Creating Your Plan

Quick summary: Once you're an NDIS participant, we will work with you to create your plan. We will first have a planning conversation with you. This helps us decide what supports to fund in your plan, who will manage your funding, and when we'll review your plan.

What's on this page?

This page covers:

You may also be interested in:

- Applying to the NDIS
- Using Your Plan
- Plan Reviews
- Reviewing our Decisions

What principles do we follow to create your plan?

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

As an insurance-based scheme, we take a lifetime approach to a participant's support needs. We provide assurance to people with permanent and significant disability or developmental delay, and to people who might acquire disability or developmental delay,

that they will get the support they need. Individual funding means we help participants to purchase services and supports from a competitive and consumer-driven marketplace.

What supports can we fund?

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

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

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

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

Once we've considered your circumstances, we need to follow the rules determined under the law for the NDIS in our planning decisions.[1] We fund supports that are reasonable and necessary. This means we will only fund a support if it meets **all** of the following criteria:

- the support is related to your disability[2]
- the support will help you pursue your goals and aspirations[3]
- the support will help you undertake activities that will increase your social and economic participation[4]
- the support is value for money,[5] which means that the costs are reasonable:
  - when compared to the benefits to be achieved, for example, whether purchasing the support is likely to reduce the cost of funding other supports in the long term[6]
  - when compared to alternative options that may provide you with the same outcome at a similar or cheaper cost[7]
- the support is likely to be effective and beneficial for you, having regard to good practice and evidence[8]
- the support is required to complement the informal supports you have available, by taking into account what is reasonable for families, carers, informal networks and the community to provide[9]
- the support is most appropriately funded or provided by the NDIS[10]

- the support is not more appropriately funded by another service system, agency, person or body, such as the education system or the health system.[11] We can't fund a support if it's the responsibility of another service system.

What supports don't we fund?

We do not fund a support if:[12]

- it is likely to **cause harm** to you or others[13]
- it is **not related** to your disability[14]
- it **duplicates** other supports delivered by the NDIS[15]
- it is considered **a day-to-day living cost** (for example, rent, groceries or utility costs like your water bill) that are **not attributable or caused by** your disability support needs[16]
- providing the support would be **against the law**[17]
- it consists of **income replacement**[18]
- it is the **responsibility of other service systems** to provide (for example, your state government, the education system, or the health system).[19] These different systems have different responsibilities, and are designed to complement each other to form a government safety net. Like all Australians, NDIS participants continue to have access to these systems. We can't fund a support if it's the responsibility of another service.

How do we manage the financial sustainability of the NDIS?

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

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

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

- people accessing their informal support network to get the help they need from day to day

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

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

What principles do we use to create your plan?

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

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

Fair for everyone, both today and for future generations

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

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

We use Typical Support Packages to help us do this. The Typical Support Package give us an indication of what supports we'd usually expect to include in your plan, based on your situation and disability support needs.

Each support in your plan must be reasonable and necessary, but they also need to be reasonable and necessary as a package of supports. We approve your whole plan, not the individual supports in your plan in isolation.[22] The Typical Support Package helps guide this validation process.

The Typical Support Package also helps to guide the consistency of our decision making process. We use these to check your overall plan to make sure that all your supports make sense together, and that your support types and amounts will complement each other to help you fulfil an ordinary life.

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

- our discussion with you
- any reports or other information we have
- applying the NDIS funding criteria.

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

Fair funding to pursue your goals

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

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

Other things to know about when setting your goals:

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

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

2. **Setting a goal doesn't mean we have an obligation to fund supports that help you pursue that goal.** For example, if your goal is to get a gym membership to get fit, we wouldn't usually fund this. Gym memberships are things that all people, with or without disability, might want or need.

3. **Setting a goal about an explicit type or amount of support you might want doesn't mean we have an obligation to fund that support or provide that amount of funding.** For example, you may tell us your goal is 'to get a top model shower commode' and you show us the one you want costs $4,000.

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

Evidence-based best practice

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

We will consider different types of evidence when making decisions and we won't need an expert report for every support, as we can often rely on other information or evidence.

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

You can find the types of evidence we need on our website, and in Our Guidelines.

Fair early investments

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

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

Over time, your capacity building supports may no longer be reasonable and necessary, in regard to your current functional capacity, the effectiveness of the capacity building supports,[28] and value for money.[29]

If your overall funding level goes down from one plan to the next, it may be because you no longer need the same type or amount of supports, such as capacity building supports. Also, if the capacity building investment has been successful at building your independence, then your need for other supports may also decrease, for example core supports.

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

Fair support across service systems

The support you need may be the responsibility of another government service, such as education or health. We don't fund these services, and need to consider the supports you should receive from these services when determining the supports in your plan.

Fair supports for your disability needs

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

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

By funding the right disability supports for your permanent impairments that meet our Access criteria, we are ensuring the system is fair for everyone, and that the NDIS remains financially sustainable.

Fair assistance from multiple programs

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

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

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

What is an NDIS plan?

Once you're an NDIS participant, we will work with you to create your NDIS plan. You can find out more about how to become a participant in Applying to the NDIS.

Your NDIS plan sets out your goals and the supports that will help you pursue those goals. We create your plan based on your disability support needs. Your plan will be just for you. You can have as many goals as you want in your plan and they can be as long as you want.

Your plan will include information about:[30]

- you and your living situation
- your goals, or things you want to work towards
- who supports you, for example your family, friends, community and other government services
- any NDIS supports we fund
- how you can use your NDIS funding
- who will manage your NDIS funding
- when we'll review your plan.

This page is about how we make decisions when we create your plan. If you'd like general information about how planning works, check out the Creating Your Plan page on our website.

How do we create your plan?

Once you become an NDIS participant, we go through the planning process together.

When we create your plan, we:

- set up a planning conversation, so we can get to know you and discuss your situation
- consider what supports community and other government services can provide to help you pursue your goals and live as independently as possible
- consider if you need any NDIS funded supports, and if they meet the NDIS funding criteria
- ask for further information about your support needs, if we need to
- develop and approve your plan
- send your plan to you.

You can ask other people to help you, if you want to. For example, you can have friends, family or an advocate join the planning conversation. They can also help you to make your own decisions about your plan.

If you need someone else to make decisions for you about your NDIS plan, we can help you set this up. This may be:

- a plan nominee if you're an adult
- a child representative if you're under 18 years old.

We'll start creating your plan within **21 days** after you become an NDIS participant.

Learn more about our timeframes to create your plan in our Participant Service Guarantee.

What can you expect from us when we create your plan?

We'll create a plan that will:[31]

- be personalised and directed by you
- respect the role of family, carers and other people who are important to you
- build the capacity of families, carers and your community to support you where appropriate
- consider the support your friends and family provide, and the support services available to everyone in the community
- respect your right to have control over your life and make your own choices
- help you participate in the community, and help you study or find and keep a job, if you want to
- focus on choice and flexibility when it comes to your goals, needs and your supports.

What happens in your planning conversation?

The planning conversation is an important part of the planning process. We'll talk with you about your daily life, living situation, goals and supports. This helps us decide what NDIS funded supports to include in your plan.

We'll ask how you want to have your planning conversation, for example where and when we meet with you, or if you would prefer to do it over the phone. You can bring anyone you choose, such as your family, friends or advocates, to the meeting.

What information do we look at before your planning conversation?

Before your planning conversation, we review:

- the information in your NDIS Application Form
- any reports from your doctors or allied health professionals

- other assessments you give us, for example from other government agencies or disability service providers
- other relevant information we have about your support needs
- any other information you give us.

This helps us get to know you better, and learn about your situation. It also helps us check where we might need more information about you to help us create your plan.

What will we talk about in your planning conversation?

We'll talk to you about your daily life, and what you'd like to do in the future. We'll also talk about how the NDIS can help you do what you want to do.

We'll ask you about things such as:

- your goals
- where you live, and your living arrangements
- how you move around your home and your community
- who supports you now, such as your family, friends or service providers
- support available from community and other government services to help you learn new skills and become more independent
- what self-care support you need
- if you use or need equipment, technology or devices, also known as assistive technology
- what social and recreation activities you'd like to do now or in the future
- if you need help to build friendships or connect with your family
- if you'd like to work or study now or in the future
- what support you need to build your skills and do more things yourself.

Learn more about preparing for your planning conversation.

We'll also ask you how you would like to manage your NDIS funding. Learn more about plan management.

All the information you give us helps us create your plan. We will keep your personal information safe and secure. Learn more about Your Privacy and Information.

For a plan review, we might not need to ask all these questions again. Or we might not need to have a planning conversation at all. Learn more about plan reviews.

How do you set the goals in your NDIS plan?

We need to know your goals so we know how we can help you.

Your goals are your own personal desires about what you'd like to do. You can have as many or as few goals as you want.

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

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

You can set any goals you like, even if they're about things we won't fund supports for.

How can you tell us your goals and the information about you?

The first part of your plan has information about:[32]

- your daily life and living situation
- your social, work and study life
- the people who support you
- your goals.

You, or your plan nominee or child representative, set your goals and tell us what information you want to include about your life. This is sometimes called the 'participant's statement of goals and aspirations'.[33]

If you want, your family and friends who support you can also give us information about their life.

You can tell us your goals at any time before we approve your plan. If you tell us your goals in person or over the phone, we'll write them down for you.[34]

They are your goals and we'll write them down in your own words. We can't change your goals or choose them for you. But we can help you choose what words to use if you want us to.

Learn more about setting your goals.

Will we always fund supports for your goals?

Your NDIS funding is aimed to provide you with the supports you need for your disability.

These supports may help you increase your independence and pursue your goals. You can also be supported through mainstream and community services, or informal supports you can get through family and friends.

The supports we fund should help you pursue your goals,[35] but you don't need a specific goal for every support in your plan. When we decide if a support will help you pursue your goals, we consider your whole situation.

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

There are some things to remember when setting goals:

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

This is because helping you pursue your goals is only one of the NDIS funding criteria.[36] A support must meet all of the NDIS funding criteria to be funded under the NDIS. So not all supports that help you pursue your goals will be reasonable and necessary supports we can fund in your plan.

For example, you might be ready to look for work and have a goal to find a job. Disability Employment Services help people a with disability look for jobs, so we usually won't be able to fund this support.

But we can help you connect with a Disability Employment Service, and consider what supports we could fund to help build your job skills. Learn more about Work and Study Supports.

Learn more about how we consider your goals when we decide what supports to include in your plan.

Who can help you set your goals?

You can ask other people for help to set your goals if you want to. For example, your friends, family, Local Area Coordinator or Early Childhood Partner can help you.

You can also change your goals at any time, even after we approve your plan. Learn more about goal setting.

We'll talk with you in your planning conversation about what your goals will mean for your NDIS plan. For example, we could talk about:

- what your goals will look like for you
- how you can work towards your goals
- when you'd like to work on your goals
- what supports you need to work towards your goals, noting that just because you have a goal doesn't mean we have to provide funded supports for it
- where you might get supports to work towards your goals, for example community or mainstream services
- if we'll fund supports to help you work toward your goals
- how you could develop skills and talents you haven't focused on before
- what supports you need to overcome any challenges in working towards your goals
- if you'd like to include smaller goals as part of a big goal
- if you'd like to add a few steps to work towards your goals.

For example, you might choose a goal, 'I want to go on a holiday next year'. You might also choose to add steps, like saving up money for your travel and hotel, towards achieving your goal.

Learn more about preparing your goals.

You can also check out the planning booklet (Booklet 2) to help prepare this information.

How do we think about risks when we create your plan?

You have the right to decide what you do each day and to make your own life choices. For all of us, our choices come with some risks. We all make our own choices about how much risk we want to take in our lives. You should also be able to choose how much risk you want to take in your life.

We can't fund supports that risk harming you or someone else[37]. But we will try and balance this with enabling you to make your own choices wherever possible.

Some of these risks might affect what we can fund in your plan, or who manages your NDIS funding. For example, there might be risks to your personal safety, your personal money, or your NDIS funding.

We think about if there are any risks with your current support arrangements. For example, there might be risks to your family or friends health if they keep supporting you when they get older. If so, we could look at including NDIS funded supports to reduce these risks.

We also consider any risks around your safety and wellbeing. For example, there could be risks if you're socially isolated, or rely only on providers for support. Or, there could be risks of physical injury to you or the people who support you.

When we create your plan, we'll help you think about supports that help you live your life the way you want to.[38] We balance your right to take reasonable risks in pursuing your goals, with your safety and the safety of other people.[39]

We'll talk with you about how we can help you reduce risks where we can. There are a few things we could do to reduce risk, and make sure your plan meets your needs. For example, we could:

- review your plan sooner
- fund supports to help you build your support network, for example helping you make friends or build relationships in your community
- set up regular chats with your planner, Local Area Coordinator or Early Childhood Partner
- make sure any providers using restrictive practices are NDIS registered and follow the NDIS Quality and Safeguards Commission requirements
- let you know about how you can complain about your service providers or complain about our service if there are any issues
- include funded supports, such as budget training, to help you manage the funding in your plan.

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

NDIS supports are the services, items and equipment we fund or provide under the NDIS. An NDIS support is the practical description of how we help you under the NDIS.[40]

There are two types of NDIS supports:

- the general supports we provide to you
- the reasonable and necessary supports we fund in your plan.

General supports

General supports are those we provide to you, such as a Local Area Coordinator or Early Childhood Partner.

We help you develop your plan and connect with supports and activities in your area. For example, we can help you connect with:

- **informal supports**, such as your friends, family or other people you know in your community
- **community supports** that are open to everyone in the community, such as sporting clubs, activity groups or libraries
- **mainstream supports** – other government services such as the health and education systems.

General supports are not funded through your NDIS plan.

General supports can be provided by:

- an Early Childhood Partner for children under 7 years old
- a Local Area Coordinator for people aged 7 or older
- National Community Connectors
- community organisations through the Department of Social Services Information, Linkages and Capacity Building program.

We can provide these general supports to everyone with a disability, including people who are not NDIS participants.[41]

Reasonable and necessary supports

Reasonable and necessary supports are the disability supports we fund in your plan. You can use this funding to buy supports from service providers.

All NDIS supports need to meet the NDIS funding criteria. For example, they need to be related to your disability, value for money, and effective and beneficial.

Each support we fund in your plan must be a reasonable and necessary support, however we also consider how your supports will work together as a package to address your disability support needs, or to achieve an outcome. The supports we fund must be reasonable and necessary individually, but they must also be reasonable and necessary as a package of supports.[42]

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

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

For example, a home modification may reduce your need for other supports. If we plan to fund a home modification, we will need to take that home modification into account when

considering what other supports are reasonable and necessary, such as the amount of care you need at home.

We also decide how we describe the supports in your plan. We can describe your supports as:

- **Flexible** – you have greater flexibility on what you buy within the description of the supports. This is sometimes called supports 'described generally'.
- **Fixed** – you must buy the support as we describe it in your plan. This is sometimes called a 'stated support' or supports 'described specifically'.

We describe most supports as flexible when we can. When supports are described as flexible, you will have greater flexibility over the support you can buy that falls within the description of the support in the plan. When supports are described as fixed, you will have less flexibility.

We divide your supports into 3 different budgets:

- **Core Supports** – supports for everyday activities
- **Capacity Building Supports** – supports to help you build your skills and increase your independence
- **Capital Supports** – supports such as assistive technology, vehicle modifications, home modifications and Specialist Disability Accommodation.

Each budget is divided into a number of support categories. Support categories have more detail about what supports you can buy with your funding. When we describe your supports as flexible, you can usually choose what supports you buy within the descriptions for each support category.

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

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

Learn more about the support budgets and support categories in your plan.

We also consider our Participant Service Charter and what you can expect from us when we create your plan.

We look at all the information we have when we decide what supports to include in your plan.

Check out our Reasonable and Necessary Supports Guideline for how we decide what supports to include in your plan, and how we describe them.

We also have detailed information on how we make decisions about different types of supports. Learn more on our Supports We Fund page.

What if we need more information?

Sometimes we might ask for more information to create and approve your plan. We'll do this if we don't have enough information to decide what supports to include in your plan.

We can ask you to:

- give us more information that is reasonably necessary to create or approve your plan[43]
- get an assessment, usually from an allied health professional, of your support needs and send us the report[44]
- get a medical, psychiatric, or psychological examination and send us the report.[45]

For example, we might need more information if you have complex care needs. We could ask you to get an assessment from an occupational therapist. This will help us understand your support needs at home and in the community. It also helps us work out what supports to fund in your plan.

With your consent, we can also ask someone else to give us information we need to create and approve your plan.[46] For example, we can ask your doctor, or the people who support you, to give us information.

When we ask for more information or to get an assessment, we'll tell you:

- what you need to do
- what information we need
- how you can send us the information
- when you need to give us the information.

We must give you a reasonable opportunity, and a reasonable amount of time, to give us this information.[47] The sooner you can give us the information, the sooner we can create and approve your plan.

Your plan will include funding for any assessments or examinations we ask for. If we need independent information about you, we avoid any conflicts of interest as much as possible. This means we usually won't choose an assessor you know.

We only ask for an assessment or examination if:

- it will help us create your plan
- we don't already have the information
- the benefits outweigh the time and cost.

You don't have to give us this information or get these assessments. But without them, we might not have enough information to understand and approve the supports you need.

Sometimes, we might need to approve your plan before you give us this information.[48] For example, we might approve your plan so you have funding for urgent self-care supports you need. We could then review your plan once you have the assessments and reports for other supports, such as assistive technology.

How do we decide how funding is managed in your plan?

What do we mean by managing your funding?

Managing your NDIS funding means:[49]

- buying the supports in your plan, including paying taxes
- claiming and managing your NDIS funding, such as paying for supports on time
- keeping track of what you buy with your funding, including keeping receipts and invoices
- spending your funding according to your plan.[50]

Your plan will say who manages your NDIS funding.[51]

What are your plan management options?

You have three options for who manages the funding in your plan.[52]

- **Self-managed**: you, or your plan nominee or child representative, manage the funding and pay your providers.
- **Agency-managed**: we manage the funding and pay your providers.
- **Plan-managed**: a registered plan management provider manages the funding and pays your providers.

You can also choose a mix of these types of plan management. For example, you might like to manage some of the funding yourself, and we'll manage the rest.

There are a few other things to remember when you choose your plan management options. If your funding is:

- Agency-managed, you must use NDIS-registered providers[53]
- Agency-managed or plan-managed, your providers or your plan manager can only claim up to the NDIS Price Guide rates
- plan-managed, we'll always include plan-management fees in your plan.

Learn more about ways to manage the funding in your plan.

You can also check out our booklets for information about plan management.

You can ask us to change how you manage your plan at any time. There are no restrictions on how often you can ask to change your plan management.

If you want to change your plan management, you'll need a plan review.[54] If this is the only change you want, we can often do this without the full plan review process. Learn more about reviewing your plan.

How do we decide who manages your funding?

We'll ask you at your planning conversation who you want to manage your funding.

We must agree to your request, unless:[55]

- you already have a plan nominee, who can choose who manages your funding
- you want to self-manage the funding but you, or your plan nominee or child representative, are bankrupt or insolvent under administration
- you want to self-manage the funding but that would be an unreasonable risk to you
- it's for in-kind supports, or cross-billing payments for younger people in residential aged care.

There are a few other things to remember.

- We'll let you know what your plan management options will mean for you.
- You can also ask your friends, family or service providers for advice.
- We need to consider any legal orders about your finances, such as court or tribunal orders.
- If you're under 18, your child representative can choose how to manage your plan funding.[56]

If you're not happy with the plan management decision we make, you can ask for a review of our decision.

Learn more about requesting a review of decisions we make.

What if you have a plan nominee?

If you have a plan nominee, they will choose how to manage your plan funding if it's part of their nominee arrangement.[57] This means we decide your nominee is responsible for managing your funding, and they agree to it.

Your nominee has a duty to work out what you want. They need to make decisions that help your personal and social wellbeing.[58]

Learn more about nominees.

Can you manage your own funding?

We're committed to helping you manage your own funding if that's what you want to do. There are risks for us all in managing our money. Where possible, we'll help you make decisions about money, just as all Australians do.

If you want to manage your own funding, there's a few things to keep in mind. You'll have more choice and control over your plan. You'll also have extra responsibilities, like keeping receipts for what you buy with your funding.

Learn more about self-managing.

You, or your plan nominee or child representative, can self-manage your funding unless:[59]

- you, or your plan nominee or child representative, are currently bankrupt or insolvent under administration
- there's an unreasonable risk if you self-manage your funding.

Are you bankrupt or insolvent?

You can't manage your NDIS funding if you're currently an insolvent under administration.[60] Your plan nominee or child representative also can't manage your funding if they're an insolvent under administration.[61]

Insolvent generally means you can't pay your debts when they are due.

Your NDIS funding can't be self-managed if you, or your plan nominee or child representative:

- are currently bankrupt – contact the Australian Financial Security Authority if you're not sure
- have your property under the control of people you owe money to,[62] for example, your bank or the Australian Financial Security Authority
- have a personal insolvency agreement to repay money you owe, and you haven't followed the agreement[63]

- have a debt agreement to repay money you owe.[64]

This also applies if you, or your plan nominee or child representative, are an insolvent under administration in another country.

You might be able to self-manage your funding after you stop being an insolvent under administration. But we'll consider if there might be an unreasonable risk in you managing your own funding.

Your plan nominee might be a company or body corporate, like a service provider or advocacy organisation. If so, they can't be insolvent either.

A company or organisation can't manage your funding if they are under voluntary administration, liquidation or receivership.

Is there an unreasonable risk if you self-manage your funding?

You have the same right as all Australians to take reasonable risks in managing your money. We respect your right to take reasonable risks in self-managing your NDIS funding.

But you can't self-manage your funding if this would create an 'unreasonable risk to you'.[65] Your plan nominee or child representative also can't manage your funding if that would be an unreasonable risk to you.[66]

If you're older than 18 and want to self-manage your funding, we'll consider if this could put you at risk. This could be if you're vulnerable to physical, mental or financial harm. Or, if someone might pressure you to do something.[67]

We'll also think about:

- how well you make decisions and manage your money[68]
- how well you managed your funding in the past,[69] for example if you managed disability funding before the NDIS
- if you were previously bankrupt or insolvent under administration, how well you manage your money now[70]
- if you have a court or tribunal order that someone else, such as a financial trustee or guardian, manages your money[71]
- if your informal supports could help you reduce any risks, for example if they help you manage your money.[72]

We consider what strategies we could use to reduce risks, including:[73]

- giving you a shorter plan
- having regular check-ins

- including supports in your plan to help you manage your funding.

When we think about risks, we think about the types of supports you want to manage. There might be unreasonable risks for you to self-manage some supports, but you might be able to manage others.

For example, it might be risky for you to manage the funding for a $30,000 home modification. But you might be able to manage a $500 home modification like a grab rail.

If your plan nominee or child representative wants to manage your funding, we'll think about:[74]

- how well they manage their money
- if any business or other interests might affect how they manage your money
- whether we believe they will use your NDIS funding according to your plan
- if any safeguards or strategies in your plan could help reduce any risks to you.

What if you want to learn to manage your funding in the future?

We might be able to fund supports to help build your skills to manage your NDIS funding.

For example, we might be able to fund a support called 'Training in plan and financial management'. This can help you learn to:

- budget and keep records of your purchases
- choose your supports and get the most out of your plan
- claim your NDIS funding, pay providers and make service agreements.

This support will need to meet the NDIS funding criteria for us to fund it in your plan. Either a plan manager or a Support Coordinator can provide this support.

For more information about this support, talk to your planner, Local Area Coordinator or Early Childhood Partner.

When do we make your funding Agency-managed or plan-managed?

If you don't choose who will manage your funding, or if you can't self-manage any parts of your funding, we have to decide for you. We'll choose to make those parts of your funding Agency-managed or plan-managed when we approve your plan.[75]

When we decide if it's Agency-managed or plan-managed, we think about your goals, supports and the providers you want to use.[76] For example, we consider if you want to use providers that are not NDIS registered.

What if the supports have already been paid?

In some rare cases, other government agencies have already paid for supports through funding outside your plan. These supports have already been paid for, so you won't be able to manage the funding for these supports.

These include:

- in-kind supports
- cross-billing payments to the Department of Health if you're a younger person in residential aged care.

How long will your plan go for?

Everyone has different goals, living situations, and circumstances. So we'll work with you to decide how long it'll be before we must create your next plan. This will be based on your individual situation.

We think about how long you want your plan to go for. We'll try to make the plan length what you want, where we can.

If you're not happy with how long your plan goes for, you can ask for a review. Learn more about reviewing decisions we make.

Your plan will say when we must do a plan review, if we haven't reviewed your plan before a certain date or circumstance.[77] This is called the 'plan review due date'. We could write this as:

- a date, for example '1 January 2021'
- a circumstance or milestone, 'when Constantine starts school'
- both a date and a milestone, 'when Macey starts her new job, or 1 July 2021: whichever happens first'.

We have more information in Appendix A on how long we usually make your plan.

When will we give you a longer plan?

If your support needs and circumstances will likely stay the same, we usually give you a 24-36 month plan. We can give you a 24-36 month plan if:

- you know how to use your NDIS plan
- your disability support needs are stable
- you have strong informal supports and living arrangements

- any work or study situation is stable.

Example

Sarah is 35 years old and has her second planning conversation. Her previous plan worked well, and her support needs likely won't change soon.

She asks for a longer plan as she knows what supports she needs. Her planner decides to approve a 36-month plan.

When will we give you a shorter plan?

We usually give you a shorter plan if your needs might change over the next year or two. This includes if you:

- are younger than 8
- have changing support needs, such as if your disability gets worse over time
- might leave the NDIS in the next year or two, including if you were eligible for the NDIS under the early intervention requirements
- might change your work or study in the next year or two
- don't have a strong support network, or there's risks to your safety or your personal money
- have very high support needs, or need behaviour supports
- need assessments to determine your disability support needs
- need high cost assistive technology or home modifications
- need disability-related health supports.

We might also give you a shorter plan if you need extra help to link in with supports. Or, you might need extra help to use your funding according to your plan.

For example, we could give you a shorter plan and include funding for Support Coordination. A Support Coordinator could help you use the right amount of funding each month. When we next review your plan, we can check if you're linked in to the supports you need. And, we'll check if you're using the right amount of funding.

If you're a younger person in residential aged care, we usually give you a 12-month plan and we'll check-in with you regularly. We'll discuss how we can help you move out of aged care if you want to, or whether your supports work for you if you want to stay. We may be able to give you a longer plan if you want one.

Remember, you can always talk to your Support Coordinator or planner if you want to move out of residential aged care.

Example

Joe is 16 and will finish school in 18 months. We give Joe a 17-month plan. He'll have the chance to set new goals before he gets his next plan.

When it's time to create his next plan, we can have another look at his supports. His next plan will assess his goals and support needs after he leaves school.

When will we approve your plan?

We'll approve your plan as soon as we reasonably can based on your situation.[78] We may take longer to approve your plan if we need you to give us more information or get an assessment.

For children younger than 7, we aim to approve your plan within **90 days** after you become a participant.

If you're 7 or older, we aim to approve your first plan within **70 days** after you become a participant.

Learn more about our timeframes to create your plan in our Participant Service Guarantee.

What do we think about when we approve your plan?

When we approve your plan we must:

- think about your goals[79]
- consider any assessments about your support needs[80]
- decide that each support meets the NDIS funding criteria, and as a package of supports[81]
- decide if we need to reduce the amount of funding in your plan because you can get compensation outside the NDIS[82]
- consider the principle that you should manage your plan as much as you want to[83]
- think about how your previous plans have worked for you, including how well they met your disability support needs.[84]

We also consider the principles about plans.[85] These principles include things like:

- Your plan is just for you.

- Your plan will work alongside other supports you can get outside the NDIS, such as informal, community and mainstream supports.
- Your plan should give you as much choice and independence about your life.

You can read the full list of principles about plans in the NDIS Act.

What happens once you have your plan?

Once we approve your plan, you'll get a copy within **7 days**.[86] We'll ask in your planning conversation about how you'd like to receive your plan.

We usually send it out by mail. You can also find it on the myplace participant portal as soon as we approve it.

If you have a nominee or child representative, they'll get a copy too. You can also ask us to share it with other people. We can only share your plan where you ask us to. Learn more about Your Privacy and Information.

Once you have a plan, you can start using it to buy your supports. Your plan officially 'starts' on the day we approve it.[87] Your Local Area Coordinator, Early Childhood Partner or Support Coordinator can help you start using your plan.

We can only pay for supports you buy after your plan starts.

Your plan ends when we create a new one, or you leave the NDIS.[88] Your plan doesn't expire or stop, even if we haven't created a new plan by the plan review due date. You are never left without funding or supports.

Sometimes we'll need to suspend your plan. This usually happens when:

- you're overseas for more than 6 weeks – there are some situations we can extend the 6 week period
- you don't claim compensation you're entitled to after we ask you to, for example after you've sustained an injury.

Learn more about plan suspensions.

What happens during a check-in?

During your plan, we'll check-in with you to see how you're going, and how your plan is working for you. We may check-in with you:

- at regular intervals, such as each year
- if we think your plan might not be working for you, for example if you're using too much or too little of your supports.

We usually discuss:

- how you're going with your goals
- if your plan and funding works well for you
- if your situation has changed.

After our check in, we may need to create and approve a new plan for you. This might be because your plan is due for review or because your plan doesn't meet your needs. Learn more about plan reviews.

If your plan is working well for you and your supports still meet the NDIS funding criteria, we could give you a new plan with the same supports. Your new plan might also have less supports if there are some you no longer need. Or you might need a plan with more support.

We'll make this decision based on your support needs, the principles we follow to create your plan and the NDIS funding criteria.

We'll check each support is reasonable and necessary individually, as well as when considered as a package.

Learn more about check-ins in our Your Plan Guideline.

Can you change your plan?

Once it's approved, your plan can't be changed, but we can create a new plan if you need one.[89]

If you want to change the information about you and your goals, we can create a new plan at any time.[90] This new plan will have the new statement about you and your goals. It'll have the same supports as your existing plan.[91]

You can also request a plan review if your situation or support needs change. Please get in contact with your Local Area Coordinator, Early Childhood Partner, Support Coordinator, or planner if you'd like to request one. We also have a form you can complete.

Learn more about plan reviews.

What if you don't agree with your plan?

If you're not happy with your plan, you should talk to your Local Area Coordinator, Early Childhood Partner, Support Coordinator, or planner.

They may be able to explain the decision, clarify how you can use the funding, or help you fix any problems. It's a good idea to do this soon after you get your plan.

We can also give you written reasons on why we made the decision. Contact us if you'd like reasons for our decision.

If you don't agree with our decision to approve your plan, you can ask for an internal review. Your Local Area Coordinator, Early Childhood Partner, Support Coordinator or planner can help you ask for an internal review. We also have a form you can complete.

Having an internal review means someone who wasn't involved in creating your plan will review our decision to approve your plan. They'll consider if we made the right decision under the laws for the NDIS. An internal review is different to a plan review after a check-in or when your situation changes.

Once you get your plan, you have 3 months to ask for an internal review.[92]

Learn more about reviewing our decisions.

Appendix A: Plan duration guidance

Below is a guide on how long we usually make your plan before we must do a plan review. When we decide the plan review due date, we always consider:

- how long you want your plan to go for before we do a plan review
- your current situation.

For children younger than 7, we recommend a plan length of 12 months. This is due to the major changes in early childhood. Sometimes, we can do a plan for up to 24 months for young children, if it is better aligned with important transition points and milestones. For more information, check out Early Childhood Early Intervention.

Plan Duration Criteria	Recommended plan duration Aged 7 years and older	Recommended plan duration Younger than 7 years of age
Your living situation and support needs are stable.	Up to 36 months	12-24 months
You are in an unstable living situation, for example if you are homeless or in temporary accommodation.	6 -12 months	6 -12 months

Plan Duration Criteria	Recommended plan duration Aged 7 years and older	Recommended plan duration Younger than 7 years of age
You are likely to leave the NDIS in the next 12 months. For example, if you were eligible for the NDIS through the early intervention criteria, and you have built your skills. You might need a 12-month plan if you still need to finish your skill development. Or, you might need a 6-month plan if you're ready to leave.	6 -12 months	6-12 months
You need more than $15,000 per year in Capacity Building supports.	12 months	12 months
You have used less than 20% of your NDIS funding in your current plan.	12 months	12 months
You are currently receiving compensation or may be eligible for compensation.	12 months	12 months
You live in Specialist Disability Accommodation (SDA).	12 months	12 months
You are a younger person in residential aged care aged under 65, or Indigenous and under 50, and you: • have a goal to change your living situation or move home • only have 'cross-billing' fees, or have additional aged care related fees that are likely to change • are living in, at risk of entering, or transitioning out of an aged care facility.	12 months	Not applicable

Plan Duration Criteria	Recommended plan duration Aged 7 years and older	Recommended plan duration Younger than 7 years of age
You live in residential aged care and are 65 years or older, or you are Indigenous and aged 50 years or older, and you: • want a 24-month plan • only have cross-billing fees in your plan • have stable support needs and circumstances • are using the right amount of funding in your plan • don't have a goal to explore alternate housing goals.	24 months	Not applicable
You need disability-related health supports and: • your health support needs are unstable • your function is expected to change in the next 12 months • we ask you to get an assessment so we can understand your support needs.	12 months	12 months
You need behavioural support.	12 months	12 months
Your plan will include in-kind supports.	12 months	12 months

Reference list

[1] NDIS Act and delegated legislation made under the NDIS Act, especially NDIS (Supports for Participants) Rules and NDIS (Plan Management) Rules.
[2] NDIS (Supports for Participants) Rules r 5.1(b).
[3] NDIS Act s 34(1)(a).
[4] NDIS Act s 34(1)(b).
[5] NDIS Act s 34(1)(c).
[6] NDIS (Supports for Participants) Rules r 3.1(c).
[7] NDIS Act s 34(1)(c); NDIS (Supports for Participants) Rules r 3.1(a).
[8] NDIS Act s 34(1)(d).
[9] NDIS Act s 34(1)(e).
[10] NDIS Act s 34(1)(f).
[11] NDIS Act s 34(1)(f).
[12] NDIS (Supports for Participants) Rules part 5.
[13] NDIS (Supports for Participants) Rules r 5.1(a).
[14] NDIS (Supports for Participants) Rules r 5.1(b).
[15] NDIS (Supports for Participants) Rules r 5.1(c).
[16] NDIS (Supports for Participants) Rules r 5.1(d).
[17] NDIS (Supports for Participants) Rules r 5.3(a).
[18] NDIS (Supports for Participants) Rules r 5.3(b).
[19] NDIS Act s 34(1)(f).
[20] NDIS Act s 118(1)(b).
[21] NDIS Act s 4(17)(b).
[22] NDIS Act s 33(2).
[23] NDIS Act s 33(5)(a).
[24] NDIS Act s 34(1)(a).
[25] NDIS Act s 34(1)(d).
[26] NDIS (Supports for Participants) Rules r 4.1(d).
[27] NDIS Act s 34(1).
[28] NDIS Act s 34(1)(d); NDIS (Supports for Participants) Rules, rr 3.2-3.3.
[29] NDIS Act s 34(1)(c); NDIS (Supports for Participants) Rules r 3.1.
[30] NDIS Act s 33.
[31] NDIS Act s 31.
[32] NDIS Act s 33(1).
[33] NDIS Act s 33(1).
[34] NDIS Act s 33(8).
[35] NDIS Act s 34(1)(a).
[36] NDIS Act s 34(1)(a).
[37] NDIS (Supports for Participants) Rules r 5.1(a).
[38] NDIS Act s 4(4).
[39] NDIS Act s 118(1)(a)(v).
[40] McGarrigle v National Disability Insurance Agency (2017) 157 ALD 520 at [88].
[41] NDIS Act s 13.
[42] NDIS (Supports for Participants) Rules r 2.4; NDIS Act s 33(5)(c)
[43] NDIS Act s 36(2)(a).
[44] NDIS Act s 36(2)(b)(i).
[45] NDIS Act s 36(2)(b)(ii).
[46] NDIS Act s 36(2)(a).
[47] NDIS Act s 36(3).
[48] NDIS Act s 36(3).
[49] NDIS Act s 42(1).
[50] NDIS Act s 46(1).
[51] NDIS Act ss 33(2)(d); 42(2).

[52] NDIS Act s 42(2).
[53] NDIS Act s 33(6).
[54] NDIS Act s 37(2).
[55] NDIS Act ss 43(2), 44.
[56] NDIS Act s 74(2).
[57] NDIS Act s 43(2)(b).
[58] NDIS Act s 80(1); NDIS (Nominees) Rules rr 5.3-5.6.
[59] NDIS Act 43(2).
[60] NDIS Act s 44(1).
[61] NDIS Act ss 44(1A), 74(4)(a).
[62] Bankruptcy Act 1966 (Cth) s 50, pt X div 2.
[63] Bankruptcy Act 1966 (Cth) pt X.
[64] Bankruptcy Act 1966 (Cth) pt IX.
[65] NDIS Act s 44(2)(a).
[66] NDIS Act ss 44(2A), 74(4)(b)(i).
[67] NDIS (Plan Management) Rules rr 3.8(a)-(b).
[68] NDIS (Plan Management) Rules rr 3.8(c)-(d).
[69] NDIS (Plan Management) Rules r 3.8(d).
[70] NDIS (Plan Management) Rules r 3.8(d).
[71] NDIS (Plan Management) Rules r 3.8(e).
[72] NDIS (Plan Management) Rules r 3.8(f).
[73] NDIS (Plan Management) Rules rr 3.8(f)(ii), 3.9.
[74] NDIS (Plan Management) Rules r 3.7.
[75] NDIS Act ss 43(3)-(4).
[76] NDIS Act s 43(5).
[77] NDIS Act s 33(2)(c).
[78] NDIS Act s 33(4).
[79] NDIS Act s 33(5)(a).
[80] NDIS Act s 33(5)(b).
[81] NDIS Act, ss 33(5)(c), 34, NDIS (Supports for Participants) Rules.
[82] NDIS Act, s 33(5(d), NDIS (Supports for Participants – Accounting for Compensation) Rules.
[83] NDIS Act, s 33(5)(e).
[84] NDIS Act, s 33(5)(f),
[85] NDIS Act s 31.
[86] NDIS Act s 38.
[87] NDIS Act s 37(1).
[88] NDIS Act s 37(3).
[89] NDIS Act s 37(2).
[90] NDIS Act s 47(1).
[91] NDIS Act s 47(2).
[92] NDIS Act s 100(2).

Creating Your Plan

Quick summary: Once you're an NDIS participant, we will work with you to create your plan. We will first have a planning conversation with you. This helps us decide what supports to fund in your plan, who will manage your funding, and when we'll change your plan.

What's on this page?

This page covers:

You may also be interested in:

- Applying to the NDIS
- Using Your Plan
- Changing your plan
- Reviewing our Decisions

What principles do we follow to create your plan?

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

As an insurance-based scheme, we take a lifetime approach to a participant's support needs. We provide assurance to people with permanent and significant disability or developmental delay, and to people who might acquire disability or developmental delay,

that they will get the support they need. Individual funding means we help participants to purchase services and supports from a competitive and consumer-driven marketplace.

What supports can we fund?

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

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

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

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

Once we've considered your circumstances, we need to follow the rules determined under the law for the NDIS in our planning decisions.[1] We fund supports that are reasonable and necessary. This means we will only fund a support if it meets **all** of the following criteria:

- the support is related to your disability[2]
- the support will help you pursue your goals and aspirations[3]
- the support will help you undertake activities that will increase your social and economic participation[4]
- the support is value for money,[5] which means that the costs are reasonable:
    - when compared to the benefits to be achieved, for example, whether purchasing the support is likely to reduce the cost of funding other supports in the long term[6]
    - when compared to alternative options that may provide you with the same outcome at a similar or cheaper cost[7]
- the support is likely to be effective and beneficial for you, having regard to good practice and evidence[8]
- the support is required to complement the informal supports you have available, by taking into account what is reasonable for families, carers, informal networks and the community to provide[9]
- the support is most appropriately funded or provided by the NDIS[10]

- the support is not more appropriately funded by another service system, agency, person or body, such as the education system or the health system.[11] We can't fund a support if it's the responsibility of another service system.

What supports don't we fund?

We do not fund a support if:[12]

- it is likely to **cause harm** to you or others[13]
- it is **not related** to your disability[14]
- it **duplicates** other supports delivered by the NDIS[15]
- it is considered **a day-to-day living cost** (for example, rent, groceries or utility costs like your water bill) that are **not attributable or caused by** your disability support needs[16]
- providing the support would be **against the law**[17]
- it consists of **income replacement**[18]
- it is the **responsibility of other service systems** to provide (for example, your state government, the education system, or the health system).[19] These different systems have different responsibilities, and are designed to complement each other to form a government safety net. Like all Australians, NDIS participants continue to have access to these systems. We can't fund a support if it's the responsibility of another service.

How do we manage the financial sustainability of the NDIS?

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

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

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

- people accessing their informal support network to get the help they need from day to day

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

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

What principles do we use to create your plan?

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

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

Fair for everyone, both today and for future generations

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

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

We use Typical Support Packages to help us do this. The Typical Support Package give us an indication of what supports we'd usually expect to include in your plan, based on your situation and disability support needs.

Each support in your plan must be reasonable and necessary, but they also need to be reasonable and necessary as a package of supports. We approve your whole plan, not the individual supports in your plan in isolation.[22] The Typical Support Package helps guide this validation process.

The Typical Support Package also helps to guide the consistency of our decision making process. We use these to check your overall plan to make sure that all your supports make sense together, and that your support types and amounts will complement each other to help you fulfil an ordinary life.

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

- our discussion with you
- any reports or other information we have
- applying the NDIS funding criteria.

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

Fair funding to pursue your goals

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

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

Other things to know about when setting your goals:

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

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

2. **Setting a goal doesn't mean we have an obligation to fund supports that help you pursue that goal.** For example, if your goal is to get a gym membership to get fit, we wouldn't usually fund this. Gym memberships are things that all people, with or without disability, might want or need.

3. **Setting a goal about an explicit type or amount of support you might want doesn't mean we have an obligation to fund that support or provide that amount of funding.** For example, you may tell us your goal is 'to get a top model shower commode' and you show us the one you want costs $4,000.

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

Evidence-based best practice

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

We will consider different types of evidence when making decisions and we won't need an expert report for every support, as we can often rely on other information or evidence.

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

You can find the types of evidence we need on our website, and in Our Guidelines.

Fair early investments

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

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

Over time, your capacity building supports may no longer be reasonable and necessary, in regard to your current functional capacity, the effectiveness of the capacity building supports,[28] and value for money.[29]

If your overall funding level goes down from one plan to the next, it may be because you no longer need the same type or amount of supports, such as capacity building supports. Also, if the capacity building investment has been successful at building your independence, then your need for other supports may also decrease, for example core supports.

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

Fair support across service systems

The support you need may be the responsibility of another government service, such as education or health. We don't fund these services, and need to consider the supports you should receive from these services when determining the supports in your plan.

Fair supports for your disability needs

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

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

By funding the right disability supports for your permanent impairments that meet our Access criteria, we are ensuring the system is fair for everyone, and that the NDIS remains financially sustainable.

Fair assistance from multiple programs

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

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

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

What is an NDIS plan?

Once you're an NDIS participant, we will work with you to create your NDIS plan. You can find out more about how to become a participant in Applying to the NDIS.

Your NDIS plan sets out your goals and the supports that will help you pursue those goals. We create your plan based on your disability support needs. Your plan will be just for you. You can have as many goals as you want in your plan and they can be as long as you want.

Your plan will include information about:[30]

- you and your living situation
- your goals, or things you want to work towards
- who supports you, for example your family, friends, community and other government services
- any NDIS supports we fund
- how you can use your NDIS funding
- who will manage your NDIS funding
- when we'll change your plan.

This page is about how we make decisions when we create your plan. If you'd like general information about how planning works, check out the Creating Your Plan page on our website.

How do we create your plan?

Once you become an NDIS participant, we go through the planning process together.

When we create your plan, we:

- set up a planning conversation, so we can get to know you and discuss your situation
- consider what supports community and other government services can provide to help you pursue your goals and live as independently as possible
- consider if you need any NDIS funded supports, and if they meet the NDIS funding criteria
- ask for further information about your support needs, if we need to
- develop and approve your plan
- send your plan to you.

You can ask other people to help you, if you want to. For example, you can have friends, family or an advocate join the planning conversation. They can also help you to make your own decisions about your plan.

If you need someone else to make decisions for you about your NDIS plan, we can help you set this up. This may be:

- a plan nominee if you're an adult
- a child representative if you're under 18 years old.

We'll start creating your plan within **21 days** after you become an NDIS participant.

Learn more about our timeframes to create your plan in our Participant Service Guarantee.

What can you expect from us when we create your plan?

We'll create a plan that will:[31]

- be personalised and directed by you
- respect the role of family, carers and other people who are important to you
- build the capacity of families, carers and your community to support you where appropriate
- consider the support your friends and family provide, and the support services available to everyone in the community
- respect your right to have control over your life and make your own choices

- help you participate in the community, and help you study or find and keep a job, if you want to
- focus on choice and flexibility when it comes to your goals, needs and your supports.

What happens in your planning conversation?

The planning conversation is an important part of the planning process. We'll talk with you about your daily life, living situation, goals and supports. This helps us decide what NDIS funded supports to include in your plan.

We'll ask how you want to have your planning conversation, for example where and when we meet with you, or if you would prefer to do it over the phone. You can bring anyone you choose, such as your family, friends or advocates, to the meeting.

What information do we look at before your planning conversation?

