

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 (\$)	

3. 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 	

4. Add low cost health assistive technology using the [Standard Operating Procedure – Add low cost assistive technology supports in a plan.](#)
5. 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.
6. Record the **Core Comment** using [3.2.3 Record the Core Comment.](#)

3.2.1 Add health consumables

1. 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
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

- 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
Disability-Related Health C	500	1	each	Once	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
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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 is a section labeled "Support Type". A table lists three options: "Core", "Capacity Building", and "Capital". Each option has a corresponding "Price \$" field set to "0.00" and a right-pointing chevron. The "Capacity Building" option is highlighted with a red rectangular border. At the bottom of the form, there is a "Total Plan Budget (\$)" field.

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

Total Plan Budget (\$)

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

The screenshot shows the "Determine the Support Needs" form with the "Support Type" section expanded to show "Support Category". The breadcrumb "Support Type > Support Category" is visible. A table lists two categories: "Capacity Building" and "Support Coordination". Each category has a "Price \$" field set to "0.00" and a right-pointing chevron. The "Capacity Building" category is highlighted with a red rectangular border. The "Support Coordination" category includes a small square icon with a plus sign next to its price field.

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	
 <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

- 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 
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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

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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.

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

Total Plan Budget (\$)

2. Select **Assistive Technology** expander button.

Support Category	Price \$	Comment
Assistive Technology	0.00	
Home Modifications	0.00	

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.

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

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)

Select a Product

⊗ 🔍

Respirators - Invasive Ventilation For Continuous Use
05_040312111_0103_1_1

Cancel

5. Complete the required fields for the support.
6. Select **Done**.
7. Delete any information in the **Assistive Technology Comment** field that pre-populates.

Assistive Technology	1,800.00	📄	Cough Assist Machine (x 1)
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8. Record a comment so the participant will understand what the total funding is. For example:

Funding for a cough assist machine.

Assistive Technology	1,800.00	📄	Funding for a cough assist machine.
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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

The contents of this document are **OFFICIAL**.

Disability-related health supports

Quick summary: Disability-related health supports are health supports that relate directly to the functional impact of your disability. If you need help to manage a health condition because of your disability, we may fund disability-related health supports to help you manage that condition. This could include expert training for you or your support providers. Supports could also include someone to provide some disability-related health supports for you and some specific types of equipment. We can't fund supports to treat your health condition. The Australian health system provides health services to everyone for illnesses or chronic health conditions.

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, go to [Our Guideline – Early Connections](#).

What's on this page?

This page covers:

- [What do we mean by disability-related health supports?](#)
- [What help can you get through the health system or other services?](#)
- [How do we decide what disability-related health supports we fund?](#)
- [What if you need someone with training to provide the support you need?](#)
- [How do you get disability-related health supports in your plan?](#)
- [What happens once you have disability-related health supports in your plan?](#)

You might also be interested in:

- [What principles do we follow to create your plan?](#)
- [Continence supports](#)
- [Diabetes management supports](#)
- [Dysphagia supports](#)
- [Epilepsy supports](#)
- [Nutrition supports including meal preparation](#)
- [Podiatry and foot care supports](#)

- [Wound and pressure care supports](#)
- [Assistive technology](#)
- [Mainstream and community supports](#)

What do we mean by disability-related health supports?

All Australians have an equal right to access the health system, whether or not they have a disability. The Australian health system provides health services to treat illnesses or health conditions.

A disability-related health support is a support you may need to help you manage a health condition directly because of your disability. Or, to help you to manage your health or health condition if your disability means you can't do this on your own.

When we make decisions about what disability-related health supports we fund, we consider [the principles we follow to create your plan](#). These principles explain how we make sure you get the reasonable and necessary supports you need. They also help us make sure the NDIS is financially sustainable. This means we manage our funding so we can meet your disability needs now, as well as your needs and the needs of other people with disability in the future.

