

## 2 Provision and access to aids and equipment in Australia

### 2.1 Definition of aids and equipment

Aids and equipment are generally defined as products that assist a person with disabilities by improving their functioning, increasing participation in society and/or improving their quality of life. Aids and equipment have been defined as operating to:

‘increase or improve functional capabilities of individuals with disabilities’ (Technology-Related Assistance of Individuals with Disabilities Act 1988 (US))

‘improve functioning, enable a person to live at home and in the community, and enhance independence’ (Scherer 1996).

The aims and objectives of Australian equipment schemes also recognise these functions, describing the provision of aids and equipment as acting to:

‘improve the quality of life of people with disabilities and improve capacity to participate in family and community activities’ (PADP, NSW(NSW Department of Health, 2000));

‘to enhance...safety and independence, (and) reduce...reliance on carers’ (A&EP, Victoria (Department of Human Services, 2002));

‘minimise the impact of...disability and maximise...ability to function(ing) effectively’ (CAEP, Western Australia (Disability Services Commission, 2001)); and

‘increase...independence and to enable them to function at optimal levels in their home and communities’ (TIMES, Northern Territory (Department of Health and Community Services, 2001)).

### Categories of aids and equipment

Aids and equipment are sometimes categorised in terms of technological sophistication e.g. as low-, medium- and high-tech aids. Low-tech aids are those that are simple in construction and/or use, such as toilet supports or hand-held showers. Medium-tech aids are more complicated and tend to be mechanically based, for example, wheelchairs and mechanical lifters. Equipment that incorporates sophisticated electronics or computers, such as electronic communication boards and voice amplifiers, are referred to as high-tech aids.

A large range of aids and equipment is available in Australia, for mobility, self-care and communication purposes, to treat medical conditions, plus orthoses and prostheses, and modifications made to homes. Box 2.1 lists the types of aids and equipment (and home modifications) that can be obtained in Australia. For this report, glasses and contact lenses will not be included as aids and equipment.

## Box 2.1: Examples of aids and equipment available in Australia

Primary use	Examples of aids and equipment
Self-care/Personal	Beds/bed table/mattresses Shower hose/hand shower Bath and shower seating Commode Toilet support, frames and steps Continence aids/drainage bags and bottles Safety helmets
Mobility	Bed backrest and bed raise Alternative positional and postural seating supports Standing equipment Hoist/mechanical lifter Crutches/walking stick/walking frame Wheelchair/scooter/stroller (and wheelchair push mitt) Portable ramps
Communication	Communication board Communication cards Communication/chat book Electronic communication device scheme Eye-pointing frame Box scanner Memory/message box with voice input Computer interface/access Alternative keyboards Communication output device with(out) voice Electrolarynx Voice amplifier and other electronic voice aids Cochlear Implant Speech Processor Hearing aids
Medical aids	Pressure management (bed) Ventilator/CPAP appliance/respiratory mask and accessories Humidifier Medical dressings Catheters Tracheostomy tubes and dressings Oxygen concentrators and oxygen gas Continuous positive airway pressure Tube feeding equipment Glucometer Nebuliser
Orthoses	Cervical, cervical thoracic, thoracic lumbar sacral, lumbar sacral and spinal orthoses Lower limb orthosis Upper limb orthosis Pressure management garment Footwear (for deformation or chronic ulceration)
Prostheses	Wigs Mammary prosthesis Optical prosthesis
Home Modifications	Bathroom, toilet, kitchen and laundry modifications Bidet toilet attachment Door fittings and widening Hand-held showers Hand-rails and grips Power outlets and switches Non-slip paint for ramps Safety flooring Ramps/step modifications Thermostats

Sources: ACT Community Care 2002; ALSA 2002; Department of Human Services (Victoria) 2002; Disability Services Commission 2001; NSW Department of Health 2000.

## **2.2 Aids and equipment schemes available in Australia**

The Commonwealth, state and territory governments, and a range of non-government organisations (NGOs), undertake the funding and operation of the majority of equipment schemes in Australia. These schemes provide in most cases cost-free, essential aids and equipment for people with disabilities based on eligibility criteria. Two types of government schemes exist—those funded at the Commonwealth level and those at the state or territory level—while NGO schemes are primarily state- and territory-based.

