

Practice Guide – Disability-Related Health Supports

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1. Purpose

The purpose of this Practice Guide (PG) is to support plan developers and delegates to consider disability-related health support arrangements in line with the National Disability Insurance Agency's (NDIA's) legislative framework. That is:

1. Determine whether a health support is reasonable and necessary, that is, it meets all the criteria in [section 34 of the National Disability Insurance Scheme Act 2013 \(NDIS Act\)](#).
2. Determine whether the support is most appropriately funded or provided by the National Disability Insurance Scheme (Scheme), or whether it is more appropriately funded or provided by the health system, section 34(1)(f) of the NDIS Act.
3. Determine whether a support is most appropriately funded or provided by the Scheme, and **apply** the [National Disability Insurance Scheme \(Supports for Participants Rules\) 2013 \(Rules\)](#) which requires planners to **take into consideration** the matters set out in Rules 7.4 and 7.5.
4. Have regard to the [disability-related health supports policy](#), which will provide additional guidance and considerations relevant to determining whether the support is most appropriately funded by the Scheme (s 34(1)(f)) having regard to the Rules.

2. To be used by

- Plan Developers – Planners and NDIS Partners in the Community (Early Childhood Partners and Local Area Coordinators [LACs])
- NDIA Plan Delegates.

3. Scope

This PG outlines the disability-related health supports that may be considered for participants who are involved with the health system. These participants may also have involvement with other mainstream interfaces such as justice, child protection, or mental health.

Planning for participants who are involved with the health system generally follows the same process as for other participants. However, there is additional information to consider as outlined in this PG.

3.1 Policy position

The Agency takes a whole of person approach when funding supports in a participant's plan. This means that funding is based on the reasonable and necessary criteria in section 34 of NDIS Act and Rules and is **not** limited to the impairments which satisfy the criteria for accessing the Scheme.

Specifically, in accordance with section 34(1)(f) of the NDIS Act, the Agency needs to determine whether a disability-related health support for a participant is most appropriately funded or provided by the Scheme.

The Scheme is responsible for supports relating to a person's ongoing functional impairment that allows the person to undertake activities of daily living. This includes maintenance supports delivered or supervised by clinically trained or qualified health practitioners, where these are linked to the care and support a person requires to live in the community and participate in education and employment (NDIS (Supports for Participants) Rules).

3.2 Guiding statements

Consider the following guiding statements when determining whether disability-related health supports are funded by the Scheme:

1. The participant experience is central to all decisions.
2. The nature of an eligible participant's disability, and the functional impacts, determines what NDIS supports are most appropriate to achieve desired outcomes.
3. The NDIS views a person as a whole and allows participants to choose and control the supports that allow them to reach their goals.
4. A person-centred allocation is optimal, however it is recognised that until the NDIS matures, guidance is sometimes required at a support and service level.
5. The NDIS aims to take an outcomes focus to the way disability and health supports are funded. Health and disability supports wrap around the participant's needs so they receive seamless support from multiple service systems.
6. Consistent with the Council of Australian Governments (COAG) agreed [Principles to Determine the Responsibilities of the NDIS and Other Service Systems](#) (including the Applied Principles and Tables of Support (APTOS), health supports that are not a regular part of the everyday life of a person with disability remain the responsibility of health systems.
7. The supports provided to a participant will be in the context of appropriate Quality and Safeguarding frameworks.

8. Participants can choose the most appropriately qualified person to provide their supports, within the funding available in their NDIS plan.
9. NDIS funded services should be provided by the most appropriate and cost effective service provider.

3.3 The disability-related health supports arrangements are likely to apply to

Any participant that requires disability-related health supports as outlined in this PG. These supports will most often be required by people whose disability affects multiple or whole of body systems, such as significant acquired brain injury, cerebral palsy, neurological conditions or spinal cord injury.

Disability-related health supports can be required because of a wide range of disability types and funding for these supports should be explored for all participants in accordance with the criteria in section 34 of the NDIS Act and the NDIS Rules.

3.4 The disability-related health supports arrangements are not likely to apply to

Generally, disability-related health supports will not meet reasonable and necessary criteria when funding is more appropriately provided by another service system. For example, (this is not an exhaustive list):

- people in hospital
- emergency or clinical care in community settings such as hospital in the home
- participants in custody (in a correctional facility, for example prison, remand centre or youth detention centre), on remand, awaiting or following sentencing. In these circumstances, a participant's day-to-day care and support needs, including personal care are more appropriately funded by the justice system (see Rule 7.25(a)).

Note: In a rural, remote, or regional location, there may be times where disability-related health supports might be provided in a health centre due to thin markets or for ease of delivery. In these circumstances, please refer to your team leader for advice.

3.5 Younger People in Residential Aged Care (YPIRAC)

Typically, disability-related health supports will be provided by the residential aged care facility in an aged care setting for YPIRAC participants. However, if a participant identifies a health support need which is not currently being met by the residential aged care facility, please refer to the [Technical Advisory Branch \(TAB\)](#) for advice.

3.6 Liaison Officers

Liaison Officers are represented in all states and territories and are part of the Complex Support Needs (CSN) Pathway Branch. Liaison Officers provide a single point of contact for health and/or justice staff to facilitate support for participants (prospective and current) in health and/or justice settings. The Liaison Officer role is non-participant facing with a focus on support for hospital and justice staff, NDIS plan developers (planners and LAC's), engagement staff and support coordinators.

For more information refer to the [Health Liaison](#) and [Justice Liaison](#) Officer factsheets on the [CSN intranet page](#).

4. Disability-related health supports

Disability-related health supports must be considered reasonable and necessary under s34 of the NDIS Act and may include:

- planning, care and training for specific health tasks provided by a support worker, allied health professional, and/or nurse
- purchase of some consumables
- maintenance and cleaning of some specific equipment
- purchase or lease of some equipment.

Disability-related health supports are expected to assist in the following areas (this is **not an exhaustive list**):

- **Dysphagia:** for participants who have trouble eating, drinking or swallowing on a daily basis.
- **Respiratory:** for participants who require support or any associated care and planning to maintain respiratory health and comfort to help them breathe.
- **Nutrition:** for participants requiring help with the way they eat or understanding the food they need.
- **Diabetes:** for participants who have daily problems with how much sugar is in their blood.
- **Continence:** for participants who need daily assistance with toileting (bladder and bowel).
- **Wound and Pressure Care:** for participants who need daily wound and pressure care (resulting from pressure wounds or swollen limbs).
- **Podiatry:** for participants who require help looking after their feet, ankles and lower limbs.

- **Epilepsy:** for participants who need daily help managing the effects of epilepsy on their life.
- **Botox and associated splinting:** It is unlikely Botox and associated splinting supports will be reasonable and necessary to include in a plan, as these are generally provided in a clinical setting.

4.1 Principles to consider when deciding to include disability-related health supports in a plan

When determining if you can include disability-related health supports in a participant's plan you must consider the following principles and decide if a support is most appropriately funded by the Scheme (NDIS [s34(1)(f)]) having regard to the specific matters set out in the NDIS Support for Participants Rules (see Rule 7.4 and 7.5).

The decision to fund reasonable and necessary disability-related health supports should **not** only be based on the primary and/or secondary disability as recorded in the NDIS Business System (System).

In making this decision, you will also need to consider whether the support:

- directly relates to a person's ongoing functional impairment, and
- is a regular part of daily life, and
- is most appropriately funded or provided by the NDIS, and
- is evidenced, meaning supporting information can generally be obtained.

4.1.1 Directly related to a person's ongoing functional impairment

When determining if a disability-related health support is directly related to the participant's disability, consider whether:

- the purpose is the provision of maintenance supports delivered or supervised by clinically trained or qualified health practitioners where these are integrally linked to the care and support the person requires to live in the community and participate in social activities, education and employment
- the participant would not require the health support BUT FOR his/her functional impairment.

4.1.2 Regular part of daily life

When determining if a disability-related health support is a regular part of daily life you must determine if the support is required on:

- a habitual basis such as daily, weekly, monthly or yearly

- a repeated or fixed pattern of need or
- an ongoing basis and is not time limited or a one off requirement.

4.1.3 Is most appropriately funded by the NDIS

You must determine if a support is most appropriately funded by the NDIS. In the following situations (see NDIS Rules), supports will remain the responsibility of the healthcare system:

- **Acute** services: these services are generally provided by public and private hospitals and may require a short stay in a hospital. **Acute** conditions are those that come on sharply and are often brief, intense and/or severe.
- **Post-acute** services: these services provide follow-up care after a person's hospital stay, often by allied health services, and can include admitted or community-based rehabilitation.
- Diagnosis and treatment of **chronic health conditions** for example, diabetes, cancer, heart disease.
- **Palliative care**: treatment, care and support for people living with a life-limiting illness.
- **Diagnostic** services: diagnosis decisions and advice provided by a practitioner using clinical judgment to determine a person's symptoms and the possible condition causing these symptoms.

4.1.4 Is evidenced - supporting information can be obtained

You may need to ask the participant to provide supporting information to justify your decision making when including disability-related health supports in a plan. You may also require information about the recommended amount of support required and type of worker needed.

Supporting information may be:

- an expert opinion in the form of a written report from a suitably qualified health care practitioner detailing clinical reasoning and justification for the proposed disability-related health support, including the type of support recommended, the frequency and duration this support is required, and how the support is related to the participant's functional impairment
- literature
- lived experience of the participant
- anything the Agency has learnt through the delivery of the Scheme.

This information may include:

- type and availability of support recommended (including information about all supports considered and why the support is required)
- frequency and duration of the support (including whether or not the support is for the diagnosis, acute management, rehabilitation or maintenance of a health need)
- care and maintenance of the support
- whether the delivery of the support can be delegated (for example, by a nurse to a disability support worker)
- the relationship of the support to the participant's functional impairment
- outcomes that will be achieved through delivery of the support
- most appropriate setting for the delivery of the support.

Ideally the Agency requires supporting information to be current. Currency is dependent on the type of support, relevant risks, changing needs of the participant and good practice in delivery of the support.

4.2 When a support moves from being regular to acute

If the participant has an acute episode, ([see definition above](#)) this support is more appropriately provided by the relevant State or Territory health care system or private health system. The NDIS is not the most appropriate funder for supports during an acute episode (See Rule 7.5(c)(ii)).

The NDIS will recommence funding when the support ceases to be acute, but continues to be regular as defined [above](#).

5. Pre-planning

5.1 Information for ECEI - Children under 7

In Early Childhood Early Intervention (ECEI), families/carers are responsible for their child's support needs consistent with what would be required for children of a similar age. If a child's disability-related health support needs require significant support, the plan developer would first need to consider the family's/carer's capacity and the informal mainstream and community supports available.

It is important to understand each family's individual circumstances to identify where additional support may be required. Where ECEI participants require a level of support with daily activities, significantly beyond the level usually required for children of the same age, funded supports in a plan may be required.

5.2 Streaming

So that participants receive appropriate assistance to engage in the planning process, participants involved with the health system and/or other systems such as mental health, justice, child protection etc. may be streamed Intensive or Super Intensive. Make sure the correct streaming decision is recorded in the System. Refer to [Standard Operating Procedure - Update Participant Streaming](#), for further information.

Note: The term streaming is for internal use only.

5.3 Planning conversation

The planning conversation allows you the opportunity to gather detailed and concise information regarding the participant's functional impairment and disability-related health support needs.

The following points can support you to have a high quality conversation:

- Be aware this is a sensitive conversation and you are asking very personal questions. You may feel resistance. Build rapport with the participant and display empathy, make sure they understand this is a confidential conversation and they can choose who does and does not attend the meeting.
- Encourage the participant to explain how their disability-related health support needs relate to their functional impairment.
- Ask the participant to explain who their current disability-related health supports are provided by (support worker, registered nurse, family member etc.). If the support is provided by a family member, ask if this is the participant's choice or if they would rather this support be provided by someone else.
- Ask the participant what equipment or consumables they currently use in relation to their disability-related health supports.
- Where appropriate, explore with the participant whether they have any capacity building goals in relation to their disability-related health support needs, or whether there is any assistance that could be provided to help increase their independence.

You may need to explain the delegation of care guidelines (see [Appendix A](#)) to the participant, especially if the type or level of worker to be funded by the NDIS is likely to be different from the worker currently delivering their disability-related health supports.

Note: Make sure supporting information is provided to support decisions related to delegation of care. If you need further assistance, please refer to the [Technical Advisory Branch \(TAB\)](#) for advice.

6. Planning

6.1 Advice for plan developers and delegates

All plan developers and delegates should use the following resources to assist in making reasonable and necessary decisions:

- [Reasonable and necessary supports – Section 34 of NDIS Act](#)
- [NDIS \(Supports for Participants\) Rules 2013](#)
- [Planning Operational Guideline](#)
- [COAG Applied Principles and Tables of Supports \(APTOS\)](#)
- [Practice Guidance](#)
- [Published TAB Guidance](#)
- [Standard Operating Procedures](#)

6.2 Relating a health support to the participant's functional impairment

When considering if a disability-related health support is directly related to the participant's impairment, you must determine whether:

- the primary purpose is the provision of maintenance supports delivered or supervised by clinically trained or qualified health practitioners where these are integrally linked to the care and support the person requires to live in the community and participate in education and employment. If a support meets this description, it is most appropriately funded by the NDIS
- if a part of early intervention for children, the provision of the support is likely to reduce the child's future support needs, which would otherwise require support from the NDIS in later years, including through a combination and sequence of supports
- the health support need is directly related to the participant's functional impairment
- the participant would not require the health support BUT FOR his/her functional impairment
- the participant **does not** require disability-related health supports on a regular basis. Their health needs will continue to be supported by the health system.

Example 1: A participant with autism falls over, breaks their leg and has an open wound. On release from hospital the participant's wound care is **not** most appropriately funded by NDIS because it is not related to the participant's ongoing functional impairment and not required on a regular basis (as part of the person's everyday life).

Example 2: A participant with an intellectual disability that does not affect their mobility, falls and cuts their hand, which requires wound care. Wound care is not most appropriately funded by the NDIS because the injury is not related to the participant's ongoing functional impairment. The participant's wound would be cared for by his GP, health care centre or hospital.

6.2.1 Pharmaceutical Benefits Scheme (PBS) and Medicare Benefits Scheme (MBS)

Several of the consumables that would be funded by the NDIS as a disability-related health support are already funded through the PBS.

For consumables currently funded under the PBS, this will continue to be most appropriately funded by the health system through the PBS.

Where a consumable product is considered reasonable and necessary and is not currently funded under the PBS, a [referral to the TAB](#) should be made for further advice.

Several of the supports provided by allied health professionals, which may also be funded as a disability-related health support, are also funded under certain MBS programs.

Where a participant is accessing supports through a MBS program, this will continue to be the most appropriate program to fund the supports. Where the maximum amount of MBS services under a MBS program have been reached and ongoing support is required, a referral to the TAB should be made for further advice.

A participant factsheet is being developed to support participants to understand the options for supports covered under the PBS and MBS programs. In the interim seek advice from the TAB.

6.3 Air conditioning and/or heating (Climate control)

For people who have a disability that affects their ability to regulate their body temperature (thermoregulation), air conditioning and/or heating (climate control) may be funded as a disability-related health support if considered reasonable and necessary. All requests for air conditioning and/or heating must to be referred to the [TAB](#) for advice.

6.4 Medical equipment ancillary costs

Generally, the NDIA does not fund electricity costs that are ancillary to a disability-related health support assistive technology on the basis that these costs are already funded through existing Commonwealth and State/Territory schemes (s34(1)(f)). Therefore, it will not be considered 'value for money' (s 34(1)(d)) for the NDIS to duplicate funding that is already provided through another government scheme. Refer to [Appendix D](#) for a list of the subsidies available.

Where a participant feels they are still disadvantaged and request further support this may be considered on a case-by-case basis, but must be referred to TAB for advice.

6.5 Oxygen

State and Territory governments provide oxygen tanks and subsidies for persons requiring them. This remains most appropriately funded by the existing state or territory Scheme.

The participant should check with the relevant state or territory oxygen scheme prior to any request being made to the NDIS to fund oxygen supports. If the requirement for oxygen is over and above what the state or territory provide and is required due to a disability-related health condition then it may, for some participants be considered a reasonable and necessary support by the NDIS.

In order to consider the request, assessment information is required from a treating physician indicating the prescriptive need for oxygen, including delivery method (mask or nasal specs) and flow required. All requests should be [referred to TAB](#) for advice prior to including in a plan.

6.6 Determining if a disability-related health support is not reasonable and necessary

A disability-related health support will not be reasonable and necessary where it does not meet s.34(1)(a)-(f) of the Act. When considering s.34(1)(f), the requested supports may not be most appropriately funded by the NDIS where:

- the support is not directly related to the participant's ongoing functional impairment (see [4.1.1](#))
 - the nature of the support is not required as a regular part of the participant's daily life and required on a habitual basis (see [4.1.2](#))
- the support relates to the diagnosis and clinical treatment of health conditions, including ongoing or chronic health conditions including health supports delivered by a medical practitioner (Rule 7.5 (a) Supports for Participant Rules)

- the support relates to other activities that aim to improve the health status of Australians, including general practitioner services, medical specialist services, dental care, nursing, allied health services including acute and post-acute services, preventative health, care in public and private hospitals and pharmaceuticals (Rule 7.5 (a) Supports for Participant Rules)
- medical or pharmaceutical services which have been claimed through Medicare or the Pharmaceutical Benefits Scheme
- the supports are time-limited, goal-oriented services and therapies predominantly aimed at restoring health and improving function after recent medical or surgical treatment. This includes episodic treatment and rehabilitation
- the support relates to sub-acute services (e.g. palliative care, aged care, etc.) including in-patient and out-patient services delivered in the person's home, hospital or clinical settings
- the support relates to newborn follow-up provided in the health system, including child health services (Rule 7.10 (c) Supports for Participants Rules)
- the support duplicates other support delivered under alternative funding through the NDIS (Rule 5.1 (c) Supports for Participants Rules)
- the provision of the support is contrary to:
 - a law of the Commonwealth; or
 - a law of the State or Territory in which the support would be provided (Rule 5.3(a) Supports for Participants Rules)
- the support need is unknown at the time the plan is approved (i.e. contingency funding).

6.7 Determining funding for disability-related health supports

Supports funded by the NDIS, including disability-related health supports, must be considered reasonable and necessary and appropriately funded by the NDIS under the NDIS Act and Rules. The guidance below will support you to determine how much funding to include in the plan so the disability-related health supports assessed as reasonable and necessary can be fully funded by the NDIS.

See also [Plan review](#) below.

6.7.1 Type/Level of worker – Delegation of Care

Disability-related health supports may include supports delivered by registered nurses and allied health professionals, as well as enrolled nurses and disability support workers. The type or level of worker required will depend on the person's individual needs, the nature of the support and the setting in which the support is being provided.

Initially, it is anticipated that participants will transition their delegated or other disability-related health supports using the same level of worker as previously provided. For new, or scheduled review participants, if they are receiving delegated care consider what evidence/supporting information is available to support this continued level of worker. If there is no evidence or this is a new support, consider if delegated care should be included at the registered nurse level and review as part of monitoring and implementation.

Type and level of worker will be a key aspect to review as part of implementation and monitoring of the plan. To assist in determining the type and level of worker that should be funded in a participant's plan please refer to [Appendix A: Registered nurse delegation of care](#).

6.7.2 Frequency of support

The frequency of the support will depend on the person's individual needs and the nature of the support. For guidance about typical support hours for different support types see [How to include funding in plans](#). You will need to consider evidence/supporting information provided by the participant and any relevant health professionals in order to determine the reasonable and necessary frequency of funded supports.

6.7.3 Assistive Technology (AT), Equipment and Consumables

Funding can be included in a participant's plan for a range of disability-related health supports AT, equipment and consumables. The criteria described in [Section 4.1](#) applies to AT, equipment and consumables.

6.8 Mandatory advice from the Technical Advisory Branch

You will need to seek advice from the Technical Advisory Branch (TAB) prior to including some disability-related health supports in a participant's plan, even if you consider the support to be reasonable and necessary. This will help to:

- ensure Scheme financial sustainability
- confirm the support is most appropriately funded by the NDIS
- monitor risk to the participant.

First, you must consider if the support meets the reasonable and necessary criteria and is directly related to a participant's functional impairment. Then, check if the support requires referral to TAB for advice prior to including in the participant's plan.

To check if the support requires referral to TAB, refer to [Appendix C](#). If the support requires advice refer to the [TAB DRHS Intranet page](#) for the process to follow.

Once you have received the advice from TAB, use this in your considerations when determining the reasonable and necessary funding for the disability-related health support to include in the participant's plan.

6.9 How to include funding in plans

To maximise funding flexibility for participants, where possible combine funding for reasonable and necessary disability-related health supports to avoid funding multiple small items/services at the line item level.

Detailed guidance is available for a number of specific disability-related health supports. Refer to the PGs below when developing plans involving these support types:

- [Practice Guide - Dysphagia Supports](#)
- [Practice Guide - Epilepsy Supports](#)
- [Practice Guide - Wound and Pressure Care Supports](#)
- [Practice Guide - Respiratory Supports](#)
- [Practice Guide - Continence Supports](#)
- [Practice Guide – Diabetic Management Supports](#)
- [Practice Guide - Nutrition Supports](#)
- [Practice Guide - Podiatry and Foot Care Supports.](#)

6.10 Nursing supports

The plan developer/delegate should make sure there are sufficient funds included in the plan to cover a participant's reasonable and necessary nursing support needs. It is the responsibility of the service provider to assign the most appropriately qualified nurse to provide the health related support i.e. has appropriate competencies for that task:

- If the level of nursing **is not known** at the time of planning, include all nursing hours together using the line item - Composite Funding For Delivery Of Health Supports By A Clinical Nurse Consultant.

- If the participant can provide clear supporting information detailing their current level of nursing, include like for like supports using the relevant composite line item/s from the following list:
 - Composite Funding For Delivery Of Health Supports By An Enrolled Nurse
 - Composite Funding For Delivery Of Health Supports By A Registered Nurse
 - Composite Funding For Delivery Of Health Supports By A Clinical Nurse
 - Composite Funding For Delivery Of Health Supports By A Clinical Nurse Consultant
 - Composite Funding For Delivery Of Health Supports By A Nurse Practitioner.

Note: Nursing supports should **not** be stated so a participant can access all levels of nursing support for the duration of their plan.

Refer to [Appendix B: Summary of disability-related health supports](#) for a summary of the supports to be considered in each budget for each type of health support including nursing supports.

6.11 Plan comments

Include clearly worded comments in the plan to:

- explain the funding in each category for each disability-related health support
- facilitate choice and control to allow for plan funding flexibility
- ensure participants understand what funding has been provided to meet their goals and disability-related health support needs
- assist providers in identifying funding available for disability-related health supports
- support implementation and monitoring.

Example: Includes funding for <describe health supports – for example, development of an oral eating and drinking plan>.

So the participant is supported and remains at the centre of decision making include your justifications for any included or excluded disability-related health supports to support reasonable and necessary decision making.

Note: Generally to support flexibility, supports should not be stated.

7. Implementation and monitoring

The implementation and monitoring of plans including disability-related health supports will generally follow the same process as with all plans. However, be mindful that funding for disability-related health supports in NDIS plans may be new to participants and stakeholders. You may need to take time to explain the new items in plans and ensure participants can link to appropriate supports.

You should explain comments in the plan to the participant so they understand the funding allocated for health supports. Plan comments can also be used when monitoring utilisation, effectiveness of funding and achievement against goals in subsequent plan reviews. It will be a critical review point for considering level of nursing care including delegation of care.

Refer to [Practice Guide – Implementation](#) and [Practice Guide – Monitoring](#) for more information.

8. Plan review

Review the disability-related health supports previously included in the participant's plan, to determine if they still meet the reasonable and necessary criteria as set out in this PG.

To ensure continued access to supports have a conversation with the participant, their nominee or child representative to assist them to engage with local mainstream health services.

This assistance may be provided by an LAC or support coordinator. Transitional funding may be considered reasonable and necessary so participants are not without critical health supports while alternative arrangements are made. Participant safety should be a key consideration. Additionally, consider use of your local escalation processes so any participants in this circumstance are supported.

Refer to [Review Practice Guides and Standard Operating Procedures](#).

9. Case examples

9.1 Example 1 – Amanda

Amanda has multiple sclerosis (MS) and lives at home with her partner, Megan. She lives in Adelaide, where summer temperatures are often 40 degrees Celsius or over. She receives the disability support pension and has a low income health care card. She has requested a plan review (s48) to see if funding for medical related air conditioning can be included in her plan.

9.1.1 Plan discussion

Amanda discusses the impact MS has on her everyday life with her plan developer. She mentions that her symptoms are significantly worse during summer when the temperatures exceed 25 degrees Celsius. When it is hot, she experiences increased pain, fatigue, blurred vision, muscle weakness, walking and memory dysfunction.

She asks her plan developer if the NDIS can fund air conditioning (climate control) so that she can maintain her functional capacity during summer and continue to pursue her goals. She is a home owner and would like funding for an air conditioner at home as she does not currently have one and would prefer a ducted system. She would also like NDIS funding to cover her air conditioning bill.

She has provided a certificate from her GP that states her medical condition is severely worsened by hot weather. Her occupational therapist (OT) has also provided a report stating that while Amanda has tried thermoregulation using other methods, she has not been successful. Her OT report also stated she has significantly worsened mobility and functioning due to heat.

9.1.2 Reasonable and necessary supports

9.1.2.1 Capital supports

- split system air conditioner x2 (one in the bedroom and one in the living area)

Amanda has provided medical evidence that she has thermoregulation difficulties directly related to her disability and has trialled other means of cooling without success. Requests for any air conditioning/heating supports requires mandatory contact with TAB to seek advice before including in a plan.

The plan developer contacted TAB through the Technical Advice Phone Support (TAPS) line and sought advice prior to including it in Amanda's plan. The NDIS will fund split system air conditioners for Amanda. A ducted system does not meet the National Disability Insurance Scheme Act 2013 criteria for reasonable and necessary supports as it does not represent value for money.