We provide supports to help you to be more independent and pursue your goals. The supports must directly relate to the functional impacts of your disability.¹ This means there needs to be a direct link between the disability-related health support you need and your disability.

The support should also help you undertake activities in your day-to-day life.² For example, the support might make it easier for you to live independently, go to school or work, see friends and family or do other activities.³

Disability-related health supports may include:

- funding for someone, such as a support worker, to provide your disability-related health supports
- training for your support workers or other people who support you such as family or friends
- consumables – the things you use. For example, continence products like catheter bags, pads, bottles and straps.

We may also fund some assistive technology as a disability-related health support. When we talk about assistive technology, we mean equipment, technology and devices that help you do things you can't do because of your disability. This could include:

- pressure care cushions or mattress, if you need regular care to prevent wounds or pressure sores because of your disability
- a cough assist machine, if you need support to maintain your respiratory health because of your disability.

Remember, we can't fund health supports that aren't directly related to your disability.⁴

What are the disability-related health support areas?

The [disability-related health supports](#) we fund, when this is directly related to your disability, include:

- **[Dysphagia supports](#)**: if you have trouble eating, drinking or swallowing on a daily basis.
- **Respiratory supports**: if you need support, care and planning to help you breathe and maintain respiratory health where this is compromised.
- **[Nutrition supports](#)**: if you need help with the way you eat or understanding the food you need.
- **[Diabetes management supports](#)**: if you need extra help to manage your diabetes, for example, testing your blood sugar level because you are unable to do this on your own due to the functional impact of your disability.
- **[Continence supports](#)**: if you need products to maintain your continence or someone to help you with toileting on a daily basis.
- **[Wound and pressure care supports](#)**: if you have slow to heal wounds, a condition that results in swollen arms or legs, or ongoing loss of feeling in your body or arms or legs, and you need regular skin, wound and pressure care.
- **[Podiatry supports](#)**: if you need assessment and development of a care plan to help look after your feet, ankles and lower limbs.
- **[Epilepsy supports](#)**: if you need help to monitor and manage seizures when they occur.

Remember, we can only fund these supports if they directly relate to your disability and help you undertake activities involved in day-to-day life.⁵ This means you're unable to manage your health on your own, or you need the support because of your disability.

You may need other disability-related health supports not covered in this list. Talk to your my NDIS contact or support coordinator about what you need. If it's a [reasonable and necessary](#) support we may be able to fund it.⁶ If not, we can help find a service to support you.

What help can you get through the health system or other services?

What services are provided through the Australian health system?

The [Australian health system](#) provides services to anyone who needs help to manage their health. These services are called mainstream services. They are available to everyone, whether or not you have a disability. We can't fund a support if it's more appropriately funded or provided by one of these services.

Because you can get these services through the general health system, we can't fund:

- health services your state or territory health system or other schemes provide⁷
- health services available to all Australians through Medicare, such as doctor and specialist appointments to diagnose or treat health conditions or illnesses
- services or supports to manage a health condition that isn't related to your disability⁸
- clinical treatment of any health conditions, including ongoing or chronic conditions
- allied health services related to acute and post-acute services
- [health services to prevent disease and ill health](#) and support a healthier lifestyle for all Australians
- direct care supports while you are in hospital⁹
- rehabilitation or short-term medical care when you leave hospital¹⁰
- end-of-life and palliative care.¹¹

Learn more about [mainstream and community supports](#).

There may also be other specialist health services or private health insurance that is available to manage your health or treat a health condition. You will need to pay for these things yourself.

If you need help to manage your health or a health condition you should talk to your doctor first. If you need help to link to a doctor in your area talk to your my NDIS contact or support coordinator.

What services can you get through Medicare?

[Medicare](#) helps all Australians with the costs of their health care. You can access Medicare to help pay for services to manage your health and chronic health conditions, such as diabetes, heart disease or arthritis.