Before your planning conversation, we look at

- the information in your NDIS Application Form
- any reports from your doctors or allied health professionals
- other assessments you give us, for example from other government agencies or disability service providers
- other relevant information we have about your support needs
- any other information you give us.

This helps us get to know you better, and learn about your situation. It also helps us check where we might need more information about you to help us create your plan.

What will we talk about in your planning conversation?

We'll talk to you about your daily life, and what you'd like to do in the future. We'll also talk about how the NDIS can help you do what you want to do.

We'll ask you about things such as:

- your goals
- where you live, and your living arrangements
- how you move around your home and your community
- who supports you now, such as your family, friends or service providers
- support available from community and other government services to help you learn new skills and become more independent

- what self-care support you need
- if you use or need equipment, technology or devices, also known as assistive technology
- what social and recreation activities you'd like to do now or in the future
- if you need help to build friendships or connect with your family
- if you'd like to work or study now or in the future
- what support you need to build your skills and do more things yourself.

Learn more about preparing for your planning conversation.

We'll also ask you how you would like to manage your NDIS funding. Learn more about plan management.

All the information you give us helps us create your plan. We will keep your personal information safe and secure. Learn more about Your Privacy and Information.

For a change to your plan, we might not need to ask all these questions again. Or we might not need to have a planning conversation at all. Learn more about Changing Your Plan.

How do you set the goals in your NDIS plan?

We need to know your goals so we know how we can help you.

Your goals are your own personal desires about what you'd like to do. You can have as many or as few goals as you want.

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

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

You can set any goals you like, even if they're about things we won't fund supports for.

How can you tell us your goals and the information about you?

The first part of your plan has information about:[32]

- your daily life and living situation
- your social, work and study life
- the people who support you
- your goals.

You, or your plan nominee or child representative, set your goals and tell us what information you want to include about your life. This is sometimes called the 'participant's statement of goals and aspirations'.[33]

If you want, your family and friends who support you can also give us information about their life.

You can tell us your goals at any time before we approve your plan. If you tell us your goals in person or over the phone, we'll write them down for you.[34]

They are your goals and we'll write them down in your own words. We can't change your goals or choose them for you. But we can help you choose what words to use if you want us to.

Learn more about setting your goals.

Will we always fund supports for your goals?

Your NDIS funding is aimed to provide you with the supports you need for your disability.

These supports may help you increase your independence and pursue your goals. You can also be supported through mainstream and community services, or informal supports you can get through family and friends.

The supports we fund should help you pursue your goals,[35] but you don't need a specific goal for every support in your plan. When we decide if a support will help you pursue your goals, we consider your whole situation.

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

There are some things to remember when setting goals:

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

This is because helping you pursue your goals is only one of the NDIS funding criteria.[36] A support must meet all of the NDIS funding criteria to be funded under the NDIS. So not all supports that help you pursue your goals will be reasonable and necessary supports we can fund in your plan.

For example, you might be ready to look for work and have a goal to find a job. Disability Employment Services help people a with disability look for jobs, so we usually won't be able to fund this support.

But we can help you connect with a Disability Employment Service, and consider what supports we could fund to help build your job skills. Learn more about Work and Study Supports.

Learn more about how we consider your goals when we decide what supports to include in your plan.

Who can help you set your goals?

You can ask other people for help to set your goals if you want to. For example, your friends, family, Local Area Coordinator or Early Childhood Partner can help you.

You can also change your goals at any time, even after we approve your plan. Learn more about goal setting.

We'll talk with you in your planning conversation about what your goals will mean for your NDIS plan. For example, we could talk about:

- what your goals will look like for you
- how you can work towards your goals
- when you'd like to work on your goals
- what supports you need to work towards your goals, noting that just because you have a goal doesn't mean we have to provide funded supports for it
- where you might get supports to work towards your goals, for example community or mainstream services
- if we'll fund supports to help you work toward your goals
- how you could develop skills and talents you haven't focused on before
- what supports you need to overcome any challenges in working towards your goals
- if you'd like to include smaller goals as part of a big goal
- if you'd like to add a few steps to work towards your goals.

For example, you might choose a goal, 'I want to go on a holiday next year'. You might also choose to add steps, like saving up money for your travel and hotel, towards achieving your goal.

Learn more about preparing your goals.

You can also check out the planning booklet (Booklet 2) to help prepare this information.

How do we think about risks when we create your plan?

You have the right to decide what you do each day and to make your own life choices. For all of us, our choices come with some risks. We all make our own choices about how much risk we want to take in our lives. You should also be able to choose how much risk you want to take in your life.

We can't fund supports that are likely to risk harming you or someone else[37]. But we will try and balance this with enabling you to make your own choices wherever possible.

Some of these risks might affect what we can fund in your plan, or who manages your NDIS funding. For example, there might be risks to your personal safety, your personal money, or your NDIS funding.

We think about if there are any risks with your current support arrangements. For example, there might be risks to your family or friends health if they keep supporting you when they get older. If so, we could look at including NDIS funded supports to reduce these risks.

We also consider any risks around your safety and wellbeing. For example, there could be risks if you're socially isolated, or rely only on providers for support. Or, there could be risks of physical injury to you or the people who support you.

When we create your plan, we'll help you think about supports that help you live your life the way you want to.[38] We balance your right to take reasonable risks in pursuing your goals, with your safety and the safety of other people.[39]

We'll talk with you about how we can help you reduce risks where we can. There are a few things we could do to reduce risk, and make sure your plan meets your needs. For example, we could:

- change your plan sooner
- fund supports to help you build your support network, for example helping you make friends or build relationships in your community
- set up regular chats with your planner, Local Area Coordinator or Early Childhood Partner
- make sure any providers using restrictive practices are NDIS registered and follow the NDIS Quality and Safeguards Commission requirements
- let you know about how you can complain about your service providers or complain about our service if there are any issues

- include funded supports, such as budget training, to help you manage the funding in your plan.

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

NDIS supports are the services, items and equipment we fund or provide under the NDIS. An NDIS support is the practical description of how we help you under the NDIS.[40]

There are two types of NDIS supports:

- the general supports we provide to you
- the reasonable and necessary supports we fund in your plan.

General supports

General supports are those we provide to you, such as a Local Area Coordinator or Early Childhood Partner.

We help you develop your plan and connect with supports and activities in your area. For example, we can help you connect with:

- **informal supports**, such as your friends, family or other people you know in your community
- **community supports** that are open to everyone in the community, such as sporting clubs, activity groups or libraries
- **mainstream supports** – other government services such as the health and education systems.

General supports are not funded through your NDIS plan.

General supports can be provided by:

- an Early Childhood Partner for children under 7 years old
- a Local Area Coordinator for people aged 7 or older
- Remote Community Connectors
- Aboriginal Disability Liaison Officers
- community organisations through the Department of Social Services Information, Linkages and Capacity Building program.

We can provide these general supports to everyone with a disability, including people who are not NDIS participants.[41]

Reasonable and necessary supports

Reasonable and necessary supports are the disability supports we fund in your plan. You can use this funding to buy supports from service providers.

All NDIS supports need to meet the NDIS funding criteria. For example, they need to be related to your disability, value for money, and effective and beneficial.

Each support we fund in your plan must be a reasonable and necessary support, however we also consider how your supports will work together as a package to address your disability support needs, or to achieve an outcome. The supports we fund must be reasonable and necessary individually, but they must also be reasonable and necessary as a package of supports.[42]

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

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

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

We also decide how we describe the supports in your plan. We can describe your supports as:

- **Flexible** – you have greater flexibility on what you buy within the description of the supports. This is sometimes called supports 'described generally'.
- **Fixed** – you must buy the support as we describe it in your plan. This is sometimes called a 'stated support' or supports 'described specifically'.

We describe most supports as flexible when we can. When supports are described as flexible, you will have greater flexibility over the support you can buy that falls within the description of the support in the plan. When supports are described as fixed, you will have less flexibility.

We divide your supports into 3 different budgets:

- **Core Supports** – supports for everyday activities
- **Capacity Building Supports** – supports to help you build your skills and increase your independence
- **Capital Supports** – supports such as assistive technology, vehicle modifications, home modifications and Specialist Disability Accommodation.

Each budget is divided into a number of support categories. Support categories have more detail about what supports you can buy with your funding. When we describe your supports as flexible, you can usually choose what supports you buy within the descriptions for each support category.

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

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

Learn more about the support budgets and support categories in your plan.

We also consider our Participant Service Charter and what you can expect from us when we create your plan.

We look at all the information we have when we decide what supports to include in your plan.

Check out our Reasonable and Necessary Supports Guideline for how we decide what supports to include in your plan, and how we describe them.

We also have detailed information on how we make decisions about different types of supports. Learn more on our Supports We Fund page.

What if we need more information?

Sometimes we might ask for more information to create and approve your plan. We'll do this if we don't have enough information to decide what supports to include in your plan.

We can ask you to:

- give us more information that is reasonably necessary to create or approve your plan[43]
- get an assessment, usually from an allied health professional, of your support needs and send us the report[44]
- get a medical, psychiatric, or psychological examination and send us the report.[45]

For example, we might need more information if you have complex care needs. We could ask you to get an assessment from an occupational therapist. This will help us understand your support needs at home and in the community. It also helps us work out what supports to fund in your plan.

We can also ask someone else to give us information we need to create and approve your plan.[46] For example, we can ask your doctor, or the people who support you, to give us information.

When we ask for more information or to get an assessment, we'll tell you:

- what you need to do
- what information we need
- how you can send us the information
- when you need to give us the information.

We must give you a reasonable opportunity, and a reasonable amount of time, to give us this information.[47] The sooner you can give us the information, the sooner we can create and approve your plan.

Your plan will include funding for any assessments or examinations we ask for. If we need independent information about you, we avoid any conflicts of interest as much as possible. This means we usually won't choose an assessor you know.

We only ask for an assessment or examination if:

- it will help us create your plan
- we don't already have the information
- the benefits outweigh the time and cost.

You don't have to give us this information or get these assessments. But without them, we might not have enough information to understand and approve the supports you need.

Sometimes, we might need to approve your plan before you give us this information.[48] For example, we might approve your plan so you have funding for urgent self-care supports you need. We could then change your plan once you have the assessments and reports for other supports, such as assistive technology.

How do we decide how funding is managed in your plan?

What do we mean by managing your funding?

Managing your NDIS funding means doing one or more of these things:[49]

- buying the supports in your plan, including paying taxes
- receiving and managing your NDIS funding, such as paying for supports on time

- keeping track of what you buy with your funding, including keeping receipts and invoices
- spending your funding according to your plan.[50]

Your plan will say who manages your NDIS funding.[51]

What are your plan management options?

You have three options for who manages the funding in your plan.[52]

- **Self-managed**: you, or your plan nominee or child representative, manage the funding and pay your providers.
- **Agency-managed**: we manage the funding and pay your providers.
- **Plan-managed**: a registered plan management provider manages the funding and pays your providers.

You can also choose a mix of these types of plan management. For example, you might like to manage some of the funding yourself, and we'll manage the rest.

There are a few other things to remember when you choose your plan management options. If your funding is:

- Agency-managed, you must only use NDIS-registered providers[53]
- Agency-managed or plan-managed, your providers or your plan manager can only claim up to the NDIS Pricing Arrangements and Price Limits rates
- plan-managed, we'll always include plan-management fees in your plan.

Learn more about ways to manage the funding in your plan.

You can also check out our booklets for information about plan management.

You can ask us to change how you manage your plan at any time. There are no restrictions on how often you can ask to change your plan management.

If you want to change your plan management, you'll need a plan variation.[54] If this is the only change you want, we can often do this without the full plan reassessment process. Learn more about Changing your plan.

How do we decide who manages your funding?

We'll ask you at your planning conversation who you want to manage your funding.

We must agree to your request, unless:[55]

- you already have a plan nominee, who may need to manage your funding or can choose who manages your funding
- your plan nominee wants to self-manage your funding but that would be an unreasonable risk to you[56]
- you want to self-manage the funding but you, or your plan nominee or child representative, are bankrupt or insolvent under administration
- you want to self-manage the funding but that would be an unreasonable risk to you
- you want a registered plan management provider to manage your funding but that would be an unreasonable risk to you
- it's for in-kind supports, or cross-billing payments for younger people in residential aged care.

There are a few other things to remember.

- We'll let you know what your plan management options will mean for you.
- You can also ask your friends, family or service providers for advice.
- We need to consider any legal orders about your finances, such as court or tribunal orders.
- If you're under 18, your child representative can choose how to manage your plan funding.[57]

If you're not happy with the plan management decision we make, you can ask for a review of our decision.

Learn more about requesting a review of decisions we make.

What if you have a plan nominee?

If you have a plan nominee, they'll manage your plan funding if it's part of their nominee arrangement. But, if they're insolvent under administration or present an unreasonable risk, we won't allow them to manage your plan funding.

When we think about unreasonable risk and your plan nominee, we look at:

- if they have any business or other interests which might affect how they manage your money
- whether we believe they will use your NDIS funding according to your plan
- if any safeguards or strategies in your plan could help reduce any risks to you.

Your plan nominee may also be able to request who manages your plan funding. They can do this if their nominee arrangement allows them to do things on your behalf related to the preparation, review, variation and replacement of your plan.

Your nominee has a duty to work out what you want. They need to make decisions that help your personal and social wellbeing.[58]

Learn more about nominees.

Can you manage your own funding?

We're committed to helping you manage your own funding if that's what you want to do. There are risks for us all in managing our money. Where possible, we'll help you make decisions about money, just as all Australians do.

If you want to manage your own funding, there's a few things to keep in mind. You'll have more choice and control over your plan. You'll also have extra responsibilities, like keeping receipts for what you buy with your funding.

Learn more about self-managing.

You, or your plan nominee or child representative, can self-manage your funding unless:[59]

- you, or your plan nominee or child representative, are currently bankrupt or insolvent under administration
- there's an unreasonable risk if you self-manage your funding.

Are you bankrupt or insolvent?

You can't manage your NDIS funding if you're currently an insolvent under administration.[60] Your plan nominee or child representative also can't manage your funding if they're an insolvent under administration.[61]

Insolvent generally means you can't pay your debts when they are due.

Your NDIS funding can't be self-managed if you, or your plan nominee or child representative:

- are currently bankrupt – contact the Australian Financial Security Authority if you're not sure
- have your property under the control of people you owe money to,[62] for example, your bank or the Australian Financial Security Authority
- have a personal insolvency agreement to repay money you owe, and you haven't followed the agreement[63]
- have a debt agreement to repay money you owe.[64]

This also applies if you, or your plan nominee or child representative, are an insolvent under administration in another country.

You might be able to self-manage your funding after you stop being an insolvent under administration. But we'll consider if there might be an unreasonable risk in you managing your own funding.

Your plan nominee might be a company or body corporate, like a service provider or advocacy organisation. If so, they can't be insolvent either.

A company or organisation can't manage your funding if they are under voluntary administration, liquidation or receivership.

Is there an unreasonable risk if you self-manage your funding?

You have the same right as all Australians to take reasonable risks in managing your money. We respect your right to take reasonable risks in self-managing your NDIS funding.

But you can't self-manage your funding if this would create an 'unreasonable risk to you'.[65] Your plan nominee or child representative also can't manage your funding if that would be an unreasonable risk to you.[66]

If you're older than 18 and want to self-manage your funding, we'll consider if this could put you at risk. This could be if you're vulnerable to physical, mental or financial harm. Or, if someone might pressure you to do something.[67]

We'll also think about:

- how well you make decisions and manage your money[68]
- how well you managed your funding in the past,[69] for example if you managed disability funding before the NDIS
- if you were previously bankrupt or insolvent under administration, how well you manage your money now[70]
- if you have a court or tribunal order that someone else, such as a financial trustee or guardian, manages your money[71]
- if your informal supports could help you reduce any risks, for example if they help you manage your money.[72]

We consider what strategies we could use to reduce risks, including:[73]

- giving you a shorter plan
- having regular check-ins
- including supports in your plan to help you manage your funding.

When we think about risks, we think about the types of supports you want to manage. There might be unreasonable risks for you to self-manage some supports, but you might be able to manage others.

For example, it might be risky for you to manage the funding for a $30,000 home modification. But you might be able to manage a $500 home modification like a grab rail.

If your plan nominee or child representative wants to manage your funding, we'll think about:[74]

- how well they manage their money
- if any business or other interests might affect how they manage your money
- whether we believe they will use your NDIS funding according to your plan
- if any safeguards or strategies in your plan could help reduce any risks to you.

What if you want to learn to manage your funding in the future?

We might be able to fund supports to help build your skills to manage your NDIS funding.

For example, we might be able to fund a support called 'Training in plan and financial management'. This can help you learn to:

- budget and keep records of your purchases
- choose your supports and get the most out of your plan
- claim your NDIS funding, pay providers and make service agreements.

This support will need to meet the NDIS funding criteria for us to fund it in your plan. Either a plan manager or a Support Coordinator can provide this support.

For more information about this support, talk to your planner, Local Area Coordinator or Early Childhood Partner.

Can a registered plan management provider manage your funding?

You may want a plan management provider who is registered to manage your funding. We'll agree to this unless it would be an unreasonable risk for you to use a registered plan management provider.

Is there an unreasonable risk if a registered plan management provider manages your funding?

You have the same right as all Australians to take reasonable risks. We respect your right to take reasonable risks in having a registered plan management provider manage your NDIS funding.

But, if this creates an unreasonable risk to you, we'll talk to you about what things might reduce these risks.

When we think about whether there is an unreasonable risk to you, we will consider if you're vulnerable to physical, mental, or financial harm. We also consider whether a provider has delivered supports to you in a way that has caused you physical, mental or financial harm. Or, if someone might pressure you to do something.

We'll think about:

- how well you make decisions about money
- if your informal supports could help you reduce any risks.

We consider what strategies we could use to reduce risks, including:

- giving you a shorter plan
- having regular check-ins
- including supports in your plan to help you manage your funding
- having a combination of plan management types for different parts of your plan
- supporting you to change plan management providers if necessary
- stating that some supports are spent or delivered in a certain way. This means we state it in your plan so the funds allocated are spent on this particular support instead of alternative supports

If there are no strategies we can introduce to reduce the risks we've talked about, we may consider it an unreasonable risk for you to have these supports managed by a registered plan management provider. These supports would need to be Agency-managed and delivered by a NDIS-registered provider.

When do we make your funding Agency-managed?

If you don't choose who will manage your funding, or if you can't self-manage any parts of your funding, we have to decide for you. We'll choose to make those parts of your funding Agency-managed when we approve your plan.[75]

When we decide if it's Agency-managed, we think about your goals, supports and the providers you want to use. For example, we consider if you want to use providers that are not NDIS registered.

What if the supports have already been paid?

In some rare cases, other government agencies have already paid for supports through funding outside your plan. These supports have already been paid for, so you won't be able to manage the funding for these supports.

These include:

- in-kind supports
- cross-billing payments to the Department of Health if you're a younger person in residential aged care.

How long will your plan go for?

Everyone has different goals, living situations, and circumstances. So we'll work with you to decide how long it'll be before we must create your next plan. This will be based on your individual situation.

We think about how long you want your plan to go for. We'll try to make the plan length what you want, where we can.

If you're not happy with how long your plan goes for, you can ask for a variation to your plan. Learn more about Changing your plan.

Your plan will say when we must do a plan reassessment, if we haven't reassessed your plan before this.[76] This is called the 'plan reassessment due date'. We could write this as:

- a date, for example '1 January 2024'
- a circumstance or milestone, 'when Constantine starts school'
- both a date and a milestone, 'when Macey starts her new job, or 1 July 2023: whichever happens first'.

We have more information in Appendix A on how long we usually make your plan.

When will we give you a longer plan?

If your support needs and circumstances will likely stay the same, we generally give you a 36 month plan. We can give you a 36 month plan if:

- you know how to use your NDIS plan
- your disability support needs are stable
- you have strong informal supports and living arrangements
- any work or study situation is stable.

Example

Sarah is 35 years old and has her second planning conversation. Her previous plan worked well, and her support needs likely won't change soon.

She asks for a longer plan as she knows what supports she needs. Her planner decides to approve a 36-month plan.

When will we give you a shorter plan?

We usually give you a shorter plan if your needs might change over the next year or two. This includes if you:

- are younger than 7
- have changing support needs, such as if your disability gets worse over time
- might leave the NDIS in the next year or two, including if you were eligible for the NDIS under the early intervention requirements
- might change your work or study in the next year or two
- don't have a strong support network, or there's risks to your safety or your personal money
- have very high support needs, or need behaviour supports
- need assessments to determine your disability support needs
- need high cost assistive technology or home modifications
- need disability-related health supports.

We might also give you a shorter plan if you need extra help to link in with supports. Or, you might need extra help to use your funding according to your plan.

For example, we could give you a shorter plan and include funding for Support Coordination. A Support Coordinator could help you use the right amount of funding each month. When we next change your plan, we can check if you're linked in to the supports you need. And, we'll check if you're using the right amount of funding.

If you're a younger person in residential aged care, we usually give you a 12-month plan and we'll check-in with you regularly. We'll discuss how we can help you move out of aged care if you want to, or whether your supports work for you if you want to stay. We may be able to give you a longer plan if you want one.

Remember, you can always talk to your Support Coordinator or planner if you want to move out of residential aged care.

Example

Joe is 16 and will finish school in 18 months. We give Joe a 17-month plan. He'll have the chance to set new goals before he gets his next plan.

When it's time to create his next plan, we can have another look at his supports. His next plan will include his goals and support needs after he leaves school.

When will we approve your plan?

We'll approve your plan as soon as we reasonably can based on your situation.[77] We may take longer to approve your plan if we need you to give us more information or get an assessment.

For children younger than 7, we aim to approve your plan within **90 days** after you become a participant.

If you're 7 or older, we aim to approve your first plan within **56 days** after you become a participant.

Learn more about our timeframes to create your plan in our Participant Service Guarantee.

What do we think about when we approve your plan?

When we approve your plan we must:

- think about your goals[78]
- consider any assessments about your support needs[79]
- decide that each support meets the NDIS funding criteria, and as a package of supports[80]
- decide if we need to reduce the amount of funding in your plan because you can get compensation outside the NDIS[81]
- consider the principle that you should manage your plan as much as you want to[82]
- think about how your previous plans have worked for you, including how well they met your disability support needs.[83]

We also consider the principles about plans.[84] These principles include things like:

- Your plan is just for you.
- Your plan will work alongside other supports you can get outside the NDIS, such as informal, community and mainstream supports.
- Your plan should give you as much choice and independence about your life.

You can read the full list of principles about plans in the NDIS Act.

What happens once you have your plan?

Once we approve your plan, you'll get a copy within **7 days**.[85] We'll ask in your planning conversation about how you'd like to receive your plan.

We usually send it out by mail. You can also find it on the myplace participant portal as soon as we approve it.

If you have a nominee or child representative, they'll get a copy too. You can also ask us to share it with other people. We can only share your plan where you ask us to. Learn more about Your Privacy and Information.

Once you have a plan, you can start using it to buy your supports. Your plan officially 'starts' on the day we approve it.[86] Your Local Area Coordinator, Early Childhood Partner or Support Coordinator can help you start using your plan.

We can only pay for supports you buy after your plan starts.

Your plan ends when we create a new one, or you leave the NDIS.[87] Your plan doesn't expire or stop, even if we haven't created a new plan by the plan reassessment date. You are never left without funding or supports.

Sometimes we'll need to suspend your plan. This usually happens when:

- you're overseas for more than 6 weeks – there are some situations we can extend the 6 week period
- you don't claim compensation you're entitled to after we ask you to, for example after you've sustained an injury.

Learn more about plan suspensions.

What happens during a check-in?

During your plan, we'll check-in with you to see how you're going, and how your plan is working for you. We may check-in with you:

- at regular intervals, such as each year
- if we think your plan might not be working for you, for example if you're using too much or too little of your supports.

We usually discuss:

- how you're going with your goals
- if your plan and funding works well for you
- if your situation has changed.

After our check in, we may need to vary or create and approve a new plan for you. This might be because your plan is due for reassessment or because your plan doesn't meet your needs. Learn more about Changing your plan.

If your plan is working well for you and your supports still meet the NDIS funding criteria, we could give you a new plan with the same supports. Your new plan might also have less supports if there are some you no longer need. Or you might need a plan with more support.

We'll make this decision based on your support needs, the principles we follow to create your plan and the NDIS funding criteria.

We'll check each support is reasonable and necessary individually, as well as when considered as a package.

Learn more about check-ins in our Your Plan Guideline.

Can you change your plan?

Once it's approved, your plan can be changed, and we can also create a new plan if you need one.[88]

If you want to change the information about you and your goals, we can change your plan to include this .[89] This new plan will have the new statement about you and your goals. It'll have the same supports as your existing plan.[90]

You can also request a change to your plan at any time . Please get in contact with your Local Area Coordinator, Early Childhood Partner, Support Coordinator, or planner if you'd like to request one. We also have a form you can complete.

Learn more about Changing your plan.

What if you don't agree with your plan?

If you're not happy with your plan, you should talk to your Local Area Coordinator, Early Childhood Partner, Support Coordinator, or planner.

They may be able to explain the decision, clarify how you can use the funding, or help you fix any problems. It's a good idea to do this soon after you get your plan.

We can also give you written reasons on why we made the decision. Contact us if you'd like to discuss the reasons for our decision.

If you don't agree with our decision to approve your plan, you can ask for an internal review. Your Local Area Coordinator, Early Childhood Partner, Support Coordinator or planner can help you ask for an internal review. We also have a form you can complete.

Having an internal review means someone who wasn't involved in creating your plan will review our decision to approve your plan. They'll consider if we made the right decision under the laws for the NDIS. An internal review is different to a change or plan reassessment after a check-in or when your situation changes.

Once you get your plan, you have 3 months to ask for an internal review.[91]

Learn more about reviewing our decisions.

Appendix A: Plan duration guidance

Below is a guide on how long we usually make your plan before we must do a plan check-in. When we decide the plan reassessment date, we always consider:

- how long you want your plan to go for before we change your plan
- your current situation.

For children younger than 7, we recommend a plan length of 12 months. This is due to the major changes in early childhood. Sometimes, we can do a plan for up to 24 months for young children, if it is better aligned with important transition points and milestones. For more information, check out Early Childhood Early Intervention.

Plan Duration Criteria	Recommended plan duration Aged 7 years and older	Recommended plan duration Younger than 7 years of age
Your living situation and support needs are stable.	Up to 36 months	12-24 months
You are in an unstable living situation, for example if you are homeless or in temporary accommodation.	6 -12 months	6 -12 months
You are likely to leave the NDIS in the next 12 months. For example, if you were eligible for the NDIS through the early intervention criteria, and you have built your skills. You might need a 12-month plan if you still need to finish your skill development. Or, you might need a 6-month plan if you're ready to leave.	6 -12 months	6-12 months

Plan Duration Criteria	Recommended plan duration Aged 7 years and older	Recommended plan duration Younger than 7 years of age
You need more than $15,000 per year in Capacity Building supports.	12 months	12 months
You have used less than 20% of your NDIS funding in your current plan.	12 months	12 months
You are currently receiving compensation or may be eligible for compensation.	12 months	12 months
You are a younger person in residential aged care aged under 65, or Indigenous and under 50, and you: • have a goal to change your living situation or move home • only have 'cross-billing' fees, or have additional aged care related fees that are likely to change • are living in, at risk of entering, or transitioning out of an aged care facility.	12 months	Not applicable
You live in residential aged care and are 65 years or older, or you are Indigenous and aged 50 years or older, and you: • want a 24-month plan • only have cross-billing fees in your plan • have stable support needs and circumstances • are using the right amount of funding in your plan • don't have a goal to explore alternate housing goals.	24 months	Not applicable

Plan Duration Criteria	Recommended plan duration Aged 7 years and older	Recommended plan duration Younger than 7 years of age
You need disability-related health supports and: • your health support needs are unstable • your function is expected to change in the next 12 months • we ask you to get an assessment so we can understand your support needs.	12 months	12 months
You need behavioural support.	12 months	12 months
Your plan will include in-kind supports.	12 months	12 months

Reference list

[1] NDIS Act and delegated legislation made under the NDIS Act, especially NDIS (Supports for Participants) Rules and NDIS (Plan Management) Rules.
[2] NDIS (Supports for Participants) Rules r 5.1(b).
[3] NDIS Act s 34(1)(a).
[4] NDIS Act s 34(1)(b).
[5] NDIS Act s 34(1)(c).
[6] NDIS (Supports for Participants) Rules r 3.1(c).
[7] NDIS Act s 34(1)(c); NDIS (Supports for Participants) Rules r 3.1(a).
[8] NDIS Act s 34(1)(d).
[9] NDIS Act s 34(1)(e).
[10] NDIS Act s 34(1)(f).
[11] NDIS Act s 34(1)(f).
[12] NDIS (Supports for Participants) Rules part 5.
[13] NDIS (Supports for Participants) Rules r 5.1(a).
[14] NDIS (Supports for Participants) Rules r 5.1(b).
[15] NDIS (Supports for Participants) Rules r 5.1(c).
[16] NDIS (Supports for Participants) Rules r 5.1(d).
[17] NDIS (Supports for Participants) Rules r 5.3(a).
[18] NDIS (Supports for Participants) Rules r 5.3(b).
[19] NDIS Act s 34(1)(f).
[20] NDIS Act s 118(1)(b).
[21] NDIS Act s 4(17)(b).
[22] NDIS Act s 33(2).
[23] NDIS Act s 33(5)(a).
[24] NDIS Act s 34(1)(a).
[25] NDIS Act s 34(1)(d).
[26] NDIS (Supports for Participants) Rules r 4.1(d).
[27] NDIS Act s 34(1).
[28] NDIS Act s 34(1)(d); NDIS (Supports for Participants) Rules, rr 3.2-3.3.
[29] NDIS Act s 34(1)(c); NDIS (Supports for Participants) Rules r 3.1.
[30] NDIS Act s 33.
[31] NDIS Act s 31.
[32] NDIS Act s 33(1).
[33] NDIS Act s 33(1).
[34] NDIS Act s 33(8).
[35] NDIS Act s 34(1)(a).
[36] NDIS Act s 34(1)(a).
[37] NDIS (Supports for Participants) Rules r 5.1(a).
[38] NDIS Act s 4(4).
[39] NDIS Act s 118(1)(a)(v).
[40] McGarrigle v National Disability Insurance Agency (2017) 157 ALD 520 at [88].
[41] NDIS Act s 13.
[42] NDIS (Supports for Participants) Rules r 2.4; NDIS Act s 33(5)(c)
[43] NDIS Act s 36(2)(a).
[44] NDIS Act s 36(2)(b)(i).
[45] NDIS Act s 36(2)(b)(ii).
[46] NDIS Act s 36(2)(a).
[47] NDIS Act s 36(3).
[48] NDIS Act s 36(3).
[49] NDIS Act s 42(1).
[50] NDIS Act s 46(1).

[51] NDIS Act ss 33(2)(d); 42(2).
[52] NDIS Act s 42(2).
[53] NDIS Act s 33(6).
[54] NDIS Act s 47A
[55] NDIS Act ss 43(2), 44.
[56] NDIS Act s 43(6)(e).
[57] NDIS Act s 74(2).
[58] NDIS Act s 80(1); NDIS (Nominees) Rules rr 5.3-5.6.
[59] NDIS Act 43(2).
[60] NDIS Act s 43(3)(c).
[61] NDIS Act ss 43(6)(d), 74(4)(a).
[62] Bankruptcy Act 1966 (Cth) s 50, pt X div 2.
[63] Bankruptcy Act 1966 (Cth) pt X.
[64] Bankruptcy Act 1966 (Cth) pt IX.
[65] NDIS Act s 43(3)(d).
[66] NDIS Act ss 43(6)(e), 74(4)(b)(i)
[67] NDIS (Plan Management) Rules rr 3.8(a)-(b).
[68] NDIS (Plan Management) Rules rr 3.8(c)-(d).
[69] NDIS (Plan Management) Rules r 3.8(d).
[70] NDIS (Plan Management) Rules r 3.8(d).
[71] NDIS (Plan Management) Rules r 3.8(e).
[72] NDIS (Plan Management) Rules r 3.8(f).
[73] NDIS (Plan Management) Rules rr 3.8(f)(ii), 3.9.
[74] NDIS (Plan Management) Rules r 3.7.
[75] NDIS Act s 43(8).
[76] NDIS Act s 33(2)(c).
[77] NDIS Act s 33(4).
[78] NDIS Act s 33(5)(a).
[79] NDIS Act s 33(5)(b).
[80] NDIS Act, ss 33(5)(c), 34, NDIS (Supports for Participants) Rules.
[81] NDIS Act, s 33(5(d), NDIS (Supports for Participants – Accounting for Compensation) Rules.
[82] NDIS Act, s 33(5)(e).
[83] NDIS Act, s 33(5)(f),
[84] NDIS Act s 31.
[85] NDIS Act s 38.
[86] NDIS Act s 37(1).
[87] NDIS Act s 37(3).
[88] NDIS Act s 37(2).
[89] NDIS Act s 47(1).
[90] NDIS Act s 47(2).
[91] NDIS Act s 100(2).

Practice Guide – Determine Reasonable and Necessary Supports

Contents

1. Purpose

This Practice Guide will support you to consider the reasonable and necessary funded supports (if any) to be included in the participant's National Disability Insurance Scheme (NDIS) plan.

2. To be used by

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

3. Scope

The National Disability Insurance Agency (NDIA) must be satisfied the funded supports in the participant's NDIS plan meet each of the reasonable and necessary criteria outlined in:

- section 34(1) of the *National Disability Insurance Scheme Act 2013*
- the NDIS (Supports for Participants) Rules
- Operational Guideline - Including Specific Types of Supports in Plans.

Important: Do not use this Practice Guide if you are planning for an ECEI participant. Refer to the Standard Operating Procedure - Determine the Funded Supports for Early Childhood Early Intervention (ECEI).

4. Prerequisites

Before you consider any reasonable and necessary funded supports, you must:

- complete and submit all relevant and mandatory pre-planning tasks
- complete the Review and Submit for Funded Supports acknowledgement. When this step is not completed, you may not be able to access the Determine the Funded Supports task.
- make sure the primary disability recorded on the participant's record is correct
- check the appropriate severity indicator tool has been completed. You can find further information in Standard Operating Procedure – Update Severity Tools
- check the plan duration recorded within the Risk Assessment task reflects the participant's circumstances. You can find further information in Standard Operating Procedure – Complete the Risk Assessment
- discuss with the participant, their plan nominee or child representative(s) who they want to manage the support funding in their plan. You can find further information in Standard Operating Procedure – Determine Plan Management

- check the Practice Guidance page of the intranet and use other practice guidance relevant to the participant's circumstances together with this Practice Guide. For example Practice Guide – Motor Neurone Disease (MND), Practice Guide – Younger People in Residential Aged Care or Practice Guide – Assistance Animals.

5. Planning

During the planning conversation with the participant, their child representative and/or nominee you will develop an understanding of the participant's individual circumstances. You will also gather information to complete the pre-planning tasks and create a personalised plan.

When completing the pre-planning tasks you record the mainstream, informal and community supports the participant currently uses, and their goals. You now need to determine which reasonable and necessary funded supports (if any) will be included in the participant's plan to support them to achieve their goals.

Planning tasks may be completed by NDIA staff or Partners in the Community and include:

- understanding the participant, their individual circumstances and their support needs
- providing information about the principles of the NDIS
- assisting the participant to identify their goals
- identifying any supports the participant currently receives through mainstream, informal and/or community channels including any funded supports in place
- identifying any risks
- identifying the appropriate reasonable and necessary funded supports
- identify how the participant would like the funding in their plan managed, including any request to self-manage, and make a plan management recommendation.

5.1 No reasonable and necessary supports identified

In some cases, the participant may meet the NDIS access requirements however there are no reasonable and necessary supports identified for the current plan. You may determine mainstream, community and/or informal supports currently meet the participant's support needs, but in the future the participant is likely to require funded supports. For example, for a participant living with a slow degenerative condition, you may determine that for the current plan period the participant only needs support to better understand the condition and improve their health and well-being.

If no reasonable and necessary funded supports are identified:

- complete the participant statement
- complete the pre-planning tasks

- develop the participant's plan - in the Determine the Funded Supports task do not generate the support plan. Instead, submit the task with $0.00 funding
- complete an interaction which includes details of:
  - your discussions with the participant, and
  - justification for your decision that no funded supports are required in the participant's current plan.

The participant's plan will outline the informal, community and/or mainstream supports that will meet the participant's goals and support needs.

6. The Typical Support Package (TSP)

The TSP is an amount of funding based on the participant's disability, individual support needs and characteristics. TSPs provide an efficient, evidence based and nationally consistent approach to planning.

During the planning conversation you will gather and record information in the NDIS Business System (System) including the participant's age, primary disability, other disabilities, level of functional impairment, current and potential mainstream, informal and community supports.

The primary disability recorded in the System is one of the factors which influence the TSP. If the participant has more than one impairment, you need to record the primary disability as the impairment which has the greatest functional impact on the participant.

The NDIS actuarial team developed TSPs in collaboration with disability experts. These include people with a disability, professionals and subject matter experts. They take into consideration real life participant experiences and experiences gained through trial. Refer to Appendix 1 - Standard TSP Changes Summary.

Important: TSP is an internal term used by the Agency and should **not** be discussed with the participant.

7. Reasonable and Necessary

With the exception of Section 43 (Plan Management) of the NDIS Act, you must apply reasonable and necessary decision making to NDIS funded supports in the participant's plan to ensure the supports are effective and beneficial to the participant.

NDIS funded supports should:

- assist the participant to pursue their goals
- facilitate the participant's social and/or economic participation
- represent value for money
- be likely to be effective and beneficial for the participant (having regard to current good practice)

- take into account what support is reasonable to expect families, carers, informal networks and the community to provide
- complement (not replace) other government services.

You must also consider whether any funded supports should not be provided or funded under the NDIS.

A support will not be funded under the NDIS if it:

- is more appropriately funded by another government service
- is likely to cause harm to the participant or pose a risk to others
- is not related to the participant's disability
- duplicates other supports delivered under alternative funding through the NDIS
- relates to day-to-day living costs (for example, rent, groceries and utility fees) that are not attributable to a participant's disability support needs
- is contradictory to a law of the Commonwealth or the State or Territory in which the support would be provided
- consists of income replacement.

You should take a whole of person approach when considering which supports are reasonable and necessary in the participant's plan.

If the participant acquires an impairment after they have met access to the NDIS, you should consider how each impairment affects the participant's life, and the support they need to achieve their goals.

Your decision to include reasonable and necessary supports in the participant's plan is based on whether the support meets all sections of the reasonable and necessary criteria.

In exceptional circumstances some day-to-day living costs may be funded by the NDIS, if they are:

- additional living costs which are a direct result of the person's disability support needs
- ancillary costs associated with a funded support, which the participant would not otherwise incur.

8. Core supports

Core supports assist the participant to manage aspects of their daily living such as self-care and accessing the community. There are four Core support categories:

- **Consumables:** includes disability-related health consumables products, dog guide consumables, low-cost assistive technology and interpreting services

- **Daily Activities**: includes assistance with self-care, including additional care for short periods used for carers respite, shared living arrangements, household cleaning and/or yard maintenance
- **Social, Community and Civic Participation:** includes individual and group based community, social and recreational activity participation. These supports may be used for carers respite
- **Transport**: includes general and specialised transport for attending school, employment or going out in the community.

You need to ensure the participant has the Core support funding they need to meet their plan goals. Review the funding generated by the TSP and either increase or decrease the level of support funding in line with the reasonable and necessary criteria.

You will record justifications for your decisions in the Review and Submit Plan for Approval and/or Finalised Plan and Approve tasks.

8.1 Core budget flexibility

The four Core support categories **Consumables, Daily Activities, Social, Community and Civic Participation** and **Transport** are flexible. This means funding from one Core category (such as Daily Activities) can be used to purchase supports from another Core category (for example, Consumables). For funds to be used flexibly, the categories must have the same fund management type (such as Agency Managed).

It is important to look at the total value of the Core supports (for instance total combined value of Consumables, Daily Activities and Social, Community and Civic Participation and Transport) when determining the reasonable and necessary Core support funding amount.

Often the TSP will only generate funding in one or two of the Core support categories. If this occurs, you will need to check how the funding is allocated. You may need to adjust how the funding is distributed based on the participant's individual Core support needs, plan goals and circumstances. However, participants are able to use their funding flexibly across the Core categories, even if $0 are allocated to the support category.

If the participant receives periodic transport funding, the Transport category is not flexible. Periodic transport is not included in Core flexibility as it is paid directly to the participant. Activity based transport can be claimed from the participant's Core funding by providers with the participants agreement. Refer to section 8.3 Transport for more information.

Although Core funds can be used flexibly, it is important to ensure the participant understands the Core funding can only be used to purchase reasonable and necessary supports in line with the plan's objectives regardless of whether the funding is Agency, self or plan managed.

Example of Core flexibility: Juan requires support to access his community activities and everyday use continence items. Funding of $21,606 is included in Juan's plan for his Core support needs, as follows.

- Consumables: $4,000 (Agency managed $3,000, plan managed $1,000)
- Daily Activities: $0
- Social, Community and Civic Participation: $16,000 (Agency managed $9,000, plan managed $7,000)
- Transport – $1,606 (periodic payment)

During his plan Juan has short term need for self-care support. Depending on the funding remaining available, Juan could chose to use the flexibility of his Core budget for Daily Activities (up to $12,000 Agency managed and/or up to $8,000 plan managed). Juan's periodic transport budget of $1,606 is not flexible with his other Core funding.

8.1.1 Limitations to flexibility with stated supports

When considering making a Core support item **Stated,** carefully consider:

- the impact on flexibility for the participant and their providers
- whether the support is a composite item. Providers are unable to claim for a specific time of day, day of week etc. if the composite item is stated.

8.1.2 Limitations to flexibility for transport in the Core budget

In exceptional circumstances, transport can be used flexibly however, only if;

- the transport funding is not set up as an automated periodic payment, and
- the transport funding is not included as a stated support, and
- there are remaining funds in the Core budget to be utilised, and
- the transport funding plan management type is the same as other Core Supports, and
- the transport Service Booking is amended to a higher amount than what is provided in the transport category in the Core budget.

8.2 Meal preparation and delivery

The participant may request meal preparation and delivery to be included in their NDIS plan when they are unable to prepare meals due to their disability. Some examples include when the participant is experiencing:

- difficulties with organisation
- difficulties completing multi-step instructions
- a physical disability that impacts their ability to prepare meals.

For some participants the inclusion of meal preparation and delivery can support them to safely maintain independent living and reduce their reliance on other supports.

When making a reasonable and necessary decision on including meal preparation and delivery in the participants plan you should consider:

- goal attainment and building independence
- the functional impact of the participant's disability for the preparation of meals
- assessments
- duplication of funding
- reviewing the quote
- considerations when including funding in the participants plan.

8.2.1 Goal attainment and building independence

You need to consider how including funding for meal preparation and delivery will assist the participant to achieve their goals and build their independence.

Talk to the participant to understand how meal preparation and delivery will support them. Discuss:

- How they currently prepare meals?
- How meal preparation and delivery will support them to achieve their goals?
- Have they considered other supports that would develop their ability to prepare meals more independently such as an individualised program and support to participate in preparation of meals? Is this something they would like to do? Have they tried this previously? If yes, what were the outcomes?
- Have they explored the use of Assistive Technology (AT) to assist with meal preparation tasks? Is this something they would be interested in exploring?
- Are there risks for the participant preparing their own meals?

For participants with the potential to develop independence in meal preparation you should consider funding for meal preparation and delivery while they explore AT and capacity building supports. At the next scheduled plan review the plan developer and participant can discuss the outcomes of these supports to determine whether meal preparation and delivery continues to be required.

8.2.2 Meal preparation for children

When the participant is a child and they require mealtime preparation that is above what would be considered reasonable to expect families and carers to provide you should consider the inclusion of funding for meal preparation and delivery.

For example, the family or caregiver for a child who is on a ketogenic diet due to their disability needs may need significantly more time for meal preparation than a child not on a specialist diet due to their disability needs.

Discuss requests for meal preparation and delivery for the child participant with your line manager. Seek further advice from the Technical Advisory Branch if you are still uncertain that the request meets the reasonable and necessary criteria.

8.2.3 Assessments

Assessments may be useful in helping you make a decision on whether to include meal preparation and delivery in the participants plan. However, they are not always necessary when there is a clear link between the functional impact of the participant's disability and preparation of meals.

For example, you may find that you have enough information to make a reasonable and necessary decision using information from the planning conversation, previous reports, previous NDIS plans and other supporting evidence.

If the participant gives you a copy of an assessment from a suitably qualified allied health professional supporting their request for meal preparation and delivery you need to consider this when making your decision.

You may be able to use information from a previous assessment to better understand the participants support needs where there has been no change to the participant's functional capacity.

You should only ask the participant for an assessment from a suitably qualified allied health professional if you have reviewed all current information and still need additional information to make your decision. When you request an assessment, make sure you include funding in the Capacity Building budget for this to be completed.

8.2.4 Duplication of funding

If you are including support for meal preparation and delivery in the participants plan you need to review other supports to make sure you are not duplicating funding.

Examples of other areas where support may be duplicated are:

- funding for a support worker to assist the participant to prepare the meals
- funding for a support worker to assist the participant with their mealtime management routine
- when the participant is receiving support for 24 hours each day (for example, SIL)
- funding for capacity building supports to build independence in meal preparation.

Note: There may be times where these supports are not duplications. If you are unsure, please discuss with your line manager.

8.2.5 Reviewing the quote

Meal preparation and delivery is a quote-required support. This means that the participant needs to submit a quote for you to consider as part of the reasonable and necessary decision making process.