Aids and equipment are, of course, also available for purchase privately; the focus in this chapter is on schemes with some element of subsidy.

### **Commonwealth**

National equipment schemes are funded by the Commonwealth Government, of which the primary schemes are:

- Rehabilitation Appliances Program (RAP) and Home Modification (Department of Veterans Affairs (DVA))
- Australian Hearing Services
- Commonwealth Rehabilitation Service (CRS)
- Continence Aids Assistance Scheme (CAAS) (Department of Health and Ageing)
- Workplace Modifications Scheme (Department of Family and Community Services).

While the funding of these schemes is through the Commonwealth, their administration varies. The Australian Hearing Services, RAP, CRS and Workplace Modifications Scheme are administered through Commonwealth departments. A non-government organisation, PQ Lifestyles, manages CAAS, under contract to the Department of Health and Ageing.

### **State/territory governments**

State and territory governments fund additional government equipment schemes. Each state/territory manages a single scheme (Table 2.1) although some, such as Victoria and Queensland, have secondary schemes for specific disability groups (e.g. hearing impaired) or connected to other support schemes (e.g. supported accommodation). Responsibility for funding of the Artificial Limb Scheme (ALS) was transferred in the mid-1990s from the Commonwealth to state and territory governments, with their respective health departments implementing its administration.

### **Non-government organisations**

A range of NGOs, for example the Motor Neurone Disease Association of NSW, The Northcott Society (NSW), ParaQuad (NSW), The Spastic Centre (NSW), Spectronics (Queensland), Cerebral Palsy League of Queensland and Anelcomobil (South Australia), also provide aids and equipment. These organisations are mostly self-funded and distribute equipment both on a long-term or temporary loan basis. The manufacturing of specified equipment is also commissioned or undertaken by certain NGOs, for example TAD (Technical Aid to the Disabled), where volunteers make and supply custom-designed aids if commercial equipment is not suitable or cost-effective.

**Table 2.1: Examples of aids and equipment schemes funded by state and territory governments**

State/territory	Equipment Scheme
NSW	Program of Appliances for Disabled People (PADP)
Vic	Victorian Aids and Equipment Program (A&EP) Supported Accommodation Equipment Assessment Scheme (SAEAS) A&EP Communication Devices Scheme
Qld	Medical Aids Subsidy Scheme Queensland Hearing Services
WA	CAEP (Community Aids and Equipment Program)
SA	Independent Living Equipment Program (ILEP)
Tas	Community Equipment Scheme
ACT	ACT Equipment Scheme Oxygen Scheme
NT	Territory Independence Mobility and Equipment Scheme (TIMES)

### Scheme specifics

Commonwealth equipment schemes focus on delivering specific equipment assistance to address particular impairments or population groups. For example:

- CRS provides equipment to people entering the workforce after an extended absence from employment
- the Workplace Modifications Schemes contributes to the cost of workplace modifications for people both in and planning to enter the workforce
- RAP is available to war veterans and their widows/widowers
- CAAS is for people suffering from incontinence
- Australian Hearing Services for people with hearing impairments.

In contrast, the state/territory government (and NGO) schemes are more inclusive with regard to who can apply and are broader in the range of equipment supplied. Tables 2.2 and 2.3 outline funding, eligibility, priority, cost and administration information for the primary Commonwealth and state/territory schemes.

### Eligibility

Eligibility criteria apply for all equipment schemes. For Commonwealth-based schemes, the primary criterion is based on veteran status (DVA schemes), having a specific impairment (e.g. hearing (Australian Hearing Services), incontinence (CAAS)) or demonstrating need for environmental support in the workplace (CRS, Workplace Modifications Scheme). For most state and territory schemes, eligibility criteria require the client to have a disability of permanent or indefinite nature and be able to demonstrate they are:

- a permanent resident of that state or territory
- in receipt of a pension or health card, or a relevant Centrelink payment
- a resident within the community or a non-government-funded group home
- not receiving any form of compensation settlement
- ineligible for assistance from another scheme.

Demonstration of financial hardship is required in some cases in Queensland, Western Australia and the Australian Capital Territory, for example when the client is not a benefit recipient. The New South Wales PADP scheme also stipulates a financial eligibility clause where singles and couples/families are only eligible for equipment if their taxable income is less than or equal to \$26,759 and \$45,490 respectively. A higher income threshold is specified for equipment costing more than \$800 (Table 2.3).

