

25<sup>th</sup> January 2017

Joint Standing Committee on the National Disability Insurance Scheme  
PO Box 6100  
Parliament House  
Canberra ACT 2600

Dear Joint Standing Committee on the National Disability Insurance Scheme,

**RE: The provision of hearing services under the National Disability Insurance Scheme (NDIS)**

I, Kylie Diceri, am the Corporate Administrator for the Australian College of Audiology Ltd (ACAud). ACAud is a Practitioner Professional Body (PPB) representing both Audiometrists & Audiologists. The aim of ACAud is to promote and develop the science and practice of hearing care through the education and support of its members. ACAud members are professional practitioners who provide hearing care and are located throughout Australia.

ACAud would like to take this opportunity to report via submission on the provision of hearing services under the National Disability Insurance Scheme (NDIS). In summary, ACAud has considered each of the points of reference;

We suggest different options for eligibility;

Voice our concerns about the impact delays on receiving services may have on the hearing impaired population;

We want to ensure clients having the ability to choose the hearing services provider of their choice and not be allocated a provider by NDIS, similarly if a client is fitted with Provider A and then they relocate to another location and/or wish to change their preferred provider to Provider B after fitting has been finalised, we would like to ensure the client has the ability to relocate/transfer (similarly to Office of Hearing Services guidelines); and

comment in relation to funding research and innovation.

**The eligibility criteria for determining access to, and service needs of, deaf and hearing impaired people under the NDIS:**

ACAud has these suggestions on eligibility criteria:-

Hearing Loss (dBHL)	Frequency (kHz)
30dBHL	1kHz
35dBHL	2kHz
40dBHL	3kHz
45dBHL	4kHz

1. The eligibility criteria could be based on the current Office of Hearing Services program, where the client must be eligible and must have a hearing loss greater than 23dBHL, calculated by averaging the 3FAHL (500Hz, 1kHz & 2kHz).

2. The second option would be based on a 4FAHL (1kHz, 2kHz, 3kHz & 4kHz) of 37.5dB, this average is based on the following table (left).

3. There should be a different eligibility criteria

for children compared with adults. NDIS have advised previously, that the hearing condition is required to be 'permanent' hearing loss, we suggest this eligibility requirement should be different for children, given middle

ear conditions in children impact on speech/language/learning development while the condition is active, however hearing thresholds could likely improve with age.

4. *ACAud* are suggesting that eligibility for criteria for Complex clients, indigenous & children should follow a similar definition as outlined in the Scope of Practice document (<http://www.acaud.com.au/about-us/scope-of-practice>)

*ACAud* is aware of the financial considerations involved in providing NDIS services but are concerned about having two different systems in place with OHS and NDIS. This could discriminate part of the community who have significant difficulty both in the work place, socially and home environment.

#### **Delays in receiving services, with particular emphasis on early intervention services:**

*ACAud* are concerned about the delays in services being received, when relating to children & adults. Specifically with children, these delays may impact significantly on the child's development of their speech/language/learning abilities. When relating to adults, these delays may impact on their ability to earn a reasonable salary, to support themselves and their families and be a responsibility member of society. An untreated hearing loss can have negative social, psychological and cognitive impacts on adults. *ACAud* feel there should be no delays in receiving services for eligible recipients under the NDIS program. In order to avoid the concerns listed above; a particular focus should be placed on early intervention services. If the delay in receiving services is due to financial issues it has been suggested that service providers are advised of an estimated annual budget dedicated to hearing services, providers could then be updated by NDIS during the year on the budget situation.

#### **The adequacy of funding for hearing services under the NDIS:**

The adequacy of funding for hearing services is difficult to determine considering the current NDIS pilot programs and the uncertainty as to the particular services that will eventually form part of the program. *ACAud* suggests that current Office of Hearing Services fee structures be adopted by NDIS, and once NDIS is rolled out it is recommended that NDIS Case Managers have budgets to abide by. Consideration should be put on whether specific populations required more sophisticated hearing aids and ALD's (assistive listening devices) than others, and therefore additional funding would be required for these population groups. Consideration for additional funding should also be placed on travel, the rural population and hearing service providers (travel costs, home consults etc).

#### **The accessibility of hearing services, including in rural and remote areas:**

*ACAud* are suggesting two possible options:-

1. NDIS consider the use of current Office of Hearing Services approved contractors and allow other providers to submit an application to NDIS for acceptance depending on their qualifications. The Office of Hearing Services have undertaken the application process and review of the companies currently approved with OHS contracts, therefore removing the requirement for NDIS to undertake a repeat process.
2. NDIS could create their own criteria given recent activities with Practitioner Professional Bodies (PPB) aligned industry documents (eg Code of Conduct & Scope of Practice).

*ACAud* would strongly recommend anyone providing hearing services, including rural and remote areas be a full member of a Practitioner Professional Body (PPB). This would ensure qualifications and continuing education requirements were consistent across the country and clients would be guaranteed of professionalism and quality. *ACAud* would like to see rural and remote clients not be disadvantaged and have accessibility to all hearing services, with the possibility of hearing services providers being compensated for providing these services.

#### **The principle of choice of hearing service provider:**

*ACAud* recommend clients should have the choice of hearing provider and not be directed to one company by NDIS or their planners. The NDIS planner should provide the clients with a list different hearing providers to choose from, allowing the client to make the decision which provider they wish to consult. A suggestion is a list of hearing services providers be published on the NDIS website, this list would need to determine

however the level of cliental the providers could assist with (eg specifically when dealing with children), as outlined in the Scope of Practice document. NDIS planners should not be making any recommendations regarding treatment or prescription of hearing devices/assistive listening devices/accessories, this discussion and recommendation should remain with the hearing services provider.

**The liaison with key stakeholders in the design of NDIS hearing services, particularly in the development of reference packages:**

ACAud believe key stakeholders should include:- Consumer groups, Manufacturers, Professional Bodies covering practitioners and businesses. ACAud would certainly be happy, as a key stakeholder, to liaise with NDIS and others in the design and structure of NDIS hearing services.

**Investment in research and innovation in hearing services:**

ACAud are interested to find out more information relating to investment in research and innovation in hearing services with NDIS. We are aware that there is currently an investment in research and innovation in hearing services under the Office of Hearing Services Program, and are curious whether NDIS will be in addition to this and where the funding is coming from? ACAud would like to see the current research being undertaken regarding the Office of Hearing Services program remain independent from NDIS's research and innovation. A suggestion is to allocate a small fee for each device fitted and use this as a research and innovation fund for NDIS.

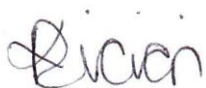
**Any other related matters:**

- ACAud would like to recommend an enquiry into aftercare, and ongoing services for clients after their initial access to the NDIS program. As people's lives change (eg becoming a parent), the program needs to be flexible enough for people to access different services and technology when these changes occur. It is felt that the needs for review and potential refitting of devices to be more frequent than every 5 years, as the requirements currently stand with the Office of Hearing Services Program.
- ACAud would like to know, should an NDIS requirement be the holding of an Office of Hearing Services contract, why does there need to be a new audit/quality assurance system. Could NDIS use the same Office of Hearing Services practices for audit/quality assurance, and ensure all NDIS hearing services providers abide by these regulations?

ACAud would like to thank the Committee for allowing our Organisation to place a submission relating to 'The provision of hearing services under the National Disability Insurance Scheme (NDIS).

Should you have any further questions, please do not hesitate to contact myself at any stage.

Yours Sincerely,



**KYLIE DICIERI**

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