9.1.2.2 Supports provided by another service system

Some funding for Amanda's air conditioning bills is provided by the South Australian state government through a medical heating and cooling concession. Amanda is eligible for this concession as she has a low income health care card. She is responsible for part payment of the energy bill.

10. Appendices

10.1 Appendix A: Registered nurse (RN) delegation of care

Registered nurse (RN) delegation of care allows an RN to delegate high level care to another suitably trained person. When an RN delegates their care they remain responsible for:

- conducting an initial health assessment with the participant
- developing the participant's care plan including decisions relating to delegation of any part of the care to another person
- training and assessment of the support worker/s to deliver the delegated support based on the participant's care plan
- reassessment of the participant's care needs as required
- connecting the participant with their health support worker/s
- environmental assessment including at different locations for example, the home, community settings, (including camps and excursions)
- accountability for delegated aspects of the nursing care plan which includes:
 - making sure the participant has a support worker with the appropriate level of education, knowledge, experience, skill and assessed competence to perform participant specific delegated care tasks (this does not include basic competency training as this is the responsibility of the provider)
 - making sure the support worker/s is competent, confident of their ability to perform the task safely, is ready to accept the delegation, and understands their level of accountability for performing the activity
 - making sure the care plan clearly outlines the delegated care tasks to be undertaken by the support worker
 - training the support worker in the individualised needs of the participant (this is above basic competency training)
 - monitoring and reassessment of the care plan and additional training as the participant's needs change.

Important: The NDIS is not responsible for training support workers in initial skill and knowledge development. The NDIS funds training for specific support where relevant to the participant's individual care needs and are above the entry level competency standard.

10.1.1 Tier levels

Tier levels describe the level of support required. This is determined according to the complexity of the health support need, the number of skills and credentialing staff require and the number of services the participant requires.

10.1.1.1 Tier 1

Participants who require a **very high level** of support or have a very complex health support needs such as:

- respiratory supports which are part of daily support requirements:
 - ventilator dependent, tracheostomy
 - Non-invasive Positive-Pressure Ventilation (NPPV) or Bilevel Positive Airway Pressure (BiPAP) ventilation for full 24/7
 - any Tier 2 or Tier 3 supports
- supports which require training and delegation in four or more different skill areas
- participants who require disability-related health supports for the first time (may move to Tier 2 at plan review)
- three or more health service providers.

Note: Meeting the requirements for Tier 1 is an indicator for including high intensity level 3 personal care supports in the plan.

10.1.1.2 Tier 2

Participants who require an **intermediate level** of support such as:

- Constant Positive Airway Pressure (CPAP) or non 24 hour BiPAP support
- diabetic management
- development of an oral eating and drinking plan
- epilepsy management supports including administration of medication and implementation of an Emergency Medication Management Plan (EMMP)
- supports which require training and delegation in up to three different skill areas
- wound care support (if treatment management required)
- any Tier 3 supports
- up to three health service providers.

Note: Meeting the requirements for Tier 2 is an indicator for including high intensity level 2 supports in the plan.

10.1.1.3 Tier 3

Participants who have **low level** support needs such as:

- continence support (includes catheter and bowel care)
- Percutaneous Endoscopic Gastronomy (PEG) and Home Enteral Nutrition (HEN) support

- podiatry care support
- skin integrity maintenance (if indicated per risk assessment)
- supports which require training and delegation in one skill area
- up to two service providers.

Note: Meeting the requirements for Tier 3 is an indicator for including high intensity level 2 supports in the plan.

10.1.2 High intensity supports

A support is considered high intensity if the participant requires assistance from a support worker with additional qualifications and experience relevant to the participant's support needs. The high intensity price limits may be considered when:

- support is frequent (at least 1 instance per shift) where assistance is required to manage challenging behaviours that require intensive positive behaviour support; and/or
- continual active support is required due to high medical support needs (such as unstable seizure activity or respiratory support).

10.1.3 Including RN delegation of care in plans

Refer to [Table 1](#) when calculating the number of delegation of care hours to include in a plan. When including hours for training of support workers, make sure you include support worker hours at the relevant high intensity level (2 or 3) for each health support worker attending training.

10.1.3.1 Provisions for shadow shifts

Shadow shifts may be considered where the participant has complex support needs that are best met by introducing a new worker to the participant before they commence providing the support independently. Consider where the specific individual support needs include:

- very limited communication
- behaviour support needs
- medical needs/procedures such as ventilation or HEN.

Where shadow shifts are required to introduce the participant to new support workers, up to 6 hours of weekday support per year may be funded.

Introducing new workers is not designed to replace formal, recognised training that will be provided by an employer to their workforce, such as shadowing (or buddying) less experienced staff or new staff with experienced workers or informal carers.

10.1.3.2 Other Considerations

Additional hours may be required for either Tier 1 or Tier 2 participants if they:

- are under the care of Department for Child Protection: up to 20 hours
- require interpreter services for assessment and training: up to 10 hours
- have additional service providers (indicated by multiple settings, for example, shared care arrangements): up to 10 hours/provider.

10.1.4 Table 1 - RN Delegation of care hours

Client support provided by RN	Tier 1	Tier 2	Tier 3
Health assessment - Prep	1hr – 1 per year	1hr - 1 per year	1hr - 1 per year
Health assessment - Initial	2hrs - 1 per year	2hrs - 1 per year	1hr - 1 per year
Health assessment - Reassess	1hr – 3 per year	1hr - 1 per year	1hr - 1 per year
Health assessment - Write up	2hrs – 3 per year	2hrs - 1 per year	1hr - 1 per year
Care plan - New	3hrs - 1 per year	1hr - 1 per year	1hr - 1 per year
Care plan - Variation	30mins – 6 per year	30mins – 3 per year	30mins – 2 per year
Care plan - Update	90mins – 1 per year	90mins – 1 per year	N/A
Delivery of training (2 skills/2-4 support worker staff) – 1 st session	3hrs - 1 per year	2hrs - 1 per year	1hr - 1 per year
Delivery of training (2 skills/2-4 support worker staff) – Add skill	1hr – 5 per year	30mins – 3 per year	N/A
Delivery of training	2hrs – 1 per year Add skill 1hr per year	2hrs – 1 per year Add skill 30mins per year	1hr - 1 per year

Client support provided by RN	Tier 1	Tier 2	Tier 3
(2 skills/2-4 support worker staff) – 2 nd session			
Delivery of training (2 skills/2-4 support worker staff) – Competency	2hrs – 1 per year Add skill 1hr per year	1.5hrs – 1 per year Add skill 30mins per year	30mins – 1 per year
Delivery of training (2 skills/2-4 support worker staff) – Reassess	2hrs – 1 per year Add skill 1hr per year	1.5hrs – 1 per year Add skill 30mins per year	30mins – 1 per year
Environmental Assessment	1hr – 4 times per year	1hr – 4 times per year	30mins – 2 per year

10.2 Appendix B: Summary of disability-related health supports

Refer to [Table 2](#) as a guide when including disability-related health supports in a participant's plan. The table lists the estimated hours and frequency of supports for each of the individual health items where this is the only support need for the participant. Please consider all of a participant's needs when determining the number of hours to include for a specific type of support. Refer to each individual disability-related health support [Practice Guide](#) for details regarding hours and frequency of support.

You should take into account all hours required to meet a participant's reasonable and necessary whole of person needs. Combine the hours required for different health support categories so there is no duplication of hours for a provider type (for example, nurse, speech pathologist, dietician, podiatrist, and physiotherapist).

Example: John has a C3 spinal cord injury, is medically stable and is receiving services from personal care workers for his daily care. He requires routine monitoring visits and clinical intervention by an appropriately skilled nurse including, but not limited to, catheter changes, skin integrity checks, trachea tube changes and identifying and addressing training needs. This would be estimated as 2-5hrs at a registered nurse level per week.

10.2.1 Table 2 – Summary of disability-related health supports

Continence	Supports for consideration
Core	<ul style="list-style-type: none"> Personal care hours for assistance with continence care as part of the participant's daily personal care for example, maintenance and care of a catheter (see RN delegation of care). Continence consumables. Membership of a stoma association - \$50 concession or \$60 full rate, if requiring stoma consumable products from Stoma Appliance Scheme.
Capacity building	<p>Composite nursing hours for:</p> <ul style="list-style-type: none"> continence assessment plans and reviews from a continence nurse (CNC level nurse) which includes identification of continence consumable/AT support needs – up to 3hrs per year catheter changes for suprapubic and indwelling catheters – up to 12hrs per year. <p>For full guidance when including disability-related continence supports in plans refer to Practice Guide – Continence Supports.</p>
Capital	N/A
Diabetes	Supports for consideration
Core	<ul style="list-style-type: none"> Personal care hours to support the participant to implement the diabetic management plan and assist with the administration of routine, non-complex insulin when the participant is unable to perform the tasks due to their ongoing functional impairment. Hours for personal care worker to attend training specific to the implementation of the participant's management plan. <p>Note: additional hours required will depend on other disability support needs, where support workers are already required to support the participant in everyday life activities.</p> <ul style="list-style-type: none"> The NDIS does not fund diabetic medication and consumables.

Continence	Supports for consideration
Capacity building	<ul style="list-style-type: none"> • Nursing hours to develop a participant specific diabetic care plan including initial consultation, development of the plan and re/assessment – up to 5hrs per year (including 1 reassessment). • Where there is evidence the complex health and disability care needs of the participant exceed the skill set of a trained support worker, nursing hours may be included to administer insulin. Hours required will depend on other disability support needs. <p>For full guidance when including disability-related diabetes supports in plans refer to Practice Guide – Diabetic Management Supports.</p>
Capital	The NDIS does not fund diabetic equipment.
Dysphagia	Supports for consideration
Core	<ul style="list-style-type: none"> • Personal care hours to support implementation of an oral eating and drinking care plan (OEDCP) or mealtime management plan and/or any recommended swallowing therapy strategies as delegated by a speech pathologist. <p>Note: Additional hours considered to attend participant specific training in regards to mealtime plan or eating and drinking plan. Up to 2 hours per year per support worker.</p> <ul style="list-style-type: none"> • Low cost assistive technology such as adaptive cutlery. • Thickeners to prevent aspiration and promote safe swallowing.
Capacity building	<p>Delivery of health supports by a speech pathologist including:</p> <ul style="list-style-type: none"> • re/assessment, development of OEDCP or mealtime management plan – 14hrs per year (based on assessment in 2 locations) • swallowing therapy intervention, usually included as part of the OEDCP or mealtime management plan

Continence	Supports for consideration
	<ul style="list-style-type: none"> • training family and support workers in the specific implementation of the participant's management plan – 8hrs per year (based on training in two locations). <p>For full guidance when including disability-related dysphagia supports in plans refer to Practice Guide – Dysphagia Supports.</p>
Capital	N/A
Epilepsy	Supports for consideration
Core	<ul style="list-style-type: none"> • Personal care hours for a support worker to: <ul style="list-style-type: none"> – attend training to implement an Epilepsy Management Plan and/or Emergency Medication Management Plan - up to 90 minutes every 2 years – implement, shop for and cook a participant specific Ketogenic diet plan. Training to implement plan – 1hr per year. Support hours will vary (see Practice Guide – Epilepsy Supports) – monitor seizures where the level and risk of seizure are high due to the severity of the participant's epilepsy – hours dependant on participant's other disability support needs. • Low cost assistive technology (up to \$1500 per item) such as seizure monitor alarm systems, seizure mats for beds, and oximeters, to measure a person's oxygen saturation. <p>Important: Any requests for 24/7 or 2:1 support related to epilepsy monitoring should be referred to the TAB for advice.</p>
Capacity building	<p>Where there is evidence the complex health and disability care needs of the participant exceed the skill set of a trained support worker, nursing hours may be included to monitor seizures. Hours will vary depending on participant's other disability-related support needs.</p> <p>For full guidance when including epilepsy supports in plans refer to Practice Guide – Epilepsy Supports.</p>

Continance	Supports for consideration
Capital	N/A

Nutrition	Supports for consideration
Core	<ul style="list-style-type: none"> • Personal care hours for a support worker to: <ul style="list-style-type: none"> – administer HEN, and assist PEG maintenance and care where a participant is unable to independently manage due to their functional impairment – assist where a participant has cognitive difficulties to implement a nutritional meal plan. <p>Note: hours will vary depending on the participant's other disability-related support needs.</p> • PEG and HEN equipment and consumables including: <ul style="list-style-type: none"> – enteral feeding tube – administration reservoir such as a feed bag or bottle – giving set – syringes – enteral pump. • HEN formula when the cost of formula exceeds what is deemed more than standard food costs for the average Australian and is not currently funded under the PBS.
Capacity building	<p>Dietitian hours for:</p> <ul style="list-style-type: none"> • re/assessment and development of a standard or complex meal plan – up to 5-10hrs per year (based on one reassessment) • training (for family members, support workers) specific to the participant's individual nutritional needs – 1-6 hrs per year. <p>For full guidance when including nutrition supports in plans refer to Practice Guide – Nutrition Supports.</p>
Capital	N/A

Nutrition	Supports for consideration
Podiatry and foot care	Supports for consideration
Core	<ul style="list-style-type: none"> • Personal care hours for a support worker to assist a participant with the implementation of a home exercise program which has been prepared by a podiatrist - as a general guide 15 minutes per day additional to the participant's normal daily care routine. • Training in the specific needs of the participant - 1hr per support worker. • Low cost AT (up to \$1500 per item) such as orthotics and wearable technology. • Repairs and maintenance of podiatry related AT.
Capacity building	<p>Podiatrist hours including:</p> <ul style="list-style-type: none"> • Podiatry assessment and development of podiatry care plan including reassessment – up to 9hrs per year. • Training support workers in the individual needs of the participant - 1hr per support worker. • Cutting toe nails and other foot care - 20 - 60min per visit, every 6-8 weeks. <p>Note: Where there is evidence the complex health and disability care needs of the participant exceed the skill set of a trained support worker, podiatrist hours may be included to implement the podiatry care plan.</p>
Capital	<p>The following AT items over \$1500 per item:</p> <ul style="list-style-type: none"> • custom foot orthoses • medical grade footwear • custom footwear. <p>For full guidance when including Podiatry and Foot Care Supports in plans refer to Practice Guide – Podiatry and Foot Care Supports.</p>

Respiratory	Supports for consideration
Core	<ul style="list-style-type: none"> • Personal care hours for a support worker: <ul style="list-style-type: none"> – where a registered nurse (RN) has delegated care for the support worker to administer the proper use of medical equipment (see RN Delegation of care) – attend training in the individualised needs of the participant – support a nurse with tracheostomy changes. • Consumables related to tracheostomy, suctioning, air humidifiers CPAP and BIPAP machines and Oximeters • Disability-related health equipment and consumables delivery • Disability-related health equipment and consumables - Set up/training • Repairs and maintenance - Disability-related health machines • Filters and/or humidifiers for ventilators.
Capacity building	<p>Nursing hours for an RN to delegate work to a health support worker or enrolled nurse (see RN Delegation of care). Includes training support workers in the individualised needs of the participant.</p>
Capital	<p>Purchase or lease of:</p> <ul style="list-style-type: none"> • Constant Positive Airway Pressure machine (CPAP) • Bilevel Positive Airway Pressure machine (BIPAP) • Ventilator • Oxygen (Note: this requires TAB referral) • Air humidifier • Portable suction machine • Cough assist machine. <p>For full guidance when including respiratory supports in plans Practice Guide – Respiratory Supports.</p>

Respiratory	Supports for consideration
Wound and Pressure care	Supports for consideration
Core	<ul style="list-style-type: none"> • Personal care hours for support workers to assist with the implementation of a wound prevention plan and to attend training provided by Nurse, physiotherapist or occupational therapist (see RN Delegation of care). • Consumables for prevention and dressing of wounds such as PH wash, moisturiser and barrier creams, gauze, bandages, dressing, tape and cotton wool to dress wounds. (Note: for participants with Epidermolysis Bullosa (EB), all wound care consumables/dressings are provided through the EB dressing scheme). <p>The following should be considered when including consumables related to wound prevention and management:</p> <ul style="list-style-type: none"> – Tier 1 - Wound Prevention kit for participants at risk of pressure injury – i.e. \$1000 per year – Tier 2 – Additional \$1000 per year for management of 3-4 simple wounds (dressings for wound care 2-3 days for each wound for 2-6wks) – i.e. \$2000 total per year – Tier 3 – Additional \$2500 per year for management of ongoing chronic wound care, i.e. \$3,500 total per year. Any additional funds will be quotable following assessment by CNC. <ul style="list-style-type: none"> • Pressure care garments • Pressure supports (AT) up to \$1500 per item • Disability-related health equipment and consumables delivery • Repairs and maintenance - disability-related health machines.
Capacity building	<ul style="list-style-type: none"> • Nursing hours for:

Respiratory	Supports for consideration
	<ul style="list-style-type: none"> – specific pressure care and wound management plan. Including initial consultation and re/assessment, development of the plan and ongoing clinical intervention support - up to 5hrs per year (based on one reassessment) – ongoing clinical intervention support as identified by assessment (treatments range from one hour per day to 3 hours weekly as identified by the practitioner and level of nurse).
Capital	<p>Purchase or lease of pressure supports (AT) over \$1500 per item including:</p> <ul style="list-style-type: none"> • pressure cushions • mattress • lymphoedema machine if required for maintenance. <p>For full guidance when including wound and pressure care supports in plans Practice Guide – Wound and Pressure Care Supports.</p>
Botox and Splinting	Supports for consideration
	<p>While Botox and splinting supports are unlikely to be funded by the NDIS, funding needs to be assessed case by case and may be provided when it is a regular part of the participant’s daily life and results from the participant’s functional impairment.</p> <ul style="list-style-type: none"> • The NDIS is unlikely to fund the purchase of Botox Neurotoxin type A.* • Serial casting, whether it is post-Botox or done independently from Botox treatment, is a time-limited episodic treatment. • As such, Botox and post-Botox rehabilitation for children aged under seven years with developmental delay and disability is considered a health system responsibility. • The NDIS will fund splinting to maintain a participant’s function once the post Botox rehabilitation is completed.

Respiratory	Supports for consideration
	<p>*Botox must be administered in a clinical setting, and in Australia, therapeutic Botox injections for spasticity are only given by doctors. They usually do so in private rooms or as part of a hospital spasticity clinic. It is unlikely that Botox will be provided out of a clinical setting and cannot be delegated.</p>

10.3 Appendix C: TAB mandatory advice list

The following supports require you to seek advice from TAB prior to including in the participant's plan.

Assistive Technology	Supports requiring TAB advice
CPAP Devices	New CPAP machines
BiPAP Devices	All BiPAP machines
Climate control	All requests for air conditioning and/or heating
Cough Assist Machines	All new requests (excluding like for like replacement)
Life Support Ventilators (IPPV)	All requests, including replacement requests
Negative pressure wound therapy pump (NPWT)	Pneumatic compression pumps for lymphoedema management
Oxygen	All requests for additional oxygen supply above state or territory scheme supply
Respiratory Device Consumables	<ul style="list-style-type: none"> Request for more than 4 masks, straps and tubing sets per year for Non-invasive ventilator devices (# see definition below) – BiPAP or CPAP Consumable requests for use with invasive ventilator and BiPAP devices (## see definition below)
Seizure response mats, monitors, Apple watch	All requests for devices above \$2,000
VAC Dressings and VAC Machines	New requests for VAC Dressings and/or Machines
Capacity Building supports	Supports requiring TAB advice
Continence	More than 18 hours for RN supports per year for direct management of participant's continence needs
Diabetes	Requests for RN nursing supports for direct management of diabetes where there is evidence that the diabetes is stable

Assistive Technology	Supports requiring TAB advice
Dysphagia	<ul style="list-style-type: none"> • More than 35 hours/year for high cost/intensive feeding programs due to dysphagia/sensory aversion • More than 15 hours/year direct speech therapy support for 1-2 assessments per year of swallow safety and risk due to dysphagia
Epilepsy	More than 38 hours per year for direct support from RN for management of epilepsy / seizure monitoring
RN direct care – not RN Delegation of Care model of support or training	RN for direct in-home nursing support for a function that otherwise sits with health e.g. RN funding for in-home blood testing due to behaviour/anxiety
Nutrition	More than 20 hours/year for assessment and development of a meal plan
Nutrition (PEG/HEN)	More than 3 hours per day for RN direct care for PEG/HEN maintenance
Podiatry/Foot Care	More than 25 hours/year of Podiatry Care Program (PCP) and/or foot care and maintenance from podiatrist or nurse
Respiratory	More than 14 hours per week for RN supports for direct management of participant's respiratory needs
RN Delegation of Care	<p>Requests for RN Delegation of Care hours exceeding those in Table 1: RN Delegation of care hours.</p> <p>Tier 1 – Above 62 hours per year</p> <p>Tier 2 – Above 31 hours per year</p> <p>Tier 3 – Above 12 hours per year</p> <p>excluding travel</p>
Wound and Pressure Care	<ul style="list-style-type: none"> • More than 7 hours per week of RN support to attend dressings for the duration of plan • Request for RN support to attend to dressings immediately post discharge from Hospital
Core supports	Supports requiring TAB advice

Assistive Technology	Supports requiring TAB advice
Ancillary Power	Any requests for additional NDIS funding of disability-related health supports AT ancillary power costs over and above Commonwealth, State or Territory subsidies and payments
Continence consumables	All requests above \$10,700 per year
24/7 and/or 2:1 Monitoring for Epilepsy	Requests requiring this level of support for exclusive monitoring /management of epilepsy
Wound Dressings	Above \$3,500 per year.

Non-invasive ventilation (NIV) is the use of breathing support administered through a face mask, nasal mask, or a helmet. Air, usually with added oxygen, is given through the mask under positive pressure; generally the amount of pressure is alternated depending on whether someone is breathing in or out. CPAP and BiPAP are types of non-invasive ventilation.

Invasive ventilation is breathing support administered via an endotracheal or tracheotomy tube to deliver air and oxygen.

10.4 Appendix D: Table Summary of Jurisdictional Power Subsidies

Jurisdiction	Subsidy
Commonwealth	Essential Medical Equipment Payment
Western Australia	Life Support Equipment Electricity Subsidy Scheme Thermoregulatory Dysfunction Energy Subsidy Scheme
Queensland	Electricity Life Support Medical Cooling and Heating Electricity Concession Scheme
New South Wales	Life Support Rebate Medical Energy Rebate
Northern Territory	NT Concession Scheme (NTCS) NT Seniors Recognition Scheme (NTSRS)
Tasmania	Annual electricity concession Life support concession

Jurisdiction	Subsidy
	Medical cooling or heating concession
Victoria	Annual electricity concession Life support concession Medical cooling concession
Australian Capital Territory	Life support rebate Home haemodialysis rebate
South Australia	Medical heating and cooling concession Energy bill concessions

11. Supporting material

- [NDIS Act 2013](#)
- [NDIS Rules](#)
- [Disability-Related Health Supports Operational Guideline](#)

12. Feedback

If you have any feedback about this Practice Guide please email [Service Guidance and Practice Branch](#). In your email, remember to include the title of the resource you are referring to and to describe your suggestion or issue concisely.

13. Version change control

Version No	Amended by	Brief Description of Change	Status	Date
5.0	EMN960	Minor updated to TAB Mandatory advice table. Inclusion of case example.	APPROVED	2020-08-21
6.0	EMN960	TAB have updated the list of supports that you will need to obtain advice from TAB before including those supports in a participant's plan. Requests for respiratory support devices must be referred to TAB before your decision as to what supports should be included in the plan.	APPROVED	2020-09-29

**Practice Guide – Understanding
Therapy Supports**

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1. Purpose

The content of this document is OFFICIAL. This Practice Guide provides guidance on what to consider when including therapy supports in the participant's plan. It contains information to guide conversations about how therapy supports may help participants to achieve their goals. The areas covered include:

- roles of allied health professionals and how they can assist participants to build independence
- reports
- assessments
- planning conversation considerations
- justifying decisions.

2. To be used by

- Plan Developers – Planners and NDIS Partners in the Community (Early Childhood Partners and Local Area Coordinators [LACs]).

3. Scope

Therapeutic supports assist participants to develop skills to build independence in the home, community, place of education and work. Allied health professionals (AHPs) develop therapeutic supports in their specialist area. They may also prescribe assistive technology.

AHPs develop strategies to improve outcomes for participants in areas including:

- mobility
- movement
- personal and social well-being
- managing diets and nutrition
- organisation
- communication
- self-care
- cognitive capacity
- social skills
- moods and emotion
- modifying the environment to make it more accessible.

This Practice Guide provides you with considerations for making a reasonable and necessary decision on the therapeutic supports to include in the participant's plan.

3.1 Early Childhood Early Intervention (ECEI)

Refer to [Early Childhood Services Branch resources](#) if you are using an Early Childhood Early Intervention approach to develop a plan for the participant aged under seven.

3.2 Multidisciplinary teams

A multidisciplinary team is a team of professionals who work with one another and share the job of evaluating, planning and providing therapy services to the participant. Individuals may be treated by one or more AHPs from different specialisations at the same time to optimise benefits and outcomes of therapy.

3.3 Assessments

You can ask the participant to have an assessment when you need further information to make a decision on supports. This can help you determine if the request for therapeutic supports meets the reasonable and necessary criteria.

When the participant first requests therapy supports it is important that you have the information you need to demonstrate that the support is best practice, value for money and will assist the participant to meet their goals. You will also need guidance from a suitably qualified allied health professional on the amount of support that the participant will need to achieve their goals. You can get this information through an assessment.

Before asking the participant to have an assessment you need to:

- review all existing information and determine that additional information is needed
- consider the costs and benefits of the request
- consider how it will assist you to decide whether to approve funded supports
- determine the type of assessment that is likely to produce the information you need
- specify the information to be provided in the assessment
- make sure the request aligns with the [objects](#) and [general principles](#) in the NDIS Act.