When you are reviewing the quote check:

- The amount is for the preparation and delivery of meals only. NDIS does not cover the cost of food as this is considered a day-to-day living cost.
- The quote is value for money.
- You can check if a quote is value for money by comparing the quoted amount to the Product Catalogue (benchmark price) in the System. If it is 10% over the catalogue price, seek decision-making advice from your line manager.

8.2.6 Considerations when including funding in the participants plan

If the request meets the reasonable and necessary criteria you need to:

- Include funding for the support using the participants plan management preference.
- Include a comment in the plan so that the participant knows that funding has been included.
- For example "$xx.xx per week of funding for meal preparation and delivery."

8.3 Transport

Transport funding should be considered when the participant is unable to use public transport without substantial difficulty due to the impact of their disability.

Transport funding does not cover transport assistance which is considered a day to day living cost. For example, transport to appointments, shopping or recreational activities.

This support needs to be directly linked to plan goals and include a skill development focus.

You should use the three levels of supports for transport assistance as a guide only:

- **Level 1 $1606-$1,784**: For participants who are not working, studying or attending day programs but want to enhance their community access
- **Level 2 $2472-$2,676**: For participants who are currently working or studying part-time (up to 15 hours a week), participating in day programs and for other goal based social, recreational or leisure activities
- **Level 3 $3456-$3,567**: For participants who are currently working, looking for work, or studying (15 hours or more a week), and are unable to use public transport because of their disability.

To ensure the participant has transport funding to meet their transport support needs, you will need to review the TSP generated amount. Also consider the levels of support for transport assistance and include an amount based on your reasonable and necessary decision making.

Record justifications for your decision in the Review and Submit Plan for Approval and/or Finalise Plan and Approve Task.

Important: If a participant is currently receiving mobility allowance from Centrelink, this allowance will stop upon approval of their first NDIS plan.

8.3.1 Transport periodic payments

Unlike other support categories, transport can be paid to participants as an automated periodic payment (fortnightly payment).

The System will automatically tick the Periodic Payment check box next to the Transport support category in the Determine Funded Supports Task. This means the funding is paid periodically to the participant.

It is important to review this and update the check box to reflect the participant's circumstances. For example, if transport funding is in-kind you need to untick the Periodic Payment check box.

Periodic payments are self-managed payments. You must discuss this with the participant, their child representative and/or plan nominee.

You should **not** approve self-managed periodic payment:

- when current bankruptcy is declared in the risk assessment, or
- if self-managing transport funding is likely to present an unreasonable risk to the participant.

So that periodic payments can be made, you need to check bank account details of the participant, their child representative and/or plan nominee are collected and recorded in the System **before** the plan is approved. Refer to Standard Operating Procedures – Record Bank Details.

8.3.2 Participant transport as part of community participation

The participant can use funding from their Core budget for a support worker to help them participate in community outings and/or transport from their home to the community. Providers claim these costs at the relevant community participation hourly rate. When the provider is supporting more than one participant to access the community at the same time, they need to claim the group rate.

Funding from the participant's Core budget can also be used for the provider's non-labour costs associated with providing transport to participants:

- accessing community participation supports
- accessing or maintaining employment
- accessing or maintaining or higher education.

Non-labour costs associated with participant transport can include:

- public transport fares
- road tolls

- parking fees
- reasonable vehicle running costs
  - up to $0.85 a kilometre for a standard vehicle not modified for accessibility
  - up to $2.40 a kilometre for a vehicle that is modified for accessibility or a bus
- taxi or ride-share fares.

You need to consider the non-labour costs associated with providing this transport when determining the reasonable and necessary Core funding in the participant's plan.

8.3.3 Provider travel

Provider travel is different to participant transport. There are two types of provider travel:

1. Travel to provide daily activities and community access (Core) supports
2. Travel to and from Capacity Building supports – Refer to section 9.5 Provider Travel for further information.

When the participant agrees, providers can claim the time spent travelling to the participant. Only the actual travel time can be claimed.

For Core support, this refers to the time spent by the provider travelling to deliver a service to the participant (participant is not in the car). Where a support worker provides services to more than one participant the travel time can be shared between the participants, if each participant agrees in advance.

You may need to consider provider travel for delivering Core supports when developing Core funding in the participant's plan. Maximum limits apply to the amount of travel time providers can claim. Refer to NDIS Price Guide for further information on provider travel.

When implementing the plan, participants should be encouraged to negotiate their supports with providers, particularly around the cost of provider travel.

9. Capacity Building supports

Capacity Building (CB) supports assist participants to increase their ability to live their life independently.

These supports are designed to deliver improved outcomes for the participant and reduce the need for funded supports in the future. CB supports focus on outcomes and are always linked to one of the participant's goals.

Unlike the Core support budget, CB supports are only flexible in the same CB support category. For example, funding from CB Daily Activity can be used flexibly across all non-stated support items in the CB Daily Activity budget, but cannot be used to purchase supports from any other CB budget.

In the System, the TSP will generate CB support funding based on the response to the guided planning question 'What level of Capacity Building is required?' You need to apply

reasonable and necessary decision-making regardless of whether CB support budget funding has or has not been generated by the TSP.

The exception is Plan Management (Financial Administration) supports. When the participant requires Plan Management, you must include funding in the CB Choice and Control budget. For further information refer to Standard Operating Procedure - Plan Management and Financial Administration Support Items.

All funding generated for Capacity Building will default to the CB Choice and Control budget. You will need to allocate the funding across the relevant CB budgets as you determine the reasonable and necessary supports in line with the participant's goals and expected plan outcomes.

The nine Capacity Building (CB) support categories are:

- **CB Choice and Control:** Includes support items relating to plan management and financial administration. Refer to section 9.2 Funding for Plan Management below
- **CB Daily Activity:** Individual assessment/therapy/training, group therapy, carer/parent training and individual skills development. Refer to section 9.3 CB Daily Activity below
- **CB Employment:** Includes individual employment support, assistance in specialised supported employment (such as Australian Disability Enterprises), School Leaver Employment Support (SLES), employment-related assessments and counselling. Refer to section 9.4 CB Employment below
- **CB Health & Wellbeing**: Includes dietary and exercise physiology supports
- **CB Home Living:** Includes assistance with accommodation and tenancy obligations
- **CB Lifelong Learning**: Includes transition through school and to further education
- **CB Relationships:** Includes behaviour support, as well as social skills development and capacity building. Refer to Practice Guide – Positive Behaviour Support and Behaviours of Concern for information on including supports to address Behaviours of Concern (BoC)
- **CB Social, Community and Civic participation:** Includes community participation activities, skills development and training as well as life transition planning such as mentoring and peer support. These supports may sometimes be used for carers respite
- **Support Coordination:** Refer to section 9.4.3 Support Coordination below.

9.1 Capacity building for self-managing support funding

The participant should be presumed to have the capacity to self-manage unless there is unreasonable risk. This is supported by the NDIS legislation and principles of the NDIS.

Funding may be included in the participant's plan to build capacity and support their goal to self-manage supports in their plan now, or in the future. This is a reasonable and necessary decision under section 34 of the NDIS Act.

When considering supports to build, or continue to build the participant's capacity to manage their support funding, consider:

- strategies to safeguard the participant's interests, including informal supports
- supports which could build the participant's independence and capacity to self-manage
- whether including additional supports in the plan could mitigate risks to the participant
- whether support with budgeting, book keeping and financial record keeping will support the participant's goal to manage their supports in the future
- any supports to assist the participant to negotiate services and utilise the supports in their plan.

For further information about the different types of plan management, who can manage NDIS funds and capacity building supports for self-management, refer to Practice Guide – Determine Plan Management.

9.2 Funding for Plan Management

Plan management and financial administration funding is a stated support that allows the participant to engage an NDIS Registered Plan Management Provider to manage the financial functions of their plan.

Funding for plan management and financial administration support is not included in the TSP. If the participant, their nominee or child representative requests to have a plan manager for one or more of their supports, you are required to add funding for the plan management activities in the participant's plan.

The participant's choice to have a plan manager manage the funded supports in their plan is a legislative entitlement under section 43(2) of the NDIS Act 2013. Where the participant requests their funding to be managed by a plan manager, this is not subject to reasonable and necessary criteria.

Refer to Standard Operating Procedure - Plan Management and Financial Administration Support Items to include financial administration supports in a participant's plan.

Where it is a goal of the participant to learn how to manage their own funds and/or build capacity to self-manage their plan, if reasonable and necessary, this support funding is included in one of the following CB budgets:

- **CB – Choice and Control (Plan and Financial capacity building):** Generally used when a participant is plan managed and has goals around financial independence and/or to build capacity to move to self-managing in the future
- **CB – Support Coordination (Training in Planning and Plan Management):-** Generally used for participants who are self-managed and require some assistance to get started with this process, or where a participant has support coordination included in their plan and the plan is not plan managed.

When including funding to build capacity to self-manage, ensure you discuss whether the participant will be able to locate and access appropriate service providers to assist them.

9.3 CB Daily Activity

9.3.1 Allied Health Practitioners

Allied health practitioners (AHP) hold a university qualification, specialise in different areas and work directly with the person requiring support. AHPs are not part of the medical, dental or nursing professions. AHPs include, but are not limited to: occupational therapists, physiotherapists, speech therapists, exercise physiologists, psychologists, prosthetists or orthotists, podiatrists, dieticians or respiratory therapists.

Refer to Practice Guide – Understanding Therapy Supports for a full description of each of the allied health practitioners.

Reasonable and necessary funding can be included in a participant's plan to meet their disability-related health support needs. For example continence supports, diabetic supports, dysphagia supports, epilepsy supports, podiatry supports, nutrition supports, podiatry and foot care supports, respiratory supports or wound and pressure care supports. Refer to section 16.2 Disability-Related Health Supports and Practice Guide – Disability-Related Health Supports for further information.

9.3.2 Nursing

Reasonable and necessary nursing supports can be included in a participants plan to meet their disability-related health support needs as per section 6.8 of Practice Guide – Disability-Related Health Supports.

9.4 CB Employment

The CB Employment category includes individual employment support, assistance in specialised supported employment (Australian Disability Enterprises - ADE), School Leaver Employment Support (SLES), employment-related assessments and counselling.

9.4.1 School Leaver Employment Support (SLES)

SLES funding will be auto-generated as part of the TSP to the CB Employment budget based on the response to the guided planning question, 'Is the participant eligible for School Leaver

Employment Support (SLES)?' For the current guidance on SLES, please refer to the Employment intranet page.

9.4.2 Assistance in specialised supported employment (ADE)

To include funding for employment in an Australian Disability Enterprise (ADE) refer to:

- Appendix 1 – Standard TSP Changes Summary
- Standard Operating Procedure – Supports in Employment.

9.4.3 Support Coordination

The Support Coordination category is part of the Capacity Building budget but is separate from the eight Capacity Building (CB) sub-categories. This category includes the support items for support connection, support coordination and specialised support coordination, as well as support for building a participant's capacity to learn to self-manage their own plan (training in planning and plan management).

Refer to:

- Appendix 1 – Standard TSP Changes Summary
- Standard Operating Procedure – Update Participant Streaming
- Standard Operating Procedure – Include Support Coordination in a Plan.

9.5 Provider Travel

Providers of some supports are able to claim non-direct services, including provider travel, short notice cancellations and where an NDIA report is required.

Provider travel for capacity building supports can be claimed for travel to each participant, and return travel from the last appointment of the day. The participant must agree to the travel costs to be claimed in advance.

Where a worker travels to an area and provides services to more than one participant, if agreed to in advance by each participant, the cost of time and travel could be split between the participants.

CB support categories where providers may be able to claim provider travel include:

- CB Daily Activity
- CB Social Community and Civic Participation
- CB Employment
- CB Relationships
- CB Health and Wellbeing
- Support Coordination.

When considering the level of reasonable and necessary CB supports, consider how the services will be delivered. Also consider any other circumstances that may affect how the participant utilises their plan funding, such as provider travel, and how this may impact the level of supports available, particularly for participants living in regional and remote areas.

Maximum limits apply to the amount of travel time providers are permitted to claim. Refer to the NDIS Price Guide for further information.

9.6 Medicare

The participant may access Medicare funded allied health services with a referral from their GP alongside allied health supports funded in their NDIS plan. There is no requirement for the participant to use or exhaust these Medicare funded services before receiving allied health supports funded in their NDIS plan if the supports required relate to the participant's functional impairment and are considered reasonable and necessary.

Where considered reasonable and necessary, the funded supports should be included to cover the full cost of the supports. Where Medicare funded allied health supports are not considered reasonable and necessary, the supports funded through Medicare can work side by side with other funded supports to enable the participant to achieve their goals.

For example:

- NDIS funded psychology supports to address disability related barriers and build capacity to engage in social situations and participate in employment.
- The participant also accessed Medicare funded psychology supports for clinical treatment such as ongoing counselling and medication management (not funded by the NDIS).

10. Capital supports

Capital supports assist a participant to increase independence and participation in a range of different environments, such as their home, community and the workplace.

The two support categories within Capital are Assistive Technology and Home Modifications.

When responses to the guided planning questions generate assistive technology or home modifications support funding, the intended purpose is to fund equipment or an assessment appropriate to meet the participant's needs.

Unlike the Core support budget, Capital support categories are not flexible between Assistive Technology and Home Modifications.

It is the responsibility of the plan developer to review the TSP generated Capital supports and adjust the budget amounts for the participant's reasonable and necessary support needs.

Note: Capital items including AT and Home modifications must not be added to a plan (even if they are quote required) unless evidence and reports are attached in the System to justify that the equipment is reasonable and necessary.

10.1 Assistive Technology

Includes equipment for mobility, personal care, communication and recreational inclusion such as wheelchairs, pressure mattresses, standing frames, bathing and toileting equipment, personal readers and vision equipment, and vehicle modifications.

For further information on including Assistive Technology within a plan refer to:

- Practice Guide – Assistive Technology
- Standard Operating Procedure – Include Assistive Technology (AT) in Plans
- Standard Operating Procedure – Assistive Technology or Home Modification Supports between $1,500 and $5,000
- Assistive Technology (AT) Complexity Level Classification.

10.2 Home Modifications

Home modifications includes interior and exterior home modifications, consultation and project management. For further information on including funding for Home Modifications in the participant's, refer to the Standard Operating Procedure – Include Home Modification Supports in Plans.

10.2.1 Specialist Disability Accommodation (SDA)

The support item for Specialist Disability Accommodation (SDA) sits in the Home Modifications budget of a plan.

The three different types of SDA are:

- new
- in-kind
- existing.

The two occasions when SDA may be included in a plan are:

- when there is a new SDA decision
- when the participant was already residing in disability related supported accommodation at the time of transition to the NDIS.

10.2.1.1 Existing or In-Kind SDA

When a participant is already residing in an SDA dwelling when they transition to the NDIS they are considered to be in existing or in-kind SDA. SDA funding needs to be included in the participant's NDIS Plan. Refer to:

- Standard Operating Procedure – Include Existing (non in-kind) SDA in a Plan: Participants Residing in SDA Prior to Transition
- Standard Operating Procedure – Adding In-Kind Supports in a Plan.

10.2.1.2 A new SDA decision

When a participant wishes to move in to SDA for the first time or wishes to move to a different SDA dwelling, from an existing or in-kind SDA dwelling, this is considered to be new. SDA.

For new SDA, the SDA support funding must not be included in the participant's plan without referral to the SDA panel for advice.

The SDA panel will review the SDA eligibility and provide a recommendation for the participant's SDA request. The SDA panel will also provide information on the eligible SDA type and level for the participant. This information is recorded in the Housing and Accommodation section of the participant's record.

Refer to Standard Operating Procedure – Determine Specialist Disability Accommodation - Change of Address or a New Decision.

Note: For more information regarding transitional accommodation, while the participant is waiting for Assistive Technology or Home Modifications, refer to the Practice Guide – Medium Term Accommodation.

11. Quote required support items

A quote is required for some supports such as high cost assistive technology, complex home modifications and vehicle modifications.

Where a quote required support is included in the participant's plan the quote process must be followed. For further information refer to Standard Operating Procedure – Manage Quotations.

12. Plan Duration

The duration of a participant's plan may vary depending on the participant's disability, streaming decision and individual circumstances. You can find guidance for determining plan duration in Standard Operating Procedure – Complete the Risk Assessment.

The TSP generates Core supports based on the chosen plan duration. For example, a 36-month plan will generate 36 months of Core supports, a 24-month plan will include 24 months of core supports and a 6-month plan will generate 6 months of Core supports.

Manual adjustment may be required for Capacity Building and Capital supports for plans other than 12 months duration. You will need to use reasonable and necessary decision making to adjust funding in these budgets to reflect the participant's needs for the duration of the plan.

13. Stated supports

A stated support is a support recorded in the plan at the support item level, and selected as stated in the support calculator.

When a support is stated the funding for that item can only be used for that particular support. As defined in Part 6 of the NDIS (Plan Management) Rules, stated supports must be purchased by the participant as they are described in the plan.

Carefully consider if a support you are including needs to be stated, as stated items reduce flexibility for the participant and the provider.

When including stated support item(s), make sure the comments in the related support category clearly outline the intent of the stated support.

For example: In CB Relationships, you may include a stated support item for the development of a Behaviour Support Plan by a registered provider. Marking the support item as stated quarantines this funding from the rest of the support category budget, and ensures it can only be used by the participant as intended.

14. In-kind

Before the NDIS was established, States and Territories paid service providers directly to deliver services to people with disabilities. In some situations, States and Territories continue to pay for these services directly and NDIS participants continue using these services.

When these pre-paid supports are provided as reasonable and necessary supports in a participant's plan they are called in-kind and must be recorded as in-kind specifically within the participant plan. Refer to Practice Guide – In-Kind.

15. Compensation

If the participant responds 'yes' to the risk assessment question 'Is your disability the result of an accident or event?' this indicates the participant has received, or is entitled to receive compensation. Additional questions will be generated in the System for you to complete in relation to compensation.

Compensation, for NDIS purposes, is either a lump sum or periodic payment.

If you identify the participant is, or has been entitled to compensation, follow the steps below:

1. Give the participant or their nominee the Compensation and the NDIS Fact Sheet.
2. Advise the participant or nominee they can get additional information on the Compensation and your plan page of the NDIS website.
3. Email the Compensation Recoveries Team (CRT) as soon as you become aware of the potential for compensation. In the subject line of your email include the participant's NDIS number and last name.

4. Add an alert to the participant record in the System.
5. Create an interaction that compensation has been identified.
6. Proceed with developing and approving the participant's plan.

For further information refer to the Compensation intranet page.

16. Changes to the TSP

Sometimes, the generated TSP has not enough or more than enough funding to meet a participant's needs or enable them to achieve their goals. Funding generated in each individual support category is informed by the participant's support needs identified in response to the details recorded in the System. Use reasonable and necessary decision making to adjust the TSP up or down in response to information available to you regarding the participant and their individual circumstances.

Sometimes, evidence of support needs may indicate that the funding generated in the TSP is above the reasonable and necessary support requirements. For example, a participant may be very engaged in the community for recreational and social activities or be working, and have strong, sustainable informal care networks. This information must be taken into account when determining the funded supports to prevent supports being funded in the plan that are in addition to what is reasonable and necessary.

The standard TSP changes include varying the TSP for specific supports. These supports include:

- Defined Programs
- Plan Management costs
- Behaviours of Concern
- Supported Independent Living (SIL) (group)
- Specialist Disability Accommodation (SDA)
- Assistive Technology (including composite items)
- Home Modifications
- Coordination of Support
- School Leaver Employment Services (SLES)
- Australian Disability Enterprises (ADE).

16.1 Parental responsibility

You must also recognise parental responsibility when considering funded supports for children under 18 years. All parents are responsible for providing substantial care and support for their children whether they experience a disability or not, for example, transporting them to activities and meeting the cost of after school activities.

When considering if support is reasonable and necessary you should consider:

- the goals for the child and the support needs of their disability
- whether because of the child's disability the care needs are substantially greater than those of other children of a similar age
- whether the support will improve the child's capacity, future capacity or reduce risks to wellbeing.

For example, it is likely reasonable and necessary to include support for a teenager who does not have the capacity to complete self-care routines independently due to their disability. This is because a teenage child would be reasonably expected to undertake all self-care activities independently and the funded supports may address the functional needs and or support the participant to build their capacity to increase independence.

If the example was for a young child where generally children of that age are assisted by a parent or carer, it may be a reasonable expectation for a parent to provide all self-care supports, as this would be a parental expectation for any child of a young age regardless of disability.

16.2 Disability-Related Health Supports

Reasonable and necessary disability-related health supports can be included in a participant's NDIS plan if they:

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

Refer to the Practice Guide – Disability-Related Health Supports for full guidance. For further information about specific disability related health supports refer to the relevant practice guidance:

- Practice Guide – Continence Supports
- Practice Guide – Diabetic Management Supports
- Practice Guide – Dysphagia Supports
- Practice Guide – Epilepsy Supports
- Practice Guide – Nutrition Supports
- Practice Guide – Podiatry and Foot Care Supports
- Practice Guide – Respiratory Supports
- Practice Guide – Wound and Pressure Care Supports

It is unlikely that funding for most disability-related health supports will be generated in the TSP. This means you will need to include them as a reasonable and necessary adjustment to the TSP. Make sure you include the participant's need for disability-related health supports in your justifications for increasing the TSP and include a comment in the NDIS plan to describe these supports.

16.3 Other considerations

16.3.1 Duplication of supports

Consider duplication of supports when developing the plan. For example, if it has been deemed reasonable and necessary to include SLES or ADE supports in a participant's plan to achieve their goal of economic and social participation, then funding generated by the TSP in other support categories (such as social, community participation) which achieve the same goal should be reduced or removed where appropriate.

16.3.2 Evidence

Any decision to vary the funding generated by the TSP must be informed by validated supporting evidence and have a justification recorded in the System to allow the delegate to make the funding decision. If the TSP is exceeded as a result of a reasonable and necessary decision, clear evidence from a relevant professional or written information supporting your recommendation must be attached to the participant record and referenced in the plan justification.

16.3.3 Increases over 10%

Any increase to the TSP above 10% must be reviewed by an executive level delegate prior to plan approval. Record details of this review, including the name of the reviewing delegate, in an interaction. If you are the plan developer, details can be recorded when completing the Plan Approval Considerations – Plan Submitted for Approval interaction template. If you are the plan delegate, details can be recorded when completing the Plan Approved and Ready for Implementation interaction template.

16.3.4 Technical Advisory Branch (TAB) referrals

Ensure you submit TAB mandatory referrals. Where you are unable to make a decision on what is reasonable and necessary (for instance high cost or high complexity requests), liaise with your manager/s and your TAB Regional Advisor as a first step. If you are still unable to make a reasonable and necessary decision make a request for TAB advice.

17. Justification for reasonable and necessary supports

Plan developers and delegates must record a justification for each support category in the participant's plan. Justifications should be clear and concise, and only include information relevant to your decision.

You must include the following information in each justification:

- description of the support and how it relates to the participant's disability support needs
- how the support will help the participant achieve their goals
- how the support meets reasonable and necessary criteria
- refer to any supporting evidence to support the inclusion of proposed supports.

17.1 Justifications for plan management

Plan management funding (plan management set up and administration fees) is not a reasonable and necessary decision.

You do not need to provide detailed justification for this support. Refer to section 9.2 Funding for Plan Management for more information on these supports.

You can record the following standard justification for this support:

- **Plan management fees** – Funding for the plan to be plan managed as requested.

Note: Funding to support the participant to learn to self-manage their funding is a reasonable and necessary decision, and you will need justify including this support. Refer to Practice Guide – Determine Plan Management.

17.2 Best practice justification examples

Note: Names used in the examples are fictitious.

17.2.1 Example 1 - Core Supports: Social Community & Civic

Helen has a moderate intellectual disability and requires support to access her community and to participate in individual and group activities in order to achieve her goal of continuing to spend time with her friends.

Core funding is included for Helen to attend her current group day program three days (18 hours) per week. Funding is also included for 1:1 support three hours per week to attend her community choir group. These supports will help her maintain her friendships and social activities, as she is unable to participate without support. Helen's parents will continue to support her at home, including overnight and on weekends.

17.2.2 Example 2 – Capacity Building Supports: CB Relationships

Michael has complex behaviours of concern and has a current behaviour support plan (refer to "Behaviour Support Plan 2020" uploaded to inbound documents). Funding for ongoing monitoring and review of the behaviour support plan will support Michael to:

- build capacity in managing his emotions
- develop relationships with others
- enhance his communication skills

- develop, implement and review strategies to engage appropriately with others at home and when out in the community.

These strategies will support Michael's goal of accessing the community, and help him build stable relationships with his support network. It is anticipated this support will reduce his need for intensive 1:1 funded supports over the next 12 months, therefore representing value for money in the long term.

17.2.3 Example 3 – Capacity Building Supports: CB Daily Activity

Lucy has a primary disability of bi-polar disorder and a secondary disability of vision impairment. Lucy has a goal of being able to do more things for herself at home. Specifically, she would like to be able to prepare a basic meal for her family.

Lucy has difficulty reading a recipe, following the instructions and operating kitchen appliances. She currently relies on her parents to complete all meal preparation tasks. This funding allows an occupational therapist to assess her capacity to complete household tasks independently. The therapist can recommend capacity building strategies in a skill development plan, and recommend assistive technology to help her achieve this goal.

17.2.4 Example 4 – Capital Supports: Assistive Technology replacement

Salim has cerebral palsy and currently uses a manual wheelchair that is seven years old. Salim said at the planning meeting that the wheelchair cannot be repaired, and he will need a new wheelchair in the next two months so that he can continue going out independently. Salim submitted a quote for a new, similar wheelchair for $9,684.00.

Salim's occupational therapist has stated the new wheelchair does not pose significant risks. The replacement wheelchair meets the three criteria for replacement AT in the Practice Guide – Assistive Technology:

1. Evidence of existing use – Salim has submitted the original purchase receipt, and a report from his repairer that his current wheelchair cannot be repaired.
2. No change to functional capacity – the Occupational Therapist letter uploaded to inbound documents states that his support needs are stable.
3. Cost – the new wheelchair is less than $15,000.

17.2.5 Example 5 – Core Supports: Transport

Sally has autism, and cannot use public transport independently. Currently, she does not know how to hail a bus or which stop to get off. She also experiences anxiety in crowds and public places. One of her goals is to join a sports class approximately 20 minutes away from home. She will not require support when she is at the class.

Funding is included for Level 1 transport to allow her to use taxis to attend the class and other social activities. Sally is not currently working or studying, but she is looking to increase her community access. The funding in the Capacity Building Daily Activity support category will support her to build her skills in using public transport independently. She may not require transport support in future plans.

18. Ghosting

There are issues with ghosting in the Determine the Funded Supports task in the System. Ghosting means that supports that have been added using the support calculator and later removed may still show up in the Finalise Plan and Approve task. For more information, refer to the Standard Operating Procedure – Determine Reasonable and Necessary Supports.

19. Plan Reviews

When determining the funded supports at plan review, you must consider the previous plans value and the utilisation of any funded supports in comparison with the new plan's total budget, including the generated TSP. The duration of a plan will affect the supports generated in the TSP.

For guidance on determining the plan duration refer to Standard Operating Procedure – Complete the Risk Assessment.

For information on completing a plan review, refer to:

- Standard Operating Procedure – Complete a Plan Review (full), or
- Standard Operating Procedure – Complete a Plan Review (light touch).

20. The next steps

Once you have completed and submitted the Determine Funded Supports and Determine Plan Management tasks, submit the draft plan for approval via the Review and Submit Plan for Approval task, refer to Standard Operating Procedure – Review and Submit a Plan for Approval.

The plan approval decision will involve the plan delegate reviewing all available information and evidence on the record relating to the participant's circumstances, their capacity and any risks and safeguards. Evidence and justification to support the inclusion of funded supports in the plan (as recommended by the plan developer) to meet reasonable and necessary will also be reviewed and considered as part of the plan approval decision.

Prior to submitting a plan for approval it is important you are satisfied you have provided enough evidence to justify and support the proposed reasonable and necessary funding including any adjustments to the TSP with the justification recorded in the Review and Submit Plan for Approval task.

20.1 High Decision Delegate approval

Depending on the overall plan value and/or other risk factors, the plan may need to be assigned to the High Decision Delegate (HDD) team for review and approval. The System will not allow a delegate with insufficient delegation to approve the plan. If delegation level 4 approval is required, follow the steps as outlined in the Standard Operating Procedure – Finalise and Approve a Plan.

21. Appendices

21.1 Appendix 1 - Standard TSP Changes Summary

The TSP is the first step in determining the reasonable and necessary funded supports and you may need to adjust the funding generated using reasonable and necessary decision-making principles to reflect participant's individual circumstances.

This document is a guideline for determining reasonable and necessary supports for specific items. Items or supports listed as TAB mandatory referrals must be submitted to TAB for advice.

Any variation to the TSP **must** meet the reasonable and necessary criteria and be informed by validated evidence which is recorded in the System in the **Review and Submit Plan for Approval** and/or **Finalise Plan and Approve** tasks. Increases to the TSP above 10% **must** be approved by an executive level delegate and this approval recorded in an interaction before the plan is approved. Assessment reports and other supporting evidence must be attached as an inbound document.

Topic	Considerations for Change	Guidance
Defined Programs	Some participants are transitioning to the NDIS from Defined Programs. These participants must not be disadvantaged by their move to the NDIS; however, funded supports can only be included in a plan if they meet the reasonable and necessary criteria. There should be appropriate reasonable and necessary supports in the plan to enable the participant to achieve **at least the same outcomes** as they were receiving prior to transition. This is not necessarily the same level of funding – rather it is their ability to achieve the same level of outcomes. **Note:** In some cases, the participant may have been receiving supports prior to entering the NDIS that do not meet the reasonable and necessary criteria and these cannot be funded in their NDIS plan.	Standard Operating Procedure – Determine Reasonable and Necessary Supports Planning Operational Guideline – 10.9.1 The Principle of "no disadvantage"

Topic	Considerations for Change	Guidance
Behaviours of Concern	Some participants require supports to address behaviours of concern. There may not be enough funding in the generated TSP to allow for the required behavioural supports. Use reasonable and necessary decision making to increase the CB Relationships budget as required.	Standard Operating Procedure – Behaviour Intervention Supports
Supported Independent Living (Group) **and** **Specialist Disability Accommodation (SDA)**	For Supported Independent Living (SIL) – add supports in accordance with the relevant resource. **Note:** To avoid duplication of supports, it is important that the relevant SIL guidance is followed and adjustments made to the Core budget as required. For existing and in-kind SDA – add supports in accordance with Standard Operating Procedure – Include Existing (non- In-Kind) SDA in a Plan or Standard Operating Procedure – Addding in-kind Support to a Plan. For new SDA refer to SDA Panel.	Practice Guidance – Identifying Housing Solutions Standard Operating Procedure – Include Existing (non in-kind) SDA in a Plan: Participants Residing in SDA Prior to Transition Standard Operating Procedure – Adding in-kind Support to a Plan Standard Operating Procedure – Include Supported Independent Living (SIL) in Plans Standard Operating Procedure - Determine Specialist Disability Accommodation - Change of Address or a New Decision
Assistive Technology	Funds to be allocated according to the Standard Operating Procedure - Assistive Technology and Practice Guide – Assistive Technology.	Standard Operating Procedure - Include Assistive Technology (AT) in Plans TAB Practice Guide – Assistive Technology

Topic	Considerations for Change	Guidance
Home Modifications	Funds to be allocated according to the Standard Operating Procedure – Include Home Modifications Supports in Plans.	Standard Operating Procedure – Include Home Modification Supports in Plans
Coordination of Supports	Where indicated as being required in the Guided Planning Questionnaire, the TSP generates funding for Coordination of Supports equivalent to 21.7 hours per year for participants aged 16 years and over. Participants who are supported by an LAC will not require this funding. Some participants will require an adjustment to the Coordination of Supports funding to implement their plan and address any current complexities in their life. The Standard Operating Procedure – Include Support Coordination in a Plan provides information and guidance around levels of Coordination of Support (low to very high).	Standard Operating Procedure – Include Support Coordination in a Plan Standard Operating Procedure – Review and Submit Plan for Approval Practice Guide – Motor Neurone Disease (may also be used for participants with other rapidly degenerating neurological conditions) Standard Operating Procedure – Adding In-kind Supports to a Plan

Topic	Considerations for Change	Guidance
School Leaver Employment Services (SLES) **and** **Australian Disability Enterprises (ADE)**	If a participant has been assessed and identified as suitable for SLES funding – add supports in accordance with the SLES Standard Operating Procedure. If a participant is attending an ADE, include ADE funding as per the relevant ADE resource. **Note:** Where SLES or ADE is funded in a plan, generated supports relating to community participation and CB must be considered and reduced as required to avoid duplication of supports. For example, most SLES participants will have SLES activities for a minimum of 3 days per week. ADE participation may vary from 1 day to full time employment. Please refer to the relevant resource for further information.	Standard Operating Procedure - Add School Leaver Employment Support to the Participant's Plan Standard Operating Procedure – Supports in Employment

22. Supporting material

- *National Disability Insurance Scheme Act 2013*
- National Disability Insurance Scheme (Supports for Participants) Rules 2013
- Planning Operational Guideline

23. Process Owner and approver

General Manager Participant Experience and Design.

24. Feedback

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

25. Version change control

Version No	Amended by	Brief Description of Change	Status	Date
19.0	CS0074 JS0082	Agency and Plan Managed participants are able to use their Core funding flexibly even where $0 are allocated to the support category. For participants receiving periodic transport support, the Transport category is not flexible Class 1 and 2 approval.	APPROVED	2020-05-08
20.0	JS0082 / CW0032	From 16 June self-managed participants can use their Core funding flexibly across all four categories. Periodic transport is not included in Core flexibility. New guidance on making a reasonable and necessary decision for the inclusion of meal preparation and delivery in the participants plan. Class 2 Approval	APPROVED	2020-06-11

Version No	Amended by	Brief Description of Change	Status	Date
		Meal preparation and delivery content endorsed by Technical Advisory Branch (KM0032). Content approved (CW0032)		
21.0	CS0074	Class 1 approval Additional task included in Prerequisites - Review and Submit for Funded Supports	APPROVED	2020-07-01

Practice Guide – Determine Reasonable and Necessary Supports

Contents

1. Purpose

This Practice Guide will support you to consider the reasonable and necessary funded supports (if any) to be included in the participant's National Disability Insurance Scheme (NDIS) plan.

2. To be used by

- Plan Developers – Planners and Partners in the Community (Local Area Co-ordinators [LACs]).
- NDIA Plan Delegates.

3. Scope

The National Disability Insurance Agency (NDIA) must be satisfied the funded supports in the participant's NDIS plan meet each of the reasonable and necessary criteria outlined in:

- section 34(1) of the *National Disability Insurance Scheme Act 2013*
- the *National Disability Insurance Scheme (Supports for Participants) Rules 2013*
- Operational Guideline - Including Specific Types of Supports in Plans.

Important: Do not use this Practice Guide if you are planning for participants less than seven years of age. Refer to the Standard Operating Procedure - Determine the Funded Supports for Early Childhood Early Intervention (ECEI).

4. Prerequisites

Before you consider any reasonable and necessary funded supports, you must:

- Complete and submit all relevant and mandatory pre-planning tasks.
- Complete the Review and Submit for Funded Supports acknowledgement. When this step is not completed, you may not be able to access the Determine the Funded Supports task.
- Make sure the primary disability recorded on the participant's record is correct.
- Check the appropriate severity indicator tool has been completed. You can find further information in Standard Operating Procedure – Update Severity Tools.
- Check the plan duration recorded within the Risk Assessment task reflects the participant's circumstances. You can find further information in Standard Operating Procedure – Complete the Risk Assessment
- Discuss with the participant, their plan nominee or child representative(s) who they want to manage the support funding in their plan. You can find further information in Standard Operating Procedure – Determine Plan Management.

- Check the Practice Guidance page of the intranet and use other practice guidance relevant to the participant's circumstances together with this Practice Guide. For example Practice Guide – Motor Neurone Disease (MND), Practice Guide – Younger People in Residential Aged Care or Practice Guide – Assistance Animals.

5. Planning

During the planning conversation with the participant, their child representative and/or nominee you will develop an understanding of the participant's individual circumstances. You will also gather information to complete the pre-planning tasks and create a personalised plan.

When completing the pre-planning tasks you recorded the mainstream, informal and community supports the participant currently uses, and their goals. You now need to determine which reasonable and necessary funded supports (if any) will be included in the participant's plan to support them to achieve their goals.

Planning tasks may be completed by NDIA staff or Partners in the Community and include:

- understanding the participant, their individual circumstances and their support needs
- providing information about the principles of the NDIS
- assisting the participant to identify their goals
- identifying any supports the participant currently receives through mainstream, informal and/or community channels including any funded supports in place
- identifying any risks
- identifying the appropriate reasonable and necessary funded supports
- identify how the participant would like the funding in their plan managed, including any request to self-manage, and make a plan management recommendation.

5.1 No reasonable and necessary supports identified

In some cases, the participant may meet the NDIS access requirements however there are no reasonable and necessary supports identified for the current plan. You may determine mainstream, community and/or informal supports currently meet the participant's support needs, but in the future the participant is likely to require funded supports. For example, for a participant living with a slow degenerative condition, you may determine for the current plan period the participant only needs support to better understand the condition and improve their health and well-being.

If no reasonable and necessary funded supports are identified:

- Complete the participant statement.
- Complete the pre-planning tasks.

- Develop the participant's plan - in the Determine the Funded Supports task do not generate the support plan. Instead, submit the task with $0.00 funding.
- Complete an interaction which includes details of:
  - your discussions with the participant, and
  - justification for your decision that no funded supports are required in the participant's current plan.

The participant's plan will outline the informal, community and/or mainstream supports that will meet the participant's goals and support needs.

6. The Typical Support Package (TSP)

The TSP is an amount of funding based on the participant's disability, individual support needs and characteristics. TSPs provide an efficient, evidence based and nationally consistent approach to planning.

During the planning conversation you will gather and record information in the NDIS Business System (System) including the participant's age, primary disability, other disabilities, level of functional impairment, current and potential mainstream, informal and community supports.

The primary disability recorded in the System is one of the factors which influence the TSP. If the participant has more than one impairment, you need to record the primary disability as the impairment which has the greatest functional impact on the participant.

The NDIS actuarial team developed TSPs in collaboration with disability experts. These include people with a disability, professionals and subject matter experts. They take into consideration real life participant experiences and experiences gained through trial. Refer to Appendix 1 - Standard TSP Changes Summary.

Important: TSP is an internal term used by the Agency and should **not** be discussed with the participant.

7. Reasonable and Necessary

With the exception of Section 43 (Plan Management) of the NDIS Act, you must apply reasonable and necessary decision making to NDIS funded supports in the participant's plan to ensure the supports are effective and beneficial to the participant.

NDIS funded supports should:

- assist the participant to pursue their goals
- facilitate the participant's social and/or economic participation
- represent value for money
- be likely to be effective and beneficial for the participant (having regard to current good practice)

- take into account what support is reasonable to expect families, carers, informal networks and the community to provide
- complement (not replace) other government services.

You must also consider whether any funded supports should not be provided or funded under the NDIS.

A support will not be funded under the NDIS if it:

- is more appropriately funded by another government service
- is likely to cause harm to the participant or pose a risk to others
- is not related to the participant's disability
- duplicates other supports delivered under alternative funding through the NDIS
- relates to day-to-day living costs (for example, rent, groceries and utility fees) that are not attributable to the participant's disability support needs
- is contradictory to a law of the Commonwealth or the State or Territory in which the support would be provided
- consists of income replacement.

You should take a whole of person approach when considering which supports are reasonable and necessary in the participant's plan.

If the participant acquires an impairment after they have met access to the NDIS, you should consider how each impairment affects the participant's life, and the support they need to achieve their goals.

Your decision to include reasonable and necessary supports in the participant's plan is based on whether the support meets all sections of the reasonable and necessary criteria.

In exceptional circumstances some day-to-day living costs may be funded by the NDIS, if they are:

- additional living costs which are a direct result of the person's disability support needs
- ancillary costs associated with a funded support, which the participant would not otherwise incur.

8. Core supports

Core supports assist the participant to manage aspects of their daily living such as self-care and accessing the community. There are four Core support categories:

- **Consumables:** includes disability-related health consumables products, dog guide consumables, Low Cost assistive technology and interpreting services.

- **Daily Activities**: includes assistance with self-care, including additional care for short periods used for carers respite, shared living arrangements, household cleaning and/or yard maintenance.
- **Social, Community and Civic Participation:** includes individual and group based community, social, recreational activity and economic participation. These supports may be used for day-to-day on the job assistance to assist participants to meaningfully participate at work. These supports may also be used for carers' respite.
- **Transport**: includes general and specialised transport for attending school, employment or going out in the community.

You need to ensure the participant has the Core support funding they need to meet their plan goals. Review the funding generated by the TSP and either increase or decrease the level of support funding in line with the reasonable and necessary criteria.

You will record justifications for your decisions in the Review and Submit Plan for Approval and/or Finalised Plan and Approve tasks.

8.1 Core budget flexibility

The four Core support categories **Consumables, Daily Activities, Social, Community and Civic Participation** and **Transport** are flexible. This means funding from one Core category (such as Daily Activities) can be used to purchase supports from another Core category (for example, Consumables). For funds to be used flexibly, the categories must have the same fund management type (such as Agency Managed).

It is important to look at the total value of the Core supports (for instance total combined value of Consumables, Daily Activities and Social, Community and Civic Participation and Transport) when determining the reasonable and necessary Core support funding amount.

Often the TSP will only generate funding in one or two of the Core support categories. If this occurs, you will need to check how the funding is allocated. You may need to adjust how the funding is distributed based on the participant's individual Core support needs, plan goals and circumstances. However, participants are able to use their funding flexibly across the Core categories, even if $0 are allocated to the support category.

If the participant receives periodic transport funding, the Transport category is not flexible. Periodic transport is not included in Core flexibility as it is paid directly to the participant. Activity based transport can be claimed from the participant's Core funding by providers with the participants agreement. Refer to section 8.3 Transport for more information.

Although Core funds can be used flexibly, it is important to ensure the participant understands the Core funding can only be used to purchase reasonable and necessary supports in line with the plan's objectives regardless of whether the funding is Agency, self or plan managed.

Example of Core flexibility: Juan requires support to access his community activities and everyday use continence items. Funding of $21,606 is included in Juan's plan for his Core support needs, as follows.

- Consumables: $4,000 (Agency managed $3,000, plan managed $1,000)
- Daily Activities: $0
- Social, Community and Civic Participation: $16,000 (Agency managed $9,000, plan managed $7,000)
- Transport – $1,606 (periodic payment)

During his plan Juan has short term need for self-care support. Depending on the funding remaining available, Juan could chose to use the flexibility of his Core budget for Daily Activities (up to $12,000 Agency managed and/or up to $8,000 plan managed). Juan's periodic transport budget of $1,606 is not flexible with his other Core funding.

8.1.1 Limitations to flexibility with stated supports

When considering making a Core support item **Stated,** carefully consider:

- The impact on flexibility for the participant and their providers
- Whether the support is a composite item. Providers are unable to claim for a specific time of day, day of week etc. if the composite item is stated.

8.1.2 Limitations to flexibility for transport in the Core budget

In exceptional circumstances, transport can be used flexibly however, only if;

- the transport funding is not set up as an automated periodic payment, and
- the transport funding is not included as a stated support, and
- there are remaining funds in the Core budget to be utilised, and
- the transport funding plan management type is the same as other Core Supports, and
- the transport Service Booking is amended to a higher amount than what is provided in the transport category in the Core budget.

8.2 Meal preparation and delivery

The participant may request meal preparation and delivery to be included in their NDIS plan when they are unable to prepare meals due to their disability. Some examples include when the participant is experiencing:

- difficulties with organisation
- difficulties completing multi-step instructions
- a physical disability that impacts their ability to prepare meals.

For some participants the inclusion of meal preparation and delivery can support them to safely maintain independent living and reduce their reliance on other supports.

When making a reasonable and necessary decision on including meal preparation and delivery in the participants plan you should consider:

- goal attainment and building independence
- the functional impact of the participant's disability for the preparation of meals
- assessments
- duplication of funding
- reviewing the quote
- considerations when including funding in the participants plan.

8.2.1 Goal attainment and building independence

You need to consider how including funding for meal preparation and delivery will assist the participant to achieve their goals and build their independence.

Talk to the participant to understand how meal preparation and delivery will support them. Discuss:

- How they currently prepare meals?
- How meal preparation and delivery will support them to achieve their goals?
- Have they considered other supports that would develop their ability to prepare meals more independently such as an individualised program and support to participate in preparation of meals? Is this something they would like to do? Have they tried this previously? If yes, what were the outcomes?
- Have they explored the use of Assistive Technology (AT) to assist with meal preparation tasks? Is this something they would be interested in exploring?
- Are there risks for the participant preparing their own meals?

For participants with the potential to develop independence in meal preparation you should consider funding for meal preparation and delivery while they explore AT and capacity building supports. At the next scheduled plan review the plan developer and participant can discuss the outcomes of these supports to determine whether meal preparation and delivery continues to be required.

8.2.2 Meal preparation for children

When the participant is a child and they require mealtime preparation that is above what would be considered reasonable to expect families and carers to provide you should consider the inclusion of funding for meal preparation and delivery.

For example, the family or caregiver for a child who is on a ketogenic diet due to their disability needs may need significantly more time for meal preparation than a child not on a specialist diet due to their disability needs.