If you have a health condition you should talk to your doctor first. They can link you to health services that are paid for through Medicare. You can continue to access health services from Medicare, even when you are a NDIS participant.

If you have a [long-term health condition](#) you should get treatment and services you need through Medicare. For example, if you have asthma you would need to see your doctor for treatment. Your doctor would tell you what medications you may need and information about living with asthma.

What services can you get through the Pharmaceutical Benefits Scheme?

[The Pharmaceutical Benefits Scheme](#) provides access to necessary medicines for Australians. It covers the costs of medicine for most medical conditions. If you need medicines the Pharmaceutical Benefits Scheme provides you should see your doctor, who will prescribe what you need.

Some medicines aren't covered under the Pharmaceutical Benefits Scheme, but we can't fund these for you. If a medicine isn't covered under the Pharmaceutical Benefits Scheme, you will need to pay for this yourself.

Talk to your my NDIS contact or support coordinator if you need help to find out more about the Pharmaceutical Benefits Scheme.

What if you go into hospital?

While you're in hospital your state or territory health system are responsible for your care and support needs. For example, personal care or medication. Hospital staff are responsible for providing your care while you are in hospital.¹²

If you have a regular support worker who visits you at home, we won't fund them to provide care while you're in hospital. Any care plans that set out your personal care needs can be provided to hospital staff. They can then adapt and follow these plans while you're in hospital to provide this support.

If you have a disability, you have the right to the same health care as all Australians. The health system needs to adapt its services to meet your disability needs. For example, if you go into hospital, then it's the hospital's responsibility to meet your disability-related needs during your hospital stay.

In some cases, if you have complex care needs, we may fund a short period of time for your usual care provider to train hospital staff in your specific needs. Such as, extra training for hospital staff if you have a behaviour support plan or communication plan in place.

If you have funding for a support coordinator or recovery coach, this support can continue while you're in hospital. Your support coordinator or recovery coach can help you prepare for discharge from hospital. They can also help set up any supports you may need when you leave hospital.

Your my NDIS contact, support coordinator or recovery coach will also work with the hospital as part of the discharge planning the hospital provides.

We may fund disability-related health supports after you leave hospital if:

- you need it because of your disability
- it is not more appropriately funded by or provided by the health system or another service
- you need it to do day-to-day things like showering or eating.

If you need supports for a short time after you leave hospital, your state or territory health system will provide this. This could include things such as check-ups with a doctor after surgery, care until a wound heals or rehabilitation.¹³

Example

Abdul has autism. He had severe pain in his stomach and went to the emergency department at his local hospital. The doctor said the pain was from appendicitis. Abdul stayed in hospital to get his appendix removed.

Abdul's support worker took Abdul's communication and behaviour support plan to the hospital. The support worker helped to get Abdul settled and explained Abdul's communication and support needs to the hospital staff. The hospital staff followed Abdul's care plans and provided his personal care while he was in hospital.

After the surgery Abdul stayed overnight and left hospital the next day. Over the next few days Abdul had a check-up with his doctor. A nurse also visited him at home to check his wound and give him antibiotics. Abdul's local health system provided these services.

Do you have high electricity costs from running medical equipment?

Some disability-related medical equipment we fund may use more than the average amount of electricity. If you have high electricity costs from the use of medical equipment there are other government schemes that can help pay your electricity costs.

Talk to your my NDIS contact or support coordinator if you need help to access another government scheme to help pay for your high electricity costs.

Do you need oxygen?

Your state or territory is responsible for providing you with oxygen supply and related equipment. Because you can get oxygen supply from your state or territory, we generally won't fund it.¹⁴

Talk to your my NDIS contact or support coordinator if you need help to link to your state or territory oxygen scheme listed below.