When you request an assessment for therapeutic supports, make sure you include funding for the assessment. See [6.1 Capacity Building supports](#).

Requests should clearly specify:

- The functional area to be assessed. Some examples are communication, activities of daily living, balance and mobility, orthotics.
- The information you need in the assessment. For example:

- How the therapeutic support will build the participant's independence.
 - How the participant's informal, community and mainstream supports will help them to achieve their goals.
 - How the gains or outcomes will be measured.
 - The expected time the participant will need to achieve the outcome.
- The NDIS contact person to forward the information to.

If this is not the participant's first plan have a discussion with your team leader to consider if an auto-extension of the participant's current plan would be appropriate and reschedule the plan review to a time suitable for the participant.

3.3.1 Assistive Technology or Home Modification Assessments

When including Assistive Technology (AT) or Home Modification (HM) support in a plan an assessment may be required that considers the participant's environment, skill building, selection of support and ongoing support. Templates to help participants and assessors provide the information required are located on the [Providing assistive technology](#) page of the NDIS website.

Detailed information on the ATHM process can be found in:

- [Our Guidelines – Assistive Technology](#)
- ATHM guidance on the [Planning resources Intranet page](#)

3.3.2 Housing

Participants who identify a housing goal will need to undergo relevant assessments by AHPs to determine their most suitable housing solution and support needs. These will be used to assist with determining whether the participant's housing and support needs are reasonable and necessary. Detailed information on housing supports is in the [Practice Guide – Identifying Housing Solutions](#).

3.4 Progress Reports

As the goal of therapy supports is to build or maintain the participant's independence, requests for future therapy support will generally reduce over time. There may be instances where supports remain the same or increase. Some examples include:

- the participant has not progressed as expected
- a change in circumstance
- the participant had difficulty attending sessions.

If the report does not have enough information to justify continued support at the same level or an increase in support you should talk to the participant during the planning conversation

to gather further information. Refer to [5.1 Planning conversations about therapy supports](#) and [6.1.2 What if I decide not to include all of the AHP recommendations?](#)

Progress reports should also include information on how the proposed supports will further increase independence and the risks or impacts on other supports.

A progress report should include:

- a summary of the supports provided
- how the support has helped the participant achieve or work towards their goals
- the measurable gains the participant has made since receiving therapeutic supports
- how the participant has been linked to additional informal, community or mainstream supports to help them achieve their goals
- any barriers encountered and how these have been resolved
- any risks to the participant or others.

4. Allied Health Practitioners

AHPs hold a university qualification, specialise in different areas and work directly with the person requiring support. AHPs are not part of the medical, dental or nursing professions. AHPs may be, but are not limited to; occupational therapists, psychologists, speech pathologists, physiotherapists, exercise physiologists, prosthetist or orthotists, podiatrists, dieticians or respiratory therapists. They assess, prevent, diagnose and treat a range of conditions and illnesses to help people:

- develop skills and abilities to manage their disabilities
- become more independent
- become healthier and more active
- increase function to build capacity.

The information below will give you a snapshot of information for each AHP including:

- their role
- how they support people
- tasks and approaches they use and the benefits of these
- where to go for further information.

Note: Not all activities listed in this section will meet the reasonable and necessary criteria.

For guidance on the responsibility of other government services or broader systems of support refer to [Mainstream Interfaces](#) intranet page.

4.1 Allied Health Assistants

Allied health assistants (AHAs), also known as therapy assistants, work under the supervision of AHPs. AHAs can have a range of skills and qualifications. These include TAFE certificates, working towards a qualification in an AHP discipline, experience working in specific areas and, in remote or rural areas, AHAs may receive on the job training.

AHAs assist with less complex clinical and non-clinical tasks. These tasks will vary based on the AHA's experience, knowledge and skill level. Some of the tasks include but are not limited to; assisting with therapy or exercise programs, implementing a therapy program developed by the AHP, supporting and supervising activities of daily living, and working towards independence goals.

4.2 Dietitian

Dietitians support people to maintain or improve their health and wellbeing through nutrition and dietetics. Doctors may refer individuals to dietitians to help them with specific health conditions and to address nutritional concerns which may include weight, nutritional deficiencies and other diet related conditions. Dietitians provide evidence-based nutrition services, dietary counselling and therapy.

Refer to the [Dietitians Association of Australia \(external\)](#) for more information.

Dietitians can support NDIS participants with Disability Related Health Supports. For further information refer to the [Our Guideline – Nutrition supports including meal preparation](#).

Task/Approach	Benefit
Develop a healthy eating or nutritional meal plan so you can:	<ul style="list-style-type: none"> • assist, guide and build your capacity to eat a healthy diet • receive nutritional needs and consume adequate nutrients to keep healthy • improve your overall quality of life through healthy eating • train you, family members or support staff to implement a nutritional meal plan.

Task/Approach	Benefit
Address sensory eating difficulties so you or your child can:	<ul style="list-style-type: none"> • work to build willingness to try and accept different foods and textures • reduce level of discomfort at mealtime • improve food intake • increase independence • feel more comfortable when sharing a meal with friends or family

4.3 Exercise Physiologist

Exercise physiologists assess people who have existing, or are at risk of developing, medical conditions or injuries. Exercise physiologists are different to personal trainers. Personal trainers work with people to improve their physical fitness in order to stay healthy. Exercise physiologists treat medical conditions or injuries using exercise-based interventions that may include health and physical activity education, advice and support.

Refer to the [Exercise and Sports Science Australia \(external\)](#) for more information.

Task/Approach	Benefit
Develop a personalised exercise plan so you can:	<ul style="list-style-type: none"> • improve your physical and mental wellbeing following; stroke, acquired brain injury, mental health, multiple sclerosis, etc. • increase your endurance so you can perform activities for longer periods of time • improve your overall quality of life through exercise

4.4 Maintenance Therapy

Maintenance therapy can also be called maintenance care. It is used to assist the participant to maintain their current capacity, achieve small incremental gains or prevent further decline. Maintenance care can be provided through a 'delegated' model. This means that the therapist can train family or staff to provide support to the participant to implement strategies on a more regular basis. You should discuss using a delegated model of maintenance care with the participant.

When using a delegated model the therapist will regularly reassess the participant's maintenance program to make sure it continues to meet their needs. They may need to adjust a program or update training to the participant and their supports.

Requests for maintenance therapy should be supported by an assessment or report that includes recommendations of supports and how the participant will be linked to additional informal, community or mainstream supports to help them to achieve their goals.

4.5 Music Therapy

Registered Music Therapists (RMTs) have a university degree in music therapy. They are registered and abide by the Australian Music Therapy Association Code of Ethics.

Music therapy is different to music lessons. RMTs use research-based practice and work as part of a multidisciplinary team to assist people with communication, motor skills, mobility, mood, emotions, cognitive capacity, identity and self-confidence. Music therapists always work with other AHPs and would not generally be funded in isolation.

Refer to the [Australian Music Therapy Association \(external\)](#) for more information.

Task/Approach	Benefit
Use rhythmic and motivational elements of music to:	<ul style="list-style-type: none"> • increase your range of movement • increase your fine motor skills
Work with other AHPs to write a song to:	<ul style="list-style-type: none"> • motivate you to complete a phrase • motivate you to practice multi-word phrases • motivate you to participate in movement activities • motivate you to use speech • support your emotional regulation
Vocally improvise with people to:	<ul style="list-style-type: none"> • motivate you to use pre-speech sounds • motivate you to practice how to produce pre-speech sounds

4.6 Occupational Therapist

Occupational therapists (OTs) work with people to teach them how to be as independent as possible with their everyday tasks. This can include taking care of themselves, working, volunteering, and participating in hobbies, interests and social events. They support people to build knowledge and skills, modify existing skills, find new ways of doing activities, and to manage change.

OTs can also prescribe assistive technology supports like wheelchairs, shower chairs and scooters and can make recommendations on home or vehicle modifications, if required.

Refer to the [Occupational Therapy Australia \(external\)](#) for more information.

Task/Approach	Benefit
Develop memory activities so you can:	<ul style="list-style-type: none"> • remember people's names • remember routines • recall instructions • remember where you put things
Recommend modifications or equipment for your everyday environment so you can:	<ul style="list-style-type: none"> • be more independent • manage fatigue • manage pain and discomfort • improve accessibility of your home
Make recommendations on functional skills for the workplace so you can:	<ul style="list-style-type: none"> • develop skills required to enter into work • support you to meet the functional requirements of the workplace
Develop a management plan for everyday activities so you can:	<ul style="list-style-type: none"> • be more independent at home • be more independent in the community • increase activities in the community
Use manual therapy techniques on the upper body so you can:	<ul style="list-style-type: none"> • move more easily to perform everyday activities such as self-care, eating, dressing and play
Develop attention and focus so you can:	<ul style="list-style-type: none"> • play sports/games • engage and contribute to conversations • read, write or watch a movie • write a list and do the grocery shopping • prepare a meal
Develop adaption activities for managing change so you can:	<ul style="list-style-type: none"> • cope with meeting someone new • be imaginative and creative • develop or build your sense of humour
Develop your fine motor skills so you can:	<ul style="list-style-type: none"> • hold a pencil and write your name • improve your writing, colouring, drawing, etc.

Task/Approach	Benefit
	<ul style="list-style-type: none"> • manage smaller objects such as pegs, knives, forks, etc.
Develop self-caring skills so you can:	<ul style="list-style-type: none"> • manage your own showering and toileting • tie your shoe laces • get dressed, clean your teeth, brush your hair, etc.
Develop hand-eye coordination activities so you can:	<ul style="list-style-type: none"> • throw, catch, kick, etc. • learn to complete daily activities

4.7 Orientation and Mobility Specialist

Orientation and Mobility Specialists (O&MS) work primarily with people who are blind or have low vision to learn skills that enable them to move as independently as possible in a range of indoor and outdoor environments. An O&MS supports participants to build on their confidence, knowledge and skills which can include the use of mobility aids, orientation to a range of environments, vision education and development of sensory awareness.

O&MS's can equip participants with the skills and concepts they require to move safely and confidently through their chosen environment, be it moving within their home, getting to school, using public transport for work or recreation purposes, or generally accessing the community.

Refer to [Orientation and Mobility Association of Australasia \(external\)](#) for further information.

Task / Approach	Benefit
Provide strategies and skill development to move safely within your chosen environments, so you can:	<ul style="list-style-type: none"> • access the community and services • access education services • increase mobility skills and confidence to perform self-care independently • feel safe and familiar within your surroundings • maintain your orientation in a range of environments • reduce isolation.
Provide advice, assessments and the prescription of mobility aids, devices and assistive technology suited to individual need, so you can:	<ul style="list-style-type: none"> • access information indoors and outdoors related to travel information such as signage and wayfinding • use smart phones and other technologies to access information in 'real time' such as public transport timetables, maps and notifications • use a mobility aid or device to enable safer access to the community • continue to access the community.
Develop concepts, so you can:	<ul style="list-style-type: none"> • build an understanding of body awareness, spatial and positional concepts; travel and locational concepts.

Task / Approach	Benefit
<p>Make various recommendations based on functional O&M assessments that support allied health practitioners and other stakeholders in their delivery of services and care, so you can:</p>	<ul style="list-style-type: none"> • work in collaboration with your other practitioners so they are aware of your low vision needs and build capacity in their role when working with you • make recommendations related to safe access to indoor and outdoor environments.

4.8 Orthoptist

Orthoptists work with people of all ages who have vision loss due to an eye condition or neurological involvement that causes difficulty understanding what is seen. Orthoptists provide participants with knowledge about how their vision works and support participants build skills in enhancing their functional vision for everyday activities. They are experts in helping participants to use their vision to improve independence and confidence to live the life they choose.

Orthoptists either modify the existing ways in which participants use their vision or develop new strategies that help people partake in activities and manage change. They do this by providing therapy training to help improve the way participants optimise their remaining vision. This may include eccentric viewing training to help utilise peripheral vision or scanning training to help navigate through their environment or easily locate objects.

Orthoptists can also make various recommendations for assistive equipment to assist with near and distance vision including electronic or portable magnification devices, equipment that utilises optical character recognition, lighting enhancement and glare control. Refer to [Orthoptics Australia \(external\)](#) for more information.

Task / Approach	Benefit
<p>Provide strategies to use your residual vision with daily routines, so you can:</p>	<ul style="list-style-type: none"> • access the community • access education services • improve mobility to move confidently and safely in your environment • perform self-care independently • search and find objects you are looking for • feel comfortable and safe using household appliances

Task / Approach	Benefit
	<ul style="list-style-type: none"> • participate in social and recreational activities • participate and contribute to household activities • engage in play activities • support concept development of daily tasks such as eating, drinking, dressing, communication and maintain personal hygiene.
<p>Make various recommendations based on the functional vision assessment to support other allied health practitioners in their delivery of services and care, so you can:</p>	<ul style="list-style-type: none"> • work in collaboration with your other practitioners so they are aware of your low vision to complement their role with you • develop balance and proprioception skills during mobility • use vision to develop gross and fine motor control • incorporate vision into developing communication and language • establish daily routines.
<p>Provide input on the size and detail of pictures and print materials and alternative communication systems, so you can:</p>	<ul style="list-style-type: none"> • read books and magazines • access mobile phone and other electronic devices • access the community by reading signs etc.
<p>Improve visual attention, so you can:</p>	<ul style="list-style-type: none"> • read, write, play games and use the computer • engage in conversation and develop/maintain relationships • participate in a hobby or play activities • learn new daily tasks or hobbies.
<p>Help coordinate vision with movement, so you can:</p>	<ul style="list-style-type: none"> • look, reach and engage in objects, toys, games, hobbies • participate in daily activities • play ball games.

4.9 Physiotherapist

Physiotherapists assess, diagnose, treat, and prevent a wide range of health conditions and movement disorders affecting the muscles and/or bones. For example, they help repair damage, reduce stiffness and pain, increase mobility, and improve quality of life.

Refer to the [Australian Physiotherapy Association \(external\)](#) for more information.

Task/Approach	Benefit
Joint mobilisation or manipulation so you can:	<ul style="list-style-type: none"> improve mobility to move more easily and to perform self-care more independently do activities you enjoy for a longer time manage and possibly reduce pain and discomfort
Muscle stretching and tailored exercises so you can:	<ul style="list-style-type: none"> improve your coordination, strength and flexibility manage your own health and wellbeing improve your mobility
Assess and recommend mobility aids or assess whether the mobility equipment you are using suits your needs so you can:	<ul style="list-style-type: none"> feel confident that the equipment you are using is suitable for you, for example, walker, wheelchair or standing frame etc. feel comfortable and safe using the equipment recommended to you by your allied health practitioner(s)

4.10 Podiatrist

Podiatrists assess, diagnose, treat, and manage conditions of the feet, ankles and legs. They also provide rehabilitation for people when they have medical and surgical conditions which affect their lower limbs. A podiatrist may prescribe foot orthoses to provide pressure distribution to treat and prevent corns, calluses and ulcers.

Refer to the [Australian Podiatry Association \(external\)](#) for more information.

Task/Approach	Benefit
Assess and recommend foot orthoses so you can:	<ul style="list-style-type: none"> • improve your independence to complete your daily living activities • increase your mobility and enable you to participate in the activities you choose • reduce pain so that you can participate more enjoyably in life • increase your independence in the community
Develop a management plan so you can:	<ul style="list-style-type: none"> • maintain foot health • manage and possibly reduce discomfort

4.11 Prosthetist or Orthotist

Prosthetists/orthotists assess and treat the physical and functional limitations caused by illnesses and/or disabilities including limb amputations. They can prescribe, design, fit, and monitor prostheses or orthoses.

The easiest way to explain the difference between a prosthetist and an orthotist is:

- a prosthetist works with devices designed to **replace** a limb, or another part of the body
- an orthotist works with devices designed to **assist** a limb or another part of the body

A prosthetic device is used to replace a person's limb entirely (for example, foot, leg or arm) while an orthotic device is used to enhance/support a person's limb or other body part (for example, spinal braces, leg splints or foot supports).

Refer to the [Australian Orthotic Prosthetic Association \(external\)](#) for more information.

Task/Approach	Benefit
Assess and prescribe devices so you can:	<ul style="list-style-type: none"> • improve your independence to complete your daily living activities • increase your mobility and enable you to participate in the activities you choose • reduce pain so that you can participant more enjoyably in life • increase your independence in the community

4.12 Psychologist

A psychologist is a person who is trained in the science and profession of how people think, behave, and learn. Psychologists work with people, and often their families, to help them make desired changes to behaviours. For example, to overcome relationship problems, anger issues, substance abuse or provide strategies to better manage a person's mental health disorders (for example, anxiety, depression, eating disorders or bipolar disorder).

Refer to the [Australian Psychological Society \(external\)](#) for more information.

Task/Approach	Benefit
Counselling so you can:	<ul style="list-style-type: none"> • develop your skills to help you deal with anxiety and/or depression • understand and work through your relationship problems • work through overcoming eating disorders, learning difficulties, substance abuse, etc. • learn to deal with any trauma or abuse you may have experienced • develop skills to help you deal with any mental health issues you face on a daily basis
Controlled breathing techniques, grounding skills or relaxation techniques so you can:	<ul style="list-style-type: none"> • reduce your stress levels • remain calm when you are in difficult a situation, for example, using public transport, in a noisy or confronting environment, etc. • feel more in control when you are distressed • decrease symptoms of depression, increase motivation and manage anxiety • improve the quality of your sleep and daily routine • increase your confidence to help you with building and maintain existing and new relationships • take part in activities in the community that you enjoy

4.13 Speech Pathologist

A speech pathologist can diagnose and treat communication disorders. This includes supporting those who have difficulties with speaking, listening, understanding language, social skills and stuttering. They work with people to help improve communication using their voice or through assistive technology (for example, Picture Exchange Communication Symbols, talking buttons). They can also help people who experience difficulties swallowing food and drink safely.

Refer to the [Speech Pathology Australia \(external\)](#) for more information.

Speech Pathologists can support NDIS participants with Disability Related Health Supports. For further information refer to [Our Guideline - Dysphagia supports](#).

Task/Approach	Benefit
Develop a plan to form speech and words so you can:	<ul style="list-style-type: none"> • learn new sounds and use new words
Develop communication skills so you can:	<ul style="list-style-type: none"> • build your understanding of language • speak more fluently • develop your social skills • learn new sounds and use new words
Develop language skills so you can:	<ul style="list-style-type: none"> • learn how to ask for something • tell someone how you are feeling • learn how to convey a message • improve your relationships • improve your social skills • build your confidence to have conversations
Develop speech fluency so you can:	<ul style="list-style-type: none"> • learn new skills to help reduce stuttering • have a flowing conversation with someone

Task/Approach	Benefit
Develop saliva control techniques so you can:	<ul style="list-style-type: none"> • increase your self-esteem • prevent your lips or skin from drying and cracking • improve your speech • prevent infection and discomfort • eat and drink more comfortably
Develop mealtime assistance strategies so you can:	<ul style="list-style-type: none"> • learn how to chew and swallow so that you can eat and drink in a safe way • become more independent at meal times • socialise more independently

5. Pre-planning

5.1 Planning conversations about therapy supports

The planning conversation gives you an opportunity to understand the participant and the way previous and future therapeutic supports will assist them to achieve their goals.

These points can guide you to get the information you need to make a reasonable and necessary decision about future therapeutic supports in an understanding manner.

5.1.1 Preparing for the meeting

- Review all allied health reports or assessments prior to the planning meeting. These will give you an understanding of how effective the supports have been across the plan period and provide an indication of future needs. For further information, refer to [3.4 Progress reports](#) and [3.3 Assessments](#).
- Be aware this is a sensitive conversation. Participants have individual needs and progress towards goals at different rates. It is important to build rapport and display empathy, as well as make sure the participant understands this is a confidential conversation and they can choose who does and does not attend the meeting.

5.1.2 Planning conversations

- Provide information to the participant about the role of the allied health professional to build their independence and capacity – the [Allied Health Practitioners](#) section can assist.
- Encourage the participant to talk about their experiences with allied health professionals. Are they progressing as they expected? Are they happy with the people providing the support?

- Talk about the bigger picture. How are all of the participant's supports working together to reinforce strategies?
- Are people working together to help the participant achieve their goals? For example, if they have strategies to help them increase their gross motor skills and attend school, is the school helping them to implement these strategies throughout the day?
- What people in the participant's life can help them to apply the strategies? It is important to acknowledge that informal supports are not therapy assistants or support workers. They may however be able to reinforce suggestions by allied health professionals and create consistency. For example, if the participant is learning to communicate through exchanging pictures, family members can learn the right way to exchange pictures with them to communicate what they need or want.
- If the participant has support workers to assist with activities of daily living and an occupational therapist has provided some strategies to build their independence in this area, are support workers assisting them to build their independence by encouraging them to use these strategies?
- If the participant has not progressed towards their goals as expected and is requesting a similar amount of support, have a discussion about any barriers they may have experienced:
 - Are the providers meeting their expectations?
 - Were there barriers to attend sessions? If yes, how were or will these be addressed?
 - How will this support assist them to do more things on their own?
 - What differences do they expect following the supports? Describe how this looks in day-to-day life.
 - Do the important people in their life know how to support them to build independence?
 - If they will continue to require support how will this allow them to build independence?
- Where an allied health professional has/will develop recommendations and strategies for the participant:
 - How will the participant be supported to implement the strategies?
 - Are there things that can be done in other environments to support the participant to build these skills? For example, where the participant is building independence in communicating, are there strategies that others at their place of employment can implement?

- How can people where they live support them to improve their independence at home?

5.1.3 Following the meeting

Compare the information provided in the planning conversation.

- Does it match the information in the allied health report?
- Does it match information from other reports such as other allied health professionals, support workers, family, the accommodation they live in, school, other services?

If you notice a difference talk, to the participant to determine the support that they want.

6. Planning

Refer to [Our Guideline – Reasonable and Necessary Supports](#).

6.1 Capacity Building - Daily Activity supports

The frequency of therapy will depend on the participant's individual circumstances. When making a reasonable and necessary decision about the therapeutic supports to include in the participants plan use the following information:

- the participant's knowledge and experience with how therapeutic supports interact with their condition
- assessments
- reports
- published information about the therapeutic supports such as the [TAT digest](#) or research journal articles.

All information is important in determining if the support meets the reasonable and necessary criteria for the participant. Where information from all four information sources do not match talk to your line manager. If you are still uncertain refer to the [Technical Advisory Branch \(TAB\)](#).

6.1.1 Value for money

Value for money considers:

- whether a support will represent value for money over time
- the cost of other available supports that can help the participant reach the same goal.

When determining if therapeutic supports are value for money, consider:

- If investing in therapeutic supports early is likely to have the long-term benefit of significantly improving life stage outcomes for the participant or reducing their

support needs. For example, is it likely that the use of therapeutic supports for early intervention will increase the participant's independence and decrease reliance on supports throughout life?

- If investing in therapeutic supports is likely to reduce the participant's support needs in the short and medium term. For example, will increasing the participant's independence in self-care reduce the amount support worker hours needed each day.
- If investing in the support will delay the need, or avoid reliance, on additional supports. For example, will maintenance therapy delay the functional impact of a degenerative condition allowing participants to maintain independence for longer?
- Whether there are similar supports that would have the same outcome at a lower cost.

6.1.2 What if I decide not to include all of the AHP recommendations?

The AHP providing the assessment or report is a qualified professional who has met and worked with the participant.

There may be times when you do not believe the supports the AHP recommends meet the reasonable and necessary criteria. Some reasons may include:

- the information conflicts with other reports or information you collect in the course of the planning conversation
- the support hours requested are higher than expected
- the supports requested may not be considered best practice
- the supports requested may not seem value for money

When this happens, you need to:

- review all reports and supporting information
- review your planning conversation with the participant
- speak to the AHP to get further information and discuss any differences
- seek advice from your team leader

When this is not the participant's first plan and you still require more information you should have a discussion with your team leader to consider if an auto-extension of the participants current plan is appropriate to allow the participant to submit the required information. You will then be able to develop a plan that includes the reasonable and necessary therapeutic supports, reducing delays and the need for an unscheduled plan review.

When you make a decision to include supports in the participant's plan that are different to the AHP's recommendations you must:

- write a clear justification detailing:

- the reason the supports recommended do not meet the reasonable and necessary criteria
- evidence to support this decision (for example, consultation with your team leader or TAB advice)
- what other lower cost/alternative supports were considered
- Speak to the participant and clearly communicate:
 - the funding that was included in the plan
 - a justification for any decision that is different from the AHP's recommendation. For example, rather than the participant receiving weekly physiotherapy from an AHP it is considered best practice that the participant build their capacity to complete self-managed physiotherapy exercises at home with the program regularly reviewed by the physiotherapist. Provide information on where you sourced this information.

You need to make sure you are open and transparent with your decision making to avoid confusion for the participant and unnecessary plan reviews.

6.1.3 Comments

The comments printed on the plan should provide information the participant needs to understand the purpose of therapeutic supports. You must include:

- the purpose of the funding
- the goals the therapy is supporting the participant to achieve. For example, communication, activities of daily living, assistive technology, identifying housing needs.
- the amount of funding. Including an amount of funding in the plan instead of support hours enables the participant to negotiate supports with their provider. If the participant would like more information on working with providers, show them the [Making a service agreement](#) page on the NDIS website.
- any expectations of the AHP to submit a progress report or assessment.

For example, '\$900 of funding for a speech pathologist to assess and provide strategies to increase your expressive communication skills. Assessments and reports tracking your progress must be submitted to the NDIS 6 weeks before your plan review.'