Discuss requests for meal preparation and delivery for the child participant with your line manager. Seek further advice from the Technical Advisory Branch if you are still uncertain that the request meets the reasonable and necessary criteria.

8.2.3 Assessments

Assessments may be useful in helping you make a decision on whether to include meal preparation and delivery in the participants plan. However, they are not always necessary when there is a clear link between the functional impact of the participant's disability and preparation of meals.

For example, you may find that you have enough information to make a reasonable and necessary decision using information from the planning conversation, previous reports, previous NDIS plans and other supporting evidence.

If the participant gives you a copy of an assessment from a suitably qualified allied health professional supporting their request for meal preparation and delivery you need to consider this when making your decision.

You may be able to use information from a previous assessment to better understand the participants support needs where there has been no change to the participant's functional capacity.

You should only ask the participant for an assessment from a suitably qualified allied health professional if you have reviewed all current information and still need additional information to make your decision. When you request an assessment, make sure you include funding in the Capacity Building budget for this to be completed.

8.2.4 Duplication of funding

If you are including support for meal preparation and delivery in the participants plan you need to review other supports to make sure you are not duplicating funding.

Examples of other areas where support may be duplicated are:

- funding for a support worker to assist the participant to prepare the meals
- funding for a support worker to assist the participant with their mealtime management routine
- when the participant is receiving support for 24 hours each day (for example, SIL)
- funding for capacity building supports to build independence in meal preparation.

Note: There may be times where these supports are not duplications. If you are unsure, please discuss with your line manager.

8.2.5 Reviewing the quote

Meal preparation and delivery is a quote-required support. This means that the participant needs to submit a quote for you to consider as part of the reasonable and necessary decision making process.

When you are reviewing the quote check:

- The amount is for the preparation and delivery of meals only. NDIS does not cover the cost of food as this is considered a day-to-day living cost.
- The quote is value for money.
- You can check if a quote is value for money by comparing the quoted amount to the Product Catalogue (benchmark price) in the System. If it is 10% over the catalogue price, seek decision-making advice from your line manager.

8.2.6 Considerations when including funding in the participants plan

If the request meets the reasonable and necessary criteria you need to:

- Include funding for the support using the participants plan management preference.
- Include a comment in the plan so that the participant knows that funding has been included.
- For example "$xx.xx per week of funding for meal preparation and delivery."

8.3 Transport

Transport funding should be considered when the participant is unable to use public transport without substantial difficulty due to the impact of their disability.

Transport funding does not cover transport assistance which is considered a day-to-day living cost. For example, transport to appointments, shopping or recreational activities.

This support needs to be directly linked to plan goals and include a skill development focus.

You should use the three levels of supports for transport assistance as a guide only:

- **Level 1 $1606-$1,784**: For participants who are not working, studying or attending day programs but want to enhance their community access.
- **Level 2 $2472-$2,676**: For participants who are currently working or studying part-time (up to 15 hours a week), participating in day programs and for other goal based social, recreational or leisure activities.
- **Level 3 $3456-$3,567**: For participants who are currently working, looking for work, or studying (15 hours or more a week), and are unable to use public transport because of their disability.

To ensure the participant has transport funding to meet their transport support needs, you will need to review the TSP generated amount. Also consider the levels of support for transport assistance and include an amount based on your reasonable and necessary decision making.

Record justifications for your decision in the Review and Submit Plan for Approval and/or Finalise Plan and Approve Task.

Important: If a participant is currently receiving mobility allowance from Centrelink, this allowance will stop upon approval of their first NDIS plan.

8.3.1 Transport periodic payments

Unlike other support categories, transport can be paid to participants as an automated periodic payment (fortnightly payment).

The System will automatically tick the Periodic Payment check box next to the Transport support category in the Determine Funded Supports Task. This means the funding is paid periodically to the participant.

It is important to review this and update the check box to reflect the participant's circumstances. For example, if transport funding is in-kind you need to untick the Periodic Payment check box.

Periodic payments are self-managed payments. You must discuss this with the participant, their child representative and/or plan nominee.

You should **not** approve self-managed periodic payment:

- when current bankruptcy is declared in the risk assessment, or
- if self-managing transport funding is likely to present an unreasonable risk to the participant.

So that periodic payments can be made, you need to check bank account details of the participant, their child representative and/or plan nominee are collected and recorded in the System **before** the plan is approved. Refer to Standard Operating Procedures – Record Bank Details.

8.3.2 Participant transport as part of community participation

The participant can use funding from their Core budget for a support worker to help them participate in community outings and/or transport from their home to the community. Providers claim these costs at the relevant community participation hourly rate. When the provider is supporting more than one participant to access the community at the same time, they need to claim the group rate.

Funding from the participant's Core budget can also be used for the provider's non-labour costs associated with providing transport to participants:

- accessing community participation supports

- accessing or maintaining employment
- accessing or maintaining or higher education.

Non-labour costs associated with participant transport can include:

- public transport fares
- road tolls
- parking fees
- reasonable vehicle running costs
  - up to $0.85 a kilometre for a standard vehicle not modified for accessibility
  - up to $2.40 a kilometre for a vehicle that is modified for accessibility or a bus
- taxi or ride-share fares.

You need to consider the non-labour costs associated with providing this transport when determining the reasonable and necessary Core funding in the participant's plan.

8.3.3 Provider travel

Provider travel is different to participant transport. There are two types of provider travel:

1. travel to provide daily activities and community access (Core) supports
2. travel to and from Capacity Building supports – refer to section 9.5 Provider Travel for further information.

When the participant agrees, providers can claim the time spent travelling to the participant. Only the actual travel time can be claimed.

For Core support, this refers to the time spent by the provider travelling to deliver a service to the participant (participant is not in the car). Where a support worker provides services to more than one participant the travel time can be shared between the participants, if each participant agrees in advance.

You may need to consider provider travel for delivering Core supports when developing Core funding in the participant's plan. Maximum limits apply to the amount of travel time providers can claim. Refer to NDIS Price Guide for further information on provider travel.

When implementing the plan, participants should be encouraged to negotiate their supports with providers, particularly around the cost of provider travel.

9. Capacity Building supports

Capacity Building (CB) supports assist participants to increase their ability to live their life independently.

These supports are designed to deliver improved outcomes for the participant and reduce the need for funded supports in the future. CB supports focus on outcomes and are always linked to one of the participant's goals.

Unlike the Core support budget, CB supports are only flexible in the same CB support category. For example, funding from CB Daily Activity can be used flexibly across all non-stated support items in the CB Daily Activity budget, and cannot be used to purchase supports from any other CB budget.

In the System, the TSP will generate CB support funding based on the response to the guided planning question 'What level of Capacity Building is required?' You need to apply reasonable and necessary decision-making regardless of whether CB support budget funding has or has not been generated by the TSP.

The exception is Plan Management (Financial Administration) supports. When the participant requires Plan Management, you must include funding in the CB Choice and Control budget. For further information refer to Standard Operating Procedure - Plan Management and Financial Administration Support Items.

All funding generated for Capacity Building will default to the CB Choice and Control budget. You will need to allocate the funding across the relevant CB budgets as you determine the reasonable and necessary supports in line with the participant's goals and expected plan outcomes.

The nine Capacity Building (CB) support categories are:

- **CB Choice and Control:** Includes support items relating to plan management and financial administration. Refer to section 9.2 Funding for Plan Management below.
- **CB Daily Activity:** Individual assessment/therapy/training, group therapy, carer/parent training and individual skills development. Refer to section 9.3 CB Daily Activity below.
- **CB Employment:** Includes School Leaver Employment Support (SLES) and employment-related assessments and counselling. Refer to section 9.4 CB Employment below.
- **CB Health & Wellbeing**: Includes dietary and exercise physiology supports.
- **CB Home Living:** Includes assistance with accommodation and tenancy obligations.
- **CB Lifelong Learning**: Includes transition through school and to further education.
- **CB Relationships:** Includes behaviour support, as well as social skills development and capacity building. Refer to Practice Guide – Positive Behaviour Support and Behaviours of Concern for information on including supports to address Behaviours of Concern (BoC).
- **CB Social, Community and Civic participation:** Includes community participation activities, skills development and training as well as life transition planning such as mentoring and peer support. These supports may sometimes be used for carers respite.

- **Support Coordination:** Refer to section 9.5 Support Coordination below.

9.1 Capacity building for self-managing support funding

The participant should be presumed to have the capacity to self-manage unless there is unreasonable risk. This is supported by the NDIS legislation and principles of the NDIS. Funding may be included in the participant's plan to build capacity and support their goal to self-manage supports in their plan now, or in the future. This is a reasonable and necessary decision under section 34 of the NDIS Act.

When considering supports to build, or continue to build the participant's capacity to manage their support funding, consider:

- strategies to safeguard the participant's interests, including informal supports
- supports which could build the participant's independence and capacity to self-manage
- whether including additional supports in the plan could mitigate risks to the participant
- whether support with budgeting, book keeping and financial record keeping will support the participant's goal to manage their supports in the future
- any supports to assist the participant to negotiate services and utilise the supports in their plan.

For further information about the different types of plan management, who can manage NDIS funds and capacity building supports for self-management, refer to Practice Guide – Determine Plan Management.

9.2 Funding for Plan Management

Plan management and financial administration funding is a stated support that allows the participant to engage an NDIS Registered Plan Manager to manage the financial functions of their plan.

Funding for plan management and financial administration support is not included in the TSP. If the participant, their nominee or child representative requests to have a plan manager for one or more of their supports, you are required to add funding for the plan management activities in the participant's plan.

The participant's choice to have a plan manager manage the funded supports in their plan is a legislative entitlement under section 43(2) of the NDIS Act 2013. Where the participant requests their funding to be managed by a plan manager, this is not subject to reasonable and necessary criteria.

Refer to Standard Operating Procedure - Plan Management and Financial Administration Support Items to include financial administration supports in a participant's plan.

Where it is a goal of the participant to learn how to manage their own funds and/or build capacity to self-manage their plan, if reasonable and necessary, this support funding is included in one of the following CB budgets:

- **CB – Choice and Control (Plan and Financial capacity building):** Generally used when a participant is plan managed and has goals around financial independence and/or to build capacity to move to self-managing in the future.
- **CB – Support Coordination (Training in Planning and Plan Management):-** Generally used for participants who are self-managed and require some assistance to get started with this process, or where a participant has support coordination included in their plan and the plan is not plan managed.

When including funding to build capacity to self-manage, ensure you discuss whether the participant will be able to locate and access appropriate service providers to assist them.

9.3 CB Daily Activity

9.3.1 Allied Health Practitioners

Allied health practitioners (AHP) hold a university qualification, specialise in different areas and work directly with the person requiring support. AHPs are not part of the medical, dental or nursing professions. AHPs include, but are not limited to: occupational therapists, physiotherapists, speech therapists, exercise physiologists, psychologists, prosthetists or orthotists, podiatrists, dieticians or respiratory therapists.

Refer to Practice Guide – Understanding Therapy Supports for a full description of each of the allied health practitioners.

Reasonable and necessary funding can be included in the participant's plan to meet their disability-related health support needs. For example continence supports, diabetic supports, dysphagia supports, epilepsy supports, podiatry supports, nutrition supports, podiatry and foot care supports, respiratory supports or wound and pressure care supports. Refer to section 16.2 Disability-Related Health Supports and Practice Guide – Disability-Related Health Supports for further information.

9.3.2 Nursing

Reasonable and necessary nursing supports can be included in the participants plan to meet their disability-related health support needs as per section 6.8 of Practice Guide – Disability-Related Health Supports.

9.4 CB Employment

The CB Employment category includes School Leaver Employment Support (SLES), and employment-related assessments and counselling.

9.4.1 School Leaver Employment Support (SLES)

SLES funding will be auto-generated as part of the TSP to the CB Employment budget based on the response to the guided planning question, 'Is the participant eligible for School Leaver Employment Support (SLES)?' For the current guidance on SLES, please refer to the Employment intranet page.

9.5 Support Coordination

The Support Coordination category is part of the Capacity Building budget but is separate from the eight Capacity Building (CB) sub-categories. This category includes the support items for support connection, support coordination and specialised support coordination, as well as support for building a participant's capacity to learn to self-manage their own plan (training in planning and plan management).

Refer to:

- Appendix 1 – Standard TSP Changes Summary
- Standard Operating Procedure – Update Participant Streaming
- Standard Operating Procedure – Include Support Coordination in a Plan.

9.6 Provider Travel

Providers of some supports are able to claim non-direct services, including provider travel, short notice cancellations and where an NDIA report is required.

Provider travel for capacity building supports can be claimed for travel to each participant, and return travel from the last appointment of the day. The participant must agree to the travel costs to be claimed in advance.

Where a worker travels to an area and provides services to more than one participant, if agreed to in advance by each participant, the cost of time and travel could be split between the participants.

CB support categories where providers may be able to claim provider travel include:

- CB Daily Activity
- CB Social Community and Civic Participation
- CB Employment
- CB Relationships
- CB Health and Wellbeing
- Support Coordination.

When considering the level of reasonable and necessary CB supports, consider how the services will be delivered. Also consider any other circumstances that may affect how the participant utilises their plan funding, such as provider travel, and how this may impact the level of supports available, particularly for participants living in regional and remote areas.

Maximum limits apply to the amount of travel time providers are permitted to claim. Refer to the NDIS Price Guide for further information.

9.7 Medicare

The participant may access Medicare funded allied health services with a referral from their GP alongside allied health supports funded in their NDIS plan. There is no requirement for the participant to use or exhaust these Medicare funded services before receiving allied health supports funded in their NDIS plan if the supports required relate to the participant's functional impairment and are considered reasonable and necessary.

Where considered reasonable and necessary, the funded supports should be included to cover the full cost of the supports. Where Medicare funded allied health supports are not considered reasonable and necessary, the supports funded through Medicare can work side by side with other funded supports to enable the participant to achieve their goals.

For example:

- NDIS funded psychology supports to address disability related barriers and build capacity to engage in social situations and participate in employment.
- The participant also accessed Medicare funded psychology supports for clinical treatment such as ongoing counselling and medication management (not funded by the NDIS).

10. Capital supports

Capital supports assist a participant to increase independence and participation in a range of different environments, such as their home, community and the workplace.

The two support categories within Capital are Assistive Technology and Home Modifications.

When responses to the guided planning questions generate assistive technology or home modifications support funding, the intended purpose is to fund equipment or an assessment appropriate to meet the participant's needs.

Unlike the Core support budget, Capital support categories are not flexible between Assistive Technology and Home Modifications.

It is the responsibility of the plan developer to review the TSP generated Capital supports and adjust the budget amounts for the participant's reasonable and necessary support needs.

Note: Capital items including AT and Home modifications must not be added to a plan (even if they are quote required) unless evidence and reports are attached in the System to justify that the equipment is reasonable and necessary.

10.1 Assistive Technology

Includes equipment for mobility, personal care, communication and recreational inclusion such as wheelchairs, pressure mattresses, standing frames, bathing and toileting equipment, personal readers and vision equipment, and vehicle modifications.

For further information on including Assistive Technology within a plan refer to:

- Practice Guide – Assistive Technology
- Standard Operating Procedure – Include Assistive Technology (AT) in Plans
- Standard Operating Procedure – Assistive Technology or Home Modification Supports between $1,500 and $5,000
- Assistive Technology (AT) Complexity Level Classification.

10.2 Home Modifications

Home modifications includes interior and exterior home modifications, consultation and project management. For further information on including funding for Home Modifications in the participant's, refer to the Standard Operating Procedure – Include Home Modification Supports in Plans.

10.2.1 Specialist Disability Accommodation (SDA)

The support item for Specialist Disability Accommodation (SDA) sits in the Home Modifications budget of a plan.

The three different types of SDA are:

- new
- in-kind
- existing.

The two occasions when SDA may be included in a plan are:

- when there is a new SDA decision
- when the participant was already residing in disability related supported accommodation at the time of transition to the NDIS.

10.2.1.1 Existing or In-Kind SDA

When the participant is already residing in an SDA dwelling when they transition to the NDIS they are considered to be in existing or in-kind SDA. SDA funding needs to be included in the participant's NDIS Plan. Refer to:

- Standard Operating Procedure – Include Existing (non in-kind) SDA in a Plan: Participants Residing in SDA Prior to Transition
- Standard Operating Procedure – Adding In-Kind Supports in a Plan.

10.2.1.2 A new SDA decision

When the participant wishes to move in to SDA for the first time or wishes to move to a different SDA dwelling, from an existing or in-kind SDA dwelling, this is considered to be new. SDA.

For new SDA, the SDA support funding must not be included in the participant's plan without referral to the SDA panel for advice.

The SDA panel will review the SDA eligibility and provide a recommendation for the participant's SDA request. The SDA panel will also provide information on the eligible SDA type and level for the participant. This information is recorded in the Housing and Accommodation section of the participant's record.

Refer to Standard Operating Procedure – Determine Specialist Disability Accommodation - Change of Address or a New Decision.

Note: For more information regarding transitional accommodation, while the participant is waiting for Assistive Technology or Home Modifications, refer to the Practice Guide – Medium Term Accommodation.

11. Quote required support items

A quote is required for some supports such as high cost assistive technology, complex home modifications and vehicle modifications.

Where a quote required support is included in the participant's plan the quote process must be followed. For further information refer to Standard Operating Procedure – Manage Quotations.

12. Plan Duration

The duration of the participant's plan may vary depending on the participant's disability, streaming decision and individual circumstances. You can find guidance for determining plan duration in Standard Operating Procedure – Complete the Risk Assessment.

The TSP generates Core supports based on the chosen plan duration. For example, a 36-month plan will generate 36 months of Core supports, a 24-month plan will include 24 months of core supports and a 6-month plan will generate 6 months of Core supports.

Manual adjustment may be required for Capacity Building and Capital supports for plans other than 12 months duration. You will need to use reasonable and necessary decision making to adjust funding in these budgets to reflect the participant's needs for the duration of the plan.

13. Stated supports

A stated support is a support recorded in the plan at the support item level, and selected as stated in the support calculator.

When a support is stated the funding for that item can only be used for that particular support. As defined in Part 6 of the NDIS (Plan Management) Rules, stated supports must be purchased by the participant as they are described in the plan.

Carefully consider if a support you are including needs to be stated, as stated items reduce flexibility for the participant and the provider.

When including stated support item(s), make sure the comments in the related support category clearly outline the intent of the stated support.

For example: In CB Relationships, you may include a stated support item for the development of a Behaviour Support Plan by a registered provider. Marking the support item as stated quarantines this funding from the rest of the support category budget, and ensures it can only be used by the participant as intended.

14. In-kind

Before the NDIS was established, states and territories paid service providers directly to deliver services to people with disabilities. In some situations, states and territories continue to pay for these services directly and NDIS participants continue using these services.

When these pre-paid supports are provided as reasonable and necessary supports in the participant's plan they are called in-kind and must be recorded as in-kind specifically within the participant plan. Refer to Practice Guide – In-Kind.

15. Compensation

If the participant responds 'yes' to the risk assessment question 'Is your disability the result of an accident or event?' this indicates the participant has received, or is entitled to receive compensation. Additional questions will be generated in the System for you to complete in relation to compensation.

Compensation, for NDIS purposes, is either a lump sum or periodic payment.

If you identify the participant is, or has been entitled to compensation, follow the steps below:

1. Give the participant or their nominee the Compensation and the NDIS Fact Sheet.
2. Advise the participant or nominee they can get additional information on the Compensation and your plan page of the NDIS website.
3. Email the Compensation Recoveries Team (CRT) as soon as you become aware of the potential for compensation. In the subject line of your email include the participant's NDIS number and last name.

4. Add an alert to the participant record in the System.
5. Create an interaction that compensation has been identified.
6. Proceed with developing and approving the participant's plan.

For further information refer to the Compensation intranet page.

16. Changes to the TSP

Sometimes, the generated TSP has not enough or more than enough funding to meet a participant's needs or enable them to achieve their goals. Funding generated in each individual support category is informed by the participant's support needs identified in response to the details recorded in the System. Use reasonable and necessary decision making to adjust the TSP up or down in response to information available to you regarding the participant and their individual circumstances.

Sometimes, evidence of support needs may indicate that the funding generated in the TSP is above the reasonable and necessary support requirements. For example, a participant may be very engaged in the community for recreational and social activities or be working, and have strong, sustainable informal care networks. This information must be taken into account when determining the funded supports to prevent supports being funded in the plan that are in addition to what is reasonable and necessary.

The standard TSP changes include varying the TSP for specific supports. These supports include:

- Defined Programs
- Plan Management costs
- Behaviours of Concern
- Supported Independent Living (SIL) (group)
- Specialist Disability Accommodation (SDA)
- Assistive Technology (including composite items)
- Home Modifications
- Coordination of Support
- School Leaver Employment Services (SLES)
- Australian Disability Enterprises (ADE).

16.1 Parental responsibility

You must also recognise parental responsibility when considering funded supports for children under 18 years. All parents are responsible for providing substantial care and support for their children whether they experience a disability or not, for example, transporting them to activities and meeting the cost of after school activities.

When considering if support is reasonable and necessary you should consider:

- the goals for the child and the support needs of their disability
- whether because of the child's disability the care needs are substantially greater than those of other children of a similar age
- whether the support will improve the child's capacity, future capacity or reduce risks to wellbeing.

For example, it is likely reasonable and necessary to include support for a teenager who does not have the capacity to complete self-care routines independently due to their disability. This is because a teenage child would be reasonably expected to undertake all self-care activities independently and the funded supports may address the functional needs and or support the participant to build their capacity to increase independence.

If the example was for a young child where generally children of that age are assisted by a parent or carer, it may be a reasonable expectation for a parent to provide all self-care supports, as this would be a parental expectation for any child of a young age regardless of disability.

16.2 Disability-Related Health Supports

Reasonable and necessary disability-related health supports can be included in a participant's NDIS plan if they:

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

Refer to the Practice Guide – Disability-Related Health Supports for full guidance. For further information about specific disability related health supports refer to the relevant practice guidance:

- Practice Guide – Continence Supports
- Practice Guide – Diabetic Management Supports
- Practice Guide – Dysphagia Supports
- Practice Guide – Epilepsy Supports
- Practice Guide – Nutrition Supports
- Practice Guide – Podiatry and Foot Care Supports
- Practice Guide – Respiratory Supports
- Practice Guide – Wound and Pressure Care Supports

It is unlikely that funding for most disability-related health supports will be generated in the TSP. This means you will need to include them as a reasonable and necessary adjustment to the TSP. Make sure you include the participant's need for disability-related health supports in your justifications for increasing the TSP and include a comment in the NDIS plan to describe these supports.

16.3 Other considerations

16.3.1 Duplication of supports

Consider duplication of supports when developing the plan. For example, if it has been deemed reasonable and necessary to include SLES or ADE supports in a participant's plan to achieve their goal of economic and social participation, then funding generated by the TSP in other support categories (such as social, community participation) which achieve the same goal should be reduced or removed where appropriate.

16.3.2 Evidence

Any decision to vary the funding generated by the TSP must be informed by validated supporting evidence and have a justification recorded in the System to allow the delegate to make the funding decision. Supporting evidence includes the lived experience of the participant and published peer-reviewed literature. If the TSP is exceeded as a result of a reasonable and necessary decision, clear evidence from a relevant professional or written information supporting your recommendation must be attached to the participant record and referenced in the plan justification.

16.3.3 Increases over 10%

Any increase to the TSP above 10% must be reviewed by an executive level delegate prior to plan approval. Record details of this review, including the name of the reviewing delegate, in an interaction. If you are the plan developer, details can be recorded when completing the Plan Approval Considerations – Plan Submitted for Approval interaction template. If you are the plan delegate, details can be recorded when completing the Plan Approved and Ready for Implementation interaction template.

16.3.4 Technical Advisory Branch (TAB) referrals

Ensure you submit TAB mandatory referrals. Where you are unable to make a decision on what is reasonable and necessary (for instance high cost or high complexity requests), liaise with your manager/s and your TAB Regional Advisor as a first step. If you are still unable to make a reasonable and necessary decision make a request for TAB advice.

17. Justification for reasonable and necessary supports

Plan developers and delegates must record a justification for each support category in the participant's plan. Justifications should be clear and concise, and only include information relevant to your decision.

You must include the following information in each justification:

- description of the support and how it relates to the participant's disability support needs
- how the support will help the participant achieve their goals
- how the support meets reasonable and necessary criteria
- refer to any supporting evidence to support the inclusion of proposed supports.

17.1 Justifications for plan management

Plan management funding (plan management set up and administration fees) is not a reasonable and necessary decision.

You do not need to provide detailed justification for this support. Refer to section 9.2 Funding for Plan Management for more information on these supports.

You can record the following standard justification for this support:

- **Plan management fees** – Funding for the plan to be plan managed as requested.

Note: Funding to support the participant to learn to self-manage their funding is a reasonable and necessary decision, and you will need justify including this support. Refer to Practice Guide – Determine Plan Management.

17.2 Best practice justification examples

Note: Names used in the examples are fictitious.

17.2.1 Example 1 - Core Supports: Social Community & Civic

Helen has a moderate intellectual disability and requires support to access her community and to participate in individual and group activities in order to achieve her goal of continuing to spend time with her friends.

Core funding is included for Helen to attend her current group day program three days (18 hours) per week. Funding is also included for 1:1 support three hours per week to attend her community choir group. These supports will help her maintain her friendships and social activities, as she is unable to participate without support. Helen's parents will continue to support her at home, including overnight and on weekends.

17.2.2 Example 2 – Capacity Building Supports: CB Relationships

Michael has complex behaviours of concern and has a current behaviour support plan (refer to "Behaviour Support Plan 2020" uploaded to inbound documents). Funding for ongoing monitoring and review of the behaviour support plan will support Michael to:

- build capacity in managing his emotions
- develop relationships with others

- enhance his communication skills
- develop, implement and review strategies to engage appropriately with others at home and when out in the community.

These strategies will support Michael's goal of accessing the community, and help him build stable relationships with his support network. It is anticipated this support will reduce his need for intensive 1:1 funded supports over the next 12 months, therefore representing value for money in the long term.

17.2.3 Example 3 – Capacity Building Supports: CB Daily Activity

Lucy has a primary disability of bi-polar disorder and a secondary disability of vision impairment. Lucy has a goal of being able to do more things for herself at home. Specifically, she would like to be able to prepare a basic meal for her family.

Lucy has difficulty reading a recipe, following the instructions and operating kitchen appliances. She currently relies on her parents to complete all meal preparation tasks. This funding allows an occupational therapist to assess her capacity to complete household tasks independently. The therapist can recommend capacity building strategies in a skill development plan, and recommend assistive technology to help her achieve this goal.

17.2.4 Example 4 – Capital Supports: Assistive Technology replacement

Salim has cerebral palsy and currently uses a manual wheelchair that is seven years old. Salim said at the planning meeting that the wheelchair cannot be repaired, and he will need a new wheelchair in the next two months so that he can continue going out independently. Salim submitted a quote for a new, similar wheelchair for $9,684.00.

Salim's occupational therapist has stated the new wheelchair does not pose significant risks. The replacement wheelchair meets the three criteria for replacement AT in the Practice Guide – Assistive Technology:

1. Evidence of existing use – Salim has submitted the original purchase receipt, and a report from his repairer that his current wheelchair cannot be repaired.
2. No change to functional capacity – the Occupational Therapist letter uploaded to inbound documents states that his support needs are stable.
3. Cost – the new wheelchair is less than $15,000.

17.2.5 Example 5 – Core Supports: Transport

Sally has autism, and cannot use public transport independently. Currently, she does not know how to hail a bus or which stop to get off. She also experiences anxiety in crowds and public places. One of her goals is to join a sports class approximately 20 minutes away from home. She will not require support when she is at the class.

Funding is included for Level 1 transport to allow her to use taxis to attend the class and other social activities. Sally is not currently working or studying, but she is looking to increase her community access. The funding in the Capacity Building Daily Activity support category

will support her to build her skills in using public transport independently. She may not require transport support in future plans.

18. Ghosting

There are issues with ghosting in the Determine the Funded Supports task in the System. Ghosting means that supports that have been added using the support calculator and later removed may still show up in the Finalise Plan and Approve task. For more information, refer to the Standard Operating Procedure – Determine Reasonable and Necessary Supports.

19. Plan Reviews

When determining the funded supports at plan review, you must consider the previous plans value and the utilisation of any funded supports in comparison with the new plan's total budget, including the generated TSP. The duration of a plan will affect the supports generated in the TSP. Changes to the plan duration or funded supports will impact on the type of plan review you should conduct.

For guidance on determining the plan duration refer to Standard Operating Procedure – Complete the Risk Assessment.

For information on completing a plan review, refer to:

- Scheduled Plan Review Approach – Support Tool
- Standard Operating Procedure – Complete a Plan Review (full)
- Standard Operating Procedure – Complete a Plan Review (light touch)
- Standard Operating Procedure – Complete a Scheduled Plan Review (Renewal).

20. The next steps

Once you have completed and submitted the Determine Funded Supports and Determine Plan Management tasks, submit the draft plan for approval via the Review and Submit Plan for Approval task, refer to Standard Operating Procedure – Review and Submit a Plan for Approval.

The plan approval decision will involve the plan delegate reviewing all available information and evidence on the record relating to the participant's circumstances, their capacity and any risks and safeguards. Evidence and justification to support the inclusion of funded supports in the plan (as recommended by the plan developer) to meet reasonable and necessary will also be reviewed and considered as part of the plan approval decision.

Prior to submitting a plan for approval it is important you are satisfied you have provided enough evidence to justify and support the proposed reasonable and necessary funding including any adjustments to the TSP with the justification recorded in the Review and Submit Plan for Approval task.

20.1 High Decision Delegate approval

Depending on the overall plan value and/or other risk factors, the plan may need to be assigned to the High Decision Delegate (HDD) team for review and approval. The System will not allow a delegate with insufficient delegation to approve the plan. If delegation level 4 approval is required, follow the steps as outlined in the Standard Operating Procedure – Finalise and Approve a Plan.

21. Appendices

21.1 Appendix 1 - Standard TSP Changes Summary

The TSP is the first step in determining the reasonable and necessary funded supports and you may need to adjust the funding generated using reasonable and necessary decision-making principles to reflect participant's individual circumstances.

This document is a guideline for determining reasonable and necessary supports for specific items. Items or supports listed as TAB mandatory referrals must be submitted to TAB for advice.

Any variation to the TSP **must** meet the reasonable and necessary criteria and be informed by validated evidence which is recorded in the System in the **Review and Submit Plan for Approval** and/or **Finalise Plan and Approve** tasks. Increases to the TSP above 10% **must** be approved by an executive level delegate and this approval recorded in an interaction before the plan is approved. Assessment reports and other supporting evidence must be attached as an inbound document.

Topic	Considerations for Change	Guidance
Defined Programs	Some participants are transitioning to the NDIS from Defined Programs. These participants must not be disadvantaged by their move to the NDIS; however, funded supports can only be included in a plan if they meet the reasonable and necessary criteria. There should be appropriate reasonable and necessary supports in the plan to enable the participant to achieve **at least the same outcomes** as they were receiving prior to transition. This is not necessarily the same level of funding – rather it is their ability to achieve the same level of outcomes. **Note:** In some cases, the participant may have been receiving supports prior to entering the NDIS that do not meet the reasonable and necessary criteria and these cannot be funded in their NDIS plan.	Standard Operating Procedure – Determine Reasonable and Necessary Supports Planning Operational Guideline – 10.9.1 The Principle of "no disadvantage"

Topic	Considerations for Change	Guidance
Behaviours of Concern	Some participants require supports to address behaviours of concern. There may not be enough funding in the generated TSP to allow for the required behavioural supports. Use reasonable and necessary decision making to increase the CB Relationships budget as required.	Standard Operating Procedure – Behaviour Intervention Supports
Supported Independent Living (Group) **and** **Specialist Disability Accommodation (SDA)**	For Supported Independent Living (SIL) – add supports in accordance with the relevant resource. **Note:** To avoid duplication of supports, it is important that the relevant SIL guidance is followed and adjustments made to the Core budget as required. For existing and in-kind SDA – add supports in accordance with Standard Operating Procedure – Include Existing (non- In-Kind) SDA in a Plan or Standard Operating Procedure – Adding in-kind Support to a Plan. For new SDA refer to SDA Panel.	Practice Guidance – Identifying Housing Solutions Standard Operating Procedure – Include Existing (non in-kind) SDA in a Plan: Participants Residing in SDA Prior to Transition Standard Operating Procedure – Adding in-kind Support to a Plan Standard Operating Procedure – Include Supported Independent Living (SIL) in Plans Standard Operating Procedure - Determine Specialist Disability Accommodation - Change of Address or a New Decision
Assistive Technology	Funds to be allocated according to the Standard Operating Procedure - Assistive Technology and Practice Guide – Assistive Technology.	Standard Operating Procedure - Include Assistive Technology (AT) in Plans TAB Practice Guide – Assistive Technology

Topic	Considerations for Change	Guidance
Home Modifications	Funds to be allocated according to the Standard Operating Procedure – Include Home Modifications Supports in Plans.	Standard Operating Procedure – Include Home Modification Supports in Plans
Coordination of Supports	Where indicated as being required in the Guided Planning Questionnaire, the TSP generates funding for Coordination of Supports equivalent to 21.7 hours per year for participants aged 16 years and over. Participants who are supported by an LAC will not require this funding. Some participants will require an adjustment to the Coordination of Supports funding to implement their plan and address any current complexities in their life. The Standard Operating Procedure – Include Support Coordination in a Plan provides information and guidance around levels of Coordination of Support (low to very high).	Standard Operating Procedure – Include Support Coordination in a Plan Standard Operating Procedure – Review and Submit Plan for Approval Practice Guide – Motor Neurone Disease (may also be used for participants with other rapidly degenerating neurological conditions) Standard Operating Procedure – Adding In-kind Supports to a Plan

Topic	Considerations for Change	Guidance
School Leaver Employment Supports (SLES) **And** **Supports in Employment**	If a participant has been assessed and identified as suitable for SLES funding – add supports in accordance with the SLES Standard Operating Procedure. **Note:** If SLES is included in a plan, generated supports relating to community participation and CB must be considered and reduced as required to avoid duplication of supports. For example, most SLES participants will have SLES activities for a minimum of 3 days per week. Some participants will require **frequent and ongoing supports** to assist them to take part in work. These supports are called **Supports in Employment**. Because the TSP does not automatically generate funding for Supports in Employment, you will need to use reasonable and necessary decision making and if needed adjust the TSP. For further guidance, refer to Standard Operating Procedure - Supports in Employment.	Standard Operating Procedure - Add School Leaver Employment Supports to the Participant's Plan Standard Operating Procedure – Supports in Employment

22. Supporting material

- NDIS Act 2013
- National Disability Insurance Scheme (Supports for Participants) Rules 2013
- Planning Operational Guideline

23. Process Owner and approver

General Manager Participant Experience and Design.

24. Feedback

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

25. Version change control

Version No	Amended by	Brief Description of Change	Status	Date
21.0	CS0074	Class 1 approval Additional task included in Prerequisites - Review and Submit for Funded Supports	APPROVED	2020-07-01
22	CW0032	Class 2 Approved From 1 July 2020, supports in employment will be included under the Core budget. Assistance in Specialised Supported Employment support items, used by Australian Disability Enterprises will no longer be used in plans developed from 1 July. Links to participant check in resources added.	DRAFT	2020-07-29

Practice Guide – Determine Reasonable and Necessary Supports

Contents

1. Purpose

This Practice Guide will support you to consider the reasonable and necessary funded supports (if any) to be included in the participant's National Disability Insurance Scheme (NDIS) plan.

2. To be used by

- Plan Developers – Planners and Partners in the Community (Local Area Co-ordinators [LACs]).
- NDIA Plan Delegates.

3. Scope

The National Disability Insurance Agency (NDIA) must be satisfied the funded supports in the participant's NDIS plan meet each of the reasonable and necessary criteria outlined in:

- section 34(1) of the *National Disability Insurance Scheme Act 2013*
- the *National Disability Insurance Scheme (Supports for Participants) Rules 2013*
- Operational Guideline - Including Specific Types of Supports in Plans.

Note: Do not use this Practice Guide if you are planning for participants less than seven years of age. Refer to the Standard Operating Procedure - Determine the Funded Supports in Early Childhood Early Intervention (ECEI).

4. Prerequisites

Before you consider any reasonable and necessary funded supports, you must:

- Have read and understood the Participant Experience Delivery (PED) Key Performance Indicators (KPIs) and comply with the PED KPI and target relevant to reasonable and necessary supports.
- Complete and submit all relevant and mandatory pre-planning tasks.
- Complete the Review and Submit for Funded Supports acknowledgement. When this step is not completed, you may not be able to access the Determine the Funded Supports task.
- Make sure the primary disability recorded on the participant's record is correct.
- Check the appropriate severity indicator tool has been completed. You can find further information in Standard Operating Procedure – Update Severity Tools.
- Check the plan duration recorded within the Risk Assessment task reflects the participant's circumstances. You can find further information in Standard Operating Procedure – Complete the Risk Assessment

- Discuss with the participant, their plan nominee or child representative(s) who they want to manage the support funding in their plan. You can find further information in Standard Operating Procedure – Determine Plan Management.
- Check the Practice Guidance page of the intranet and use other practice guidance relevant to the participant's circumstances together with this Practice Guide. For example Practice Guide – Motor Neurone Disease (MND), Our Guideline - Younger People in Residential Aged Care or Practice Guide – Assistance Animals.
- Check if a mandatory referral to Technical Advisory Branch (TAB) is required by referring to the TAB Requesting Advice intranet page.

5. Planning

During the planning conversation with the participant, their child representative and/or nominee you will develop an understanding of the participant's individual circumstances. You will also gather information to complete the pre-planning tasks and create a personalised plan.

When completing the pre-planning tasks you recorded the mainstream, informal and community supports the participant currently uses, and their goals. You now need to determine which reasonable and necessary funded supports (if any) will be included in the participant's plan to support them to achieve their goals.

Planning tasks may be completed by NDIA staff or Partners in the Community and include:

- understanding the participant, their individual circumstances and their support needs
- providing information about the principles of the NDIS
- assisting the participant to identify their goals
- identifying any supports the participant currently receives through mainstream, informal and/or community channels including any funded supports in place
- identifying any risks
- identifying the appropriate reasonable and necessary funded supports
- identify how the participant would like the funding in their plan managed, including any request to self-manage, and make a plan management recommendation.

5.1 No reasonable and necessary supports identified

In some cases, the participant may meet the NDIS access requirements however there are no reasonable and necessary supports identified for the current plan. You may determine mainstream, community and/or informal supports currently meet the participant's support needs, but in the future the participant is likely to require funded supports. For example, for a participant living with a slow degenerative condition, you may determine for the current plan

period the participant only needs support to better understand the condition and improve their health and well-being.

If no reasonable and necessary funded supports are identified:

- complete the participant statement
- complete the pre-planning tasks
- develop the participant's plan - in the Determine the Funded Supports task do not generate the support plan. Instead, submit the task with $0.00 funding.
- complete an interaction which includes details of:
  - your discussions with the participant, and
  - justification for your decision that no funded supports are required in the participant's current plan.

The participant's plan will outline the informal, community and/or mainstream supports that will meet the participant's goals and support needs.

6. The Typical Support Package (TSP)

The TSP is an amount of funding based on the participant's disability, individual support needs and characteristics. TSPs provide an efficient, evidence based and nationally consistent approach to planning.

During the planning conversation you will gather and record information in the NDIS Business System (System) including the participant's age, primary disability, other disabilities, level of functional impairment, current and potential mainstream, informal and community supports.

The primary disability recorded in the System is one of the factors which influence the TSP. If the participant has more than one impairment, you need to record the primary disability as the impairment which has the greatest functional impact on the participant.

The NDIS actuarial team developed TSPs in collaboration with disability experts. These include people with a disability, professionals and subject matter experts. They take into consideration real life participant experiences and experiences gained through trial. Refer to Appendix 1 - Standard TSP Changes Summary.

Note: TSP is an internal term used by the Agency and should **not** be discussed with the participant.

7. Reasonable and Necessary

With the exception of Section 43 (Plan Management) of the NDIS Act, you must apply reasonable and necessary decision making to NDIS funded supports in the participant's plan to ensure the supports are effective and beneficial to the participant.

NDIS funded supports should:

- assist the participant to pursue their goals
- facilitate the participant's social and/or economic participation
- represent value for money
- be likely to be effective and beneficial for the participant (having regard to current good practice)
- take into account what support is reasonable to expect families, carers, informal networks and the community to provide
- complement (not replace) other government services.

You must also consider whether any funded supports should not be provided or funded under the NDIS.

A support will not be funded under the NDIS if it:

- is more appropriately funded by another government service
- is likely to cause harm to the participant or pose a risk to others
- is not related to the participant's disability
- duplicates other supports delivered under alternative funding through the NDIS
- relates to day-to-day living costs (for example, rent, groceries and utility fees) that are not attributable to the participant's disability support needs
- is contradictory to a law of the Commonwealth or the State or Territory in which the support would be provided
- consists of income replacement.

You should take a whole of person approach when considering which supports are reasonable and necessary in the participant's plan.

If the participant acquires an impairment after they have met access to the NDIS, you should consider how each impairment affects the participant's life, and the support they need to achieve their goals.

Your decision to include reasonable and necessary supports in the participant's plan is based on whether the support meets all sections of the reasonable and necessary criteria.

In exceptional circumstances some day-to-day living costs may be funded by the NDIS, if they are:

- additional living costs which are a direct result of the person's disability support needs
- ancillary costs associated with a funded support, which the participant would not otherwise incur.

8. Core supports

Core supports assist the participant to manage aspects of their daily living such as self-care and accessing the community. There are four Core support categories:

- **Consumables:** includes disability-related health consumables products, dog guide consumables, Low Cost assistive technology and interpreting services.
- **Daily Activities**: includes assistance with self-care, including additional care for short periods used for carers respite, shared living arrangements, household cleaning and/or yard maintenance.
- **Social, Community and Civic Participation:** includes individual and group based community, social, recreational activity and economic participation. These supports may be used for day-to-day on the job assistance to assist participants to meaningfully participate at work. These supports may also be used for carers respite.
- **Transport**: includes general and specialised transport for attending school, employment or going out in the community.

You need to ensure the participant has the Core support funding they need to meet their plan goals. Review the funding generated by the TSP and either increase or decrease the level of support funding in line with the reasonable and necessary criteria.

You will record justifications for your decisions in the Review and Submit Plan for Approval and/or Finalised Plan and Approve tasks.

8.1 Core budget flexibility

The four Core support categories **Consumables, Daily Activities, Social, Community and Civic Participation** and **Transport** are flexible. This means funding from one Core category (such as Daily Activities) can be used to purchase supports from another Core category (for example, Consumables). For funds to be used flexibly, the categories must have the same fund management type (such as Agency Managed).

It is important to look at the total value of the Core supports (for instance total combined value of Consumables, Daily Activities and Social, Community and Civic Participation and Transport) when determining the reasonable and necessary Core support funding amount.

Often the TSP will only generate funding in one or two of the Core support categories. If this occurs, you will need to check how the funding is allocated. You may need to adjust how the funding is distributed based on the participant's individual Core support needs, plan goals and circumstances. However, participants are able to use their funding flexibly across the Core categories, even if $0 are allocated to the support category.

If the participant receives periodic transport funding, the Transport category is not flexible. Periodic transport is not included in Core flexibility as it is paid directly to the participant.

Activity based transport can be claimed from the participant's Core funding by providers with the participants agreement. Refer to section 8.3 Transport for more information.

Although Core funds can be used flexibly, it is important to ensure the participant understands the Core funding can only be used to purchase reasonable and necessary supports in line with the plan's objectives regardless of whether the funding is Agency, self or plan managed.

Example of Core flexibility: Juan requires support to access his community activities and everyday use continence items. Funding of $21,606 is included in Juan's plan for his Core support needs, as follows.

- Consumables: $4,000 (Agency managed $3,000, plan managed $1,000)
- Daily Activities: $0
- Social, Community and Civic Participation: $16,000 (Agency managed $9,000, plan managed $7,000)
- Transport – $1,606 (periodic payment)

During his plan Juan has short term need for self-care support. Depending on the funding remaining available, Juan could chose to use the flexibility of his Core budget for Daily Activities (up to $12,000 Agency managed and/or up to $8,000 plan managed). Juan's periodic transport budget of $1,606 is not flexible with his other Core funding.

8.1.1 Limitations to flexibility with stated supports

When considering making a Core support item **Stated,** carefully consider:

- The impact on flexibility for the participant and their providers
- Whether the support is a composite item. Providers are unable to claim for a specific time of day or day of week if the composite item is stated.

8.1.2 Limitations to flexibility for transport in the Core budget

In exceptional circumstances, transport can be used flexibly however, only if;

- the transport funding is not set up as an automated periodic payment, and
- the transport funding is not included as a stated support, and
- there are remaining funds in the Core budget to be utilised, and
- the transport funding plan management type is the same as other Core Supports, and
- the transport Service Booking is amended to a higher amount than what is provided in the transport category in the Core budget.

8.2 Meal preparation and delivery

The participant may request meal preparation and delivery to be included in their NDIS plan when they are unable to prepare meals due to their disability. Some examples include when the participant is experiencing:

- difficulties with organisation
- difficulties completing multi-step instructions
- a physical disability that impacts their ability to prepare meals.

For some participants the inclusion of meal preparation and delivery can support them to safely maintain independent living and reduce their reliance on other supports.

When making a reasonable and necessary decision on including meal preparation and delivery in the participants plan you should consider:

- goal attainment and building independence
- the functional impact of the participant's disability for the preparation of meals
- assessments
- duplication of funding
- reviewing the quote
- considerations when including funding in the participants plan.