### **Priority**

Only New South Wales and Victoria detail clear priority conditions. In New South Wales priority is based on income, with lower income groups receiving equipment before higher income groups (Table 2.3). In Victoria, it is perceived need that determines priority with three category groups defined: No waiting, High urgency and Low urgency. People requiring the oxygen program, wheelchair repairs and continence aids fall into the 'No waiting' group. 'High category' includes those where the provision of equipment is critical to the safety of the client or could prevent injury or deterioration of health.

### **Associated costs**

In most schemes, and in most cases, the cost of items is met by the equipment scheme. However, aids and equipment costing less than \$50–\$100 or 'non-essential' items are not provided by any of these schemes. Contributions are sometimes required for high-cost items such as electric wheelchairs.

Clients obtaining equipment from the New South Wales PADP scheme normally have to provide a single co-payment of \$100. Co-payments are also essential when items cost less than \$100 (for clients who can demonstrate financial hardship) and for certain income groups where a high-cost item is requested. In this case the client is expected to pay 20% of the retail cost.

ALS also requires some financial commitment from the client—15% of the scheduled cost of provision, maintenance and repair of each prosthetic. However, payment by the client is not to exceed \$200.

**Table 2.2: National equipment schemes funded by the Commonwealth**

Scheme	Funding source	Eligibility	Priority	Cost	Administered
Rehabilitation Appliances Program (RAP) and Home Modifications	Department of Veterans Affairs (DVA)	Veterans, war widows and widowers, and their dependants Holders of DVA Repatriation Gold or White Health Cards	None given	To repairs and alterations if prior financial authorisation has not been sought	Pharmacy or DVA
Australian Hearing Services	Department of Health and Ageing (DoHA)	Children and young adults up to 21 years and aged pensioners Most veterans (veterans benefit holders) Defence Force personnel Clients of CRS Australia with a hearing problem Holders of a Pensioner Concession Card, Health Benefit Card, DVA Gold Repatriation Card or DVA White Repatriation Health card specifying hearing loss or receiving a Sickness Allowance from Centrelink	None given	An annual service charge of \$25 for maintenance of hearing aids and batteries	Australian Hearing Services
Continence Aids Assistance Scheme (CAAS)	Department of Health and Ageing (DoHA)	Permanent and ongoing continence as a result of neurological condition or permanent or severe intellectual impairment Aged 16–64 or 65+ years and working Eligible for Disability Support Pension (DSP) or Mobility Allowance or in receipt of the equivalent sales tax or GST exemption on a vehicle Not resident in a nursing home	None given	Subsidy of \$460 per annum for aids ordered	Intouch, PQ Lifestyles (under contract to Department of Health and Ageing)
CRS Australia	Commonwealth Government	Potential for full-time or part-time work Aged 14–65 years	None given	None	CRS
Workplace Modifications Scheme	Department of Family and Community Services (FaCS)	Worker <sup>(a)</sup> employed for a minimum of 8 hours per week and in employment expected to continue for an excess of 13 weeks.	None given	A \$5,000 cap applies for each client in any one year	FaCS

(a) A 'worker' means an individual with a disability who is supported by a FaCS-funded open employment service or a FaCS-funded s10 Business Service, or is attached to a Job Network Intensive Assistance provider, or is a participant in the Supported Wage Scheme. The scheme is specifically aimed at new workers (i.e. individuals who were unemployed before commencing in the position for which assistance is provided), Supported Wage System and 'job in jeopardy' workers, and some eligible self-employed persons who are participants of the New Enterprise Scheme.

Sources: Australian Hearing Services 2002; Department of Health and Ageing 2002; CRS Australia 2002; Department of Family and Community Services 2002; Department of Veterans Affairs 2001.

