Allied Health Professions Australia

Submission to Department of Social Services Consultation on Draft Lists of NDIS Supports

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This submission has been developed in consultation with AHPA's allied health association members.

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AHPA and the Disability Working Group

Allied Health Professions Australia (AHPA) is the recognised national peak association for Australia's allied health professions. AHPA's membership consists of 28 national allied health associations and a further 12 affiliate members, each representing a particular allied health profession. AHPA collectively represents some 200,000 allied health professionals and AHPA works on behalf of all Australian allied health practitioners, including the largest rural and remote allied health workforce numbering some 14,000 professionals.

AHPA's Disability Working Group (the Working Group) comprises policy and clinician representatives drawn from the range of AHPA's members that provide services in the National Disability Insurance Scheme (NDIS). The Working Group is therefore informed by the views and experiences of both individual allied health professions and the allied health sector as a whole.

AHPA and its member associations are committed to ensuring that all Australians, regardless of disability, can access safe, evidence-based services to assist them to realise their potential for physical, social, emotional and intellectual development.

Allied health professions in the NDIS

Allied health providers currently have two main roles in the NDIS: contributing expertise to assessments for access to the Scheme and any subsequent reviews of participants' plans; and providing supports and services under allocated plan funding.

Most of the allied health professionals who currently provide NDIS services do so within the category of 'therapy supports'. However, orthotic and prosthetic supports are not deemed therapy supports under the NDIS, with orthoses and prostheses instead being defined as assistive technology, and orthotic and prosthetic services assigned to the Custom Prostheses and Orthoses registration group.

Nevertheless, orthotic and prosthetic services do include clinical services (assessment, review and education) associated with the provision of orthoses and prostheses. These clinical services provided by orthotists/prosthetists parallel those provided by those allied health professions that are defined as providing NDIS therapy supports.

Accordingly, when referring to NDIS supports or services provided by allied health professionals, this submission refers to 'allied health supports' or 'allied health providers'.

AHPA's response to the Consultation

AHPA does not support the draft lists of NDIS supports. While we understand that these lists are intended as a transitional measure until codesign with participants can occur, there are several fundamental flaws in both the strategy of compiling lists and the lists' content that in our view make this approach even less desirable, even as an interim measure, than using the existing process as an interim measure until the relevant rules are made.

First, the proposed 'list' approach and 'carve outs', and much of the content of both lists, undermine the holistic and person-centred approach to providing NDIS supports that is fundamental to genuine participant choice and control.

Second, many of the proposed 'carve outs' from the list of what are proposed to be deemed NDIS supports, together with the list of supports that are proposed as not to be regarded as NDIS supports, rely on an as yet undefined and untested system of foundational supports to be

provided at State and Territory level. There is therefore no guarantee nor any detail on whether or how people with disability might receive sufficient assistance from elsewhere if a support is proposed not to be made available under the NDIS.

Third, there are considerable problems with the content of both lists. AHPA agrees with the submission to this Consultation from the Australian Rehabilitation & Assistive Technology Association that the lists' content is inadequate, unclear, duplicative and/or exclusionary. For example, we refer to and endorse the submissions from our members Dietitians Australia and Osteopathy Australia that the list of 'Supports that are NDIS supports' should at least fully detail all eligible allied health professions and categories, consistent with the approach in the 2024-25 NDIS Pricing Arrangements.

Further, AHPA endorses the submissions from our members Occupational Therapy Australia, the Australian Physiotherapy Association, Exercise & Sports Science Australia, the Australian Music Therapy Association and Speech Pathology Australia concerning various examples of inappropriate classification of various supports as 'Supports that are not NDIS supports' or as items to be carved out from broader categories deemed to be NDIS supports.

The proposed list of 'Supports that are not NDIS supports' does in some cases include carve outs where supports may be considered NDIS supports for certain participants (eg p13), subject to the principles of 'reasonable and necessary' and in some instances, other qualifications. However, as our members have submitted, the language of these exceptions is unclear.

This takes us to the fourth fundamental flaw of the list approach, which is the increased onus and stress it is likely to place upon participants, who will often therefore be unsure about whether a support is likely to be provided under the NDIS and where to go to obtain it if it is not. The carve outs for 'certain participants' create another set of hurdles whereby participants and their advocates are likely to have to undergo additional bureaucratic and time-consuming processes, with no assurance that at the end they will receive the supports at issue.

If lists cannot provide clarity and equity for participants, it defeats the purpose of devising them. AHPA would greatly prefer that a process of genuine codesign with participants and consultation with NDIS providers be expedited once the legislation is passed. AHPA and our members strongly support an approach to NDIS supports that is evidence-based and provides supports on the basis of individually assessed needs.

Until appropriate codesign and collaborative processes are implemented, the current approach to NDIS supports is to be preferred, because it at least relies on the reasonable and necessary criteria and only applies broad criteria to what is ruled out as a support. Importantly, support decisions are also reviewable.

AHPA therefore proposes that the lists be abandoned and that in broad terms assessed need should guide the provision of evidence-based supports, until full consultation with the disability sector takes place.