8.2.1 Goal attainment and building independence

You need to consider how including funding for meal preparation and delivery will assist the participant to achieve their goals and build their independence.

Talk to the participant to understand how meal preparation and delivery will support them. Discuss:

- How they currently prepare meals?
- How meal preparation and delivery will support them to achieve their goals?
- Have they considered other supports that would develop their ability to prepare meals more independently such as an individualised program and support to participate in preparation of meals? Is this something they would like to do? Have they tried this previously? If yes, what were the outcomes?
- Have they explored the use of Assistive Technology (AT) to assist with meal preparation tasks? Is this something they would be interested in exploring?
- Are there risks for the participant preparing their own meals?

For participants with the potential to develop independence in meal preparation you should consider funding for meal preparation and delivery while they explore AT and capacity building supports. At the next scheduled plan review the plan developer and participant can

discuss the outcomes of these supports to determine whether meal preparation and delivery continues to be required.

8.2.2 Meal preparation for children

When the participant is a child and they require mealtime preparation that is above what would be considered reasonable to expect families and carers to provide you should consider the inclusion of funding for meal preparation and delivery.

For example, the family or caregiver for a child who is on a ketogenic diet due to their disability needs may need significantly more time for meal preparation than a child not on a specialist diet due to their disability needs.

Discuss requests for meal preparation and delivery for the child participant with your line manager.

8.2.3 Assessments

Assessments may be useful in helping you make a decision on whether to include meal preparation and delivery in the participants plan. However, they are not always necessary when there is a clear link between the functional impact of the participant's disability and preparation of meals.

For example, you may find that you have enough information to make a reasonable and necessary decision using:

- information from the planning conversation
- previous reports
- previous NDIS plans
- other supporting evidence.

If the participant gives you a copy of an assessment from a suitably qualified allied health professional supporting their request for meal preparation and delivery you need to consider this when making your decision.

You may be able to use information from a previous assessment to better understand the participants support needs where there has been no change to the participant's functional capacity.

You should only ask the participant for an assessment from a suitably qualified allied health professional if you have reviewed all current information and still need additional information to make your decision. When you request an assessment, make sure you include funding in the Capacity Building budget for this to be completed.

8.2.4 Duplication of funding

If you are including support for meal preparation and delivery in the participants plan you need to review other supports to make sure you are not duplicating funding.

Examples of other areas where support may be duplicated are:

- funding for a support worker to assist the participant to prepare the meals
- funding for a support worker to assist the participant with their mealtime management routine
- when the participant is receiving support for 24 hours each day (for example, SIL)
- funding for capacity building supports to build independence in meal preparation.

Note: There may be times where these supports are not duplications. If you are unsure, please discuss with your line manager.

8.2.5 Reviewing the quote

Meal preparation and delivery is a quote-required support. This means that the participant needs to submit a quote for you to consider as part of the reasonable and necessary decision making process.

When you are reviewing the quote check:

- The amount is for the preparation and delivery of meals only. NDIS does not cover the cost of food as this is considered a day-to-day living cost.
- The quote is value for money.
- You can check if a quote is value for money by comparing the quoted amount to the Product Catalogue (benchmark price) in the System. If it is 10% over the catalogue price, seek decision-making advice from your line manager.

8.2.6 Considerations when including funding in the participants plan

If the request meets the reasonable and necessary criteria you need to:

- include funding for the support using the participants plan management preference
- include a comment in the plan so that the participant knows that funding has been included. For example "$xx.xx per week of funding for meal preparation and delivery."

8.3 Transport

Transport funding should be considered when the participant is unable to use public transport without substantial difficulty due to the impact of their disability.

Transport funding does not cover transport assistance which is considered a day-to-day living cost. For example, transport to appointments, shopping or recreational activities.

This support needs to be directly linked to plan goals and include a skill development focus.

You should use the three levels of supports for transport assistance as a guide only:

- **Level 1 $1606-$1,784**: For participants who are not working, studying or attending day programs but want to enhance their community access.

- **Level 2 $2472-$2,676**: For participants who are currently working or studying part-time (up to 15 hours a week), participating in day programs and for other goal based social, recreational or leisure activities.
- **Level 3 $3456-$3,567**: For participants who are currently working, looking for work, or studying (15 hours or more a week), and are unable to use public transport because of their disability.

To ensure the participant has transport funding to meet their transport support needs, you will need to review the TSP generated amount. Also consider the levels of support for transport assistance and include an amount based on your reasonable and necessary decision making.

You will need to seek advice from the Technical Advisory Branch (TAB) for transport costs significantly above Transport level 3 or not related to activity-based transport.

Record justifications for your decision in the Review and Submit Plan for Approval and/or Finalise Plan and Approve Task.

Note: If a participant is currently receiving mobility allowance from Centrelink, this allowance will stop upon approval of their first NDIS plan.

8.3.1 Transport periodic payments

Unlike other support categories, transport can be paid to participants as an automated periodic payment (fortnightly payment).

The System will automatically tick the Periodic Payment check box next to the Transport support category in the Determine Funded Supports Task. This means the funding is paid periodically to the participant.

It is important to review this and update the check box to reflect the participant's circumstances. For example, if transport funding is in-kind you need to untick the Periodic Payment check box.

Periodic payments are self-managed payments. You must discuss this with the participant, their child representative and/or plan nominee.

You should **not** approve self-managed periodic payment:

- when current bankruptcy is declared in the risk assessment, or
- if self-managing transport funding is likely to present an unreasonable risk to the participant.

So that periodic payments can be made, you need to check bank account details of the participant, their child representative and/or plan nominee are collected and recorded in the System **before** the plan is approved. Refer to the Standard Operating Procedures – Record Bank Details.

8.3.2 Participant transport as part of community participation

The participant can use funding from their Core budget for a support worker to help them participate in community outings and/or transport from their home to the community. Providers claim these costs at the relevant community participation hourly rate. When the provider is supporting more than one participant to access the community at the same time, they need to claim the group rate.

Funding from the participant's Core budget can also be used for the provider's non-labour costs associated with providing transport to participants:

- accessing community participation supports
- accessing or maintaining employment
- accessing or maintaining or higher education.

Non-labour costs associated with participant transport can include:

- public transport fares
- road tolls
- parking fees
- reasonable vehicle running costs
  - up to $0.85 a kilometre for a standard vehicle not modified for accessibility
  - up to $2.40 a kilometre for a vehicle that is modified for accessibility or a bus
- taxi or ride-share fares.

You need to consider the non-labour costs associated with providing this transport when determining the reasonable and necessary Core funding in the participant's plan.

8.3.3 Provider travel

Provider travel is different to participant transport. There are two types of provider travel:

1. travel to provide daily activities and community access (Core) supports
2. travel to and from Capacity Building supports – refer to section 9.5 Provider Travel for further information.

When the participant agrees, providers can claim the time spent travelling to the participant. Only the actual travel time can be claimed.

For Core support, this refers to the time spent by the provider travelling to deliver a service to the participant (participant is not in the car). Where a support worker provides services to more than one participant the travel time can be shared between the participants, if each participant agrees in advance.

You may need to consider provider travel for delivering Core supports when developing Core funding in the participant's plan. Maximum limits apply to the amount of travel time providers

can claim. Refer to the NDIS Price Guides and Pricing for further information on provider travel.

When implementing the plan, participants should be encouraged to negotiate their supports with providers, particularly around the cost of provider travel.

9. Capacity Building supports

Capacity Building (CB) supports assist participants to increase their ability to live their life independently.

These supports are designed to deliver improved outcomes for the participant and reduce the need for funded supports in the future. CB supports focus on outcomes and are always linked to one of the participant's goals.

Unlike the Core support budget, CB supports are only flexible in the same CB support category. For example, funding from CB Daily Activity can be used flexibly across all non-stated support items in the CB Daily Activity budget, and cannot be used to purchase supports from any other CB budget.

In the System, the TSP will generate CB support funding based on the response to the guided planning question 'What level of Capacity Building is required?' You need to apply reasonable and necessary decision-making regardless of whether CB support budget funding has or has not been generated by the TSP.

The exception is Plan Management (Financial Administration) supports. When the participant requires Plan Management, you must include funding in the CB Choice and Control budget. For further information refer to Standard Operating Procedure - Plan Management and Financial Administration Support Items.

All funding generated for Capacity Building will default to the CB Choice and Control budget. You will need to allocate the funding across the relevant CB budgets as you determine the reasonable and necessary supports in line with the participant's goals and expected plan outcomes.

The nine Capacity Building (CB) support categories are:

- **CB Choice and Control:** Includes support items relating to plan management and financial administration. Refer to section 9.2 Funding for Plan Management below.
- **CB Daily Activity:** Individual assessment/therapy/training, group therapy, carer/parent training and individual skills development. Refer to section 9.3 CB Daily Activity below.
- **CB Employment:** Includes School Leaver Employment Support (SLES) and employment-related assessments and counselling. Refer to section 9.4 CB Employment below.
- **CB Health & Wellbeing**: Includes dietary and exercise physiology supports.

- **CB Home Living:** Includes assistance with accommodation and tenancy obligations.
- **CB Lifelong Learning**: Includes transition through school and to further education.
- **CB Relationships:** Includes behaviour support, as well as social skills development and capacity building. Refer to the Practice Guide – Positive Behaviour Support and Behaviours of Concern for information on including supports to address Behaviours of Concern (BoC).
- **CB Social, Community and Civic participation:** Includes community participation activities, skills development and training as well as life transition planning such as mentoring and peer support. These supports may sometimes be used for carers' respite.
- **Support Coordination:** Refer to section 9.5 Support Coordination below.

9.1 Capacity building for self-managing support funding

The participant should be presumed to have the capacity to self-manage unless there is unreasonable risk. This is supported by the NDIS legislation and principles of the NDIS. Funding may be included in the participant's plan to build capacity and support their goal to self-manage supports in their plan now, or in the future. This is a reasonable and necessary decision under section 34 of the NDIS Act.

For supports to build, or continue to build the participant's capacity to manage their support funding, you should consider:

- strategies to safeguard the participant's interests, including informal supports
- supports which could build the participant's independence and capacity to self-manage
- whether including additional supports in the plan could mitigate risks to the participant
- whether support with budgeting, book keeping and financial record keeping will support the participant's goal to manage their supports in the future
- any supports to assist the participant to negotiate services and utilise the supports in their plan.

For further information about the different types of plan management, who can manage NDIS funds and capacity building supports for self-management, refer to the Practice Guide – Determine Plan Management.

9.2 Funding for Plan Management

Plan management and financial administration funding is a stated support that allows the participant to engage an NDIS Registered Plan Manager to manage the financial functions of their plan.

Funding for plan management and financial administration support is not included in the TSP. If the participant, their nominee or child representative requests to have a plan manager for one or more of their supports, you are required to add funding for the plan management activities in the participant's plan.

The participant's choice to have a plan manager manage the funded supports in their plan is a legislative entitlement under section 43(2) of the NDIS Act 2013. Where the participant requests their funding to be managed by a plan manager, this is not subject to reasonable and necessary criteria.

Refer to the Standard Operating Procedure - Plan Management and Financial Administration Support Items to include financial administration supports in a participant's plan.

Where it is a goal of the participant to learn how to manage their own funds and/or build capacity to self-manage their plan, if reasonable and necessary, this support funding is included in one of the following CB budgets:

- **CB – Choice and Control (Plan and Financial capacity building):** Generally used when a participant is plan managed and has goals around financial independence and/or to build capacity to move to self-managing in the future.
- **CB – Support Coordination (Training in Planning and Plan Management):-** Generally used for participants who are self-managed and require some assistance to get started with this process, or where a participant has support coordination included in their plan and the plan is not plan managed.

When including funding to build capacity to self-manage, ensure you discuss whether the participant will be able to locate and access appropriate service providers to assist them.

9.3 CB Daily Activity

9.3.1 Allied Health Practitioners

Allied health practitioners (AHP) hold a university qualification, specialise in different areas and work directly with the person requiring support. AHPs are not part of the medical, dental or nursing professions. AHPs include, but are not limited to: occupational therapists, physiotherapists, speech therapists, exercise physiologists, psychologists, prosthetists or orthotists, podiatrists, dieticians or respiratory therapists.

Refer to Practice Guide – Understanding Therapy Supports for a full description of each of the allied health practitioners.

Reasonable and necessary funding can be included in the participant's plan to meet their disability-related health support needs. For example continence supports, diabetic supports,

dysphagia supports, epilepsy supports, podiatry supports, nutrition supports, podiatry and foot care supports, respiratory supports or wound and pressure care supports. Refer to section 16.2 Disability-Related Health Supports and Practice Guide – Disability-Related Health Supports for further information.

9.3.2 Nursing

Reasonable and necessary nursing supports can be included in the participants plan to meet their disability-related health support needs as per section 6.8 of Practice Guide – Disability-Related Health Supports.

9.4 CB Employment

The CB Employment category includes School Leaver Employment Support (SLES), and employment-related assessments and counselling.

9.4.1 School Leaver Employment Support (SLES)

SLES funding will be auto-generated as part of the TSP to the CB Employment budget based on the response to the guided planning question, 'Is the participant eligible for School Leaver Employment Support (SLES)?' For the current guidance on SLES, please refer to the Employment intranet page.

9.5 Support Coordination

The Support Coordination category is part of the Capacity Building budget but is separate from the eight Capacity Building (CB) sub-categories. This category includes the support items for support connection, support coordination and specialised support coordination, as well as support for building a participant's capacity to learn to self-manage their own plan (training in planning and plan management).

Refer to:

- Appendix 1 – Standard TSP Changes Summary
- Standard Operating Procedure – Update Participant Streaming
- Standard Operating Procedure – Include Support Coordination in a Plan.

9.6 Provider Travel

Providers of some supports are able to claim non-direct services, including provider travel, short notice cancellations and where an NDIA report is required.

Provider travel for capacity building supports can be claimed for travel to each participant, and return travel from the last appointment of the day. The participant must agree to the travel costs to be claimed in advance.

Where a worker travels to an area and provides services to more than one participant, if agreed to in advance by each participant, the cost of time and travel could be split between the participants.

CB support categories where providers may be able to claim provider travel include:

- CB Daily Activity
- CB Social Community and Civic Participation
- CB Employment
- CB Relationships
- CB Health and Wellbeing
- Support Coordination.

When considering the level of reasonable and necessary CB supports, consider how the services will be delivered. Also consider any other circumstances that may affect how the participant utilises their plan funding, such as provider travel, and how this may impact the level of supports available, particularly for participants living in regional and remote areas.

Maximum limits apply to the amount of travel time providers are permitted to claim. Refer to the NDIS Price Guides and Pricing for further information.

9.7 Medicare

The participant may access Medicare funded allied health services with a referral from their GP alongside allied health supports funded in their NDIS plan. There is no requirement for the participant to use or exhaust these Medicare funded services before receiving allied health supports funded in their NDIS plan if the supports required relate to the participant's functional impairment and are considered reasonable and necessary.

Where considered reasonable and necessary, the funded supports should be included to cover the full cost of the supports. Where Medicare funded allied health supports are not considered reasonable and necessary, the supports funded through Medicare can work side by side with other funded supports to enable the participant to achieve their goals.

For example:

- NDIS funded psychology supports to address disability related barriers and build capacity to engage in social situations and participate in employment.
- The participant also accessed Medicare funded psychology supports for clinical treatment such as ongoing counselling and medication management (not funded by the NDIS).

10. Capital supports

Capital supports assist a participant to increase independence and participation in a range of different environments, such as their home, community and the workplace.

The two support categories within Capital are Assistive Technology and Home Modifications.

When responses to the guided planning questions generate assistive technology or home modifications support funding, the intended purpose is to fund equipment or an assessment appropriate to meet the participant's needs.

Unlike the Core support budget, Capital support categories are not flexible between Assistive Technology and Home Modifications.

It is the responsibility of the plan developer to review the TSP generated Capital supports and adjust the budget amounts for the participant's reasonable and necessary support needs.

Note: Capital items including AT and Home modifications must not be added to a plan (even if they are quote required) unless evidence and reports are attached in the System to justify that the equipment is reasonable and necessary.

10.1 Assistive Technology

For further information on including assistive technology in the participant's plan refer to the Assistive Technology Standard Operating Procedures and Fact sheets on the Planning resources Intranet page.

10.2 Home Modifications

Home modifications includes interior and exterior home modifications, consultation and project management. For further information on including funding for Home Modifications in the participant's, refer to the Standard Operating Procedure – Include Home Modification Supports in Plans.

10.2.1 Specialist Disability Accommodation (SDA)

The support item for Specialist Disability Accommodation (SDA) sits in the Home Modifications budget of a plan.

The three different types of SDA are:

- new
- in-kind
- existing.

The two occasions when SDA may be included in a plan are:

- when there is a new SDA decision

- when the participant was already residing in disability related supported accommodation at the time of transition to the NDIS.

10.2.1.1 Existing or In-Kind SDA

When the participant is already residing in an SDA dwelling when they transition to the NDIS they are considered to be in existing or in-kind SDA. SDA funding needs to be included in the participant's NDIS Plan. Refer to:

- Standard Operating Procedure – Include Existing (non in-kind) SDA in a Plan: Participants Residing in SDA Prior to Transition
- Standard Operating Procedure – Adding In-Kind Supports in a Plan.

10.2.1.2 A new SDA decision

When the participant wishes to move in to SDA for the first time or wishes to move to a different SDA dwelling, from an existing or in-kind SDA dwelling, this is considered to be new SDA.

For new SDA, the SDA support funding must not be included in the participant's plan without referral to the SDA panel for advice.

The SDA panel will review the SDA eligibility and provide a recommendation for the participant's SDA request. The SDA panel will also provide information on the eligible SDA type and level for the participant. This information is recorded in the Housing and Accommodation section of the participant's record.

Refer to the Standard Operating Procedure – Determine Specialist Disability Accommodation - Change of Address or a New Decision.

Note: For more information regarding transitional accommodation, while the participant is waiting for Assistive Technology or Home Modifications, refer to the Practice Guide – Medium Term Accommodation.

11. Quote required support items

A quote is required for some supports such as high cost assistive technology, complex home modifications and vehicle modifications.

Where a quote required support is included in the participant's plan the quote process must be followed. For further information refer to the Standard Operating Procedure - Initiate and Record Quotes and Standard Operating Procedure - Consider and Action Quotes.

12. Plan Duration

The duration of the participant's plan may vary depending on the participant's disability, streaming decision and individual circumstances. You can find guidance for determining plan duration in Standard Operating Procedure – Complete the Risk Assessment.

The TSP generates Core supports based on the chosen plan duration. For example, a 36-month plan will generate 36 months of Core supports, a 24-month plan will include 24 months of core supports and a 6-month plan will generate 6 months of Core supports.

Manual adjustment may be required for Capacity Building and Capital supports for plans other than 12 months duration. You will need to use reasonable and necessary decision making to adjust funding in these budgets to reflect the participant's needs for the duration of the plan.

13. Stated supports

A stated support is a support recorded in the plan at the support item level, and selected as stated in the support calculator.

When a support is stated the funding for that item can only be used for that particular support. As defined in Part 6 of the NDIS (Plan Management) Rules 2013, stated supports must be purchased by the participant as they are described in the plan.

Carefully consider if a support you are including needs to be stated, as stated items reduce flexibility for the participant and the provider.

When including stated support item(s), make sure the comments in the related support category clearly outline the intent of the stated support.

For example: In CB Relationships, you may include a stated support item for the development of a Behaviour Support Plan by a registered provider. Marking the support item as stated quarantines this funding from the rest of the support category budget, and ensures it can only be used by the participant as intended.

14. In-kind

Before the NDIS was established, states and territories paid service providers directly to deliver services to people with disabilities. In some situations, states and territories continue to pay for these services directly and NDIS participants continue using these services.

When these pre-paid supports are provided as reasonable and necessary supports in the participant's plan they are called in-kind and must be recorded as in-kind specifically within the participant plan. Refer to the Practice Guide – In-Kind.

15. Compensation

If the participant responds 'yes' to the risk assessment question 'Is your disability the result of an accident or event?' this indicates the participant has received, or is entitled to receive compensation. Additional questions will be generated in the System for you to complete in relation to compensation.

Compensation, for NDIS purposes, is either a lump sum or periodic payment.

If you identify the participant is, or has been entitled to compensation, follow the steps below:

1. Give the participant or their nominee the Compensation and the NDIS Fact Sheet.
2. Advise the participant or nominee they can get additional information on the Compensation and your plan page of the NDIS website.
3. Email the Compensation Recoveries Team (CRT) as soon as you become aware of the potential for compensation. In the subject line of your email include the participant's NDIS number and last name.
4. Add an alert to the participant record in the System.
5. Create an interaction that compensation has been identified.
6. Proceed with developing and approving the participant's plan.

For further information refer to the Compensation Recoveries intranet page.

16. Changes to the TSP

Sometimes, the generated TSP has not enough or more than enough funding to meet a participant's needs or enable them to achieve their goals. Funding generated in each individual support category is informed by the participant's support needs identified in response to the details recorded in the System. Use reasonable and necessary decision making to adjust the TSP up or down in response to information available to you regarding the participant and their individual circumstances.

Sometimes, evidence of support needs may indicate that the funding generated in the TSP is above the reasonable and necessary support requirements. For example, a participant may be very engaged in the community for recreational and social activities or be working, and have strong, sustainable informal care networks. This information must be taken into account when determining the funded supports to prevent supports being funded in the plan that are in addition to what is reasonable and necessary.

The standard TSP changes include varying the TSP for specific supports. These supports include:

- Defined Programs
- Plan Management costs
- Behaviours of Concern
- Supported Independent Living (SIL) (group)
- Specialist Disability Accommodation (SDA)
- Assistive Technology (including composite items)
- Home Modifications
- Coordination of Support

- School Leaver Employment Services (SLES)
- Australian Disability Enterprises (ADE).

16.1 Parental responsibility

You must also recognise parental responsibility when considering funded supports for children under 18 years. All parents are responsible for providing substantial care and support for their children whether they experience a disability or not, for example, transporting them to activities and meeting the cost of after school activities.

When considering if support is reasonable and necessary you should consider:

- the goals for the child and the support needs of their disability
- whether because of the child's disability the care needs are substantially greater than those of other children of a similar age
- whether the support will improve the child's capacity, future capacity or reduce risks to wellbeing.

For example, it is likely reasonable and necessary to include support for a teenager who does not have the capacity to complete self-care routines independently due to their disability. This is because a teenage child would be reasonably expected to undertake all self-care activities independently and the funded supports may address the functional needs and or support the participant to build their capacity to increase independence.

If the example was for a young child where generally children of that age are assisted by a parent or carer, it may be a reasonable expectation for a parent to provide all self-care supports, as this would be a parental expectation for any child of a young age regardless of disability.

16.2 Disability-Related Health Supports

Reasonable and necessary disability-related health supports can be included in a participant's NDIS plan if they:

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

Refer to the Practice Guide – Disability-Related Health Supports for full guidance. For further information about specific disability related health supports refer to the relevant practice guidance:

- Practice Guide – Continence Supports
- Practice Guide – Diabetic Management Supports

- Practice Guide – Dysphagia Supports
- Practice Guide – Epilepsy Supports
- Practice Guide – Nutrition Supports
- Practice Guide – Podiatry and Foot Care Supports
- Practice Guide – Respiratory Supports
- Practice Guide – Wound and Pressure Care Supports

It is unlikely that funding for most disability-related health supports will be generated in the TSP. This means you will need to include them as a reasonable and necessary adjustment to the TSP. Make sure you include the participant's need for disability-related health supports in your justifications for increasing the TSP and include a comment in the NDIS plan to describe these supports.

16.3 Other considerations

16.3.1 Duplication of supports

Consider duplication of supports when developing the plan. For example, if it has been deemed reasonable and necessary to include SLES or ADE supports in a participant's plan to achieve their goal of economic and social participation, then funding generated by the TSP in other support categories (such as social, community participation) which achieve the same goal should be reduced or removed where appropriate.

16.3.2 Evidence

Any decision to vary the funding generated by the TSP must be informed by validated supporting evidence and have a justification recorded in the System to allow the delegate to make the funding decision. Supporting evidence includes the lived experience of the participant and published peer-reviewed literature. If the TSP is exceeded as a result of a reasonable and necessary decision, clear evidence from a relevant professional or written information supporting your recommendation must be attached to the participant record and referenced in the plan justification.

16.3.3 Increases in plan value

A senior delegate must check and endorse any increase above 108 per cent:

- TSP for first plans
- super imposed inflation for review plans.

Record details of this review, including the name of the reviewing delegate, in an interaction. If you are the plan developer, details can be recorded when completing the Plan Approval Considerations – Plan Submitted for Approval interaction template. If you are the plan delegate, details can be recorded when completing the Plan Approved and Ready for Implementation interaction template.

16.3.4 Technical Advisory Branch (TAB) referrals

Ensure you submit any mandatory TAB referrals for advice. Check the TAB Requesting Advice intranet page for a list of supports that require referral to TAB and how to request advice.

17. Justification for reasonable and necessary supports

Plan developers and delegates must record a justification for each support category in the participant's plan. Justifications should be clear and concise, and only include information relevant to your decision.

You must include the following information in each justification:

- description of the support and how it relates to the participant's disability support needs
- how the support will help the participant achieve their goals
- how the support meets reasonable and necessary criteria
- refer to any supporting evidence to support the inclusion of proposed supports.

17.1 Justifications for plan management

Plan management funding (plan management set up and administration fees) is not a reasonable and necessary decision.

You do not need to provide detailed justification for this support. Refer to section 9.2 Funding for Plan Management for more information on these supports.

You can record the following standard justification for this support:

- **Plan management fees** – Funding for the plan to be plan managed as requested.

Note: Funding to support the participant to learn to self-manage their funding is a reasonable and necessary decision, and you will need justify including this support. Refer to the Practice Guide – Determine Plan Management.

17.2 Best practice justification examples

Note: Names used in the examples are fictitious.

17.2.1 Example 1 - Core Supports: Social Community & Civic

Helen has a moderate intellectual disability and requires support to access her community and to participate in individual and group activities in order to achieve her goal of continuing to spend time with her friends.

Core funding is included for Helen to attend her current group day program three days (18 hours) per week. Funding is also included for 1:1 support three hours per week to attend her community choir group. These supports will help her maintain her friendships and social

activities, as she is unable to participate without support. Helen's parents will continue to support her at home, including overnight and on weekends.

17.2.2 Example 2 – Capacity Building Supports: CB Relationships

Michael has complex behaviours of concern and has a current behaviour support. Funding for ongoing monitoring and review of the behaviour support plan will support Michael to:

- build capacity in managing his emotions
- develop relationships with others
- enhance his communication skills
- develop, implement and review strategies to engage appropriately with others at home and when out in the community.

These strategies will support Michael's goal of accessing the community, and help him build stable relationships with his support network. It is anticipated this support will reduce his need for intensive 1:1 funded supports over the next 12 months, therefore representing value for money in the long term.

17.2.3 Example 3 – Capacity Building Supports: CB Daily Activity

Lucy has a primary disability of bi-polar disorder and a secondary disability of vision impairment. Lucy has a goal of being able to do more things for herself at home. Specifically, she would like to be able to prepare a basic meal for her family.

Lucy has difficulty reading a recipe, following the instructions and operating kitchen appliances. She currently relies on her parents to complete all meal preparation tasks. This funding allows an occupational therapist to assess her capacity to complete household tasks independently. The therapist can recommend capacity building strategies in a skill development plan, and recommend assistive technology to help her achieve this goal.

17.2.4 Example 4 – Capital Supports: Assistive Technology replacement

Salim has cerebral palsy and currently uses a manual wheelchair that is seven years old. Salim said at the planning meeting that the wheelchair cannot be repaired, and he will need a new wheelchair in the next two months so that he can continue going out independently. Salim submitted a quote for a new, similar wheelchair for $9,684.00.

Salim's occupational therapist has stated the new wheelchair does not pose significant risks. The replacement wheelchair meets the three criteria for replacement AT in the Our Guideline – Assistive Technology:

1. Evidence of existing use – Salim has submitted the original purchase receipt, and a report from his repairer that his current wheelchair cannot be repaired.
2. No change to functional capacity – the Occupational Therapist letter uploaded to inbound documents states that his support needs are stable.
3. Cost – the new wheelchair is less than $15,000.

17.2.5 Example 5 – Core Supports: Transport

Sally has autism, and cannot use public transport independently. Currently, she does not know how to hail a bus or which stop to get off. She also experiences anxiety in crowds and public places. One of her goals is to join a sports class approximately 20 minutes away from home. She will not require support when she is at the class.

Funding is included for Level 1 transport to allow her to use taxis to attend the class and other social activities. Sally is not currently working or studying, but she is looking to increase her community access. The funding in the Capacity Building Daily Activity support category will support her to build her skills in using public transport independently. She may not require transport support in future plans.

18. Ghosting

There are issues with ghosting in the Determine the Funded Supports task in the System. Ghosting means that supports that have been added using the support calculator and later removed may still show up in the Finalise Plan and Approve task. For more information, refer to the Standard Operating Procedure – Determine Reasonable and Necessary Supports.

19. Plan Reviews

When determining the funded supports at plan review, you must consider the previous plans value and the utilisation of any funded supports in comparison with the new plan's total budget, including the generated TSP. The duration of a plan will affect the supports generated in the TSP. Changes to the plan duration or funded supports will impact on the type of plan review you should conduct.

For guidance on determining the plan duration refer to the Standard Operating Procedure – Complete the Risk Assessment.

For information on completing a plan review, refer to:

- Standard Operating Procedure – Support Tool to Determine the Scheduled Plan Review Approach
- Standard Operating Procedure – Complete a Plan Review (Full)
- Standard Operating Procedure – Complete a Plan Review (Light Touch)
- Standard Operating Procedure – Complete a Scheduled Plan Review (Renewal).

20. The next steps

Once you have completed and submitted the Determine Funded Supports and Determine Plan Management tasks, submit the draft plan for approval via the Review and Submit Plan for Approval task, refer to Standard Operating Procedure – Review and Submit a Plan for Approval.

The plan approval decision will involve the plan delegate reviewing all available information and evidence on the record relating to the participant's circumstances, their capacity and any risks and safeguards. Evidence and justification to support the inclusion of funded supports in the plan (as recommended by the plan developer) to meet reasonable and necessary will also be reviewed and considered as part of the plan approval decision.

Prior to submitting a plan for approval it is important you are satisfied you have provided enough evidence to justify and support the proposed reasonable and necessary funding including any adjustments to the TSP with the justification recorded in the Review and Submit Plan for Approval task.

20.1 High Decision Delegate approval

Depending on the overall plan value and/or other risk factors, the plan may need to be assigned to the High Decision Delegate (HDD) team for review and approval. The System will not allow a delegate with insufficient delegation to approve the plan. If delegation level 4 approval is required, follow the steps as outlined in the Standard Operating Procedure – Finalise and Approve a Plan.

21. Appendices

21.1 Appendix 1 - Standard TSP Changes Summary

The TSP is the first step in determining the reasonable and necessary funded supports and you may need to adjust the funding generated using reasonable and necessary decision-making principles to reflect participant's individual circumstances.

This document is a guideline for determining reasonable and necessary supports for specific items. Items or supports listed as TAB mandatory referrals must be submitted to TAB for advice.

Any variation to the TSP **must** meet the reasonable and necessary criteria and be informed by validated evidence which is recorded in the System in the **Review and Submit Plan for Approval** and/or **Finalise Plan and Approve** tasks. A senior delegate must check and endorse any increase above 108 per cent:

- TSP for first plans
- super imposed inflation for review plans.

Assessment reports and other supporting evidence must be attached as an inbound document.

Topic	Considerations for Change	Guidance
Defined Programs	Some participants are transitioning to the NDIS from Defined Programs. These participants must not be disadvantaged by their move to the NDIS; however, funded supports can only be included in a plan if they meet the reasonable and necessary criteria. There should be appropriate reasonable and necessary supports in the plan to enable the participant to achieve **at least the same outcomes** as they were receiving prior to transition. This is not necessarily the same level of funding – rather it is their ability to achieve the same level of outcomes. **Note:** In some cases, the participant may have been receiving supports prior to entering the NDIS that do not meet the reasonable and necessary criteria and these cannot be funded in their NDIS plan.	Standard Operating Procedure – Determine Reasonable and Necessary Supports Planning Operational Guideline – 10.9.1 The Principle of "no disadvantage"
Behaviours of Concern	Some participants require supports to address behaviours of concern. There may not be enough funding in the generated TSP to allow for the required behavioural supports. Use reasonable and necessary decision making to increase the CB Relationships budget as required.	Standard Operating Procedure – Behaviour Intervention Supports TAB Requesting advice intranet page

Topic	Considerations for Change	Guidance
Supported Independent Living (Group) **and** **Specialist Disability Accommodation (SDA)**	For Supported Independent Living (SIL) – add supports in accordance with the relevant resource. **Note:** To avoid duplication of supports, it is important that the relevant SIL guidance is followed and adjustments made to the Core budget as required. For existing and in-kind SDA – add supports in accordance with Standard Operating Procedure – Include Existing (non- In-Kind) SDA in a Plan or Standard Operating Procedure – Adding in-kind Support to a Plan. For new SDA refer to SDA Panel.	Practice Guidance – Identifying Housing Solutions Standard Operating Procedure – Include Existing (non in-kind) SDA in a Plan: Participants Residing in SDA Prior to Transition Standard Operating Procedure – Adding In-kind Supports to a Plan Standard Operating Procedure – Include Supported Independent Living (SIL) in Plans Standard Operating Procedure - Determine Specialist Disability Accommodation - Change of Address or a New Decision
Assistive Technology	For Assistive Technology allocate funding in accordance with the relevant resources.	Refer to the Assistive Technology Standard Operating Procedures and Fact sheets on the Planning resources Intranet page TAB Our Guideline - Assistive Technology
Home Modifications	Funds to be allocated according to the Standard Operating Procedure – Include Home Modifications Supports in Plans.	Standard Operating Procedure – Include Home Modification Supports in Plans

Topic	Considerations for Change	Guidance
Coordination of Supports	Where indicated as being required in the Guided Planning Questionnaire, the TSP generates funding for Coordination of Supports equivalent to 21.7 hours per year for participants aged 16 years and over. Participants who are supported by an LAC will not require this funding. Some participants will require an adjustment to the Coordination of Supports funding to implement their plan and address any current complexities in their life. The Standard Operating Procedure – Include Support Coordination in a Plan provides information and guidance around levels of Coordination of Support (low to very high).	Standard Operating Procedure – Include Support Coordination in a Plan Standard Operating Procedure – Review and Submit Plan for Approval Practice Guide – Motor Neurone Disease (may also be used for participants with other rapidly degenerating neurological conditions) Standard Operating Procedure – Adding In-kind Supports to a Plan

Topic	Considerations for Change	Guidance
School Leaver Employment Supports (SLES) **And** **Supports in Employment**	If a participant has been assessed and identified as suitable for SLES funding – add supports in accordance with the SLES Standard Operating Procedure. **Note:** If SLES is included in a plan, generated supports relating to community participation and CB must be considered and reduced as required to avoid duplication of supports. For example, most SLES participants will have SLES activities for a minimum of 3 days per week. Some participants will require **frequent and ongoing supports** to assist them to take part in work. These supports are called **Supports in Employment**. Because the TSP does not automatically generate funding for Supports in Employment, you will need to use reasonable and necessary decision making and if needed adjust the TSP. For further guidance, refer to Standard Operating Procedure - Supports in Employment.	Standard Operating Procedure - Add School Leaver Employment Supports to the participant's plan Standard Operating Procedure – Calculate Supports in Employment Funding

22. Supporting material

- NDIS Act 2013
- National Disability Insurance Scheme (Supports for Participants) Rules 2013
- Planning Operational Guideline

23. Process Owner and approver

General Manager Participant Experience and Design.

24. Feedback

If you have any feedback about this Practice Guide, please complete our Feedback form.

25. Version change control

Version No	Amended by	Brief Description of Change	Status	Date
21.0	CS0074	Class 1 approval Additional task included in Prerequisites - Review and Submit for Funded Supports.	APPROVED	2020-07-01
22.0	CW0032	Class 2 Approved From 1 July 2020, supports in employment will be included under the Core budget. Assistance in Specialised Supported Employment support items, used by Australian Disability Enterprises will no longer be used in plans developed from 1 July. Links to participant check in resources added.	APPROVED	2020-07-29
23.0	JC0075	Class 2 approval Update for plan developers to refer to the Technical Advisory Branch	APPROVED	2020-12-04

Version No	Amended by	Brief Description of Change	Status	Date
		intranet page for supports that require mandatory TAB advice.		
24.0	CS0074	Class 1 approval KPI pre-requisite added. Changes to TSP updated to reflect PED KPI 10	APPROVED	2020-12-23

Practice Guide – Determine Reasonable and Necessary Supports

Contents

1. Purpose

This Practice Guide will support you to consider the reasonable and necessary funded supports (if any) to be included in the participant's National Disability Insurance Scheme (NDIS) plan.

2. To be used by

- Plan Developers – Planners and Partners in the Community (Local Area Co-ordinators [LACs]).
- NDIA Plan Delegates.

3. Scope

The National Disability Insurance Agency (NDIA) must be satisfied the funded supports in the participant's NDIS plan meet each of the reasonable and necessary criteria outlined in:

- section 34(1) of the *National Disability Insurance Scheme Act 2013*
- the *National Disability Insurance Scheme (Supports for Participants) Rules 2013*
- Operational Guideline - Including Specific Types of Supports in Plans.

Note: Do not use this Practice Guide if you are planning for participants less than seven years of age. Refer to the Standard Operating Procedure - Determine the Funded Supports in Early Childhood Early Intervention (ECEI).

4. Prerequisites

Before you consider any reasonable and necessary funded supports, you must:

- Have read and understood the Participant Experience Delivery (PED) Key Performance Indicators (KPIs) and comply with the PED KPI and target relevant to reasonable and necessary supports.
- Complete and submit all relevant and mandatory pre-planning tasks.
- Complete the Review and Submit for Funded Supports acknowledgement. When this step is not completed, you may not be able to access the Determine the Funded Supports task.
- Make sure the primary disability recorded on the participant's record is correct.
- Check the appropriate severity indicator tool has been completed. You can find further information in Standard Operating Procedure – Update Severity Tools.
- Check the plan duration recorded within the Risk Assessment task reflects the participant's circumstances. You can find further information in Standard Operating Procedure – Complete the Risk Assessment

- Discuss with the participant, their plan nominee or child representative(s) who they want to manage the support funding in their plan. You can find further information in Standard Operating Procedure – Determine Plan Management.
- Check the Practice Guidance page of the intranet and use other practice guidance relevant to the participant's circumstances together with this Practice Guide. For example Practice Guide – Motor Neurone Disease (MND), Our Guideline - Younger People in Residential Aged Care or Practice Guide – Assistance Animals.
- Check if a mandatory referral to Technical Advisory Branch (TAB) is required by referring to the TAB Requesting Advice intranet page.

5. Planning

During the planning conversation with the participant, their child representative and/or nominee you will develop an understanding of the participant's individual circumstances. You will also gather information to complete the pre-planning tasks and create a personalised plan.

When completing the pre-planning tasks you recorded the mainstream, informal and community supports the participant currently uses, and their goals. You now need to determine which reasonable and necessary funded supports (if any) will be included in the participant's plan to support them to achieve their goals.

Planning tasks may be completed by NDIA staff or Partners in the Community and include:

- understanding the participant, their individual circumstances and their support needs
- providing information about the principles of the NDIS
- assisting the participant to identify their goals
- identifying any supports the participant currently receives through mainstream, informal and/or community channels including any funded supports in place
- identifying any risks
- identifying the appropriate reasonable and necessary funded supports
- identify how the participant would like the funding in their plan managed, including any request to self-manage, and make a plan management recommendation.

5.1 No reasonable and necessary supports identified

In some cases, the participant may meet the NDIS access requirements however there are no reasonable and necessary supports identified for the current plan. You may determine mainstream, community and/or informal supports currently meet the participant's support needs, but in the future the participant is likely to require funded supports. For example, for a participant living with a slow degenerative condition, you may determine for the current plan

period the participant only needs support to better understand the condition and improve their health and well-being.

If no reasonable and necessary funded supports are identified:

- complete the participant statement
- complete the pre-planning tasks
- develop the participant's plan - in the Determine the Funded Supports task do not generate the support plan. Instead, submit the task with $0.00 funding.
- complete an interaction which includes details of:
  - your discussions with the participant, and
  - justification for your decision that no funded supports are required in the participant's current plan.

The participant's plan will outline the informal, community and/or mainstream supports that will meet the participant's goals and support needs.

6. The Typical Support Package (TSP)

The TSP is an amount of funding based on the participant's disability, individual support needs and characteristics. TSPs provide an efficient, evidence based and nationally consistent approach to planning.

During the planning conversation you will gather and record information in the NDIS Business System (System) including the participant's age, primary disability, other disabilities, level of functional impairment, current and potential mainstream, informal and community supports.

The primary disability recorded in the System is one of the factors which influence the TSP. If the participant has more than one impairment, you need to record the primary disability as the impairment which has the greatest functional impact on the participant.

The NDIS actuarial team developed TSPs in collaboration with disability experts. These include people with a disability, professionals and subject matter experts. They take into consideration real life participant experiences and experiences gained through trial. Refer to Appendix 1 - Standard TSP Changes Summary.

Note: TSP is an internal term used by the Agency and should **not** be discussed with the participant.

7. Reasonable and Necessary

With the exception of Section 43 (Plan Management) of the NDIS Act, you must apply reasonable and necessary decision making to NDIS funded supports in the participant's plan to ensure the supports are effective and beneficial to the participant.

NDIS funded supports should:

- assist the participant to pursue their goals
- facilitate the participant's social and/or economic participation
- represent value for money
- be likely to be effective and beneficial for the participant (having regard to current good practice)
- take into account what support is reasonable to expect families, carers, informal networks and the community to provide
- complement (not replace) other government services.

You must also consider whether any funded supports should not be provided or funded under the NDIS.

A support will not be funded under the NDIS if it:

- is more appropriately funded by another government service
- is likely to cause harm to the participant or pose a risk to others
- is not related to the participant's disability
- duplicates other supports delivered under alternative funding through the NDIS
- relates to day-to-day living costs (for example, rent, groceries and utility fees) that are not attributable to the participant's disability support needs
- is contradictory to a law of the Commonwealth or the State or Territory in which the support would be provided
- consists of income replacement.

You should take a whole of person approach when considering which supports are reasonable and necessary in the participant's plan.

If the participant acquires an impairment after they have met access to the NDIS, you should consider how each impairment affects the participant's life, and the support they need to achieve their goals.

Your decision to include reasonable and necessary supports in the participant's plan is based on whether the support meets all sections of the reasonable and necessary criteria.

In exceptional circumstances some day-to-day living costs may be funded by the NDIS, if they are:

- additional living costs which are a direct result of the person's disability support needs
- ancillary costs associated with a funded support, which the participant would not otherwise incur.

8. Core supports

Core supports assist the participant to manage aspects of their daily living such as self-care and accessing the community. There are four Core support categories:

- **Consumables:** includes disability-related health consumables products, dog guide consumables, Low Cost assistive technology and interpreting services.
- **Daily Activities**: includes assistance with self-care, including additional care for short periods used for carers respite, shared living arrangements, household cleaning and/or yard maintenance.
- **Social, Community and Civic Participation:** includes individual and group based community, social, recreational activity and economic participation. These supports may be used for day-to-day on the job assistance to assist participants to meaningfully participate at work. These supports may also be used for carers respite.
- **Transport**: includes general and specialised transport for attending school, employment or going out in the community.

You need to ensure the participant has the Core support funding they need to meet their plan goals. Review the funding generated by the TSP and either increase or decrease the level of support funding in line with the reasonable and necessary criteria.

You will record justifications for your decisions in the Review and Submit Plan for Approval and/or Finalised Plan and Approve tasks.

8.1 Core budget flexibility

The four Core support categories **Consumables, Daily Activities, Social, Community and Civic Participation** and **Transport** are flexible. This means funding from one Core category (such as Daily Activities) can be used to purchase supports from another Core category (for example, Consumables). For funds to be used flexibly, the categories must have the same fund management type (such as Agency Managed).

It is important to look at the total value of the Core supports (for instance total combined value of Consumables, Daily Activities and Social, Community and Civic Participation and Transport) when determining the reasonable and necessary Core support funding amount.

Often the TSP will only generate funding in one or two of the Core support categories. If this occurs, you will need to check how the funding is allocated. You may need to adjust how the funding is distributed based on the participant's individual Core support needs, plan goals and circumstances. However, participants are able to use their funding flexibly across the Core categories, even if $0 are allocated to the support category.

If the participant receives periodic transport funding, the Transport category is not flexible. Periodic transport is not included in Core flexibility as it is paid directly to the participant.

Activity based transport can be claimed from the participant's Core funding by providers with the participants agreement. Refer to section 8.3 Transport for more information.

Although Core funds can be used flexibly, it is important to ensure the participant understands the Core funding can only be used to purchase reasonable and necessary supports in line with the plan's objectives regardless of whether the funding is Agency, self or plan managed.

Example of Core flexibility: Juan requires support to access his community activities and everyday use continence items. Funding of $21,606 is included in Juan's plan for his Core support needs, as follows.

- Consumables: $4,000 (Agency managed $3,000, plan managed $1,000)
- Daily Activities: $0
- Social, Community and Civic Participation: $16,000 (Agency managed $9,000, plan managed $7,000)
- Transport – $1,606 (periodic payment)

During his plan Juan has short term need for self-care support. Depending on the funding remaining available, Juan could chose to use the flexibility of his Core budget for Daily Activities (up to $12,000 Agency managed and/or up to $8,000 plan managed). Juan's periodic transport budget of $1,606 is not flexible with his other Core funding.

