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Hon Greg Donnelly MLC  
Chair  
Portfolio Committee No. 2 – Health and Community Services  
NSW Parliament  
[PortfolioCommittee2@parliament.nsw.gov.au](mailto:PortfolioCommittee2@parliament.nsw.gov.au)

Dear Hon Greg Donnelly MLC,

**ACAud response to inquiry into the implementation of the National Disability Insurance Scheme and the provision of disability services in New South Wales**

Thank you for inviting the Australian College of Audiology (ACAud) to provide input into the NSW Legislative Council's Portfolio Committee No. 2 has commenced its inquiry into the implementation of the National Disability Insurance Scheme (NDIS) and the provision of disability services in New South Wales (NSW).

ACAud welcomes this inquiry in addition to the other recent reviews and inquiries into hearing service provision in Australia which ACAud has made submissions to, including:

- The Joint Standing Committee on the NDIS's [inquiry into the provision of hearing services under the NDIS](#), see ACAud response [here](#).
- The Pricewaterhouse Coopers (PwC) [Review of services and technology supply in the Hearing Services Program](#), see ACAud response [here](#).
- The Australian Competition and Consumer Commission (ACCC) report [Issues around the sale of hearing aids](#), see ACAud Position Paper on Sales commission and other sales-based incentives [here](#).
- The [Thematic Review of the Commonwealth's hearing services legislation](#), see ACAud response [here](#).

Please find our response to the relevant terms on the following pages. We note that as hearing services are transferring from one Federal scheme (the Hearing Services Program) to another with the rollout of the NDIS, the issues we raise in this submission are relevant for NDIS service provision throughout Australia.

Please do not hesitate to contact us if you require any further information on any of the issues we have raised in this response.

Yours Sincerely,

A handwritten signature in black ink that reads "Michael Smith".

**MICHAEL SMITH, ACAud President**

## **ACAud response to Terms of Reference for the inquiry into the implementation of the National Disability Insurance Scheme and the provision of disability services in New South Wales**

### **(a) the implementation of the National Disability Insurance Scheme and its success or otherwise in providing choice and control for people with disability**

ACAud welcomed the increased choice and control that the NDIS promised to implement. However, choice and control for hearing services under the NDIS has not been realised at this stage.

Under the Hearing Services Program's Community Services Obligations (CSO) component, the services are delivered solely by Australian Hearing. This arrangement has been carried over to the NDIS<sup>1</sup> and NDIS participants under the age of 26 are referred directly to Australian Hearing by their NDIS Planner<sup>2</sup>. This means that there is in effect no choice of provider for people up to the age of 25 for hearing services under the NDIS.

For adults, there also seems to be barriers to choice and control as ACAud members report that even adult NDIS participants are incorrectly being referred directly to Australian Hearing by NDIS planners. This means that some adult clients who were receiving hearing services via the Hearing Services Program from providers other than Australian Hearing before the rollout of the NDIS have had to discontinue receiving services from their preferred provider when they entered the NDIS. This is not only against the principle of choice and control for participants, but also affects their continuity of care.

Related complaints regarding the potential commercial advantages when operating in the Voucher Scheme market were raised to the Productivity Commission, however their inquiry found that *"These are, however, the result of broader policy decisions of the Australian Government. As such, these are matters outside the realm of competitive neutrality policy and, thus, outside the remit of the [Australian Government Competitive Neutrality Complaints Office] AGCNCO to consider."* (p.13<sup>3</sup>).

ACAud therefore requests that the Australian Government carefully consider its future policies regarding the registration of hearing service providers under the NDIS, the training and information provided to the NDIA staff including NDIS Planners, and the information they provide on the NDIS and other Governments' websites regarding Registered Providers.

In addition, it is confusing for consumers, because multiple providers have been registered with the NDIS for the following service Registration Groups and show up in the NDIS Provider lists<sup>4</sup>, despite the

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<sup>1</sup> Department of Health. Under 26 Years. Available [here](#), last accessed 20180720

<sup>2</sup> Department of Health. NDIS and the Hearing Services Program. Available [here](#), last accessed 20180720

<sup>3</sup> Productivity Commission, 2018. Australian Hearing- Australian Government Competitive Neutrality Complaints Office Investigation No.16. Available [here](#), last accessed 20180720

<sup>4</sup> National Disability Insurance Agency. Find registered services providers. Available [here](#), last accessed 20180720

NDIS Provider Registration Guide to Suitability saying these groups currently aren't open for registration and clients are to be referred to the Office of Hearing Services Program<sup>5</sup>:

- Specialised Hearing Services
- Hearing Services

**(d) the effectiveness and impact of privatising government-run disability services**  
**(h) challenges facing disability service providers and their sustainability**

Due to the issues described in response to term (a) above, as regards the provision of hearing services, the rollout of the NDIS has resulted in fewer private hearing service providers being able to provide hearing services to their adult clients, rather than more.

**(f) the adequacy of current regulations and oversight mechanisms in relation to disability service providers**

ACAud applauds the NDIS Quality and Safeguarding Framework<sup>6</sup> which recognises the role of self-regulating health professional bodies such as ACAud in ensuring the safeguarding of, and appropriate clinical service provision to, NDIS participants (for example, see Box 8, Scenario 4 on page 90).

**(k) any other related matter**

ACAud welcomes the fact that the NDIS provides the opportunity for adults over the aged of 25 and under the age of 65 with hearing loss to access funding for hearing services. However, the NDIS Operational Guidelines have stated that only people over the age of 25 with very high levels of hearing loss and complex needs will be eligible for the NDIS: a 4 Frequency Average Hearing Loss (FAHL) of greater than or equal to 65 decibels (dB) in the better ear and/or people with other comorbidities (see Attachment A for relevant excerpt from the NDIS Operational Guidelines). It is ACAud's position that this threshold is too high for adults in need of hearing services.