**Table 2.3: Primary equipment schemes funded by state and territory governments**

Scheme	Funding source	Eligibility	Priority	Cost	Administered
<p><b>NSW</b></p> <p>Program of Appliances for Disabled People (PADP)</p>	<p>NSW Department of Health</p>	<p>All children and young people under 16 regardless of parental income or all people aged 16 years and over if:</p> <ul style="list-style-type: none"> <li>• has a long term permanent disability</li> <li>• permanent resident of NSW</li> <li>• holds a Centrelink pension or Health Card</li> <li>• unable to obtain aids and equipment from other government programs</li> <li>• not a recipient of a compensation settlement</li> <li>• resident in an NGO-run group home</li> <li>• recently discharged from hospital (1 month) and not eligible for equipment from hospital or health care service</li> </ul> <p>and has a:</p> <p>a taxable income in the preceding financial year that was less than or equal to \$26,759 (single) or \$45,490 (couple or family)</p> <p>or (for high-cost items &gt;\$800)</p> <p>b taxable income in the preceding financial year was \$1 above the upper level in (a) and less than or equal to \$39,941 (single) and \$67,899 (couple or family)</p> <p>c taxable income in the preceding financial year that was above \$39,941 and \$67,899 (couple or family) adjusted for dependants.</p>	<p>Income groups a and b over income groups c</p>	<p>Co-payments are charged in the following:</p> <ul style="list-style-type: none"> <li>• people requiring one item costing &lt;\$100 in a financial year who demonstrate severe hardship</li> <li>• all PADP recipients (except income group c) make a single co-payment of \$100</li> <li>• income group c recipients eligible for high cost items are charged 20% of retail cost</li> <li>• any upgrading will incur the cost of additional item</li> </ul>	<p>PADP Lodgement Centres</p>
<p><b>VIC</b></p> <p>Aids and Equipment Program (A&amp;EP)</p>	<p>Department of Human Services (Disability Services Division)</p>	<p>Children or adults with a long-term or permanent disability, or frail aged</p> <p>Permanent residents of Victoria</p> <p>Holders of a Medicare card</p>	<p>Those 'in greatest need':</p> <p>1. 'No waiting': clinical eligibility for oxygen program, wheelchair repairs and continence aids, and re-issue of aids</p>	<p>Doesn't provide money to cover cost of aids bought by clients</p>	<p>Public hospitals</p> <p>Extended care facilities</p> <p>Other service agencies</p>

(continued)

**Table 2.3: Primary equipment schemes funded by state and territory governments**

Scheme	Funding source	Eligibility	Priority	Cost	Administered
A&EP (continued)		Requires aids and equipment on a permanent or long-term basis Ineligible to receive assistance from other government schemes Not in-patients of a public or private hospital Not able to claim cost of aids and equipment through private health insurance Not post discharge patients	2. 'High urgency': critical to safety or the client or to prevent injury in daily living; or deterioration of health could lead to premature admission to institutional care, hospital or dependence on costly services. 3. 'Low urgency': clinical factors and length of waiting period	Non-refundable contribution can be made.	
SAEAS	Department of Human Services (Disability Services Division)	Eligible for Victorian A&EP Resident in a Department of Human Services-funded accommodation service that is registered or funded under the <i>Intellectually Disabled Persons Services Act 1986</i> , the <i>Community Services Act 1970</i> or <i>The Disability Services Act 1991</i> Ineligible to receive assistance from other government schemes	As above	As above	As above
<b>QLD</b> Medical Aids Subsidy Scheme	Queensland Department of Health	Permanent residents of Queensland Holders of a Pensioner Concession Card, Health Care Card or Pharmaceutical Benefits Card (for oxygen) Recipients of Centrelink payment Able to demonstrate financial hardship Ineligible to receive assistance from other government schemes Not resident in residential care	None given	None	Community health services Home care services Public hospitals
<b>WA</b> Community Aids and Equipment Program (CAEP)	Disability Services Commission	Have a disability of permanent or indefinite nature Holders of or eligible for Pensioner Concession Card, Health Care Card, Commonwealth Seniors Card or Carers Payment or able to demonstrate financial hardship	None given	CAEP funds only the essential component of the item. Clients or other fundraisers are required to pay for the balance.	Health service providers e.g. public funded hospitals Specialist service providers

(continued)