8.1.1 Limitations to flexibility with stated supports

When considering making a Core support item **Stated,** carefully consider:

- The impact on flexibility for the participant and their providers
- Whether the support is a composite item. Providers are unable to claim for a specific time of day or day of week if the composite item is stated.

8.1.2 Limitations to flexibility for transport in the Core budget

In exceptional circumstances, transport can be used flexibly however, only if;

- the transport funding is not set up as an automated periodic payment, and
- the transport funding is not included as a stated support, and
- there are remaining funds in the Core budget to be utilised, and
- the transport funding plan management type is the same as other Core Supports, and
- the transport Service Booking is amended to a higher amount than what is provided in the transport category in the Core budget.

8.2 Meal preparation and delivery

The participant may request meal preparation and delivery to be included in their NDIS plan when they are unable to prepare meals due to their disability. Some examples include when the participant is experiencing:

- difficulties with organisation
- difficulties completing multi-step instructions
- a physical disability that impacts their ability to prepare meals.

For some participants the inclusion of meal preparation and delivery can support them to safely maintain independent living and reduce their reliance on other supports.

When making a reasonable and necessary decision on including meal preparation and delivery in the participants plan you should consider:

- goal attainment and building independence
- the functional impact of the participant's disability for the preparation of meals
- assessments
- duplication of funding
- reviewing the quote
- considerations when including funding in the participants plan.

8.2.1 Goal attainment and building independence

You need to consider how including funding for meal preparation and delivery will assist the participant to achieve their goals and build their independence.

Talk to the participant to understand how meal preparation and delivery will support them. Discuss:

- How they currently prepare meals?
- How meal preparation and delivery will support them to achieve their goals?
- Have they considered other supports that would develop their ability to prepare meals more independently such as an individualised program and support to participate in preparation of meals? Is this something they would like to do? Have they tried this previously? If yes, what were the outcomes?
- Have they explored the use of Assistive Technology (AT) to assist with meal preparation tasks? Is this something they would be interested in exploring?
- Are there risks for the participant preparing their own meals?

For participants with the potential to develop independence in meal preparation you should consider funding for meal preparation and delivery while they explore AT and capacity building supports. At the next scheduled plan review the plan developer and participant can

discuss the outcomes of these supports to determine whether meal preparation and delivery continues to be required.

8.2.2 Meal preparation for children

When the participant is a child and they require mealtime preparation that is above what would be considered reasonable to expect families and carers to provide you should consider the inclusion of funding for meal preparation and delivery.

For example, the family or caregiver for a child who is on a ketogenic diet due to their disability needs may need significantly more time for meal preparation than a child not on a specialist diet due to their disability needs.

Discuss requests for meal preparation and delivery for the child participant with your line manager.

8.2.3 Assessments

Assessments may be useful in helping you make a decision on whether to include meal preparation and delivery in the participants plan. However, they are not always necessary when there is a clear link between the functional impact of the participant's disability and preparation of meals.

For example, you may find that you have enough information to make a reasonable and necessary decision using:

- information from the planning conversation
- previous reports
- previous NDIS plans
- other supporting evidence.

If the participant gives you a copy of an assessment from a suitably qualified allied health professional supporting their request for meal preparation and delivery you need to consider this when making your decision.

You may be able to use information from a previous assessment to better understand the participants support needs where there has been no change to the participant's functional capacity.

You should only ask the participant for an assessment from a suitably qualified allied health professional if you have reviewed all current information and still need additional information to make your decision. When you request an assessment, make sure you include funding in the Capacity Building budget for this to be completed.

8.2.4 Duplication of funding

If you are including support for meal preparation and delivery in the participants plan you need to review other supports to make sure you are not duplicating funding.

Examples of other areas where support may be duplicated are:

- funding for a support worker to assist the participant to prepare the meals
- funding for a support worker to assist the participant with their mealtime management routine
- when the participant is receiving support for 24 hours each day (for example, SIL)
- funding for capacity building supports to build independence in meal preparation.

Note: There may be times where these supports are not duplications. If you are unsure, please discuss with your line manager.

8.2.5 Reviewing the quote

Meal preparation and delivery is a quote-required support. This means that the participant needs to submit a quote for you to consider as part of the reasonable and necessary decision making process.

When you are reviewing the quote check:

- The amount is for the preparation and delivery of meals only. NDIS does not cover the cost of food as this is considered a day-to-day living cost.
- The quote is value for money.
- You can check if a quote is value for money by comparing the quoted amount to the Product Catalogue (benchmark price) in the System. If it is 10% over the catalogue price, seek decision-making advice from your line manager.

8.2.6 Considerations when including funding in the participants plan

If the request meets the reasonable and necessary criteria you need to:

- include funding for the support using the participants plan management preference
- include a comment in the plan so that the participant knows that funding has been included. For example "$xx.xx per week of funding for meal preparation and delivery."

8.3 Transport

Transport funding should be considered when the participant is unable to use public transport without substantial difficulty due to the impact of their disability.

Transport funding does not cover transport assistance which is considered a day-to-day living cost. For example, transport to appointments, shopping or recreational activities.

This support needs to be directly linked to plan goals and include a skill development focus.

You should use the three levels of supports for transport assistance as a guide only:

- **Level 1 $1606-$1,784**: For participants who are not working, studying or attending day programs but want to enhance their community access.

- **Level 2 $2472-$2,676**: For participants who are currently working or studying part-time (up to 15 hours a week), participating in day programs and for other goal based social, recreational or leisure activities.
- **Level 3 $3456-$3,567**: For participants who are currently working, looking for work, or studying (15 hours or more a week), and are unable to use public transport because of their disability.

To ensure the participant has transport funding to meet their transport support needs, you will need to review the TSP generated amount. Also consider the levels of support for transport assistance and include an amount based on your reasonable and necessary decision making.

You will need to seek advice from the Technical Advisory Branch (TAB) for transport costs significantly above Transport level 3 or not related to activity-based transport.

Record justifications for your decision in the Review and Submit Plan for Approval and/or Finalise Plan and Approve Task.

Note: If a participant is currently receiving mobility allowance from Centrelink, this allowance will stop upon approval of their first NDIS plan.

8.3.1 Transport periodic payments

Unlike other support categories, transport can be paid to participants as an automated periodic payment (fortnightly payment).

The System will automatically tick the Periodic Payment check box next to the Transport support category in the Determine Funded Supports Task. This means the funding is paid periodically to the participant.

It is important to review this and update the check box to reflect the participant's circumstances. For example, if transport funding is in-kind you need to untick the Periodic Payment check box.

Periodic payments are self-managed payments. You must discuss this with the participant, their child representative and/or plan nominee.

You should **not** approve self-managed periodic payment:

- when current bankruptcy is declared in the risk assessment, or
- if self-managing transport funding is likely to present an unreasonable risk to the participant.

So that periodic payments can be made, you need to check bank account details of the participant, their child representative and/or plan nominee are collected and recorded in the System **before** the plan is approved. Refer to the Standard Operating Procedures – Record Bank Details.

8.3.2 Participant transport as part of community participation

The participant can use funding from their Core budget for a support worker to help them participate in community outings and/or transport from their home to the community. Providers claim these costs at the relevant community participation hourly rate. When the provider is supporting more than one participant to access the community at the same time, they need to claim the group rate.

Funding from the participant's Core budget can also be used for the provider's non-labour costs associated with providing transport to participants:

- accessing community participation supports
- accessing or maintaining employment
- accessing or maintaining or higher education.

Non-labour costs associated with participant transport can include:

- public transport fares
- road tolls
- parking fees
- reasonable vehicle running costs
  - up to $0.85 a kilometre for a standard vehicle not modified for accessibility
  - up to $2.40 a kilometre for a vehicle that is modified for accessibility or a bus
- taxi or ride-share fares.

You need to consider the non-labour costs associated with providing this transport when determining the reasonable and necessary Core funding in the participant's plan.

8.3.3 Provider travel

Provider travel is different to participant transport. There are two types of provider travel:

1. travel to provide daily activities and community access (Core) supports
2. travel to and from Capacity Building supports – refer to section 9.5 Provider Travel for further information.

When the participant agrees, providers can claim the time spent travelling to the participant. Only the actual travel time can be claimed.

For Core support, this refers to the time spent by the provider travelling to deliver a service to the participant (participant is not in the car). Where a support worker provides services to more than one participant the travel time can be shared between the participants, if each participant agrees in advance.

You may need to consider provider travel for delivering Core supports when developing Core funding in the participant's plan. Maximum limits apply to the amount of travel time providers

can claim. Refer to the NDIS Price Guides and Pricing for further information on provider travel.

When implementing the plan, participants should be encouraged to negotiate their supports with providers, particularly around the cost of provider travel.

9. Capacity Building supports

Capacity Building (CB) supports assist participants to increase their ability to live their life independently.

These supports are designed to deliver improved outcomes for the participant and reduce the need for funded supports in the future. CB supports focus on outcomes and are always linked to one of the participant's goals.

Unlike the Core support budget, CB supports are only flexible in the same CB support category. For example, funding from CB Daily Activity can be used flexibly across all non-stated support items in the CB Daily Activity budget, and cannot be used to purchase supports from any other CB budget.

In the System, the TSP will generate CB support funding based on the response to the guided planning question 'What level of Capacity Building is required?' You need to apply reasonable and necessary decision-making regardless of whether CB support budget funding has or has not been generated by the TSP.

The exception is Plan Management (Financial Administration) supports. When the participant requires Plan Management, you must include funding in the CB Choice and Control budget. For further information refer to Standard Operating Procedure - Plan Management and Financial Administration Support Items.

All funding generated for Capacity Building will default to the CB Choice and Control budget. You will need to allocate the funding across the relevant CB budgets as you determine the reasonable and necessary supports in line with the participant's goals and expected plan outcomes.

The nine Capacity Building (CB) support categories are:

- **CB Choice and Control:** Includes support items relating to plan management and financial administration. Refer to section 9.2 Funding for Plan Management below.
- **CB Daily Activity:** Individual assessment/therapy/training, group therapy, carer/parent training and individual skills development. Refer to section 9.3 CB Daily Activity below.
- **CB Employment:** Includes School Leaver Employment Support (SLES) and employment-related assessments and counselling. Refer to section 9.4 CB Employment below.
- **CB Health & Wellbeing**: Includes dietary and exercise physiology supports.

- **CB Home Living:** Includes assistance with accommodation and tenancy obligations.
- **CB Lifelong Learning**: Includes transition through school and to further education.
- **CB Relationships:** Includes behaviour support, as well as social skills development and capacity building. Refer to the Practice Guide – Positive Behaviour Support and Behaviours of Concern for information on including supports to address Behaviours of Concern (BoC).
- **CB Social, Community and Civic participation:** Includes community participation activities, skills development and training as well as life transition planning such as mentoring and peer support. These supports may sometimes be used for carers' respite.
- **Support Coordination:** Refer to section 9.5 Support Coordination below.

9.1 Capacity building for self-managing support funding

The participant should be presumed to have the capacity to self-manage unless there is unreasonable risk. This is supported by the NDIS legislation and principles of the NDIS. Funding may be included in the participant's plan to build capacity and support their goal to self-manage supports in their plan now, or in the future. This is a reasonable and necessary decision under section 34 of the NDIS Act.

For supports to build, or continue to build the participant's capacity to manage their support funding, you should consider:

- strategies to safeguard the participant's interests, including informal supports
- supports which could build the participant's independence and capacity to self-manage
- whether including additional supports in the plan could mitigate risks to the participant
- whether support with budgeting, book keeping and financial record keeping will support the participant's goal to manage their supports in the future
- any supports to assist the participant to negotiate services and utilise the supports in their plan.

For further information about the different types of plan management, who can manage NDIS funds and capacity building supports for self-management, refer to the Practice Guide – Determine Plan Management.

9.2 Funding for Plan Management

Plan management and financial administration funding is a stated support that allows the participant to engage an NDIS Registered Plan Manager to manage the financial functions of their plan.

Funding for plan management and financial administration support is not included in the TSP. If the participant, their nominee or child representative requests to have a plan manager for one or more of their supports, you are required to add funding for the plan management activities in the participant's plan.

The participant's choice to have a plan manager manage the funded supports in their plan is a legislative entitlement under section 43(2) of the NDIS Act 2013. Where the participant requests their funding to be managed by a plan manager, this is not subject to reasonable and necessary criteria.

Refer to the Standard Operating Procedure - Plan Management and Financial Administration Support Items to include financial administration supports in a participant's plan.

Where it is a goal of the participant to learn how to manage their own funds and/or build capacity to self-manage their plan, if reasonable and necessary, this support funding is included in one of the following CB budgets:

- **CB – Choice and Control (Plan and Financial capacity building):** Generally used when a participant is plan managed and has goals around financial independence and/or to build capacity to move to self-managing in the future.
- **CB – Support Coordination (Training in Planning and Plan Management):-** Generally used for participants who are self-managed and require some assistance to get started with this process, or where a participant has support coordination included in their plan and the plan is not plan managed.

When including funding to build capacity to self-manage, ensure you discuss whether the participant will be able to locate and access appropriate service providers to assist them.

9.3 CB Daily Activity

9.3.1 Allied Health Practitioners

Allied health practitioners (AHP) hold a university qualification, specialise in different areas and work directly with the person requiring support. AHPs are not part of the medical, dental or nursing professions. AHPs include, but are not limited to: occupational therapists, physiotherapists, speech therapists, exercise physiologists, psychologists, prosthetists or orthotists, podiatrists, dieticians or respiratory therapists.

Refer to Practice Guide – Understanding Therapy Supports for a full description of each of the allied health practitioners.

Reasonable and necessary funding can be included in the participant's plan to meet their disability-related health support needs. For example continence supports, diabetic supports,

dysphagia supports, epilepsy supports, podiatry supports, nutrition supports, podiatry and foot care supports, respiratory supports or wound and pressure care supports. Refer to section 16.2 Disability-Related Health Supports and Practice Guide – Disability-Related Health Supports for further information.

9.3.2 Nursing

Reasonable and necessary nursing supports can be included in the participants plan to meet their disability-related health support needs as per section 6.8 of Practice Guide – Disability-Related Health Supports.

9.4 CB Employment

The CB Employment category includes School Leaver Employment Support (SLES), and employment-related assessments and counselling.

9.4.1 School Leaver Employment Support (SLES)

SLES funding will be auto-generated as part of the TSP to the CB Employment budget based on the response to the guided planning question, 'Is the participant eligible for School Leaver Employment Support (SLES)?' For the current guidance on SLES, please refer to the Employment intranet page.

9.5 Support Coordination

The Support Coordination category is part of the Capacity Building budget but is separate from the eight Capacity Building (CB) sub-categories. This category includes the support items for support connection, support coordination and specialised support coordination, as well as support for building a participant's capacity to learn to self-manage their own plan (training in planning and plan management).

Refer to:

- Appendix 1 – Standard TSP Changes Summary
- Standard Operating Procedure – Update Participant Streaming
- Standard Operating Procedure – Include Support Coordination in a Plan.

9.6 Provider Travel

Providers of some supports are able to claim non-direct services, including provider travel, short notice cancellations and where an NDIA report is required.

Provider travel for capacity building supports can be claimed for travel to each participant, and return travel from the last appointment of the day. The participant must agree to the travel costs to be claimed in advance.

Where a worker travels to an area and provides services to more than one participant, if agreed to in advance by each participant, the cost of time and travel could be split between the participants.

CB support categories where providers may be able to claim provider travel include:

- CB Daily Activity
- CB Social Community and Civic Participation
- CB Employment
- CB Relationships
- CB Health and Wellbeing
- Support Coordination.

When considering the level of reasonable and necessary CB supports, consider how the services will be delivered. Also consider any other circumstances that may affect how the participant utilises their plan funding, such as provider travel, and how this may impact the level of supports available, particularly for participants living in regional and remote areas.

Maximum limits apply to the amount of travel time providers are permitted to claim. Refer to the NDIS Price Guides and Pricing for further information.

9.7 Medicare

The participant may access Medicare funded allied health services with a referral from their GP alongside allied health supports funded in their NDIS plan. There is no requirement for the participant to use or exhaust these Medicare funded services before receiving allied health supports funded in their NDIS plan if the supports required relate to the participant's functional impairment and are considered reasonable and necessary.

Where considered reasonable and necessary, the funded supports should be included to cover the full cost of the supports. Where Medicare funded allied health supports are not considered reasonable and necessary, the supports funded through Medicare can work side by side with other funded supports to enable the participant to achieve their goals.

For example:

- NDIS funded psychology supports to address disability related barriers and build capacity to engage in social situations and participate in employment.
- The participant also accessed Medicare funded psychology supports for clinical treatment such as ongoing counselling and medication management (not funded by the NDIS).

10. Capital supports

Capital supports assist a participant to increase independence and participation in a range of different environments, such as their home, community and the workplace.

The two support categories within Capital are Assistive Technology and Home Modifications.

When responses to the guided planning questions generate assistive technology or home modifications support funding, the intended purpose is to fund equipment or an assessment appropriate to meet the participant's needs.

Unlike the Core support budget, Capital support categories are not flexible between Assistive Technology and Home Modifications.

It is the responsibility of the plan developer to review the TSP generated Capital supports and adjust the budget amounts for the participant's reasonable and necessary support needs.

Note: Capital items including AT and Home modifications must not be added to a plan (even if they are quote required) unless evidence and reports are attached in the System to justify that the equipment is reasonable and necessary.

10.1 Assistive Technology

For further information on including assistive technology in the participant's plan refer to Our Guidelines - Assistive technology on the NDIS website and Assistive Technology guidance on the Planning resources Intranet page.

10.2 Home Modifications

Home modifications includes interior and exterior home modifications, consultation and project management. For further information on including funding for Home Modifications in the participant's, refer to the Standard Operating Procedure – Include Home Modification Supports in Plans.

10.2.1 Specialist Disability Accommodation (SDA)

The support item for Specialist Disability Accommodation (SDA) sits in the Home Modifications budget of a plan.

The three different types of SDA are:

- new
- in-kind
- existing.

The two occasions when SDA may be included in a plan are:

- when there is a new SDA decision

- when the participant was already residing in disability related supported accommodation at the time of transition to the NDIS.

10.2.1.1 Existing or In-Kind SDA

When the participant is already residing in an SDA dwelling when they transition to the NDIS they are considered to be in existing or in-kind SDA. SDA funding needs to be included in the participant's NDIS Plan. Refer to:

- Standard Operating Procedure – Include Existing (non in-kind) SDA in a Plan: Participants Residing in SDA Prior to Transition
- Standard Operating Procedure – Adding In-Kind Supports in a Plan.

10.2.1.2 A new SDA decision

When the participant wishes to move in to SDA for the first time or wishes to move to a different SDA dwelling, from an existing or in-kind SDA dwelling, this is considered to be new SDA.

For new SDA, the SDA support funding must not be included in the participant's plan without referral to the SDA panel for advice.

The SDA panel will review the SDA eligibility and provide a recommendation for the participant's SDA request. The SDA panel will also provide information on the eligible SDA type and level for the participant. This information is recorded in the Housing and Accommodation section of the participant's record.

Refer to the Standard Operating Procedure – Determine Specialist Disability Accommodation - Change of Address or a New Decision.

Note: For more information regarding transitional accommodation, while the participant is waiting for Assistive Technology or Home Modifications, refer to the Practice Guide – Medium Term Accommodation.

11. Quote required support items

A quote is required for some supports such as high cost assistive technology, complex home modifications and vehicle modifications.

Where a quote required support is included in the participant's plan the quote process must be followed. For further information refer to the Standard Operating Procedure - Initiate and Record Quotes and Standard Operating Procedure - Consider and Action Quotes.

12. Plan Duration

The duration of the participant's plan may vary depending on the participant's disability, streaming decision and individual circumstances. You can find guidance for determining plan duration in Standard Operating Procedure – Complete the Risk Assessment.

The TSP generates Core supports based on the chosen plan duration. For example, a 36-month plan will generate 36 months of Core supports, a 24-month plan will include 24 months of core supports and a 6-month plan will generate 6 months of Core supports.

Manual adjustment may be required for Capacity Building and Capital supports for plans other than 12 months duration. You will need to use reasonable and necessary decision making to adjust funding in these budgets to reflect the participant's needs for the duration of the plan.

13. Stated supports

A stated support is a support recorded in the plan at the support item level, and selected as stated in the support calculator.

When a support is stated the funding for that item can only be used for that particular support. As defined in Part 6 of the NDIS (Plan Management) Rules 2013, stated supports must be purchased by the participant as they are described in the plan.

Carefully consider if a support you are including needs to be stated, as stated items reduce flexibility for the participant and the provider.

When including stated support item(s), make sure the comments in the related support category clearly outline the intent of the stated support.

For example: In CB Relationships, you may include a stated support item for the development of a Behaviour Support Plan by a registered provider. Marking the support item as stated quarantines this funding from the rest of the support category budget, and ensures it can only be used by the participant as intended.

14. In-kind

Before the NDIS was established, states and territories paid service providers directly to deliver services to people with disabilities. In some situations, states and territories continue to pay for these services directly and NDIS participants continue using these services.

When these pre-paid supports are provided as reasonable and necessary supports in the participant's plan they are called in-kind and must be recorded as in-kind specifically within the participant plan. Refer to the Practice Guide – In-Kind.

15. Compensation

If the participant responds 'yes' to the risk assessment question 'Is your disability the result of an accident or event?' this indicates the participant has received, or is entitled to receive compensation. Additional questions will be generated in the System for you to complete in relation to compensation.

Compensation, for NDIS purposes, is either a lump sum or periodic payment.

If you identify the participant is, or has been entitled to compensation, follow the steps below:

1. Give the participant or their nominee the Compensation and the NDIS Fact Sheet.
2. Advise the participant or nominee they can get additional information on the Compensation and your plan page of the NDIS website.
3. Email the Compensation Recoveries Team (CRT) as soon as you become aware of the potential for compensation. In the subject line of your email include the participant's NDIS number and last name.
4. Add an alert to the participant record in the System.
5. Create an interaction that compensation has been identified.
6. Proceed with developing and approving the participant's plan.

For further information refer to the Compensation Recoveries intranet page.

16. Changes to the TSP

Sometimes, the generated TSP has not enough or more than enough funding to meet a participant's needs or enable them to achieve their goals. Funding generated in each individual support category is informed by the participant's support needs identified in response to the details recorded in the System. Use reasonable and necessary decision making to adjust the TSP up or down in response to information available to you regarding the participant and their individual circumstances.

Sometimes, evidence of support needs may indicate that the funding generated in the TSP is above the reasonable and necessary support requirements. For example, a participant may be very engaged in the community for recreational and social activities or be working, and have strong, sustainable informal care networks. This information must be taken into account when determining the funded supports to prevent supports being funded in the plan that are in addition to what is reasonable and necessary.

The standard TSP changes include varying the TSP for specific supports. These supports include:

- Defined Programs
- Plan Management costs
- Behaviours of Concern
- Supported Independent Living (SIL) (group)
- Specialist Disability Accommodation (SDA)
- Assistive Technology (including composite items)
- Home Modifications
- Coordination of Support

- School Leaver Employment Services (SLES)
- Australian Disability Enterprises (ADE).

16.1 Parental responsibility

You must also recognise parental responsibility when considering funded supports for children under 18 years. All parents are responsible for providing substantial care and support for their children whether they experience a disability or not, for example, transporting them to activities and meeting the cost of after school activities.

When considering if support is reasonable and necessary you should consider:

- the goals for the child and the support needs of their disability
- whether because of the child's disability the care needs are substantially greater than those of other children of a similar age
- whether the support will improve the child's capacity, future capacity or reduce risks to wellbeing.

For example, it is likely reasonable and necessary to include support for a teenager who does not have the capacity to complete self-care routines independently due to their disability. This is because a teenage child would be reasonably expected to undertake all self-care activities independently and the funded supports may address the functional needs and or support the participant to build their capacity to increase independence.

If the example was for a young child where generally children of that age are assisted by a parent or carer, it may be a reasonable expectation for a parent to provide all self-care supports, as this would be a parental expectation for any child of a young age regardless of disability.

16.2 Disability-Related Health Supports

Reasonable and necessary disability-related health supports can be included in a participant's NDIS plan if they:

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

Refer to the Practice Guide – Disability-Related Health Supports for full guidance. For further information about specific disability related health supports refer to the relevant practice guidance:

- Practice Guide – Continence Supports
- Practice Guide – Diabetic Management Supports

- Practice Guide – Dysphagia Supports
- Practice Guide – Epilepsy Supports
- Practice Guide – Nutrition Supports
- Practice Guide – Podiatry and Foot Care Supports
- Practice Guide – Respiratory Supports
- Practice Guide – Wound and Pressure Care Supports

It is unlikely that funding for most disability-related health supports will be generated in the TSP. This means you will need to include them as a reasonable and necessary adjustment to the TSP. Make sure you include the participant's need for disability-related health supports in your justifications for increasing the TSP and include a comment in the NDIS plan to describe these supports.

16.3 Other considerations

16.3.1 Duplication of supports

Consider duplication of supports when developing the plan. For example, if it has been deemed reasonable and necessary to include SLES or ADE supports in a participant's plan to achieve their goal of economic and social participation, then funding generated by the TSP in other support categories (such as social, community participation) which achieve the same goal should be reduced or removed where appropriate.

16.3.2 Evidence

Any decision to vary the funding generated by the TSP must be informed by validated supporting evidence and have a justification recorded in the System to allow the delegate to make the funding decision. Supporting evidence includes the lived experience of the participant and published peer-reviewed literature. If the TSP is exceeded as a result of a reasonable and necessary decision, clear evidence from a relevant professional or written information supporting your recommendation must be attached to the participant record and referenced in the plan justification.

16.3.3 Increases in plan value

A senior delegate must check and endorse any increase above 108 per cent:

- TSP for first plans
- super imposed inflation for review plans.

Record details of this review, including the name of the reviewing delegate, in an interaction. If you are the plan developer, details can be recorded when completing the Plan Approval Considerations – Plan Submitted for Approval interaction template. If you are the plan delegate, details can be recorded when completing the Plan Approved and Ready for Implementation interaction template.

16.3.4 Technical Advisory Branch (TAB) referrals

Ensure you submit any mandatory TAB referrals for advice. Check the TAB Requesting Advice intranet page for a list of supports that require referral to TAB and how to request advice.

17. Justification for reasonable and necessary supports

Plan developers and delegates must record a justification for each support category in the participant's plan. Justifications should be clear and concise, and only include information relevant to your decision.

You must include the following information in each justification:

- description of the support and how it relates to the participant's disability support needs
- how the support will help the participant achieve their goals
- how the support meets reasonable and necessary criteria
- refer to any supporting evidence to support the inclusion of proposed supports.

17.1 Justifications for plan management

Plan management funding (plan management set up and administration fees) is not a reasonable and necessary decision.

You do not need to provide detailed justification for this support. Refer to section 9.2 Funding for Plan Management for more information on these supports.

You can record the following standard justification for this support:

- **Plan management fees** – Funding for the plan to be plan managed as requested.

Note: Funding to support the participant to learn to self-manage their funding is a reasonable and necessary decision, and you will need justify including this support. Refer to the Practice Guide – Determine Plan Management.

17.2 Best practice justification examples

Note: Names used in the examples are fictitious.

17.2.1 Example 1 - Core Supports: Social Community & Civic

Helen has a moderate intellectual disability and requires support to access her community and to participate in individual and group activities in order to achieve her goal of continuing to spend time with her friends.

Core funding is included for Helen to attend her current group day program three days (18 hours) per week. Funding is also included for 1:1 support three hours per week to attend her community choir group. These supports will help her maintain her friendships and social

activities, as she is unable to participate without support. Helen's parents will continue to support her at home, including overnight and on weekends.

17.2.2 Example 2 – Capacity Building Supports: CB Relationships

Michael has complex behaviours of concern and has a current behaviour support. Funding for ongoing monitoring and review of the behaviour support plan will support Michael to:

- build capacity in managing his emotions
- develop relationships with others
- enhance his communication skills
- develop, implement and review strategies to engage appropriately with others at home and when out in the community.

These strategies will support Michael's goal of accessing the community, and help him build stable relationships with his support network. It is anticipated this support will reduce his need for intensive 1:1 funded supports over the next 12 months, therefore representing value for money in the long term.

17.2.3 Example 3 – Capacity Building Supports: CB Daily Activity

Lucy has a primary disability of bi-polar disorder and a secondary disability of vision impairment. Lucy has a goal of being able to do more things for herself at home. Specifically, she would like to be able to prepare a basic meal for her family.

Lucy has difficulty reading a recipe, following the instructions and operating kitchen appliances. She currently relies on her parents to complete all meal preparation tasks. This funding allows an occupational therapist to assess her capacity to complete household tasks independently. The therapist can recommend capacity building strategies in a skill development plan, and recommend assistive technology to help her achieve this goal.

17.2.4 Example 4 – Capital Supports: Assistive Technology replacement

Salim has cerebral palsy and currently uses a manual wheelchair that is seven years old. Salim said at the planning meeting that the wheelchair cannot be repaired, and he will need a new wheelchair in the next two months so that he can continue going out independently. Salim submitted a quote for a new, similar wheelchair for $9,684.00.

Salim's occupational therapist has stated the new wheelchair does not pose significant risks. The replacement wheelchair meets the three criteria for replacement AT in the Our Guideline – Assistive Technology:

1. Evidence of existing use – Salim has submitted the original purchase receipt, and a report from his repairer that his current wheelchair cannot be repaired.
2. No change to functional capacity – the Occupational Therapist letter uploaded to inbound documents states that his support needs are stable.
3. Cost – the new wheelchair is less than $15,000.

17.2.5 Example 5 – Core Supports: Transport

Sally has autism, and cannot use public transport independently. Currently, she does not know how to hail a bus or which stop to get off. She also experiences anxiety in crowds and public places. One of her goals is to join a sports class approximately 20 minutes away from home. She will not require support when she is at the class.

Funding is included for Level 1 transport to allow her to use taxis to attend the class and other social activities. Sally is not currently working or studying, but she is looking to increase her community access. The funding in the Capacity Building Daily Activity support category will support her to build her skills in using public transport independently. She may not require transport support in future plans.

18. Ghosting

There are issues with ghosting in the Determine the Funded Supports task in the System. Ghosting means that supports that have been added using the support calculator and later removed may still show up in the Finalise Plan and Approve task. For more information, refer to the Standard Operating Procedure – Determine Reasonable and Necessary Supports.

19. Plan Reviews

When determining the funded supports at plan review, you must consider the previous plans value and the utilisation of any funded supports in comparison with the new plan's total budget, including the generated TSP. The duration of a plan will affect the supports generated in the TSP. Changes to the plan duration or funded supports will impact on the type of plan review you should conduct.

For guidance on determining the plan duration refer to the Standard Operating Procedure – Complete the Risk Assessment.

For information on completing a plan review, refer to:

- Standard Operating Procedure – Support Tool to Determine the Scheduled Plan Review Approach
- Standard Operating Procedure – Complete a Plan Review (Full)
- Standard Operating Procedure – Complete a Plan Review (Light Touch)
- Standard Operating Procedure – Complete a Scheduled Plan Review (Renewal).

20. The next steps

Once you have completed and submitted the Determine Funded Supports and Determine Plan Management tasks, submit the draft plan for approval via the Review and Submit Plan for Approval task, refer to Standard Operating Procedure – Review and Submit a Plan for Approval.

The plan approval decision will involve the plan delegate reviewing all available information and evidence on the record relating to the participant's circumstances, their capacity and any risks and safeguards. Evidence and justification to support the inclusion of funded supports in the plan (as recommended by the plan developer) to meet reasonable and necessary will also be reviewed and considered as part of the plan approval decision.

Prior to submitting a plan for approval it is important you are satisfied you have provided enough evidence to justify and support the proposed reasonable and necessary funding including any adjustments to the TSP with the justification recorded in the Review and Submit Plan for Approval task.

20.1 High Decision Delegate approval

Depending on the overall plan value and/or other risk factors, the plan may need to be assigned to the High Decision Delegate (HDD) team for review and approval. The System will not allow a delegate with insufficient delegation to approve the plan. If delegation level 4 approval is required, follow the steps as outlined in the Standard Operating Procedure – Finalise and Approve a Plan.

21. Appendices

21.1 Appendix 1 - Standard TSP Changes Summary

The TSP is the first step in determining the reasonable and necessary funded supports and you may need to adjust the funding generated using reasonable and necessary decision-making principles to reflect participant's individual circumstances.

This document is a guideline for determining reasonable and necessary supports for specific items. Items or supports listed as TAB mandatory referrals must be submitted to TAB for advice.

Any variation to the TSP **must** meet the reasonable and necessary criteria and be informed by validated evidence which is recorded in the System in the **Review and Submit Plan for Approval** and/or **Finalise Plan and Approve** tasks. A senior delegate must check and endorse any increase above 108 per cent:

- TSP for first plans
- super imposed inflation for review plans.

Assessment reports and other supporting evidence must be attached as an inbound document.

Topic	Considerations for Change	Guidance
Defined Programs	Some participants are transitioning to the NDIS from Defined Programs. These participants must not be disadvantaged by their move to the NDIS; however, funded supports can only be included in a plan if they meet the reasonable and necessary criteria. There should be appropriate reasonable and necessary supports in the plan to enable the participant to achieve **at least the same outcomes** as they were receiving prior to transition. This is not necessarily the same level of funding – rather it is their ability to achieve the same level of outcomes. **Note:** In some cases, the participant may have been receiving supports prior to entering the NDIS that do not meet the reasonable and necessary criteria and these cannot be funded in their NDIS plan.	Standard Operating Procedure – Determine Reasonable and Necessary Supports Planning Operational Guideline – 10.9.1 The Principle of "no disadvantage"
Behaviours of Concern	Some participants require supports to address behaviours of concern. There may not be enough funding in the generated TSP to allow for the required behavioural supports. Use reasonable and necessary decision making to increase the CB Relationships budget as required.	Standard Operating Procedure – Behaviour Intervention Supports TAB Requesting advice intranet page

Topic	Considerations for Change	Guidance
Supported Independent Living (Group) **and** **Specialist Disability Accommodation (SDA)**	For Supported Independent Living (SIL) – add supports in accordance with the relevant resource. **Note:** To avoid duplication of supports, it is important that the relevant SIL guidance is followed and adjustments made to the Core budget as required. For existing and in-kind SDA – add supports in accordance with Standard Operating Procedure – Include Existing (non- In-Kind) SDA in a Plan or Standard Operating Procedure – Adding in-kind Support to a Plan. For new SDA refer to SDA Panel.	Practice Guidance – Identifying Housing Solutions Standard Operating Procedure – Include Existing (non in-kind) SDA in a Plan: Participants Residing in SDA Prior to Transition Standard Operating Procedure – Adding In-kind Supports to a Plan Standard Operating Procedure – Include Supported Independent Living (SIL) in Plans Standard Operating Procedure - Determine Specialist Disability Accommodation - Change of Address or a New Decision
Assistive Technology	For Assistive Technology allocate funding in accordance with the relevant resources.	Refer to the Assistive Technology guidance on the Planning resources Intranet page TAB Our Guideline - Assistive Technology.
Home Modifications	Funds to be allocated according to the Standard Operating Procedure – Include Home Modifications Supports in Plans.	Standard Operating Procedure – Include Home Modification Supports in Plans

Topic	Considerations for Change	Guidance
Coordination of Supports	Where indicated as being required in the Guided Planning Questionnaire, the TSP generates funding for Coordination of Supports equivalent to 21.7 hours per year for participants aged 16 years and over. Participants who are supported by an LAC will not require this funding. Some participants will require an adjustment to the Coordination of Supports funding to implement their plan and address any current complexities in their life. The Standard Operating Procedure – Include Support Coordination in a Plan provides information and guidance around levels of Coordination of Support (low to very high).	Standard Operating Procedure – Include Support Coordination in a Plan Standard Operating Procedure – Review and Submit Plan for Approval Practice Guide – Motor Neurone Disease (may also be used for participants with other rapidly degenerating neurological conditions) Standard Operating Procedure – Adding In-kind Supports to a Plan

Topic	Considerations for Change	Guidance
School Leaver Employment Supports (SLES) **And** **Supports in Employment**	If a participant has been assessed and identified as suitable for SLES funding – add supports in accordance with the SLES Standard Operating Procedure. **Note:** If SLES is included in a plan, generated supports relating to community participation and CB must be considered and reduced as required to avoid duplication of supports. For example, most SLES participants will have SLES activities for a minimum of 3 days per week. Some participants will require **frequent and ongoing supports** to assist them to take part in work. These supports are called **Supports in Employment**. Because the TSP does not automatically generate funding for Supports in Employment, you will need to use reasonable and necessary decision making and if needed adjust the TSP. For further guidance, refer to Standard Operating Procedure - Supports in Employment.	Standard Operating Procedure - Add School Leaver Employment Supports to the participant's plan Standard Operating Procedure – Calculate Supports in Employment Funding

22. Supporting material

- NDIS Act 2013
- National Disability Insurance Scheme (Supports for Participants) Rules 2013
- Planning Operational Guideline

23. Process Owner and approver

General Manager Participant Experience and Design.

24. Feedback

If you have any feedback about this Practice Guide, please complete our Feedback form.

25. Version change control

Version No	Amended by	Brief Description of Change	Status	Date
21.0	CS0074	Class 1 approval Additional task included in Prerequisites - Review and Submit for Funded Supports.	APPROVED	2020-07-01
22.0	CW0032	Class 2 Approved From 1 July 2020, supports in employment will be included under the Core budget. Assistance in Specialised Supported Employment support items, used by Australian Disability Enterprises will no longer be used in plans developed from 1 July. Links to participant check in resources added.	APPROVED	2020-07-29
23.0	JC0075	Class 2 approval Update for plan developers to refer to the Technical Advisory Branch	APPROVED	2020-12-04

Version No	Amended by	Brief Description of Change	Status	Date
		intranet page for supports that require mandatory TAB advice.		
24.0	CS0074	Class 1 approval KPI pre-requisite added. Changes to TSP updated to reflect PED KPI 10	APPROVED	2020-12-23
25.0	NAN927	Class 1 approval Updated links to assistive technology resources	APPROVED	2021-01-13

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Referral Checklist: Eligibility Reassessment or Access Status Change – Early Intervention

This checklist will help you decide if a participant who joined the NDIS under **early intervention requirements** should be referred for an:

- Eligibility Reassessment (ER); or
- Access status change from early intervention to disability.

A participant must leave the NDIS if they don't meet the following requirements:

- Residence
- Disability or Early Intervention.

They must also leave the NDIS if they are **over 65** and:

- in permanent **residential aged care** for the first time after turning 65, or
- are receiving an **aged care package**

This needs to be verified by receiving a copy of the participant's aged care residential service agreement to view the date of entry. If you identify a participant over 65, in this situation, you must help them to leave the NDIS using the SOP – Finalise the plan before a participant leaves the NDIS. **Don't complete this checklist**.

1. Recent updates

Date	What's changed
October 2022	• Guidance updates to align with Our Guideline – Leaving the NDIS • SOP – Cease participant status has been divided into 3 SOP's: – SOP - Ask for an Access Request to be withdrawn – SOP - Finalise the plan before a participant leaves the NDIS – SOP - Cease the participant status to leave the NDIS
April 2022	• Guidance updated to align with Our Guideline – Applying to the NDIS. • Link to Our Guideline – Mainstream and Community supports • Duplicated technical content removed

Date	What's changed

	• **New instruction** to check if participants over 65 are in residential aged care or receiving an aged care package, then follow SOP – Cease participant status to leave the NDIS.
	• **New prompt**: Is the participant over 65 and:
	  • first entered aged care permanently after the age of 65 years, or
	  • receiving an aged care package
	• **New action 3.2**: Attach completed checklist to participant's record
	• Existing content updated to highlight the different considerations for **global** developmental delay and **developmental delay**.

2. Checklist

Topic	Checklist

Pre-requisites	You have:
	❑ read and understood Our Guideline – Applying to the NDIS.
	❑ read and understood Our Guideline – Leaving the NDIS
	❑ reviewed **all information** on the participant's record (including interactions, inbound documents and planning conversation tools).
	❑ followed the instructions in SOP – Refer the participant for an Eligibility Reassessment (ER) or Access Status Change.
	You have checked the participant:
	❑ can be contacted
	❑ has an access status of '**Benefit from Early Intervention'.**
	❑ is not **over 65** and:
	  o in permanent **residential aged care** for the first time after turning 65, or
	  o are receiving an **aged care package**

Actions	❑ 3.1 Complete the checklist ❑ 3.2 Attach completed checklist to participant's record

3. Procedure

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2.1 Complete the checklist

1. Complete the checklist and follow the instructions in SOP – Refer the participant for an Eligibility Reassessment (ER) or Access Status Change. Unless specified otherwise, complete the checklist by progressing through each question consecutively.

Participant information	Details
Participant's name:	
Staff member completing checklist:	
Date completed:	Click or tap to enter a date.
1. Is the participant over 65 and: • **first entered aged care permanently for the first time after turning 65 years, or** • **receiving an aged care package?** This needs to be verified by receiving a copy of the participant's aged care residential service agreement to view the date of entry.	☐ **Yes**, do not refer to NARB If selected, do not complete remainder of checklist. Instead, refer to SOP – Finalise the plan before a participant leaves the NDIS. ☐ **No**
2. Is the participant listed as 'unable to contact'?	☐ **Yes**, do not refer to NARB If selected, do not complete remainder of checklist. Instead, refer to SOP – Unable to contact the participant. ☐ **No**
3. Is the participant's primary disability 'developmental delay' in the NDIS Business System (System)? **Note:** This does not include '**Global** Developmental Delay'. Answer **No** if the participant's primary disability is 'Global Development Delay' to continue with the checklist.	☐ **Yes** ☐ **No**, go to question **6** If participant has **Global** Developmental Delay, answer 'No'.
4. Is the participant 6 years or above? This question is only relevant if the participant has a primary disability of **developmental delay**. Refer **all** children **6 and over** with a primary disability of **developmental delay** to NARB. The following are the 3	☐ **Yes**, refer to NARB for potential ER, access status change or maintain access status decision ☐ **No**

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Participant information	Details
potential outcomes of the referral: • **Revocation** – If there is no evidence of a permanent impairment. • **Access status change** (EI to Disability) – If there is evidence of a permanent impairment and all of the disability requirements are met. (In this scenario, NARB will update the primary disability.) • **Maintain access status** – If there is evidence of a permanent impairment and all the EI requirements are met. (In this scenario, NARB will update the primary disability.)	
5. Is there evidence of an impairment that is likely to be permanent? This question is only relevant if the participant has a primary disability of **developmental delay**. This question determines if you should make a referral to NARB for a potential update to the child's primary disability from developmental delay to a permanent impairment. The following are 2 of the potential outcomes of the referral: • **Access status change** (EI to Disability) – If there is evidence of a permanent impairment and all of the disability requirements are met. (In this scenario, NARB will update the primary disability.) • **Maintain access status** o If there is evidence of a permanent impairment and all the EI requirements are met. (In this scenario, NARB will update the primary disability.) OR o If there is insufficient evidence of a permanent impairment and all of the developmental delay EI requirements are met. (In this scenario, the primary disability will not be updated.) Consider the following before answering this question: • Refer to **Do you have an impairment that's likely to be permanent?** in Our Guideline – Applying to the NDIS. • Generally, conditions such as developmental delay and ADHD are **likely** to have treatment options available,	☐ **Yes**, refer to NARB for potential access status change or maintain access status decision ☐ **No**

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Participant information	Details
and therefore unlikely to be considered permanent. Answer **Yes** if the participant has a disability on List A, List B or List D, or the information indicates the participant has pursued all treatment options (as per information in the OG). **Note:** A participant does not need to have a disability on List A, B or D to meet the eligibility requirements of a permanent impairment.	
6. Has the participant received at least 12 months of funding?	☐ **Yes**, go to question **8** ☐ **No**
7. Did an administrative error record an 'Access Met' decision incorrectly? For example, the interaction indicates the decision was 'Access Not Met', but the application status is 'Access Met'. **Note:** Only consider this question if the participant has had **less than 12 months of funded supports**. A referral is not required if the participant has received less than 12 months and the decision was recorded correctly.	☐ **Yes**, refer to NARB for potential correction If selected, do not complete remainder of checklist. ☐ **No**, do not refer to NARB If selected, do not complete remainder of checklist.
8. Is the primary disability in the system correct? This should be the permanent impairment or developmental delay that has the biggest impact on the participant's daily life. **Note:** If there is no evidence to confirm the primary disability is correct and there is no evidence of an updated disability, answer 'yes' to this question.	☐ **Yes** ☐ **No**, follow SOP – Add or change disability (Post Access) to update the primary disability, then go to **next** question.