[Australian Capital Territory Oxygen Scheme](#)

[New South Wales Health Oxygen Scheme](#)

[Northern Territory Oxygen Scheme](#)

[Queensland Health Oxygen Scheme](#)

[South Australia Oxygen Scheme](#)

[Tasmanian Health Oxygen Scheme](#)

[Victorian Health Oxygen Scheme](#)

[Western Australian Health Oxygen Scheme](#)

What if you are in custody?

If you are in custody, for example in prison, a youth detention centre or other setting ordered by the court, the justice system provides your day-to-day care and support needs. This includes your health support needs.¹⁵ Any disability-related health supports and personal care you need should be provided by the facility you are in.

Talk to your my NDIS contact or support coordinator if you're about to be released from custody. We can support your disability related needs for your transition back into the community.

Learn more about [supports when you're in the justice system](#).

How do we decide what disability-related health supports we fund?

All NDIS funded supports need to meet the [NDIS funding criteria](#).¹⁶

Supports we fund need to meet all of the criteria. The following questions are a good starting point to work out if we can fund a disability-related health support:

- [Do you need the support because of your disability?](#)
- [Is the support value for money?](#)
- [Is the support effective and beneficial for you?](#)
- [Is the support more appropriately funded or provided by the health system or another service?](#)

When we fund disability-related health supports, we'll also look at what other supports you get through the health system and other mainstream and community supports. Your my NDIS contact or support coordinator will work with you and other services to help you get the support you need.

Do you need the support because of your disability?

Firstly, the support you need to manage your health needs must be because of your disability.¹⁷ The supports we fund should help you to manage or reduce the impact your disability has on your day-to-day life. It should help you be more independent and do things like see your friends or go to work.

You can ask yourself, 'If I didn't have my disability, would I need this health support?' If the answer is 'No' then it's probably disability-related. If the answer is 'Yes, I would need this even if I didn't have a disability' then it's unlikely to be disability-related.

Remember, we don't fund health and medical services that are already provided through the [health system](#) or other specialist health services.

Learn more about [services provided through the Australian health system](#).

Is the support value for money?

When we fund a support it will need to be value for money compared to other options. To make sure the support is value for money we'll look at:

- whether it's cheaper to buy or rent the equipment

- who is the most appropriate person to deliver the support, for example a family member, support worker or nurse
- whether there is another lower-cost support that would get the same result.

We'll also look at whether the support will benefit you in the long-term or if it will allow you to be more independent and reduce your supports in the future.¹⁸

Example

Hannah has Down syndrome and diabetes. She needs to test her blood sugar level daily with a finger prick test but, due to her disability she is unable to do this herself. She is about to move into her own home and will have some help each day from a support worker.

Hannah would like her support worker to be able to help her safely test her blood sugar level. Hannah has funding included in her plan so that her support worker can be trained to safely test her blood sugar level instead of a nurse.

This is value for money because Hannah's support worker is already visiting each day. It isn't reasonable and necessary to fund a nurse to come each day as well. This is because Hannah's support worker is able to safely help with testing Hannah's blood sugar level.

Is the support effective and beneficial for you?

We have to make sure the disability-related health support is effective. This means it will do what you need it to do. We also have to consider if it's beneficial. This means it will work and make things better for you, or it will help you do more things by yourself.

We also take into account your experience. For example, if you've used the disability-related health support before and it's worked for you. Or, how effective the supports have been for other people with similar needs as you.

Is the support more appropriately funded or provided by the health system or another service?

We have to consider if it's more appropriate for you to get the support from the health system or another service.¹⁹ Some health supports are available to everyone through things like hospitals, dentists and Medicare. We can't fund it if you can get the support from the health system or another service.

For us to fund it, the support must relate to your disability and you must need it on a regular basis. It should be a repeated or fixed pattern of need. This could be every day, week or month.

Sometimes you won't need a support on a regular basis, you might only need it once or only for a short time. If this is the case, it's likely that this is more appropriately provided by the health system or another service.²⁰

Learn more about the [help you can get through the health system or other services](#).

