



Home Modifications Australia

## **Response to the NDIA Assistive Technology and Home Modification Redesign Report**

**30 April 2018**

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MOD.A Project Reference Group<sup>1</sup>.

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<sup>1</sup> Refer to Attachment 1: The NDIA AT/HM Redesign industry consultation process.

## About MOD.A

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

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## Executive summary

This submission conveys MOD.A's feedback in relation to the consultation workshops and the NDIA Assistive Technology and Home Modifications Redesign Project Report which was released on the 23 March, 2018.

MOD.A commends the NDIA for addressing the need to simplify the assessment process and improve the efficiency of funding approval for much-needed assistive technology (AT) and home modification (HM) supports for NDIS participants.

Our submission outlines ten concerns which respond, in the main, to the assessment methodology and the roles of the Section 36 Assessor and NDIS Planner proposed in the new approach, which MOD.A believes may pose risks to participant wellbeing, safety and outcomes, compromise the creation of safe environments for care, lead to property damage, and threaten program sustainability.

MOD.A is deeply concerned that the assessment methodology does not provide appropriate levels of AT- and home-modification-specific professional advice for minor or complex solutions, in order to facilitate participant choice and control over problem-solving, selection and implementation of AT and home modification supports that meet their needs.

MOD.A welcomes the NDIA's commitment to further develop and trial the new approach, however, the timeframe for this is too short given the extent of the cultural change, workforce development, stakeholder engagement and marketplace adjustment which will need to take place in order for successful change management.

Significant concerns are held for the capacity of the industry to meet the NDIA requirement for a national assessor panel, a process which MOD.A believes will favour large companies and disadvantage the not-for-profit sector and niche providers.

MOD.A has supplemented this submission with a number of detailed attachments to support our feedback to the NDIA, specifically referencing sources of evidence around good practice, statutory and regulatory requirements, and service provider experiences in the assessment and supply of minor and complex home modifications.

MOD.A is grateful for the opportunity to engage with the NDIA over this important initiative and would welcome the opportunity to continue to work with NDIA to address some of the issues and concerns, which have been raised by us and other members of the consultation group, through a genuine co-design process leading to a sustainable approach to the assessment and supply of home modifications for NDIS participants.

## Introduction

This report follows attendance by a MOD.A representative at the NDIA consultation workshops which were held with key Assistive Technology and Home Modifications (AT/HM) consumer and provider peak representatives on Wednesday 7 and Thursday 8 March, 2018. The workshops were convened by the NDIA to inform and gain input on a new approach to AT/HM to be piloted and trialed in the second half of 2018 before being rolled out nationally.

The scope of MOD.A's role in the consultation process was to provide feedback on the NDIA's new approach and subsequent NDIA Assistive Technology and Home Modifications Redesign Project Report (the Report) which was released on the 23 March, 2018.

MOD.A actively canvassed our members and gathered information before the workshops and after receiving the Report<sup>2</sup>, to enable representation of the views and experiences of MOD.A members within the limited scope of the consultation.

A MOD.A Project Reference Group was assembled, and this was assisted by Dr Catherine Bridge, Director, Home Modifications Clearinghouse who provided information to inform MOD.A's response to the NDIA's proposed approach to participant's self-management of minor home modification<sup>3</sup>.

## What is home modification and why is it so important to the success of the NDIS?

Home modification is the implementation of design and construction methods to reduce the impact of disability on the person and to create a safe environment for care.

The assessment and supply of appropriate integrated assistive technology and home modifications are essential strategies for the creation of an independent life for people with severe and permanent disability and in achieving the NDIA's fundamental objectives of participation and inclusion.

The benefits of well-designed home modification designed specifically for the individual have been shown to:

- reduce the cost of formal care by up to 42%
- result in improvements in health, quality of life, safety and independence for people with disability and their carers.<sup>4</sup>

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<sup>2</sup> Refer to Attachment 1: The NDIA AT/HM Redesign industry consultation process

<sup>3</sup> The DIYmodify App was designed for and with people with mild to moderate impairments to assist an individual and their family to have a greater sense of choice and control by guided decision-making information and where they deem appropriate to self-manage minor modifications. DIYmodify was never intended to replace either OT nor building/design services on the ground, and for this reason it links users to a service directory on HMinfo should they want/need this sort of information. Currently DIYmodify has insufficient information to assist anyone with severe or profound disabilities requiring extensive home modifications.

<sup>4</sup> *Accessible housing and health-related quality of life: measurements of wellbeing outcomes following home modifications*. P Carnemolla, C Bridge - ArchNet-IJAR, 2016.

Minor and major home modifications significantly reduce the physical and emotional stress experienced by carers.<sup>5</sup>

Low-cost and minor modifications can result in significant reductions on informal care provision and significant increases in levels of self-care by people with disability.<sup>6</sup>

#### Quality of Life Improvement Before and After Home Modification Improvement

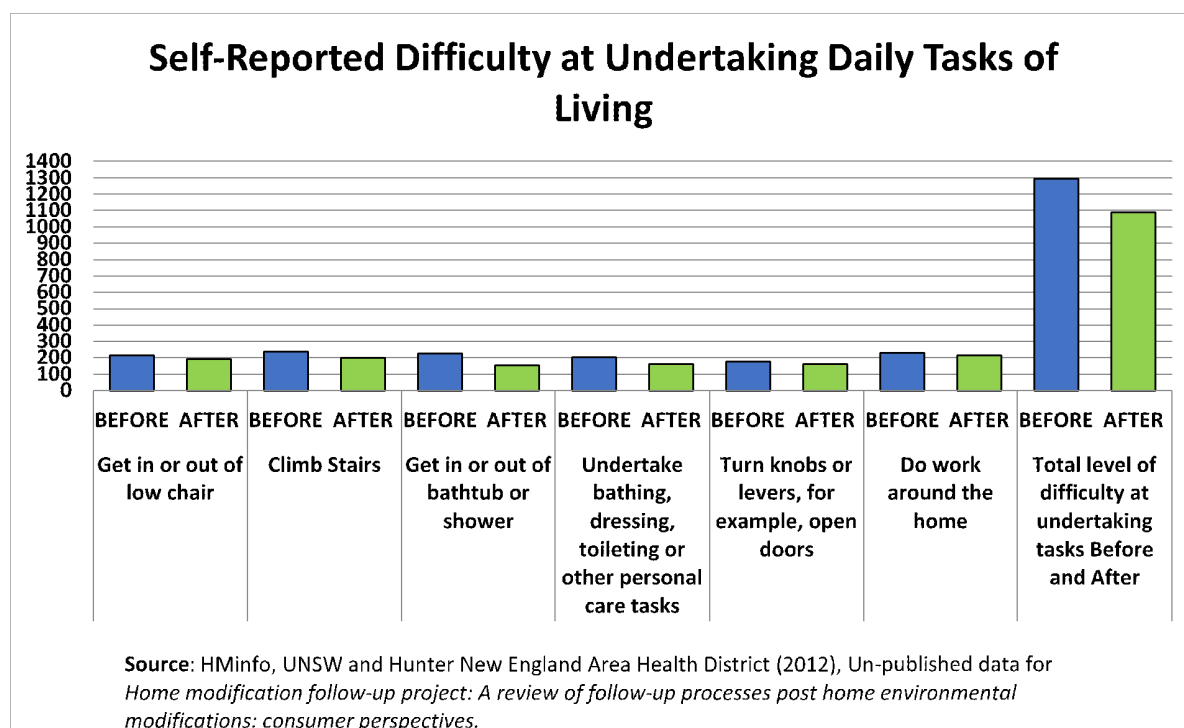


Figure 1: Self-reported difficulty at Undertaking Daily Tasks of Living before and after home modification.<sup>7</sup>

The NDIA will fund reasonable and necessary home modifications, which are defined by the NDIA as those needed where, due to disability, a person can't reasonably access and utilise frequently used rooms and spaces using standard fixtures and fittings, or where their home is having a significant adverse impact on their living or care arrangements.

<sup>5</sup> Accessible housing and health-related quality of life: measurements of wellbeing outcomes following home modifications. P Carnemolla, C Bridge - ArchNet-IJAR, 2016.

<sup>6</sup> Op. Cit.

<sup>7</sup> Unpublished research from a survey carried out by Dr Catherine Bridge in with Hunter New England Area Health Service in 2012. In the survey, consumers were asked to assess their improved ability to perform six core functions of living which are associated with better quality of life, before and after the home modification, on a 5-point Likert-type scale with 1= Very easy to 5=Very difficult; therefore, lower scores indicate improvement in the items relating to post-home modification period. These six core functions of living were: to get in and out of a low chair; to climb stairs, to get in and out of the bathtub or shower; to undertake bathing, dressing, toileting or other personal care tasks; to turn knobs or levers, for example open doors, and to do work around the home. As can be seen in the bar chart (see Figure 1), all 60 participants who answered both the before and after item for each of the core function questions experienced a decrease in their self-reported difficulty at undertaking these core functions after the home modification. Overall, there is a marked decrease in the total level of difficulty for all six core functions combined. Graph reproduced with permission.

The provision of reasonable and necessary home modifications is needed because without them, people with severe and permanent disability cannot contemplate goals related to employment, education or enjoyment of their human rights.

## **NDIA projected levels of demand and spending on NDIS AT/HM supports**

The NDIA actuarial data gathered from 1 July 2016 to 30 June 2017 and presented at the NDIS AT and HM Service Provider forums in early 2018, reported 13,000 participants having received AT from 800 registered providers during this period<sup>8</sup>.

