



MJD Foundation - Groote Eylandt Assistive Technology Feasibility Study

An investigation into the opportunities to build local capacity to deliver NDIS supports specific to Assistive Technology

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Cover image: Steve (Bakala) Wurramara. Groote Eylandt

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Executive Summary

The aim of this study

This Groote Eylandt Assistive Technology (AT) Feasibility Study investigated the National Disability Insurance Scheme (NDIS) rollout on Groote Eylandt with a view to determining whether there are opportunities for local organisations to build capacity to deliver Assistive Technology (AT) supports funded by the NDIS.

What is Assistive Technology (AT)?

AT includes a broad range of products, supports and services that may assist a person with a disability to function and achieve their goals. Some common examples of AT include walking aids, wheelchairs, communication devices and software, prosthetics and orthotics, and home modifications.

AT supports can be funded by the NDIS and may include clinical supports such as assessment, prescription and training, and technical supports such as AT supply, repairs and maintenance. These supports are delivered by allied health professionals, therapy assistants, peer support workers/mentors, technicians and AT suppliers. The level of funding may vary depending on the complexity of the participant's needs that may range from basic through to complex.



Photo: MJD Foundation staff and clients

Who is the MJD Foundation?

This feasibility study was conducted by the MJD Foundation (MJDF). The MJDF is a specialist disability support organisation operating on Groote Eylandt and across remote North Australia. Providing care to Aboriginal families affected by a genetic, progressive, neurodegenerative condition known as Machado-Joseph disease (MJD), for the past decade the MJDF has pioneered innovative care and funding models under the direction of Aboriginal families. www.mjd.org.au

Groote Eylandt

The Groote Archipelago is home to 1,500 Aboriginal Australians that live in the very remote Aboriginal communities of Angurugu and Umbakumba on Groote Eylandt, and Milyakburra on Bickerton Island, with some people residing on outstations. Alyangula on Groote Eylandt houses a largely non-Aboriginal population of approximately 900 that services the GEMCO/South 32 Manganese mine and other operations. The presence of the mine and related activities brings infrastructure and resources that are unique to Groote Eylandt when compared to other very remote communities.

Travel to and from Groote Eylandt is by sea and air, and the majority of goods are shipped by barge between Groote Eylandt and Darwin weekly. Access to housing is extremely limited throughout Groote Eylandt, short-term accommodation is available to visitors in Alyangula.

NDIS and Groote Eylandt

The transition to the NDIS on Groote Eylandt commenced from 1st January 2017 as part of the Arnhem rollout. The implementation and delivery of the NDIS comes with great challenges, especially in remote settings where previously there has been little or no choice of local service providers, and a strong reliance on fly-in fly-out (FIFO) supports to meet the needs of NDIS participants.

There are currently (as at December 2018) approximately 37 NDIS participants on Groote Eylandt, and close to 50% are estimated to have some form of AT included in their plan.

The NDIS registered provider list (August 2018) listed 36 providers servicing the East Arnhem region, with only 3 of these based on Groote Eylandt and offering a limited range of supports.

Key Findings

The establishment of a standalone Assistive Technology service on Groote Eylandt would not be financially viable within the current NDIS pricing associated with participant plans alone due to low work volume.

The benefits of a local AT support provider to individuals living with a disability, however, would be significant, as would the potential community benefits due to local jobs being created for minor repairs & maintenance, and disability support roles.

Undertaking such a venture would have the highest chance of success through an existing local organisation, and by treating the endeavour as a community development 'place based' project with a hybrid funding model utilising supplementary sources of funding in addition to NDIS participant plans.

The local Groote Eylandt disability support market is thin and fragile, with only 3 active NDIS registered support providers. These providers are experiencing issues with staff accommodation shortages, rising travel costs and staff retention.

Local organisations are interested in the community development opportunities for local jobs, but they are under ever increasing pressure to meet multiple demands. They are interested, but are extremely cautious about the NDIS.

Building the capacity of local organisations to deliver NDIS supports can improve the timeliness and costs of services for participants, and importantly provide the opportunity for local training, employment and economic activity. Local workers could also support visiting specialist AT services by implementing programs, performing low risk maintenance and implementing recommendations between visits.

Key Challenges for delivering local AT supports

Remote service delivery - Whilst the presence of a profitable mine and related activities brings infrastructure and resources that are unique to Groote Eylandt, there remain many of the same barriers and challenges to providing remote service delivery within prescribed government funding envelopes. Many of the barriers that exist for delivery of remote services, also apply with provision of AT services such as distance, harsh environment and climate, staff turnover, access to staff accommodation, access to mainstream and specialist services and low work volumes.



It is important to acknowledge that many non-government organisations on Groote Eylandt have played an important role by funding AT equipment and supports to traditional owners and community members in order to avoid extended periods waiting for government funded equipment, to address urgent needs, and to fill service gaps.

Knowledge of the NDIS, AT and related supports is low amongst local organisations. Significant support would be required to help a local AT service with AT regulatory requirements and risk management, governance, and the complexities of the NDIS AT processes.

The volume of NDIS funded AT specific work on Groote Eylandt is low and people with more complex needs may relocate to Darwin to access supports. The provision of similar supports through funding sources such as aged care, education, workcover and palliative care should be explored to better understand the demand for services. The demand may also increase due to the presence of Machado-Joseph Disease (MJD), and the high number of people that are either symptomatic, being monitored or considered at risk of having MJD.

Opportunities for delivering local AT supports

There are a range of different organisations on Groote Eylandt that have facilities, resources and programs that have the potential to deliver AT specific services, or provide supports such as funding to develop new services and train skilled workers to provide supervision and training.

- Local workshops could be used to conduct AT repairs and maintenance, and technical training.
- A local retailer may supply low complexity AT.
- The Community Development Program (CDP) could provide training and workforce development specific to NDIS support roles.
- Language centres may assist with the development of training material and instructions in Anindilyakwa (the first language of Groote Eylandt).
- Local workforce positions may be created to work in partnership with NDIS registered providers and partnership with visiting specialists.

Introduction

Study Introduction

The MJD Foundation (MJDF) obtained an Information, Linkages and Capacity Building (ILC) grant from the Community Inclusion and Capacity Development (CICD) Program from the National Disability Insurance Agency (NDIA). The objective of the CICD Program is to build innovative ways to increase the independence, social and community participation of people with a disability.

The MJDF project proposal included the development of an NDIS Local Support Group (LSG) comprising: a Participant stream to provide culturally appropriate information in Anindilyakwa to Groote Eylandt living with a disability; and an Organisational stream to bring together existing and potential providers of NDIS supports from Groote Eylandt Archipelago¹ organisations.

The project included an Assistive Technology (AT) Feasibility Study to investigate and report on the opportunities to build local capacity to deliver NDIS supports specific to Assistive Technology with considerations including but not limited to:

- Models and/or examples of service delivery
- What NDIS funded supports (specific to AT) are required on Groote Eylandt ie Therapeutic Supports (Occupational Therapy, Physiotherapy, Speech Therapy), AT Supply and Procurement, AT Repairs and Maintenance
- Investigate pricing sustainability under the NDIS, analyse barriers and risks with strategies required to overcome/mitigate
- Investigate the need for AT supports and services for non-NDIS participants ie Aged Care, Insurance/Compensable, Workcover, Health, Palliative Care etc
- Explore workforce development opportunities ie local Aboriginal community members to be trained to conduct maintenance of AT
- Analysis of what resources are required to establish services on Groote Eylandt
- Determine potential partners and whether the model is scalable to other parts of Arnhem Land

MJD Foundation

The MJD Foundation (MJDF) was established in 2008 as a community driven response to Aboriginal² families overwhelmed by Machado-Joseph Disease (MJD) on Groote Eylandt, a very remote island located in the Gulf of Carpentaria. Over the past decade, the MJDF's services have expanded to support families living with MJD in other remote and very remote Aboriginal communities across the Northern Territory (NT) and Far North Queensland (FNQ).

¹ The scope of this project covered the Groote Archipelago, inclusive of stakeholder organisations and participants from Groote Eylandt and Bickerton Island. This report refers to **Groote Eylandt** as inclusive of the two.

² MJDF uses the term Aboriginal in preference to Aboriginal and Torres Strait Islander in recognition that Aboriginal people are the original inhabitants of Arnhem Land. Aboriginal and Torres Strait Islander is referred to in the national context. No disrespect is intended to our Torres Strait Islander families and communities. The MJDF acknowledges the inclusion of Torres Strait Islanders who may be affected by MJD.

The MJDF has established a reputation for effectively delivering services in a difficult and complex environment, overcoming barriers to remote service delivery, and working collaboratively with the National Disability Insurance Agency (NDIA) to ensure clients receive high quality plans.

www.mjd.org.au



Central Australia

- 1. Papunya
- 2. Ntaria (Hermannsburg)
- 3. Mparntwe (Alice Springs)
- 4. Ltyentye Apurte (Santa Teresa)

Far North Queensland

- 5. Atherton
- 6. Kowrova
- 7. Ngoonbi (Kuranda)
- 8. Gimuy (Cairns)

Groote Archipelago

- 9. Milyakburra
- 10. Angurugu
- 11. Umbakumba

Darwin

- 12. Darwin

East Arnhem Land

- 13. Galiwin'ku (Elcho Island)
- 14. Birritjimi (Wallaby Beach)
- 15. Gunyangara (Ski Beach)
- 16. Nhulunbuy (Gove)
- 17. Yirrkala
- 18. Birany Birany

South East Arnhem Land

- 19. Numbulwar
- 20. Ngukurr
- 21. Urupunga

West Arnhem Land

- 22. Gunbalanya (Oenpelli)

Project Team

The project team included a combination of staff from the MJDF's Groote Eylandt and Darwin offices. Due to the broad scope of the project, a number of consultants with backgrounds in assistive technology and allied health service provision, rehabilitation engineering, Indigenous consulting, workshop facilitation, legal and financial services were engaged to contribute to the project activities and final reporting.

