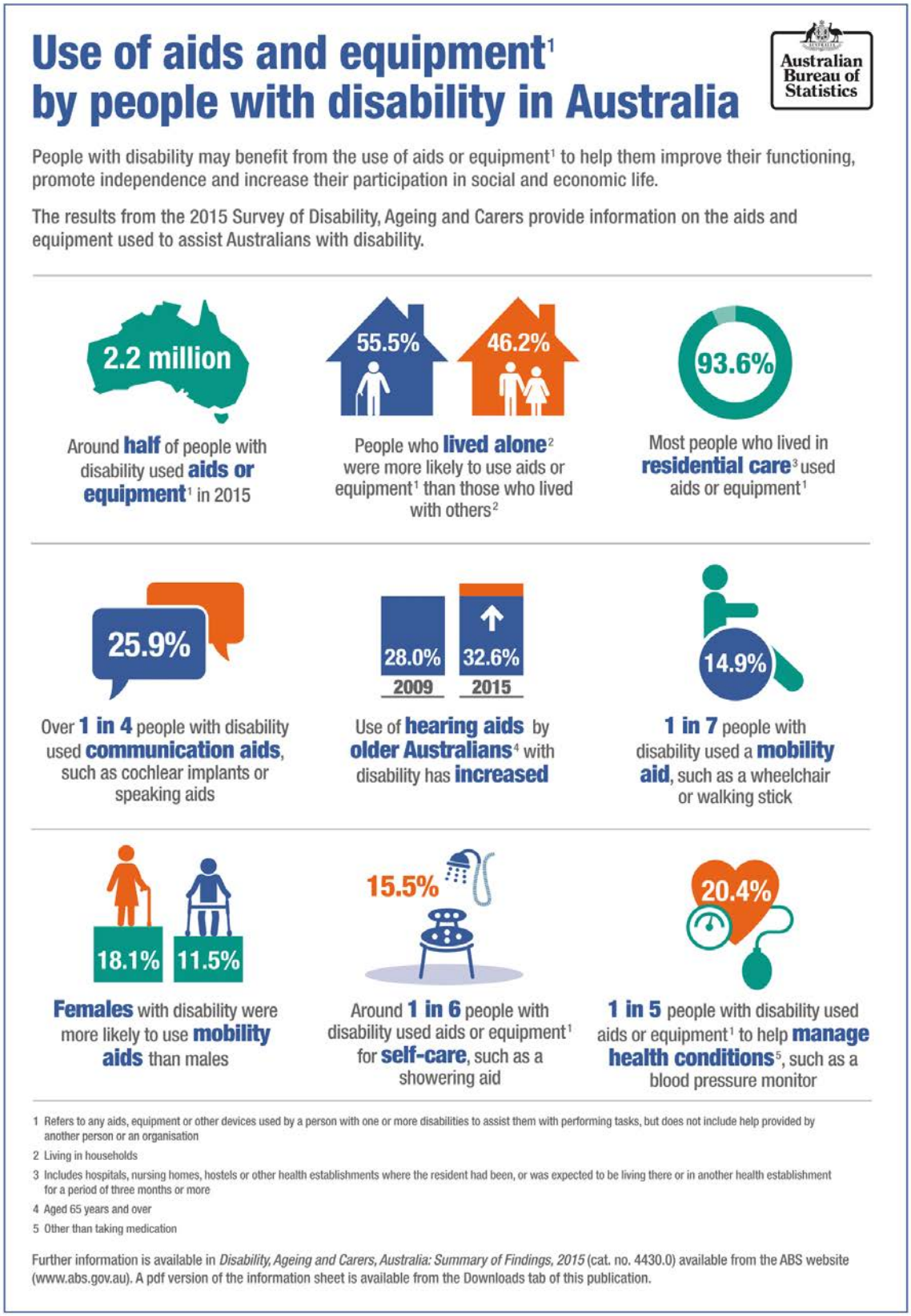
Source: AIHW 2017. Access to health services by Australians with disability [https://www.aihw.gov.au/reports/disability/access-health-services-disability/contents/content]

Appendix B. A summary of the profile of people with disability in Australia from the 2015 Survey of Disability, Ageing and Carers



Source: ABS Survey of Disability, Ageing and Carers, Australia: Summary of Findings—2015

Appendix C. A summary of the use of aids and equipment by people with disability Australia from the 2015 Survey of Disability, Ageing and Carers



Source: ABS Survey of Disability, Ageing and Carers, Australia: Summary of Findings—2015

The North American Observatory on Health Systems and Policies (NAO) is a collaborative partnership of interested researchers, health organizations, and governments promoting evidence-informed health system policy decision-making. Due to the high degree of health system decentralization in the United States and Canada, the NAO is committed to focusing attention on comparing health systems and policies at the provincial and state level in federations.

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