ACAud therefore recommends that the eligibility criteria thresholds for adults be brought in line to match that of the Hearing Services Program's Voucher Scheme requirements for clients being fitted with a hearing device to ensure equity of access to hearing services for Australians of all ages<sup>7</sup>. That is, a 3 Frequency Average Hearing Loss (FAHL) threshold of greater than 23dB (abbreviated as 3FAHL > 23dB), measured at 500, 1,000 and 2,000 Hz<sup>8</sup>. In addition, as with the Hearing Services Program, there should be approved exemptions to the 3 FAHL > 23dB minimum threshold based on comorbidities, the client's experience of their hearing loss and their wishes<sup>2</sup>.

At a 3 FAHL threshold of 23dB, a person has significantly reduced functional capacity to undertake communication, social interaction, learning and self-management activities, and should therefore be eligible for the NDIS. For example, persons with hearing loss greater than 23dB are likely to have loss

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<sup>5</sup> National Disability Insurance Agency, 2018. Provider Registration Guide to Suitability. Available [here](#), last accessed 20180720

<sup>6</sup> Department of Social Services. 2016 NDIS Quality and Safeguarding Framework. Available [here](#), last accessed 20180720

<sup>7</sup> ACAud, 2017. Submission 9 on the provision of hearing services under the National Disability Insurance Scheme (NDIS). Available [here](#), last accessed 20 July 2018

<sup>8</sup> Department of Health, 2018. Minimum Hearing Loss Threshold Guidelines. Available [here](#), last accessed 20 July 2018

of temporal discrimination, making it much harder to distinguish one voice from another in the presence of background noise. For example, open-plan offices or work with children are common scenarios for complaint with this level of hearing loss. Furthermore, for persons working in high risk situations, the presence of background noise could significantly increase theirs or others' risk of injury. Research has shown that people with hearing loss of 25-40dB in both ears use their hearing aids as much as those with a hearing loss of 56-70dB in both ears<sup>9</sup>. This suggests that people with lower levels of hearing loss perceive their loss as significant and that hearing aid use significantly improves their ability to participate in daily life.

The NDIS level of hearing loss for eligibility is also significantly higher than the international minimum standard for disabling hearing loss specified by the World Health Organisation (WHO): "Disabling hearing loss refers to hearing loss greater than 40dB in the better hearing ear in adults and a hearing loss greater than 30dB in the better hearing ear in children."<sup>10</sup>. This standard is applied as a minimum in developing countries.

The high NDIS hearing loss threshold for adults is therefore not only a significant decrease in the standard of hearing care in Australia, but also an unacceptably high threshold for a developed country considering the international minimum standard for developing countries.

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<sup>9</sup> Timmer, B., L. Hickson, and S. Launer, 2017. Hearing aid use and mild hearing impairment: Learnings from big data. *Journal of the American Academy of Audiology*, 28(8): 731-741.

<sup>10</sup> World Health Organisation (WHO), 2018. Deafness and hearing loss. Available [here](#), last accessed 25 July 2018

## **Attachment A- Relevant excerpts from the NDIS Operational Guidelines**

### *“8.3.3 Additional guidance for hearing impairments*

*Hearing impairments may result in reduced functional capacity to undertake communication, social interaction, learning and self-management activities.*

*Generally, the NDIA will be satisfied that hearing impairments of  $\geq 65$  decibels in the better ear (pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz) may result in substantially reduced functional capacity to perform one or more activities. This audiometric criteria reflects the lower limit of what is likely to constitute a substantially reduced functional capacity to undertake relevant activities.*

*Hearing impairments  $< 65$ dB decibels in the better ear (pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz) in conjunction with other permanent impairments (for example vision or cognitive impairments), or where there is evidence of significantly poorer than expected speech detection and discrimination outcomes, may also be considered to result in substantially reduced functional capacity to undertake relevant activities.”<sup>11</sup>*

### *“9.5.2 Early intervention for hearing impairment for people aged 0-25*

*The NDIA will be satisfied that a person meets the early intervention requirements without further assessment when the person:*

- *is aged between birth and 25 years of age; and*
- *has confirmed results from a specialist audiological assessment (including electrophysiological testing when required) consistent with auditory neuropathy or hearing loss  $\geq 25$  decibels in either ear at 2 or more adjacent frequencies, which is likely to be permanent or long term; and*
- *the hearing loss of the person necessitates the use of personal amplification.*

*This streamlined access approach for early intervention acknowledges a rich body of evidence that recognises that early intervention support up to and including the age of 25 is critical for people with hearing impairment as the developing brain requires consistent and quality sound input and other support over that period to develop normally and ameliorate the risk of lifelong disability.*

*This same body of evidence suggests that brain development and language capability have been achieved by the age of 26. Therefore, adults aged 26 years and over are not immediately accepted to be likely to benefit from the same early intervention approach because there is no requirement to support the development of the auditory pathways. Adults aged 26 years and over with hearing impairment will therefore be assessed normally, on a case by case basis, having regard to the availability of all relevant evidence.”<sup>12</sup>*

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<sup>11</sup> National Disability Insurance Agency. NDIS Operational Guidelines- Access to the NDIS. 8. The disability requirements. Available [here](#), last accessed 20 July 2018.

<sup>12</sup> National Disability Insurance Agency. NDIS Operational Guidelines- Access to the NDIS. 9. Early intervention requirements. Available [here](#), last accessed 25 July 2018.