At 30 June 2017, 10% of participants were reported as having home modifications in their plan, with a total \$207.3 million reported as being committed for AT/HM in plans over that period.

The NDIA estimates less than 50% of NDIS plans will have AT or home modification requirements at full rollout. Of these, the NDIA estimates that low-value 'low risk' (Category 1-2<sup>9</sup>) solutions will address around half of participants' needs in relation to AT/HM supports, with the remaining half requiring specialised assessment under the new approach. A small percentage of participants will require more highly specialised assessment and complex solutions including complex and structural home modifications.

The NDIA estimates that approximately 6% of participants (28,000 people) will require specialist disability accommodation at full rollout<sup>10</sup>.

## **Key features of the new approach**

The NDIA Assistive Technology and Home Modifications Redesign Project is an 18-month schedule to implement a very different approach to the assessment and supply of home modification involving significant changes and recasting of the approach to assessment and supply of AT/HM.

The new approach aims to speed up the assessment and approval of home modification supports, particularly low-cost minor (Category 1-2) home modification under \$1,500 which are proposed be approved for funding by NDIS Planners without the provision of assessment and, where possible, are expected to be self-managed by participants for selection, purchase and installation.

Planners will have a central and critical role in working with participants to identify the need for AT/HM supports, to approve and facilitate the funding of AT/HM supports in the plan, to refer participants for assessment, and to equip participants to implement their plans.

The NDIA proposes to reposition initial AT/HM assessment as an NDIA-directed process undertaken in the pre-planning phase with the purpose of identifying and

<sup>8</sup> Assistive Technology and Home Modifications NDIS Provider Forum. February 2018.

<sup>9</sup> NDIS assistive technology (AT) complexity level classification. March 2017. It should be noted that the NDIA Report on a new approach to AT/HM does not make reference to the NDIS assistive technology complexity level classification document. The referencing to the source document in this submission has been undertaken by MOD.A in the process of reviewing the Report.

<sup>10</sup> Cited at <https://www.ndis.gov.au/news/sda-drc-response.html>

recommending reasonable and necessary AT/HM supports before the plan is finalised, to enable funding to be made available at the same time plans are finalised. Planners will refer participants for AT/HM assessments whom the Planner has identified as requiring support beyond the scope of \$1,500 category.

It should be noted that MOD.A's support for this initiative is qualified by concern regarding the interpretation of Section 36 of the NDIS Act, which the NDIA is calling up, to direct all participants towards NDIA-approved assessment services. Under the new approach, the assessor will most likely not be the participant's assessor of choice. More information is needed as to how this will work for people who elect not to accept assessment by the NDIA-assigned assessor, to ensure they can retain this right without disadvantage.

The NDIA has created the new role of the 'specialised assessor' (Section 36 Assessor) to undertake a home-based screening and to report to the Planner on AT/HM needs of participants.<sup>11</sup>

The Section 36 Assessor is responsible for the supply of all information necessary for a Planner to make a decision regarding the funding of reasonable and necessary supports to be made available at the time of NDIS plan approval within a three-week timeframe.

The Section 36 Assessor services are proposed to be provided through an NDIA-appointed Assessor Panel which is yet to be determined. The NDIA's vision for the panel is a small number of organisations with a national assessment workforce capability.

Section 36 Assessors, including subcontractors, will be precluded from engaging in the supply of AT and HM services to participants they have assessed.

The NDIA has undertaken to accept, in general, the recommendations of the appropriately trained Section 36 Assessors, however the Planner will have the final decision-making power.

A new process of cost estimation (possibly tools and firms) will be used by Planners to calculate the funding allocation for reasonable and necessary AT and home modification supports recommended by the Section 36 Assessor.

The new approach proposes to support Participants, Planners, Local Area Coordinators and service providers with a wide range of new resources, information packages, standardised assessment and reporting templates.

A participant who is identified by the Section 36 Assessor as requiring more complex AT/HM solutions will be referred for further assessment by more highly specialised professionals. These complex home modification (CHM) assessments are most likely to take place within the participant's plan implementation phase, much the same as the current approach.

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<sup>11</sup> In order to envision the scope of the role of a Section 36 Assessor, MOD.A has referenced Category 3 of the NDIS assistive technology (AT) complexity level classification. March 2017.



## Goals of the new approach

MOD.A supports the following goals set for the NDIA's new approach to AT/HM assessment and supply:

1. To simplify the process and reduce delays in assessment, while ensuring that all information necessary for a decision regarding the funding of reasonable and necessary supports is available at the time of NDIS plan approval.
2. To recognise participant capability in engaging service providers to supply reasonable and necessary home modifications, and to provide assistance to those who need it.
3. To ensure NDIS Planners and Assessors have the requisite knowledge, skills and support to identify and recommend AT/HM modifications according to the requirements of individual participants, statutory and regulatory requirements, and the criteria of the NDIS.

## Summary of changes welcomed by MOD.A

MOD.A welcomes a number of the features of the new AT/HM approach, including:

- The proposal to recognise assessment as a distinct and specific service with the clear purpose of identifying and recommending reasonable and necessary AT/HM supports.
- The proposal to move the identification and assessment of the participant's need for AT/HM to the pre-planning phase<sup>12</sup>, and to enable a decision regarding the funding of reasonable and necessary supports to be finalised at the time of the approval of the Participant's plan.
- The development and provision of resources and support for NDIS Participants to assist them to identify their need for AT/HM assessment in the pre-planning stage.
- The undertaking by the NDIA to accept, in general, the recommendations of the appropriately qualified and competent AT and HM Assessors.

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<sup>12</sup> See Attachment 1: The NDIA AT/HM redesign industry consultation process



## Areas of concern for MOD.A

MOD.A has ten concerns which respond, in the main, to the assessment methodology and the roles of the Section 36 Assessor and NDIS Planner proposed in the new approach, which MOD.A believes may pose risks to participant outcomes, wellbeing and choice, compromise the creation of safe environments for care, lead to property damage, and threaten the sustainability of the NDIA investment in home modification.

### Identified risks associated with inappropriate selection and implementation of home modification include:

- Physical harm and secondary disability to participants, carers and families, particularly in relation to DIY minor home modifications undertaken without assessment and advice from an occupational therapist
- Abandonment of AT due to poorly informed and implemented AT/HM solutions
- Loss of quality of life and deterioration in wellbeing and capabilities due to delay in the provision of assessment and supply of home modification, or poor-quality assessment and supply of services
- Property damage, including damage on the aesthetic and structural integrity of the home
- Impact on home insurance validity
- Poor quality, defective and non-compliant work
- Financial harm to the individual
- Wastage of public money
- Loss of capacity within the service sector, and withdrawal of quality service providers from the NDIS
- Potential for asbestos-related and other health-related issues<sup>13</sup>.

### MOD.A's ten concerns are:

1. The new approach does not make any substantial change or specifically address current issues and pain points in the assessment and supply of complex and structural home modification.<sup>14</sup>

<sup>13</sup> The presence of asbestos is a serious issue in residential properties in Australia. It is highly likely that homes built before the mid 1980s have asbestos containing products, and likely that homes built in the 1980s up until 1990 have asbestos containing products. Source: <http://www.asbestos.vic.gov.au/about-asbestos/finding-and-identifying/finding-and-identifying-asbestos-tool/find-and-identify-asbestos-in-the-home>. On that basis, MOD.A recommends that the installation of home modifications, including minor and low-cost modifications, to be undertaken by consumers under the advice and support from suitably qualified and experienced builders or tradespersons, using appropriate tools and personal protective equipment.

<sup>14</sup> Refer to Attachment 7: Pain points experienced by NDIS complex home modification service providers.

2. The new assessment methodology and the scope of the new role of the Section 36 Assessor is not grounded in evidenced good practice<sup>15, 16, 17</sup> and the proposed level of credentialing for the Section 36 Assessor is not adequate for the scope of the role to assess across complex areas of AT/HM requirements.

MOD.A is concerned the participants will not receive appropriate individualised home-modification-specific assessment advice either in the pre-planning phase or in supporting the implementation of their plan.

In relation to NDIA's expectations for the scope of the role of Section 36 Assessor, MOD.A draws the attention of the NDIA to the experience of the Statewide Equipment Program (SWEP), the Domiciliary Equipment Service (DES), and ARATA, whereby these bodies have advised the NDIA that appropriate credentialing of effective practitioners in AT and home modification assessment is inherently complex.

MOD.A draws the attention of the NDIA to the advice of leading researchers and practitioners in the field of home modification<sup>18, 19, 20</sup> who advise that the role of the qualified and experienced OT assessor is evidenced as good practice and is central to facilitation of client choice and control in the selection, spending and implementation of minor and complex home modification supports.

MOD.A notes that the NDIA has indicated that the panel assessor entity will be responsible for the training of the Section 36 Assessor workforce. MOD.A is concerned that this may embed a reductive approach to assessment, may not identify the need for referral to more specialised AT- and home-modification-specific assessment, and may trend towards a short-term cost-minimisation approach rather than a genuine value-for-money/whole of life cost approach to recommendations arising from the Section 36 Assessment.