6.1.4 Justifications

Your justification for therapeutic assessments and supports will include:

- how the supports will assist the participant to achieve their goals
- the amount of support included
- the information you have used to come to this decision

- how this will help the participant join in social and/or economic activities
- how the support will build independence and reduce reliance on supports
- how this support is required in addition to support received from families, carers, informal networks and the community

For example:

- <The participant> has a goal to improve their expressive communication as they currently use one or two words to communicate and become frustrated when not understood. <The participant's> workplace have reported that this frustration is impacting their ability to maintain friendships and is reducing the independence <the participant> previously had at work. An OT assessment in the previous plan period recommended that <participant> works towards improving their communication skills to reduce frustration. Information indicates that the last communication assessment was conducted when <participant> was in high school, 12 years ago.
- 15 hours of therapeutic support has been included for a speech therapist to assess, provide recommendations and develop resources for <participant> to develop expressive communication skills. The assessment is to include strategies for <participant> and their family and carers to increase verbal communication. The expected outcome of the communication strategies is to increase <participant's> independence, reduce their frustration, improve interpersonal relationships and improve independence in the workplace.
- The participant will be supported to implement these strategies at home by family members, supported by employees at their workplace, and supported by informal and formal supports in the community to use identified strategies when they are having difficulty communicating.

6.2 Case example - Multidisciplinary team using music therapy

Arnold is a 10 year old boy who lives at home with his parents and two older siblings. He has a diagnosis of Down Syndrome and is experiencing difficulty with communication, social skills and mobility. He attends a mainstream school where he receives support from a teacher's aid. During the previous plan, Arnold had difficulties building rapport with his therapists due to negative behaviours and difficulty travelling to, and waiting in, the therapist's office. This resulted in intermittent engagement and Arnold not using all of his capacity building supports. Assessments from the previous plan period have recommended using a multidisciplinary approach of music, occupational, and speech therapy focused on skill building in Arnold's natural environments to assist him to achieve his goals.

6.2.1 Assessment recommendations:

- 16 hours Occupational Therapy to work towards Arnold's goal of "To join in playground games with friends."
 - Develop strategies to assist Arnold to increase motor control.
 - Develop strategies to assist Arnold to increase social skills.
 - Provide guidance to important people in Arnold's life on ways he can be supported to join in games and the types of exercises and games he can do to build his endurance and muscle control.

Expected Outcomes: Arnold will participate in a structured climbing activity or game with two peers with minimal adult support.

- 12 hours of speech therapy to work towards Arnold's goal of:
"Be able to tell people what I want or need."
 - Communicate using 1-2 word phrases.
 - Support communication through picture exchange while developing speech.
 - Provide guidance to the important people in Arnold's life on techniques specific to Arnold to assist with communication.

Expected outcomes: Arnold will use 1-2 word picture exchange to request a motivating item or a need.

- 7 hours of music therapy to develop strategies to motivate Arnold to engage with other therapists by:
 - Writing a song to motivate Arnold to participate in 1-2 word phrases.
 - Use rhythmic and motivational elements of music to encourage Arnold to engage and participate in gross and fine motor activities.

Outcomes - Arnold will engage with the occupational therapist, speech pathologist and music therapist to develop his communication and motor skills.

- \$300 of Low cost AT to develop communication supports. Picture exchange
- Travel associated with delivery of supports in Arnold's natural environments
- 10 hours of report writing

6.2.2 Planning conversation

During the planning conversation, Arnold and his family discussed with the planner how they and other people in Arnold's life can assist him to develop his skills and become more independent. The strategies they discussed included:

- AHPs will meet at the start and mid-way through Arnold's plan to discuss strategies and how these will complement each other.

- Each AHP will develop strategies to assist Arnold to work towards his goals and guide the people in Arnold's life on building his skills and independence.
- The school is using picture exchange with other students and will support Arnold to use picture exchange if he is unable to verbalise his wants or needs.
- Arnold's siblings are close to him and enjoy playing games. They can find it difficult when he gets upset. Arnold's parents and siblings have shown enthusiasm with structuring some group activities/games with the family to help him develop his social skills.
- Arnold attends Scouts on a Thursday night. He has a support worker to assist him to attend and participate in activities. The support worker can implement strategies to assist Arnold to be more independent in interactions with peers.

6.2.3 Justifications

Core – Consumables

\$300 of Low Cost assistive technology has been included for the development of individualised picture exchange cards as recommended by the speech pathologist. These cards will support Arnold to communicate which will develop independence and increase participation in social, school and community activities. This will reduce reliance on supports in the future. Funding has been included in Capacity Building – Daily Activities for Arnold's supports to receive training on implementing communication strategies.

Capacity Building – Daily Activities

45 hours of support has been included in for a multidisciplinary team to build Arnold's capacity in communication, mobility and social skills. The multidisciplinary team will meet at the start and mid-way through the plan period to create consistency in their approach.

Arnold has difficulties in the last plan period engaging with therapists and is highly motivated by music. A report from allied health professionals has recommended a music therapist be engaged to develop strategies that will motivate Arnold to engage with other therapists to develop his skills. This will increase participation in school, home and community life and is likely to result in a reduced need of supports in the future.

Arnold will be assisted to implement communication, mobility and social skills strategies by his family at home, teacher's aide at school and support worker during Scouts.

Funding has been included for:

- 16 hours Occupational Therapy to work with Arnold to achieve his goal of joining in playground games with friends. The OT will provide training to informal and formal supports on how to implement these strategies.
- 12 hours of speech therapy to work with Arnold to achieve his goal of telling people what he wants or needs. The speech therapist will work with Arnold to develop strategies to communicate using picture exchange while he develops 1-2 word

phrases in speech. The speech therapist will provide training to informal and formal supports on how to implement these strategies.

- 7 hours of music therapy to develop strategies to motivate Arnold to engage with other therapists.
- 10 hours of report writing to understand the benefits and gains achieved by Arnold across the plan period.

Funding has been included for travel of the allied health professionals to deliver supports in Arnold's natural environments.

6.2.4 Outcomes

This information provides enough evidence for the planner to make a reasonable and necessary decision to include the recommended therapeutic support hours in Arnold's next plan. This included information from the planning conversation on the participant's lived experience and information in the allied health reports.

7. Supporting material

- [Our Guideline - Disability-related health supports](#)
- [Early Childhood Services Branch resources](#)
- [Practice Guide – Assistive Technology](#)
- [Practice Guide – Identifying Housing Solutions](#)
- [Our Guideline - Nutrition supports including meal preparation](#)
- [Our Guideline – Dysphagia supports](#)
- [Our Guideline – Reasonable and Necessary Supports](#)
- [Speech Pathology Australia \(external\)](#)
- [Australian Psychological Society \(external\)](#)
- [Australian Orthotic Prosthetic Association \(external\)](#)
- [Australian Podiatry Association \(external\)](#)
- [Australian Physiotherapy Association \(external\)](#)
- [Occupational Therapy Australia \(external\)](#)
- [Australian Music Therapy Association \(external\)](#)
- [Exercise and Sports Science Australia \(external\)](#)
- [Dietitians Association of Australia \(external\)](#)
- [Mainstream Interfaces](#) intranet page

- [Objects](#) and [general principles](#) in the NDIS Act 2013
- [Our Guidelines – Planning - Appendix 1 - Table of guidance on whether a support is most appropriately funded by the NDIS | NDIS](#)
- [Our Guidelines – Requesting further information or reports to inform a participant’s plan](#)
- [Our Guidelines – Assistive Technology](#)

8. Feedback

If you have any feedback about this Practice Guide, please complete our [Feedback form](#).

9. Version change control

Version No	Amended by	Brief Description of Change	Status	Date
6.0	JC0075	Minor changes to when staff should refer to TAB for advice. Class 2 approval	APPROVED	2020-12-04
7.0	NAN927	Class 1 edits and approval Minor change to comments required in plan. Updated AT link to external OG.	APPROVED	2021-01-06

Reasonable and Necessary Supports

Quick summary: The Australian Government made laws about what we can fund under the NDIS. All supports need to meet the criteria in these laws before we can fund them in your NDIS plan. We call these the NDIS funding criteria. For example, supports need to relate to your disability, be value for money and effective and beneficial. We also need to make sure all supports are most appropriately funded or provided by us. Each support must meet these criteria individually, but the supports must also meet the criteria when considered as a package.

Note: when we say 'your plan' we mean your NDIS plan. If you're looking for information about your community connections plan, go to [Our Guideline – Community Connections](#).

If you're looking for information about your child's early connections plan, go to [Our Guideline – Early Connections](#).

What's on this page?

This page covers:

- [What principles do we follow to create your plan?](#)
- [What supports can you get?](#)
- [What other principles do we consider when we decide what supports to include in your plan?](#)
- [How do we decide what reasonable and necessary supports to include in your plan?](#)
- [Step 1: How do we describe a support in your plan?](#)
- [Step 2: How do we work out if an identified and described support meets the NDIS funding criteria?](#)
- [Step 3: How do we include the reasonable and necessary supports in your plan?](#)

You may also be interested in:

- [Mainstream Supports](#)
- [Creating Your Plan](#)
- [Changing your plan](#)
- [Reviewing our decisions](#)

- [Would we fund it?](#)

What principles do we follow to create your plan?

The NDIS was set up as a world first approach to disability support. It puts people with disability at the centre of decision-making, through the principles of reasonable and necessary supports and individual choice and control.

As an insurance-based scheme, we take a lifetime approach to a participant's support needs. We provide assurance to people with permanent and significant disability or developmental delay, and to people who might acquire disability or developmental delay, that they will get the support they need. Individual funding means we help participants to purchase services and supports from a competitive and consumer-driven marketplace.

What supports can we fund?

NDIS supports should complement, not replace, other supports available to you. That's why we consider:

- the things you're able to do for yourself
- support you have from others in your network, including family members, relatives, friends, local community services and mainstream government services.

One of our aims is to help maximise your independence by working with the local mainstream government and community services that help you live an ordinary life. We all do best when we're connected to our communities.

And as an active consumer, it's important you are able to shop for and access providers who meet your needs. We can help you find providers who meet your needs.

Once we've considered your circumstances, we need to follow the rules determined under the law for the NDIS in our planning decisions.¹ We fund supports that are reasonable and necessary.

This means we will only fund a support if it meets **all** of the following criteria:

- the support is related to your disability²
- the support will help you pursue your goals and aspirations³
- the support will help you undertake activities that will increase your social and economic participation⁴
- the support is value for money,⁵ which means that the costs are reasonable:

- when compared to the benefits to be achieved, for example, whether purchasing the support is likely to reduce the cost of funding other supports in the long term⁶
- when compared to alternative options that may provide you with the same outcome at a similar or lower cost⁷
- the support is likely to be effective and beneficial for you, having regard to good practice and evidence⁸
- the support is required to complement the informal supports you have available, by considering what is reasonable for families, carers, informal networks and the community to provide⁹
- the support is most appropriately funded or provided by the NDIS¹⁰
- the support is not more appropriately funded by another service system, agency, person, or body, such as the education system or the health system.¹¹ We can't fund a support if it's the responsibility of another service system.

What supports don't we fund?

We do not fund a support if:¹²

- it is likely to **cause harm** to you or others¹³
- it is **not related** to your disability¹⁴
- it **duplicates** other supports delivered by the NDIS¹⁵
- it is considered a **day-to-day living cost** (for example, rent, groceries or utility costs like your water bill) that are **not attributable or caused by** your disability support needs¹⁶
- providing the support would be **against the law**¹⁷
- it consists of **income replacement**¹⁸
- it is the **responsibility of other service systems** to provide (for example, your state government, the education system, or the health system).¹⁹ These different systems have different responsibilities and are designed to complement each other to form a government safety net. Like all Australians, NDIS participants continue to have access to these systems. We can't fund a support if it's the responsibility of another service.

How do we manage the financial sustainability of the NDIS?

The NDIS is an insurance scheme, and one of our core functions is to manage the financial sustainability of the Scheme.²⁰

When we make decisions about the supports we fund in your plan, we must also consider our need to ensure the **financial sustainability of the NDIS**.²¹ This means we must work within our funding budget, set through agreements between the Australian, and State and Territory governments.

It's also important to know the NDIS is only one part of the broader National Disability Strategy that supports people living with disability. The overall success and sustainability of the National Disability Strategy relies on:

- people accessing their informal support network to get the help they need from day-to-day
- people using their personal income to pay for their day-to-day living expenses, as is expected of all Australians
- mainstream and community services being available from state and territory governments, and other federal government programs such as Medicare
- a fair distribution of NDIS supports to those who need them, provided within our funding budget.

Staying within our budget ensures the NDIS will be here to support generations of Australians and their families.

What principles do we use to create your plan?

We use the following 7 principles, to create plans that help you get the reasonable and necessary supports you need, and to make sure the Scheme is financially sustainable:

- [Fair for everyone, both today and for future generations](#)
- [Fair funding to pursue your goals](#)
- [Evidence-based best practice](#)
- [Fair early investments](#)
- [Fair support across service systems](#)
- [Fair supports for your disability needs](#)
- [Fair assistance from multiple programs](#)

Fair for everyone, both today and for future generations

While we need to consider your individual circumstances and disability needs, we also need to make consistent decisions and treat people fairly.

This means participants with similar circumstances and disability needs should receive similar amounts of supports in their plans. We also need to ensure the total cost of all participant plans are within the overall NDIS budget set by governments.

Each support in your plan must be reasonable and necessary. They also need to be reasonable and necessary as a package of supports. We approve your whole plan, not the individual supports in your plan in isolation.²² Information about what supports we'd usually include in your plan helps guide this process.

This information also helps to guide the consistency of our decision-making process. We use it to check your overall plan and make sure all your supports make sense together. We'll check your support types and amounts will complement each other to help you fulfil an ordinary life.

We may then increase or decrease the funding in your plan based on:

- information you share with us
- any reports or other information we have
- applying the [NDIS funding criteria](#).

This helps keep the system fair for everyone, and ensure we remain financially sustainable.

Fair funding to pursue your goals

Goals are important.²³ The supports we fund need to help you maximise your independence and pursue your goals.²⁴ This means your supports should help overcome any disability-specific barriers which may be stopping you from pursuing your goals.

This doesn't mean we fund all support costs associated with you pursuing your goals. Also, you may have goals and aspirations we can't fund supports for. This is because helping you pursue your goals is only one of the NDIS funding criteria, so not all supports that help you to pursue your goals will be reasonable and necessary.

Other things to know about when setting your goals:

1. **Setting more goals or bigger goals doesn't mean we'll provide more funding or fund more supports.** For example, if your goal is to live independently in a house with a swimming pool, we may fund home modifications that address your disability-related needs. This might be a home modification to make your bathroom accessible.

We won't fund the swimming pool because this isn't related to your disability support needs. The funding in your plan might be similar to someone else who has a goal of 'to have a more accessible bathroom'.

2. **Setting a goal doesn't mean we have an obligation to fund supports that help you pursue that goal.** For example, if your goal is to get a gym membership to get fit, we wouldn't usually fund this. Gym memberships are things that all people, with or without disability, might want or need.
3. **Setting a goal about an explicit type or amount of support you might want doesn't mean we have an obligation to fund that support or provide that amount of funding.** For example, you may tell us your goal is 'to get a top model shower commode' and you show us the one you want costs \$4,000.

If there is a shower commode that costs \$3,000, and your occupational therapist confirms this one will meet your needs, we are more likely to fund this one instead because it is likely to deliver the same result at a lower cost. We may also look at alternatives.

Evidence-based best practice

We only fund supports that will be, or are likely to be, effective and beneficial for you, having regard to current good practice.²⁵ This means we consider if there is evidence that the support is effective and beneficial for someone with similar disability support needs.

For example, we may already have information about whether the support is widely accepted to suit someone with your disability support needs.²⁶ The primary source of evidence we rely on, and give the greatest weight to, is evidence from sources that are reliable and widely recognised. This includes published and refereed literature, and any consensus of expert opinions. If there is no evidence to show a support is reasonable and necessary,²⁷ we won't fund the support.

You can find the types of evidence we need on [our website](#), and in [Our Guidelines](#).

Fair early investments

Having access to capacity-building supports early in your NDIS journey is considered to be an early investment. This early investment is intended to help increase your independence and reduce your reliance on NDIS funding over time.

This is an important concept we consider when we create your plan, and again at future plan reassessments. When we reassess your plan, we reassess all the supports you require to meet your disability support needs at that time.

Over time, your capacity building supports may no longer be reasonable and necessary, in regard to any of the following:

- your current functional capacity
- the effectiveness of the capacity building supports²⁸
- value for money.²⁹

When we say functional capacity we mean the things you can and can't do for yourself.

Your overall funding amount could go down from one plan to the next. This may be because you no longer need the same type or amount of supports, such as capacity building supports. Also, if the capacity building investment has been successful at building your independence, then your need for other supports may also decrease. For example, as you develop your skills you may not need as many Core supports.

So other things being equal, you should expect your overall plan value to reduce over time as the benefits of capacity building are realised.

Fair support across service systems

The support you need may be the responsibility of another government service, like education or health. We don't fund these services. We need to think about the supports you should receive from these services when we determine the supports in your plan.

Fair supports for your disability needs

When we make decisions about which supports we can fund, we consider whether a support is reasonable and necessary for you and apply the [NDIS funding criteria](#). Sometimes, you might ask for supports to help with impairments that were not part of your Access eligibility assessment. When this happens, we need to make sure the support will help you address the needs that arise from an impairment that meets the same eligibility requirement we consider at [Access](#).

You don't need to make a new Access request if you ask for supports to help with an impairment which was not part of your Access eligibility assessment. We'll work out if you need the support to address an impairment which would meet our eligibility requirements. We may ask you to provide evidence to help us work this out. We will decide if the requested support is reasonable and necessary. We'll apply the NDIS funding criteria based on the impairments which meet our eligibility criteria.

We fund the right disability supports for your permanent impairments which meet our eligibility criteria. By doing this we make sure the system is fair for everyone, and the NDIS remains financially sustainable.

Fair assistance from multiple programs

NDIS funding can't duplicate other funding or supports you may receive due to your disability.

For example, you may have received a lump-sum payment or receive regular payments as a form of compensation for an accident. Or, you may be receiving ongoing supports from another program or insurance scheme, for example Work safe, Lifetime Care and Support or the Transport Accident Commission.

We don't duplicate this funding, or these supports. We may reduce the total value of your NDIS plan to account for compensation you receive, or we may not fund certain supports.

What supports can you get?

When we create your plan with you, we'll discuss what supports you need for your disability. We want to help you pursue your goals, increase your independence, and help you work, study and join social activities.

There are many supports you can get outside the NDIS. Other government and community services provide supports to all Australians, including people with disability. And your friends, family, and other people you know can often be your best supports.

We can fund supports you need for your disability if they meet certain criteria. These are called 'reasonable and necessary supports'. Your plan and supports will be just for you, so you have more choice and control over how you use them.

This guideline explains how we decide what reasonable and necessary supports we'll include in your plan. There are lots of things we have to consider, which we'll explain in detail.

We also have a [Would we fund it](#) guide. It has examples of how we decide whether we fund different types of NDIS supports.

What supports can you get outside the NDIS?

Before we decide what reasonable and necessary supports to fund in your NDIS plan, we'll first discuss what other supports may be available outside the NDIS. This is an important information-gathering step. For example, there may be mainstream, community and informal supports that suit you.

Mainstream supports are other government services such as employment, education, health and family support services. They are often really helpful, and are available to

everyone including people without disability. There are many ways they can help you learn new skills or live as independently as possible.

Community services offer a wide range of supports that may help with your disability support needs. Community supports are things open to everyone in the community, like sporting clubs, community colleges, activity groups, libraries or community gardens. They are often a great way to get involved in your local community, meet new people and learn new skills.

Informal supports, like your family, friends and other people you know in your community, can sometimes be your best supports. They know you and can often help in ways other supports can't.

Your my NDIS contact or support coordinator will talk with you about what services are available for you outside the NDIS. We can also help link you with these supports, so you don't have to do it all on your own.

Accessing these supports is a good way to work toward your goals. You get to do it with other people and be involved in your community. Using these supports is part of life for most of us. It's important you get to access them the same as everyone else.

When it comes time to talk about what reasonable and necessary supports we can fund, you'll know how mainstream, community and informal supports can help you.

It's important we gather this information and help you access these services before we consider what reasonable and necessary supports we can fund. That way, we can help make sure you're able to access mainstream, community and informal supports wherever possible. This can help you become as independent as possible.

What are reasonable and necessary supports?

An NDIS support is the practical description of how you will be assisted under the NDIS.³⁰ Supports are the things we provide or fund to help to meet your disability support needs.

NDIS supports are the services, items and equipment we can fund or provide under the NDIS.

There are two types of NDIS supports we can include in your NDIS plan. We call them 'general supports' and 'reasonable and necessary supports'.³¹

General supports

General supports are the coordination, strategic or referral services and activities we provide, or arrange to be provided, for you.³² They're how we help you develop your NDIS

plan and connect with supports and activities in your community. This includes your mainstream, community and informal supports. Learn more in [Creating your plan](#).

Reasonable and necessary supports

Reasonable and necessary supports are the supports we fund in your plan to meet your disability support needs.³³ You can use this funding to buy supports from [service providers](#).

The Australian Government made laws about what we can fund under the NDIS.³⁴ All supports we fund in a plan need to meet the criteria set out in these laws. We call these the [NDIS funding criteria](#).³⁵

To meet the NDIS funding criteria, a support must meet both the following criteria:³⁶

- It must not be a [type of support the law says we can't fund or provide](#).³⁷
- It must meet the [reasonable and necessary criteria](#).³⁸

We call supports that meet the NDIS funding criteria 'reasonable and necessary supports'.

Each individual reasonable and necessary support in your plan must meet the NDIS funding criteria. Your whole plan as a package of supports must also meet the NDIS funding criteria.

We check your overall plan to make sure all your supports make sense together. This means we check that your supports and the amount of supports will complement each other to help you fulfil an ordinary life.³⁹ Learn more about [reasonable and necessary supports](#).

If you need a new support, which now means your overall package of supports doesn't meet the NDIS funding criteria anymore, we may either:

- not include the new support in your plan
- include the new support in your plan, but also reduce the other supports in your plan.

For example, a home modification may reduce your need for other supports. If we plan to fund a home modification, we will need to take that home modification into account when considering what other supports are reasonable and necessary, such as the amount of care you need at home.

What other principles do we consider when we decide what supports to include in your plan?

As far as possible, we have to act according to principles set out in the [law for the NDIS](#).⁴⁰ These are the things that guide us when we make decisions about what we fund.

These principles don't override or replace the [NDIS funding criteria](#) under the law for the NDIS. They can help us apply the funding criteria, by giving us additional guidance when we decide what supports to approve in your plan.

The principles include the following:

- You have the same right as other Australians to realise your potential for physical, social, emotional and intellectual development.⁴¹
- You should be supported to take part in and contribute to social and economic life.⁴²
- You should be supported to make choices about planning and how your supports will be delivered. This includes taking reasonable risks, so that you can pursue your goals.⁴³
- You have the same right as other Australians to decide your own best interests. You have the right to be an equal partner in decisions that affect your life.⁴⁴
- Your privacy and dignity should be respected.⁴⁵
- We must make sure the NDIS is financially sustainable.⁴⁶

The principles also tell us that the reasonable and necessary supports we fund should:⁴⁷

- support you to pursue your goals and maximise your independence
- support you to live independently and to be included in the community as a fully participating citizen
- develop and support your capacity to do things that help you participate in the community and in employment.

Just because a support helps you do these things doesn't mean we'll fund it in your plan. All supports we fund need to meet **all** the NDIS funding criteria.

We consider these principles set out in the law for the NDIS, along with the [principles we follow to create your plan](#).

How do we think about an ordinary life when deciding what supports to include in your plan?

To help guide us in our decision making about reasonable and necessary supports, we took advice from the [NDIS Independent Advisory Council](#).

The Council represents people with disability and carers, bringing their own lived experience and expertise of disability. They give us advice on how the NDIS should work.

The Council advised us that all Australians, including people with disability, should have an [‘ordinary life’](#). They also told us we should think about the idea of an ordinary life when we apply our principles and use the NDIS funding criteria.

An ordinary life is a life where you have the same opportunities as people without a disability. An ordinary life is one that is typical or usual for everyone in modern day Australia. It’s a life where you can pursue your potential and participate in society on an equal basis with others.

An ordinary life will be different for different people. We are all different, and come from different cultures and backgrounds. We each have our own values, experiences, beliefs and goals.

But there are some common things that can improve the quality of our lives and help us participate equally. These are the things, such as the following, that make up an ordinary life:

- Positive relationships – with families and informal support networks.
- Individual autonomy – being free and independent, and having the same opportunities as people without disability.
- Active involvement in decision-making – including the ability to make meaningful decisions, and exercise choice and control.
- Using your strengths in ways that provide a challenge and enjoyment.
- A sense of belonging – to our families, friendship networks, communities, workplaces and society.
- Active involvement and contribution to society and your community.

An ‘ordinary life’ in the context of the NDIS involves supporting you to:

- have and maintain good relationships
- belong and participate in your community
- be involved in making choices about your own life.

One way we can help you have an ordinary life is to support you to access mainstream, community or informal supports wherever possible. These are the usual supports that everyone in the community uses.

When we fund reasonable and necessary supports under the NDIS, we need to make sure they meet the [NDIS funding criteria](#).

When we apply the NDIS funding criteria and make decisions about reasonable and necessary supports, we're guided by the principles in the law for the NDIS. We also consider how the supports will best help you to live an ordinary life.

How do we decide what reasonable and necessary supports to include in your plan?

What information do we consider to work out what reasonable and necessary supports to fund in your plan?

The most important information we gather about what supports to include in your plan comes from you.

When we create your plan, we will talk with you about:

- your goals and aspirations⁴⁸
- your strengths, capacity and individual circumstances⁴⁹
- any barriers, limitations and restrictions you face in undertaking activities or things that stop you from living an 'ordinary life'⁵⁰
- your disability support needs⁵¹
- any risks and safeguards we may need to think about when considering your support needs.⁵²

We use this information to create your plan with you. Generally, we'll discuss this information before you become an NDIS participant. We'll continue to discuss it when we check-in with you once you have your plan. Learn more about check-ins in [Our Guideline – Your plan](#).

We want to get a good understanding of your disability support needs. We know you're the expert in your own life, and we use your lived experience as much as we can. When we ask for information from you, we encourage you to involve anyone you want to help you give us this information.