Example

Clive falls over and cuts his hand. He goes to the emergency department of his local hospital to get stitches. The hospital tells him to see his local doctor to get the dressing changed every 2 days and the stitches removed after 4 weeks when it will be fully healed.

Clive wants the NDIS to fund a nurse to come to his home to change the dressing and remove the stitches. This is not a reasonable and necessary support because the wound care is the result of a one-off injury. Clive doesn't need the support on an ongoing and regular basis and the wound isn't related to his disability. The health system provides all his medical and health care needs for this injury as this was a once-off incident.

Example

Maria had a stroke 5 years ago and is now a NDIS participant. After her stroke Maria needs ongoing and regular support to move around at home and carry out her personal care by herself. She also needs ongoing support from a speech pathologist so she can swallow and eat safely.

Maria uses a walking stick, grab rails or chair arms to move around at home by herself. She uses a shower chair to shower and dress by herself. She also gets regular support and exercises to do from a speech pathologist. This helps her to reduce the risk of food or fluids entering her airway when eating, and to maintain her swallowing. We fund these supports for Maria as they relate to her disability, and she needs them on an ongoing and regular basis.

Maria then becomes unwell with an infection in her lungs. She goes into hospital for 3 weeks for treatment. Maria recovers from the infection. But while she was sick and in hospital, she lost some of her ability to move around, shower and care for herself.

After hospital Maria moves to her local rehabilitation service to get physiotherapy and occupational therapy for 2 weeks. The rehabilitation service helps Maria to move around and care for herself again. After her stay at the rehabilitation service, Maria goes home and has visits from her community health rehabilitation service for another 4 weeks. These services are provided by Maria's local health system, as they relate to her recovery from a short-term illness.

Maria completed her 4-week rehabilitation program at home. Her occupational therapist recommended a new support for Maria so she can continue to move around her house and

carry out her personal care by herself. We'll fund this support as Maria now needs it on an ongoing and regular basis so she can move around by herself at home.

Are you an NDIS participant living in residential aged care?

If you are a NDIS participant living in residential aged care your aged care provider is responsible for your disability-related health supports.

Learn more about supports we fund for [people living in residential aged care](#).

What if you need someone with training to provide the support you need?

For some disability-related health supports you might need someone who is trained to deliver the support you need. For example, you might need someone who is trained to help you to eat safely or re-position you to prevent pressure areas and wounds. This may be someone such as a support worker or a physiotherapist.

Who will we fund to provide your supports?

There are some types of disability-related health supports only an appropriately qualified practitioner can provide. This could be a nurse or a qualified therapist.

For example, only a nurse can change a urinary catheter or teach a support worker to provide a feed safely using a percutaneous endoscopic gastrostomy (PEG). If you need a specific person to deliver a support, we'll fund who is most appropriately able to do this.

Do we fund training for someone else to provide your supports?

Yes, for some disability-related health supports a support worker, family member or friend may be able to provide your supports. If someone else can provide your disability-related health supports they should be trained by a qualified practitioner.

For example, a speech pathologist can train a family member to help you to eat safely. Or a nurse can train your support worker to prevent pressure sores and wounds.

We'll fund training for the person who will provide your supports. The person should:

- be trained for that task specifically for you
- have experience in that task
- be competent to provide the support.

Think about who you would like to provide your disability-related health supports. You may have some choices. We can fund their training, but this will depend on:

- your individual needs and the type of support to be delivered
- where the support is provided
- any rules your state or territory has about who can provide the support
- whether the support you need requires someone who has specific skills and qualifications
- whether the support is value for money compared to other options.

What is registered nurse delegation and supervision of care?

For some disability-related health supports a registered nurse may be able to train and delegate key tasks to a support worker or enrolled nurse. This trained worker would directly provide you with the support where they are competent in the task. This is called 'delegation and supervision of care'. It allows a registered nurse to delegate nursing tasks to the most appropriately qualified person.

