# Submission to the NDIA

## Annual Pricing Review 2021

## December 2021

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## Executive Summary

Vision 2020 Australia welcomes the opportunity to make a submission as part of the NDIA's annual pricing review consultation. Responding to some specific questions from the consultation paper, this submission highlights issues faced by participants who are blind or have low vision, and the providers who offer them specialist supports. Our key recommendations are that the NDIA should:

1. Simplify arrangements for purchasing vision-related Assistive Technology (AT) since the large number of codes currently available aren't being used correctly.
2. Develop a new interface to help participants access the price guide more easily, prioritising accessibility for people who are blind or have low vision from the outset.
3. Ensure that if a new online price guide is created, it clearly notes when updates are provided in between annual pricing reviews.
4. Consult with the sector on developing a pricing framework which would allow NDIS funding of camp-based supports, which are particularly beneficial to people who are blind or have low vision.
5. Avoid reducing the prices for therapy supports, which are different to other schemes because of:
    A. The highly specialist nature of capacity-building supports for people who are blind or have low vision, particularly children,
    B. The widely acknowledged importance of providing supports for people with disabilities in their natural environments,
    C. The ongoing training that is required to ensure delivery of innovative supports for this cohort,
    D. The obligations and standards which apply to workers in the NDIS context but not in other schemes, and
    E. The significant workforce shortages already facing the blindness and low vision sector.
6. Create a separate item for charging of travel for therapy supports, so participants and planners can more appropriately include travel costs.
7. Produce clearer documentation around the pricing framework for therapy supports, similar to that which already exists for disability support work, in order to assist providers in understanding the Agency's assumptions.
8. Improve planners' understanding of the complex Key Worker support role, by:
    A. Introducing a separate item in the Price Guide for Key Worker supports, and
    B. Co-designing documentation with the sector which clarifies how many hours of support are typically required by children who are blind or have low vision and their families.

## Introduction and Context

Vision impairment is a relatively low prevalence disability, with people who are blind or have low vision making up around 2 per cent of NDIS participants.

People who have permanent vision loss can live very independently, through a range of supports and training, prescribed or provided by a small and highly specialised workforce. These specialists can include:

- Orientation and mobility specialists
- Occupational therapists
- Orthoptists
- Assistive technology specialists.

They may also access the traditional care support workforce (e.g. disability support or aged care workers) to help with certain tasks which they can't perform independently (e.g. completing paperwork, attending appointments in unfamiliar or dangerous locations, meal preparation, shopping in rare cases). However when appropriate supports are delivered and maintained, this kind of service is less frequently required.

For our cohort, we argue that capacity building supports represent value for money, because they minimise the necessity for other supports, which are less costly by the hour but cumulatively more expensive.

Such capacity building supports are particularly crucial for children because many fundamental skills which children might otherwise pick up through visual observation must be learned in different ways when vision is limited. While some of this skills development can be delivered through reasonable adjustments by state education systems, given the priority of including children with disabilities in mainstream classes as much as possible, some must necessarily be delivered outside the school setting. Current system settings impose limitations on these kinds of supports, as will be discussed in later responses .

Because of their low prevalence, providers have consistently faced challenges delivering services to people who are blind or have low vision in thin markets. The rise of telehealth services has been valuable in this case, but not all kinds of training can be delivered this way. It should also be noted that vision loss, without the appropriate training, introduces significant barriers to delivering that training via telehealth. It therefore remains crucial that pricing arrangements are designed to allow providers to deliver supports in person where necessary to people living in rural, regional or remote areas.

## Pricing in the NDIS

### 1. What changes could be made to the NDIS pricing arrangements to increase choice and control for participants; and/or reduce transactional costs for providers; and/or support innovation in the delivery of supports.

#### Assistive Technology Items

Vision 2020 Australia's members have found that largely the methods via which the NDIA have established prices have worked well, with the exception of the area of Assistive Technology (AT).

A number of vision service providers either provide AT, or conduct the specialist assessments which recommend high-cost pieces of AT. These providers have found that in many cases, the number of available line items under which AT is categorized complicates the process of recommending or purchasing products.

We recognize the value for the Agency, and even for providers, of specific detail as to how often different items, or categories of items, are being purchased. But in practice, codes being used don't always accurately reflect the items which are being purchased. If a claim for a piece of AT has been approved under an incorrect code, this creates unnecessary administrative burden for providers who must then switch to a new incorrect code to finalise claims.

Vision 2020 Australia therefore recommends that the Agency seeks to decrease the number of codes available for high-cost AT purchases, creating, for example, a few generic product codes for vision equipment, which could be more easily used and understood by all parties.