We'll also think about other information we have such as medical or therapy reports, or assessments you've had.⁵³

We look at different types of evidence for different types of supports. We may need a report or assessment from your doctor or health professional who specialises in helping you manage your disability.

Reports and assessments may tell us why you need the support and how the support relates to your disability support needs. For example, an occupational therapist may send us a letter about why you need a specific type of wheelchair.

When we create a new plan for you during a reassessment we think about the supports in your current plan. We'll check if you need any changes to these supports to help you pursue your goals in your next plan. We use information from your providers to let us know how the supports they are providing have helped you work towards your goals.

We'll look at the evidence we get to make sure we have enough information to decide if the support meets the [NDIS funding criteria](#). Sometimes we may ask for further information and assessments, if we need them to help us work out your support needs when we approve your plan.⁵⁴

Learn more about the [types of evidence](#) we can use when we [create your plan](#).

To help us work out what supports to consider for people aged 9 years and older we also use a 'Typical Support Package'.⁵⁵ We worked with people with disability, professionals and subject matter experts to develop the Typical Support Package.

It helps us work out the types of supports we'd usually expect to include in your plan. It's based on your situation and support needs.

We then amend the supports suggested by the Typical Support Package to include more, less or different supports if we need to. We may adjust the funding for those supports up or down based on our discussion with you, the information you share with us

any reports or other information we have, and when we apply the [NDIS funding criteria](#).

For children younger than 9, we consider the child's current functioning across development areas when we work out the reasonable and necessary supports that should be funded in a child's NDIS plan. Learn more about the [Early Childhood Early Intervention approach](#).

How do we consider your goals when we work out your reasonable and necessary supports?

Before we create your plan, we'll discuss your current goals and personal details, including things like your living arrangements and current supports. We'll include this information in your plan.⁵⁶ Your goals are your own personal desires about what you'd like to do.

You can set any goals you like, even if they're about things we won't fund supports for. You can also change your goals at any time.⁵⁷ We consider how your funded supports will help you pursue your goals when we decide to approve your plan.⁵⁸

Reasonable and necessary supports should help you pursue your goals,⁵⁹ but you don't need a specific goal for every support in your plan. When we decide if a support will help you pursue your goals, we consider your whole situation.

We look at the disability specific barriers that prevent you from pursuing your goals, and how the support will address your disability support needs.

There are some things to remember when setting goals:

- Setting more and bigger goals doesn't mean we'll fund more and bigger funded supports.
- Setting a goal doesn't mean we have an obligation to fund supports that help you pursue that goal.
- Setting a goal about an explicit type or amount of support you might want doesn't mean we have an obligation to fund that support or in that amount.

This is because helping you pursue your goals is only one of the NDIS funding criteria.⁶⁰ A support must meet all of the NDIS funding criteria to be funded under the NDIS. So not all supports that help you to pursue your goals will be reasonable and necessary supports.

Learn more about [setting your goals](#) and [how we consider your goals under the NDIS funding criteria](#).

What if your plan needs to change?

If it's not your first plan, we also consider how well the supports funded in your previous plans worked for you.⁶¹ This means we'll ask about how your current plan has worked for you. We look at the supports in your current plan and see whether any changes need to be made to these to help you pursue your goals in your next plan.

This will help us decide whether these supports continue to meet your needs and the [NDIS funding criteria](#). Learn more about [changing your plan](#).

How do we use the information we have to work out what reasonable and necessary supports to fund?

We consider all the [information we have gathered](#) to decide what reasonable and necessary supports to fund in your plan.

We use the information you give us and follow the steps below:

- **Step 1:** Identify and describe the supports to be considered. The support will be described either generally (known as 'flexible' funding for supports) or specifically (known as 'stated supports' or 'fixed' supports).⁶²
- **Step 2:** Work out if the support identified and described meets the [NDIS funding criteria](#).
- **Step 3:** We include the supports that meet the NDIS funding criteria in your plan.

When we approve your plan we make sure all your supports meet the NDIS funding criteria individually and as a package of supports.⁶³

Step 1: How do we describe the types of supports in your plan?

Sometimes we need to describe a specific support to be included in your plan. Or we might include funding more generally within a support category⁶⁴. Where we have included funding in a support category, you can generally choose which supports you buy from that category to meet your disability-related support needs.

Supports we describe generally or specifically must meet the [NDIS funding criteria](#).

We look at all the evidence of your support needs to help us identify what supports to consider in your plan. We use:

- the information you give us when you apply for the NDIS, during a check-in or when you contact us
- any assessments or other information we have

For reassessments we'll look at the supports in your previous plan and check how well they are working for you. For your first plan we use the Typical Support Package to think about what supports we'd usually expect to include in your plan based on your situation and disability support needs.

When we say support we mean funding for a service, item or equipment you need to help with your disability support needs.

We think about:

- what the outcome of the support will be
- how the support helps with your disability
- whether the support meets the NDIS funding criteria.

- whether we need to specifically describe the supports in your plan.

How do we describe support in your plan?

We divide your supports into 4 different budgets:

- **Core supports**

These supports help you with everyday activities, like help to take part in activities in the community. This budget is mostly flexible so you can use funding from one support category to pay for something in another support category.

- **Capacity building supports**

These supports help you build your skills and increase your independence and reduce the need for the same level of support in the future. Your progress and outcomes from these supports will be shared at each plan reassessment. Capacity building supports are stated so you won't be able to use funding from one support category to pay for something in another support category.

- **Capital supports**

Includes high-cost assistive technology, equipment, vehicle modifications, home modifications and specialist disability accommodation. Capital supports are stated. You can only use this funding to buy approved individual supports in this support category.

- **Recurring supports**

These supports are paid by us on a regular basis, so you don't need to claim for these. Your funding for your recurring supports will be paid regularly to your nominated bank account. This funding is not included anywhere else in your budget and includes mainly transport supports.

Each budget is divided into a number of support categories. Support categories have more detail about what supports you can buy with your funding. We can describe the support categories in your plan as one of the following:

- **Flexible:** Under the law for the NDIS, this is when we describe supports in a category generally. You have greater flexibility over what disability supports you can buy within the description of the support. When we describe your support categories as flexible, you can usually choose what supports you buy within the descriptions for each support category.

- **Stated:** Under the law for the NDIS, this is when we describe the supports in a support category specifically. It means you must buy supports in the way we have described in your plan.⁶⁵ We sometimes call this a fixed support in your plan.

You must act according to your plan, and buy supports according to how we described them in your plan. This means you can't use the funding in your plan to buy supports that fall outside the description of the support in your plan.⁶⁶

We describe most support categories as flexible when we can. You have greater flexibility over the support you can buy in your flexible budgets. When support categories are described as stated, you have less flexibility.

If we describe a support category as stated, you must use the funding in your plan to buy the supports exactly how we describe them. This includes how the support is provided. For example, we will sometimes require the support to be provided:

- by a particular service provider
- by a particular qualified person
- through a particular delivery mode or method, or in a special way.

Your Core supports budget is the most flexible. You can usually use your funding across all the support categories in the Core Supports budget if:

- we described the supports as flexible
- you have the same plan management options for your Core Supports.

When we decide whether to describe supports as stated or flexible, we think about:

- how much the support costs⁶⁷
- if the support will help reduce the cost of other supports over time,⁶⁸ for example providing more supports early so you don't need as many supports later in life
- any risks with supplying the support, for example if the support would create risks to your health and safety or if it doesn't comply with state or territory laws⁶⁹
- if you need a particular support to pursue your goals or to use other supports in your plan effectively⁷⁰
- if you need a specialist support, for example if your support must be delivered by a qualified person, or in a special way⁷¹
- if you are eligible for the NDIS under the early intervention criteria.⁷²

When do we describe supports as stated?

We usually describe high-cost supports, or supports with more risk, as stated. For example, we might describe supports as stated if you need to use those particular supports to ensure your health and safety. This includes supports such as:

- high-cost assistive technology
- complex home modifications
- behaviour support, or supports that involve [restrictive practices](#) such as restraint
- Specialist Disability Accommodation.

We will also check if you were eligible for the NDIS through the early intervention criteria.⁷³ If so, we might decide to describe the supports as stated for some types of early intervention supports.⁷⁴ If you're not sure whether you met the disability criteria or the early intervention criteria, check the letter we sent you when we decided you're eligible.

Example

John just received his first plan. His plan describes support for assistive technology as flexible, including \$2,000 of funding. John can choose what assistive technology to buy with this funding. John talks to his occupational therapist about what assistive technology he should buy with this funding. For example, he could buy a shower chair, or low-cost items like a slip-resistant bathmat.

John's plan also has a fixed support for a wheelchair with special features, and funding of \$8,000. John will need to use this funding for the specific wheelchair we listed on his plan. He can't use this funding for another support, like a shower chair, instead.

What if you need a specific provider to provide the support?

Sometimes your plan may say who must provide the support. We do this when you need a certain provider to make sure the supports are delivered safely, or to achieve a certain outcome.

For some supports, you must use an [NDIS registered provider](#). These include:

- [Specialist Behaviour Support](#), if the provider will undertake a behaviour support assessment or develop a behaviour support plan⁷⁵
- supports where it's likely a provider will need to use a [regulated restricted practice](#),⁷⁶ either interim or ongoing
- Plan Management

- [Specialist Disability Accommodation](#).

You must use registered providers for these supports even if your plan doesn't say you need to. You must also use registered providers for these supports, even if you self-manage your funding or use a registered plan manager. Learn more about the [different plan management options](#).

For other supports, we'll decide that the support must be provided by a particular person, provider, or delivered in a certain way.⁷⁷ We'll do this if it's the most efficient and effective way to provide the support. This only happens when:

- we have an agreement with a particular provider to provide the support⁷⁸
- we decide you must use an NDIS registered provider due to the risks, for example complex home modifications⁷⁹
- you need support from a particular person with specialist qualifications, for example a health professional⁸⁰
- you need support delivered in a certain way.⁸¹

Sometimes, we'll arrange the support ourselves, if it's more cost effective than getting another provider to deliver the support. For example, we may bulk buy a support.⁸² If so, we will state this in your plan.

What about in-kind supports?

We agreed that state and territory governments will keep providing some supports for a period of time. We call these 'in-kind supports'.

If we fund in-kind supports like [specialist school transport](#) or [personal care in schools](#), you will need to use state or territory government providers for these supports. These supports are most efficiently and effectively provided by state and territory government providers.⁸³ Learn more about [Work and study supports](#).

For most other in-kind supports, you can choose your provider if you don't want to use your in-kind provider anymore. We can let you choose another provider if we consider that the support isn't most effectively and efficiently provided by the in-kind provider.

We usually let you choose another provider if:

- another provider can give you the same support or level of support as the in-kind provider
- the supports with the new provider still meet the [NDIS funding criteria](#), including that they're value for money compared to the in-kind support

- there are no serious risks with changing providers.

Learn more about [in-kind supports](#).

Step 2: How do we work out if an identified and described support meets the NDIS funding criteria?

To meet the NDIS funding criteria, a support must meet both the following criteria:

- It must not be a [type of support the law says we can't fund or provide](#).⁸⁴
- It must meet the [reasonable and necessary criteria](#).⁸⁵

Each support must be reasonable and necessary individually, but the supports must also be reasonable and necessary when considered as a package of supports.

What types of supports can't be funded or provided under the NDIS?

Under the law for the NDIS, there are things we can't fund or provide.⁸⁶ We can't fund or provide supports that:

- are not legal⁸⁷
- are income replacement⁸⁸
- are likely to cause harm to you, or pose a risk to other people⁸⁹
- are not related to your disability⁹⁰
- relate to a 'day-to-day living cost', such as groceries, rent or utilities, that are not attributable to your disability support needs. These are costs that are not caused by or as a result of your disability support needs.⁹¹
- duplicate other supports provided by the NDIS under alternative funding.⁹²

Is the support legal?

We can't fund a support if it does not comply with the law.⁹³ This includes both:

- **an Australian government law:** a law that applies to all of Australia
- **a State or Territory government law:** a law that only applies in your state or territory.

For example, we won't be able to fund supports involving:

- a [restrictive practice](#) where it's not authorised in your state or territory

- [assistive technology](#) or home modifications that don't meet Australian laws, such as State and Territory Acts and Regulations, the National Construction Code, and relevant Australian Standards
- supports for illegal activities, such as support for criminal behaviour or illegal drugs.

While this is one of the NDIS funding criteria, we're not responsible for ensuring your supports are legal. We're not responsible to ensure that all supports in your plan comply with all the relevant legal and administrative requirements. This is your responsibility and your provider's responsibility.

For example, if a support is likely to require the use of a restrictive practice, the provider must be registered with the [NDIS Quality and Safeguards Commission](#).⁹⁴ It's the provider's responsibility to ensure they are registered and comply with the conditions of their registration. This includes complying with all laws and seeking the necessary authorisations.⁹⁵

We're not responsible for ensuring the provider is registered and complies with their conditions of registration. You can contact the [NDIS Quality and Safeguards Commission](#) if you're concerned about a provider's compliance with legal obligations.

Is the support 'income replacement'?

We don't fund income support or income replacement.⁹⁶ This means NDIS funding can't replace or add to money you'd usually earn from working, or income payments you get from Centrelink.

For more information and resources on income support, check out [income support payments](#) such as the Disability Support Pension.

If you are interested in getting help to find a job, check out [Disability Employment Services](#) or NDIS-funded [Work and study supports](#).

Is the support likely to cause harm?

We can't fund any supports that are likely to either:⁹⁷

- cause harm to you
- be a risk to other people.

We need to consider this for all supports, such as support workers, therapies or equipment. It also means we won't fund supports that involve a [regulated restricted practice](#), such as restraint, unless it follows the requirements of the [NDIS Quality and Safeguards Commission](#).

To help us decide if the support is likely to cause harm, we may need information from a professional. For example, you may need high cost [assistive technology](#), like a powered wheelchair. If so, we would need a report from an occupational therapist to show that it'll be safe for you to use.

Of course everything we do in life comes with some risk. We all make our own choices about how much risk we want to take in our lives. You should also be able to choose how much risk you want to take in your life.

So we try to balance this when we decide what we can and can't fund. We can't fund things that are likely to cause harm. But we will try and balance this with enabling you to make your own choices wherever possible.

While this is one of the NDIS funding criteria, you also have some responsibilities. It's still your responsibility and your provider's responsibility to ensure the supports we fund are:

- used correctly
- safe for you
- safe for other people.

You and your provider will also need to manage any risks of harm that arise. For more information, contact the [NDIS Quality and Safeguards Commission](#).

Is the support related to your disability?

We can't fund a support if it's not related to your disability.⁹⁸ This means there must be a direct link or a connection between your disability and the supports we fund.

We look at whether the support addresses your disability support needs. Your disability support needs are those that arise from, or are caused by, your disability.

For example, we wouldn't usually fund things like:

- standard televisions
- standard household furniture such as dining chairs
- upgrades to assistive technology and home modifications that are not related to disability needs, such as marble tiling or leather materials
- flights to go on a holiday
- a car to get to work because there are no public transport options
- a gym membership to get fit

- a swimming pool to relax in summer.

This is because you're unlikely to need these supports as a result of your disability support needs. They are things that all people, with or without disability, might want or need.

Usually, there won't be a direct link or connection between these things and your disability support needs. Having a disability doesn't usually affect whether someone needs or wants these types of things.

Example

Alan needs some changes to his house, so he can use his bathroom and kitchen in his wheelchair. He also wants to set up an outdoor entertainment area for when his friends visit.

We may be able to fund [home modifications](#) so he can access areas of his home such as his bathroom or kitchen. He needs the home modifications because he can't access those areas due to his disability and needing to use a wheelchair. Alan needs the support because of his specific disability support needs.

Alan will need to pay for the outdoor entertainment area, as it's not related to his disability. He doesn't need the entertainment area because of his disability. It's just something he would like so he can have his friends over for a barbecue.

Is the support related to a 'day-to-day living cost'?

We can't fund supports related to day-to-day living costs that everyone has to pay, and aren't caused by or result from your disability support needs.⁹⁹ This means we don't fund things like:

- rent
- groceries
- utilities such as electricity, water, gas and internet bills
- the general cost of owning a home, like renovations, mortgage repayments, repairs and maintenance.

In some situations, we can fund supports related to your day-to-day living costs. We can do this if the costs are attributable to, or caused by, your disability support needs.¹⁰⁰ This means we may fund supports that relate to day-to-day living costs where either:

- you have additional living costs that are solely and directly as a result of your disability support needs¹⁰¹
- the living costs are connected to another support that is funded or provided in your plan, and you wouldn't incur that cost if it wasn't in your plan.¹⁰²

Example

Nigel has a goal to do his grocery shopping on his own. He needs a shopping basket to attach to his wheelchair to help him carry the items in the supermarket.

Shopping bags and baskets are things we all pay for, whether or not we have a disability. But Nigel only needs this specialised basket for his wheelchair because of his disability support needs.

If it meets the other NDIS funding criteria, we may fund the shopping basket attachment in his plan.

Does the support duplicate other supports funded through the NDIS?

We can't fund a support if it duplicates other supports delivered under alternative funding through the NDIS.¹⁰³

For example, if we're providing support through your early childhood partner or local area coordinator, we usually won't fund Support Coordination in your plan.

This is because your early childhood partner or local area coordinator is already funded to provide similar supports. If we funded the same Support Coordination, we would be duplicating a support we're already providing you as general supports.

However if you need extra support, we may be able to fund additional Support Coordination in your plan. We may do this if it's above the amount of support your early childhood partner or local area coordinator are able to provide. Your early childhood partner or local area coordinator will work together with the Support Coordinator to help you connect with supports in your community.

Does the support meet the reasonable and necessary criteria?

All NDIS supports need to meet **all** the reasonable and necessary criteria.¹⁰⁴

This means that before we can include an NDIS support in your plan, we need to be satisfied it meets all the following criteria:

- The support will assist you to [pursue your goals in your plan](#).¹⁰⁵
- The support will [assist you to undertake activities, to facilitate your social and economic participation](#).¹⁰⁶ This means the support will help you to undertake activities, by reducing the disability-related barriers that prevent you from participating in things such as social outings, recreation, work and study.

- The support represents [value for money](#) in that the costs of the support are reasonable relative to both the benefits achieved and the cost of alternative supports.¹⁰⁷ This means we need to consider the costs and benefits of the support, as well as the costs and benefits of alternative supports.
- The support will be, or is likely to be, [effective and beneficial](#) for you, having regard to current good practice.¹⁰⁸ This means we consider if there is evidence the support works for someone with similar disability support needs. We won't need an expert report for every support, as we can often rely on other information or evidence. For example, we may have information already about whether the support is widely accepted to suit someone with your disability support needs.¹⁰⁹ We also consider your lived experience.
- The funding of the support [takes account of what it is reasonable to expect families, carers, informal networks and the community to provide](#).¹¹⁰ This means we need to consider what support is reasonable for your family, friends and community to provide.
- The support is [most appropriately funded or provided through the NDIS](#), and is not more appropriately funded or provided through:¹¹¹
 - other general systems of service delivery, or support services offered by a person, agency or body (for example, a State or Territory Statutory Scheme)
 - systems of service delivery or support services offered as part of a universal service obligation (for example, the health or education system)
 - systems of service delivery or support services offered in accordance with reasonable adjustments required under discrimination laws (for example, your employer, or the health or education system).

The law for the NDIS sets out things that we need to consider when we apply the reasonable and necessary criteria.¹¹²

We must be satisfied that each support is reasonable and necessary individually, but we must also be satisfied that the supports are reasonable and necessary as a package of supports.¹¹³

For example, a home modification may reduce your need for other supports. If we plan to fund a home modification, we will need to take that home modification into account when considering what other supports are reasonable and necessary, such as the amount of care you need at home.

If the home modification will reduce your care needs, we may need to reduce the amount of care we fund, as a higher amount may not be reasonable and necessary when the whole package of supports is considered.

Does the support help you pursue your goals?

We need to be satisfied that the support will help you pursue the goals, objectives and aspirations in your NDIS plan.¹¹⁴ This helps us determine if the support is necessary.¹¹⁵

While we only fund supports that help you pursue your goals, objectives and aspirations, we understand that different people express themselves in different ways.

You are free to choose your own goals and express them in your own words.

Your goals can be big or small, short term or long term, simple or complex. They can be about anything you want to work towards.

You may express your goals broadly, or you may have specific goals. For example, you may express one of your goals as 'living independently'. Someone else may express their goal as 'to have an accessible bathroom'.

Learn more about setting your goals in [Creating Your Plan](#) and the [Setting Goals fact sheet](#).

Reasonable and necessary supports should help you pursue your goals,¹¹⁶ but you don't need a specific goal for every support in your plan. When we decide if a support will help you pursue your goals, we consider your whole situation.

We look at how a support will address your disability support needs, and the disability specific barriers that prevent you from pursuing your goals.

A support that addresses your disability related support needs is most likely to help you pursue your goals, objectives and aspirations in your plan.

Setting a goal in your plan doesn't mean we'll provide funding to pursue it. For example:

- setting more and bigger goals doesn't mean we have an obligation to fund more and bigger funded supports in your plan
- setting a goal doesn't mean we have an obligation to fund supports that help you pursue that goal
- setting a goal about an explicit type or amount of support you might want doesn't mean we'll fund that support or in that amount.

This is because helping you pursue your goals is only one of the NDIS funding criteria. A support must meet all of the NDIS funding criteria to be funded under the NDIS. So not all supports that help you to pursue your goals will be reasonable and necessary supports.

For example, we only fund reasonable and necessary supports that are value for money,¹¹⁷ effective and beneficial¹¹⁸ and relate to disability support needs.¹¹⁹

This means that if your goal is to 'live independently', we **may** fund home modifications that address your disability related needs. However, we won't fund supports related to day-to-day-living costs like rent or utilities. These costs aren't incurred solely and directly as a result of your disability support needs, so they don't meet other funding criteria.¹²⁰

Also, choosing a different goal 'to have a more accessible home' won't change the supports we could fund in your plan.

Achieving goals usually takes many different kinds of supports. NDIS supports will most likely be just one kind of support that helps you work toward your goals.

Learn more about [setting goals](#).

Example

Morgan is ready to look for work and she has a goal in her plan to get a job. She has built up her skills and knows what she wants to do. Disability Employment Services are helping Morgan to find work, so we can't fund this support for Morgan.

However, because of her disability, Morgan will need personal care supports to help her get up and ready for work in the morning. We will consider:

- how Morgan's disability support needs relate to her goals
- whether funding supports that address these disability support needs will help Morgan pursue her goals.

Morgan's planner believes the personal care supports meet this criteria. The supports that address her personal care needs will help Morgan to pursue her employment goals.

However, Morgan's planner then needs to look at whether the support meets the other NDIS funding criteria.

We don't fund all the supports that relate to Morgan's employment goals. We only fund the supports we consider are reasonable and necessary – that is, when they meet all the NDIS funding criteria.

Does the support help you do activities that will help your social and economic participation?

We need to be satisfied that the support will help you to do activities, which make it easier for you to participate socially and economically.¹²¹

Social participation means doing things you enjoy, like going out with friends, playing sport or going on holiday. It also means doing the things you need to do, like going to school or medical appointments.

Economic participation usually means being involved in things that help you work towards getting and keeping a job. This might be things like volunteering, study, learning new skills or trying work experience. Research tells us that work can lead to health benefits and improve our quality of life. Learn more about the [Health Benefits of Good Work](#).

Social and economic participation are important to most people. They are critical to living an ordinary life.

To work out if a support meets this requirement, we look at the purpose of the support and how it will help you.

We fund reasonable and necessary supports that reduce the barriers that prevent you from undertaking activities. This will help you increase your social and economic participation.

Some supports help economic and social participation directly. There are lots of supports we can fund to directly help with social and economic participation. Learn more about [Social and recreation supports](#) and [Work and study supports](#).

Other supports help you to undertake activities like self-care, which indirectly help your economic and social participation.

Example

Sue is going to university next year. She has a vision impairment, and has been working with her Guide Dog Mobility Instructor to decide if a dog guide is right for her. A dog guide can help her leave her home safely and independently, and travel to and from university.

A dog guide could also help her go out with friends and join in other community activities. As long as it meets the other funding criteria, we could fund a dog guide for Sue. It will help her to undertake activities of daily living.

As a result, it'll increase her social and economic participation. For example, the support will help her get to her university so she can study, and will help her social life.

Is the support value for money?

All supports we fund under the NDIS need to be value for money. This means the cost of the support is reasonable, when we consider the benefits of the support and the cost of other supports.

Making sure that your supports are value for money is one of the ways we keep the NDIS financially sustainable. This means we make careful decisions about funding so that we make sure the NDIS exists for future generations. It's also one of [our principles](#).¹²²

When we decide if the support is value for money, we consider:

- if other supports would achieve the same result at a substantially lower cost¹²³ – this means there should be a real or material difference in cost
- if there's evidence that the support will substantially improve your life stage outcomes and benefit you in the long term¹²⁴
- if the support will likely reduce the cost of other supports over time¹²⁵
- how the cost compares to other supports of the same kind in your area¹²⁶
- if the support will make you more independent, and mean you won't need as many supports in future, for example, in some circumstances home modifications may reduce the need for home care.

When we consider the likely cost of supports, we consider the cost over the long term. We consider if the support will help you achieve milestones at different ages or stages of your life and have long term benefits.

For example, some supports such as home modifications may be expensive now, compared to other supports. But getting these supports now may mean you need much less support in a few years, or later in life. Or, it may delay the need for other more costly supports.¹²⁷

When we determine the cost of the support, we consider:

- the prices for NDIS supports in the NDIS Pricing Arrangements and Price Limits supports suggested by the Typical Support Package
- quotes for specific or high risk supports.

It's important we consider the cost of the support. This will be the level of funding we include in your plan, if we decide the support is reasonable and necessary.

When we fund equipment or modifications, we also need to consider:¹²⁸

- how the cost of buying the equipment or modifications compares against the cost of renting them
- if it's appropriate to fund the equipment or modifications you want, based on your circumstances and any expected changes in technology.