MOD.A. draws the attention of the NDIA to the McKinsey and Company Independent Pricing Review, NDIA which recommends "*a more consistent adherence to insurance principles that focuses on early investment to reduce*

<sup>15</sup> *Best practice for home modifications service delivery*. Harris, C. Andrews, A. Logan, E. Lee, E. School of Occupational Therapy and Social Work Faculty of Health Sciences Curtin University. 2016. Cited at <https://ilc.com.au/wp-content/uploads/2016/06/Scoping-Review-Report-FINAL-20160406.pdf>

<sup>16</sup> Ainsworth, E. & de Jonge, D. (in press). An occupational therapist's guide to home modification practice (2nd ed.). Thoroghfare, NJ: SLACK Inc. Presented in part as *International perspective on home modification service provision: Challenges to partnerships and practice with older people and people with a disability*. Occupational Therapy Australia 27th National Conference and Exhibition, 19-21st July, Perth Convention and Exhibition Centre, Western Australia.

<sup>17</sup> Refer to Attachment 4: Evidenced good practice in home modification and the NDIA's role in embedding good practice.

<sup>18</sup> *Best practice for home modifications service delivery*. Harris, C. Andrews, A. Logan, E. Lee, E. School of Occupational Therapy and Social Work Faculty of Health Sciences Curtin University. 2016. Cited at <https://ilc.com.au/wp-content/uploads/2016/06/Scoping-Review-Report-FINAL-20160406.pdf>

<sup>19</sup> Phone consultation with Dr Catherine Bridge, Director Home Modification Clearinghouse. March 2018.

<sup>20</sup> Ainsworth, E. & de Jonge, D. (in press). An occupational therapist's guide to home modification practice (2nd ed.). Thoroghfare, NJ: SLACK Inc. Presented in part as *international perspective on home modification service provision: Challenges to partnerships and practice with older people and people with a disability*. Occupational Therapy Australia 27th National Conference and Exhibition, 19-21st July, Perth Convention and Exhibition Centre, Western Australia.

*participant needs over time and reduce their lifetime cost to the NDIS. The report recommends that participant plans should be looked at more holistically to understand how a greater investment in capital supports such as assistive technology and home modifications could reduce the need for other supports.”*

<sup>21</sup> MOD.A notes that assessment, planning and supply of AT and HM supports in relation to this key recommendation will require highly skilled and experienced assessors, planners, TAT reviewers, and service providers.

3. The new approach to assessment, supply and participant self-management of the implementation of low-cost home modifications under \$1,500 is not grounded in evidenced good practice.<sup>22, 23</sup>.

MOD.A advises that the NDIA cannot be satisfied that the AT/HM supports proposed to be provided to participants through this approach will be, or are likely to be effective and beneficial to the participant, having regard to current good practice.<sup>24</sup>

MOD.A advises that design and construction solutions in this category may seem simple but the process of decision-making and determining the right solution for the person, their tasks and the environment, is often a complex process requiring an experienced occupational therapist to undertake assessment and complete the prescription. There is an added imperative for appropriate assessment to be undertaken for participants with severe and permanent disability who, along with their carers, are particularly vulnerable to the risks associated with inappropriate selection and implementation of home modifications.<sup>25</sup>

4. The new approach perpetuates a heavy reliance on the role and competency of the NDIS Planner to identify participant need, facilitate funding approval of reasonable and necessary supports, and make decisions across the complex of areas of AT and home modification.
5. The proposed changes rely on yet to be developed cost estimation tools and/or firms to calculate accurate funding allocation to the supply of reasonable and necessary supports.
6. The process for the piloting and evaluation of the new approach is flawed because Planners have not received the re-training program, and it does not allow sufficient time for the evaluation of the impact of the new approach on participant experiences and outcomes.

<sup>21</sup> *Independent Pricing Review, National Disability Insurance Agency. Final Report. McKinsey & Company. February 2018. Cited at <https://www.ndis.gov.au/medias/documents/ipr-final-report-mckinsey/20180213-IPR-FinalReport.pdf>*

<sup>22</sup> Op. cit.

<sup>23</sup> Refer to Attachment 9: Minor modifications – it’s not as simple as “do it yourself” (DIY).

<sup>24</sup> Refer to Attachment 2: Summary of NDIA criteria for the provision of home modification assessment and supply services.

<sup>25</sup> Ainsworth, E. & de Jonge, D. (in press). An occupational therapist's guide to home modification practice (2nd ed.). Thoroghfare, NJ: SLACK Inc. Presented in part as *international perspective on home modification service provision: Challenges to partnerships and practice with older people and people with a disability*. Occupational Therapy Australia 27th National Conference and Exhibition, 19-21st July, Perth Convention and Exhibition Centre, Western Australia. Refer also to page 9 of this submission regarding identified risks associated with inappropriate selection and implementation of home modification.

7. The success of the new approach requires the development of a large suite of targeted information, reporting templates, guidance and procedures, and workforce training modules within a very short timeframe.
8. The terms of proposed engagement of a national panel of assessors will favour large companies, disadvantage small business and locally-based home modification service providers<sup>26</sup>, and remove participant choice and control over their assessment providers.
9. The enforced separation between assessment and supply of home modification services will disadvantage service providers who frequently operate across this boundary to manage quality and risk in order to provide a seamless experience to participants<sup>27</sup>.
10. MOD.A is concerned about the serious risks to NDIA participants and the objectives of the NDIA posed by lack of consumer protections in the residential construction regulatory environment as evidenced in the 2013 report by the Victorian Ombudsman<sup>28</sup>, and believes that the NDIA has an obligation to deliberate on these risks in the design of the new approach.

## MOD.A recommendations

MOD.A's key recommendations are as follows:

- Regarding complex home modification assessment and supply issues and pain points:

The MOD.A reference group believes that many of these could be solved by the NDIA taking a more rigorous approach to implementing the existing procedures around complex home modification assessment and supply. The following initiatives would be welcomed by the industry today, and without them the delays, dysfunction and dissatisfaction are likely to be carried into the future. MOD.A suggests:

- Improvement to the quality and timeliness of information, monitoring and support for appropriately credentialed, qualified and experienced OTs and BCP professionals who are already providing minor and complex home modification assessment and supply services.
- Improvement to the quality and timeliness of information and support for participants regarding the NDIA's approach to the assessment and supply of home modification supports.

<sup>26</sup> Refer to Attachment 5: MOD.A survey of service providers registered to provide home modification supports.

<sup>27</sup> Op. Cit.

<sup>28</sup> Own motion investigation into the governance and administration of the Victorian Building Commission. December 2012. At <https://www.ombudsman.vic.gov.au/getattachment/66b7db1f-240b-4b51-92a1-7e67212bf814/publications/parliamentary-reports/own-motion-investigation-into-the-governance-and-a.aspx>

- A more collaborative approach from the NDIA's Technical and Advisory Team (TAT team) towards credentialed and experienced CHM service providers, including increased acceptance of recommendations, a less forensic approach to review, and more specific and timely feedback provided to assessors regarding unsuccessful recommendations.
- The development of clear and rapid routes for escalation, challenge, and resolution of problems or issues raised by all parties involved in the assessment, report review, approval and supply of complex home modification supports.
- The implementation of training for the TAT team, to increase their knowledge of the statutory and regulatory framework which impacts home modification reports, recommendations and costs<sup>29</sup>, in order to facilitate better quality and more consistent review decisions.
- The development of clear guidance and report templates for BCPs engaged to undertake on-site assessment and feasibility, construction advice, risk assessment, cost estimation, and sign-off of Part 6 of the NDIS CHM assessment report.
- A clear and fair pricing mechanism for OTs and BCP consultants undertaking design and construction assessment and cost estimation/quoting services.

MOD.A draws the attention of the NDIA to findings McKinsey and Company Independent Pricing Review, which notes *“the quoting process for Assistive Technology and home modifications can disadvantage the provider developing the initial quote, as they are required to spend more time and effort to develop a quote together with a participant and occupational therapist. As the NDIA requires multiple quotes, additional providers are often sent the initial quote to develop their own quote in isolation from the participant and assessor. This advantages subsequent providers by giving them the opportunity to undercut the initial quote due to the reduced cost of quote development.”*<sup>30</sup>

- Under the new approach, MOD.A suggests the NDIA will implement current good practice in complex home modification assessment and supply. This may involve the provision of CHM-specific assessment and BCP consulting to be undertaken by appropriately qualified, experienced and NDIS-registered occupational therapists and building construction professionals in the pre-planning phase. In instances where this is not possible, the NDIA will facilitate CHM assessment and BCP consultation, funding approval and implementation as a priority goal in the plan implementation phase. The aim

<sup>29</sup> Refer to Attachment 3: The Australian Building Regulatory Framework impacting home modification assessment and supply – includes Tips for the NDIA on enabling a culture of compliance.

<sup>30</sup> *Independent Pricing Review, National Disability Insurance Agency. Final Report. McKinsey & Company. February 2018. Cited at <https://www.ndis.gov.au/medias/documents/ipr-final-report-mckinsey/20180213-IPR-FinalReport.pdf>. Page 16.*

will be to complete the supply of complex home modification within the plan period.