### 3. How can the pricing arrangements be communicated in a simpler way?

Vision 2020 Australia's members agree with comments in the consultation paper regarding the complexity of the current method via which information about pricing is delivered, particularly for participants who are blind or have low vision, and especially when these participants are newly accessing the scheme, and thus haven't yet received the training in AT which would allow them to easily navigate a 111 page document.

This unintentionally leaves a small group of participants more vulnerable to incorrect charges, and though advocates such as plan managers and support coordinators provide additional safeguards against this, we would prefer a system which allows participants as much access as possible to every aspect of their budgets and plans.

We are broadly supportive of the idea of simplifying the price guide through development of a web interface. For example, we imagine an online portal through which participants or providers could use filters to easily find the kind of item they're looking to claim. This would use the same terminology participants are already used to, allowing filters by broad support type (core, capital, capacity-building), then by more specific sub-categories.

Accessibility should be a foundational principle of any such project, and should be prioritized throughout development. Thorough testing by consumers who are blind or have low vision should be conducted before such an interface is released. We appreciate the NDIA's proven commitment to accessibility demonstrated in the design process for the new My NDIS app, and hope this can be modelled in future processes.

Members also note that one of the advantages of current arrangements is that the Agency makes very clear when price guides are updated. A web interface makes it easier to change details without informing participants or providers, which could result in confusion and extra administrative burden. Any new system for revealing or explaining pricing should continue to clearly indicate when changes are made in between annual pricing reviews.

## Price Limits for Group-based Core Supports

**9. Have the new pricing arrangements for group based community participation supports that were introduced on 1 July 2020 increased overhead costs and administrative complexity for providers and participants? If yes, why and by how much? Please provide evidence.**

While we can only comment broadly on this, some of Vision 2020 Australia's members have invested significant development into adapting their architecture to account for the introduction of new arrangements for group-based core supports. For blindness and low vision providers, The cost and complexity involved in redesigning invoicing systems to accommodate these arrangements has been the reason for their low adoption rate.

In order to secure the financial viability of some activities, some providers have begun using the Agency's program of supports model, introduced in 2020, and found this to be useful. This model, however, cannot be used for long-term support programs, as a program's duration is limited to 12 weeks.

**11. Are there any other issues with the price limits for group based core supports?**

Because of its low prevalence, and Australia's widely distributed population, particularly in regional or remote areas, it is relatively easy for a person who is blind or has low vision to live much of their lives without having ever met another person of a similar age who shares their disability. While members frequently use innovative telehealth programs to keep these people connected, the value of face-to-face connection cannot be understated.

This is particularly true for children, who enjoy significant psychological benefits from being connected with peers who, like them, have experienced life differently.

Before the arrival of the NDIS, providers offered a number of camps where children could gather to undertake intensive skills development. One current example is the National Braille Music Camp, which since 1986 has been providing children who are blind or have low vision an opportunity to gather and access specialist education in the Braille music code, practice in its use through choral and orchestral rehearsals and performances, and connection and collaboration with peers. The camp, which has typically been funded through philanthropy, has been unable to proceed since 2019 due to the pandemic. While funding is therefore available for the 2022 camp, its long-term future remains uncertain.

This model has become less common in recent years. Our members have not found an administratively viable method within the NDIS pricing framework which would allow funding and claims for such projects, since funding is highly contingent on ratios and hours worked, and staff to participant ratio changes rapidly depending on the kind of support being offered.

Along with the efficiency of teaching skills to a large number of children simultaneously, many attendees, particularly those who rarely meet people like themselves, have reported significant mental health benefits from being able to spend time with peers, pursuing activities which other people their age might not share.

Given the prevalence of thin markets, the isolation participants experience when living in rural and remote areas, and the diminishing reliability of other funding sources, Vision 2020 Australia's members are keen to work with the Agency to investigate whether a pricing model can be created

that would enable these kinds of activities to be at least partially funded through participants' NDIS plans.

## Therapy Supports

### 14. Are the current price limits for therapy supports appropriate? If not, why not? Please provide evidence.

In the consultation paper for this review, the NDIA expressed concerns that the therapy supports market had become uncompetitive, since nearly all providers are charging at or near the current price limit. In the case of the blindness and low vision sector, current caps are barely sufficient to allow providers to compete with other parts of the sector. One provider found that including overhead costs, the cost of therapy services was $210 per hour, significantly exceeding the current price cap.

Travel arrangements for therapy supports also remain unclear, as will be discussed further in a later response, but due to the fact that people who are blind or have low vision are a low prevalence cohort, and that many therapy services for this cohort are best delivered in their natural environment, travel costs for our service providers are particularly noteworthy.