Learn more about how we consider value for money when we fund [assistive technology](#), [home modifications](#) and [vehicle modifications](#).

Example

Elias needs a shower commode.

He got an assessment and sent us a quote for one that will suit his needs. As part of the process to work out if we can fund it, his planner considers other similar shower commodes.

There's a second commode that's \$5,000 cheaper than the one Elias has asked for. But it won't meet Elias' needs, as it won't provide enough back support. That is, it won't achieve the same result as the one Elias has asked for.

Finally, there's a third commode that's \$1,000 cheaper. The planner contacts his occupational therapist who confirms the cheaper commode will meet Elias' needs.

Elias' planner decides to fund the commode that's \$1,000 cheaper. It'll deliver the same result at a substantially lower cost.

Is the support effective and beneficial?

We need to be satisfied that the support will be, or is likely to be, effective and beneficial, when we consider current good practice.

We need to work out if the support is likely to be both:

- **effective** – it will do what you need it to do¹²⁹
- **beneficial** – the support will help you do things you can't otherwise do and meets your support needs.¹³⁰

It can also be effective and beneficial if it will help you maintain your current level of functioning. That is, it will help you keep doing the things you can currently do. And, it'll help you maintain your work, study and social life as much as you can.¹³¹

When we decide if a support is effective and beneficial, we look at what is current good practice. This means we look at whether there is evidence that the support works for someone with similar disability support needs to you. We won't need an expert opinion or report for every support, as we can often rely on other evidence.

For example:

- We may have information already about whether the support is widely accepted to suit someone with your disability support needs.¹³² For example, we could rely on academic research and other literature. This could include university studies on

therapies that have been published and [refereed](#) in academic journals, evidence based practice resources, or clinical practice guidelines.

- If you or other participants have used the support before, we can consider your experience using the support and the experience of your family members and carers.¹³³

We may consider things we have learnt from other participants in the NDIS with similar support needs to you.¹³⁴ We know you're the expert in your own life, and we use your own experience as much as we can.

For example, we will talk to you about any supports that have helped you do things you can't otherwise do. Or, some supports may have helped maintain your ability to be as independent as possible.

If it's a new support such as new assistive technology, we might fund a trial. This is so we can learn from your experience of using the support. To check if it's likely to do what you need it to.

Your evidence can be particularly useful when it's consistent with other evidence, or if we don't have expert evidence.

We'll look at the opinions held by the majority of experts and what they generally agree on.¹³⁵ Sometimes we will have to seek expert opinion or report to make a decision.¹³⁶

Example

Vivek is 12 and has a goal to improve his communication skills. He and his family want him to improve his social skills with the kids in his class.

When he was younger, Vivek's family tried speech therapy, and believe it really helped him improve his communication. His family told his planner about how it helped Vivek learn how to respond to different social settings.

Vivek's speech therapist also believes it could work well for him now, and help him interact with his classmates.

When deciding whether the therapy is effective and beneficial, Vivek's planner will consider:

- how speech therapy has helped Vivek in the past, including first-hand information from Vivek, his family members and carers
- the reports or assessments from his speech therapist on the effectiveness and benefits of speech therapy for Vivek

- other information or expert evidence about the effectiveness and benefits of speech therapy, including for a child of the same age, and with the same impairments and functional capacity.

Based on this information and evidence, Vivek's planner decides the speech therapy is effective and beneficial. If it meets the other funding criteria, we will be able to fund speech therapy in Vivek's plan.

Is the support something we would reasonably expect your informal supports, like family or friends, to provide?

We need to be satisfied that funding the support takes into account what is reasonable to expect families, carers, informal networks and the community to provide.¹³⁷

To make sure we understand how disability supports might work for you, we consider:

- the things you're able to do for yourself
- any support you have from others in your network – including family members, relatives, friends and local community services.

When we fund supports under the NDIS, we have to think about whether it's reasonable to expect your informal supports to provide that support. We can't fund supports that an ordinary person would think is reasonable to expect friends, family or the community to provide for you.¹³⁸

Informal supports are the help and support you get from friends, family and the community. They are called 'informal' because you don't pay for them, and they're not part of a formal agreement. They are the usual things friends and family do for us, and with us.

Most of us get some kind of help and support from friends and family. In our society, we expect that friends, family and our community will support each other and help each other out when they need it.

A good example is families who have young children. In our community, we expect families will provide most of the support a young child needs.¹³⁹ They will change a child's nappy, make sure they are safe and drive them around places.

Grandparents, uncles and aunties often have a role to play in supporting young children as well. Neighbours and friends might also help care for the child.

As a child gets older, our society's expectations of the role of the family and community in caring for the child changes. For example, we expect schools to help support the child's learning needs.

We also usually expect the role of family in providing personal care for a child would reduce as they get older and develop new skills and independence. But families are usually still responsible for things like food, emotional support, decision-making and providing a safe home.

It's a similar idea for adults. Our society expects that adults – like family, friends and neighbours – will provide some support to each other. This might be things like taking a friend with you to the football game, or providing emotional support if someone is upset.

NDIS supports won't ever replace the support people like your friends and family provide to you. This support is given freely because people care, and is often quite different to supports bought with NDIS funding.

You have a special bond with your friends and family that's different from your relationship with paid carers. And there are potential risks and problems for you if your friends and families become your paid carers.

To make sure we understand how disability supports might complement your circumstances, we consider:

- the things you are able to do for yourself
- any support you have from others in your network including family members, relatives, friends and local community services.

We also have to consider the benefits you may get from your informal supports. For example, your family and friends may be more effective at helping you meet other people, or helping to build your social skills, than paid supports can.

We consider if we can help these relationships so that you get the support you need.¹⁴⁰ For example, we may be able to fund training for your informal supports, so they can help you build your skills.

We also think about the capacity of your informal supports to continue caring for you, for example if they're ageing or sick.

There are different things the law for the NDIS says we need to consider for adults and children.

If you're under 18, we consider what support is reasonable to expect parents to provide at your age. It's normal for parents to provide substantial care and support for children.¹⁴¹ We consider that it's usual for parents to provide almost all the care and support that young children need.

For example, it's reasonable to expect parents to provide transport to and from their child's after-school activities. Of course, the amount of care and support for a child without a disability would typically reduce as they get older.

For children under 18, we consider:

- if your needs are 'substantially greater' because of your disability, compared to other children the same age¹⁴² – that is, you need much more disability support
- any risks to the wellbeing of people providing informal support to you¹⁴³
- if including funding for the support will help build your skills and capacity in the future, or reduce any risks to you.¹⁴⁴

For example, we consider any health, safety or other impacts resulting from what's involved in meeting your disability support needs.

If you're over 18, we consider:

- if there are any risks to you or your informal supports if you rely on them to provide the support you need¹⁴⁵
- how much your informal supports would help improve or reduce your independence and other outcomes.¹⁴⁶

We also consider the suitability of informal supports to provide the supports you need,¹⁴⁷ including:

- how old your carers are and their capacity to provide the support¹⁴⁸
- if other family members and the community can help your informal supports in their caring role¹⁴⁹
- the intensity and type of support you need, and if it's appropriate for your informal supports to provide this, based on their age and gender¹⁵⁰
- any long-term risks to the wellbeing of your informal supports.¹⁵¹

When we consider the risks for people over 18, we consider if the supports are sustainable for your informal supports. We consider the health, safety and other impacts on family and carers in the long term.

For example, we wouldn't expect a child to have their schooling affected because they need to provide care. We also wouldn't expect an elderly parent to be responsible for physical activities, if it may result in injury.¹⁵²

We generally don't fund family members to provide supports funded under the NDIS. There are very limited situations where we can consider this.

Learn more about [Sustaining Informal Supports](#).

Example 1

Simon is getting his first NDIS plan. For the last 15 years, Simon and his wife Jan's preference was that Jan provide all the physical support he needs at home, such as toileting and showering.

But as Jan is getting older, it's not safe for her to keep lifting Simon. It's becoming risky for her to keep providing this support.

Jan and Simon think it might be best for someone else to provide the personal care support that Simon needs. Their children have moved out of home, and it's not reasonable to expect them to help Simon with personal care.

Based on this information and other evidence, Simon's planner decides that the personal care support meets this criteria. It takes into account what is reasonable for his family and others to provide. If the personal care support meets the other funding criteria, we may fund the personal care support for Simon.

Simon and Jan still prefer Jan to do the other support Simon needs though, such as helping Simon eat his meals. At this time, we wouldn't fund a support worker in Simon's plan to help him eat his meals. It's reasonable to expect Jan to help Simon with this, as it's what they want to do and it's not a safety risk for Jan.

Example 2

Qing is 14 and wants to join a local footy club. Like most 14 year olds in this situation, she needs someone to drop her off and pick her up from the Saturday matches and the weeknight training sessions.

But unlike most 14 year olds, she needs someone to help her get dressed before she can go to the match. Her parents have been doing this, but as Qing is getting older she no longer wants her family to help her get dressed.

It's reasonable to expect her family or other informal supports to drop Qing to and from the match and training sessions. So we wouldn't fund transport in Qing's plan.

But at age 14, it's not reasonable to expect her family to help her get dressed.

Based on this information and other evidence, Qing's planner finds that the personal care support takes into account what is reasonable for family and others to provide. If it meets the other funding criteria, we may fund personal care support in her plan.

Is the support more appropriately funded or provided through the NDIS, and not through other service systems or support services?

We have to be satisfied that the support is most appropriately funded or provided through the NDIS. This means it's not more appropriately funded or provided through:

- other general systems of service delivery, or support services offered by a person, agency or body (such as a State or Territory Statutory Scheme)
- systems of service delivery or support services offered as part of a universal service obligation (such as the health or education system)
- systems of service delivery or support services offered in accordance with reasonable adjustments required under discrimination laws (such as your employer, or the health or education system).¹⁵³

In short, we won't fund the support if it should be provided by someone else.

We won't fund the support if the support should be provided by someone else, even if the other service system doesn't actually provide it. We're not the funder of last resort, so we don't make up for other organisations and systems that don't provide the supports they should.

The law for the NDIS sets out a number of things we need to consider, when we decide who is most appropriate to fund or provide of the support.¹⁵⁴ There are different things we consider for the following service systems:

- (a) Health
- (b) Mental health
- (c) Child protection and family support
- (d) Early childhood development
- (e) School education
- (f) Higher education and vocational education and training
- (g) Employment
- (h) Housing and community infrastructure
- (i) Transport
- (j) Justice.

How does the NDIS work with other government services?

We call supports provided by other government services, including those provided as part of a universal service obligation, 'mainstream supports'. When we talk about mainstream supports, we mean supports available to everyone in your state or territory, or across Australia, regardless of whether or not you have a disability.

This includes services provided by state and federal governments, like health care, education and mental health services.

You have the same right as all Australians to access these services. There are certain things that mainstream services have to do to make their services accessible for people with disability. Using mainstream supports can also help you be part of your community, or to work or study.

When we fund NDIS supports, we need to check that the support is not more appropriately funded or provided by a mainstream service or system, such as the education system or health system.¹⁵⁵ Under the law for the NDIS, we can't fund supports that should be provided by a mainstream service.

The Australian federal, state and territory governments agreed on responsibilities for funding different types of supports. The law for the NDIS has an outline of funding responsibilities and were developed with the agreement of each State and Territory.¹⁵⁶

We can only fund supports that are the responsibility of the NDIS. We can't fund supports that are the responsibility of other government services, even if they don't actually fund or provide the support. The law for the NDIS sets out the matters we should consider when we decide who is more appropriate to provide or fund a support.¹⁵⁷

Learn more about [how we decide if the support is best funded or provided by us or another part of government](#).

The [Applied Principles and Tables of Support](#) also has information on what the governments agreed are the responsibilities of the NDIS and other government services. However, it doesn't override what we consider when we decide if the support is most appropriately funded by the NDIS.¹⁵⁸

What is reasonable adjustment and why is it important?

People with a disability can sometimes face barriers that make it harder to do the same things as people who don't have a disability. For example, it might be harder to find and keep a job. Or it might be harder to get in and around places, or to get the same services as other people.

It's against the law to discriminate against people with a disability in many areas.¹⁵⁹ This includes in employment, when providing goods and services, and when accessing public places.

This means organisations or people who are responsible for providing these services have to make what are called 'reasonable adjustments'. They have to make sure people with a disability have equal access to the services they provide, as far as is reasonable.

They have to do reasonable things that will make their services equally available to everyone, whether or not you have a disability.

Reasonable adjustments do not mean they have to provide everything you need because of your disability. It means they have to do what's reasonable to make sure you have equal access to employment, public spaces or services. This takes into account what they can afford to do and what is reasonable to expect them to provide in the circumstances.

When we decide what supports to include in your plan, we need to consider what should be provided through reasonable adjustments. Under the law for the NDIS, we can't fund a support if it should be provided by someone else through reasonable adjustments.

What else do you need to know about working out if supports meet the NDIS funding criteria?

From our experience, we learned there are some common misunderstandings about how we work out what supports meet the NDIS funding criteria.

Why don't we always fund what your health professionals recommend?

Although we take expert opinions into account, we can't and don't always fund everything your health professional might recommend. This is because every support we fund needs to meet all the NDIS funding criteria.

For example, your therapist might recommend a piece of equipment on the basis that it will be 'effective and beneficial' for you. But if there is something cheaper that will achieve the same outcome, we won't be able to fund what the therapist recommended.

This is because it won't be [value for money](#). We may be able to fund the cheaper option instead if it meets all the [NDIS funding criteria](#).

Why don't we fund the same supports as your last plan?

We might fund different supports in your next plan. This is because we will fund supports in your plan based on how we use the NDIS funding criteria at that point in time.

Your needs and situation will most likely change over time. This means it's likely your NDIS supports and funding for those supports will change over time.

For example, we may have funded supports to help you build your skills in a particular area. Once you have built those skills, you won't need funding for that anymore. So, we probably won't include that funding for those supports in your next plan.

Supports to build your skills may have met the NDIS funding criteria before, but the same supports might not meet the criteria in future.

Or, your disability support needs might increase or decrease over time. This may mean we consider funding more or less supports as a result.

What happens if you don't use all your funding in your NDIS plan?

We will consider how you have used your NDIS funding to help us work out what supports meet the NDIS funding criteria in your next plans.

If you haven't used all the funding by the end of your plan, it doesn't mean we'll reduce the funding in your next plan. There may be very good reasons why you weren't able to buy the supports we funded.

When we reassess your plan, we'll talk about any problems you had buying the supports funded in your plan. We'll also see how we can help you use your funding if we need to.

But if you consistently don't buy all the supports we fund and use all of your NDIS funding, we need to think about whether the supports really do meet the NDIS funding criteria. For example, they may not be 'effective and beneficial' for you if you're not actually using them. We will talk to you about this when we reassess your plan.

Learn more about [changing your plan](#)

Step 3: How do we include the reasonable and necessary supports in your plan?

Once we've identified the supports, and decided they meet the NDIS funding criteria, we can include the description and funding for the support in your plan.

If the support doesn't meet the NDIS funding criteria, we can't include the support in your plan. We may consider if a differently described support meets the NDIS funding criteria instead.

When we approve your plan we will also make sure all your supports are reasonable and necessary when considered as a package of supports.¹⁶⁰

Sometimes you might not need any supports under the NDIS. For example, your informal supports may meet all your disability support needs. If so, we'll approve a plan with no funded supports.

Learn more about how we [create and approve your plan](#).

Learn more about [using the funding in your plan](#).

What happens if we don't include the supports you want?

If we decide a support doesn't meet the [NDIS funding criteria](#), we can't include the support in your plan. Also, if the amount of support you want doesn't meet the criteria, we can't include that amount in your plan.

But, we're committed to [our principles](#) and helping you live an [ordinary life](#). Even if we can't fund a particular support we may still be able to help.

If the support doesn't meet the NDIS funding criteria, we can consider if a different support meets the NDIS funding criteria. We might be able to consider describing the support differently, or funding a different type of support.

Or, we may be able to connect you to mainstream or community supports that can help. Mainstream and community supports are available to everyone. They can be a good way to connect with your local community, learn new skills and gain independence.

There are lots of ways we might be able to help, so talk to us if you're in this situation. We can do this at any time. We may be able to help before we approve your plan.

We'll give you the reasons for our decision to approve your plan in writing.¹⁶¹ You can [contact us](#) if you'd like more detail about the reasons for our decision.

If you don't agree with the supports we approve in your plan, you can ask for an internal review of our decision.¹⁶² You'll need to ask for an internal review within 3 months of getting your plan.¹⁶³ ¹⁶⁴Learn more about [internal and external review of decisions](#).

Reference List

- ¹ NDIS Act and delegated legislation made under the NDIS Act, especially NDIS (Supports for Participants) Rules and NDIS (Plan Management) Rules.
- ² NDIS (Supports for Participants) Rules r 5.1(b).
- ³ NDIS Act s34(1)(a).
- ⁴ NDIS Act s34(1)(b).
- ⁵ NDIS Act s34(1)(c).
- ⁶ NDIS (Supports for Participants) Rules r 3.1(c).
- ⁷ NDIS Act s34(1)(c); NDIS (Supports for Participants) Rules r 3.1(a).
- ⁸ NDIS Act s34(1)(d).
- ⁹ NDIS Act s34(1)(e).
- ¹⁰ NDIS Act s34(1)(f).
- ¹¹ NDIS Act s34(1)(f).
- ¹² NDIS (Supports for Participants) Rules part 5.
- ¹³ NDIS (Supports for Participants) Rules r 5.1(a).
- ¹⁴ NDIS (Supports for Participants) Rules r 5.1(b).
- ¹⁵ NDIS (Supports for Participants) Rules r 5.1(c).
- ¹⁶ NDIS (Supports for Participants) Rules r 5.1(d).
- ¹⁷ NDIS (Supports for Participants) Rules r 5.3(a).
- ¹⁸ NDIS (Supports for Participants) Rules r 5.3(b).
- ¹⁹ NDIS Act s34(1)(f).
- ²⁰ NDIS Act s118(1)(b).
- ²¹ NDIS Act s4(17).
- ²² NDIS Act s33(2).
- ²³ NDIS Act s33(5)(a).
- ²⁴ NDIS Act s34(1)(a).
- ²⁵ NDIS Act s34(1)(d).
- ²⁶ NDIS (Supports for Participants) Rules r 4.1(d).
- ²⁷ NDIS Act s34(1).
- ²⁸ NDIS Act s34(1)(d); NDIS (Supports for Participants) Rules, r 3.2-3.3.
- ²⁹ NDIS Act s34(1)(c); NDIS (Supports for Participants) Rules r 3.1.
- ³⁰ *McGarrigle v National Disability Insurance Agency* (2017) 252 FCR 121 at [88].
- ³¹ NDIS Act ss 33(2)(a), 33(2)(b), 33(5)(c), 34.
- ³² NDIS Act ss 13, 33(2)(a).
- ³³ NDIS Act ss 33(2)(b), 34.
- ³⁴ NDIS Act and delegated legislation made under the NDIS Act, especially NDIS (Supports for Participants) Rules and NDIS (Plan Management) Rules.
- ³⁵ NDIS Act ss 33(2)(b), 34; NDIS (Supports for Participants) Rules.
- ³⁶ NDIS Act ss 33(5)(d), 35(1)(b); NDIS (Supports for Participants) Rules r 5.3.
- ³⁷ NDIS (Supports for Participants) Rules pt 5.
- ³⁸ NDIS Act s 34(1).
- ³⁹ NDIS (Supports for Participants) Rules r 2.4; NDIS Act s 33(5)(c).
- ⁴⁰ NDIS Act ss 4, 31.
- ⁴¹ NDIS Act s 4(1).
- ⁴² NDIS Act s 4(2).
- ⁴³ NDIS Act s 4(4).
- ⁴⁴ NDIS Act s 4(8).
- ⁴⁵ NDIS Act s 4(10).
- ⁴⁶ NDIS Act s 4(17).
- ⁴⁷ NDIS Act s 4(11).

- 48 NDIS Act s 33(5)(a); NDIS (Supports for Participants) Rules r 4.1(a).
- 49 NDIS (Supports for Participants) Rules r 4.1(a).
- 50 NDIS (Supports for Participants) Rules r 4.1(b).
- 51 NDIS (Supports for Participants) Rules rr 4.1(b), (d).
- 52 NDIS (Supports for Participants) Rules r 4.1(c).
- 53 NDIS Act s 33(5)(b).
- 54 NDIS Act ss 36, 50.
- 55 NDIS (Supports for Participants) Rules rr 4.2-4.6.
- 56 NDIS Act s 33(1).
- 57 NDIS Act s 47(1).
- 58 NDIS (Supports for Participants) Rules r 4.1(d).
- 59 NDIS Act s 34(1)(a).
- 60 NDIS Act s 34(1)(a).
- 61 NDIS Act s 33(5)(f).
- 62 NDIS Act s 33(3) and NDIS (Plan Management) Rules.
- 63 NDIS Act s 33(5)(c).
- 64 NDIS Act s 33(3).
- 65 NDIS Act s 33(3); (NDIS (Plan Management) Rules r 6.3.
- 66 NDIS Act s 46(1).
- 67 NDIS Act (Plan Management) Rules r 6.4(a).
- 68 NDIS (Plan Management) Rules r 6.4(b).
- 69 NDIS (Plan Management) Rules r 6.4(c).
- 70 NDIS (Plan Management) Rules r 6.4(d).
- 71 NDIS (Plan Management) Rules r 6.4(e).
- 72 NDIS (Plan Management) Rules r 6.4(f).
- 73 NDIS (Plan Management) Rules r 6.4(f).
- 74 NDIS (Plan Management) Rules r 6.4(f).
- 75 NDIS (Provider Registration and Practice Standards) Rules r 7(3).
- 76 NDIS (Provider Registration and Practice Standards) Rules r 7(2).
- 77 NDIS (Plan Management) Rules rr 6.6-6.7.
- 78 NDIS (Plan Management) Rules r 6.6.
- 79 NDIS (Plan Management) Rules r 6.7.
- 80 NDIS (Plan Management) Rules r 6.7.
- 81 NDIS (Plan Management) Rules r 6.7.
- 82 NDIS (Plan Management) Rules r 6.5.
- 83 NDIS (Plan Management) Rules r 6.6.
- 84 NDIS Act ss 33(5)(d), 35(1)(b); NDIS (Supports for Participants) Rules pt 5.
- 85 NDIS Act s 34(1).
- 86 NDIS (Supports for Participants) Rules r 5.
- 87 NDIS Act ss 33(5)(d), 35(1)(b); NDIS (Supports for Participants) Rules r 5.3(a).
- 88 NDIS Act ss 33(5)(d), 35(1)(b); NDIS (Supports for Participants) Rules r 5.3(b).
- 89 NDIS Act ss 33(5)(d), 35(1)(a); NDIS (Supports for Participants) Rules r 5.1(a).
- 90 NDIS Act ss 33(5)(d), 35(1)(a); NDIS (Supports for Participants) Rules r 5.1(b).
- 91 NDIS Act ss 33(5)(d), 35(1)(a); NDIS (Supports for Participants) Rules r 5.1(d).
- 92 NDIS Act ss 33(5)(d), 35(1)(a); NDIS (Supports for Participants) Rules r 5.1(c).
- 93 NDIS (Supports for Participants) Rules r 5.3(a).
- 94 NDIS (Provider Registration and Practice Standards) Rules 2018 r 7(2).
- 95 NDIS Act s 73F(2)(a).
- 96 NDIS (Supports for Participants) Rules r 5.3(b).
- 97 NDIS (Supports for Participants) Rules r 5.1(a).
- 98 NDIS (Supports for Participants) Rules r 5.1(b).
- 99 NDIS (Supports for Participants) Rules r 5.1(d).

- ¹⁰⁰ NDIS (Supports for Participants) Rules r 5.1(d).
¹⁰¹ NDIS (Supports for Participants) Rules r 5.2(a).
¹⁰² NDIS (Supports for Participants) Rules r 5.2(b).
¹⁰³ NDIS (Supports for Participants) Rules r 5.1(c).
¹⁰⁴ NDIS Act ss 33(5)(c), 34(1).
¹⁰⁵ NDIS Act s 34(1)(a).
¹⁰⁶ NDIS Act s 34(1)(b).
¹⁰⁷ NDIS Act s 34(1)(c).
¹⁰⁸ NDIS Act s 34(1)(d).
¹⁰⁹ NDIS (Supports for Participants) Rules r 3.2(a).
¹¹⁰ NDIS Act s 34(1)(e).
¹¹¹ NDIS Act s 34(1)(f).
¹¹² NDIS (Supports for Participants) Rules pts 3, 4.
¹¹³ NDIS Act s 33(5)(c).
¹¹⁴ NDIS Act s 34(1)(a).
¹¹⁵ *McGarrigle v National Disability Insurance Agency* (2017) 252 FCR 121 at [91].
¹¹⁶ NDIS Act s 34(1)(a).
¹¹⁷ NDIS Act s 34(1)(c).
¹¹⁸ NDIS Act s 34(1)(d).
¹¹⁹ NDIS (Supports for Participants) Rules r 5.1(b).
¹²⁰ NDIS (Supports for Participants) Rules r 5.1(d).
¹²¹ NDIS Act s 34(1)(b).
¹²² NDIS Act ss 3(3)(b), 4(17).
¹²³ NDIS (Supports for Participants) Rules r 3.1(a).
¹²⁴ NDIS (Supports for Participants) Rules r 3.1(b).
¹²⁵ NDIS (Supports for Participants) Rules r 3.1(c).
¹²⁶ NDIS (Supports for Participants) Rules r 3.1(e).
¹²⁷ NDIS (Supports for Participants) Rules r 3.1(c).
¹²⁸ NDIS (Supports for Participants) Rules r 3.1(d).
¹²⁹ *McCutcheon and NDIA* [2015] AATA 624 at [34].
¹³⁰ *McCutcheon and NDIA* [2015] AATA 624 at [34].
¹³¹ *McCutcheon and NDIA* [2015] AATA 624.
¹³² NDIS (Supports for Participants) Rules r 3.2(a).
¹³³ NDIS (Supports for Participants) Rules r 3.2(b).
¹³⁴ NDIS (Supports for Participants) Rules r 3.2(c).
¹³⁵ NDIS (Supports for Participants) Rules r 3.3.
¹³⁶ NDIS (Supports for Participants) Rules r 3.3.
¹³⁷ NDIS Act s 34(1)(e).
¹³⁸ NDIS Act s 34(1)(e).
¹³⁹ NDIS (Supports for Participants) Rules r 3.4(a)(i).
¹⁴⁰ NDIS (Supports for Participants) Rules r 3.4(c).
¹⁴¹ NDIS (Supports for Participants) Rules r 3.4(a)(i).
¹⁴² NDIS (Supports for Participants) Rules r 3.4(a)(ii); *JQJT and National Disability Insurance Agency* [2016] AATA 478 at [39].
¹⁴³ NDIS (Supports for Participants) Rules r 3.4(a)(iii).
¹⁴⁴ NDIS (Supports for Participants) Rules r 3.4(a)(iv).
¹⁴⁵ NDIS (Supports for Participants) Rules rr 3.4(b)(i), (ii).
¹⁴⁶ NDIS (Supports for Participants) Rules r 3.4(b)(iii).
¹⁴⁷ NDIS (Supports for Participants) Rules r 3.4(b)(ii).
¹⁴⁸ NDIS (Supports for Participants) Rules r 3.4(b)(ii).
¹⁴⁹ NDIS (Supports for Participants) Rules r 3.4(b)(ii)(A).
¹⁵⁰ NDIS (Supports for Participants) Rules r 3.4(b)(ii)(B).