**Table 2.3: Primary equipment schemes funded by state and territory governments**

<b>Scheme</b>	<b>Funding source</b>	<b>Eligibility</b>	<b>Priority</b>	<b>Cost</b>	<b>Administered</b>
CAEP (continued)		Not recipients of a compensation settlement Living in a residential situation that encourages independent living Not currently hospital patients		Items less than \$50 are to be purchased by clients.	
<b>SA</b> Independent Living Equipment Program (ILEP)	South Australian Department of Health	Have a functional disability Permanent residents of South Australia Holders of Pension Health Benefit Card or Health Care Card Living in the community and not resident in hostels, nursing homes or hospital Not recently discharged from hospital or acute care patients Clients of Options Coordination (18–65 years) or clients of Crippled Children's Association (under 18 years)	None given		
<b>TAS</b> Community Equipment Scheme	Department of Health and Human Services	Have a disability of permanent or indefinite nature Ineligible to receive assistance from other schemes (including post-discharge patients) Not resident in hospital or nursing home	None given	Clients meet the cost of purchase, loan and hiring unless exempt under another scheme	Community Outreach Services (in public hospitals)
<b>ACT</b> ACT Equipment Scheme	ACT Department of Health and Community Care	Permanent disability of at least 2 years duration Permanent residents of the ACT Holders of Pension Health Benefit Card or Health Care Card Recipients of a Centrelink payment Able to demonstrate financial hardship Ineligible to receive assistance from other government funded schemes, private health schemes or injury compensation Not resident in a nursing home	None given	A sliding scale contribution of between \$20 and \$150 depending on cost of item. Contribution of \$20 for personal aids	Equipment Loans Service

*(continued)*

**Table 2.3: Primary equipment schemes funded by state and territory governments**

<b>Scheme</b>	<b>Funding source</b>	<b>Eligibility</b>	<b>Priority</b>	<b>Cost</b>	<b>Administered</b>
<b>NT</b> Territory Independence Mobility and Equipment Scheme (TIMES)	Northern Territory Health Service	Have a disability of permanent or indefinite nature  Ineligible to receive assistance from other schemes  Not resident in nursing home	None given	None	Health Service providers
<b>All states and territories</b>  Artificial Limb Scheme	State and Territory Health Departments	Permanent residents of state or territory where applying to scheme  Holders of a Medicare card  Not veterans  Not entitled to compensation payout	None given	15% of scheduled cost of provision, maintenance and repair of prostheses, up to a maximum of \$200 (except pensioners and holders of certain Centrelink cards)	Hospitals  Prosthetic service providers

Sources: ACT Community Care 2002; ALSA 2002; Department of Health and Community Services (NT) 2001; Department of Health and Human Services (Tas) 2001; Department of Human Services (Vic) 2002; Disability Services Commission 2001; Independent Living Centre (SA) 2001; NSW Department of Health 2000; Queensland Department of Health (pers com.).

## 2.3 Review of aid and equipment schemes

In 1996, a national review by the CSDA (Commonwealth/State Disability Agreement) of equipment schemes operating in Australia concluded that availability, access and equity, administration and funding issues continued to beleaguer the distribution of equipment to people with disabilities (CSDA: Ernst and Young 1996). Some of these problems included the:

- exclusion of certain groups from accessing schemes, e.g. some people in employment, children from the CAAS scheme
- insufficient funding, which varies between jurisdictions and depends upon location
- absence of local alternatives for people living in remote or country areas
- inadequate information on eligibility criteria and the range of items available
- inconsistent or total absence of a process to establish priority.

A survey conducted by CSDA/Ernst and Young (1996) also found that for the 389 respondents, 544 cases of unmet need (for specific items) were reported. Of particular concern was a high percentage (37%) of unmet need for children aged 0–15 years.

From these findings, the report recommended that a nationally consistent process of application, assessment and distribution be developed and adopted by national and state/territory based schemes, in order to improve their accessibility and equity.

Some schemes have since undergone at least one review process, leading to reform primarily in improving the range of equipment items available and the broadening of eligibility criteria. For example, following a recent review of the PADP scheme operating in New South Wales a number of significant changes were introduced, including:

- the drafting of a common PADP application form that will be consistently applied across the state
- plans to develop a needs based assessment tool for PADP
- a new set of eligibility criteria
- suspension of most co-payments
- abolishment of income testing for families of children who need equipment.