- MOD.A advises the NDIA that the sector is supportive of the introduction of cost estimation procedures, to be undertaken by qualified and experienced BCPs, to replace multiple quoting on complex home modification assessment recommendations. MOD.A suggests the NDIA will continue to consult with the field to develop acceptable cost estimation mechanisms and rigorous testing of these before implementation.
- Under the new approach, MOD.A suggests the NDIA will implement current good practice in minor and low-cost home modification assessment by providing home-modification-specific assessment to be undertaken by appropriately qualified and experienced occupational therapists in the pre-planning phase.
- Under the new approach, MOD.A suggests the NDIA will implement current good practice in minor and low-cost home modification supply by routine provision home-modification-specific advice and support to be funded in the plan implementation phase, and to be undertaken by appropriately qualified and experienced occupational therapists and tradespeople as required.
- MOD.A advises the NDIA allocation of three hours of funded advice and support may be an unreasonable expectation. MOD.A suggests the NDIA consult more with the field to establish a mutually agreed scope for home modification advice and support in the plan implementation phase.
- MOD.A advises that the procedure and costing for the supply of minor and complex home modifications must, in line with evidenced good practice, include the provision for the OT or other appropriate advisor to undertake a post-installation check to ensure correct installation.<sup>31</sup>
- MOD.A suggests the NDIA will continue to consult with the field to develop an acceptable level of competency and credentialing of Section 36 Assessors, or an alternative option for the assessment of a participant's needs across AT/HM in the pre-planning phase.
- MOD.A suggests the NDIA will develop clear and rapid routes within the pre-planning and plan implementation phase for escalation, challenge, and resolution of problems or issues raised by all parties involved in the assessment and supply of home modification. For example, a party may determine that the Section 36 Assessment has failed to adequately identify and scope a participant's needs or risks, cost estimation tools may have failed to accurately predict the cost of reasonable and necessary home modification supports, or home modifications may be more complex than anticipated. The system must build in flexibility to enable timely responses to issues as they arise.

<sup>31</sup> *Best practice for home modifications service delivery*. Harris, C. Andrews, A. Logan, E. Lee, E. School of Occupational Therapy and Social Work Faculty of Health Sciences Curtin University. 2016. Cited at <https://ilc.com.au/wp-content/uploads/2016/06/Scoping-Review-Report-FINAL-20160406.pdf>



- MOD.A suggests the NDIA evaluation of the Planner re-training pilot project will be completed before the trial of the new regime commences, and the trial the new AT/HM approach will take place in a jurisdiction where the Planners have also received the re-training program.
- MOD.A suggests the development and testing of the suite of new resources will be completed before trial of the new regime.
- The introduction of the Participant Planning Workbook must be carefully managed and monitored, and training provided to Planners on its use.

In relation to the Participant Planning Workbook, as recommended in the consultation workshop, MOD.A would like to see more prompts and questions about people's housing circumstances, listing the environmental barriers they encounter in relation to the goals they want to achieve, and in carrying out their day-to-day activities and opportunities for enhancing independence. For example:

- What do you like about living in your home?
- What do you dislike about living in your home?
- Do you have any problems getting into your home or accessing rooms such as the toilet, shower, bedroom or living areas?
- Does the design or layout of your home create any obstacles or barriers for your self-care, self-management and/or mobility?
- Does your family, carers or helpers find it hard to get you in and out the house, or have any problems assisting you with self-care, self-management and/or mobility?
- Do you think you need any equipment or home modifications to make your home more accessible or to enable you to be more independent?
- In order to promote quality management and the provision of home modification assessment and supply in areas where separation of assessment and supply is not possible, MOD.A recommends the NDIA develop a Conflicts of Interests Prevention and Management Policy and Guidance to facilitate the prevention and management of conflict of interests by service providers, and embeds this as a requirement for certification in the Quality and Safeguarding framework.
- In relation to consumer protections, MOD.A recommends the NDIA exercise a positive duty to prevent harm by ensuring the new approach exemplifies good practice<sup>32</sup> and compliance with statutory and regulatory requirements across home modification assessment and supply<sup>33</sup>.

<sup>32</sup> Refer to Attachment 4: Evidenced good practice in home modification and the NDIA's role in embedding good practice.

<sup>33</sup> Refer to Attachment 3: The Australian Building Regulatory Framework impacting home modification assessment and supply. Tips for the NDIA to promote quality CHM home modification assessment and supply through compliance.



For example, this may require the provision of assessment, advice, supply and implementation of minor and complex AT and home modifications to be restricted to suitably qualified, experienced and NDIS-registered service providers.

- Pricing of certification and verification with the Quality and Safeguarding Commission should be set at a level so as not to disadvantage or deter individual consultants, family-run or small businesses.
- MOD.A urges the NDIA will actively engage with the sector to establish strategies to enable a just transition to the Future State, which will require high levels of cultural change, workforce development and marketplace adjustment in order to be successful.

## Conclusion

MOD.A urges the NDIA to continue to work more collaboratively with the home modification industry to further improve the process of developing a sustainable national approach to the assessment and supply of home modification supports which meet the needs of NDIS participants, statutory and regulatory requirements and criteria of the NDIA.

We note the NDIA's intention to trial the new AT/HM approach and look forward to reviewing the findings.

In concluding this leg of the consultation, MOD.A has expressed some disappointment with the quality of the proceedings of the consultation workshops and report review timeframes as not being conducive to meaningful consultation.

However, MOD.A is grateful for the opportunity to have been involved with the NDIA to test and provide feedback on the proposed new approach to AT/HM, and to have shared this experience with transdisciplinary industry and peak body representatives from across AT and HM service areas.

In moving forward, MOD.A would welcome the opportunity to continue to work with NDIA to address some of the issues and concerns, raised by us and others, through a genuine co-design process leading to sustainable good-practice approach to the assessment and supply of home modifications.

## Attachments

### Attachment 1: The NDIA AT/HM Redesign industry consultation process

MOD.A was represented at the 1.5-day consultation workshop on 7<sup>th</sup> and 8<sup>th</sup> March facilitated by the NDIA Engagement and Inclusion team.

Prior to the meeting, MOD.A attempted to actively survey and canvas its members about their experience as service providers for NDIS participants to enable the representation of their views and interests within the limited scope of the NDIA consultation.

Overall, MOD.A found the consultation to be a disappointing experience because it was organised in haste with insufficient time for both MOD.A and the NDIA to prepare and engage meaningfully.

Nevertheless, MOD.A and member representatives have provided constructive input to the NDIA's concept for a new approach to the assessment and supply of home modifications, to attempt to test the NDIA's vision for the new approach, to try to make it workable, and to assist with identifying issues, risks, and possible unintended consequences that may impact the success of the proposed new approach.

The following MOD.A members were key informants in preparing for the NDIA meeting:

- James Barrientos, CEO Lifetec Australia
- Danny Gibson, CEO Hunter Home Modifications
- Matthew Massy-Westropp, Domiciliary Equipment Service, SA
- Bryan Molan, MOD.A Chairperson, and Home modification and Maintenance Manager, 3Bridges.
- Anne Reeve, CEO Scope Access
- Aaron Stowe, Project Unit Manager, Architecture & Access (Aust).

The NDIA consultation workshop was attended by representatives and members of ATSA, ARATA, OT Australia, the Royal Society for the Blind, OAPA, the TAC, and ILC Braybrook.

MOD.A endeavoured to contribute to the discussion, which was structured primarily around embedding the new approach into the new NDIS Participant Pathway, and in scoping the new role of the Section 36 Assessor individual or entity proposed to undertake assessment of people to determine reasonable and necessary assistive technology and home modification supports in the pre-planning phase.

The MOD.A representative reported to the MOD.A reference group members following the consultation workshop, and the group decided to wait for the NDIA report before making any further contribution.

MOD.A worked with a representative group to review the subsequent NDIA Assistive Technology and Home Modification Redesign Report, which was released on Friday 23 March.

The MOD.A Project Representative group comprised:

- James Barrientos, Lifetec Australia
- Aaron Stowe, Architecture & Access (Aust)
- Bryan Molan, 3Bridges
- Elizabeth Ainsworth, Home Design for Living.

Additional input was sought from Dr Catherine Bridge, Director, Home Modifications Clearinghouse regarding her work on the DIYmodify app.

A copy of the draft submission was provided to Dr Lloyd Walker, NDIA Assistive Technology and Home Modifications Redesign Project, on 12 April 2018.

A copy of the draft submission was also circulated to members of the MOD.A Project Reference Group and MOD.A directors, with the opportunity for review.

The report was revised to include changes as requested by the MOD.A Project Reference Group and this revised Final Submission was resubmitted to the NDIA on 30 April 2018. There were no major changes to the substantive content or the recommendations made in the Final Submission compared to the initial submission.

The Final Submission has been circulated to attendees of the NDIA consultation workshops including representatives from OT Australia, ARATA and the Royal Society for the Blind, and a summary report is published on the MOD.A website.

## Attachment 2: Summary of NDIA criteria for the provision of home modification assessment and supply services<sup>34</sup>

### The statutory and regulatory framework

The *National Disability Insurance Scheme Act 2003* (The NDIS Act) is the legislation which establishes the National Disability Insurance Scheme (NDIS), and The National Disability Insurance Scheme Launch Transition Agency (known as the National Disability Insurance Agency or NDIA).

Among other things, the NDIS Act sets out:

- the objects and principles under which the NDIS will operate
- how a person can become a participant in the NDIS
- how a participant's individual, goal-based plan is prepared and reviewed, including how the NDIA approves the funding of reasonable and necessary supports
- how a provider can become a registered provider of supports
- the governance arrangements for the NDIA, including its CEO, Board, Independent Advisory Council, and Actuaries
- a process for internal and external review of certain decisions made under the NDIS Act.

Under the NDIS Act, The NDIA also has more general functions, such as developing and enhancing the disability sector, including by facilitating innovation, research and contemporary best practice in the sector.

