The mission of Independent Audiologists Australia Inc (IAA) is to promote and support clinical practices owned by university qualified audiologists.

IAA members operate more than 400 sites across Australia, employing clinical and support staff and delivering comprehensive audiology services to Australians of all ages.

IAA codes of conduct and standards of practice reflect the highest ethical standards to deal with conflicts of interest inherent in the delivery of hearing services and devices.

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Dear Colleagues

**Inquiry into the National Disability Insurance Scheme (NDIS) market in Queensland**

**About IAA**

Independent Audiologists Australia Inc (IAA) is an association of university qualified audiologists who operate their own audiology practices. Twenty percent of our members operate clinics in Queensland, where they and the staff they employ provide diagnostic and rehabilitative audiology to Australians of all ages. Audiology services our members provide to Queenslanders include lifelong supports in the form of therapy, counselling, technological aids, and support in the community for those living with disorders of hearing, listening and balance.

**Our concerns**

We raise concerns about how the National Disability Insurance Scheme (NDIS) is failing to support many Queenslanders living with hearing loss.

**Background**

Hearing services were relegated to the Hearing Services Program (HSP) voucher scheme designed to distribute hearing aids to eligible pensioners until 1 July 2020. Since 1 July 2020, funding for hearing services for eligible Australians aged 26 years to 65 years has shifted to the NDIS. However, Australians in that age group eligible for the HSP voucher scheme can choose any contracted provider but may only receive HSP Community Service Obligation (CSO) services at Hearing Australia, the government owned business funded to deliver that work. Additional services, not available from the HSP, are funded by the NDIS. Australians not eligible for the HSP may be funded for hearing services and any additional related services by the NDIS, able to contract their provider of choice.

The issues explained below require urgent attention, but to date neither the NDIA nor the HSP staff we consult have been able to address in any practical way:

1. **No flow chart or other type of document exists to explain either the relationship is between the HSP and the NDIS.** There is no information about how the application process works, what information NDIA requires and what documentation is needed from providers when working through the process with a participant.

Each time participants put applications to the NDIS, a different process seems to be followed. Participants may fill out the intake form, which is signed and completed by an audiologist only to be rejected because they do not have a report, despite the form not asking for a report. Despite similar needs and circumstances, some applications are approved, and others are not.
Although the NDIS has now been operational for some time, many hearing service providers and NDIS participants are navigating this for the first time since the transitional arrangements ended recently. We require an accurate flow chart and description of how the NDIS and HSP work together for the benefit of eligible Australians. A flow chart that is used by for service providers, applicants, planners, and local area coordinators could track applications and would encourage NDIS outcomes are transparent, principled, and non-discriminatory.

Participants may have the non-hearing aid side of their plan approved, but the hearing aids not approved, despite the need for the assistive technology to link to a hearing aid to be able to work. Patients are understandably frustrated and lay blame with the provider, who has no recourse. Similarly, as administrative changes are introduced (such as the introduction of a form to apply for hearing devices), those who had approval before such changes were introduced are told that the decision has been reversed and that the new form needs to be completed.

Participants are understandably frustrated. Their point of contact is their audiologist, who are subject to abuse, yelling and threats, even though providers are as frustrated by the system as their patients are.

2. **NDIS staff (planners and local area co-ordinators) provide unsubstantiated clinical advice and refer most NDIS applicants to the Hearing Services Program**, even when they are ineligible. Previously approved plans have been altered to direct hearing related services to the HSP, even when what is required is outside of the scope of the HSP. NDIS Planners make clinical decisions about what is reasonable and necessary, and our members have experience of them telling families and NDIS participants information that is harmful. For example, in the case of a child with autism, NDIS planners have told the family that an evidence based intervention, the fitting of an FM system, is " a band-aid approach and we won't approve it because it promotes reliance upon a device, and he needs to learn to hear for himself". An NDIS planner has advised a patient in need of specialised implantable devices that "it is not reasonable to provide the bone conduction hearing device because he needs to learn to hear by himself". Sign language interpreters have been offered to those who do not use sign language to overcome difficulties hearing on the telephone.

   Participants who have listening or perceptual disorders such as due to Autism Spectrum Disorder may have been approved for assistive listening devices to assist auditory processing in less than ideal listening conditions but these plans have been unapproved on the misinformed basis that the NDIS no longer supports any hearing services because the HSP has continued to fund the CSO work of Hearing Australia. NDIS staff do not appear to understand that not all hearing services are covered by the HSP – and that not all Australians are eligible for HSP CSO funding.

3. **NDIS staff direct NDIS participants to Hearing Australia,** even where those participants have a longstanding relationship with a local audiologist, on the misunderstanding that all hearing related matters fall under the HSP and that Hearing Australia is the only provider. As a result, participants are being referred to the HSP and directed to Hearing Australia when they are not eligible, sometimes by their Local Areas Coordinator and sometimes by their planner. These directives are very disruptive to the service provision as participants are sent from one provider with whom they may have longstanding relationship, to Hearing Australia where they may not even be eligible to receive services in many cases as the HSP CSO has very specific criteria and does not include audiology services or technology provision.

*Children with Autism Spectrum Disorder (ASD)* for whom audiology services are part of their multidisciplinary team care, are being issued written directives to approach Hearing Australia, a service provider who is not funded to deliver services to them. This is unnecessarily disruptive and engenders mistrust in the both the NDIS system and service providers.