Residence Requirements – Section 23	Details
9. Is there evidence the participant doesn't live in Australia? • Refer to **Do you live in Australia?** in Our Guideline – Applying to the NDIS.	☐ **Yes** (they may not meet the residence requirements), refer to NARB for potential ER If selected, do not complete remainder of checklist. ☐ **No**

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Residence Requirements – Section 23	Details

10. Is there evidence the other residence requirements are not met?
• A person **must** live in Australia and be one of the following:
  ○ an Australian citizen
  ○ holder of a permanent visa
  ○ holder of a protected special category visa (SCV).
• The exception to this is a person who met the criteria outlined in the NSW Prescribed Program Rules.
• Refer to **Are you an Australian citizen or permanent resident?** in Our Guideline – Applying to the NDIS.
	☐ **Yes** (they may not meet the residence requirements), refer to NARB for potential ER
	If selected, do not complete remainder of checklist.
	☐ **No**

Early Intervention Requirements – Developmental Delay, Section 25(1)(a)(iii)	Details
11. Is the participant a child younger than 6 years with developmental delay?	☐ **Yes** ☐ **No**, go to question **14**
12. Does the child have a substantial delay in one or more of the following areas of major life activities: • **self-care** • **receptive and expressive language** • **cognitive development** • **motor development?** • Consider the following before answering this question: ○ Refer to **Does the delay substantially reduce the child's functional capacity?** in Our Guideline – Applying to the NDIS.	☐ **Yes** (they have a substantial developmental delay) ☐ **No** (they may not meet the EI requirements), refer to NARB for potential ER If selected, do not complete remainder of checklist.
13. Does the child require more than one professional working together to support them across multiple activities and settings for an extended period of time (more than 12 months)? • Examples of multiple settings may include home,	☐ **Yes** (they meet the EI requirements), do not refer to NARB If selected, do not complete remainder of checklist.

Early Intervention Requirements – Developmental Delay, Section 25(1)(a)(iii)	Details
community and early childhood centres. • Examples of multiple professionals working as a team may include speech therapists, psychologists, occupation therapists, physiotherapists and special educators. • Consider the following before answering this question: o Refer to **Does the child need specialist services from more than one type of professional and for longer than 12 months?** in Our Guideline – Applying to the NDIS.	☐ **No** (they may not meet the EI requirements), refer to NARB for potential ER If selected, do not complete remainder of checklist.

List A met?	Details
14. Is there evidence the participant has a disability on List A? • Disabilities on List A are likely to meet the disability requirements without further information. • Consider the following before answering this question: o A disability must meet the **specific** requirements as stated on List A. For example, if the participant has Autism Spectrum Disorder and evidence **does not** indicate a level of 2 or 3 and does not have a diagnosis of a List A condition from a treating professional, answer **No** and continue with the checklist. • Answer **Yes** if the participant has a disability on List A. **Note:** A participant does not need to have a disability on List A, B or D to meet the eligibility requirements.	☐ **Yes** (they may meet the disability requirements), refer to NARB for potential access status change (EI to Disability) If selected, do not complete remainder of checklist. ☐ **No**

List D met?	Details
15. Is the participant a child younger than 7 years with evidence of a disability on List D?	☐ **Yes** (they meet the EI requirements), do not refer

List D met?	Details
• Disabilities on List D meet the early intervention requirements. **Note:** A participant does not need to have a disability on List A, B or D to meet the eligibility requirements.	to NARB If selected, do not complete remainder of checklist. ☐ **No**

Early Intervention Requirements – Permanence, Section 25(1)(a)(ii)	Details
16. Is there evidence of an impairment that is likely to be permanent? • A person must have a permanent impairment or be younger than 6 with developmental delay to be eligible for the NDIS. • Consider the following before answering this question: o Refer to **Do you have an impairment that's likely to be permanent?** in Our Guideline – Applying to the NDIS. o Generally, conditions such as developmental delay and ADHD are **likely** to have treatment options available, and therefore unlikely to be considered permanent. • Answer **Yes** if the participant has a disability on List B OR the information indicates the participant has pursued all treatment options (as per information in the OG). • If the child was granted access for developmental delay: o At the plan review after the child turns 6 years of age, they need to demonstrate that they have a permanent impairment to continue to be eligible. **Note:** A participant does not need to have a disability on List A, B or D to meet the eligibility requirements.	☐ **Yes** (the impairment is permanent) ☐ **No** (they may not meet the EI requirements), refer to NARB for potential ER If selected, do not complete remainder of checklist.

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Early Intervention Requirements – Reduces future support needs and functional capacity, Section 25(1)(b) & 25(1)(c)	Details
17. Is the primary disability in the System 'Hearing loss'?	☐ **Yes** ☐ **No,** go to question **20**
18. Is the participant 26 years old or above? This question is only relevant if the participant has a primary disability of hearing loss.	☐ **Yes**, refer to NARB for potential ER or access status change If selected, do not complete remainder of checklist. ☐ **No**
19. Is there evidence of: • **hearing loss or auditory neuropathy ≥ 25 decibels in either ear at 2 or more adjacent frequencies?** This question is only relevant if the participant has a primary disability of hearing loss. • Refer to **What about people aged between 0 and 25 with a hearing impairment?** in Our Guideline – Applying to the NDIS.	☐ **Yes**, (they meet the EI requirements and access status change is not required), do not refer to NARB ☐ **No**
20. Is there evidence that further intervention is likely to reduce their need for future supports? • Consider the following before answering this question: o Refer to **How will early intervention help you?** in Our Guideline – Applying to the NDIS.	☐ **Yes** ☐ **No** (they may not meet the EI requirements), refer to NARB for potential ER If selected, do not complete remainder of checklist.

Early Intervention Requirements – Most appropriate service system, Section 25(3)	Details
21. Are the supports relating to the participant's permanent impairment most appropriately funded by the NDIS? • Consider the following before answering this question:	☐ **Yes** ☐ **No**, refer to NARB for potential ER

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Early Intervention Requirements – Most appropriate service system, Section 25(3)	Details
○ Refer to **Is your early intervention most appropriately funded by the NDIS?** in Our Guideline – Applying to the NDIS.	If selected, do not complete remainder of checklist.

Disability Requirements – Substantially reduced functional capacity, Section 24(1)(c)	Details
22. Have you considered the information relating to functional capacity below? • A person must have substantially reduced functional capacity in **at least one** of the domains resulting from a **permanent** impairment to be eligible for the NDIS. • The domains are: ○ mobility ○ self-care ○ social interaction ○ self-management ○ communication ○ learning. • Questions 24–30 will prompt you to consider each of the **6 domains** separately. • Consider the following before proceeding: ○ Refer to **Does your impairment substantially reduce your functional capacity?** in Our Guideline – Applying to the NDIS.	☐ **Yes**, I have read and understood the information, go to **next** question ☐ **No**, do not refer to NARB If selected, do not complete remainder of checklist You must consider this before proceeding: Refer to **Does your impairment substantially reduce your functional capacity?** in Our Guideline – Applying to the NDIS
23. Is there evidence they have a hearing loss of at least 65 decibels (pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz) in the better ear? • Refer to **What if you have a hearing impairment?** in Our Guideline – Applying to the NDIS.	☐ **Yes** (they may meet the disability requirements), refer to NARB for potential access status change (EI to Disability) If selected, do not complete remainder of checklist. ☐ **No**

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Disability Requirements – Substantially reduced functional capacity, Section 24(1)(c)	Details
24. Is there evidence the participant is unable to move around without disability-specific supports? • **Mobility** (or **moving around**) – how easily the participant moves around their home and community, and how they get in and out of bed or a chair. We consider how they get out and about and use their arms or legs. • Disability-specific supports include: o a high level of support from other people, such as physical assistance, guidance, supervision or prompting o assistive technology, equipment or home modifications that are prescribed by their doctor, allied health professional or other medical professional.	☐ **Yes** (they are substantially impacted), go to question **30** ☐ **No**
25. Is there evidence the participant is unable to complete self-care activities without disability-specific supports? • **Self-care** – personal care, hygiene, grooming, eating and drinking, and health. We consider how the participant gets dressed, showers or bathes, eats or goes to the toilet. • Disability-specific supports include: o a high level of support from other people, such as physical assistance, guidance, supervision or prompting o assistive technology, equipment or home modifications that are prescribed by their doctor, allied health professional or other medical professional. • **Also consider the following** before answering this question: o Does the participant require significant intervention to complete self-care tasks? For example, they will not wash or change clothing without significant intervention. • By themselves, one or more of the following would **not** be considered substantial:	☐ **Yes** (they are substantially impacted), go to question **30** ☐ **No**

Disability Requirements – Substantially reduced functional capacity, Section 24(1)(c)	Details
○ Needing periodic assistance to check compliance with medications ○ Showing limited interest in self-care and sometimes failing to wash and change clothes regularly ○ Reliance on commonly used items (such as glasses, walking sticks, non-slip bath mats, bathroom grab rails, stair rails, age-appropriate child safety locks, simple adapted kitchen utensils and dressing aids).	
26. Is there evidence the participant is unable to socialise without disability-specific supports? • **Socialising** – how the participant makes and keeps friends, or interacts with the community, or how a young child plays with other children. We also look at their behaviour, and how they cope with feelings and emotions in social situations. • Disability-specific supports include: ○ a high level of support from other people, such as physical assistance, guidance, supervision or prompting ○ assistive technology, equipment or home modifications that are prescribed by their doctor, allied health professional or other medical professional. • **Also consider the following** before answering this question: ○ What the participant cannot do, but also what they **can** do, even if with limitations. ○ If the participant is unable to access the community independently, without support from another person. • By themselves, one or more of the following would be **unlikely** to be considered substantial: ○ Occasional assistance required to access community activities ○ If they do not have many friends.	☐ **Yes** (they are substantially impacted), go to question **30** ☐ **No**
27. Is there evidence the participant is unable to complete	☐ **Yes** (they are

Disability Requirements – Substantially reduced functional capacity, Section 24(1)(c)	Details
self-management activities without disability-specific supports? • This does not apply to children younger than 7 years. • **Self-management** – how the participant organises their life. We consider how they plan, make decisions, and look after themselves. This might include day-to-day tasks at home, how they solve problems, or manage their money. We consider their mental or cognitive ability to manage their life, not their physical ability to do these tasks. • Disability-specific supports include: o a high level of support from other people, such as physical assistance, guidance, supervision or prompting o assistive technology, equipment or home modifications that are prescribed by their doctor, allied health professional or other medical professional. • Consider if the participant is 18 years of age or above with one of the following: o formal guardianship order in place o family member or friend making major life/financial decisions. • By themselves, one or more of the following would be **unlikely** to be considered substantial: o At times, may make poor financial decisions (may on occasion to spend entire weekly income) o Lack of motivation to clean the house o If the participant self-manages their plan without disability-specific supports.	substantially impacted), go to question **30** ☐ **No** ☐ **Not applicable** (the participant is younger than 7 years)
28. Is there evidence the participant is unable to communicate without disability-specific supports? • **Communicating** – how the participant speaks, writes, or uses sign language and gestures, to express themselves compared to other people their age. We also look at how well they understand people, and how	☐ **Yes** (they are substantially impacted), go to question **30** ☐ **No**

Disability Requirements – Substantially reduced functional capacity, Section 24(1)(c)	Details
others understand them. • Disability-specific supports include: o a high level of support from other people, such as physical assistance, guidance, supervision or prompting o assistive technology, equipment or home modifications that are prescribed by their doctor, allied health professional or other medical professional.	
29. Is there evidence the participant is unable to complete learning activities without disability-specific supports? • **Learning** – how the participant learns, understands and remembers new things, and practises and uses new skills. • Disability-specific supports include: o a high level of support from other people, such as physical assistance, guidance, supervision or prompting o assistive technology, equipment or home modifications that are prescribed by their doctor, allied health professional or other medical professional. • This is not related to educational supports. It relates to the capacity to learn or 're-learn' everyday tasks. o For example, the ability to learn a new bus route to get from home to work without assistance, or the ability to learn simple tasks (such as how make a sandwich or a very basic meal).	☐ **Yes** (they are substantially impacted) ☐ **No** (they meet the EI requirements and access status change is not required), do not refer to NARB If selected, do not complete remainder of checklist.

Disability Requirements – Lifetime NDIS support, Section 24(1)(e)	Details
30. Is there evidence the participant is likely to require support under the NDIS for their lifetime? • A person must require NDIS support for a lifetime to be	☐ **Yes** (they may meet the disability requirements), refer to NARB for potential access status change (EI to

Disability Requirements – Lifetime NDIS support, Section 24(1)(e)	Details
eligible for the NDIS under the disability requirements. • Refer to **Will you likely need support under the NDIS for your whole life?** in Our Guideline – Applying to the NDIS. • There are 2 parts to this question: o Consider the overall circumstances to determine if the participant requires support relating to a permanent impairment under the NDIS for their lifetime. o If support is required for their lifetime, consider whether the support relating to a permanent impairment is the responsibility of the NDIS. • A participant is **unlikely** to require support for their lifetime if the evidence indicates: o there are interventions that are likely to improve the participant's functional capacity to a point where they no longer require disability-specific supports effectively move around, communicate, socialise, learn, or undertake self-care or self-management tasks. • Supports relating to a permanent impairment are **unlikely** to be the responsibility of the NDIS if: o they are the responsibility of another service system. Refer to Our guideline - Mainstream and community supports. o For example, if the supports arise from a health condition and are most appropriately provided through another service system (that is, the health system), they will not require support under the NDIS for their lifetime. Rather, they will require support under the health system. Refer to Our Guideline – Mainstream and Community supports.	Disability) ☐ **No** (they meet the EI requirements and access status change is not required), do not refer to NARB

2.2 Attach completed checklist to participant's record

1. Attach the **completed checklist** to the participant's record.
2. If required, send the referral using SOP – Refer the participant for an Eligibility Reassessment (ER) or Access Status Change.

3. Related procedures or resources

- Our Guideline – Applying to the NDIS
- Our Guideline – Mainstream and Community supports
- SOP - Ask for an Access Request to be withdrawn
- SOP - Finalise the plan before a participant leaves the NDIS
- SOP – Cease the participant status to leave the NDIS
- SOP – Refer the participant for an Eligibility Reassessment (ER) or Access Status Change

4. Feedback

If you have any feedback about this guidance material, please complete our Feedback Form.

5. Version control

Version	Amended by	Brief Description of Change	Status	Date
1.0	TS0036 CW0032 LS0042 AGV957 CM0032	Class 2: NAR BM review and approval Class 2: SGP BM review and approval Class 2: ND review and approval Class 2: PP BM review and approval Class 2: ECS BM review and approval Simplified from 4 checklists into 2 checklists	APPROVED	2021-11-10

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Version	Amended by	Brief Description of Change	Status	Date
2.0	CH0026 CW0032 LS0042 SGV957 LKM022	Class 2: NAR BM approval Class 2: SGP BM approval Class 2: ND approval Class 2: PP BM approval Class 2: ECS BM approval Align with Our Guideline – Applying to the NDIS Updates based on SGPB EL2 feedback: include new question (2) to identify participants who are over 65 years and in residential aged care or receiving an aged care package.	APPROVED	2022-04-07
3.0	EMN960	Class 1 approval. Updates to align with Our Guideline – Leaving the NDIS.	APPROVED	2022-07-21

Access Practice Guide – Psychosocial Disability

Guidance for National Access Team Assessors

Contents

Access Practice Guidance

Introduction

1. The purpose of this Practice Guide (the Guide) is to assist National Access Team (NAT) delegates to make accurate and consistent decisions for potential participants with a primary psychosocial disability. It provides consolidated direction on previously established and referenced principles on how to apply Section 24 (s24) and Section 25 (s25) of the *National Disability Insurance Scheme Act* 2013 (the NDIS Act).

2. The Practice Guide has been produced by the National Mental Health Team in association with the National Access Team (NAT) and the Technical Advisory Team (TAT). It is expected that this guide will be further developed over time and maintained by the NAT.

3. This Guide provides background information to highlight sensitivities around the inclusion of mental health in National Disability Insurance Scheme (NDIS/the Scheme). NAT delegates are likely to be a first contact point for mental health service providers and it is important delegates can accurately and confidently respond to the Mental Health Sector's (the Sector) concerns, especially regarding access (approved Agency responses to frequently raised Sector concerns are provided in Appendix 3).

4. Access requests are considered on an individual basis and there are no mental health conditions which are automatically granted or denied access. Applications are considered on their own, individual merit with decision making principles applied universally. Each access request is unique and a correct decision can only be arrived at after considering all of the unique facts of the specific application in question. This Guide provides direction to inform a consistent team approach to evidence gathering and the thought processes underpinning accurate, consistent decision making (sample questions to assist delegates in meaningful analysis of evidence are provided throughout the text). The application of s24 and s25 is described in detail to aid understanding of key legislative requirements in a psychosocial context enabling universal application of the legislation. Examples of accurate application of the legislation are provided at Appendix 1 accompanied by sample reasons for decision which would be recorded as a CRM interaction into the Agency database for future reference.

5. This document can be read in its entirety or sections can be read in isolation for quick reference. The contents page will assist in finding quick reference material. The document has been indexed.

Access Practice Guidance

Legislative Application

6. The NDIS Act 2013 and The NDIS (Becoming a Participant) Rules 2016 form the basis which underpins the NDIS. Section 3 (s3) of the NDIS Act describes the objects and principles under which the NDIS will operate. NAT delegates are required to apply the legislation correctly. Reading legislation is not necessarily easy and to understand a specific section of legislation the reader will often have to understand all or a significant part of the legislation in question, or indeed other legislation that has a general effect, to get a full answer. The CEO of the NDIA has provided clear instructions on how NAT delegates are to interpret the legislation in the Operational Guideline – Access.

7. Legislation is overarching in nature. The details of legislative intent lie in documents relevant to the construction of the Act.

8. The *Acts Interpretation Act* 1901 as amended 2011 provides guidance regarding how legislative intent is to be applied. Part 5 of *The Acts Interpretation Act* 1901 explains how extrinsic material can be used in the interpretation of an Act. Extrinsic material which underpins the NDIS legislation includes documents such as the Productivity Commission Report 2011 and Council of Australian Government (COAG) principles. NDIS adopted many of the Productivity Commission Report 2011 recommendations. The COAG principles are arrangements between governments. Both are relevant to legislative intent.

9. There is substantial misinformation throughout the Sector regarding the scope of NDIS supports and access criteria. The sustainability of the Scheme is reliant upon those who are eligible joining, bringing people into the Scheme who were never intended to be participants presents significant risk to Scheme sustainability. Analysis of the historical documents generated when the NDIS legislation was passed and application of s3 of the NDIS Act provides scope to the NDIS and details regarding who were intended to benefit from support under NDIS.

Mental Health Sector specific information

10. Traditionally the disability and mental health sectors have been distinct, involving different systems of supports, principles, and terminology. Psychosocial disability was a late inclusion in the NDIS legislation as a direct result of advocacy of consumers and carers. There has been a number of differing views from the Sector regarding the inclusion of mental health in the NDIS.

11. The Joint Standing Committee (JSC) into the NDIS on 1 September 2016, commenced an *Inquiry into the provision of services under the NDIS for people with psychosocial disabilities.* This has provided an opportunity for the Sector to voice a range of concerns about mental health programmes transitioning into the NDIS. Submissions closed 20 November 2016 with 122 submissions received (see JSC website relating to the inquiry). NAT delegates will likely be familiar with many of the concerns raised in submissions given the frontline role of access staff communicating

with the Sector on access issues. Agency approved responses to many sector concerns are summarised at Appendix 3.

12. The National Mental Health Sector Reference Group (NMHSRG) was established by the NDIA in 2014 to build a strong working relationship between the mental health sector and the NDIA. The group meets three times per year and is attended by People with Lived Experience, Family and Carers, Mental Health Commissions, NDIS Independent Advisory Council, Commonwealth Departments of Social Services and Health, Mental Health Australia, Mental Health Drug and Alcohol Principal Committee, Scheme Actuary, NDIA Mental Health team, and the NDIS Strategic Advisor. The Agency is committed to the ongoing inclusion of mental health in the NDIS. As a first point of contact NAT delegates have opportunity to support the ongoing relationship building between the Sector and the Agency.

13. There are widespread concerns in the mental health system about general underfunding and specific concerns that with the transition of Commonwealth and State mental health programs into the NDIS, this will lead to gaps in the funding for the community mental health programs. In the 2017 Federal budget, it was announced that $80 million would be provided over 4 years to assist people with severe mental illness resulting in psychosocial disability who are not eligible for the NDIS. This to be matched by investments from state and territories and aims to help ensure Australians with severe mental illness can access the community based psychosocial support services they need. Negotiations with States and Territories are underway to identify how this funding will be provided in each State or Territory.

14. The Agency's approach to the mainstream mental health concerns created by the transfer of funding to the Scheme has been to highlight this as a mainstream government policy issue and not an NDIS operational or delivery issue.

15. It is fundamental to Scheme sustainability that delegates remain objective and not be persuaded by providers to grant access to people who do not meet the legislative requirements. Services ceasing if a person is not granted access to the NDIS is not a valid rationale to determine eligibility. The commitment to the continuity of support (CoS) for participants who are not eligible for the NDIS has been agreed to by all Commonwealth, State, and Territory Governments as part of bilateral agreements.

16. The Productivity Commission Inquiry into Disability Care and Support estimated there were 411,250 people who would meet the access requirements for Tier 3 funded supports in 2011-12. Further, the Productivity Commission estimated that approximately 56,880 people would be participants with a significant and enduring primary psychosocial disability (13.8%). Based on population data, the Scheme Actuary has amended the estimates to indicate that in 2019-20 the number of expected participants in the NDIS will be approximately 460,000 of which

approximately 64,000 are estimated to be participants with a significant and enduring primary psychosocial disability (13.9%)[1].

17. The National Mental Health Service Planning Framework estimates that in 2017 600,000 people have severe and persistent mental illness, of which, 290,000 require psychosocial support periodically. Access delegates are required to determine the 64,000 people who will meet the NDIS access criteria out of those 290,000 people with severe and persistent mental illness. Entry to NDIS is not capped but bringing in people who do not meet the access requirements, particularly those with psychosocial disability where there is significant gap in service provision across the Sector, is potentially a high risk to Scheme sustainability.

Evidence of disability

Types of Evidence

18. The Agency has undertaken significant work to engage the Sector to support their clients with the access process. The document '*Completing the access process for the NDIS: Tips for Communicating about Psychosocial Disability'* is widely available within the community and accessible via the NDIS website. The Agency has indicated the following documents and assessments are appropriate sources of evidence of disability, although evidence of disability is not limited to this list:

    - Health of the Nation Outcome Scale (HONOS);
    - Life Skills Profile 16 (LSP16);
    - World Health Organisation Disability Assessment Schedule (WHODAS); and
    - Assessment information provided by the potential participant or carer to other Australian Government Agencies such as Centrelink.

19. The Agency accepts evidence of disability in the chosen format of the potential participant. Formal assessment of functional capacity is generally required for persons with a primary psychosocial impairment unless there are other formal documents that confirm substantially reduced capacity i.e. guardianship orders (guardianship orders are not put in place without reliable formal assessment prior) or there are circumstances where there are extenuating reasons why it is not appropriate to insist on a formal assessment (i.e. homelessness/lack of formal services prevent formal assessment). A delegate may proceed to decision without formal functional assessment if they are confident in making a correct and preferable decision based on the available evidence, however, generally a formal assessment should be requested.

[1] *Key Data on Psychosocial Disability and the NDIS as at 31 December 2016* provided by office of Scheme Actuary

20. NAT delegates are required to analyse the evidence provided to measure against the legislative requirements under s24 and s25 of the *NDIS Act* 2013. Where insufficient evidence has been provided to determine an access decision it is the responsibility of the delegate to request further evidence (with consent) or to support the potential participant to provide the required evidence. All necessary enquiries must be made by delegates to obtain adequate evidence of disability. Appropriate enquiries to support the potential participant to provide adequate evidence affords the potential participant procedural fairness (otherwise known as natural justice) by enabling the potential participant to fully present their case as to why they should be granted access to the NDIS. A potential participant with psychosocial disability may be marginalised and require additional support to appropriately apply for access to the NDIS. Service providers and clinical teams often assist individuals to complete the access requirements.

Who can provide evidence and how to apply weight to evidence?

21. NAT delegates must consider all evidence of disability provided. To arrive at a correct and preferable decision (this is an Administrative Appeals Tribunal (AAT) term meaning a legal decision that is appropriate given all the circumstances of the case), the delegate must consider the qualification of the author to provide the evidence and then apply appropriate weight to reliance on the evidence. Primary evidence (evidence provided by an appropriately qualified person – see below) is generally considered reliable in decision making. Secondary evidence (all other evidence that is not primary in nature) cannot be relied on in isolated context, however, it is valuable in substantiating other evidence. Below is a list of preferred authors of evidence for access requests relating to a primary psychosocial impairment:

    - **Primary Treating Clinician** (usually a psychiatrist or general practitioner) – appropriately qualified to provide a diagnosis of psychosocial conditions (a diagnosis is not strictly necessary to determine access as the heart of NDIS relates to impairment not diagnosis) and evidence relating to the permanence of the impairment. Also able to provide evidence of the functional impact of the disability but depending on the length and nature of the patient/doctor relationship this information may in some circumstances be better provided by an allied health professional.

    - **Allied Health Professional** – appropriately qualified to provide information on functional capacity of the potential participant relevant to professional speciality. In extremely rare circumstances a psychologist may be considered as a primary treating clinician (i.e. in rural/remote regions where treatment from a psychologist is all that is available and all that has been provided over a significant period of time).

    - **Mental Health Professionals & Support Workers** - appropriately qualified to provide primary evidence of functional capacity if they hold a relevant professional qualification or are Partners in Recovery (PIR) or Day2Day Living (D2DL) support facilitators who have completed Australian Mental Health Outcomes and Classification Network (AMHOCN) (training in

completing functional assessment tools). If not appropriately qualified/trained then a support worker may still be able to provide valuable secondary information to substantiate or add weight to primary evidence. Longer term, it is envisaged that all mental health service providers will have someone on their team who has undertaken the AMHOCN training.

- **Family and friends** - can provide very helpful secondary information on functional capacity. The Agency considers evidence provided by family and friends alongside primary evidence. If the family member/friend holds a relevant professional qualification but does not have a professional relationship with the potential participant, the delegate must treat such evidence with caution and substantiate with other evidence wherever possible.

- **The potential participant** – may be able/prepared to provide evidence of how their impairment affects their day-to-day living. This constitutes secondary evidence and must be considered in conjunction with objective primary evidence. The Agency values and recognises the potential participations statement relating to their personal perspective of how their impairment affects their own day-to-day life.

22. Applying weight to evidence refers to a system in which value is assigned to evidence. Primary treating clinicians (as long as they are commenting within their professional specialty) provide primary evidence which would usually be very valuable and significant weight applicable. Evidence provided without professional qualification is of a lesser value and thus carries less weight (unless it is a functional assessment completed by a support worker who has undertaken relevant AMHOCN training). Weight can also be applied to evidence based on factors such as length of the relationship with the potential participant. Further application of weight is applicable where evidence is inconsistent or incomplete e.g. greater weight may be placed on the evidence of GP who has been providing primary care to the potential participant over a sustained period of time versus evidence provided by a psychiatrist who reviewed the patient for 10 minutes at a hospital discharge following a brief admission when the potential participant was acutely unwell. Secondary evidence can be used to substantiate weak or incomplete primary evidence but carries much less weight and generally cannot be relied on in isolation for making a decision.

23. It is not appropriate for delegates to insist on evidence from a psychiatrist as for many potential participants, access to a psychiatrist is not possible unless privately funded. Evidence from another primary treating clinician is sufficient when a potential participant has been unable see a psychiatrist. Evidence from a primary treating clinician other than a psychiatrist must still satisfy the requirement that:

    "*there are no known, available and appropriate evidence-based clinical, medical or other treatments that would be likely to remedy the impairment*." 5.4 NDIS Rules 2016.

24. It is not sufficient for a primary treating clinician (GP or in very rare circumstances psychologist) to merely state the impairment is permanent. While a delegate must never recommend treatment options they are required to ask for further explanation as to why a known treatment option does not appear to have been explored. NDIS does not fund gaps in services which the mainstream service system is unable to address. The primary treating clinician must demonstrate that no further treatment options will remedy the impairment. Long waitlists or lack of mental health funding for treatment does not equate to permanent impairment, quite the contrary, it implies that full treatment options have yet to be fully explored. The NDIS is not designed to step in to provide its own support where there are gaps in the provision of mainstream supports that are impeding treatment options.

25. In the early days of the NDIS trial, local access teams accepted tick box forms signed by an appropriately qualified health professional as providing sufficient evidence to satisfy the legislative criteria. Many mental health professionals continue to believe that these forms provide definitive evidence of disability. In the spirit of the NDIA's culture of a continuous cycle of *listen, learn, build, deliver,* these forms are now considered to be of limited value because they do not provide evidence of disability but instead provide the clinician/health professional's opinion as to whether legislative requirements are met. If a delegate is provided with evidence of disability where a clinician/health professional ticks a box and does not provide supporting qualitative information, the delegate must give due consideration to the document but apply little weight to the evidence. The NAT delegate of the CEO is required to decide whether a potential participant meets the legislative requirement, a clinician/health professionals assessment of whether the legislative requirement is met does not form part internal Agency decision making. In the matter of *Kilgallin and National Disability Insurance Agency* [2017] AATA 186, a consultant psychiatrist ticked boxes on a form confirming that Mr Kilgallin met the legislative requirements of s 24(1)(a),(b),(c),(d) and (e). The Administrative Appeals Tribunal did not accept this evidence as the qualitative evidence did not support the psychiatrists tick box assessment (see paragraphs 63-66).

Lost in translation – NDIS and Sector language differences.

26. NDIA is working with the Sector to breakdown language barriers created by the difference between NDIS language and sector terminology. The mental health sector does not routinely apply the concept of 'functional impact' instead either describing clinical presentation or describing the recovery journey (living a satisfying, hopeful, contributing life within the limitations caused by the illness). A dictionary of corresponding terms is in development. Prior to development of the dictionary, Appendix 2 provides a Glossary of Terms of some commonly used terms (including differing meanings applied to the concept of "recovery").

27. The term **psychosocial support** is widely used by the mental health sector and refers to the support provided to enable people to live/remain in the community as opposed to clinical/medication. However psychosocial support can sometimes be used by the sector to describe activities which the NDIA would clearly see as

'treatment' (as per the COAG Mainstream Interface Applied Principles) such as - cognitive behaviour therapy for depression and anxiety in a group or individual session, group sessions to assist management of symptoms such as 'Hearing Voices' groups, and/or support to ensure administration of medication and monitoring the side effects.

28. It is helpful for a mutual understanding between the NDIA and the Sector of the terminology used to describe what the NDIA provides as 'ongoing support for psychosocial disability (targeted at reducing the impact on a person's functional capacity of impairments/s attributable to a psychiatric condition)'.

29. The terms – mental health issue, mental health condition, mental illness and/or psychiatric condition/psychiatric diagnosis are all used interchangeably in the sector – all refer to psychiatric impairment. Many consumers and carers find the use of the term 'mental illness' or 'psychiatric condition' deeply offensive thus delegates are encouraged to use mental health issue or mental health condition.

30. The mental health sector have generally not been required to report the functional impact of impairment prior to the NDIS. Both the sector and consumers may have difficulty articulating functional impact and may be reluctant to share details of reduced functional capacities, instead focusing on clinical presentation or personal recovery. Questioning along the following lines may assist delegates to draw out information relating to functional capacity:

    - Describe what a typical day/week looks like for the potential participant
    - Are there any tasks that the potential participant is unable to complete without assistance? Please describe.
    - What roles, responsibilities, activities, tasks does the potential participant need support with and what does the required support look like?
    - Is the level of support required likely to change? (eg. Due to the episodic nature of the person's illness). Please describe.

31. Below are two visuals that transpose clinical symptoms into possible functional impacts. These visuals are provided to assist delegates to prompt mental health professionals to convert clinical presentation to evidence based functional impact.

Access Practice Guidance

Connecting - symptoms > function > support.

Symptoms - mental state > illness related factors.

Appearance – Issues related to self-awareness, appropriateness, social acceptance, motivation, self-care, lifestyle issues, safety.

Behaviour/Speech - Social engagement, rapport with others, level of arousal/activity, withdrawal, disinhibition, aggression, interfering behaviours, compulsions, awareness of others.

Mood/Affect - Depression, elevated mood, irritability, stability of mood state, appropriateness of affect, range of affect.

Perception - Hallucinations, derealisation.

Thought Form/Content - Paranoia, delusions, preoccupations, thoughts of self-harm/suicide, aggression, obsessions, anxiety, distracted/tangential thinking, poverty of thought.

Cognition - Alertness, orientation, memory, spatial awareness, concentration, learning, planning, problem solving, following instructions, generating ideas, social cognition (e.g. challenges with reading nuances of verbal and non-verbal cues).

Judgement/Insight- Self-awareness, understanding of illness and associated difficulties, issues of safety/vulnerability, decision-making, response to stigma/discrimination.

Table 1: Functional Domains and Areas

Functional domains in evidence of disability	Functional areas that can be impacted by factors associated with mental illness
Mobility	•Mobility difficulties as a result of side-effects of treatment. •Mobility difficulties resulting in difficulties using a limb/s.
Communication	•Communicating needs and wants. •Following instructions and conversations. •Understanding directions.
Social interaction	•Initiating and responding to conversation. •Social contact (e.g. isolation and withdrawal). •Making and keeping friendships. •Friction with, or avoidance of, others in the household. •Having a sense of purpose in life. •Connecting with faith/spirituality/volunteering/community. •Talking to strangers or particular people. •Interaction affected by specific behaviours (e.g. overactive, aggressive, disruptive, offensive, including sexually offensive behaviours). •Attending recreational/social activities
Learning	•Cognitive skills (e.g. planning, learning new skills to complete everyday tasks, concentrating on everyday tasks). •Participating in group learning (e.g. classes, tutorials).
Self-management	•Managing household responsibilities. •Budgeting money. •Solving problems that arise, making decisions. •Taking responsibility, behaving responsibly/safely. •Doing laundry, shopping/cooking. •Maintaining adequate diet/nutrition. •Keeping safe in home environment. •Using public transport/leaving the house. •Going to shopping centres.

Access Practice Guidance

Functional domains in evidence of disability	Functional areas that can be impacted by factors associated with mental illness
Self-care	•Personal care/ grooming. •Maintaining physical health. •Non-accidental self-injury. •Managing medication. •Sexual health and wellbeing.

Table 2: Illness, function, supports, and frequency

Area of Need	Factors of illness that create difficulty	Functional implications	Type of support needed	Frequency of support needed
Mobility	Example: Conversion disorder	Unable to mobilise independently	Aids and equipment to mobilise	Daily ambulate
Communications	Example: Delusional thinking/hallucinations/ cognitive difficulties	Difficulty interpreting communication, following instructions, seeking help/direction.	Person to assist with interactions, especially with appointments, work activities.	Monthly support to attend appointments, weekly support to attend and participate in job or volunteer positon.
Social Interaction	Example: Post-traumatic stress and anxiety	Social withdrawal/ difficulty responding to social situations/ fear or distrust of others/ difficulty getting needs met.	Person to accompany when attending social activities, at least for a period of time.	Attendance at social activities (about 2 hrs/wk, may not be required every week) May require graded support for new social situations.
Learning	Example: Cognitive difficulties	Difficulty with organising tasks, learning new information, memory.	Equipment that assists with recording and organising (e.g. tablet). Person to assist with learning and engaging in particular activities.	Device with suitable support and training in its use (10 hrs over a number of weeks) Person to assist with study or recreational activities. (TOTAL: 6 hrs/mth)
Self-management	Example: Amotivation/ Cognitive Difficulties	Difficulty in attending to responsibilities due to lack of motivation/interest/ concentration/ organisation etc.	Person to supervise, support with care of house, managing money, getting services etc.	Attendance to assist with at least one meal a day and other home based responsibilities (14 hr/wk), shopping and appointments (3 hr/wk).

Access Practice Guidance

Area of Need	Factors of illness that create difficulty	Functional implications	Type of support needed	Frequency of support needed
Self-care	Example: Side effects causing weight gain, increased appetite, lethargy.	Difficulty with self - care activities, including hygiene, managing physical wellbeing, diet.	Assistive equipment to enable self-care activities. Access to healthy lifestyle activities including exercise.	Assistance to attend exercise/gym program. Provision of assistive equipment with training and support. (Equipment cost + 6hr/mth)

Access Practice Guidance

Children and Young Adults

32. General practice within the sector is that diagnosis (note a diagnosis is not essential as the heart of NDIA is impairment) at a young age is not appropriate. Most practitioners are reluctant to diagnose mental health conditions or confirm likely permanence of impairment until adulthood. Cognitive development continues throughout adolescence and into early adulthood, thus for most children and young adults (generally aged under 25) early diagnosis can be unreliable. Delegates should treat diagnosis of psychiatric conditions of children and young adults with caution. The role of the NAT delegate is to apply the access component of the legislation to the evidence of disability. The delegate does not exercise clinical judgement. If the delegate is cautious of evidence for a child or young person with a primary psychosocial impairment the delegate should seek guidance from the team leader of the mental health access team who will, as appropriate, seek guidance from the TAT who are have access to expert, professional opinion.

33. There are very effective early interventions, clinical services and supports available for young people. E.g. Headspace, which is run by the National Youth Mental Health Foundation. Headspace is dedicated to improving the wellbeing of young Australians and provides early intervention mental health services to 12-25 year olds. Headspace's work covers four core areas: mental health, physical health, work and study support and alcohol and other drug services[2].

34. The Productivity Commission did not forecast the inclusion of any children or young people in the Scheme with a primary psychosocial disability and made a policy decision that early intervention support for psychiatric conditions remains the responsibility of the mainstream (see paras 78 & 79). Each access request should be considered on its own merit. While forecasts do not preclude the inclusion of children with a primary psychosocial disability in the Scheme, it is recognised that children with psychosocial impairment are not excluded under the Act and in some extremely rare circumstances access may be met for a child with a primary psychosocial impairment. If a delegate feels that a child with a primary psychosocial impairment does meet the access requirements they are strongly advised to seek advice from the TAT prior to making the decision.

High prevalence disorders, other disorders, and widely recognised treatment options.

35. High prevalence disorders are those conditions that are viewed as reasonably common conditions for which treatment options are available. High prevalence disorders include depression, anxiety, and bipolar. Treatment options for high prevalence conditions can include but are not limited to medications, cognitive behavioural therapy and other therapeutic treatment under the care of a psychiatrist or psychologist. Information and guidance on accepted clinical practice can be found

[2] Headspace Website.

at National Institute for Health and Care Excellence. A complex disease management plan would usually be recommended for a high prevalence disorder by the treating GP and treatment can be required for an extended duration (possibly beyond the extent of that available under the complex disease management plan – note the NDIS does not provide for gaps in service). It is quite possible for a person to live with high prevalence psychiatric condition throughout their adult lifetime without ever meeting the requirements of s24 of the NDIS Act.

36. The 2007 National Survey of Mental Health and Wellbeing (NSMHWB) of adults (aged 16 to 85 years), provides information on the 12-month and lifetime prevalence of mental disorders in the Australian population. It was estimated from the survey that 45% of Australians in this age range (7.3 million people) will experience a mental disorder at some time in their life (ABS 2008). It was also estimated that 20% of the population (3.2 million people) had experienced a common mental disorder in the previous 12 months (ABS 2008). Of these, anxiety disorders (such as social phobia) were the most prevalent, afflicting 14% of the population, followed by affective disorders (such as depression) (6%) and substance use disorders (such as alcohol dependence) (5%) Not all people with a mental health disorder will develop a severe and persistent mental illness. Equally not all people with a severe and persistent mental illness will then develop a long term/permanent psychosocial disability.

37. ADHD is "*a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development…" Diagnostic and Statistical Manual of Mental Disorders Five (DSM V)*. You may see it referred to as a 'mental' condition or a developmental condition but it primarily affects attention, memory, and executive function rather than mood, thinking patterns or psychological functioning. ADHD should not be considered or coded in CRM as a psychosocial disability. Supports for persons with ADHD are generally provided by mainstream services.

Co-existing Substance/Alcohol Abuse

38. It is extremely difficult to establish permanence of psychiatric impairment where untreated chronic substance/alcohol abuse is present. The burden of proof falls on the potential participant (or those assisting in the preparation of the access request) to demonstrate that permanent psychiatric impairment with resulting substantially reduced capacity is attributable to psychiatric impairment not substance/alcohol abuse. Where co-existing psychiatric impairment and substance/alcohol abuse are present, access can only be met by those who can demonstrate their substantially reduced capacity is the result of permanent psychiatric impairment irrespective of the status of substance/alcohol use.

39. Productivity Commission estimates (see paragraph 16) do not involve the inclusion in the NDIS of persons for whom permanence of psychiatric impairment with resulting substantially reduced capacity has not been confirmed. NAT delegates must be satisfied the psychiatric impairment meets the NDIS access requirements regardless of the status of the co-existing dependency issue/s. A potential participant may be

accessing/planning to access treatment for co-existing substance abuse at the time of access and throughout any ongoing relationship with the NDIS.

40. Identifying that substantially reduced capacity is the result of psychiatric impairment not substance/alcohol abuse is a highly specialised task and usually occurs in the following circumstances:

    - confirmed by a specialist neuropsychiatrist or neuropsychologist; or
    - confirmed following abstinence from substance/alcohol in a controlled (most likely hospital inpatient) setting, there is no requirement for ongoing abstinence to satisfy NDIS eligibility.

41. Where the evidence confirms that substantially reduced functional capacity is attributable to permanent psychiatric impairment the potential participant will likely meet the access requirements - all requirements under s21 must be met for this to occur. Do not code substance/alcohol abuse resulting in acquired brain injury (ABI) eg. Korsakoff syndrome as a psychosocial disability. When a person meets access with a psychosocial disability and has co-existing substance/alcohol abuse the below COAG principles are applicable (may be helpful in managing expectations prior to planning).

    "Where a person has a co-morbidity with a psychiatric condition:

    a. *The health or mental health system will be responsible for supports relating to a co-morbidity with a psychiatric condition where such supports, in their own right, are the responsibility of that system (e.g. treatment for a drug or alcohol issue).*

    b. *The NDIS will be responsible for additional ongoing functional supports associated with the co-morbidity to the extent that the co-morbidity impacts on the participant's overall functional capacity. This applies equally where the impairment is attributable to a psychiatric condition and/or is the co-morbidity to another impairment."*[3]

Episodic Conditions

42. The NDIS Act and Rules do not preclude entry to the Scheme to people with impairments which vary in intensity (for example because the impairment is of an episodic nature). Permanence of impairment can be confirmed despite the fact the impairment may be episodic and sometimes may not be evident, s24(2) relevantly states:

    "For the purposes of subsection (1), an impairment or impairments that vary in intensity may be permanent, and the person is likely to require support under

[3] COAG Principles

the National Disability Insurance Scheme for the person's lifetime, despite the variation."

43. The following points are helpful to consider when deciding access where the primary psychiatric impairment is of an episodic nature:

- **Permanence of Impairment (likely) –** An impairment can be considered permanent if there is no known, available, and appropriate evidence based treatments that would likely remedy the impairment. An episodic condition can be considered permanent despite the variation in impairment level. For example a person may be considered to have a permanent impairment even if on some days the impairment is not evident. In these circumstances there is a need for clear evidence that despite "good days" the impairment has not remitted and will be present across the person's lifetime.

- **Substantially Reduced Capacity** – When considering whether a fluctuating or episodic impairment results in substantially reduced functional capacity to undertake relevant activities, delegates must consider the impact on the person's ability to function in the periods between acute episodes. It is irrelevant whether a potential participants applies to the NDIS when they are acutely unwell or travelling particularly well. When considering substantially reduced capacity delegates are required to consider a person's day-to-day capacity to carry out activities across the domains when they are ***not*** acutely unwell. If a person can usually effectively perform activities except when they are having an acute episode then they will likely not satisfy the access requirement of substantially reduced capacity (because they do not usually require support).

- **Lifetime NDIS support (likely)** – NDIA will consider whether NDIS support is likely required for the rest of the person's life and that such support is not more appropriately provided by mainstream service systems (as per COAG Principles). If an impairment varies in intensity (e.g. because of the episodic nature of the condition) the person may still be assessed as likely to require support under the NDIS for the person's lifetime, despite the variation.

Forensic Orders

44. A forensic patient is a person who has forensic orders in places and has been:

- Found unfit to be tried for an offence and ordered to be detained in a correctional centre, mental health facility or other place;

- Found not guilty by reason of mental illness or nominated a limiting term and ordered to be detained in a prison, hospital or other place;

- Found not guilty by reason of mental illness and released into the community subject to conditions.

45. A person can have forensic orders in place and be living in the community or in a non-secure mental health unit or in a secure mental health unit. State and Territory governments across Australia differ greatly in the legislative arrangements and current provision of mental health forensic and disability forensic services.

46. Having forensic orders in place does not preclude a person from access to the NDIS, they are subject to the same legislative access criteria as anyone else. Delegates need to consider carefully s24(1)(e) in the context of whether the specific orders in place for an individual indicate the need for lifetime support under the NDIS. The nature (including whether the order states that the person reside in a secure facility or the community) and often the duration of the order will inform whether a person satisfies s24(1)(e) (see paragraphs 77-81 for more detailed application of s24(1)(e).

47. In November 2015, COAG published the updated *Principles to Determine the Responsibilities of the NDIS and Other Service Systems.* These principles cover 11 interface areas including justice, health, mental health and housing which have been agreed by all Commonwealth, State and Territory governments. The justice system is responsible for meeting the day-to-day care and support needs of people with a disability in custodial settings (including those detained in secure mental health facilities), including supervision, personal care and general supports which are also required by the custodial population. Publically available NDIA Working Arrangements are due for publication later this year. In the interim issues that arise within the interface should be referred to the TAT.

Anosognosia

48. Anosognosia is the technical term for when someone is unaware of their own mental health condition or they can't perceive the condition accurately. Anosognosia is not uncommon in some mental health conditions such as schizophrenia. Delegates should anticipate that some people with psychosocial disability may not identify as having a disability. Delegates must ensure that such people are not disadvantaged in accessing the Scheme.