¹⁵¹ NDIS (Supports for Participants) Rules r 3.4(b)(ii)(C).

¹⁵² NDIS (Supports for Participants) Rules r 3.4(b)(ii)(C).

¹⁵³ NDIS Act s 34(1)(f).

¹⁵⁴ NDIS (Supports for Participants) Rules rr 3.5-3.7 and Schedule 1.

¹⁵⁵ NDIS Act s 34(1)(f).

¹⁵⁶ NDIS (Supports for Participants) Rules rr 3.5-3.7, Schedule 1; NDIS Act ss 209(4), (8) item 1.

¹⁵⁷ NDIS (Supports for Participants) Rules rr 3.5-3.7, Schedule 1.

¹⁵⁸ NDIS (Supports for Participants) Rules rr 3.5-3.7, Schedule 1.

¹⁵⁹ Disability Discrimination Act 1992 (Cth); Discrimination Act 1991 (ACT); Anti-Discrimination Act 1977 (NSW); Anti-Discrimination Act 1996 (NT); Anti-Discrimination Act 1991 (Qld); Equal Opportunity Act 1984 (SA); Anti-Discrimination Act 1998 (Tas); Equal Opportunity Act 2010 (Vic); Equal Opportunity Act 1984 (WA).

¹⁶⁰ NDIS Act s 33(5)(c).

¹⁶¹ NDIS Act s100(1).

¹⁶² NDIS Act s100.

¹⁶³ NDIS Act s100(2).

The content of this document is OFFICIAL.

Include disability-related health supports or meal preparation supports in the participant's plan

This Standard Operating Procedure (SOP) will help you to include disability-related health supports or supports for meal preparation in the participant's plan.

Note: The age range is changing for the NDIS early childhood approach. From July 1 2023, the age will change to include children younger than 9. The change will be rolled out over the next 2 years. Early childhood partners will need to use this resource to plan for children aged 7 or 8.

1. Recent updates

Date	What's changed
July 2023	Updates to support early childhood partners to plan for children aged 7 or 8.
December 2022	Guidance updated to include new core line items. Clearer guidance for staff for how to calculate meal preparation costs.
June 2022	Included content from retired DRHS Practice guides to align with release of 6 new OGs for individual DRHS including Continence supports, Diabetes management supports, Dysphagia supports, Epilepsy supports, Podiatry and foot care supports and Wound and pressure care supports. Updated guidance related to Delegation of Care hours.
February 2022	New guidance included to align with release of Our Guideline – Nutrition supports including meal preparation . New guidance for how to calculate hours to include in the participant's plan for meal preparation in section 4.2. Name changed to Include disability-related health supports or meal preparation supports in the participant's plan.

2. Checklist

Topic	Checklist
<p>Pre-requisites</p>	<p>You have read and understood:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Our Guideline – Disability-related health supports <input type="checkbox"/> Our Guideline – Creating your plan <input type="checkbox"/> the Age range change <p>You have read and understood the relevant guidance:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Our Guideline – Continence supports <input type="checkbox"/> Our Guideline – Diabetes management supports <input type="checkbox"/> Our Guideline – Dysphagia supports <input type="checkbox"/> Our Guideline – Epilepsy supports <input type="checkbox"/> Our Guideline – Nutrition supports including meal preparation <input type="checkbox"/> Our Guideline – Podiatry and foot care supports <input type="checkbox"/> Our Guideline – Wound and pressure care supports <input type="checkbox"/> Our Guideline – Justice system <input type="checkbox"/> Our Guideline – Changing your plan <input type="checkbox"/> Practice Guide – Respiratory supports <p>You have read the Technical Advisory Branch (TAB) intranet page and:</p> <ul style="list-style-type: none"> <input type="checkbox"/> checked if the disability-related health support needs referral to TAB for advice <input type="checkbox"/> received TAB advice, if needed, before you include the health support in the participant's plan.
<p>Actions</p>	<ul style="list-style-type: none"> <input type="checkbox"/> 3.1 Calculate disability-related health supports <p>If needed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 3.2 Add disability-related Core health supports in the plan <input type="checkbox"/> 3.3 Add Capacity Building (Assistance) health supports in the plan <input type="checkbox"/> 3.4 Add Capital health supports in the plan <input type="checkbox"/> 3.5 Find state and territory help for electricity and oxygen costs <p>Then:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 3.6 Next steps

3. Procedure

3.1 Calculate disability-related health supports

To calculate disability-related health supports use evidence to guide your decision. Evidence can include assessments or health-related plans and will vary based on the type of disability-related health supports the participant is asking for.

For example:

- continence assessment
- nurse developed care plan
- mealtime management plan
- hospital discharge plan
- epilepsy management plan
- diabetes management plan.

For help making a reasonable and necessary decision, you can ask for support from your Service Delivery Team Leader, Assistant Director or Director. For children younger than 9, you can also ask for support from the [Children's Taskforce](#). If you need specific subject matter expertise support, request advice from [TAB](#).

1. Review the evidence available and add the reasonable and necessary supports to the participant plan. If:
 - you decide the supports recommended in the assessments and plans are reasonable and necessary, go to step 2
 - you decide the supports recommended in the assessments and plans are **not** reasonable and necessary, go to step 4
 - the participant is unable to give you evidence for their disability-related health support needs, go to step 6.
2. Refer to the assessment and/or health-related plan in your justification for the supports.
3. Go to [3.1.1 Calculate supports for shadow shifts](#).
4. For participants younger than 7:
 - follow guidance in [Practice Guide – Early childhood planning](#) about including supports for capacity building in plans and information about **Supports not recommended**.

- record declined supports using [Interaction template – Planning – Early childhood declined supports](#).
5. For participants 7 and older:
 - follow guidance in [Practice Guide – Understanding therapy supports](#)
 - consider section **6.1.2 What if I decide not to include all of the Allied Health Professional (AHP) recommendations**
 - this provides important information on who you need to consult with before including different hours to the AHP recommendations and how to communicate this decision.
 6. Go to [3.1.1 Calculate supports for shadow shifts](#).
 7. When the participant is unable to provide you with evidence of the disability-related health supports, determine the disability-related health supports to include in their plan using:
 - [4.1 Guide to registered nurse hours](#), which provides recommended nursing hours for direct care by a nurse, to develop and implement a Delegation of Care model of support to include in the participant's plan.
 - [5. Related procedures or resources](#).
 8. Go to [3.1.1 Calculate supports for shadow shifts](#).

3.1.1 Calculate supports for shadow shifts

Shadow shifts may be required to introduce some participants to new workers before they commence providing support independently, if they have complex support needs including disability-related health support needs. For example:

- very limited communication
- behaviour support needs
- complex supports such as ventilation.

Shadow shifts:

- let the participant become familiar with new staff
- help new staff understand the participant's complex support needs
- provide the participant with disability-related health supports in a safe way.

Shadow shifts do **not** replace formal training by an employer to their workforce. Formal training includes shadowing or buddying less experienced staff or new staff with experienced workers or informal carers.

1. Does the participant need shadow shifts for disability-related health supports. If:
 - **Yes**, go to step 2
 - **No**, go to [3.1.2 Calculate health consumable supports](#).
2. The number of shadow shifts should be based on the number of workers the participant has and the complexity of their needs. For help to determine the number of shadow shifts, you can ask for support from your Service Delivery Team Leader who can seek advice from [TAB](#).
3. Go to [3.1.2 Calculate health consumable supports](#).

3.1.2 Calculate health consumable supports

Health consumables include continence, dysphagia, wound care, nutrition and respiratory support.

1. Determine the reasonable and necessary consumables required across all disability-related health support needs using [5 Related procedures or resources](#)
2. If TAB provides advice for health consumable supports, follow any advice for how to enter supports in the plan.
3. Bundle these in units of \$500 or \$1500 depending on the support item you select. This will maximise funding flexibility and avoid funding multiple small support items/services.

Note: Although we include this funding in units of \$500 or \$1500, providers will be able to claim against units of \$100.
4. Add funding for delivery, repairs and maintenance of disability-related health consumables and equipment. For specific funding guidance, go to [4. Appendices](#).
5. Add disability-related **Core** supports using [3.2 Add disability-related Core health supports in the plan](#).

3.1.3 Calculate personal care hours for assistance with health-related tasks and/or meal preparation

1. Determine the reasonable and necessary amount of personal care hours the participant needs for assistance with health-related tasks and/or meal preparation using information from:
 - the participant
 - the nurse developed care or hospital discharge plan
 - [4.2 Guide to disability-related Core supports](#)
 - guidance in [5. Related procedures or resources](#).

2. Determine personal care hours for all types of workers including support workers, allied health professionals and direct care hours from nurses. For example, for a nurse to change a catheter.

Note: Nurse direct care hours are separate to delegation of care and supervision hours. To learn more about how to calculate hours for delegation of care, go to [3.1.4 Calculate capacity building health-related supports](#).

3. Consider if you can combine support workers hours so the participant gets value for money. For example, the participant may require support with multiple tasks which require 10 -15 minutes each to complete. Examples include support with support administering insulin, skin and pressure area checks and application of pressure garments. In this case 1 hour would be enough to cover multiple tasks.
4. Consider additional time required for nurses, supports workers and other staff to travel to provide daily activities. Refer to [Our Guideline – Reasonable and necessary supports](#) and the [NDIS Pricing Arrangements and Price Limits](#).
5. Add disability-related **Core** supports using [3.2 Add disability-related Core health supports in the plan](#).

3.1.4 Calculate capacity building health-related supports

1. Does the participant need support which can be delegated from a registered nurse to a support worker to deliver?
 - **Yes**, go to step 2
 - **No**, go to step 3.

If you are unsure whether the participant needs support which can be delegated from a registered nurse, ask for support from your Service Delivery Team Leader, Assistant Director or Director. If you need specific subject matter expertise support, request advice from [TAB](#).

2. Can the participant provide you with a report or assessment recommending the supports required?
 - **Yes**, go to step 3
 - **No**, use [4.1 Guide to registered nurse hours](#) to calculate the amount of registered nurse support hours to include for a nurse to develop a Delegation of care or nursing care plan.
3. Determine the reasonable and necessary disability-related capacity building health supports the participant needs. Use information from:

- the participant
 - the nurse developed care or hospital discharge plan
 - [4.3 Guide to disability-related Capacity Building supports](#)
 - [5. Related procedures or resources.](#)
4. Check all hours the participant needs across the different health support categories.
 5. Where possible, combine similar disability-related health support hours from different health support categories. This will reduce duplication of hours for therapy supports. For example, if the participant has a speech pathologist request for swallowing difficulties and verbal language consider if the hours can be combined. You will need to make sure there is enough hours to cover both needs.
 6. Add disability-related **Capacity Building** supports using [3.3 Add Capacity Building \(Assistance\) health supports in the plan.](#)





3.2 Add disability-related Core health supports in the plan

To complete this section, use the information you have gathered in [3.1.3 Calculate personal care hours for assistance with health-related tasks and/or meal preparation.](#)

1. In **Planning – Staff Tasks**, select the **Determine the Funded Supports** task.
2. The **Determine the Support Needs** form will open. Select **Core**.

Determine the Support Needs	
Support Type	Price \$
Core	0.00
Capacity Building	0.00
Capital	0.00
Total Plan Budget (\$)	

- The **Core** support category form will open. You can include disability-related health supports in the **Consumables** or **Daily Activities** budgets.

Determine the Support Needs		
Support Type > Support Category		
Support Category	Price \$	Comment
Consumables	0.00 	
Daily Activities	0.00 	
Social, Community and Civic Participation	0.00 	
Transport	0.00 	

- Add low cost health assistive technology using the [Standard Operating Procedure – Add low cost assistive technology supports in a plan.](#)
- If the participant:
 - needs disability-related health consumables, go to [3.2.1 Add health consumables](#)
 - needs personal care hours for health-related tasks, go to [3.2.2 Add personal care hours for assistance with health-related tasks or meal preparation.](#)
 - doesn't need either of these supports, go to step 6.
- Record the **Core Comment** using [3.2.3 Record the Core Comment.](#)

3.2.1 Add health consumables

- Select the **Consumables** expander button.

Determine the Support Needs		
Support Type > Support Category		
Support Category	Price \$	Comment
Consumables	0.00 	
Daily Activities	0.00 	

- The **Support Calculator** will open. Select **Add Row** (plus sign) to add a row if the **Select a Product** field does not display or to add extra rows.

Support Calculator						
Product	Price	Quantity	Unit	How Often	Frequency	Total
<input type="text" value="Select a Product"/>	<input type="text" value="0.00"/>	<input type="text" value="1"/>		<input type="text" value="Once"/>	<input type="text" value="1.00"/>	0.00
Item Type <input type="text"/>						
Quote Required <input type="checkbox"/> Quote Received <input type="checkbox"/>						
						\$0.00

- Search for support item **Disability-Related Health Consumables**.
- Select the most appropriate support item for the participants individual support needs.

- This will take you back to the **Support Calculator**.

Support Calculator						
Product	Price	Quantity	Unit	How Often	Frequency	Total
<input type="text" value="Disability-Related Health C"/>	<input type="text" value="500"/>	<input type="text" value="1"/>	each	<input type="text" value="Once"/>	<input type="text" value="1.00"/>	500.00
Item Type <input type="text"/>						
Quote Required <input type="checkbox"/> Quote Received <input type="checkbox"/>						
						\$500.00

- Complete the following fields:
 - Quantity:** enter the number of units
 - How Often:** as required
 - Item Type:** leave blank.

Note: The price will change depending on the support item you have selected.

7. Select **Done**.

3.2.2 Add personal care hours for assistance with health-related tasks or meal preparation

1. Select the **Daily Activities** expander button.

Support Category	Price \$	Comment	Periodic
Consumables	0.00		>
Daily Activities	0.00		>
Social, Community and Civic	0.00		>

2. The **Support Calculator** will open. Select **Add Row** (plus sign) to add a row if the **Select a Product** field does not display or to add extra rows.

Product	Price	Quantity	Unit	How Often	Frequency	Total
Select a Product	0.00	1		Once	1.00	0.00

Item Type:

Quote Required Quote Received

\$0.00

3. Add the reasonable and necessary disability-related health supports or meal preparation supports using the calculator. You will use different support items based on the type and level of support the participant needs.

- If you have included supports that relate to delegation of care, you need to upload supporting information using [Standard Operating Procedure – Manage inbound documents](#).

Note: Meal preparation supports should **not** be stated and do **not** require a quote. This will allow participants to use this support flexibly.


4. Select **Done**.

3.2.3 Record the Core Comment

Due to the flexible nature of the **Core** budget, combine comments for all **Core** categories into one comment. You record this comment in the **Daily Activities Comment** field.

1. Select the **Comments** field for **Daily Activities**.
2. Add your comment. Make sure the comment describes supports across all **Core** categories and for all types of supports, not just health. For example:

Core supports can be used flexibly to help with my daily activities, disability-related needs and pursuing my goals. Core supports include funding for my respiratory consumables and low cost assistive technology.


Daily Activities	10,300.00 	Core supports can be used flexibly to help with my daily activities, disability-related
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- Where funding is included for respiratory consumables, include in your comment:

Respiratory consumables must be compatible and fit for purpose with my prescribed respiratory equipment.

- Where funding is for meal preparation support, you should specify in your comment:

Core supports include [amount] for support with preparing meals.

Daily Activities	10,300.00 	Core supports include \$7990.32 for support with preparing meals
------------------	---	--

3. Determine the next step:
 - if the participant requires health supports for capacity building in their plan, go to [3.3 Add Capacity Building \(assistance\) health supports in the plan](#)
 - if the participant requires **Capital** health supports, go to [3.4 Add Capital health supports in the plan](#)
 - if there are no other disability-related health supports to add to the participants plan, go to [3.6 Next steps](#).

3.3 Add Capacity Building (Assistance) health supports in the plan

1. In **Planning – Staff Tasks**, select the **Determine the Funded Supports** task.
2. The **Determine the Support Needs** form will open. Select **Capacity Building**.

The screenshot shows a mobile application interface titled "Determine the Support Needs". At the top, there is a navigation bar with a back arrow, the title, and icons for help, settings, and a list. Below the title bar, the text "Support Type" is displayed. The main content area contains a table with two columns: "Support Type" and "Price \$".

Support Type	Price \$
Core	0.00
Capacity Building	0.00
Capital	0.00

At the bottom of the form, there is a field labeled "Total Plan Budget (\$)" with an input box.

3. The **Support Category** form will open. Select **Capacity Building**.

The screenshot shows the "Determine the Support Needs" form with the "Support Type" dropdown set to "Capacity Building". The breadcrumb navigation shows "Support Type > Support Category". The table below has three columns: "Support Category", "Price \$", and "Comment".

Support Category	Price \$	Comment
Capacity Building	0.00	
Support Coordination	0.00	

4. The **Capacity Building** form will open. The **Capacity Building** support categories where disability-related health supports can be included are:



- **CB Daily Activity:** allied health practitioners and all levels of nursing.
- **CB Health and Wellbeing:** support from a dietitian.

Determine the Support Needs		
Support Type > Support Category > Capacity Building		
Support Category	Price \$	Comment
CB Choice & Control	0.00	
CB Daily Activity	0.00	
CB Employment	0.00	
CB Health & Wellbeing	0.00	
CB Home Living	0.00	
CB Lifelong Learning	0.00	
CB Relationships	0.00	
CB Social, Community, Civic	0.00	

5. Select the **CB Daily Activity** expander button.

Determine the Support Needs			
Support Type > Support Category > Capacity Building			
Support Category	Price \$	Comment	Associated Goal
CB Choice & Control	0.00		
CB Daily Activity	0.00		

6. The **Support Calculator** will open. Select **Add Row** (plus sign) to add a row if the **Select a Product** field does not display or to add extra rows.

Support Calculator							
Product	Price	Quantity	Unit	How Often	Frequency	Total	
							
 Select a Product	0.00	1		Once	1.00	0.00	
Item Type							
Quote Required <input type="checkbox"/>	Quote Received <input type="checkbox"/>						
						\$0.00	

- Add disability-related health nursing supports using [3.3.1 Add nursing supports](#).
- Add disability-related health podiatry supports using [3.3.2 Add podiatry supports](#).
- Add disability-related health speech pathology supports using [3.3.3 Add speech pathology supports](#).

7. Record the **CB Daily Activity Comment**. Write the comment so the participant will understand what the funding is for. For example:

Includes podiatry assessment, care plan and selection or manufacture of customisable or wearable technology.

CB Daily Activity	969.95		Includes podiatry assessment and care plan and selection or manufacture or 
			Includes podiatry assessment and care plan and selection or manufacture or 

8. If you have included supports that relate to delegation of care, upload supporting information to the NDIS Business System. Refer to [Standard Operating Procedure – Manage inbound documents](#).
9. Unless the participant has disability-related health dietitian supports, go to [3.3.4 Add dietitian supports](#).
10. Determine the next step:
- If the participant requires **Capital** health supports go to [3.4 Add Capital health supports in the plan](#).
 - If there are no other disability-related health supports to add to the participant's plan go to [3.6 Next steps](#).

3.3.1 Add nursing supports

The plan developer should make sure there are sufficient funds included in the plan to cover a participant's reasonable and necessary nursing support needs. It is the responsibility of the service provider to assign the most appropriately qualified nurse to provide the disability related health support.

1. Search for and select the nursing support.
 - If you do **not know** the level of nursing at the time of planning, include all nursing hours together using the support item **Composite Funding For Delivery Of Health Supports By A Clinical Nurse Consultant**.
 - When the participant provides clear supporting information include like-for-like support items from:

- **Composite Funding For Delivery Of Health Supports By An Enrolled Nurse**
- **Composite Funding For Delivery Of Health Supports By A Registered Nurse**
- **Composite Funding For Delivery Of Health Supports By A Clinical Nurse**
- **Composite Funding For Delivery Of Health Supports By A Clinical Nurse Consultant**
- **Composite Funding For Delivery Of Health Supports By A Nurse Practitioner.**

Select a Product

✕ 🔍

Composite Funding For Delivery Of Health Supports By An Enrolled Nurse
15_430_0114_1_3

Composite Funding For Delivery Of Health Supports By A Registered Nurse
15_431_0114_1_3

Composite Funding For Delivery Of Health Supports By A Clinical Nurse
15_432_0114_1_3

2. Complete the following fields:

- **Quantity:** enter the number of units
- **How Often:** as required
- **Item Type:** leave blank. Nursing supports should **not** be **Stated**. This is so the participant can access all levels of nursing support for the duration of their plan.

3.3.2 Add podiatry supports

1. Search for and select podiatry supports using support items below:

Assessment, Recommendation, Therapy and/or Training (Incl. AT) - Other Therapy
Selection and/or Manufacture of Customised or Wearable Technology.

Select a Product
<i>Search</i>
Selection And/or Manufacture Of Customised Or Wearable Technology 15_047_0135_1_3
Assessment Recommendation Therapy And/or Training (Incl. AT) - Psychology 15_054_0128_1_3
Assessment Recommendation Therapy And/or Training (Incl. AT) - Physiotherapy 15_055_0128_1_3
Assessment Recommendation Therapy And/or Training (Incl. AT) - Other Therapy 15_056_0128_1_3

2. Complete the following fields:

- **Quantity:** Enter the number of units
- **How Often:** as required
- **Item Type:** leave blank.

3.3.3 Add speech pathology supports

1. Search for and select support item:





Assessment, Recommendation, Therapy And/or Training (Incl. AT) - Other Therapy.

Select a Product
<i>Search</i>
Capacity Building Supports For Early Childhood Interventions - Other Therapy 15_005_0118_1_3
Assessment Recommendation Therapy And/or Training (Incl. AT) - Other Therapy 15_056_0128_1_3





2. Complete the following fields:
 - **Quantity:** enter the number of units
 - **How Often:** as required
 - **Item Type:** leave blank.

3.3.4 Add dietitian supports

1. Select the **CB Health and wellbeing** expander button.

Determine the Support Needs		
Support Type > Support Category > Capacity Building		
Support Category	Price \$	Comment
CB Choice & Control	0.00 	
CB Daily Activity	0.00 	
CB Employment	0.00 	
CB Health & Wellbeing	0.00 	

2. The **Support Calculator** will open. Select **Add Row** (plus sign) to add a row if the **Select a Product** field does not display or to add extra rows.

Support Calculator							
							
Product	Price	Quantity	Unit	How Often	Frequency	Total	
 <input type="text" value="Select a Product"/> 	0.00	1		Once 	1.00	0.00	
Item Type <input type="text"/>							
Quote Required <input type="checkbox"/>	Quote Received <input type="checkbox"/>						
							\$0.00

3. Search for and select **Dietician Consultation And Diet Plan Development**.

Select a Product
dietician
Dietician Consultation And Diet Plan Development 12_025_0128_3_3
Dietician Group Session - Group of 3 12_026_0128_3_3

4. Complete the following fields:

- **Quantity:** enter the number of units
- **How Often:** as required
- **Item Type:** leave blank.

5. Record the **CB Health and Wellbeing Comment**. Write the comment so the participant will understand what the funding is for. For example:

Funding for a nutrition plan consultation, assessment and report - 4 hours.

CB Health & Wellbeing	775.96		Funding for a nutrition plan consultation, assessment and report - 4 hours. 
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3.4 Add Capital health supports in the plan

You only include mid cost or high cost disability-related health supports in the **Capital - Assistive Technology** budget.

Note: You can include low-cost assistive technology (AT) in the **Core Consumables** budget. For more information, go to [Our Guideline – Assistive technology](#) and Assistive Technology guidance on the [Planning resources intranet page](#).

1. Select **Capital** from the **Determine the Support Needs** form.

The screenshot shows the 'Determine the Support Needs' form. At the top, there is a back arrow, the title 'Determine the Support Needs', and icons for help, settings, and a list. Below the title is a section for 'Support Type'. It contains a table with two columns: 'Support Type' and 'Price \$'. The rows are: 'Core' with a price of 0.00, 'Capacity Building' with a price of 0.00, and 'Capital' with a price of 0.00. The 'Capital' row is highlighted with a red border. Below this table is a 'Total Plan Budget (\$)' field.