Name	Role	Organisation
Andrew Congdon	Project Lead	Assistive Technology Lab
Kate Pope	NDIS LSG Lead, Groote Eylandt	MJD Foundation
Morag MacLennan	Operations, Travel and Logistics	MJD Foundation
Nadia Lindop	Chief Executive Officer	MJD Foundation
Sharron Noske	Stakeholder Workshop Facilitator	PwC Indigenous Consulting (PIC)
Richard Hundt	Legal and Governance	McCullough Robertson
Kirsten Morris	Rehabilitation Engineering and Technical	Independent Consultant
Stephanie Fountain	Rehabilitation Engineering and Technical	Independent Consultant

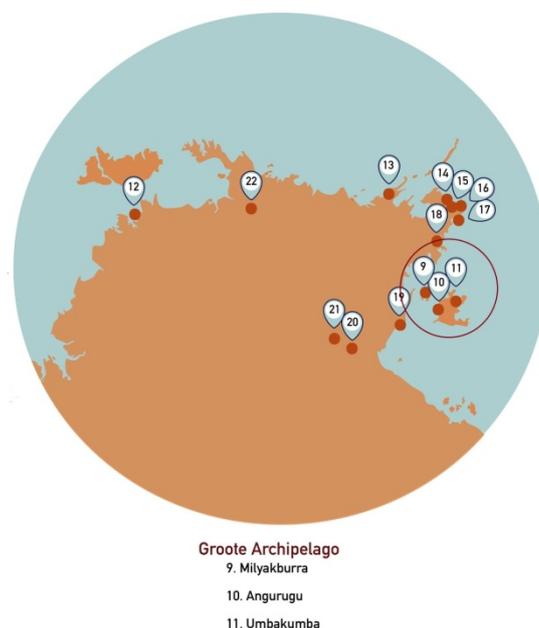
Communication Strategy

Effective stakeholder engagement and communication was essential for the MJDF to complete the AT Feasibility Study on Groote Eylandt. The development of a Communication Strategy helped to facilitate the awareness, understanding and communication channels of the AT Feasibility Study on Groote Eylandt in conjunction with the MJDF and project team.

Background

Groote Eylandt and Bickerton Island

The Groote Archipelago is over 600kms from Darwin, and approximately 50km east of the Northern Territory's east coast in the Gulf of Carpentaria. Much of the Aboriginal population lives in the communities of Angurugu and Umbakumba on Groote Eylandt, and Milyakburra on Bickerton Island, while some people live on outstations to remain close to traditional lands.



As reported by Groote Eylandt and Bickerton Island Enterprises (GEBIE)³ these communities are home to 1500 Warnindilyakwa people, Anindilyakwa is the first language spoken among all clan groups, and culture and ceremonial traditions are strongly embraced.

Groote Eylandt is also home to one of the largest Manganese mines in the world. The township of Alyangula houses a largely non-Indigenous population that services the mine and other operations and housed approximately 870 people at the time of the 2016 census.

National Disability Insurance Scheme (NDIS)

The NDIS will provide all Australians under the age of 65 who have a permanent and significant disability with the reasonable and necessary supports they need to enjoy an ordinary life. The NDIS is designed to help people with a disability to achieve their goals. This may include greater independence, community involvement, employment and improved wellbeing.

To become an NDIS participant a person must:

- Have a permanent disability that significantly affects their ability to take part in everyday activities;
- Be aged less than 65 when they first enter the NDIS;
- Be an Australian citizen or hold a permanent visa or a Protected Special Category visa; and

³ <http://www.gebie.com.au>

- Live in Australia where the NDIS is available.

NDIS participants will be assisted to develop an individualised plan that outlines the supports and services, and a budget to assist to achieve their goals. These budgets may include funding for the supply of Assistive Technology and related services such as therapeutic supports.

Assistive Technology (AT)

The NDIS adopts the World Health Organisation's (WHO) definition of AT 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'⁴.

Some common examples of AT that may be observed on Groote Eylandt include:

- Walking Stick
- Walking Frame
- Shower Chair
- Commode Chair
- Hospital Bed
- Pressure Care Mattress
- Hoist
- Manual Wheelchair
- Supportive Seating System
- Mobility Scooter
- Powered Wheelchair
- Communication Board or Device
- Computer Software
- Prosthetics and Orthotics
- Home Modifications

⁴ <https://www.ndis.gov.au/providers/assistive-technology-faqs>

AT Supports on Groote Eylandt

The introduction of the NDIS has meant the responsibility for the provision of disability supports is transferred from State/Territory Governments to the Federal Government. It has also seen a shift from block funding of support providers to individual support packages (participant plans) with the objective to enable people with a disability to access supports and services from non-Government organisations and exercise greater choice and control when selecting providers.

The NDIS commenced in the Northern Territory (NT) with a Barkly Region trial site in 2014, and continued with a territory-wide roll-out commencing in July 2016. It is expected to reach full transition in the NT by July 2019. The Groote Eylandt roll-out commenced from 1st January 2017 as part of the Arnhem region transition.

Initial figures for the number of NDIS participants in the NT was expected to be 6545, but by 2020 that figure is expected to be higher. As of December 2018, the total number of participants on Groote Eylandt and Bickerton Island was 37, with various levels of Assistive Technology supports included in approximately 16 participant plans.

Prior to the NDIS, the majority of AT specific disability supports on Groote Eylandt were provided by the NT Government's Office of Disability which included the Top End Remote Health team providing Fly-In Fly-Out (FIFO) allied health services, and the Disability Equipment Program (DEP) funding AT procurement, freight, and the coordination and cost of repairs and maintenance.

The NT Department of Health's Office of Disability is an NDIS registered provider but has been instructing participants and their supports to test the non-government sector to meet their NDIS funded needs. A referral to the Office of Disability may be considered in circumstances where the private sector has been tested and has been assessed as unable to meet a participant's need in terms of service availability, timeliness and/or expertise.

At the time of reporting, the Office of Disability's Top End Remote team did not have any NDIS participants on their case load, but continued to work with clients on Groote Eylandt who are not eligible for NDIS funded supports. The NT Government is yet to release its final strategy for what future supports/functions it will provide, and this is expected in early 2019⁵.

There are a number of people who do not meet the NDIS eligibility criteria who may also benefit from AT supports and services on Groote Eylandt. There are various alternative state and federal government programs, insurance schemes and non-government organisations that provide services and funding to people who have needs related to old age, chronic disease, short-term injury and illness, motor-vehicle (or workplace) accidents and education.

At the time of reporting the Office of Disability's Top End Remote team had a case load of 38 people seen across Alyangula, Angurugu and Umbakumba, and East Arnhem Regional Council provided supports to approximately 35 aged clients (some of which may be shared with OoD).

Some examples of alternative funding sources for AT supports and service include:

⁵ At the time of publishing, the NTG had not released their strategy for the role the Office of Disability will play in the future.

Examples of non-NDIS funded AT supports and services	
NT Government	Office of Disability Disability Equipment Program Territory Palliative Care Department of Education
Motor Accidents Compensation Commission (MACC) - NT Government owned, and administered by TIO	Motor Accidents Compensation (MAC) Scheme
Federal Government	Commonwealth Home Support Program (CHSP) Home Care Packages Job Access
Non-Government (Groote Based)	Anindilyakwa Land Council (ALC) South32/GEMCO Groote Eylandt and Bickerton Island Enterprises (GEBIE) Groote Eylandt Aboriginal Trust (GEAT) MJD Foundation (MJDF)

It is important to acknowledge that many non-government organisations on Groote Eylandt have played an important role by funding AT equipment and supports to traditional owners and community members in order to avoid extended periods waiting for government funded equipment, to address urgent needs, and to fill service gaps.

Visiting Groote Eylandt / Travel, Transport, Freight, Accommodation

There are many logistical challenges for visitors to Groote Eylandt, especially for fly-in-fly-out (FIFO) services. The below information is indicative of the costs, availability and time constraints that apply to visiting service providers, NDIS participants travelling to and from Groote Eylandt, and for the transportation of AT and related equipment.

Access Permits

The Anindilyakwa Land Council (ALC) administers a number of different permits that are required for visitors undertaking various activities and visiting different locations. The ALC recommends visitors ask if permits apply, especially if in doubt.

Flights

Air North operates almost daily flights between Darwin and Groote Eylandt which take approximately 90 minutes. The cost of a one-way ticket varied between \$295.00 - \$650.00 at the time of reporting.

Air North operates several flights per week between Nhulunbuy (Gove) and Groote Eylandt. It is worth noting that before the NDIS, under the Office of Disability, an AT store was located in Nhulunbuy, which is accessible from Darwin by road.

Charter and private aircraft can also land at Groote Eylandt Airport, and are the only option to fly to Bickerton Island from either Darwin or Groote Eylandt. A return charter from Darwin to Groote Eylandt or Bickerton Island is approximately \$7,000.00, and between Groote Eylandt and Bickerton Island costs around \$900.00.

Ferry and Ground Transport

Sea Link operates a Ferry Service that runs between Groote Eylandt, Bickerton Island and Numbulwar (mainland), and also runs a local ground transportation bus between Groote Eylandt communities for traditional owners and their ancestors (subsidised by Groote Eylandt Aboriginal Trust (GEAT)).

Groote Eylandt Car Rentals has small, medium and large vehicles (including all-wheel-drive vehicles and one Toyota Troop Carrier) available to the public for between \$165.00 - \$195.00 + gst per day. Due to the limited pool of vehicles and high demand it is advised that bookings are made in advance, and especially for periods of 5 days or more.

Freight

Sea Swift operates freight services to and from Groote Eylandt and Bickerton Island via barge. There is one schedule voyage weekly to Groote Eylandt with Thursday departures from Darwin, via Nhulunbuy (Gove). Freight is available for collection from Groote depot the following Tuesday morning. The scheduled rate for a standard pallet (120 x 120 x 120 cm) is \$821.49 + GST (rate varies monthly subject to variation in fuel levy).

Accommodation and Housing

Groote Eylandt Lodge is the only accommodation available to visitors to Groote Eylandt and rates start at \$230.00 per night.

Housing and property is not readily available to visitors as it is owned by either the Department of Housing (NT Government), GEMCO/South 32 Mine, or the various organisations and government departments for their staff.

It is extremely difficult for non-government organisations to secure staff accommodation.

NDIS Information for providers of AT supports

NDIS AT Supports and Services

The NDIS funds many different AT related services and supports that may be delivered by an allied health professional, therapy assistant, peer support worker/mentor, technician and AT supplier. The level of support required will vary between participants depending on what is included in their NDIS plan, their lived experience with a disability and using AT, their need for support, and the complexity of the AT they require.

NDIS AT Complexity levels

The NDIS categorises AT in into 4 complexity levels⁶.

NDIS AT Complexity Levels	
Level	Description
Level One (Basic)	Low-cost, low-risk and participants will mostly identify and source this themselves.
Level Two (Standard)	Typically 'off the shelf' AT that many participants can test and trial before making a final choice.
Level Three (Specialised)	Typically 'off the shelf' AT however it often requires modification to suit the needs of the participant.
Level Four (Complex)	Typically custom made or 'off the shelf' but configured uniquely for the individual.

AT that is considered low risk and low cost (i.e. Level 1 and 2) may require less support and/or advice than more complex equipment to obtain. The supply of more complex AT ie Levels 3 and 4 will likely require an assessment by a skilled assessor with suitable qualifications and experience so that recommendations (including clinical justifications, evidence of trials and quotes etc) can be submitted to the NDIS. Some AT will also need greater consideration due to particular participant or environment issues, especially for those living in remote settings.

NDIS Funding

The NDIS will fund supports that are considered reasonable and necessary, and will help a participant to achieve their identified goals. The NDIS outlines the schedule of supports that it may include in a participant's plan in the NDIS Price Guide, and the NDIS Assistive Technology and Consumables Code Guide.