Can a disability-related health support be delegated?

Yes, some disability-related health support tasks can be delegated by a registered nurse to another worker. This means that a trained person, such as a support worker or enrolled nurse will complete the task for you, instead of a registered nurse.

If a family member, friend or carer can't complete the tasks, we'll fund a support worker or enrolled nurse to provide you with your disability-related health support.

How do we know what tasks can be delegated?

First, we'll need to know if the support you need can be delegated to another person. If you're about to leave hospital, we'll get this information from your discharge plan or your most recent nurse care plan. These plans should be completed by your treating clinician or a registered nurse.

The discharge plan or nurse care plan should outline:

- what tasks need to be provided
- who is the most appropriate person to provide the care
- your individual needs
- the complexity of tasks

- any risks.

It is the registered nurse who must decide if a task can be delegated or not, as they remain responsible for the care being provided.

A registered nurse can't delegate a task if your health needs are inconsistent or likely to change. Also, some tasks can't be delegated and will need to be done by a registered nurse.

What remains the responsibility of the registered nurse?

When a registered nurse delegates a task they retain responsibility for the tasks being provided. Before a registered nurse can delegate a task to someone else, they must make sure the person is trained and competent to do that task. They must also be available for direct and indirect supervision of the person doing the task.

We'll include enough funding in your plan for a registered nurse to complete the following delegation of care and supervision tasks:

- create a health assessment
- create a care plan and update as needed
- deliver training to support workers
- complete an assessment at different locations, such as a school or workplace, if needed
- ongoing supervision.

The registered nurse must also decide who the most appropriate person is to do a task. The nurse care plan should outline this. We'll fund the most appropriate person to do the task, as outlined in the nurse care plan, or discharge plan.

What level of support do you need?

Once we know the task can be delegated we'll need to decide what level of support you need. This is to make sure we include enough funding in your plan for the registered nurse to assess, train and supervise the worker doing the delegated task.

There are three levels of support. These are based on the number of tasks and the complexity of the supports you need. The levels of support are:

- [Low](#)
- [Intermediate](#)
- [High](#)

Low level supports

Low level supports means you need a registered nurse to delegate tasks in up to 2 [disability-related health support areas](#). For example, if you need supports provided in only one or 2 disability-related health support areas, such as, diabetes management supports and podiatry supports.

What level of worker will we fund if you need low level supports?

We will also include enough funding for a support worker to be trained by the registered nurse and to provide the delegated tasks. If you need low level supports we'll include funding for a support worker at the High Intensity Supports, Disability Support Worker Level 2.

Learn more about what we consider as High Intensity Supports and the different levels of disability support workers in our [NDIS Pricing Arrangements and Price Limits](#).

Intermediate level supports

Intermediate level supports means you need a registered nurse to delegate tasks in 3 different [disability-related health support areas](#). For example, continence, diabetes management and wound and pressure care supports.

What level of worker will we fund if you need intermediate level supports?

We will also include enough funding for a support worker to be trained by the registered nurse and to provide the delegated tasks. If you need intermediate level supports we'll include funding for a support worker at the High Intensity Supports, Disability Support Worker Level 2.

Learn more about what we consider as High Intensity Supports and the different levels of disability support workers in our [NDIS Pricing Arrangements and Price Limits](#).

High level supports

High level supports means you need a registered nurse to delegate tasks in 4 or more [disability-related health support areas](#). For example, if you need a task provided for epilepsy supports, wound and pressure care, nutrition supports and diabetes management supports.

What level of worker will we fund if you need high level supports?

We will also include enough funding for a support worker to be trained by the registered nurse and to provide the delegated tasks. If you need high level supports, we'll include funding for a support worker at the High Intensity Supports, Disability Support Worker Level 3.

Learn more about what we consider as High Intensity Supports and the different levels of disability support workers in our [NDIS Pricing Arrangements and Price Limits](#).