Members have found that group therapy supports can work well, mostly for children under 18, where peer connections are particularly vital. We appreciate the simplification of arrangements for group therapy supports in recent years. Members have found however that pricing arrangements for group therapy supports are not always ideal. Group services require more session set up and set down time, and can require more intense clinical input in terms of ratio of staff to clients. The current pricing for therapeutic groups doesn't accommodate this. We understand that non face to face invoicing was implemented to try and fund this additional time, but because it must be allocated to specific clients, it creates problems such as:

1. Confusion for providers around how much non-face-to-face time they can include, and
2. Confusion for participants about what they are being charged for.

The Agency has released a great deal of information about the assumptions behind their pricing for disability support work, which delivers valuable information to providers about what is and is not considered as part of claims. Members note that similar work around therapy supports would provide much needed clarity about how providers are allowed to claim these supports.

### 16. What considerations should be taken into account when comparing NDIS arrangements for therapy and nursing supports to Australian Government and state government schemes and the private market?

Comparisons between therapy supports in other markets and those provided by the NDIS must consider the specialist nature of supports for people with disabilities. People who are blind or have low vision are supported by occupational therapists and orientation and mobility specialists, who have received significant training in the strategies which enable independence. This training must be supplemented by ongoing professional development in order to keep abreast of new technologies and research.

Orientation and mobility specialists are responsible for teaching people to navigate the community and assess their surroundings using non-visual strategies such as structured discovery. These skills can allow a person to safely cross roads, catch public transport and navigate their office building, campus or local shopping centre. Without them, many people who are blind or have low vision would be far less independent, and would face even more barriers to employment. Some would be forced to rely on disability support workers much more significantly to undertake everyday tasks. We therefore argue that these supports clearly represent value for money, and exemplify the kind of capacity building the NDIS was designed to deliver.

Members also note the specialist approaches required for building the capacity of children who are blind or have low vision. These children face unique challenges because they:

- Can't learn through observation as most other children would, and
- Must learn skills that their peers don't require to maintain their education (e.g. use of magnifiers and other assistive technology).

Providing services to children is not akin to providing allied health rehabilitation services to adults. Rehabilitation implies that a person was one way, or had a learned ability or skill and needs to relearn that ability or skill. Children who are blind or have low vision go through a process of "habilitaion", which is the teaching of new skills. Allied health paediatric specialists in the disability space teach vital skills with lifelong impact, such as communication, social and movement skills.

The majority of these skills take years to develop fluently, and require an expert allied health provider who is able to work not only with the child, but also to build the capacity of their carers as their primary teachers. This is quite different than other models of therapy, which are being considered for comparison in this case.

It is also crucial to understand that people who are blind or have low vision receive the most benefit from therapy conducted in their natural environment. The Agency has rightly acknowledged the value of this kind of support in relation to children in recent times, but for our cohort, this is equally important for adults.

For example, if an adult has recently lost or is losing vision, they are likely most comfortable in their own home, which allows for introduction of new skills and challenges without the added stress of navigating an unfamiliar place. And it is typically by attending the home that therapists can most clearly recognise opportunities for adaptation, such as application of Braille or large print labels, or appliances designed for people who are blind or have low vision.

Therapy in a participant's natural environment is again a specialised skill, which is not required as universally in other contexts, and contributes to the overhead costs of providing these supports, both because of the unbillable travel time required, and the specialist training necessary to enable this kind of support.

The NDIS National Workforce Plan acknowledges the reality of current workforce shortages for the disability sector generally. For providers of specialist blindness and low vision services, these shortages are even more pronounced. Reasons include:

- Low awareness of roles within the sector (e.g. orientation and mobility specialist);
- The need for significant qualifications and ongoing training to perform these roles;
- Workers' unwillingness to live outside metro areas.

Competitive remuneration is one of the key ways service providers can attract the kinds of workers with the necessary skills, qualifications and attitudes to perform the work of training people who are blind or have low vision. With the increasing demand forecast by the Agency, providers in the blindness and low vision sector will need to continue competing with other providers to maintain a workforce capable of meeting the needs of people who are blind or have low vision. This , again, is a challenge which may not be faced to the same extent by other schemes where therapy support is provided, and may further explain why therapy supports are often charged at a higher rate within the NDIS context.

Finally, a comparison of therapy supports to other kinds of support must consider the additional obligations for reporting, which are more significant than those in other sectors, as well as the principles behind delivering best practice supports. For example, for supports to be innovative, practitioners must constantly keep abreast of new developments and research. These principles and obligations impose appropriately high standards for workers, but they must be taken into account in understanding what is built into the hourly rate for therapy supports.