NDIS Price Guide

The NDIS Price guide specifies the different service supports that the NDIS will fund and the maximum that can be charged. There are three variations of the NDIS Price Guide depending on the location of the participant, reflecting the increased costs that come with delivering remote services.

⁶ <https://www.ndis.gov.au/medias/bin/documents/h5d/h43/8804365008926/Assistive-Technology-Complexity-Level-Classification.docx>

The NDIS uses the Modified Monash Model⁷ to determine the remoteness of a participant's location (MMM1 – MMM7), which also determines which NDIS Price Guide applies. i.e. Urban, Remote or Very Remote Price. Groote Eylandt and Bickerton Island are considered MMM7 which is the most remote classification and therefore the Very Remote Price Guide applies when delivering supports to participants. The Very Remote Price Guide is generally around 23% higher than the Urban Price Guide.

NDIS Assistive Technology and Consumables Code Guide

The NDIS Assistive Technology and Consumables Code Guide contains primarily capital supports including AT, equipment and home or vehicle modifications, and funding for capital costs such as delivery, installation, repairs and maintenance. The items scheduled in this guide are typically listed as quote required, and the NDIS uses an internal price guide mechanism to review quoted prices.

NDIS Support Provider Registration

NDIS providers are individuals or organisations that deliver a support or product to a participant of the NDIS. Providers can be either registered with the NDIS and provide supports to any participants, or can be an unregistered provider in which case can only provide support to self or plan managed participants.

As the majority of plans in the NT are agency managed⁸, registered providers can connect to a wider range of participants and can demonstrate they have met the specific quality and safeguards requirements required with registration.

The NT Government developed a Quality and Safeguarding Framework to ensure that quality and safeguarding requirements are met for providers registered to deliver NDIS supports in the NT during the transition period. Registration and regulation of providers in the NT will transition on 1st July 2019 to the national NDIS Quality and Safeguards Commission (NDIS Commission).

NDIS Registration Groups

When registering, providers will choose registration groups linked to the types of services they may offer. Some supports must be delivered by people with specific qualifications, experience or licensing which is listed by the NDIS.

The NDIS has developed a Provider Toolkit to assist organisations and individuals who want to learn more about working with NDIS, and to help determine their suitability to deliver various NDIS supports.

There are a number of registration groups that a provider may require depending on the Assistive Technology supports and services that are to be provided. They may include therapeutic supports delivered by an allied health professional such as an Occupational Therapist, Physiotherapist, Speech Pathologist, Prosthetist/Orthotist, or supervised Therapy Assistant with an hourly rate usually set by the NDIS.

⁷ <http://www.health.gov.au/internet/main/publishing.nsf/content/modified-monash-model>

⁸ NDIS Plans can either be 'agency managed' (by the NDIA), 'self managed' (by the participant) or 'plan managed' (by a third party)

There are other registration groups for the supply, delivery, installation, repairs and maintenance of AT products, these are usually quoted items that may be checked in internal guides within the NDIS.

NDIS Registration Groups / Price Guide Items (2018 Very remote Price Guide pricing indicated)	
Early Intervention Supports for Early Childhood (0-6 years)	\$224.07 p/hr
Provision of a mix of therapies, and a key worker for the family. Supports all children 0-6 years with developmental delay or disability and their families to achieve better long-term outcomes, regardless of diagnosis. All children and families will be treated as individuals to ensure that they receive the right support to meet their goals and aspirations. The type of supports will be different for every child and their family according to their needs.	
Custom Prostheses and Orthoses	\$206.14 p/hr
Prescription and manufacture of customised prostheses or orthoses requiring specialist skills.	
Therapeutic Supports (ie specialised Allied Health)	\$224.07 p/hr
Therapeutic Supports (ie Allied Health/Therapy Assistant)	\$58.12 p/hr
Therapeutic supports are provided to assist participants aged from 7 years to apply their functional skills to improve participation and independence in daily, practical activities in areas such as language and communication, personal care, mobility and movement, interpersonal interactions and community living.	
Home Modification Design and Construction	Quoted Item
This registration group incorporates design and subsequent changes to the participant's home. Home modification design and construction includes installation of equipment or changes to building structures, fixture or fittings to enable participants to live as independently as possible or to live safely at home.	
Vehicle modifications	Quoted Item
Vehicle modifications include the installation of, or changes to, equipment in a vehicle to enable a participant to travel safely as a passenger or to drive.	
Assistive Equipment for Recreation	Quoted Item
Products used in competitive and non-competitive sports and other recreational pursuits.	
Assistive Products for Household Tasks	Quoted Item
Products to enable cooking, cleaning, washing, home maintenance and other tasks.	
Assist Products for Personal Care and Safety	Quoted Item
Products for personal care or safety including beds and pressure mattresses, toilet and bathroom equipment, specialised clothing and continence needs.	
Communications & Information Equipment	Quoted Item
Products to assist with alternate communication or to access written or spoken communication via electronic or other means.	
Hearing Equipment	Quoted Item
Assistive listening devices (not hearing aids).	
Personal Mobility Equipment	Quoted Item
Products to enable mobility, such as equipment for walking, wheelchairs and transfer aids.	
Vision Equipment	Quoted Item
Products for navigation, orientation, braille, guide dogs, magnifiers and note taking equipment.	

Assistive Technology Supports and Services

Depending on the cost and complexity of the AT a participant needs, they may require services and supports from a number of different registration groups. Providers may be registered for a number of different registration groups which may include the provision of assessment services and the supply of AT. It is important to note the NDIS has policies on conflicts of interest and how they must be managed.

The table below demonstrates equipment items, purchase costs, complexity and the potential funded supports that may be included in a plan:

Assistive Technology Supports and Services Examples			
Assistive Technology Item	Supply Cost (Estimated)	Complexity	Potential Funded Supports
Walking Stick	\$30	1	Therapeutic Support (PT + Assistant) Personal Mobility Equipment (Supply)
Walking Frame	\$150	3	Therapeutic Support (PT + Assistant) Personal Mobility Equipment (Supply + R&M)
Shower Chair	\$40	2	Therapeutic Support (OT + Assistant) Assist Products for Personal Care and Safety (Supply + R&M)
Commode Chair	\$600 - \$1500	3	Therapeutic Support (OT + Assistant) Assist Products for Personal Care and Safety (Supply + R&M)
Hospital Bed	\$2500	3	Therapeutic Support (OT + Assistant) Assist Products for Personal Care and Safety (Supply + R&M)
Pressure Care Mattress	\$700 - \$1000	3	Therapeutic Support (OT + Assistant) Assist Products for Personal Care and Safety (Supply + R&M)
Hoist	\$3500	3	Therapeutic Support (OT + Assistant) Personal Mobility Equipment (Supply + R&M)
Manual Wheelchair Basic	\$500	2/3	Therapeutic Support (OT + Assistant) Personal Mobility Equipment (Supply + R&M)
Manual Wheelchair Scripted	\$4000+++	3/4	Therapeutic Support (OT + Assistant) Personal Mobility Equipment (Supply + R&M)
Supportive Seating System	\$6000+++	3/4	Therapeutic Support (OT + Assistant) Personal Mobility Equipment (Supply + R&M)
Mobility Scooter	\$4000+++	3	Therapeutic Support (OT +

			Assistant) Personal Mobility Equipment (Supply + R&M)
Powered Wheelchair Scripted	\$13000+++	3/4	Therapeutic Support (OT + Assistant) Personal Mobility Equipment (Supply + R&M)
Communication Board	\$10	3	Therapeutic Support (SP + Assistant) Communications & Information Equipment (Supply + R&M)
iPad + Communication App	\$800 + \$200	4	Therapeutic Support (SP + Assistant) Communications & Information Equipment (Supply + R&M)
Prosthetics – Lower Limb	\$4850 – \$7790	4	Therapeutic Support (PT) Custom Prostheses and Orthoses (Manufacture)
Orthotics – Ankle Foot Orthoses (AFO)	\$530 - \$700	4	Therapeutic Support (PT) Custom Prostheses and Orthoses (Manufacture)
Home Mods Ramps – Non-portable	\$600 – \$5000	3	Therapeutic Support (OT) Home Modification Design and Construction (Supply and Install)
Home Mods Rail	\$100 - \$1000	2	Therapeutic Support (OT) Home Modification Design and Construction (Supply and Install)
Home Mods Complex	\$10000+++	4	Therapeutic Support (OT) Home Modification Design and Construction (Supply and Install)
OT – Occupational Therapist, PT – Physiotherapist, SP – Speech Pathologist, R&M – Repairs & Maintenance			

Professional Bodies and Industry Supports

The NDIS provides a range of information and guidelines for providers and potential providers specific to AT, and considering NDIS registration. There are also number of different professional and peak bodies, and industry groups that are a valuable source of information, support, training and lobbying for professionals and service providers working in the AT sector (see Appendix B).

NDIS Rural and Remote Strategy

The NDIA developed a Rural and Remote Strategy⁹ to ensure the scheme is responsive and appropriate for people with disability, their families and carers living in rural and remote areas that has been built on the approach of 'listen, learn, build and deliver'. The strategy includes identifying the features and strengths of communities, and developing local and creative ways to support people with disability.

The NDIA also developed an Aboriginal and Torres Strait Islander Engagement Strategy¹⁰ to work with communities across Australia that also aims to build on the strengths of communities to develop local place based solutions.

AT covers a broad range of products, supports and services ranging from basic through to complex requiring specialised knowledge. The delivery of such specialised services in remote settings can be further challenged due to distance, environment and climate, access to mainstream and specialist services, low work volumes and require different and innovative approaches to more-populated urban settings as is investigated by this AT Feasibility Study.

⁹ [National Disability Insurance Agency's \(NDIA\) Rural and Remote Strategy, 2016 – 2019](#)

¹⁰ [Aboriginal and Torres Strait Islander Engagement Strategy, 2017](#)

Study Activities and Stakeholder Engagement

Study Activities

The project activities were coordinated by the project lead and Groote Eylandt based MJDF staff between June and December 2018.

A primary focus of the project was to engage with community stakeholders through formal and informal meetings, and forums to discuss the AT Feasibility Study, the different NDIS funded AT supports and services, and to explore current and future opportunities, needs and challenges, and potential models of service delivery.