Example

Adam has a mild intellectual disability and has asthma. Adam has an asthma management plan developed by a nurse at his local doctor's clinic. He uses a puffer with a spacer first thing every morning and at night. Adam's asthma is well managed and stable with the daily use of a puffer.

Adam and his guardian understand he needs to use these each day. But Adam finds it hard to remember to use the puffer and he has difficulty putting it together and using it correctly.

As Adam can't manage his asthma due to his disability, we'll fund a registered nurse to provide training to Adam's support workers in his individual needs. Adam's support workers, who provide him with supports in the morning and at night, can help him to use his asthma puffer in line with his asthma management plan.

What about disability-related health supports for children?

Generally, families or carers are responsible for their child's daily support needs, including health needs. We may fund supports if your child needs substantially more help with health care than a child of the same age without a disability.²¹ As with adults, all supports for children need to meet the [NDIS funding criteria](#).

If your child needs extra disability-related health support, we'll also consider:

- your child's individual situation
- your capacity to provide support and any risks to your wellbeing if you provide support
- what [mainstream and community supports](#) are available.

The health system provides health services and check-ups for newborn babies and young children. This will often be through your midwife or a maternal and child health nurse. Talk to your my NDIS contact or support coordinator if you need help to link to your local child health services.

Example

Elise is 2 and a half years old and has cerebral palsy. She is able to pull to a stand and a goal in her NDIS plan is for her to be able to walk by herself. Elise's physiotherapist says that she requires orthotics made especially to suit her feet to continue to make progress with standing and walking.

Her mother said she thinks that Elise may need glasses and would like to get her eyes tested. We'll fund the cost of an assessment for the orthotics and the cost to have them made. Because these supports are directly related to her disability and not funded by other services. We wouldn't fund the cost of the optometrist assessment as this is funded through Medicare. If you need glasses, you must pay for these yourself.

How do you get disability-related health supports in your plan?

The categories of [disability-related health supports](#) available are:

- [Continence](#)
- [Diabetes management](#)
- [Dysphagia](#)
- [Epilepsy](#)
- [Nutrition](#)
- [Podiatry](#)
- Respiratory
- [Wound and pressure care](#)

If you need a support that isn't on this list talk to your my NDIS contact or support coordinator about what you may need. If it is a [reasonable and necessary](#) support we may be able to fund it.²² If not, we can help find a service that can.

How can you get disability-related health supports if you already have a plan?

You can use the funding in your current plan for disability-related health supports if funding was considered and included when your plan was last approved.

If your situation has changed, you can ask for a change to your plan.²³ Or, if you think your current plan doesn't have enough funding for the disability-related health supports you need.²⁴ Learn more about [changing your plan](#).

We might be able to consider your request before the reassessment date in your plan. The information we'll need depends on the type of supports you need. If you've had an assessment, you can send this to us to start this process. For some supports you might also need to get a quote. We'll let you know if this is the case.

We have [assistive technology assessment templates](#) to help you or your assessor provide us with the information we need. Learn more about [completing an assistive technology assessment](#).

Talk to your my NDIS contact or support coordinator who will be able to help you with the next steps.

Do you need to provide us with evidence?

Yes. To get disability related health supports in your plan you need to give us evidence that helps us understand the disability related supports you need. Talk to your my NDIS contact or support coordinator to work out the evidence we need. Learn more about evidence we [need before we create your plan](#).

You can give us any new information or evidence about your support needs when you get it or anytime we talk with you.

Your health care provider or allied health practitioner should give you information about:

- the type and amount of support you need
- how the support relates to your disability
- whether you need the support on a regular and ongoing basis
- who is the most appropriate person to provide the support
- where the support will be provided.

We'll also let you know if we need more information, and what we need.

We have [assistive technology assessment templates](#) to help you or your assessor provide us with the information we need. Learn more about [completing an assistive technology assessment](#).

What evidence do we need if someone else is going to provide your disability-related health supports?