Specifically, in relation to the assessment and supply of home modification supports, under the NDIS Act, the NDIA *must* be satisfied that the AT/HM supports proposed to be provided to participants will be, or are likely to be effective and beneficial to the participant having regard to current good practice before any support is added to a participant's plan.<sup>35</sup>

There are a number of laws and regulatory frameworks, for example Building Codes and Australian Standards which regulate home modifications<sup>36</sup>.

While the NDIA is not directly called up under this regulatory framework, under the NDIS Act, the NDIA is unable to fund home modifications which, if provided, would be contrary to a law of the Commonwealth, state or territory.<sup>37</sup>

<sup>34</sup> Summarised from material cited across <https://www.ndis.gov.au>

<sup>35</sup> Cited at <https://www.ndis.gov.au/operational-guideline/planning/deciding-supports-plan.html#10.5>

<sup>36</sup> Refer to Attachment 3: The Australian Building Regulatory framework impacting home modification assessment and supply

<sup>37</sup> Cited at <https://www.ndis.gov.au/Operational-Guideline/including-5>

## **NDIA criteria for the knowledge and skills of home modification assessors**

The NDIA requires the assessment of a complex home modification to be undertaken by an OT who meets the NDIA criteria to provide Complex Home Modification (CHM) Assessment.

The Quality and Safety Commission is developing further guidance on the characteristics that an assessor of complex home modification supports should demonstrate, and these criteria will set the requirements for registration with the Commission to provide CHM assessment to NDIS Participants into the future.

In the meantime, the assessing OT must verify that they have met the current NDIS criteria<sup>38</sup> for assessing complex home modification. These are:

- Professional qualifications and registration to meet the Guide to Suitability requirements for registration with the NDIA as an Occupational Therapist.
- A good understanding of the scope and purpose of the NDIS, particularly as it relates to the goals and use of supports in a participant's plan to enable them to lead an ordinary life.
- At least one of:
  - a) Professional Credential: Associate Member or above of the Association of Consultants in Access Australia (ACAA);
  - b) Successful completion of Nationally Recognised Training modules CPPACC4020A and CPPACC5016A;
  - c) Accreditation by a State Supply Scheme at the top level (e.g. Red accreditation in home modifications with SWEP, Victoria);
  - d) Employment at Senior Clinician level specifically responsible for CHM assessment;
  - e) NDIS Registered Providers who successfully completed NDIA authorised - training in and were selected through an Expression of Interest process for CHM assessment during the trial phase of the NDIS prior to 30 June 2016.

Part 6 of the NDIS CHM Assessment Report requires sign-off from a registered building construction professional (BCP), for example:

- a building works project manager
- a builder
- a building surveyor
- an architect
- an engineer.

The NDIA requires that the BCP consultant must meet the requirements for registration or certification in the State or Territory in which they are providing advice and in which the home modification is being proposed.

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<sup>38</sup> Source: NDIS FAQs about Home Modifications. 24 February 2017

## **Criteria which assessors consider and report evidence to support recommendations for home modification supports**

- Recommendations must be effective and beneficial with regard to good practice and must be safe and legal for the NDIS to fund.
- Recommendations must demonstrate how they facilitate the participant's functional capacity to meet their goals and reduce the need for funded supports.
- Recommendations must demonstrate how they facilitate the participant's participation and involvement in social and community life including economic participation.
- Recommendations must demonstrate how they have considered alternative funded support.
- Recommendations must be solutions which would be appropriate for NDIS to fund.
- Recommendations must demonstrate how the proposed modifications provide value for money.

## **Reasonable and necessary criteria**

The NDIA will fund reasonable and necessary home modifications, which are defined by the NDIA as those needed where, due to disability, a person can't reasonably access and utilise frequently used rooms and spaces using standard fixtures and fittings, or where their home is having a significant adverse impact on their living or care arrangements.

## **Attachment 3: The Australian Building Regulatory Framework impacting home modification assessment and supply<sup>39</sup>**

Home modification building practitioners are required to provide and deliver products and services within the legislated Australian Building Regulatory Framework, to protect the safety and health of people who use buildings, to enhance the amenity of buildings, to ensure that the requirements of the laws are met, and to apply national building standards to facilitate the construction of appropriate home modifications that are fit for purpose.

Home modification design and building practitioners help regulate home modification building work through the building standards and provide certainty for the home owner that the appropriate accreditation of building products selected are compliant and that construction methods and building components are applicable for the home modification project.

### **Australian Building Regulatory Framework**

The Australian Building Regulatory Framework in every State and Territory is defined by:

- State/Territory Act
- State/Territory Regulations
- NCC (National Construction Code)
- referenced documents (including; Australian Standards).

The building Acts and Regulations adopt the Building Code of Australia as a technical reference that must be complied with.

The building Acts and Regulations contain, among other things, the requirements relating to:

- building permits
- building inspections
- occupancy permits
- enforcement of the regulations.

### **Building Code of Australia (BCA)**

The Building Code of Australia (BCA) is produced and maintained by the Australian Building Codes Board (ABCB).

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<sup>39</sup> Adapted from: The Big C of Home modification — why compliance is critical to the health of home modification practice. Sanderson, A., Brown, D., Stowe, A., Lynch, J. Presented at the National Home Modifications Conference, Sydney 2017. Reproduced with permission.



The BCA is a complex set of documents that details the requirements for construction industry across Australia. There are some variations at state level, but the requirements and the purpose of the BCA are applied across the country.

The goal of the BCA is to enable the achievement of national consistent, minimum necessary standards of relevant safety (including structural safety and safety from fire), health, amenity and sustainability objectives efficiently.

The BCA is performance-based; this means it defines the way of achieving a specified outcome without prescribing a particular method.

## National Construction Code (NCC)

The National Construction Code Series (NCC) incorporates all on-site construction requirements into a single code.

Building legislation in every state and territory makes direct reference to the NCC calling it up as the technical standard that new building work must meet.

### Standards

Working in the home modification sector, it is important to be aware of the many standards and regulations that may need to be referenced and require compliance. For example, below is a list of the standards that may apply to a typical bathroom modification:

- The National Construction Code
- AS 1684:2016 — Residential timber framed construction
- AS 3500:2015 — Plumbing and drainage
- AS 2870:2011 — Residential slabs and footings
- AS 1288:2006 — Glass in buildings — Selection and installation
- AS 3740:2010 — Waterproofing of domestic wet areas
- AS/NZS 3000:2007 — Amendment 2009 Wiring rules: Electrical Installations. Amendment 2-2012
- AS 4299:1995 — Adaptable housing
- Australian Standard AS 1428 — Design for access and mobility
  - – Part 1 - General requirements for access - New building work
  - – Part 2 - Enhanced and additional requirements – Buildings and facilities
- HB 198 2014 A Guide to the specification and testing of slip resistance
- Work Health & Safety Act 2011.

The list is extensive, with many complex compliance areas which need to be understood when considering alternative modification options, obligations to provide a safe environment for care, and drawing up concept plans for a proposed modification.

It is imperative that input from an experienced building construction professional such as an architect, designer or building practitioner is sought to ensure that a compliant design solution is proposed at the assessment stage.

### ***AS1428 Design for access and mobility***

In the delivery of home modification assessment and supply services, many practitioners work with the prescription and reference to AS1428 as the minimum standard benchmark, particularly in relation to ramp design and gradients, doorway widening, circulation spaces, toilets, grab-rails, reach ranges, furniture and fittings and luminance contrast.

AS1428 only applies to commercial and public access projects and is generally not required to be met by residential construction within the BCA for Class 1 or Class 2 buildings, which include residential property.

However, funding bodies including the NDIA may expect this benchmark be achieved in principle or as a mandatory minimum standard where applicable to individual needs.

Client-specific data and site conditions may, however, override these standards as may the myriad of mandatory compliance requirements that will impact on the selection of the most appropriate design approach.

In all cases, design and building practitioners should refer to the assessing OTs clinical judgement and requirements for functional outcomes and when applying their knowledge to determine the application of AS1428 for each home modification.

### ***Classes of building***

There are 10 classes of building defined within the NCC.

Home modifications professionals are bound by the requirements of this document.

- Generally, most of the work undertaken by the home modification sector is in regard to a Class 1a, 1b, 2 and 10 buildings
- Class 1a is best described a single dwelling, usually a detached house, terrace house, town house or unit
- Class 2 buildings are typically multi-unit residential buildings where people live above and below each other. The NCC describes the space which would be considered the apartment as a sole-occupancy unit (SOU). Class 2 buildings may also be single storey attached dwellings where there is a common space below. For example, two dwellings above a common basement or carpark.
- Class 10 includes garages, carports or shed, fences and ramps.

Ramp compliance is the major compliance issue as **any ramp that requires footings will need a building permit, design plans and certification by registered building surveyor**. Four types ramps are covered by AS1428.1: threshold ramps, step ramps, kerb ramps and ramps.

### ***Registered Building Practitioners***

In all states, registration is required with relevant authorities in order to:

- Perform domestic building work (benchmark values for dollar value vary from state to state, however as a rule of thumb, **all** major home modifications would tend to be captured nationwide).
- Carry out re-blocking, re-stumping or demolishing work, remove a home, or carry out any building work that requires a permit, regardless of cost.

Complex home modifications may engage with many categories of building practitioners as part of the multidisciplinary home modification team, including a:

- building surveyor
- building inspector
- quantity surveyor
- a draftsman
- domestic builder
- an engineer.