Major project activities and stakeholder engagement included the following:

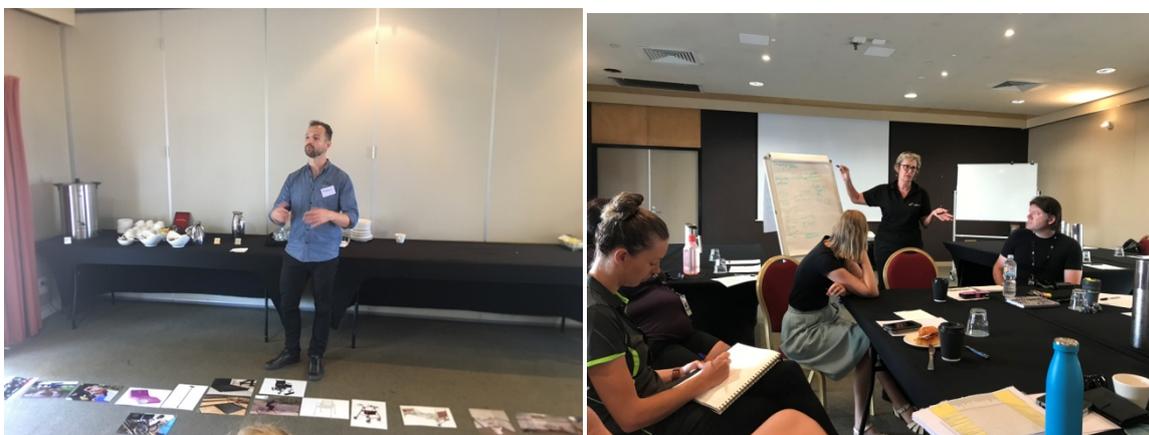
- Groote Eylandt MJD Foundation project orientation and meetings June 27th – 28th
- Groote Eylandt community orientation and meetings with stakeholders – August 13th – 17th
- Darwin based service provider stakeholder meetings August – December
- Groote Eylandt stakeholder forums – October 24th and 25th
- Groote Eylandt stakeholder forum follow up – December 3rd – 6th

Stakeholder Engagement

A number of stakeholders were engaged throughout the project including local organisations, service providers and community members based on Groote Eylandt and Bickerton Island.

Stakeholders included a small number of NDIS Registered providers, non-NDIS registered providers that support people with a disability (or aged), providers with an interest or the potential to support people with a disability, and organisations that have the potential to support the development of disability services.

Darwin based service providers that already provide services to Groote Eylandt, or have the potential to ie NDIS-registered and with existing remote service delivery programs in Arnhem Land, were also included in stakeholder engagement activities during the project.



A total of 23 stakeholder organisations (17 Groote/Bickerton + 6 Darwin based) were engaged during the project. Stakeholders were met in-person, by email and by phone to

introduce the project, build an understanding of each organisations structure and activities on Groote Eylandt, and to explore how AT service may be supported.

Stakeholder forums were conducted on Groote Eylandt in October 2018 that invited local organisations, providers regularly visiting Groote Eylandt, and the NDIS. A total of 8 stakeholder organisations were represented across two forums, including representation from Bickerton Island.

The interactive forum provided an opportunity to build an understanding of the NDIS and AT. Stakeholders were provided with examples of service delivery in remote settings, and invited to share their experiences and identify the role they could potentially provide in developing and supporting AT services on Groote Eylandt.

The stakeholder engagement activities identified a number of challenges, opportunities, innovations and models of service delivery and have applications to the development and delivery of services on Groote Eylandt.

Stakeholder Profiles

A summary of stakeholder organisation profiles was completed to identify the variety of services, facilities and resources that already exist on Groote Eylandt, and may have applications to developing new AT Services.

Organisation	Location	Entity Type	Community Supports (AT Specific and/or potential)	NDIS Registered	Visit Frequency	Facilities	Attended Forum
Groote Eylandt Bickerton Island Enterprise (GEBIE)	Groote	Aboriginal Organisation	Construction (Home Mods) Social Supports Training & Workforce Development (CDP)	No	Permanent	Office Building Training Facilities Conference/Meeting Workshop Vehicles Staff Housing	Yes
East Arnhem Regional Council (EARC)	Groote	Local Government	Disability Supports Aged Supports Local Council Business Sport and Recreation	Yes	Permanent	Aged & Disability Centre Vehicles Staff Housing	Yes
Department of Prime Minister and Cabinet	Groote	Federal Government	Policy Implementation Grant Programs	No	Permanent	Office Building Conference/Meeting Staff Housing	No
Active Performance Physiotherapy	Groote	For Profit	Allied Health Services (PT) Disability Supports Transport	Yes	Permanent	Treatment Rooms Vehicles Staff Housing	Yes
Groote Eylandt Aboriginal Trust (GEAT)	Groote	Aboriginal Organisation	Grant Programs Transport	No	Permanent	Office Building Conference/Meeting Staff Housing	Yes
South 32/Gemco	Groote	For Profit	Grant Programs Community Development Labour & Skills Development Voluntary Supports	No	Permanent	Vehicles Staff Housing Conference/Meeting	Yes
Health Clinics - Alyangula - Angurugu - Umbakumba - Milyakburra	Groote / Bickerton	NT Government	Primary Health	No	Permanent	Medical Facility Vehicles Staff Housing	No
School - Angurugu - Umbakumba	Groote	NT Government	Education and Training	No	Permanent	Workshop Staff Housing	No
Aminjarrinja Enterprises	Groote	Aboriginal Organisation	Social Supports Aged Supports Construction (Home Mods)	No	Permanent	Office Vehicles Workshop	No

Organisation	Location	Entity Type	Community Supports (AT Specific and/or potential)	NDIS Registered	Visit Frequency	Facilities	Attended Forum
			Training & Workforce Development			Staff Housing	
Anindilyakwa Land Council (ALC)	Groote	Aboriginal Organisation	Social Supports Culture and Language Training & Workforce Development	No	Permanent	Office Conference/Meeting Retail Workshop Vehicles Staff Housing	Yes
MJD Foundation (MJDF)	Groote	Not For Profit	Allied Health Services Disability Supports Social Supports Culture and Language Transport Research and Education	Yes	Permanent	Office Vehicles Staff Housing	Yes
Bush Medijina	Groote	Aboriginal Organisation	Disability Support Culture and Language Training & Workforce Development	No	Permanent	Office Workshop Vehicles Staff Housing	No
Bush Fit Mob	Groote	For Profit	Youth Work Sport and Recreation Training & Workforce Development Health Education	No	Permanent	Office Workshop Vehicles Staff Housing	No
Lagulalya Aboriginal Corp (LAC)	Bickerton	Aboriginal Organisation	Social Supports Culture and Language Training & Workforce Development	No	Permanent	Office Conference/Meeting Vehicles Staff Housing	No
NT Families	Groote	NT Government	Child Protection Community Supports Family Supports	No	Permanent	Vehicles Staff Housing	No
NDIS	Nhulunbuy	Federal Government	Disability Funding	N/A	Six Weekly	Visiting	Yes
Office of Disability	Darwin	NT Government	Allied Health Services Assistive Technology Equipment Program	Yes	Six Weekly	Visiting	No
Bodyfit	Darwin	For Profit	Allied Health Services	Yes	Monthly	Visiting	No

Organisation	Location	Entity Type	Community Supports (AT Specific and/or potential)	NDIS Registered	Visit Frequency	Facilities	Attended Forum
Territory Therapy Solutions	Darwin	For Profit	Allied Health Services	Yes	n/a	Visiting	n/a
Carpentaria	Darwin	Not For Profit	Allied Health Services	Yes	n/a	Visiting	n/a
Spit-It-Out Speech Pathology	Alice Springs	For Profit	Allied Health Services	Yes	Referral Based	Visiting	n/a
Keep Moving NT	Darwin	For Profit	Assistive Technology Supplier	Yes	Annually	Visiting	n/a

Service Delivery

A number of disability, health and aged related services are already delivered on Groote Eylandt that assist with addressing various levels of AT needs in the community. Typically, low complexity needs are likely to be met by local providers, with support from external providers required for more complex needs.

The NDIS registered provider list (August 2018) included 36 providers offering services in the East Arnhem Region. This study identified that only 3 providers had a physical base on Groote Eylandt, 2 Darwin based providers scheduled regular visits to Groote Eylandt, and 1 provider had visited Groote Eylandt on a referral basis only. Each of the 6 providers also conduct non-NDIS funded work on Groote Eylandt.

Some non-registered providers are providing supports on Groote to non-NDIS participants through programs such as aged care, education and health. Some also have arrangements where they are sub-contracted by an NDIS provider to deliver services to an NDIS participant.

Currently there are no AT suppliers based on Groote Eylandt, with a reliance on suppliers based in Darwin, and throughout Australia for AT products. Home modifications have been completed on Groote Eylandt by GEBIE Construction and Aminjarrinja Enterprises, but as they are funded by Territory Housing or by local organisations they have not required NDIS registration. Assessments and recommendations for AT and home modifications is currently performed by the MJDF or occasional visiting Occupational Therapists.

The NDIS will only fund home modifications to private residences. The NDIS may fund the cost to assess a participant's home for home modifications, but it is unlikely that any NDIS funded home modifications will be completed on Groote due to the majority of housing being owned by either NT Government or GEMCO/South 32.

It was identified that a number of supports are delivered informally by local organisations to fill gaps, overcome waiting periods and resolve urgent situations. Examples include funding the purchase of palliative care and community access equipment, home modifications, and minor repairs and maintenance by a local trades or handy person. Often these supports are provided in-kind despite there being government funded programs that should cover such costs.

Challenges and Opportunities

Project investigations and stakeholder engagement activities identified a number of challenges that NDIS participants and providers face on Groote Eylandt, and opportunities that could lead to improved service delivery and outcomes.

NDIS and Assistive Technology

Knowledge of the NDIS, AT and related supports was low amongst many stakeholders. An important part of the project was educating stakeholders so that they could consider the roles they may play in future service delivery.

Stakeholder feedback indicated that the October forums were informative and a good use of time. Comments included that there was still much to learn in regards to the NDIS and AT that organisations would like to become involved in different capacities, and are interested to learn from the project outcomes.

This indicated that further education and training would be required to develop local understanding of the NDIS and AT. An example of this has been demonstrated by the MJD Foundation's Local Support Group project, building NDIS awareness amongst community members and potential providers, and connecting participants to the scheme.

Work Volume

There are currently approximately 37 NDIS participants across Groote Eylandt, and approximately 16 participants with AT included in their plans. This indicates the volume of AT supports and services required on Groote would be considered low.

Based on these numbers it is unlikely that a stand-alone AT service would be feasible. AT specific supports would most likely be offered as an extension of existing or complimentary services. NDIS participants with more complex AT needs would be a small percentage of participants on Groote Eylandt and may still require the supports of a visiting specialist such as Occupational Therapist, Speech Pathologist or Physiotherapist.

The AT support/work volume potentially increases if the AT needs of non-NDIS participants is also considered, and the other potential funding sources that may support AT services such as Aged, Education and Palliative Care are explored.

Another potential impact on future work volume is the presence of MJD amongst the Groote Eylandt population. Currently there are 25 people that are either symptomatic or being monitored with MJD on Groote Eylandt, and more than 180 people alive today in the families that are at risk¹¹ of having MJD.

MJD is a degenerative condition and people's needs can generally be accommodated on Groote Eylandt in the early stages of disease. As it progresses and needs become more complex, including complex AT, people may have to relocate to Darwin to have their care needs met.

¹¹ 'At risk' means that any child of a person with MJD has a 50% chance of inheriting the disease.