## 2.4 Health insurance and tax offsets

Most major Australian health insurance and health fund organisations provide some form of benefits cover for aids and equipment, mostly for hearing aids or specific types of medical aid (e.g. nebulisers, TENS machines, CPA machines) but also including mobility aids (e.g. wheelchairs, calipers, crutches) and prostheses and orthoses. The maximum benefit and time period allowed between claims varies somewhat between schemes, and it is stipulated in some that membership be at least one to two years before a claim for aids and equipment can be made. Most schemes only include aids and equipment benefits under higher levels of cover and all require formal prescription from a medical practitioner. Between June 2002 and March 2003 private health insurance organisations paid \$18,944,000 and \$10,348,000 respectively in 'non-contractual ancillaries' benefits for 'prostheses, aids and appliances' and

'hearing aids and audiology' services (PHIAC 2003). This accounted for 0.96% and 0.52% of all benefits paid for services in this time period.

People who have purchased high-cost aids over a specified limit in an income year are also entitled to claim the medical expenses tax offset. For the financial year 2002–03, the tax offset has been set at 20% of net medical expenses over \$1,500. Included under claimable medical expenses are 'artificial appliances', such as limbs or hearing aids, and standard medical aids which have been prescribed by a medical practitioner.

## 2.5 Some examples of unmet need

For some people, access to aids and equipment or aids and equipment schemes remains difficult. While problems of access are not often officially documented, reference to cases of unmet need have been described by the 1996 CSDA review of Australian equipment schemes and in literature prepared by disability advocacy groups. The CSDA review found that:

- Eligibility criteria for some schemes were considered by some to be too restrictive. Nine per cent of people surveyed by Ernst and Young stated that they had been refused access to aids and equipment based on eligibility criteria.
- Funding for equipment schemes was suggested to be insufficient to both increase the number and range of equipment available to clients and properly cover the cost of maintenance, repair and replacement of loan equipment. For example, an estimation by Ernst and Young of the annual replacement cost for wheelchairs, an expensive but regularly used form of equipment, was calculated to be almost 70% of total funds available (CSDA: Ernst and Young 1996:34–35).
- The exclusion of employed people from equipment schemes other than CRS, and the absence of alternatives for this group has the potential to cause financial hardship, particularly for those who require high-cost or numerous equipment items.

Advocacy groups have also highlighted potential and real cases of unmet need.

- Despite support for the recent changes to the PADP scheme, the Physical Disability Council of NSW (PDCN) maintains that access to equipment remains a 'postcode lottery' (PDCN 2001). People with disabilities living in rural and remote locations are disadvantaged by the absence of equipment outlets in these areas and often have to travel long distances on numerous occasions to apply for and obtain required equipment items.
- The Australian Blindness Forum (ABF) has highlighted the difficulty that the legally blind experience in obtaining communication equipment (ACROD 2002). The absence of a program that consistently provides appropriate communication equipment has led to the ABF's proposal for a Commonwealth-funded National Equipment Subsidy Scheme. Provision of communication equipment was also noted by the CSDA review (1996) as a significant problem.
- A recent survey by the Carers Association of Australia found that many carers do not receive enough financial assistance to obtain aids and equipment, which has in some cases resulted in financial hardship (Carers Australia 2001).
- A survey conducted by the Australian Quadriplegic Association in 2000 of users of CAAS found that for 68% of respondents (n=100) allocation of continence equipment did not last the year (PDCN 2000). Fifty seven per cent of respondents ran out of supplies in 9 months or less. One problem identified was the absence of factoring in inflation as 69% of respondents stated their allowance did not last as long as it did 5 years ago. Carers have

also indicated a problem with the limited nature of services and assistance for people suffering from incontinence (Carers Australia 2001).

- Under-funding of the ALS in Northern Territory is reported to have severely limited equipment and staff numbers and the ability to treat remote patients (Barnes 1997). The high traumatic amputation rate in the Northern Territory requires an increase in prostheses which is currently not feasible with current funding levels.

Further emphasis on unmet need for equipment provision was voiced at peak discussions held to inform an Australian Institute of Health and Welfare (AIHW) report on unmet need for disability services in Australia (AIHW 2002). Issues raised included a limited range of equipment, problems with cost, availability and shortage of referral services in remote areas of Australia, and the decline in equipment supply from traditional dispensing units such as hospitals. Systems for the provision of equipment appear to be nationally fragmented.