2. Select **Assistive Technology** expander button.

The screenshot shows the 'Determine the Support Needs' form with a menu icon on the left. The title is 'Determine the Support Needs'. Below the title is a breadcrumb 'Support Type > Support Category'. There is a table with columns: 'Support Category', 'Price \$', and 'Comment'. The rows are: 'Assistive Technology' with a price of 0.00 and a plus sign icon, and 'Home Modifications' with a price of 0.00 and a plus sign icon. The 'Assistive Technology' row is highlighted with a red border.

3. The **Support Calculator** will open. Select **Add Row** (plus sign) to add a row if the **Select a Product** field does not display or to add extra rows.

The screenshot shows the 'Support Calculator' form. At the top left, there is a plus sign button in a red box. Below it is a table with columns: 'Product', 'Price', 'Quantity', 'Unit', 'How Often', 'Frequency', and 'Total'. The first row has a trash icon, a 'Select a Product' dropdown, a price of 0.00, a quantity of 1, 'Once' for 'How Often', 1.00 for 'Frequency', and 0.00 for 'Total'. Below the table is an 'Item Type' dropdown, 'Quote Required' and 'Quote Received' checkboxes, and a total of \$0.00 at the bottom right.

4. Search for and include disability-related assistive technology supports. Examples of disability-related health supports are:

Air-Filled Garments And Compression Units For Managing Circulation Problems
Aspirators – Portable suction machines
Cough Assist Machine
Respirators - Invasive Ventilation For Continuous Use

Ventilators - Supplemental Ventilation Support (Including CPAP and BPAP)

5. Complete the required fields for the support.
6. Select **Done**.
7. Delete any information in the **Assistive Technology Comment** field that pre-populates.

8. Record a comment so the participant will understand what the total funding is. For example:

Funding for a cough assist machine.

If TAB advice has been provided, follow any direction for how to state the support in the plan.

9. Go to [3.6 Next steps](#).

3.5 Find state and territory help for electricity and oxygen costs

3.5.1 State and territory help for electricity costs

If the participant asks you for more information about emergency medical essential power in their area please refer to the links below, or the relevant state or territory government website:

- [Life support equipment – be prepared and make a plan | Energy Made Easy](#)
- [Customers using life support equipment | Energy Made Easy](#)

3.5.2 State and territory help for oxygen costs

State and territories are responsible for providing oxygen supply and related equipment. If the participant asks you about help for oxygen costs in their area, use this table to guide them on where they can get information.

Region	Where to find information
Western Australia	Government of Western Australia Department of Health - Respiratory Health Network – Domiciliary Oxygen
Queensland	Home Oxygen – Queensland Health
New South Wales	Home Respiratory – EnableNSW
Northern Territory	To learn more, encourage participants to contact their local health service or go to: Northern Territory – General equipment schemes and services Disability Gateway
Tasmania	Health – Tasmanian Government Discounts & Concessions
Victoria	Other services – Health.Vic
South Australia	Home Oxygen Therapy – SA Health
Australian Capital Territory	Oxygen and Equipment Services – ACT Government

Refer any requests to fund oxygen support related to the participant's disability and **not** provided by the state or territory health system to the TAB for advice. Learn more on the [TAB](#) intranet page for Disability Related Health Supports.

3.6 Next Steps

1. Check you have obtained and followed any mandatory TAB advice related to supports you are including in the plan.
2. Check you have included all reasonable and necessary supports when completing the **Determine the Funded Supports** task. Refer to relevant [planning resources](#) when completing the remaining steps to develop the participant's plan.

4. Appendices

4.1 Guide to registered nurse hours

Use the tables below to guide you on the amount of registered nurse support to include in the participant's plan to develop and implement a registered nurse Delegation of Care plan. It does not include the hours required for a nurse to complete specific disability-related health support tasks. For example, changing catheters.

1. Determine the tasks the registered nurse will need to complete.
2. Determine the level of support using [Our Guideline – Disability-related health support](#). This will be Low, Intermediate or High.

Note: Only use this table when the participant **can't** provide you with a nurse developed care plan or hospital discharge plan.

If you need help to calculate hours for delegated care tasks or supervision of those tasks, request advice from [TAB](#).

4.1.1 Guide of hours for training for delegated disability-related health support tasks

Includes training and assessment in tasks to ensure competency. Training may be suitably undertaken in small groups or individually between the Registered Nurse and Support Workers.

Training for delegated disability-related health support tasks	Low Level	Intermediate level	High level
2 skill areas delivered to 2-4 support staff	3 hours per year	N/A	N/A
3 skill areas delivered to 2-4 support staff	N/A	Up to 10 hours per year	N/A

Training for delegated disability-related health support tasks	Low Level	Intermediate level	High level
4 skill areas delivered to 2-4 support staff	N/A	N/A	17 hours per year
4 skill areas delivered to 5+ support staff	N/A	N/A	34 hours per year
5 skill areas delivered to 2-4 support staff	N/A	N/A	25 hours per year
5 skill areas delivered to 5+ support staff	N/A	N/A	50 hours per year
6 skill areas delivered to 2-4 support staff	N/A	N/A	33 hours per year
6 skill areas delivered to 5+ support staff	N/A	N/A	66 hours per year
7 skill areas delivered to 2-4 support staff	N/A	N/A	41 hours per year
7 skill areas delivered to 5+ support staff	N/A	N/A	82 hours per year
8 skill areas delivered to 2-4 support staff	N/A	N/A	49 hours per year
8 skill areas delivered to 5+ support staff	N/A	N/A	98 hours per year

4.1.2 Guide of hours for assessments, developing care plans and supervision of staff

Task	Low Level	Intermediate level	High level
Health assessment Preparation, initial assessment, reassessment and reporting on health assessment	6 hours per year	6 hours per year	12 hours per year
Environmental Assessment	1 hour per year	4 hours per year	4 hours per year
Care plan Developing new care plans, a variation or an update to a care plan	4 hours per year	4 hours per year	7.5 hours per year
Supervision of staff delivering tasks delegated by registered nurse Direct and indirect These hours have been calculated based on the estimated weekly need for indirect support by a registered nurse: <ul style="list-style-type: none"> • Low: 1 hour per month • Intermediate: 2 hours per month • High: 1-2 hours per week. 	12 hours per year	24 hours per year	52-104 hours per year

4.2 Guide to disability-related Core supports

Use the [Our Guideline](#) relevant to the specific DRHS and the [5. related procedures and resources](#) to support your reasonable and necessary decision making for disability-related health **Core** supports.

The table outlines the broad type of support and the estimated hours for each of the relevant support categories to include in the participant's plan.

For any personal care hours where tasks are delegated from a Registered Nurse, determine the skill level of the personal care worker using [Our Guideline – Disability-related health support](#).

Type of support	Support Category	Supports for consideration
Nutrition	Consumables	<p>Percutaneous Endoscopic Gastrostomy (PEG) and Home Enteral Nutrition (HEN) equipment and consumables. This includes enteral feeding tube, administration reservoir such as a feed bag or bottle, giving set, syringes, enteral pump.</p> <ul style="list-style-type: none"> • Health consumables can be included in plans using line items – Disability-Related Health Consumables – High Cost, or Disability-Related Health Consumables – Low Cost. • HEN formula – Up to \$23.66 per day can be included at the budget level for full or partial HEN feeds if not covered by the Pharmaceutical Benefits Scheme. <p>Note: For requests for more than \$23.66 per day for HEN formula, contact the Technical Advisory Phone Services (TAPS) for further guidance.</p>

Type of support	Support Category	Supports for consideration
Nutrition	Daily Activities	<p>Personal care hours to:</p> <ul style="list-style-type: none"> • Administer HEN and help with PEG maintenance and care where a participant or their child representative is unable to independently manage due to their functional impairment. <p>Note: It is generally expected that supports to manage HEN are a delegated task but there may be rare cases where a nurse is recommended. Requests for more than 3 hours per day for registered nurse direct care for PEG or HEN maintenance need to be referred to the TAPS.</p> <ul style="list-style-type: none"> • Attend individualised training conducted by a nurse to implement the HEN regime under delegation of care – up to 3 hours, 2-3 times a year. The frequency will depend on the participant's individual circumstances and needs. <p>Note: Hours will vary depending on the participant's other disability related support needs.</p>

Nutrition	Daily Activities	<p>Assistance with meal preparation can be provided either through a disability support worker or prepared meals.</p> <p>As a guide, costing for meal preparation should be based upon personal care hours for a support worker to plan, shop and prepare meals with the participant. For example:</p> <ul style="list-style-type: none"> • 1 meal a day: up to 3 hours per week • 2 meals a day: up to 4 hours per week • 3 meals a day: up to 5 hours per week <p>This should be sufficient time for support workers to help a participant order food, prepare and store enough meals for the week.</p> <p>If meal preparation is specified in the plan, participants can use this support flexibly to instead have meals prepared and delivered for a period of time. It does not include the cost of food and ingredients. When purchasing ready/prepared meals participants can flexibly use their funding to claim:</p> <ul style="list-style-type: none"> • 100 percent of the invoice if the provider has removed the cost of food • 70 percent of the invoice if the provider includes the cost of food in the total cost. <p>The cost of meal preparation and delivery should usually cost less than a support worker to prepare meals with the participant.</p> <p>This support no longer requires a quote and should not be stated. This will make sure participants can maintain flexibility in how they access this support as their needs change.</p>
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Type of support	Support Category	Supports for consideration
		<p>Note: Some participants will always have their meals prepared and delivered. In these instances, if you know the cost, you can include this instead of the support worker hours. You will need to specify this in the comments of the participant's plan. If you don't know the cost, you should use the personal care hours for a support worker above as a guide.</p> <p>Note: Hours will vary depending on the participant's other disability related support needs, existing informal supports and participant's other supports. For example, participants with supported independent living should not require this additional support.</p> <p>Note: For children younger than 7, consider what is reasonable to expect of families or carers in preparing the child's meals. Learn more in the Practice Guide - Early childhood planning. If the child's support needs are significantly beyond what is usually required for children of the same age, you may consider funding for a support worker to help with meal preparation. Make sure any supports above typical parental responsibility are clearly outlined in the justification comments – Core.</p> <p>You should talk with the Children's Taskforce or your line manager if you get a request for meal preparation and delivery for a child participant.</p>

Type of support	Support Category	Supports for consideration
Wound and pressure care	Consumables	<p>Consumables for prevention and dressing of wounds such as PH wash, moisturiser and barrier creams, gauze, bandages, dressing packs, dressings, tape to dress wounds. Providers are generally responsible for Personal Protective Equipment related to wound and pressure care for staff.</p> <p>You should consider the following amounts when including consumable related to wound prevention and management:</p> <ul style="list-style-type: none"> • Wound Prevention kit for participants at risk of pressure injury - \$1000 per year. • Additional \$1000 per year where management of 3-4 simple wounds per year required – (dressings for wound care 2-3 days for each wound for 2-6wks) - \$2000 total per year. • Additional \$2500 per year above the prevention kit funding where management of ongoing chronic wound care required, \$3,500 total per year. <p>Any additional funds will be quotable following assessment by Clinical Nurse Consultants (CNCs).</p> <p>Pressure care garments and supports (AT) up to \$1500 per item, disability-related health equipment and consumables delivery and repairs and maintenance of disability-related health machines can all be included using the low-cost AT line items.</p>

Contenance	Consumables	<p>Contenance supports are typically funded for children 5 years of age or older. In rare situations we may include funding for continence supports for children younger than 5 for disability-related medical conditions. Learn more in Our Guideline – Contenance Supports.</p> <p>The guided planning questions in the System provide a drop down option for the selection of continence needs identified as part of the planning conversation for participants 7 years or older.</p> <p>Example guided planning question: ‘Do you currently use any consumable products, for example, continence products or tube feeding for getting your food?’</p> <p>Select the option best describes the participant’s use. There are 7 responses to choose from:</p> <ul style="list-style-type: none"> • Adult level 1 – high use, higher cost • Adult level 2 – high use, moderate cost • Adult level 3 – high use only, or moderate use and higher cost • Adult level 4 – moderate use, moderate cost • Adult level 5 – low to moderate use, low to moderate cost • Adult level 6 – low use, low cost • Adult level 7 – none necessary. <p>The level selected will change the TSP generated.</p> <p>Review the amount generated in the TSP. Consider if this will be enough to cover the costs of all the participant’s consumable needs. Adjust the TSP if needed using reasonable and necessary</p>
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Type of support	Support Category	Supports for consideration
		<p>decision making. Refer to Standard Operating Procedure – Complete the determine the funded supports task for guidance on adjusting the amount generated in the TSP.</p> <p>Note: For children younger than 7 years of age continence needs are guided by a continence assessment. Use the Assistive Technology, Home Modifications and Consumables Code Guide to help calculate continence consumables for children aged 5-7. Include consumables as per the rate of daily use.</p> <p>For children younger than 7 who need a membership to a stoma association, add either \$50 concession or \$60 full rate at the budget level.</p>
Continence	Daily Activities	<p>Personal care hours for assistance with continence care as part of the participant's daily personal care. For example, for maintenance and care of a catheter, go to section 4.1 Guide to registered nurse hours.</p>

Type of support	Support Category	Supports for consideration
Epilepsy	Daily Activities	<p>Personal care hours for a support worker to:</p> <ul style="list-style-type: none"> • Attend training to implement Epilepsy Management Plan or Emergency Medication Management Plan - up to 90 minutes every 2 years. • Attend training to implement a ketogenic diet plan – up to 1hr per year initially and then reviewed when there has been a change to the diet plan. • Implement a Ketogenic diet plan (shop for and cook). The frequency of support will also need to be decided depending on the participant’s capacity. Support may be required daily or weekly at the start of a plan and decrease in frequency over time. • Monitor seizures where the level and risk of seizure are high due to the severity of the participant’s epilepsy – hours will depend on participant's other disability support needs. <p>Low-cost assistive technology (up to \$1500 per item) such as seizure monitor alarm systems, seizure mats for beds and oximeters, to measure a person’s oxygen saturation.</p> <p>Important note: Any requests for 24/7 or 2:1 support should be referred to TAB for advice.</p>
Podiatry and foot supports	Consumables	Low-cost AT (non-quotable, up to \$1500 per item) such as orthotics and wearable technology

Type of support	Support Category	Supports for consideration
Podiatry and foot supports	Daily Activities	<ul style="list-style-type: none"> • Personal care hours - As a general guide 15 minutes per day on top of the participant's normal daily care routine • Training in the specific needs of the participant - 1 hr per support worker.
Dysphagia	Consumables	<ul style="list-style-type: none"> • Low-cost AT: up to \$1500 – for example adaptive cutlery, plate guards or sticky mats • thickeners for participant who have a full oral feeding diet: slightly thick fluids \$360, mildly thick fluids \$700, moderately thick fluids \$1400 and extremely thick fluids \$2100 • thickeners for participants who have a combination of oral and HEN feeding: Up to \$23.66 per day for HEN. Seek TAB advice for the amount of funding for thickeners to include in the plan. <p>Include consumables in plans in multiples of \$500, using support item - Disability-related health consumables – low cost.</p> <p>Consider all of the participant's disability related health consumable needs when you include funding in the plan.</p> <p>Note: Calculations have been determined using Thicken-up Clear ® 900 gram tin Brightsky thickeners (external).</p>

Type of support	Support Category	Supports for consideration
Dysphagia	Daily Activities	Personal care hours: <ul style="list-style-type: none"> • hours to support the implementation of a participant's mealtime management plan with any recommended swallowing therapy strategies, where informal supports are unable to provide • additional hours to attend participant specific training: up to 2 hours per year per support worker • consider personal care supports required for other areas, for example, other health-related supports, morning and evening routines, social participation.
Diabetes	Consumables	The NDIS does not generally fund diabetic consumables as these are available under NDSS.

Type of support	Support Category	Supports for consideration
Diabetes	Daily Activities	<p>Personal Care hours to support the participant to implement their diabetic management plan. This includes support with the administration of routine, non-complex insulin when the participant is unable to perform the tasks due to their ongoing functional impairment. As a general guide the task to administer insulin will take 15 minutes per administration and the total time required will depend on:</p> <ul style="list-style-type: none"> • the number of insulin injections for example, one to 5 times per day • the equipment used by the participant for example, to measure blood glucose levels • their functional capacity. <p>Personal Care hours for a support worker to attend training to implement a disability-related diabetes management plan specific to the needs of the participant. As a general guide 2 hours per year per worker however this could be provided to a group of workers at the same time.</p>

4.3 Guide to disability-related Capacity Building supports

Use the [Our Guideline](#) relevant to the specific DRHS and the [5. Related procedures and resources](#) to support your reasonable and necessary decision making for disability-related health **Capacity Building** supports.

The table outlines the broad type of support and the estimated hours for each of the relevant support categories to include in the participant's plan.

Type of support	Support Category	Supports for consideration
Nutrition	CB Daily Activity	<p>Composite nursing hours for a RN to train a support worker in the individualised needs of the participant in relation to their PEG maintenance and care. To calculate the nursing hours, refer to 3.1.4 Calculate capacity building health-related supports.</p> <p>Note: PEG general maintenance and care is a standard competency skill expected for disability support workers. The NDIS will not fund training for staff to attain basic competency. It is the responsibility of a provider to employ suitability qualified staff with these basic level competencies.</p>
Nutrition	CB Daily Activity	<p>Nursing consultation to develop a PEG maintenance care plan, which informs the daily management and care of the PEG and surrounding tissue and the HEN regime by the instructing dietitian. To calculate the nursing hours, refer to 4.1 Guide to registered nurse hours.</p>
Nutrition	CB Health and Wellbeing	<p>Dietitian hours for standard nutrition plan:</p> <ul style="list-style-type: none"> • Initial consultation, assessment and report: 2 hours • Development of the plan: 1-2 hours

Type of support	Support Category	Supports for consideration
		<ul style="list-style-type: none"> • Re-assessment: 2 hours • Training 2-3 family members or support workers specific to the participant's individual nutritional needs - 1-2 hours of training once a year (more frequently if the nutritional plan is updated). <p>Dietitian hours for complex nutrition plan – for example, HEN feeding plan:</p> <ul style="list-style-type: none"> • Initial consultation and assessment: 2-3 hours • Report and development of the plan: 2-5 hours <p>2 hours for fully HEN fed, stable nutritional status and constant feeding regime.</p> <p>5 hours for a combination of HEN and oral feeding, unstable or declining nutritional status and changes to the feeding regime in terms of formula type and pattern.</p> <ul style="list-style-type: none"> • Re-assessment depending upon the above varying factors: 2 hours. <p>Use line item - Dietitian Consultation And Diet Plan Development</p> <p>You need to refer requests for more than 20 hours per year for assessment and development of a meal plan to TAPS for advice.</p>
Wound and pressure care	CB Daily Activity	Prevention of pressure injury can be delegated by a nurse (skin integrity checks), occupational therapist or physiotherapist for positioning care.

Type of support	Support Category	Supports for consideration
		<p>Consider composite nursing hours for specific pressure care and wound management assessment and plan:</p> <ul style="list-style-type: none"> • Including initial consultation and assessment – 2hrs • Development of the plan – 1-2hrs • Ongoing clinical intervention support as identified by assessment – 3-7 hours per week (RN rate) if support is provided by a nurse • Training and assessment of the support worker/s to deliver the delegated support based on the participant's care plan if the support is delegated by the RN. 1 hr per support worker • Reassessment – 1hr.
Wound and pressure care	Daily activities	<p>Consider if you need to include hours for the support worker to attend training. We can fund suitable hours for support worker training that is:</p> <ul style="list-style-type: none"> • Provided by the health treatment team. • Specific to the implementation of the participant's management plan. • Required to make sure the support worker can perform day-to-day monitoring, maintenance and prevention of pressure injury.

Type of support	Support Category	Supports for consideration
Continence supports	CB Daily Activity	<p>Continence supports are typically funded for children 5 years of age or older. In rare situations we may include funding for continence supports for children younger than 5 for disability-related medical conditions. Learn more in Our Guideline – Continence Supports.</p> <p>Continence assessment plans and reviews from a continence nurse (CNC level nurse) which includes identification of continence consumable and AT support needs.</p> <ul style="list-style-type: none"> • 5 hours per year for participants with changing needs. • 3 hours per year for children between 5 and 7 years of age. • 2 hours per year for participants with stable needs. • 1 hour for reviews. <p>Nursing hours for catheter changes for suprapubic and indwelling catheters – estimated at 30mins to 1 hour per change every 4-8 weeks suprapubic and 1-3 months for indwelling catheters. This will be guided by participant experience and continence assessment.</p>
Podiatry and foot care	CB Daily Activity	<p>Podiatrist hours including:</p> <ul style="list-style-type: none"> • Podiatry assessment – 2hrs • Prepare a podiatry care plan – 1hr • Conduct a re-assessment – 1hr up to 3 per year

Type of support	Support Category	Supports for consideration
		<ul style="list-style-type: none"> • Provide subsequent plans - 2hr to conduct the assessment, and a further 1hr to prepare the podiatry care plan • Training support workers in the individual needs of the participant - 1 hr per support worker • Cutting toenails and other foot care - 20 - 60min per visit, every 6-8 weeks. <p>Include podiatrist hours using line items:</p> <p>Assessment, Recommendation, Therapy and/or Training (Incl. AT) - Other Therapy</p> <p>Selection and/or Manufacture of Customised or Wearable Technology</p> <p>Note: Where the complex health and disability care needs of the participant exceed the skill set of a trained support worker, podiatrist hours may be included to implement the podiatry care plan.</p>
Dysphagia	CB Daily Activity	<p>Delivery of health supports by a speech pathologist including:</p> <ul style="list-style-type: none"> • assessment mealtime management plan: 3-5 hours per location • development of plan and report: 2 hours • re-assessment of plan, including update of plan: 2 hours • swallowing therapy intervention: usually included as part of the mealtime management plan

Type of support	Support Category	Supports for consideration
		<ul style="list-style-type: none"> training of support workers, including family, carers and informal supports, by the speech pathologist at the therapist rate: 1-2 hours, twice a year in each environmental setting. <p>Use support item - Assessment, Recommendation, Therapy And/or Training (Incl. AT) - Other Therapy.</p>
Diabetes	CB Daily Activity	<p>If the participant needs support from someone who is more skilled than a trained support worker with medication competencies, registered nurse hours may be included. The registered nurse will assess blood glucose levels and administer insulin until evidence about the complex disability support needs are provided. As a general guide the task to administer insulin will take 15 minutes per administration and the total time required will depend on:</p> <ul style="list-style-type: none"> the number of insulin injections for example, one to 5 times per day the equipment used by the participant for example, to measure blood glucose levels their functional capacity. <p>Note: You must contact TAB for advice if registered nurse supports are requested for direct management of diabetes when there is evidence that the diabetes is stable.</p>

4.4 Guide to disability-related capital supports

Use [Our Guideline](#) relevant to the specific DRHS and the [5. related procedures and resources](#) to support your reasonable and necessary decision making for disability-related health **Capital** supports.

The table outlines the broad type of support and the estimated hours for each of the relevant support categories to include in the participant's plan.

Type of support	Support Category	Supports for consideration
Wound and pressure care	Assistive technology	Purchase or lease of pressure supports (AT) over \$1500 per item including: <ul style="list-style-type: none"> • Pressure cushions • Mattress • Air-Filled Garments and Compression Units for Managing Circulation Problems and Lymphoedema • Lymphoedema machine if required for maintenance • Negative pressure wound therapy – Vacuum assisted closure (VAC).
General	Assistive Technology	Air conditioning or heating for people who have a disability that affects their ability to regulate their body temperature may be funded as a disability-related health support if considered reasonable and necessary. Refer all requests for air conditioning or heating to TAB for advice

5. Related procedures or resources

- [Our Guideline – Disability-related health support](#)
- [Our Guideline – Continence supports](#)
- [Our Guideline – Diabetic management supports](#)
- [Our Guideline – Dysphagia supports](#)
- [Our Guideline – Epilepsy supports](#)
- [Our Guideline – Nutrition supports including meal preparation](#)
- [Our Guideline – Podiatry and foot care supports](#)
- [Our Guideline – Wound care and pressure supports](#)
- [Practice Guide - Respiratory Supports](#)
- [Standard Operating Procedure – Add low cost assistive technology supports in plan](#)
- [Standard Operating Procedure – Add self-care and community access supports](#)

6. Feedback

If you have any feedback about this Standard Operating Procedure, please complete our [Feedback Form](#).

7. Version control

Version	Amended by	Brief Description of Change	Status	Date
1.0	CW0032	<p>Class 2 approved.</p> <p>Standard Operating Procedure moved to the new SOP format to be used with Our Guideline Disability Related health supports.</p> <p>SOP includes information on:</p> <ul style="list-style-type: none"> • shadow shifts • guide to registered nurse hours (only to be used when the participant is unable to provide you with evidence of the disability-related health supports) • state and territory power and oxygen subsidies 	APPROVED	2021-06-03
2.0	JS0082	<p>Class 1 approval</p> <p>Added guidance for mandatory referrals to TAB to align with DRHS OG.</p> <p>Updated table for state and territory information about oxygen.</p> <p>Content updates endorsed by JR0059 from TAB</p>	APPROVED	2021-11-18

Version	Amended by	Brief Description of Change	Status	Date
3.0	CW0032 JC0075 AGV957 DCP167 LS0042	Class 2 approved Addition of guidance for planners to calculate nutrition support including meal preparation. Included information from PG Nutrition supports to support release of OG nutrition supports including meal preparation. Name changed to Include disability-related health supports or meal preparation supports in the participant's plan	APPROVED	2022-02-15
4.0	CW0032 CM0032 AGV957 DCP167 LS0042	Class 2 approval Included information on individual DRHS topics to support the release of DRHS OGs. Updated Delegation of Care table. Further Class 1 approval by JS0082 for additional feedback provided by ECS.	APPROVED	2022-06-16
5.0	JS0082	Class 1 approval Update to amend errors in support categories. Clearer guidance for how to calculate meal preparation costs.	APPROVED	2022-12-02
6.0	CW0032 IIW664	Class 2 approved. Updated to align with the early childhood age range change. Updates to support early childhood partners to plan for children aged 7 or 8.	APPROVED	2023-06-21