Improved disability supports, including AT services on Groote Eylandt will be important to accommodate the anticipated increasing needs of people with MJD into the future.

Fly-in-fly-out (FIFO) and external service providers

The cost of visiting FIFO services can vary amongst providers but typically includes the added costs such as flights, accommodation, travel time, travel allowances, and car hire that must be absorbed by an NDIS participant's plan budget.

Ideally these costs would be shared amongst multiple participants, but this is challenging to coordinate, and cannot be guaranteed, especially when services need to be delivered in a timely and responsive manner.

The cost of sending AT equipment to Darwin for repairs and maintenance includes added freight costs that draw more funds from plans, and the transit times can result in long periods where the participant is without important AT required to access their home and community.

The availability of housing and accommodation is also extremely limited which restricts the ability of new providers to establish a physical presence on Groote Eylandt or for existing providers without staff housing to develop or expand services that require new staff.

The development of a local workforce and local services plays an important role in community development, creating work and training opportunities for local people, and overcomes some of the housing challenges on Groote Eylandt. A reduced reliance on FIFO and external supports will reduce the cost of services and waiting times for participants, and may support people with a disability to remain on Groote Eylandt.

Preventing catastrophic AT failures may also result in increased confidence, uptake and care of appropriate AT.

More specialised services that are unlikely to be based on Groote due to the low work volume should be engaged in a coordinated approach. This could be achieved by notifying referrers (i.e. Coordinators of Support) and local organisations of upcoming visits to reach a higher volume of clients, and to reduce travel costs charged to participants.

A local workforce would also have the potential to support visiting specialist services by implementing programs and recommendations following each visit, or through other supports such as telehealth.

Training and Workforce Development

Clear training pathways exist for health professionals working in fields such as Occupational Therapy, Physiotherapy, Speech Pathology and Prosthetics and Orthotics that require a minimum of four years study at a tertiary institution. These professions make up the majority of therapeutic supports that a participant may require in regards to AT assessment, prescription, clinical justifications, funding applications, and user training.

Other supports, such as the role of a therapy assistant and/or technical officer, have less formal training opportunities, qualifications are often achieved through on-the-job training and work under professional/qualified supervision. These are the support roles currently

most suited to delivery by local people. The need to develop a local workforce is therefore challenged by the need to also develop training resources and opportunities.

The Community Development Program (CDP) is a federally funded remote employment and community development program coordinated by Groote Eylandt Bickerton Island Enterprise (GEBIE) on Groote Eylandt. Recent remote NDIS transition projects conducted by Keogh Bay Consulting have identified that opportunities exist for Community Development Program (CDP) providers to provide NDIS services and transition CDP participants to some form of employment¹².

GEBIE has over 300 people on the CDP who are expected to meet a minimum amount of work-like activities each week that benefit their community. GEBIE has access to training personnel, resources and facilities that could facilitate the development of new work roles that could draw funds from the NDIS or other programs for services delivered.

Examples of roles that may be developed include the therapy assistant, disability support or peer support worker that amongst other supports may provide user training specific to AT use and help to implement therapy programs. Technical roles that support the delivery, installation, care and maintenance of AT equipment may also be developed.

Due to the lack of formal training options, and the focussed nature of the work, the development of such training and positions would likely require partnerships and support from organisations and businesses from the disability and AT sector.

Grant Programs and Investment

There are a number of different organisations on Groote Eylandt that support numerous programs and activities through allocating grants, providing training, sharing resources and facilities, and providing labour and technical skills. These organisations may not be candidates to provide NDIS supports, but may support capacity building and the development of new local skills and services.

A challenge of establishing new services in remote settings is that they require funding well beyond that available in individual NDIS plans. Following work across many remote communities PWC Indigenous Consulting proposed a hybrid funding model to build capacity and deliver outcomes in remote settings through the introduction of additional funding, and pooling money across communities to provide supports focussed on governance, quality, finance, risk, workforce development and disability to build capacity¹³.

Additional funding may be sought through different state and federal government programs, but also from local organisations that supporting activities and programs that benefit Traditional Owners on Groote Eylandt.

¹² CDP and the NDIS - Employment opportunity or false dawn. Jonathon Price, Keogh Bay Consulting / Keogh Bay Training (2018)

¹³ NDIS Remote Sector Development - A proposed hybrid funding model to build capacity and deliver outcomes for remote participants – PWC IC (2018)

Models of Service Delivery

NDIS participants have their plans either self, plan or agency managed. Self and plan managed participants have greater choice and control to engage non-NDIS registered providers for supports. The majority of participants in the NT are agency managed so must have their supports provided by an NDIS registered provider.

The supports provided to an agency managed participant in most instances will be provided directly by an NDIS registered provider. On Groote Eylandt there are 3 registered providers delivering a variety of different supports directly to participants.

In some cases a registered provider may have an agreement with a sub-contractor to provide a NDIS funded support, on behalf of the registered provider. The sub-contractor will invoice the registered provider, and the registered provider then draws funds from the participants plan. This arrangement would be an agreement between the provider and sub-contractor, ultimately the NDIS consider the registered provider as the provider of the support. Two examples of this arrangement are demonstrated below:

MJD Foundation and Bush Medijina

As part of the Groote NDIS Local Support Group role, MJDF has been working with Groote organisations to educate and encourage local organisations to offer potential NDIS supports. A barrier to this has been where interested organisations are reluctant to go through the exercise and cost of registering as an NDIS support provider.

MJDF sought clarification from the NDIA on whether MJDF could subcontract the supports by establishing a supplier agreement with an organisation delivering supports. NDIA advised that this is possible under the following condition:

- That MJDF is itself a registered support provider for the support item being subcontracted

MJDF has therefore worked with Bush Medijina (a small operator producing beauty products made from native plants) to establish a fortnightly NDIS women's group. Under this arrangement the MJDF provides support for Groote women with NDIS plans to attend a Bush Medijina group activity. Bush Medijina invoices the MJDF per NDIS participant at the published hourly price for Group activities (minus 5%). MJDF then does the drawdown from the NDIS provider portal per NDIS participant at the published hourly price for Group activities.

Keep Moving and Kalano Community Association (Katherine region)

Keep Moving is an NDIS registered AT supplier based in Darwin and Alice Springs. They partnered with Kalano so that AT repairs and maintenance can be completed locally, and to trouble-shoot problems and determine when items should be sent away for repair.

Keep Moving have provided training and support to Kalano staff. When work is completed by Kalano they invoice Keep Moving, who then add a margin and draw down from the participants plan using their NDIS registration. As the registered NDIS provider Keep Moving are considered responsible for the services delivered by Kalano.

AT Supply, Servicing and Maintenance

There are no AT suppliers, or formal providers of AT repairs and maintenance on Groote Eylandt. AT has been funded and supplied by various government programs, local organisations and purchased privately and there is no central management point for AT for Groote Eylandt. This means there is very little information that indicates the total number of people using AT, the volume of AT and the types of AT on Groote Eylandt.

Sending AT to Darwin for repairs and maintenance is costly and takes time, so it is often repaired through informal networks or replaced instead of repaired. The more complex the equipment becomes the more difficult it is to support, due to the lack of suitably trained, resourced and supervised local providers.

Rehabilitation Engineering Report

A Rehabilitation Engineering report¹⁴ (see Appendix A) was completed as part of this study to investigate the risks and responsibilities of delivering AT repairs and maintenance supports on Groote Eylandt. The report included a number of considerations and recommendations to guide providers including:

- The regulatory requirements and relevant standards that a provider must be aware of and comply with.
- The need for training specific to the product being worked on and seeking support from the AT sector.
- The need to develop service agreements between NDIS registered providers and the repair agents they engage.
- The need to manage AT across its life cycle and the benefits of maintenance schedules including preventative maintenance.
- Record keeping requirements and examples of good practice
- The need to engage with the community to identify suitable repair agents and methods of service delivery.
- Conducting a study into the fleet of AT equipment on Groote Eylandt to better understand the volume and types of equipment, and the what parts, resources and training would be required to support the AT.

¹⁴ Groote Eylandt AT Feasibility Study: Repairs & Maintenance, Morris K, Fountain S (See Appendix A)

Innovation

Many examples of innovation are known to the MJDF or were identified during this feasibility study. These innovative projects demonstrate new approaches to service delivery, managing resources and potential training opportunities. This included programs that were not specific to disability or AT but demonstrate how services and supports could be delivered and managed on Groote Eylandt.

Anindilyakwa Land Council (ALC) Programs

The ALC runs a number of different programs funded by mining royalties to support all people of Anindilyakwa descent. Three recent initiatives were discussed with the ALC's Community Support Program that demonstrate how equipment instructions may be developed and provided, how pools of equipment can be managed and how local procurement can be supported.

MJDF 'On Country' Program – Pooling of NDIS Participant funds

The MJDF's 'On Country' program on Groote Eylandt provides a positive example of how the NDIA is open to approving innovative and culturally appropriate programs.

This is a program based on the collective choice and control of Aboriginal clients living with MJD in a remote community. Our Groote Eylandt the 'On Country' program combines a range of traditional disability supports such as physiotherapy, accessing community, transport, counselling, speech therapy, and nutrition. MJDF packages these supports based on a typical On Country day. Participant funds are pooled across all MJDF Groote Eylandt clients' NDIS plans, which covers the costs of running the program. Clients share the costs, and MJDF draws down from the NDIS Portal using a single support item for each client.

The program enables MJDF clients/families to collectively exercise their choice and control, it meets their needs and goals, and it is administratively efficient for MJDF as a support provider.

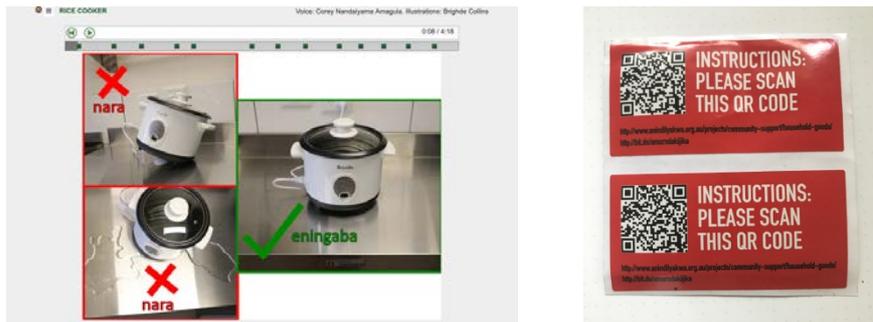


Photo: MJD Foundation staff and clients

ALC White Goods Program

The ALC has a white goods program that provides traditional owners with household appliances such as washing machines, fridges and air conditioners. The program also distributes smaller appliances such as rice cookers and identified that there was a need to provide traditional owners with appropriate instructions of use, care and maintenance.

The ALC worked with the Language Centre to develop a set of instructions in language which were recorded and accompanied by images of how to use the rice cooker. The instructions are now available online and can be accessed via a QR Code sticker that is adhered to the rice cooker.