Importantly, some families *want* to access services through NDIS rather than through the HSP. Options for families who do not wish to attend Hearing Australia (such as due to appointment availability, consultation quotas, lack of technology choice, more comprehensive services offered by a local independent, or awareness of more experienced professional services in their community) are required to pay private fees, placing them at a financial disadvantage compared to those who accept the services and technologies offered at Hearing Australia. This system thus forces families to pay private fees if they want choice and control – something that the NDIS was established to prevent. and does not stop at age 26 years. Yet, the NDIS recognises that choice and control *is* important to children and families to develop competencies in addressing ongoing and lifelong needs for any disability, including hearing loss. In the case of families living with hearing loss, choice & control are only available only if private fees are paid, thus privileging the wealthy and operating in direct contrast to the underlying philosophy of the NDIS.

*Audiology services are required outside of Hearing Australia for all Australians, regardless of age for diagnostic audiology (to identify the type and degree of deafness) as well as for services associated with implantable devices (an increasingly common intervention).*

The primary service offered at Hearing Australia is the fitting of hearing aids, is not typically any more complex than the diagnostic audiology and implantable device fitting that occurs outside of the HSP CSO funding. The primary service offered by Hearing Australia is the fitting of hearing devices, that could very safely and effectively be offered outside of Hearing Australia. Already all seeking services in Australia who are not HSP eligible receive those comprehensive services in the private sector.

4. **NDIS staff are rejecting applicants based on misinformation that hearing threshold excludes participants from the NDIS**, regardless of functional need. The NDIS offers ready access to those with profound bilateral deafness and requires less demonstration of functional need for those with severe hearing losses. These access points are misunderstood and are used as barriers to NDIS access for those with hearing loss, even where they have demonstrated functional need for active participation in family, work, and community life. The notion of hearing threshold as a barrier to NDIS participation has been successfully challenged and subsequently clarified as simply a guarantee to access for those who meet the criteria, NOT a barrier to those who do not. We are assured that those who do not meet the threshold access criteria may still be eligible if they have demonstrated functional needs that can be supported by the NDIS with measures that are reasonable and necessary, yet this the most frequent reason for rejection is “not meeting the hearing threshold impairment criteria”.

5. **Hearing devices are described by the NDIS as being one of 5 levels,** but these levels are not defined, other than in a vague way by the NDIA. The levels have been adopted from an in-house classification of hearing device pricing within Hearing Australia. A false assumption has been made that audiologists outside of Hearing Australia use the same arbitrary guide. The levels that have been adopted are a selling tool for Hearing Australia staff useful only when upselling one single brand of hearing device is fitted by the business, as occurs at Hearing Australia. Additionally, there are no technical specifications for providers to determine whether a hearing device is basic, standard, intermediate, or advanced. This means that providers are uncertain and there are no safeguards for participants regarding which level of technology they are receiving.

6. **Hearing device fitting requires completion of a form that includes a demonstration of trials even before a device is approved for a potential NDIS participant**. The clinical hours required for a device trial can be anything from 5 to 15 hours to meet the NDIS requirements on the hearing device form. The NDIS requires completion of a new form for the fitting of Hearing Technology that is requires 12 pages of detailed reporting on specific clinical procedures undertaken. The detail required in the NDIS Hearing Technology form is markedly different to that of the NDIS Assistive Technology form that only requires a description of outcomes. Reporting on needs, justification of technology features and reporting on any outcomes of any trials (if appropriate) should be adequate for NDIS staff to assess an application. The clinical detail required will not carry meaning outside of a clinical setting and encourages a "tick box" approach, rather than a considered prescription of hearing technology linked to demonstrated need for optimal function.

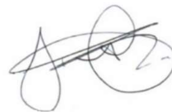
   Audiologists bill for their time like all other healthcare professionals and delivering such extensive clinical service without any payment is unsustainable and unprofessional. Providers who have delivered over 15 hours of unpaid professional time per participant, who according to the criteria are NDIS eligible, have no one to speak at the NDIA to discuss why, after completing all requirements, an application is rejected. Audiologists are delivering hours of service unsure if the NDIA fund the trial time, given all the requirements of the hearing technology application and assessment form, it seems only fair that providers costs are covered to complete trials, testing and provision of documentation.

We trust that the Queensland Productivity Commission will use this feedback to rectify the way the NDIS is delivered in Queensland. We hope to stop the marginalisation of those living with hearing loss. We do not believe that those living with other forms of disability have the same threshold of impairment standards or haphazard decision making applied to them. We do recognise that hearing and listening are extraordinarily complex, cut across multiple conditions, and are very misunderstood. We are nonetheless disappointed that the NDIS is compounding the misunderstanding in our society, not assisting as was the intention of the scheme.

We would be very willing to provide further information on the way that hearing services are delivered in Queensland.

Yours sincerely

Dr Louise Collingridge
(CEO)



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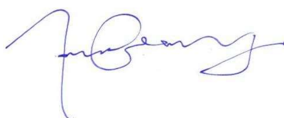

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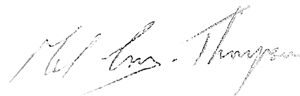

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