Registered architects may also provide services; however, they are covered by a different Act, and are a highly regulated professional group.

### ***Appointing a building surveyor – Structural works***

For the majority of home modifications, a building permit will be required, as there is generally structural work or plumbing work. For example, door widening, bathroom modification that includes a level threshold shower, changing or moving plumbing, or the installation of a ramp that requires footings are structural modification.

A reputable building certifier should be engaged to manage compliance from design to delivery. There are rules in some states which require the appointment of the building certifier to be independent of the builder.

The building certifier requires design plans and specifications of a certain standard to certify that the proposed home modification meets the applicable requirements of the building code and standards.

The design plans should be considered final once certified, and any major changes or variations to the plans made during construction should be checked with the certifier.

### ***The Design Practitioner***

It is important that a registered design practitioner or architect prepare the detailed drawings for any major, complex or structural home modification.

For any works that include structural works, the law may require that a registered design practitioner prepares the construction drawings to the standard required for building certification.

These drawings and specifications forms part of the contract with the builder to ensure that the delivery of the home modification project is completed as intended.

## Building Contracts

Building practitioners and consumers are required to have a formal written contract which meets the state-based requirements which vary.

The contract is a binding agreement between home owner and the builder, that the builder will deliver the work as designed and specified for an agreed price.

It is important to understand the contractual relationship is between the builder and the homeowner, as the NDIA does not sign the contract other than agreeing to the payments of the agreed funded contribution to provide reasonable and necessary home modification supports.

Project managers may handle contracting on behalf of the home owner, including the appointment of the builder and the management of building permit, facilitating the design and certification process and oversight of construction.

MOD.A recommends a written contract to be prepared for all home modification projects that have any degree of complexity and require the coordination of a number of subcontractors.

Contract templates are readily available from websites of regulatory bodies.

## Homeowners' Warranty Insurance and Domestic Building Insurance

There are many different types of insurance and warranties that the homeowner needs to be aware of, but the main ones are Domestic Building Insurance and Statutory Warranties.

### *Domestic Building Insurance*

Domestic Building Insurance covers the homeowner – in case the builder dies, becomes insolvent or disappears – for incomplete work, costs of rectifying any defective work or damage.

Domestic building insurance is required for all structural work.

The building certifier will need to see the insurance before providing certification.

There are state-based differences in the value of the work that must be covered and the amount and length of time of the coverage.

- Victoria: over \$16,000.00 in Vic covers up to \$300,000 and six years (two years non-structural works)
- NSW; over \$20, 000 in NSW covers up to \$340,000 and six years
- WA; over \$20, 000 in WA covers up to \$100,000 and six years
- ACT: over \$12,000 in ACT covers up to \$300,000 and five years
- SA; over \$12,000 in SA covers up to \$80,000 and five years
- NT: Fidelity Fund Certificate; \$12,000 in NT covers up \$200,000 and six years
- QLD: over \$3,300 in QLD cover is based on contract value and works covered six years and six months.

### ***Statutory – Implied- Warranties***

The law also specifies a set of warranties for the benefit of owners, that apply to all domestic building, that safeguard the quality of workmanship and materials, and for the project to be fit for the intended use and to live in.

Builders and trades people must honour the implied warranties which requires that they:

- Carry out the work in a proper and workmanlike manner, in accordance with the plans and specifications set out in the contract
- Ensure all materials supplied are good and suitable for the purpose and are new, unless otherwise stated in the contract
- Carry out the work in accordance with all laws and legal requirements
- Carry out the work with reasonable care and skill and complete works by the date (or within the period) specified in the contract
- Ensure other types of work and the material used are reasonably fit for the intended purpose.

Implied warranties automatically apply to all building work, regardless of the cost or whether or not there is a written contract.

### **Certificates of compliance (plumbing and electrical)**

#### ***Plumbing certificate of compliance***

Compliance certificates must be issued upon completion of the following:

- Any plumbing work that has a total value of \$750 or more, including labour, materials, appliances, and/or fixtures, regardless of who they were purchased by.
- All work carried out on below ground sanitary drains.
- All work involving the installation, relocation, replacement or conversion of any gas-using appliance.
- All work involving the installation, modification or relocation of consumer gas piping.
- All work involving the construction, installation, relocation, alteration or replacement of cooling towers.

The plumbing contractor must provide a signed compliance certificate, generally within five days of the plumbing work being completed. The contractor must also lodge details of the compliance certificate with the state-based building authority within certain timeframes.

Failing to issue or lodge a compliance certificate within this timeframe is an offence which may result in a costly infringement penalty (for each offence) or a referral to a disciplinary inquiry which can lead to a suspension or cancellation of the plumber's licence.

The home owner must keep a copy of the compliance certificate, as it is an important record that helps protect against faulty workmanship.

### ***Electrical certificate of compliance***

A certificate of electrical safety must be purchased for all electrical installation work and issued at the completion of that work. There are three types of certificates:

- prescribed
- non-prescribed
- periodic.

All prescribed electrical installation work must be inspected by a licensed electrical inspector upon completion. The responsible person must arrange for the inspection of all prescribed electrical installation work before the work is connected to electricity supply or used.

Non-prescribed electrical installation work may be subject to a random audit by relevant authorities

The electrical contractor purchases COES (certificate of electrical safety). Once purchased they are recorded against the electrical contractor licence number and are non-transferable.

The electrical contractor responsible for electrical installation work, must ensure that:

- After the work is completed, the electrician gives the participant his/her completed and signed certificate of compliance.
- The certificate of compliance is lodged with the relevant authority.
- Inspection by a licensed electrical inspector is arranged (for prescribed work).
- The licensed electrical inspector provides the home owner with the completed and signed certificate of inspection and lodges the certificate with the relevant authority (for prescribed work).

Where work has been inspected and found to be non-compliant, a copy of the certificate must still be forwarded to the relevant authority.

If the electrical contractor arranges for the defect(s) to be remedied, the contractor must produce a new certificate and arrange for a new audit at no cost to the customer.

## **Tips for the NDIA on enabling a culture of compliance**

- Pricing must be fair and realistic in relation to the costs of providing quality assured and credentialed services.
- The implementation of a higher level than currently required, for qualifications and experience for design and building construction professionals undertaking

CHM consultation and supply. Requirement for BCPs should be equivalent to that of OTs undertaking CHM services.

- The NDIA service registration and new directory system must include an evaluation and feedback mechanism which recognises and highlights quality service providers who consistently deliver compliance with statutory and regulatory requirements and meet other benchmarks for participant outcomes and satisfaction.
- Clear guidance and information must be developed for service providers including occupational therapists, designers and building practitioners to assist them to understand and commit to compliance requirements, which may include:
  - Having a quality management system such as ISO 9001:2016 and demonstrated use of this system to actively manage all the areas of business that impact on compliance
  - Identification of the organisational knowledge required to provide home modification services which deliver on compliance
  - Establish the criteria for the knowledge, experience and ongoing training of staff responsible for compliance – For example, occupational therapy practitioners, designers and building constructions professionals undertaking home modification assessment and supply must have the requisite qualifications, knowledge and skills for the level of service they are undertaking
  - Undertaking all work in compliance with the National Construction Code, state-based and local council laws and regulations, applicable Standards including AS1428 as it applies to the individual needs and project requirements
  - Processes for ensuring all staff and contractors are competent to undertake the work they are engaged to do:
    - Using registered design practitioners to undertake all design plan and specifications work to the standard required for building certification and construction.
    - Using a reputable building surveyor for building certification and ensuring certificates of compliance are provided upon completion of each project.
    - Using registered and licensed builders and tradespeople, and having a formal builder registry in place to ensure the builders are qualified, of good character and are experienced in home modification.
    - Active complaints management and demonstrated complaints process which identifies and acts on non-compliant work and participant complaints.



- Implementation of a consistent approach to project management strategies to manage risk and promote compliance
- Requiring service providers to facilitate domestic building contracts as required by law and implement building contracts for all complex projects which engage multiple contractors.

## Attachment 4: Evidenced good practice in home modification and the NDIA's role in embedding good practice

Under the NDIS Act, the NDIA *must* be satisfied that the support will be, or is likely to be effective and beneficial to the participant having regard to current good practice before any support is added to a participant's plan.<sup>40</sup>

The following components are generally accepted as current evidenced good practice in relation to home modification<sup>41</sup>:

- Occupational therapy is central to the home modification practice.
- Experienced OTs provide home modification assessment which involves identifying and quantifying the environmental factors that impact on occupational performance and identifying changes necessary to enhance functionality, independence, safety, wellbeing of the person and the provision of care.
- Experienced OTs provide guidance on the selection and implementation of home modifications.
- Design and building construction knowledge and skills are required for minor, complex and structural home modification assessment and supply.
- More highly specialised and experienced occupational therapy, design and building construction knowledge and skills are required for complex home modification assessment and supply.
- Collaborative assessment and teamwork between qualified and experienced OTs and building construction professionals are required for complex home modification assessment and supply.
- Initial screening or 'triage' can be effective for collecting client information, identifying desired outcomes and preferred solutions, and assessing urgency.
- Trusted Assessors (TAs) have a role in minor/non-complex home modification under the guidance of an experienced OT<sup>42</sup>, however this process is not a feature of current practice in Australia.
- Different service delivery models are required for metropolitan vs rural and non-complex vs complex HMs, requiring different workforce, services mix, and follow-up.
- Evaluation and follow-up are required to train the person in the use of the modification, evaluate outcomes and promote service improvement.
- Participant experience and feedback should be collected and used to improve services.

