

**Environmental Control Systems:** This Guideline has been developed in consultation with expert clinicians and is designed to specify EnableNSW funding criteria for this group of assistive technology; items provided; eligible prescribers and provide a basis for consistent and transparent decision making.

### ENVIRONMENTAL CONTROL SYSTEMS FUNDING CRITERIA

*EnableNSW funds the following items. This list is not exhaustive and EnableNSW reserves the right to make the final decision regarding the provision of equipment that is not specifically included or excluded. Prescribers should check their eligibility to prescribe specific equipment in this category as identified in the table below*

**Request process:**

- Items in this category are available through the Aids and Equipment Program (AEP)
- Complete and submit an Environmental Control System Equipment Request Form (ERF) attaching an itemised quote for the requested item
- A prescriber cannot also be a supplier or affiliated with the supplier of the equipment for the same request. This may include, but is not limited to, a personal or professional relationship with or material interest in the supplier or manufacturer of the equipment listed on the request.
- Only equipment that complies with the relevant Australian or International Standards and/or has Therapeutic Goods Administration (TGA) registration (class 1 medical devices) is funded.

**Allocation:**

- 1x item

Included equipment	Funding Criteria	Eligible Prescribers/Additional Information
<b>Group 2</b>		
Disability-specific environmental control systems (ECS) including: <ul style="list-style-type: none"> <li>• environmental control units (ECU)</li> <li>• accessories</li> <li>• software</li> <li>• adaptations</li> </ul>	Must meet <b>all</b> criteria below: <ul style="list-style-type: none"> <li>• The person requires the system to complete regularly occurring <b>core activities of daily living (ADLs)*</b> independently</li> <li>• The system is the primary system used to complete the self-care activities and a more basic alternative method is not clinically suitable</li> <li>• A plan for training and support for the system / device is in place</li> </ul>	<p><b>Eligible Prescribers:</b> Registered occupational therapist or speech pathologist with &gt; 1 year experience and 3 previous prescriptions of this category of equipment.</p> <p><b>Please Note:</b> *Core ADLs may include:</p> <ul style="list-style-type: none"> <li>• Health/Disability Management – carer scheduling, managing appointments, communication with health agencies.</li> <li>• Controlling the environment – for example temperature regulation, turning lights on and off, access to rooms, access to telephone.</li> <li>• Personal organisation – accessing computer for banking and money management, essential shopping, personal correspondence.</li> </ul>
Disability-specific computer access such as: <ul style="list-style-type: none"> <li>• switches</li> <li>• alternative keyboard</li> <li>• mouse</li> <li>• software</li> </ul>		

Protective covers	<p>Must meet <b>at least one</b> of the criteria below:</p> <ul style="list-style-type: none"> <li>• Person has poorly controlled secretions and requires protective covers for the device or components of the device</li> <li>• Device is mounted on a tray that is used concurrently for mealtimes.</li> </ul>	
<b>Group 3</b>		
<p>Group 2 devices with complex access requirements including:</p> <ul style="list-style-type: none"> <li>• voice recognition</li> <li>• eye gaze</li> <li>• head control</li> <li>• head array</li> <li>• integration with power wheelchair controls</li> <li>• complex switch scanning</li> </ul>	<p>Meets criteria for group 2 equipment above plus <b>ONE</b> of the following:</p> <ul style="list-style-type: none"> <li>• There is no functional switch site</li> <li>• Person experiences severe fatigue when using switches</li> <li>• Person has very poor accuracy and/or slow speed when using switches.</li> </ul> <p>Note: A trial of the system must be completed, and outcomes demonstrated. For eye gaze access requests at least two systems must be considered</p>	<p><b>Eligible Prescribers:</b> Registered occupational therapist with &gt; 3 year experience and 5 previous prescriptions within this equipment category; <b>plus</b> 1 or more members of multi-disciplinary team or prescribed in consultation with a seating service.</p>
Group 2 devices with complex mounting requirements	<p>Meets criteria for group 2 equipment above plus ALL of the following:</p> <ul style="list-style-type: none"> <li>• Person requires mounting to access the device or switch.</li> <li>• The device is the primary system.</li> </ul>	
<b>Excluded equipment</b>	<ul style="list-style-type: none"> <li>• Non disability specific systems including air conditioners, telephones, mobile phones, standard smoke alarms, home alarm systems, door bells, door openers, CCTV monitoring devices, computer desks or mounts, regular batteries</li> <li>• Non disability specific computers, personal digital assistants and portable touch screen equipment, computer upgrades and associated equipment such as printers, scanners, speakers and cables</li> <li>• Installation of systems including electrical or telephone outlets and electrical wiring</li> <li>• Disability specific adaptations that involve permanent fixtures to the residence such as hard wired receivers; door motors; lifts; wall mounts etc</li> <li>• Rental costs for telecommunication systems</li> </ul>	

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|  | <ul style="list-style-type: none"><li>• Devices, features or programming costs solely for recreational or vocational use, or for accessing the educational curriculum or school environment</li><li>• Features that are a recreational or vocational add-on to the primary purpose of the device</li><li>• Devices or software where the primary purpose is for treatment</li><li>• Devices or software under \$100.</li></ul> |
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