You'll need to give us an assessment so we can include the right amount of funding in your plan. The assessment should be from your treating health professional, such as your doctor or your provider. It should describe the most appropriate level of worker who is able to provide your supports for example, a support worker or a nurse.

Learn more about disability-related health supports [if you need someone with training to provide the support you need](#).

What happens once you have disability-related health supports in your plan?

Once you have disability-related health support funding in your plan you can use your funding to get the supports you need. If you need help to use your funding, talk to your my NDIS contact or support coordinator.

In some instances your provider will need to make sure they or their workers are registered with the NDIS Quality and Safeguards Commission, and are suitably qualified to provide the type of supports you need. It is the responsibility of your provider to do this.

You should speak directly with your provider if you are concerned about the quality or safety of the supports you receive from them. If you are still not satisfied with the quality of the supports you are receiving, you are entitled to lodge a complaint through the [NDIS Quality and Safeguards Commission](#).

What can you use your Core budget for?

You can use your Core budget for disability-related health supports like:

- getting someone to help you with things like personal care or following a mealtime management plan
- low-cost assistive technology, such as adaptive cutlery or plates
- consumables – the things you use, such as catheter bags, bandages, straps or tape.

What can you use your Capacity Building budget for?

If you have Capacity Building funding you can use this to get someone like a nurse or speech pathologist to assess you. They can then create a management plan to support your needs. This could be for things such as a continence assessment or a plan to help you eat safely.

You can also use your Capacity Building budget for training for someone, such as a support worker or family member, to help you with specific disability-related health tasks.

What can you use your Capital budget for?

You can use your Capital – Assistive Technology budget to buy or lease mid or high-cost assistive technology. Your plan may have a specific description of the approved assistive

technology or provide details of who is most appropriate to prescribe certain supports for you. You'll need to use your funding on an item that matches this description.

You may need to give us a quote and assessment before you can buy some equipment. We'll let you know if you need to do this. If you need assistive technology you can learn more from [our assistive technology guideline](#).

Reference List

- ¹ NDIS (Supports for Participants) Rules rr 5.1(b), 7.4.
- ² NDIS (Supports for Participants) Rules rr 5.1(b), 7.4.
- ³ NDIS (Supports for Participants) Rules r 7.4.
- ⁴ NDIS (Supports for Participants) Rules r 5.1(b).
- ⁵ NDIS (Supports for Participants) Rules r 7.4.
- ⁶ NDIS Act s 34(1); NDIS (Supports for Participants) Rules.
- ⁷ NDIS Act s 34(1)(f).
- ⁸ NDIS (Supports for Participants) Rules rr 3.5, 7.5.
- ⁹ NDIS Act s 34(1)(f).
- ¹⁰ NDIS (Supports for Participants) Rules rr 3.5, 7.5(c)(ii).
- ¹¹ NDIS (Supports for Participants) Rules rr 3.5, 7.5(d).
- ¹² NDIS (Supports for Participants) Rules rr 3.5, para 7.5(b).
- ¹³ NDIS (Supports for Participants) Rules rr 3.5, 7.5.
- ¹⁴ NDIS Act s 34(1)(f)
- ¹⁵ NDIS (Supports for Participants) Rules r 7.5(a).
- ¹⁶ NDIS Act s 34(1).
- ¹⁷ NDIS (Supports for Participants) Rules r 5.1(b).
- ¹⁸ NDIS (Supports for Participants) Rules r 3.1.
- ¹⁹ NDIS Act s 34(1)(f).
- ²⁰ NDIS (Supports for Participants) Rules r 7.5(c).
- ²¹ NDIS (Supports for Participants) Rules r 3.4(a)(ii).
- ²² NDIS Act s 34(1); NDIS (Supports for Participants) Rules r 2.3.
- ²³ NDIS Act s47A(1A)(d), s48.
- ²⁴ NDIS Act ss47A;48