<sup>40</sup> Cited at <https://www.ndis.gov.au/operational-guideline/planning/deciding-supports-plan.html#10.5>

<sup>41</sup> *Best practice for home modifications service delivery*. Harris, C. Andrews, A. Logan, E. Lee, E. School of Occupational Therapy and Social Work Faculty of Health Sciences Curtin University. 2016. Cited at <https://ilc.com.au/wp-content/uploads/2016/06/Scoping-Review-Report-FINAL-20160406.pdf>

<sup>42</sup> Op. cit.

## Attachment 5: MOD.A survey of service providers registered to provide home modification supports

### Snapshot of MOD.A members providing services for NDIS Participants

In early March 2018, MOD.A surveyed 100 randomly selected members regarding home modification service delivery, to which 37 members responded.

Of those who responded, 31 (81%) identified as being in registered with the NDIS to provide home modification supports across a wide range of service types.

Thirty respondents (80%) reported that they met the current NDIA criteria to provide complex and modification services for NDIS Participants, with five respondents not meeting the criteria and two unsure.

The overwhelming majority of respondents recorded dissatisfaction across a range of areas of experiences in providing service for the NDIS Participants<sup>43</sup>.

At the time of the survey, which was undertaken prior to the rollout of the National Service Provider Forums and the industry consultation workshops, most providers indicated a positive initial reaction to the news of changes being proposed in the NDIA AT/MH processes.

### Type and size of service provider entities

Of the MOD.A members surveyed, most (51.35%, n=19) were not for profit organisations, followed 35% (n=13) for private businesses, 13.51% (n=5) government funded agencies and 10.8% (n=4) independent consultants.

The majority of service providers (n=19) dedicated 1- 5 EFT positions to deliver home modification services. Ten service providers dedicated <1 EFT, and one provider dedicated more than 10 EFT positions to deliver home modification services.

### Types of home modification services provided by MOD.A members

Of the 35 members responding to the question about types of home modification services provided:

- 75% (n=27) reported providing complex home modification **occupational therapy assessment** and completion of the NDIS Complex Home Modification Assessment Template
- 50% (n=18) provided **on-site inspection, design and construction advice** and sign-off of Part 6 of the NDIS Complex Home Modification Assessment Template
- 16.7% (n=6) provided **architectural, design services, preparation of plans** for certification and/or to guide construction

<sup>43</sup> Refer to Attachment 7: Pain points experienced by NDIS complex home modification service providers

- 41.7% (n=15) provided project planning, scoping and/or cost estimation/quoting
- 47.2% (n=17) provided project management services
- 41.7% (n=15)) provided **building, construction and trades services** including complex and structural works for ramps, bathrooms and other projects
- 38.9% (n=14) provided **consultation, supply and/or installation of equipment or assistive technology**.

ANSWER CHOICES	RESPONSES
▼ Complex home modification occupational therapy assessment and completion of the NDIS Complex Home Modification Assessment Template	75.00% 27
▼ On-site inspection, design and construction advice and sign-off of Part 6 of the NDIS Complex Home Modification Assessment Template	50.00% 18
▼ Architectural, design services, preparation of plans for certification and/or to guide construction	16.67% 6
▼ Project planning, scoping and/or cost estimation/quoting	41.67% 15
▼ Project management	47.22% 17
▼ Building certification	22.22% 8
▼ Building, construction and trades services including complex and structural works for ramps, bathroom and	41.67% 15
▼ Consultation, supply and/or installation of equipment and/or other types of assistive technology	38.89% 14
▼ N/A, I/we do not provide complex home modification services	8.33% 3
▼ Other (please specify) <a href="#">Responses</a>	8.33% 3
Total Respondents: 36	

Figure 3: Types of home modification services provided by MOD.A members.

## **Attachment 6: Home modification service providers views on the essential features of complex home modification assessment and supply services**

Respondents to the MOD.A survey were asked to rate a selection of features of complex home modification assessment services.

Features of complex home modification services which were identified as **essential** by the majority of respondents were:

- **Qualifications, professional registration and experience in providing occupational therapy assessment.**

86.5% respondents rated as essential, 10.8% as somewhat essential, and 2.7% as not essential.

- **Qualifications, professional registration and experience in providing on-site building design, construction and compliance consultation (eg, an architect, design practitioner or builder.**

83.8% respondents rated as essential, with 8.1% somewhat essential, and 8.1% as not essential.

- **Assessment of complex home modifications to be jointly undertaken by a specialised OT and a specialised building professional.**

86.5% respondents rated as essential, 10.8% somewhat essential, and 2.7% not essential.

- **Applied knowledge of the National Construction Code and AS1428.1.**

91.9% respondents rated as essential, 5.4% somewhat essential, and 2.7% not essential.

- **Experience in providing complex home modification assessment services for people with disability.**

86.5% respondents rated as essential, with 10.8% somewhat essential, and 2.7% not essential.

- **Ability to apply the principles and objectives of the NDIA at assessment - for example, the principle of 'reasonable and necessary'.**

80.9% respondents rating as essential, with 30.6% rating somewhat essential, and 5.6% not essential.

- **Ability to complete a draft scope of works for the recommended home modification design.**

89.2% respondents rated as essential, with 10.8% somewhat essential.

- **Ability to prepare schematic design plans of a suitable quality for briefing a designer, project manager or builder.**

78.4% respondents rating as essential, with 16.2% rating somewhat essential.

- **Quality and risk management system in place.**

75% respondents rating as essential, with 19.4% rating somewhat essential, 5.6% not essential.

- **Ability to provide clear information and visual guides about the process and options for home modification.**

78.4% respondents rating as essential, with 21.6% rating somewhat essential.

- **Ability to inform Participants about options and pathways for obtaining home modifications that may not be funded as reasonable and necessary by the NDIS.**

67.6% respondents rating as essential, with 24.3% rating somewhat essential, 2.7% not essential.

- **Provision of a step-by-step guide for participants regarding NDIS complex home modification assessment and supply.**

78.4% respondents rating as essential, with 21.6% rating somewhat essential.

## Attachment 7: Pain points experienced by NDIS complex home modification service providers

In early March 2018, MOD.A surveyed 100 members regarding home modification service delivery. 35 members answered the following question:

*In each of the following areas, describe your level of satisfaction with your experience in providing complex home modification supports for NDIS Participants.*

Overall, very low levels of satisfaction were recorded by the majority of respondents (n=35), with the majority being somewhat or extremely dissatisfied with the following:

- **The process of NDIS review and approval of complex home modification assessment reports and costings.**  
68.6% extremely dissatisfied, 28% somewhat dissatisfied.
- **Information provided by the NDIS to Participants about the process of complex modification supports provided by the NDIS.**  
14.3% extremely dissatisfied, 54.3% somewhat dissatisfied
- **Information provided by the NDIS to OT assessors about the process of complex home modification assessment**  
45.7% extremely dissatisfied, 34.3% somewhat dissatisfied.
- **The NDIS approach to allocation of time and fee structure for complex home modification OT assessment.**  
40% extremely dissatisfied, 37.1% somewhat dissatisfied.
- **Information provided by the NDIS to the building construction professionals about the process and purpose of on-site consultation and sign-off of Part 6 of the CHM Assessment report**  
42.9% extremely dissatisfied, 34.3% somewhat dissatisfied.
- **NDIS approach to the allocation of hours and fee structure for building construction professionals providing on-site consultation and sign-off of part 6.**  
37.1% extremely dissatisfied, 37.1% somewhat dissatisfied.
- **The process of allocating project management supports for oversight of complex home modification service project delivery**  
45.7% extremely dissatisfied, 22.9% somewhat dissatisfied.

Further to these points, the NDIA was formally made aware of the following issues in October 2017 in a letter from MOD.A which included direct feedback from members.

In response at that time, NDIA's promised a surge of approved CHM projects to flow through early in 2018, which has not eventuated despite reassurances from the NDIA that significant resources are being dedicated to reviewing the backlog of CHM assessment reports.



Problems which continue at the time of the writing of this report, include intractable delays and ongoing issues as a result of the NDIA's failure to open up and improve lines of communication and engagement with the service provider environment, resulting in:

- Delay across all stages home modification assessment, review, funding approval and supply. This is due to ongoing confusion on the part of NDIS participants, Planners, Local Area Coordinators, and NDIS registered service providers about their role, responsibilities and processes.
- Hundreds of complex home modification assessment reports recommending urgently needed ramps, bathrooms and other works prescribed by suitably qualified occupational therapists are backlogged for many months (9-12 months in many cases) awaiting NDIA funding approval. This is due to a wide range of issues with the review processes of the NDIA's Technical Advisory Team (TAT), including lack of understanding of the statutory and regulatory framework impacting complex home modification recommendations, haggling over minor component costs and poor communication practices.
- Difficulties for the TAT team in reviewing assessment reports which the TAT team blame on inconsistent quality of CHM reports and quotes being lodged by OTs. This is occurring because OTs are confused about the NDIA's process of plan review and the NDIA criteria for OT Assessors to undertake CHM assessments<sup>44</sup>. The issue of CHM report quality is further compounded by an influx of builders with inadequate understanding of the role of the BCP in signing off Part 6 of the NDIS CHM Assessment Reports and lack of understanding about home modification requirements impacting on participant functional outcomes, home modification uptake, quality and costs.
- The reluctance to fund project management supports for the oversight of complex and home modification service project delivery where participant-, site- and compliance-based risk has been identified.
- The sector is experiencing difficulty in attracting and retaining experienced and well-credentialed BCP service providers to provide on-site inspections, design and construction advice. This is due to the NDIA's failure to engage, provide guidance and to develop fair pricing mechanisms for this professional group.
- The NDIA's general lack of genuine engagement with the home modification sector, both at regional and higher levels, is impacting on NDIS participants, the achievement of policy objectives of the NDIA, and the viability of the sector which has all the features of 'thin markets'. Over time this environment has eroded the trust of the sector in the NDIA and delegates.