Vehicle Program, Workshop and Mobile Mechanic

The ALC has developed a vehicle program to provide traditional owners with access to more appropriate vehicles that can be used and maintained on Groote Eylandt. The program includes a number of initiatives that aim to improve the quality of vehicles and maintenance support, and increase the lifespan of vehicles.

The ALC has determined the vehicle specifications that it will support through the program, and has encouraged the use of vehicles with common and accessible parts. Vehicle owners can select and purchase a vehicle using a combination of royalty payments and a dollar matching scheme from the ALC, and each vehicle includes 3 years of standard servicing.

The ALC is building a mechanics workshop, and also creating a mobile workshop so that a mechanic can work on vehicles in each community. The introduction of the new mechanic services is also an opportunity to train locals to better care for their vehicles, and may also lead to more formal motor mechanic training.

Royalty Shoppa

The Royalty Shoppa stocks a range of different household items, and vehicle, outdoors and fishing equipment to support traditional owners to live at home and to access community, country and culture. Much of the overhead costs are absorbed by the ALC to reduce the price of items which can be purchased by traditional owners with their royalty payments.

The ALC has a warehouse facility to store the equipment which also includes a workshop space where repairs can be completed. They have also developed an electronic catalogue that provides a visual display of the items, and it has a shopping cart function to assist traditional owners to manage their funds and make purchases.



Therapy Assistant

The East Arnhem Regional Council (EARC) is providing NDIS supports to participants throughout the East Arnhem region. As a provider of Support Coordination and other NDIS supports, EARC connects participants with a variety of visiting and local services in remote communities. Allied health supports ie Occupational Therapy, Physiotherapy, Speech Pathology may be brought to community on a FIFO or DIDO (drive-in drive-out) basis to complete assessments, deliver therapy and training, and create therapy programs.

EARC is developing the role of an allied health assistant for local community members to support visiting allied health professionals, and to help implement therapy programs and recommendations between visits. The support provided could be drawn down against a participant plan using Therapy Assistant support item.

AT (Assistive Technology) in Community

Keep Moving is an NDIS registered AT supplier based in Darwin and Alice Springs who received an NDIA ILC grant to visit 53 remote communities in the Northern Territory between 2018 and 2020 to implement its AT focussed project¹⁵.

The project encompasses 3 programs aimed to provide information, education, training, and linkages for disability and mainstream community stakeholders. The 3 components include Early Identification on Community, AT Awareness on Community and Fix it in Community.

The Fix it in Community component has plans to partner with and support local organisations to provide AT maintenance and technical supports in remote communities, and is an example of future partnerships that may be developed with remote providers of AT repairs and maintenance.

Remote Wheelchair Maintenance Workshop

Assistive Technology Lab was awarded an NTG Office of Disability NDIS Innovation Grant to develop a training workshop that builds the knowledge and practical skills of participants, families/carers and service providers to better support appropriate use and care of wheelchairs in remote settings. The training workshop will draw from current resources and be developed in collaboration with local partners and training participants before, during and following the pilot workshop that will be delivered in community.

¹⁵ www.atoncommunity.com

Scalability

The challenges and opportunities identified in this study may have applications in other remote communities, but some of these are unique to Groote Eylandt due to the presence of the mine and related activities and programs, infrastructure, population and subsequent royalties programs that support traditional owners.

The application in other communities will differ due to variations in resources and accessibility. Some may have good roads and infrastructure, well-resourced aged and disability centres, a mechanical workshop, a functional CDP program and training facilities, while others communities may not. Strategies appropriate to each location should be agreed through a process of consultation with all stakeholders¹⁶ similar to the 'place based' engagement activities implemented during this study.

A number of sector development projects and innovative programs have been conducted throughout Australia since the roll-out of the NDIS. It would be beneficial to create networking opportunities to learn from the various projects that have occurred as a result of the NDIS, and for similar organisations in remote locations to share experiences, resources, and lessons learnt.

Conclusion

The establishment of a standalone Assistive Technology service on Groote Eylandt would not be financially viable within the current NDIS pricing associated with participant plans alone, due to the low work volume.

The benefits of a local AT support provider to individuals living with a disability, however, would be significant, as would the potential community benefits due to local jobs being created for minor repairs & maintenance.

Undertaking such a venture would have the highest chance of success through an existing local organisation, and by treating the endeavour as a community development 'place based' project with a hybrid funding model utilising supplementary sources of funding in addition to NDIS participant plans.

The local Groote Eylandt disability support market is thin and fragile, with only 3 active NDIS registered support providers, and those providers are experiencing issues with staff accommodation shortages, rising travel costs, staff retention.

Local organisations are interested in the community development opportunities for local jobs, but they are under ever increasing pressure to meet multiple demands. They are interested, but are extremely cautious about the NDIS.

Building the capacity of local organisations to deliver NDIS supports can improve the timeliness and costs of services for participants, and importantly provide the opportunity for local training, employment and economic activity. Local workers could also support visiting specialist AT services by implementing programs, performing low risk maintenance and implementing recommendations between visits.

¹⁶ Assistive Technology Issues Paper – PWC IC

Appendix A – Rehabilitation Engineering Report – Groote Eylandt Assistive Technology Feasibility Study: Repairs & Maintenance

23 December 2018

Kristen Morris, BEng (hons) &
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Executive Summary

This report offers guidance to the MJD Foundation for facilitating the repairs and maintenance (RM) of assistive technology (AT) equipment belonging to a small group of National Disability Insurance Scheme (NDIS) participants on Groote Eylandt (GE). Topics were drawn predominately from the authors' experiences managing RM of a state-wide fleet of AT for Queensland's Medical Aids Subsidy Scheme. Nineteen considerations and twenty recommendations (including suggestions for future study) are provided regarding: regulatory requirements, repair agents, materials and spare parts, repair requests, maintenance schedules, and record keeping. Key recommendations from this report are summarised in table 1.

Topic	Key Recommendations
Regulatory Requirements	<p>a) The MJD Foundation should be aware of / comply with the following regulatory sources:</p> <ul style="list-style-type: none"> i. Therapeutic Goods Administration (TGA) (specifically definitions of medical devices, the Australian Register of Therapeutic Goods (ARTG), TGA recall database, and reporting portal), ii. NDIA documents (specifically Quality and Safety Guard Framework Guide to Suitability, and Terms of Business for Registered Providers), iii. NT Work Safe recommendations for electrical equipment, and iv. Australian and International Standards for relevant product and testing requirements (detailed in report).
RM Agents	<p>b) Repair agents should be required to attend product specific training from an Assistive Technology Suppliers Australia (ATSA) supplier. Service agreements should be made between the MJD Foundation and repair agents (discussed in Section 2.0 Regulatory Requirements).</p>
Spare Parts / RM Practice	<p>c) AT should be managed across its life cycle, including preventative maintenance schedules to assist in preventing catastrophic failures and reduce equipment downtime. AS/NZS 3551:2012 <i>Management programs for medical equipment</i> should be consulted for guidance in equipment management.</p> <p>d) The provision of repair and maintenance kits including spare parts, user manuals and care/maintenance sheets (tailored to the specific client/equipment) is advised. Standardised repair request forms are also recommended.</p>
Record Keeping	<p>e) The MJD Foundation should keep detailed records of each client's AT management, including: ARTG numbers, Australian/International Standards, RM workflow, and necessary NDIS information.</p>
Future Study	<p>f) Cultural and community consultation should be sought regarding: i) selection of repair agent providers, ii) appropriate methods for ensuring adequate equipment care, and iii) appropriate methods of RM service delivery.</p> <p>g) A detailed study into the current and future AT fleet on GE is recommended. The identified volume and types of equipment being supplied would determine: i) what parts/materials will be required (and are available) for RM, and ii) specifics of the repair request forms and maintenance schedules.</p>

Table 1: Key Recommendations of the Repairs and Maintenance Report.

1.0 Scope

The Repairs and Maintenance Report aims to provide guidance to the Assistive Technology Feasibility Study administered by the MJD Foundation. The report outlines key considerations for facilitating the repairs and maintenance (RM) of assistive technology (AT) equipment, belonging to a small (<20) but expanding group of National Disability Insurance Scheme (NDIS) participants affected by Machado-Joseph Disease on Groote Eylandt (GE). The selection, purchasing and procurement of AT equipment is outside the scope of this report.

As Machado-Joseph Disease is a degenerative neurological disease, AT requirements are likely to change with time, potentially increasing in complexity. The report considers participants at stages of disability that require Level 1 and 2 AT and infrequently Level 3 as defined by the NDIS¹⁷. Currently, those requiring level 4 AT are considered too complex for care on GE and are relocated to the mainland. Relocation may not be required in the future if AT can be better managed on GE, however this report examines current conditions and therefore Level 4 AT requirements are not considered here.

The NDIA currently does not provide guidance for the life cycle management of AT equipment, and any support offered by the Northern Territory's Disability Equipment Program excludes those eligible for NDIS – leaving the role of AT life cycle management open to NGOs. The proposed RM service model for GE, is that the MJD Foundation will sub-contract a local organisation to provide RM support to the participants. It is understood that the local organisation will then invoice MJD Foundation who will bill NDIS through their registration as an NDIS provider.

This report covers the general elements required for the MJD Foundation to manage AT equipment with the described RM arrangement. Specific topics covered are as follows:

- Relevant regulatory bodies including TGA, NDIA and NT Worksafe and some of their requirements.
- Selection of RM agent considering facilities, skills and training required.
- Likely materials and spare parts required for RM and their management.
- Repair requests and maintenance schedules required for lifecycle management.
- Record keeping practices to aid effective service delivery and risk management.

2.0 Regulatory requirements

2.1 Considerations

2.1.1 The NDIA's Quality and Safeguard Framework - Guide to Suitability and Terms of Business for Registered Providers outline requirements for service providers, including service providers of RM of AT. The NDIA highly recommends providers enter into service agreements – guidance on services agreements can be found in the NDIS Provider Toolkit¹⁸.

2.1.2 The Therapeutic Goods Administration (TGA) is the regulatory body in Australia for medical devices, generally AT falls under the definition of a medical device. An excerpt from section 41BD, Therapeutic Goods Act 1989:

"A medical device is:

(a) any instrument, apparatus, appliance, material or other article ... intended, by the person under whose name it is to be supplied, to be used for human beings for the purpose of ...

(ii) diagnosis, monitoring, treatment, alleviation of or compensation for an injury or disability..."

¹⁷ National Disability Insurance Scheme, *Assistive Technology Complexity Level Classification*, version March 2017, accessed 1 December 2018: www.ndis.gov.au/providers/assistive-technology-faqs.