All the above factors, unacknowledged by the consultation paper, have contributed to the cost to providers of delivering therapy supports, and therefore the charges for participants. These should be considered as part of the Agency's investigation into whether therapy supports overall remain competitive. For the blindness and low vision sector, the current rates for therapy supports seem largely to have been encouraging the kind of innovation the Agency hopes to facilitate, and enabling the kind of capacity building supports which are fundamentally the purpose of the NDIS. Vision 2020 Australia therefore contends that the current price limits for therapy supports, though higher than those in other schemes, are necessary to maintain the quality of services being delivered to people who are blind or have low vision.

**17. Are there any other issues with the pricing arrangements for therapy supports? For example, would a "per consultation" billing approach be more appropriate for therapy supports? Are the travel and non-face-for billing arrangements appropriate for therapy supports?**

**Travel Caps for Therapy Supports**

Vision 2020 Australia's members have found that travel arrangements for one-on-one therapy supports have frequently proven insufficient for providers. According to the Modified Monash Model, providers can claim up to 30 minutes of travel time for participants in metro areas, but there are many clients for whom travel will take significantly longer than this, even within capital cities. One provider calculated that for every NDIS service delivered, the average non-billable travel time was 7 minutes, at a cost of $9.50.

Under current arrangements, the travel caps which can be charged are dependent on the client's location, but do not consider the provider's location. Due to thin markets, providers must sometimes travel for up to 5 hours to visit one client, but may only be able to claim up to 60 minutes of travel time.

Most significantly, however, NDIS plans frequently don't consider travel when assigning capacity building supports. Participants often conclude the planning process with an impression of how many hours of supports they will receive. As a result of this problem, participants living outside metro areas frequently:

1. Don't receive as many therapy hours as they need due to travel costs, or

2. Are confused by charges for services they didn't receive.

To resolve this, Vision 2020 Australia suggests that the Agency create a separate support category for provider travel. Funding levels for the provider travel category would be decided based on a participant's location. This funding should also consider, where possible, the location of the providers most able to deliver the services included in a participant's plan.

**Pricing Arrangements for Key Workers**

Some service providers have adopted the Key Worker model for Early Childhood participants who are blind or have low vision, recognizing that because of its low prevalence and the complexity of navigating thin markets, this approach could prove particularly valuable for our cohort. Despite the crucial role Key Workers play for the families of children who are blind or have low vision, funding for capacity building supports frequently doesn't account for these workers.

Families have perceived the Key Worker as a person they can access when concerned about their child's progress or needs, meaning the time spent working with the child or their family doesn't neatly fit within the transactional framework of hourly appointments. The Agency's 2020 ECEI Implementation Reset Consultation Report says the Key Worker is "the central contact for the family, and coordinates the communication and sharing of knowledge and skills between the team". It also notes that the Key Worker also "contributes to coaching and capability building with other adults around the child".

Despite the significant work required for this role, Key Workers frequently aren't considered during the planning process. This means that, particularly when a child has multiple disabilities, they may not have sufficient funding for a Key Worker and for other vital therapy supports. Some children who are blind or have low vision miss out on supports, or Key Workers do not bill for hours they have worked.

Vision 2020 Australia therefore recommends that:

- Key worker supports are placed under a separate item in the price guide, in order to make clear that these are designed to be different to, and supplementary to, other therapy supports, and
- The Agency develops, in consultation with the disability sector, documentation around how many hours of Key Worker support a child who is blind or has low vision requires.

In response to eligibility and planning issues in the early childhood space which are out of scope for this submission, Vision 2020 Australia is advocating, as part of our election campaign, for the introduction of reference packages, similar to those which already exist for people with hearing loss, which would seek to clarify the kinds of supports most needed by children with vision loss. It would be valuable if conversations about Key Worker supports, and developing this documentation for planners, could constitute a first step in that process.

## About Vision 2020 Australia

Vision 2020 Australia is the national peak body for the eye health and vision care sector. Working with and representing almost 50 member organisations, we focus on supporting policy and funding changes to prevent avoidable blindness, enhance eye care delivery and better meet the needs of people who are blind or living with low vision.

Our members span a wide range of areas and engage in local and global eye health and vision care, health promotion, low vision support, vision rehabilitation, eye research, professional assistance, and community support. This means that the work we do in developing sector-supported policy and advice brings a diverse range of expertise and perspectives to bear, and that the perspectives and experiences of both service users and service providers are at the heart of our work.

Avoidable blindness and vision loss in Australia, and our region, can be prevented and treated by working in partnership across government, non-government, private and community sectors. People of all ages who are blind or vision impaired will benefit from these partnerships, with improved access to services that support their independence and community participation.

For further information about this submission, please contact Vision 2020 Australia via email, policy@vision2020australia.org.au