## Home Modifications Australia

	EXTREMELY DISSATISFIED	SOMEWHAT DISSATISFIED	NEITHER SATISFIED OR UNSATISFIED	SOMEWHAT SATISFIED	EXTREMELY SATISFIED	TOTAL
▼ The NDIS registration process for complex home modification service providers	17.14% 6	28.57% 10	28.57% 10	25.71% 9	0.00% 0	35
▼ Information and referral pathway to assist NDIS Participants to access your services	14.29% 5	54.29% 19	17.14% 6	14.29% 5	0.00% 0	35
▼ Information provided by the NDIS to Participants about the process of complex modification supports provided by the NDIS	45.71% 16	42.86% 15	5.71% 2	5.71% 2	0.00% 0	35
▼ Information about the process of complex home modification assessment provided by the NDIS to OT assessors	40.00% 14	42.86% 15	8.57% 3	8.57% 3	0.00% 0	35
▼ NDIS approach to allocation of time and fee structure for complex home modification OT assessment	40.00% 14	34.29% 12	17.14% 6	8.57% 3	0.00% 0	35
▼ Information about the process and purpose of on-site consultation and sign-off of Part 6 provided by the NDIS to the building construction professionals	42.86% 15	37.14% 13	14.29% 5	5.71% 2	0.00% 0	35
▼ NDIS approach to the allocation of hours and fee structure for building construction professionals providing on-site consultation and sign-off of part 6.	37.14% 13	37.14% 13	17.14% 6	8.57% 3	0.00% 0	35
▼ The process of NDIS review and approval of complex home modification assessment reports and costings	68.57% 24	20.00% 7	5.71% 2	5.71% 2	0.00% 0	35
▼ The process of allocating project management supports for oversight of complex home modification service project delivery	45.71% 16	22.86% 8	25.71% 9	5.71% 2	0.00% 0	35
<a href="#">Comments (8)</a>						

Table 2: Levels of service provider satisfaction across key areas of experience in complex home modification services for NDIS Participants

## Attachment 8: Snapshot of home modification projects waiting for approval

In a meeting on the 3 October 2017, and subsequent letter to Lou O'Neill cc'd to Dr Lloyd Walker, MOD.A made the NDIA aware of the following:

- 3Bridges has at present over 40 home mods quoted representing in excess of \$1mil in the system for Sydney metro area from Penrith and south of the harbor.
- Scope has 94 applications pending, going back as far as 17 months for a quoting value of almost \$1.52m.
- DES have more than 60 project managed jobs either being scoped or on hold pending approval. 45 of these have been at this stage for longer than 90 days, now more than 120 days.

*At the same time the NDIA communicated with MOD.A, the following:*

- NDIA is now aware of the extent of business impact on individual providers, with a total in the millions of dollars' worth of CHM projects currently held up in the review process.
- NDIA has a project team in charge of addressing the backlog.
- NDIA understands that the problems with the review process including the criteria for 'reasonable and necessary' being used by TAT and are attempting to rectify these.

Dr Walker also gave examples of reviewers requiring reuse of taps, fittings and fixtures and indicated that the NDIA did not expect reuse of fittings and fixtures that were unable to be warranted.

Since that time, the promised release of large numbers of approved projects has not transpired, and an NDIA delegate has publicly advised a service provider forum that the NDIA is struggling to review the reports, does not have the resources to review the reports, and that many of these and more incoming reports are 'unreviewable' because they don't address the NDIA criteria for complex modification assessment.

These issues remain a matter of urgency which must be addressed in the interests of a sustainable approach to complex home modification assessment and supply.

## Attachment 9: Minor modifications – it's not as simple as “do it yourself” (DIY).

This is a summary of an original conference paper, with content selected and presented for the purpose of informing this submission. Readers are advised to source the original publication to obtain the full context of the content provided.

Originally presented as *An international perspective on home modification service provision: Challenges to partnerships and practice with older people and people with a disability*. Presented at the Occupational Therapy Australia 27th National Conference and Exhibition, 19-21st July 2017, Perth Convention and Exhibition Centre, Western Australia.

Soon to be published as a book chapter: Ainsworth, E. & de Jonge, D. (in press). *An occupational therapist's guide to home modification practice*. (2nd ed.) Thoroghfare, NJ: SLACK Inc.

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### Summary

A minor modification is sometimes considered a simple solution that can be implemented through a ‘do it yourself’ approach, but many situations are more complex than is immediately apparent. Consequently, a systematic and deliberate process is required to examine factors associated with the person, the devices they rely on, the activities being undertaken, and the physical, social, temporal, personal, occupational, and societal dimensions of the home environment.

Achieving good outcomes requires a well-considered home modification approach that includes a clear understanding of products and design solutions, so they can be matched to the needs of the consumer and the household.

Rather than occupational therapists, consumers and other stakeholders seeing all minor modifications as a simple ‘do it yourself’ solution, it is far better for staff to identify the potential complexities associated with this type of intervention and support people to understand the range of options that need to be considered. This will assist in building people’s capacity to make informed decisions about the best solution for their circumstance.

### Definitions of minor and major modifications

There is a difference between minor and major modifications as per the following definitions:

**Minor modifications** – Non-structural modifications including the installation or alteration of fittings and fixtures (e.g. grabrails, shower seats and other assistive devices) (Jones, de Jonge, & Phillips, 2008). These modifications may be installed at minimal cost by unskilled labour and do not trigger the need for building or plumbing code, or local planning compliance in local jurisdictions.

**Major modifications** – Structural modifications involving changes to the fabric of the home (e.g. widening doorways, moving plumbing, installing ramps) (Jones, de Jonge, & Phillips, 2008). These modifications may be costly and require suitably qualified/registered staff to install. Their installation may require compliance with building or plumbing code requirements depending on the requirements of local, state, or federal building, plumbing or planning codes or legislation.

The above is one set of definitions of minor and major home modifications within a broad range that are being discussed in literature around the world.

### **Why occupational therapists are needed in the minor modification process**

Occupational therapists are best suited to undertake the process for determining the best solution, rather than leaving people to adopt a ‘do it yourself’ approach. They possess the knowledge and skills necessary to determine the most appropriate solution for a person.

Their areas of expertise to assist with planning minor modifications include:

- knowledge of health conditions and disabilities, how people may present over time physically and functionally, and how this affects their equipment and care needs
- knowledge of evidence of efficacy of alternative products and design solutions
- knowledge of universal, accessible, adaptable, and purpose-built design principles to guide product selection and development of solutions
- knowledge of the intent and application of legislation including Disability Discrimination and/or Antidiscrimination legislation and the National Construction Code
- knowledge of the relevance, intent, and application of access standards
- knowledge and skills in measuring to gather information on the anthropometrics of the person for the choice and placement of products and design features
- knowledge and skills in measuring the built environment to gather information on space and layout of features
- knowledge of, and application of ergonomics and biomechanics to selection of products and design of the home environment.

Occupational therapists contribute to the home modification process by examining:

- factors associated with the person
- how people complete activities
- the environments in which people operate

- alternatives such as:
  - a different way to complete an activity
  - equipment and/or technology options
  - carer support
  - home modifications.

## **The role of complexity in home modification decision making**

The simplicity of a home modification does not always reflect the simplicity of the situation it is addressing.

A minor modification may be considered a simple solution, but the process used to determine the minor modification can be complex. Complexity may arise from factors associated with the person, their occupation and/or how the environment presents.

The complexity of the situation – the person's circumstances, the way in which they undertake activities in the home, and the immediate and broader socio-economic/legislative environment – impacts on home modification decisions and outcomes.

Achieving good outcomes requires a well-considered home modification approach that includes a clear understanding of products and design solutions, so they can be matched to the needs of the consumer and the household. Occupational therapists possess the knowledge and skills necessary to assist people in identifying the best home modification solution.

The considerations that occupational therapists work through to identify suitable options for discussion with clients are detailed below.

### **Consequence of not involving an occupational therapist in the problem-solving process:**

- No solution provided, and potential for participant to have to have ongoing risk of falls, injury and/or hospitalisation.
- The participant may be relocated from their residence.
- Incorrect grabrail or other minor modification hardware is selected and potential for participant and carers to have to have ongoing risk of falls, injury and or hospitalisation.
- Grabrails or other minor modification is incorrectly installed and potential for participant and carers to have to have ongoing risk of falls, injury and or hospitalisation, and potential for grabrails or other minor modifications to cause damage to walls, building structure, plumbing or electricals.
- Grabrails or other minor modifications are incorrectly installed and fail while in use leading to injury to person and damage to property.

- Grabrail or other minor modifications are installed in incorrect location, causing injury or accident.
- The participant has ongoing difficulty with access, independence, and self-care.
- Abandonment of self-care and other routines.
- Ongoing assistance required from carers and family, usually a parent.
- Money may be spent on more complex modifications without consideration of alternatives.
- Payment for care services.