¹⁸ National Disability and Insurance Scheme, *Provider Toolkit: 5.1 Service Agreements*, accessed 1 December 2018: www.providertoolkit.ndis.gov.au/51-service-agreements

- 2.1.3 AT which falls under this definition and is not on the excluded goods list must be registered on the Australian Register of Therapeutic Goods (ARTG)¹⁹ as a medical device. Generally, AT falls into the low-risk category. Devices in this classification, Class I, are auto-included on the ARTG, meaning sponsors of these devices do not have to submit any other documentation when applying but may have to provide the manufacturers declaration of conformity and other relevant documentation, if requested. The declaration of conformity includes complying with the TGA's Essential Principles, these principles set out safety and performance characteristics of the device.
- 2.1.4 The TGA has legislative powers to mandate the recall of therapeutic goods under the Therapeutic Goods Act 1989. The TGA's website has a database called the System for Australian Recall Actions (SARA)²⁰ which details past and current recalls, and a reporting section for reporting adverse events²¹ (i.e. problems with medical devices).
- 2.1.5 If extensive repair work is being carried out on AT, it is important that the repair agent is aware of the TGA's definition of a medical device manufacturer, section 41 BG, Therapeutic Goods Act 1989. Refurbishment of a medical device falls under the definition if the device is *substantially rebuilt*²². Additionally, custom made medical devices also fall under regulations²³ and custom made components that are replaced on AT would fall into this category.
- 2.1.6 NT Worksafe has regulations around electrical equipment. A number of AT items use mains power for example, patient lifting devices and pressure redistribution mattresses. Test and Tag requirements for electrical equipment must be completed by a *competent* person²⁴. A *competent* person is defined by NT Worksafe and can be determined by completing the appropriate course and as defined in AS/NZS 3760:2010 *In-service safety inspection and testing of electrical equipment*²⁵.

2.2 Recommendations

- 2.2.1 For repair and maintenance work to be completed on GE, it is recommended that local staff or contracted third parties are aware of NDIA documents, including the Quality and Safety Guard Framework, Guide to Suitability and Terms of Business for Registered Providers.
- 2.2.2 As recommended by the NDIA, it is advised that service agreements are entered into with third parties which stipulate code of conduct, insurances, staff competencies and liabilities/ownership. Small businesses who may be contracted for small amounts of repair and maintenance on GE will likely have some quality assurance and insurances for other areas of their business; it is likely that a number of these can be transposed across into the AT sector work. Service Agreements between the MJD Foundation and participants are also recommended, ensuring the participant and provider have an agreed set of expectations of what supports will be delivered and how they will be delivered.
- 2.2.3 The MJD Foundation should be aware of the following by the TGA: definitions of medical devices, the ARTG register of medical devices, the System for Australian Recall Actions (SARA), and the portal for reporting adverse events.

¹⁹ Therapeutic Goods Administration, *Australian Register of Therapeutic Goods*, accessed 3 December 2018: <https://www.tga.gov.au/artg>

²⁰ Therapeutic Goods Administration, *System for Australian Recall Actions*, accessed 3 December 2018: <http://apps.tga.gov.au/PROD/SARA/arn-entry.aspx>

²¹ Therapeutic Goods Administration, *Reporting Problems*, accessed 3 December 2018: <https://www.tga.gov.au/reporting-problems>

²² Therapeutic Goods (Medical Devices) Regulations 2002, Part 1.5 Refurbishment (Act s 3(1))

²³ Therapeutic Goods (Medical Devices) Regulations 2002, Part 10.3 Custom-made medical devices—information about manufacturer

²⁴ NT Worksafe Bulletin, test and tag of electrical equipment V2.0 11 January 2018, accessed 1 December 2018: <http://www.worksafe.nt.gov.au/PDF%20Conversion/test-and-tag-of-electrical-equipment.pdf>

²⁵ WorkCover Queensland test and tag course, accessed 1 December 2018: <https://www.worksafe.qld.gov.au/licensing-and-registrations/electrical-training/test-and-tag-course>

- 2.2.4 Equipment selection and procurement for GE is outside the scope of this report, however it is important to comment that where possible, select equipment that meets relevant Australian or International Equivalent Standards. As AT is considered a low risk medical device by the TGA, it is not a regulated requirement to be tested to the relevant Standards.
- 2.2.5 Falling under the TGA's definition of a manufacturer of a medical device, either by refurbishment or custom made repairs to AT, additional responsibilities and regulations apply. It is recommended that these types of repairs are avoided on GE.
- 2.2.6 In accordance with NT Worksafe Regulations, it is recommended that someone on GE or someone who frequents GE is appropriately qualified to complete electrical Test and Tag work as per AS/NZS 3760, when required and assuming electrical AT is supplied to NDIS participants on GE.

3.0 RM Agent – Facilities, Skills & Training

3.1 Considerations

- 3.1.1 It is expected that the chosen local repair agent will be inexperienced in AT. There is no TAFE specific training course for AT repairers at present, however the main suppliers of AT in Australia typically provide product specific training. Assistive Technology Suppliers Australia (ATSA) are an industry body whose members must comply to their code of conduct, they also offer industry training courses.
N.B. A proposal for an apprenticeship course for AT repairs was developed within the industry but this was not considered financially viable by TAFE institutes at the time.
- 3.1.2 The best case scenario is the local repair agents will have skills and experience working with comparable equipment. Equipment which can be considered comparable are bicycles and cars. However, for some types of AT the skill set required is somewhat unique, for example patient hoists.
- 3.1.3 There are locations on the island that have workshop facilities, including the local school.
- 3.1.4 Relationships between suppliers and local agents will be critical for the success of local repair and maintenance services for AT.

3.2 Recommendations

- 3.2.1 Where possible for AT that will require repairs, AT selection and procurement for GE should come through the same supply line and/or manufacturer. This will help local repair agents familiarise and gather appropriate parts and equipment to provide suitable services. It is recommended that repair agents attend product specific training from an ATSA supplier, this will be necessary if the user manual for the item of AT specifically request a set level of training for repairs and maintenance. It is recommended that liaison occurs with ATSA to run their industry training course if relevant for the AT items provided on GE.
- 3.2.2 Cultural and community consultation is recommended for selection of suitable/potential repair agent providers. It is recommended that identified repair agents receive a basic education on the types of disabilities they will interact with on GE and attend a NT AT supplier (or other state or territory supplier) to gather a general overview/understanding of AT relevant to the participants on GE.
- 3.2.3 Equipment, tools and resources required to repair and maintain AT is dependant on the type of AT. Basic mechanical repairs generally will be able to be completed with a basic tool kit, including; Allen keys, spanners, screwdrivers, tyre levers, tyre pump etc. It is not recommended that significant repair work such as welding or refurbishing AT is carried out on GE, this should deem the item of AT as at the end of its economical life.

4.0 Materials and Spare Parts

4.1 Considerations

- 4.1.1 The volume and types of equipment being supplied will determine what parts/materials will be required for repairs and maintenance.
- 4.1.2 Most new parts will need to be sourced from AT suppliers, which may take time to order in and ship to GE. Some generic parts (compatible nuts and bolts, actuators, castors etc) could be stocked by local repair agents, however use of generic parts may potentially void warranties and lead to complications regarding liability.

4.2 Recommendations

- 4.2.1 A detailed study into the current and future AT fleet on GE is recommended to determine what parts/materials will be required for RM. Once these parts/materials have been identified, a follow up investigation should determine which of these items are/could be locally available and readily accessible.
- 4.2.2 For the current small volume of NDIS participants and AT users on the island, it is recommended that some frequently repaired items could be stocked by local repair agents, to avoid equipment down time. A method to achieve this could be through individualised repair and maintenance kits.
 - These kits would include selected spare parts and a care and maintenance sheet, in partnership with the relevant user manual for more detailed information. The care and maintenance sheet should be a single page, include simple and specific information about care and maintenance, list personnel responsible, and provide relevant contact information (Appendix A: Figure 1). The AT user should be advised that the sheet doesn't replace the user manual but rather is a quick reference guide, specific to them.
 - A list of suggested spare parts to be considered for inclusion with each type of AT could be developed based on expected use, likelihood of failure, cost and functional impact (Appendix A: Table 2). This would likely be somewhat specific to the individual but also take into account the environmental considerations on the island.
 - The kits should be kept in an appropriate location for the individual, taking into consideration the likelihood the item will be kept safe and at hand, kept for the intended purpose, and will be installed by an appropriately trained person.

5.0 Repair Requests and Maintenance Schedules

5.1 Considerations

- 5.1.1 A relevant Standard to assist in the development of repairs and maintenance practices is AS/NZS 3551:2012 *Management programs for medical equipment*. This Standard provides procedures required to develop management programs for medical equipment, which includes AT in its definition. Some useful equipment testing standards include: AS/NZS ISO 10535:2011 *Hoists for the transfer of disabled persons – Requirements and test methods*, and (as mentioned in Section 2.0) AS/NZS 3760:2010 *In-service safety inspection and testing of electrical equipment*.
- 5.1.2 Recommendations by Ware²⁶ for overcoming barriers to health care access for indigenous Australian's may be useful in the development of RM practices on GE.

²⁶ Australian Institute of Health and Welfare. 2013. *Resource Sheet no. 27: Improving the accessibility of health services in urban and regional settings for Indigenous people*, accessed 2 December 2018: www.aihw.gov.au/getmedia/186eb114-8fc8-45cc-acef-30f6d05a9c0c/ctgc-rs27.pdf.aspx?inline=true

- 5.1.3 The care/use/environment of each piece of AT equipment will be unique to the individual participants. Situations to consider which could affect care and maintenance plans of the equipment include:
- Difficulties making appointment times, particularly if the location is non-local.
 - Equipment may be used by other people and/or for purposes other than the intended use.
 - Equipment may be kept outside.
 - Equipment may be abandoned/altered without reporting/consulting with providers/therapists/agents.
- 5.1.4 Manufacturers may stipulate that authorised organisations only can perform maintenance work on their equipment. In such cases, work conducted on the equipment by unauthorised parties may void the warranty.
- 5.1.5 Recouping funds for AT repairs and maintenance from the NDIA requires case by case approvals and billing processes.

5.2 Recommendations

- 5.2.1 It is recommended that AT be managed across its life cycle, including preventative maintenance schedules to assist in preventing catastrophic failures and reduce equipment downtime (refer to AS/NZS 3551:2012 for guidance in equipment management). If patient hoists are in use, AS/NZS ISO 10535:2011 recommends that preventative maintenance schedules include a working load test through one lifting cycle at maximum load²⁷. Similarly, all electrical AT should comply with Test and Tag requirements in accordance with AS/NZS 3760 (as discussed in Section 2.0).
- 5.2.2 The care and maintenance sheets in the RM Kits (as recommended in Section 4.0) should be developed based on information from a) the user manuals of the provided AT which are typically available online, and b) supplier/manufacture recommendations. An example of a care and maintenance sheet is provided in Appendix A, Figure 1. Further examples can be found on the NT Office of Disability webpage²⁸. A detailed study into the current and future AT fleet on GE (as recommended in Section 4.0), would also assist to develop the specifics of the repair request forms and maintenance schedules.
- 5.2.3 Repairs and maintenance life cycle management should be tailored to the individual on GE. This could be achieved by requesting that prescribers supply information regarding participants' reliance on specific equipment, and the impact downtimes will have (i.e. risk to health) etc. For example, the maintenance schedule and replacement timeframes would be very different for a participant who only uses their walker at home compared to a user who frequently takes their walker down a dirt path for two kilometres to access the beach. Tailored preventative maintenance schedules and replacement timeframes would help to avoid emergency/urgent replacement situations.
- 5.2.4 Cultural and community consultation for GE is recommended to determine a) methods for encouraging appropriate use and care of equipment, and b) the most appropriate method of service delivery (i.e. when/where/how to service equipment).
- 5.2.5 Confirmation from the manufacturer of the provided AT device should be sought as to who is authorised to perform RM on their equipment during the warranty period.

²⁷ AS/NZS ISO 10535:2011 *Hoists for the transfer of disabled persons – Requirements and test methods* Annex B

²⁸ Northern Territory Government, Department of Health, Office of Disability. *Disability Equipment Program*, accessed 1 December 2018: www.health.nt.gov.au/professionals/office-of-disability/disability-equipment-program

- 5.2.6 Consultation with the NDIA regarding billing processes for providing RM services on a sub-contractual arrangement is recommended. Confirmation should be sought regarding invoicing requirements, billing timeframes and the need for pre-approvals and NDIS portal service bookings.

6.0 Record Keeping

6.1 Considerations

- 6.1.1 Thorough record keeping is crucial for both efficient service delivery and risk management. Furthermore, NDIS Terms of Business state that registered providers must keep full and accurate accounts and financial records of the supports delivered to NDIS participants, along with records of service agreements²⁹.
- 6.1.2 Example AT care and maintenance sheets, repair request templates, and reporting templates can be found on the NT Office of Disability webpage³⁰.

N.B. The following recommendations also draw on considerations regarding standards, TGA, NDIA and RM practice covered in Sections 2.0 and 5.0 of this report.

6.2 Recommendations

6.2.1 Standards / TGA Approval:

- It is recommended that the MJD Foundation keep a register that lists all purchased AT, manufacturer / supplier details, any relevant standards met, and ARTG numbers.

6.2.2 NDIA:

- A register of details required for NDIS billing is recommended, which includes full and accurate accounts and financial records of the supports delivered to NDIS participants, along with records of signed service agreements. For general management, the following details should be kept (at minimum): participant name, participant NDIS number, dates of support (including service booking dates if NDIS managed), support Item Reference Number and support Item Price. It would also be useful to monitor the status of the NDIS billing process (e.g. quote provided, job approved, job billed etc.) for general management/administration purposes.
- Review of the NDIS Terms of Business Document is recommended for more details/guidance about recommended record keeping.

6.2.3 Repairs and Maintenance Workflow:

- As multiple steps will be required for facilitating a single RM request, development of a work flow chart or checklist is recommended. The flow chart / checklist should include all steps for requesting, booking and billing RM work in terms of the participant, NDIS and RM Agent.
- A standard job request template is recommended for requesting RM work, and a standard reporting template is recommended for the repair agent to email/fax back after job complete.
- An incident/accident register is recommended so that any injuries, damage or AT failures can be monitored and actioned upon if necessary.
- A register for RM jobs is recommended, which at minimum includes a column for job status, cost, and a detail of the work completed. This register should also monitor total repair costs to allow replacement timeframes to be determined.

²⁹ National Disability and Insurance Scheme, Terms of Business for Registered Providers, accessed 24 November 2018: <https://www.ndis.gov.au/html/sites/default/files/documents/Provider/TOB.pdf>

³⁰ Northern Territory Government, Department of Health, Office of Disability. *Disability Equipment Program*, accessed 1 December 2018: www.health.nt.gov.au/professionals/office-of-disability/disability-equipment-program

Appendix A

MJD Foundation Equipment Care/Maintenance Sheet Manual Wheelchair (example only)	
Client: Name: _____ Address: _____ Phone Number: _____	
Equipment: Model: _____ Serial Number: _____ Supplier: _____ Supplier Phone Number: _____	
Repairs and Maintenance Agent: Name: _____ Address: _____ Phone Number: _____	
***** ***	
Care Instructions: <ul style="list-style-type: none">• Keep out of direct sun and wet weather. If outdoors, cover with water proof material (e.g. tarp).• Read detailed care and instruction manual provided.	
Maintenance Schedule: Weekly: <input type="checkbox"/> Wipe clean with disinfectant. Use dry cloth on electrical components. <i>Person responsible:</i> _____	
Monthly: <input type="checkbox"/> Check brakes, <input type="checkbox"/> Check tyre pressure <i>Person responsible:</i> _____	
Every 6 months: ... <i>Person responsible:</i> _____	
Every 12 months: <i>Person responsible:</i> _____	
Spare Parts: The following spare parts were provided with your new equipment: <ul style="list-style-type: none">• Tyre tube• ...	
To access spare parts contact: Name: _____, Phone number: _____, Address: _____	

Figure 1: Example Care and Maintenance Sheet for example AT (manual wheelchair).

<p>Criteria: Score to determine whether to provide a spare part is the sum of the following:</p> <ul style="list-style-type: none"> • Likelihood part will fail/wear within 12 months: low (1), moderate (2), high (3) • Cost of part: high (1), moderate (2), low (3) • Functional impact of part: low (1), moderate (2), high (3)
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Equipment	Spare Parts to be provided if score ≥ 6	Other Parts to be considered if score is 4-6.
Walker	e.g. Brake Cables	e.g. casters
MWC	e.g. tyre tubes	...
Pressure Mattress	e.g. puncture kit	...
Pressure Cushion	e.g. spare cushion cover, puncture kit	...
Shower Chairs	e.g. tyre tubes	...
Commodes	Nil	...
...		
...		

Items excluded from requiring RM Kits include: ...

Table 2: Example of how to determine spare parts to include in the RM Kits discussed in Section 4.0.

Appendix B – Professional Bodies and Industry Supports

Professional and peak bodies, and industry groups are a valuable source of information, support, training and lobbying for professionals and service providers working in the AT sector. Some these include:

National Disability Insurance Agency (NDIA)

<https://www.ndis.gov.au>

The National Disability Insurance Agency (NDIA) is an independent statutory agency. Its role is to implement the National Disability Insurance Scheme (NDIS), which will support a better life for hundreds of thousands of Australians with a significant and permanent disability and their families and carers.

NDIS Quality and Safeguard Commission (applicable in the NT from July 1st 2019)

<https://www.ndiscommission.gov.au>

The NDIS Quality and Safeguards Commission is an independent agency established to improve the quality and safety of NDIS supports and services. The commission will work with NDIS participants, service providers, workers and the community to introduce a new nationally consistent approach so participants can access services and supports that promote choice, control and dignity.

NT Quality and Safeguarding Framework (applicable during NDIS transition period June 2016 to June 2019)

<https://digitallibrary.health.nt.gov.au/prodjspui/handle/10137/1155>

The Northern Territory Government has developed this Quality and Safeguarding Framework with the primary purpose of ensuring that quality and safeguarding requirements are met for providers registered by the National Disability Insurance Agency to deliver National Disability Insurance Scheme supports in the Northern Territory.

Australian Rehabilitation and Assistive Technology Association (ARATA)

<http://www.arata.org.au>

ARATA is a national association whose purpose is to serve as a forum for information sharing and liaison between people who are involved with the use, prescription, customisation, supply and ongoing support of assistive technology.

Assistive Technology Suppliers Association (ATSA)

<http://atsa.org.au>

Assistive Technology Suppliers Australia (ATSA) is the leading industry body representing the views and aspirations of assistive technology suppliers across Australasia to achieve excellence, quality, value and positive outcomes for suppliers, AT consumers, stakeholders and the broader community.

Independent Living Centres Australia

<https://ilcaustralia.org.au>

Independent Living Centres Australia (ILCA) is a collective network with member ILC's from each Australian state and the ACT. Member ILC's provide independent, commercially unbiased, actionable information and advice to Government and policy-makers, and raises awareness of the role that Assistive Technology plays in enabling whole life participation in the broader community. Member ILC's passionately pursue systematic engagement for the effective use of Assistive Technology in the broader community. Member ILC's work

collaboratively and collegially in the development and sharing of professional evidence based on knowledge in application of Assistive Technology optimising outcomes in the broader community.

Home Modifications Australia (MOD.A)

<http://www.moda.org.au>

Home Modifications Australia is the national peak and industry body that represents home modification providers for the aged and people with disabilities. MOD.A are the only organisation that operates as a representative and advocacy group for home modifications.

AGOSCI

<https://www.agosci.org.au>

Established in 1981, AGOSCI is an inclusive group interested in enhancing the participation of all people with complex communication needs. AGOSCI also aims to build the capacity of society to achieve our vision. Our vision is that people with complex communication needs participate fully in all aspects of life. AGOSCI's membership includes individuals with complex communication needs, family and community members, teachers, speech pathologists and other professionals.

Occupational Therapy Australia

<https://www.otaus.com.au>

Occupational Therapy Australia is the national professional association representing occupational therapy in Australia. We offer opportunities for our members to enhance best practice through professional development, support, and access to profession-specific information.

Australian Physiotherapy Association

<https://australian.physio>

The peak body representing the interests of Australian physiotherapists and their patients. We are committed to professional excellence and career success for our members, which translates into better patient outcomes and improved health conditions for all Australians.

Australian Orthotic Prosthetic Association Ltd. (AOPA)

<https://www.aopa.org.au>

The Australian Orthotic Prosthetic Association Ltd. (AOPA) is the national peak professional body regulating the orthotic/prosthetic profession in Australia.

Speech Pathology Australia

<https://www.speechpathologyaustralia.org.au>

Speech Pathology Australia is the national peak body for the speech pathology profession in Australia. Speech pathologists are university trained allied health professionals with expertise in the assessment and treatment of communication and/or swallowing difficulties.

Australian Health Practitioner Regulation Agency (AHPRA)

<https://www.ahpra.gov.au>

The Australian Health Practitioner Regulation Agency (AHPRA) works with 15 National Health Practitioner Boards in implementing the National Registration and Accreditation Scheme across Australia.

National Committee on Rehabilitation Engineering (NCRE)

<https://www.engineersaustralia.org.au/Communities-And-Groups/National-Committees-And-Panels/Rehabilitation-Engineering>

The National Committee on Rehabilitation Engineering (NCRE) is a National Committee within the College of Biomedical Engineering, and is governed by a panel of committee members. The NCRE aims to:

- foster interaction with peers across Australia;
- support the practice of rehabilitation engineers working across Australia;
- promote the work and role of professional engineering involvement in the provision of assistive technology services to Australians with disabilities;
- define and develop a rehabilitation engineering profile amongst clients, health professionals and funding sources;
- improve Government understanding of, and support for, rehabilitation engineering; and
- establish and increase the level of rehabilitation engineering research and development projects, manufacturing industry and training in Australia.