49. Access to the NDIS is not based on diagnosis but on functional impairment. If a person experiences functional impairment but does not identify as having disability they can still seek access to the NDIS. Delegates must apply the legislation in the same manner as would be done for a person who identifies as having a disability. The NDIA is respectful of a person's desire not to be labelled. Diagnosis is not a requirement for entry to the NDIS, and as such there is no legislative requirement for a diagnosis (although diagnosis is extremely helpful in deciding access, if available).

50. The NDIS is a voluntary Scheme, a person must choose to seek access to the NDIS. An access request needs to be made by the person with disability, or any person who is legally authorised to act on behalf of the person (for example, a person with parental responsibility for a child, a guardian, trustee, or person with power of attorney).

51. A person with Anosognosia may be regarded as ‘hard to reach’ in that they are likely to meet the eligibility criteria but choose not to seek access to the NDIS. The NDIA is developing an approach to respond to people who are known to be ‘hard to reach’ to guide NDIA staff and community partners on working with hard to reach participants.

Access Practice Guidance

How to accurately apply Section 24 to psychosocial disability

Section 24(1)(a)

"…the person has a disability that is attributable to one or more intellectual, cognitive, neurological, sensory or physical impairments or to one or more impairments attributable to a psychiatric condition"

52. The Act does not define the terms "disability" or "impairment". The following definitions are currently accepted in the context of determining s24(1) a for persons with a psychosocial disability and were defined in *Mulligan and National Disability Insurance Agency [2015] AATA 974*

    - Disability – a reduction or loss of an ability to perform an activity,
    - Impairment - loss of or damage to mental function resulting from the condition / diagnosis of symptoms.

53. A diagnosis is not strictly necessary to apply s24(1)(a) although extremely helpful to the delegate if available. In determining access, a delegate must primarily focus on impairment, not diagnosis. Some people with psychosocial disability are extremely reluctant to accept a diagnosis and it is not uncommon for a psychiatric diagnosis to change over time but the impairment to remain constant.

54. To determine s24(1)(a) delegates must analyse the evidence to ascertain whether the potential participant has a loss of, or damage to, mental functioning resulting from the condition / diagnosis of symptoms. After having confirmed the presence of a psychiatric impairment the delegate needs to ascertain whether the psychiatric impairment has resulted in reduction or loss of an ability to perform an activity (e.g. psychiatric impairment has resulted in reduced capacity to utilise public transport).

55. To satisfy this criteria the delegate must find that the potential participant has both a psychiatric impairment resulting from the condition/diagnosis of symptoms and that the psychiatric impairment has resulted in a reduction or loss of an ability to perform an activity.

Section 24(1)(b)

"The impairment or impairments are, or are likely to be permanent."

56. A permanent impairment is an impairment for which there is no known, available, appropriate evidence based treatment that may remedy the impairment. An impairment for which the impact on psychiatric functioning fluctuates in intensity (episodic) may still be considered permanent despite the variation. There is no requirement at access that treatment must be completed for permanency to be demonstrated. Ongoing treatment and review throughout the access process and beyond is acceptable (and often present). At the point of access, delegates need to confirm that likely permanence of psychiatric impairment has been demonstrated and ongoing treatment and review is not likely to remedy the impairment. Many NDIS

participants continue with treatment throughout the access process and throughout the ongoing relationships with NDIS as their recovery journey continues.

57. If a delegate is determining permanence of impairment for a psychosocial disability where there is no known remedy but there are known treatments that may substantially relieve the impairment, careful questioning is required to determine whether there is a permanent impairment present that is not likely to remedy. The Operational Guidelines provide a definition of *remedy* beyond the literal interpretation in the Rules (as at May 2017 TAT are seeking advice from NDIA Legal around this issue).

58. The Operational Guidelines - Access to the NDIS states:

> *" 8.2…an impairment is, or is likely to be, permanent only if there are no known, available and appropriate evidence based treatments that would be likely to remedy (i.e. cure or substantially relieve) the impairment (rule 5.4 of the Becoming a Participant Rules);*

The NDIS Rules 2016 state as follows:

> *"5.4 An impairment is, or is likely to be, permanent (see paragraph 5.1(b)) only if there are no known, available and appropriate evidence-based clinical, medical or other treatments that would be likely to* ***remedy*** *the impairment."*

59. It is considered appropriate, pending further clarity, to interpret, 'remedy' using the literal meaning contained within the NDIS Act which does not include *substantially relieve* in the definition of 'remedy'. Delegates may find it helpful to ask the following questions to ascertain whether there are reasonable prospects the impairment may remedy:

    - When the person was diagnosed and how long has the impairment been evident?
    - How old is the person and is it reasonable to anticipate the impairment may alleviate with age appropriate development?
    - To what extent have treatment options been explored?
    - Is further review required to determine permanence of impairment?

60. Delegates must never assume an impairment is permanent based on the fact that the condition is listed in the DSM V. DSM V offers a common language and standard classification of mental disorders, it is not an impairment assessment tool and should not be used as such to confirm permanence of impairment.

61. Clinical recovery is possible from psychiatric conditions (including schizophrenia). Clinical recovery means the absence of symptoms either due to them being eradicated by treatment and the person being cured, or the absence of symptoms because the treatment is suppressing or controlling them. Learned behaviours can further aid clinical recovery and alleviate/remedy impairment for some people. For

further information please refer to “Recovery An Alien Concept” by Ron Coleman published by P&P[4]. Some people with a psychiatric condition may be offended by the notion that because they have been diagnosed with a psychiatric condition, they must have functional impairment.

62. The legislative requirement for a substantial reduction in capacity rests with s24(1)(c) not s24(1)(b). To meet s24(1)(b) the delegate need only be satisfied there is a permanent impairment notwithstanding the fact that the level of impairment may fluctuate or even reduce (rule 5.5 of the Becoming a Participant Rules).

63. The primary treating clinician prescribes treatment and makes decisions around suitability of treatment options for individuals including where contraindication is relevant. NAT delegates need to be aware that treatment options may be available and are expected to make enquires regarding to what extent treatment has been fully explored if this information is not contained within the evidence (see paragraph 34 for information on where to find guidance on appropriate treatment options). It is never appropriate for a NAT delegate to recommend treatment. An impairment is, or is likely to be permanent only if the impairment does not require further medical treatment or review in order for likely permanency to be demonstrated even though the impairment may continue to be treated and reviewed after that has been demonstrated (rule 5.6 of the Becoming a Participant Rules).

Section 24(1)(c)

“the impairment or impairments result in substantially reduced functional capacity to undertake, or psychosocial functioning in undertaking, one or more of the following activities: communication, social interaction, learning, mobility, self-care, self-management.”

The Kilgallin decision

64. A significant finding to come out of the Administrative Appeals Tribunal’s decision in *Kilgallin and National Disability Insurance Agency [2017] AATA 186* was that if a person can still complete a task, then it is unlikely that their capacity to complete the task will be considered substantially reduced. It is not enough that a person may take longer to do an activity or may require a bigger effort to do it or have to do it in a different way to be considered a substantial reduction. Some people may have an impairment throughout their lifetime or for a large proportion of their lifetime but never meet s24(1)(c).

65. Mr Kilgallin presented with a permanent psychiatric impairment resulting from obsessive compulsive disorder, major depressive disorder, autistic spectrum disorder, and mixed personality disorder with cluster A and C type personalities. The issue before the Tribunal was whether Mr Kilgallin’s impairments resulted in substantially reduced capacity.

66. Mr Kilgallin reported reduced capacity across the domains but argued his capacity for social interaction was where he had the most substantial reduction in capacity. Mr

[4] Working To Recovery Website

Killgalin provided evidence that he experienced lack of motivation and desire to leave the home from time to time. He indicated infrequent and sometimes strained social interactions and that he was unable to go shopping at the busiest times of day because of his need to avoid crowds. Mr Kilgallin gave evidence that he tends to socialise with "special people like me". He stated that his social interactions sometimes end badly, in conflict or failure, citing expulsions from community organisations. The Tribunal was not persuaded that Mr Kilgallin has a reduced functional capacity to undertake the activities as outlined in s24(1)(c).

> *"While noting the impact of his psychosocial functioning on his social interactions, the Tribunal does not consider that impact to be either severe or substantial*". Kilgallin and National Disability Insurance Agency [2017] AATA 186.

67. Mr Kilgallin argued his capacity was substantially reduced in comparison to his previous functioning prior to the onset of his impairments, including argument that his psychiatric impairment had prevented him from working for some 20 years. In response the Tribunal made the following statements.

> *"The Tribunal also takes the view that the reference in s24(1) c to substantially reduced function does not entail a comparison with levels of functional capacity or psychosocial functioning previously enjoyed by an applicant. It is a reference to reduced functional capacity compared with what a person in the community who has not experienced the impairments of the applicant might otherwise be able to undertake"*. Kilgallin and the National Disability Insurance Agency [2017] AATA 186.

How to approach substantially reduced capacity

68. It is not uncommon for people with a psychiatric condition or mental illness to require some psychosocial support for a period of time when unwell. The standard for substantially reduced capacity described at s24(1)(c) is extremely high and requires a substantial reduction in capacity in at least one of the six domains on a day-to-day basis (between acute episodes, if the impairment is episodic). A substantial reduction in capacity is an inability to effectively participate in or complete a task (much more than a person experiencing difficulty with task completion):

> *"A person will be considered to be unable to participate effectively or completely in an activity if they cannot safely complete one or more of the tasks required to participate in an acceptable period of time. Undertaking a task more slowly or differently to others will not necessarily mean a person cannot participate effectively or completely in an activity."*[5]

69. For a reduction to be considered substantial within a domain there must be an inability to effectively function within the whole or majority of the domain not just a singular activity, as per *Mulligan and National Disability Insurance Scheme 2013.* Mr

[5] Operational Guideline – Access

Mulligan submitted that he had a substantial reduction in mobility because he had substantially reduced functional capacity to mow his lawn. The Tribunal did not agree and stated that Mr Mulligan's capacity for mobility had to be viewed in the context not only of what he cannot do but also what he can do, even if with limitation.

70. A potential participant's functional capacity must be considered appropriate to age. For example a young adult still requiring significant assistance with major decision making/financial management from parents would be unlikely to be considered as having a substantial reduction in capacity to self-manage however a 40 year old requiring the same sort of assistance would be much more likely to meet the threshold for substantially reduced functional capacity.

The six domains of Section 24(1)(c)

Communication

71. In practical psychosocial application a substantial reduction in capacity to communicate is likely to look like very passive behaviour (involving mainly yes/no answers) with no or very limited conversation and no initiation of conversation. A substantial reduction is more than the person being difficult to understand and maintain a conversation with.

Social Interaction

72. *"Social interaction does not mean interaction with the whole community. It means social interaction with elements of the community, sections of the community." Kilgallin and The National Disability Insurance Agency* [2017] AATA 186.

A practical psychosocial application of substantially reduced capacity of social interaction may look like an inability to make and keep any friends and/or inability to access any section of the community and/or inability to behave within limits that are acceptable within the community.

Mobility

73. It would be unusual to see a reduced capacity to mobilise attributable to psychiatric impairment as this domain relates to "…*the ability of a person to move around the home…leaving the home, moving about the community and performing other tasks requiring the use of limbs*." Operational Guidelines 8.3.

An example of reduced capacity for mobility resulting from a psychiatric impairment would be a conversional disorder where psychiatric impairment is expressed as physical symptoms.

Learning

74. A substantial reduction in capacity to learn relates to learning tasks essential for everyday life. Learning includes understanding and remembering information, and practicing and learning new skills. A person does not have a substantial reduction in capacity to learn if they have not learned new tasks as a result of lack of opportunity rather than lack of capacity.

A substantial reduction in a capacity to learn could include but is not limited to:

- unable to learn a new bus route to get from home to work without assistance (not a substantial reduction, if it is age appropriate for assistance to be required);
- unable to learn simple tasks such as how make a sandwich or a very basic meal.

The following examples may not be considered a substantial reduction in capacity to learn:

- attendance issues relating to school or university;
- lack of organisation or preparation skills to hand in school or university assignments.

Self-care

75. Self-care relates to hygiene, grooming and feeding, including showering/bathing, dressing, eating, toileting, grooming, and caring for one's own health needs. In a psychosocial context this would look like psychiatric impairment hindering these tasks being effectively carried out. For a reduction in capacity to self-care to be considered substantial, more than gentle reminders to carry out the task are required.

A substantial reduction in capacity to self-care could include but is not limited to:

- does not wash or change clothing without significant intervention;
- soils clothing/bedding and does not acknowledge need to wash/change soiled items;
- may have anosognosia (unawareness of illness or lack of insight) and requires ongoing direct interventions to manage health care needs.

The following examples are not considered a substantial reduction in capacity to self-care:

- needs periodic assistance to check compliance with medications;
- shows limited interest in self-care and sometimes fails to wash and change clothes regularly.

Self-management

76. Self-management relates to the cognitive capacity to organise one's own life and to plan and make decisions, problem solve, and mange own money. A psychiatric impairment resulting in substantially reduced capacity to self-manage would generally look like an inability to manage one's own affairs on a day to day basis. Formal guardianship orders may be in place or there may be informal arrangements where a family member or friend is making major life/financial decisions.

A substantial reduction in capacity to self-manage could include but is not limited to:

- repeat homelessness because totally unable to manage the demands of a tenancy and make decisions in own best interests;
- regularly withdraws weekly income from the bank and gives money away to total strangers or friends/family or just spends the money straight away and has none left every fortnight;
- hoarding has become a severe health and safety concern and person lacks insight into situation/ability to appropriately manage the household.

The following examples are not considered a substantial reduction in capacity to self-manage:

- is prone to poor financial decisions (has been known on occasion to spend entire weekly income on new clothes leaving nothing for bills and food) but this is not always the case;
- lack of motivation to clean the house.

Section 24(1)(d)

"the impairment or impairments affect the person's capacity for social or economic participation."

77. The threshold of an "affect" is low as there is no requirement for substantial or even significant impact. Delegates are required to consider whether a person's permanent impairment/s affect their capacity for social or economic participation (e.g. their capacity to find and retain work or go to the movies with a friend). If a social or economic impact is listed in the evidence then this criteria is met. This means people who retain substantial capacity for social or economic participation may still satisfy the disability requirement.

Section 24(1)(e)

"The person is likely to require support under the National Disability Insurance Scheme for the person's lifetime."

78. S24(1)(e) performs a gatekeeping function for Scheme sustainability and is the point at which access delegates must consider mainstream interface principles. Delegates need to consider the nature and purpose of the NDIS generally to apply s24(1)(e). Attention should be given to the Objects and Principles of the NDIS Act which are set out in s 3 of the Act, together with Australia's obligations under the UN *Convention on the Rights of Persons with Disabilities* include:
    - supporting the independence and social and economic participation of people with disability;
    - providing reasonable and necessary supports for participants; and
    - enabling people with disability to exercise choice and control in the pursuit of their goals and the planning and delivery of their supports.

79. When giving effect to the objects of the Act, or performing any function or exercising any power under the Act, regard must be had to the need to ensure the financial sustainability of the Scheme: s3(3)(b), Section 4(17). The importance of ensuring the financial sustainability of the NDIS so that it functions as an insurance-based Scheme to maximise the participation, productivity and inclusion of people with disabilities, is emphasised throughout the NDIS Act. The NDIS implemented, a large part, the recommendations of the Productivity Commission's 2011 report, *Disability Care and Support*, Report No 54, 31 July 2011. The Commission stated:

> "*Access to generic services, such as health and housing, can affect demand for NDIS-funded services, and vice-versa. It will be important for the [NDIS] not to respond to problems or shortfalls in mainstream services by providing its own substitute services. To do so would weaken the incentives by government to properly fund mainstream services for people with a disability, shifting the cost to another part of government (such as from a state government to the NDIS, or from one budget 'silo' to another). This 'pass the parcel' approach would undermine the sustainability of the Scheme and the capacity of people with a disability to access mainstream services."*

80. For the purposes of s24(1)(e) delegates must consider whether the type of support the potential participant requires is an NDIS support or a mainstream support. It is **not** necessary here to apply the reasonable and necessary test at Section 34, delegates should instead refer to the COAG principles, most notably *Applied Principles Mental Health*, to assist in deciding whether supports are best funded by the NDIS. If the required supports are not best provided by the NDIS then the potential participant will likely not satisfy s24(1)(e).

81. Supports best provided by the NDIS can include general support as per *Mulligan and the National Disability Insurance Agency [2015 AATA 974].* "There does not appear to be any basis for reading "support" in s24(1)(e) differently from "supports" elsewhere in the Act. In relation to s24(1)(e) the Operational Guidelines state at cl 39:

> *"It is important to note that the test can include consideration of a person's likely need for both general supports provided under the NDIS and reasonable and necessary supports funded through the NDIS."*

82. It is of note that the Administrative Appeals Tribunal has not made a finding in regard to s24(1)(e).

Access Practice Guidance

Accurately applying Section 25 Early Intervention criteria.

83. As with any other access application, psychosocial access applications must be considered against s24 and s25 of the NDIS Act. Delegates should seek guidance from the NAT leadership group in applying s25(1) and (2), which are not discussed in this Guide because in a psychosocial context, for the following reasons, applications will not usually succeed at s25(3). This practice guide will provide direction in the application of s25(3).

Section 25(3)

84. The COAG Guidelines confirmed in the document *Principles to Determine the Responsibilities of the NDIS and Other Service Systems*, provide clarity around which government department is responsible for early intervention support for persons with psychosocial disability.

"The health system will be responsible for…. Treatment of mental illness, including acute inpatient, ambulatory, rehabilitation/recovery and early intervention, including clinical support for child and adolescent developmental needs" COAG Principles 27 November 2015.

85. People with mental health conditions can be considered against the early intervention criteria, however the nature of supports available through this provision means that most people will not be granted access as they will not meet the criteria at s25(3). People with psychosocial disability who need less intensive supports (often described as "early intervention") will, however, be able to access those supports through the Information, Linkages and Capacity Building stream of the NDIS which is currently being implemented.

86. NAT delegates must apply the COAG principle when considering s25(3) and will usually find early intervention supports under s25(3) are most appropriately funded by other service systems. The tight enforcement of this COAG principle on early intervention for psychosocial disability is directly related to the history of psychosocial disability in the Scheme and the risks this population poses to Scheme sustainability.

87. Executive Management Group (EMG) have approved tightly limited circumstances (e.g. life transition support for school leavers requiring School Leaver Employment Supports (SLES)), in which people with psychosocial disability can access the NDIS under the early interventions provisions. SLES is an individualised approach to funding employment supports which are considered alongside other supports in a participant's plan. SLES can include a range of supports for participants for up to two years to assist them to become work-ready. SLES support is most appropriately funded by NDIS. If a potential participant with a likely permanent psychiatric impairment is identified as being a year 12 school leaver and requiring SLES support they may be able to access the Scheme under the early intervention provisions. Delegates must consider such an application against the legislative criteria and find that life transition support such as SLES is most appropriately funded by NDIS (S 25 (3)).

Access Practice Guidance

Supporting material

Internal reference material

- National Disability Insurance Scheme Act 2013 - Federal Register of Legislation - NDIS Act 2013
- National Disability Insurance Scheme (Becoming a Participant) Rules 2016 - Federal Register of Legislation - NDIS Becoming a Participant Rules 2016
- Operational Guidelines (Access to the NDIS) - NDIS Operational Guidelines - Access
- COAG Guidelines - PRINCIPLES TO DETERMINE THE RESPONSIBILITIES OF THE NDIS AND OTHER SERVICE SYSTEMS - *COAG*
- NDIS (Support for participants) Rules 2016 - Federal Register of Legislation - NDIS Supports for Participants Rules 2013

Administrative Appeals Tribunal (AAT)

- **Mulligan** (2014) - AAT Mulligan and NDIA 2014
- **Mulligan** (2015)- AAT Mulligan and NDIA 2015
- **YPRM** (2016) – AAT YPRM and NDIA 2016
- **Fear** by his mother Vanda Fear (R&N supports – can help with criteria 24 1e) - AAT Fear and NDIA 2015
- **Kilgallin 2017** – AAT Kilgallin and NDIA 2017

External reference material

- Headspace Website
- Parliamentary Joint Standing Committee on the NDIS - Mental Health Terms of Reference
- Working to Recovery Website

Access Practice Guidance

Appendix 1 – Sample decisions.

Jane – no diagnosis, permanent psychiatric impairment, access request made by sister, evidence of disability provided by street doctor, co-morbid alcohol dependency, substantially reduced psychosocial functioning, access met.

Jane is 42 years old and her sister says that Jane was diagnosed with Schizophrenia in 1995 during a hospital admission in Newcastle. Jane's sister has lodged an Access Request Form (ARF) on Jane's behalf including signing the form and completing the evidence of disability. The ARF indicates that Jane has been having psychotic episodes since she was 19 years old and that Jane has multiple hospital admissions including three as an involuntary patient. Jane has two children aged 21 and 7. Jane's younger child is in the care of her sister. Jane visits her child most weeks and adores the child. She is sometimes happy for her sister to have parental responsibility for the child as she claims her commitments running the Reserve Bank of Australia makes it hard for her to meet the child's needs on a regular basis. When she is well Jane works on a voluntary basis most days at the local community garden growing vegetables. She is extremely hard working and members of a local community group help take her to the local farmers market most weeks to sell her vegetables. Jane's sister receives all the money from the sale of the vegetables (which can be up to $60 per week) and gives a small amount back to Jane and puts the rest towards the care of the child. Jane recently had difficulties with Centrelink, after she advised them that she owns a gardening emporium and is making $2000 per week, which required extensive support to resolve. Jane is doing really well at the moment and engaging in treatment for her alcohol dependency, growing vegetables and engaging with her child (under sister's supervision) and working towards finding somewhere stable to live.

The NAT delegate (the delegate) telephones Jane's sister and advises that whilst her statement is very detailed and helpful, evidence is needed from a suitably qualified health professional. Jane's sister bursts into tears and states she just can't take any more after over 20 years caring for her sister and raising her children on her behalf. Jane's sister provides the name of the local street doctor (medical practitioner group servicing the homeless) who has been caring for Jane for the last three months. Jane's sister states no functional assessments have been done and sends through a copy of the child's guardianship order which indicates parental responsibility rests with Jane's sister.

With consent, the delegate talks to the street doctor who has been treating Jane since she linked to services following a period where she was sleeping rough on the streets. Doctor states Jane has been referred for treatment for alcohol dependency issues. Street doctor can't confirm diagnosis but states that she has access to some of Jane's medical history and hospital discharge summaries which confirm Jane has had a severe psychiatric impairment for over 20 years. Jane has not seen a psychiatrist for ten years but is reasonably compliant with medication regimes provided someone is supporting her to access a GP and reminding her of the importance of medication compliance. No functional assessments have been done but the street doctor provides a copy of the letter she wrote to support the guardianship application Jane's sister has made to manage Jane's affairs (application waiting to be heard). The doctor states she supported the application following Jane's difficulties with Centrelink and repeated homelessness as a result of inability to manage finances or a tenancy.

The street doctor emails discharge summaries and some clinical records which indicate ongoing treatment for psychiatric disorder but that the diagnosis changes over time - psychiatric impairment remains regardless of either diagnosis or abstinence from alcohol. The street doctor said Jane is currently really well after moving to the refuge following a spell sleeping on the streets. She stated Jane initially responded to alcohol dependency treatment but has a history of successes being short lived. At the moment things are good for Jane, she is being supported to grow and sell her vegetables and look for a suitable home. Jane desperately wants her own home, her child and tends to self-medicate with alcohol periodically when she becomes overwhelmed and disempowered.

Consideration for Jane

As a delegate of the CEO, I am satisfied that **Jane** meets the access criteria to become a participant in the NDIS as set out in the NDIS Act 2013 and the NDIS (Becoming a Participant) Rules 2016.

I am satisfied that **Jane** meets the age and residence requirements as verified through the Centrelink Mainframe with consent.

Jane meets the disability requirements as set out in s24 of the NDIS Act 2013 for the following reasons:

- s24(1)(a):

  Attached evidence from the street doctor and multiple hospital discharge summaries indicates that Jane has a disability (unable to self-manage) that is attributable to a psychiatric condition with co-morbid alcohol dependency issues.

- s24(1)(b):

  Attached evidence from the street doctor and multiple hospital discharge summaries indicates that Jane's psychiatric impairment dates back over 20 years. Throughout this time she has accessed appropriate treatment provided through a suitably qualified mental health team. Jane has a history of reasonable compliance with medication and the street doctor has indicated that her psychiatric disorder does not remit regardless of the status of her alcohol dependency.

- s24(1)(c):

  Attached evidence from the street doctor together with secondary evidence from Jane's sister corroborate that Jane requires day-to-day support to manage the requirements of obtaining and retaining a suitable residence and major decision making and managing money. Limited evidence has been provided across the domains however the street doctor and Jane's sister confirm substantially reduced capacity for self-management between acute episodes. There is clear evidence that Jane's functional impairment is attributable to her psychiatric condition not her alcohol dependency and is longstanding over some twenty years. Given Jane's history of homelessness and the absence of links to formal services and supports in recent

years the delegate accepts the evidence of the street doctor and secondary evidence of Jane's sister without a formal functional assessment.

- s24(1)(d):

  Secondary evidence from Jane's sister indicates that Jane requires support to grow and sell her vegetables which would limit her economic participation. The street doctor confirmed that Jane's sister's statement was consistent with her clinical finding.

- s24(1)(e):

  Jane's psychiatric impairment has been confirmed as likely permanent with substantially reduced capacity in the self-management domain. She is currently requiring support with social and economic participation and will likely require such support across her lifetime.

Kate - Young adult, currently receiving Partners in Recovery (PIR) support, diagnosed chronic depression, psychiatrist states permanent impairment, suicide attempts, ongoing treatment to improve functioning, mainstream health responsibilities, requires intensive support to attend university, ineligible.

Kate is 23 years old and lives in the ACT. She is currently receiving support from Partners in Recovery (PIR). Kate has a history of psychiatric impairment dating back to her early teenage years. Kate is under the care of a psychiatrist and has a diagnosis of chronic depression however her psychiatrist has indicated that this diagnosis may change. Kate has attempted suicide several times and continues to be a suicide risk. Kate's psychiatrist has stated that her psychiatric impairment is permanent but he is hopeful that ongoing treatment will result in a much better quality of life for Kate. He indicates that Kate needs to continue with her cognitive behavioural therapy and stated he is trialling her with different medications as to date she has not responded well to treatment. Kate's support worker indicates that Kate requires a support worker to attend university lectures with her at all times as Kate lacks confidence and motivation to attend by herself. Kate has difficulty submitting her assignments on time as her organisational skills are poor and she is afraid of failure. Kate failed all her units last semester and was hospitalised during the semester break following a suicide attempt.

The NAT delegate contacts Kate's psychiatrist to follow up on what leads the psychiatrist to conclude that Kate's impairment is permanent. The psychiatrist indicates he does not have much time to talk as he has patients to see and he has already stated the impairment is permanent. He said he remains hopeful of improvement in functioning for Kate but in his opinion there will always be a residual level of psychiatric impairment in Kate. Although that does not mean that she can't go on and make significant improvements, it really is too early to tell. The psychiatrist indicates it is imperative that Kate continues with her PIR support as this is really getting her back into the community and assist her in building relationships and making friends, albeit with a small group of people. He also states that Kate requires psychological therapy above her complex disease management plan.

Access Practice Guidance

Consideration for Kate

As a delegate of the CEO, I am not satisfied that **Kate** meets the access criteria to become a participant in the NDIS as set out in the NDIS Act 2013 and the NDIS (Becoming a Participant) Rules 2016.

Kate does not meet the disability or early intervention requirements as set out in Sections 24 and 25 of the NDIS Act 2013 for the following reasons:

- s24(1)(a):

  The Psychiatrist confirms that Kate has a disability (she is unable to focus, motivate, complete tasks or appropriately manage many emotions) attributable to psychiatric impairment. Criteria satisfied.

- s24(1)(b):

  The Psychiatrist states that Kate has a permanent psychiatric impairment which will likely improve but not remit. Rule 5.5 states that an impairment may improve but still remain permanent. However the evidence indicates treatment options have not been fully explored for Kate and her age (22 years) indicates that it could be too early to confirm the permanence of Kate's impairment. More evidence would be required to substantiate psychiatrist's statement around permanence. The delegate is not pursuing further evidence as Kate does not meet s 24(1) c or e so can't satisfy the disability requirements. Criteria not satisfied.

- s24(1)(c):

  The evidence of the psychiatrist and PIR support worker indicate that Kate has a reduced capacity for self-management and social interaction – she cannot manage her university studies without significant support and she suffers social isolation and has difficulty mixing with her peers. With support Kate is able to enter the community. She has some friends and is able to interact with family. Criteria not satisfied.

- s24(1)(d):

  The evidence of the psychiatrist and the PIR support worker indicate that Kate is socially isolated as a result of her impairment. Criteria satisfied.

- s24(1)(e):

  The evidence of the psychiatrist indicates that it is too early to anticipate Kate's lifetime support needs. Kate currently requires treatment, including treatment relating to her suicide risk. There is no indication that Kate will require reasonable and necessary support across her lifetime and referral support is available through the GP. Criteria not satisfied.

Access Practice Guidance

Appendix 2 - Glossary of Terms

AMHOCN – The Australian Mental Health Outcomes and Classification Network was established by the Australian Government in December 2003 to provide leadership to the mental health sector to support the sustainable implementation of the National Outcomes and Casemix Collection (NOCC) as part of routine clinical practice. They offer on line training in mental health outcome measures such as the HONOS and the LSP16.

Baseline functioning – a person's optimally treated level of functioning between acute episodes. Refers to day-day function when well, not functioning on a particularly good or bad day.

Continuity of support - means that people who do not meet the National Disability Insurance Scheme (NDIS) access requirements but were accessing a disability service prior to being assessed by the NDIA will continue to receive support consistent with their current arrangements.

High prevalence disorders are those conditions that are viewed as reasonably common conditions for which treatment options are available and include depression, anxiety and bipolar.

Psychosocial disability is the term used to describe a disability arising from a mental health issue. Not everyone who has a mental health issue will have a disability, but for those who do, it can be severe and longstanding and it can really impact on someone's recovery. Psychosocial disability is the term preferred by consumers, families and carers for use within the NDIA. https://nmhccf.org.au.

Mental health condition - mental health issue, mental health condition, mental illness and/or psychiatric condition/ psychiatric diagnosis are all used interchangeably in the Sector to describe psychosocial conditions. However many consumers and carers find the use of the term 'mental illness' or 'psychiatric condition' deeply offensive.

NICE – National Institute for Health and Care Excellence - This is a UK based online resource providing evidence based guidance to improve health and social care. It provides guidance on what is accepted practice.

Recovery - The NDIA defines recovery as achieving an optimal state of personal, social and emotional wellbeing, as defined by each individual, whilst living with or recovering from a mental health condition. **Clinical recovery** is quite different from "recovery" and refers to treatment of impairments and elimination/amelioration of symptoms of mental illness. **Personal recovery** refers to living a satisfying, hopeful contributing life within the limitations caused by the illness.

Access Practice Guidance

Appendix 3 - Key Issues and Potential Responses

Key issue – Lack of mental health expertise within the NDIA

NDIA staff do not have professional qualifications in mental health and therefore don't understand the issues for participants with a psychosocial disability**.**

The NDIA has a range of staff from many different backgrounds including mental health professionals. The NDIA has recently appointed 'Subject Matter Experts' within the NAT all who have a strong background in mental health services. The NDIA also has a MH team with extensive mental health expertise in national office and will build 'Subject Matter Experts' into other areas of the NDIA as needed. NDIA staff now have access to online training in Recovery and other training as relevant in their region.

Appropriate guidance for the NAT, planners, etc., to incorporate into their practice the participant's own terminology and understanding of their illness, i.e. being aware of disability terminology and sensitivity to participants lived experience, and the mental health mainstream interface is in development and should be available shortly.

Key issue – Eligibility and access

- **The requirement for a condition to be 'permanent' is a barrier for people with psychosocial disability testing eligibility and accessing the Scheme.**

  The access criteria is based in legislation which is not easily changed but it is acceptable and encouraged to use language such as 'likely to be permanent' rather than permanent and 'likely to need lifetime support'.

- **The requirement for a condition to be 'fully treated' is a barrier for people with psychosocial disability testing eligibility and accessing the Scheme.**

  It is also acknowledged that the mental health sector appears to struggle to understand the concept of the mental health condition being "fully treated' and how to describe the functional impact of the mental health condition. The NDIA has recently appointed 'Subject Matter Experts' within the NAT all who have a strong background in mental health services. Practice guidance for the NAT team is also being developed and work is being done in collaboration with the Flinders University Transition Support team to develop an 'Access Toolkit' for providers.

- **The issue of 'permanence' is seen as a barrier to the Recovery based approach taken by most mental health professionals.**

  The requirement for "permanence" of impairment is not contrary to the "recovery" approach of the mental health sector. The Agency supports "recovery" in the planning process. The permanence requirement relates to an impairment that will not remedy. Please see the Recovery and the NDIS factsheet. The NAT understands the episodic nature of many mental health conditions and is looking to assess baseline functioning notwithstanding the episodic nature of the condition.

- **Many people with a mental illness do not identify or wish to be 'labelled' as having a disability.**

  It is important to acknowledge this issue but also to acknowledge that the NDIA was designed for the people who need lifelong support arising from their impairments as a result of their mental health condition. Access to the NDIA means access to significant supports that have not previously been available in the same way so it is important it is targeted to the intended population. It is also important to focus on that the NDIS funds supports to assist with functional capacity not the course of the mental health condition.

  It is also noted that most potential participants would be already receiving a 'disability support pension'. As at June 2013, the total number of people receiving Australia's DSP was 821,738 people (DSS 2014). There were 31.2% determined to meet the criteria within psychological/psychiatric category, making the total number for that category 256,380 people.

  This issue is also addressed in the planning stages by focussing on applicant's/participant's strengths rather than weaknesses, incorporating a recovery based approach into supports that recognises hope and optimism as drivers for improved outcomes for people with psychosocial disability.

- **People with psychosocial disability may experience fear and reluctance to dealing with Government and Government IT systems.**
  It is important to emphasise that the NDIA can and does take alternative approaches when needed.

- **The episodic nature of mental health conditions which leads to people being deemed ineligible because they applied on a good day. There are also assertions that people with psychosocial disability have much lower success rates when applying for the NDIS.**

  There is simply no evidence for these assertions!! The Scheme data shows that 81% of people with a psychosocial disability who apply for the Scheme are granted access. Please refer to the Fact sheet: Completing the access process, tips for talking about psychosocial disability and the 'Key data attachment' provided with the NMHSRG Communique.

- **The definition and language used in respect to psychosocial disability is unclear and inconsistently applied. The application process is complex and the burden of proof is complex and a barrier.**

  The NDIA access process requires the mental health sector to understand functional impairment rather than illness or symptoms which is challenging. However, the NDIA is also working very closely with the sector to develop resources to assist them to understand and adapt. The NDIA accepts frequently used mental health outcome measures and other forms of evidence such as discharge summaries/ recovery tools as part of the access process.

Access Practice Guidance

Key Issue – Service and support 'gap' for non-eligible NDIS participants

- The target group of 64000 participants with a psychosocial disability by 2019 represents only one in five (19%) of the estimated 290,000 individuals aged under 65 years with a need for some community based psychosocial support. Within and without of the mental health sector, this has raised the issue of continuity of support and who will continue to provide those services to individuals with psychosocial support needs subsequent to June 2016. The mental health sector has been vocal through media outlets and directly to political representatives about this 'gap' in service delivery.

  The commitment to the continuity of support for participants who are not eligible for the NDIS has been agreed to by all Commonwealth, State and Territory Governments as part of bilateral agreements.

Key Issue – Information Linkages and Capacity Building

- It has been identified by the mental health sector that potentially the Information, Linkage and Capacity Building (ILC) Framework could be a solution to their concerns re the above cited 'gap'. There has been wide expectation from the mental health sector that the ILC framework would provide funding for many of their programs. This has been evidenced by Mental Health Australia's' (MHA) response to the ILC consultations. In particular, there has been expectations that ILC would fund the elements of the Partners in Recovery (PIR) program (as described below).

  The mental health team has been liaising closely with senior ILC team members to identify any ILC type activities within mental health programs. The mental health Commonwealth funder's perspective (DSS &DoH) were unable to identify any elements of their programs (as described below) that belonged in ILC during consultation/mapping to date. The ILC Commissioning Framework will not meet many of the expectations of the mental health sector despite the capacity to fund peer support activities.

Access Practice Guidance

Index

Access Practice Guidance

Feedback

If you have any feedback about this Practice Guidance please email nat@ndis.gov.au

Version change control

Version No	Amended by	Brief Description of Change:	Status	Date
1.0	s47F - personal privacy	Creation of Practice Guide – Psychosocial Disability & Access Produced in consultation with legal team and pathway resources	Cleared	2017-08-15

From: s47F- personal privacy
Sent: Friday, 17 July 2020 12:14 PM
To: JOHNSON, Sarah; s47F- personal privacy
Cc: s47F- personal privacy
Subject: RE: Huddle - New Disability Codes [SEC=OFFICIAL]

Hi

Just to add, this is information that is already being provided to NDIA on the Access Request Form and referral letters, its just that the system never allowed it to be recorded.

As Sarah says, it's a way of capturing that inbound information, not a change to the decision making process.

s47F- persona

---

s47F- personal privacy

Branch Manager, Data and Insurance
Office of the Scheme Actuary
National Disability Insurance Agency

E s47F- personal privacy @ndis.gov.au M s47F- personal privacy
EA (s47F- personal p s47F- personal privacy @ndis.gov.au

ndis Delivered by the National Disability Insurance Agency

The NDIA acknowledges the traditional owners of country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to elders both past and present.

From: JOHNSON, Sarah <s47F- personal privacy @ndis.gov.au>
Sent: Friday, 17 July 2020 11:24 AM
To: s47F- personal privacy
Cc:
Sub

Cc'ing in s47F- personal p as we were asked to make these changes in the system.

This was the intention – we need to collect the data on who is making access requests (s47C - deliberative processes).

s47F- persona – any further comments on the process?

Sarah Johnson
Scheme Actuary
National Disability Insurance Agency
Mobile s47F- personal privacy
Email s47F- personal privacy @ndis.gov.au

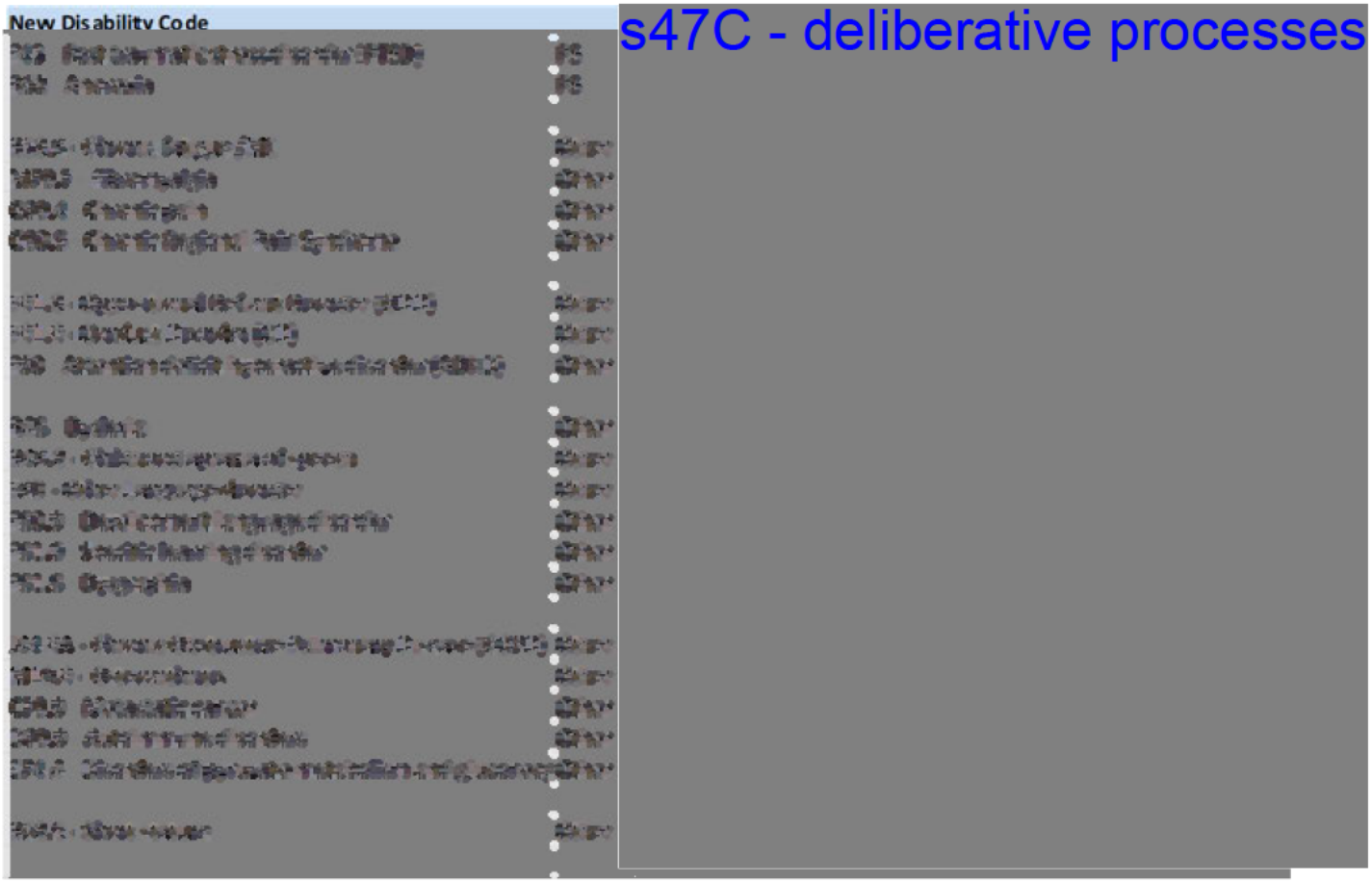
From: s47F- personal privacy @ndis.gov.au>
Sent: Friday, 17 July 2020 10:36 AM
To: JOHNSON, Sarah <Sarah.JOHNSON@ndis.gov.au>
Cc: s47F- personal privacy @ndis.gov.au>
Subject: Huddle - New Disability Codes [SEC=OFFICIAL]

Hi Sarah

Just an FYI... I noticed this is the Huddle from Tuesday.

- **Additions to the Existing Disability list**
  - We have added over 35 impairment conditions to the Existing Disability list.
  - If you have questions or feedback, please email s47F- personal privacy, Data Services Analyst Lead, Office of the Scheme Actuary or call s47F- person via Skype or Microsoft Teams.

s47C - deliberative processes



s47C - deliberative processes

s47C - deliberative processes

Cheers
s47F- personal privac

s47F- personal privacy
Actuary
Office of the Scheme Actuary
National Disability Insurance Agency

Mobile: s47F- personal privacy
Email: s47F- personal privacy @ndis.gov.au

From: s47F- personal privacy on behalf of media
Sent: Thursday, 15 July 2021 10:40 AM
To: Hoffman, Martin; Studdert, Lisa; s47F- personal privacy; JOHNSON, Sarah; s47F- personal privacy
Cc: media; s47F- personal privacy
Subject: FYI: BILL SHORTEN - TRANSCRIPT - RADIO INTERVIEW - ABC BREAKFAST NORTHERN TASMANIA WITH BELINDA KING - THURSDAY, 15 JULY 2021 [SEC=OFFICIAL]

Follow Up Flag: Follow up
Flag Status: Flagged

Good morning, FYI below transcript for Bill Shorten's IV on ABC Breakfast Northern Tasmania.

Thanks,
s47F- persona

s47F- personal privacy
Senior Media Officer
Media and Marketing
Communications and Engagement
Mobile: s47F- personal privacy
Media phone: s47F- personal privacy
Email: s47F- personal privacy@ndis.gov.au

The NDIA acknowledges the Traditional Custodians of Country throughout Australia and their continuing connection to land, sea and community. We pay our respects to them and their cultures and to Elders past, present and emerging.

From: Isentia Canberra <cae@isentia.com>
Sent: Thursday, 15 July 2021 10:57 AM
Subject: BILL SHORTEN - TRANSCRIPT - RADIO INTERVIEW - ABC BREAKFAST NORTHERN TASMANIA WITH BELINDA KING - THURSDAY, 15 JULY 2021

---------- Forwarded message ---------
From: **Federal Labor Media** s47F - personal privacy
Date: Thu, 15 Jul 2021 at 10:54
Subject: BILL SHORTEN - TRANSCRIPT - RADIO INTERVIEW - ABC BREAKFAST NORTHERN TASMANIA WITH BELINDA KING - THURSDAY, 15 JULY 2021
To: s47F - personal privacy

BILL SHORTEN MP
SHADOW MINISTER FOR GOVERNMENT SERVICES
SHADOW MINISTER FOR THE NATIONAL DISABILITY INSURANCE SCHEME
MEMBER FOR MARIBYRNONG

E&OE TRANSCRIPT
RADIO INTERVIEW
ABC BREAKFAST NORTHERN TASMANIA WITH BELINDA KING
THURSDAY, 15 JULY 2021

SUBJECTS: Independent assessments; NDIS and disability service accessibility in Tasmania.

BELINDA KING, HOST: Good morning, the federal government has given up on its plan to bring in independent assessments for NDIS recipients. They were seeking, in principle, support from the state and territory counterparts for amendments to the scheme, with the aim of reining in the annual cost of the NDIS, which is projected to reach some 60 billion by the end of the decade. Critics of the proposal say that this is a win for person centered care. Does the Shadow Minister for the NDIS and Government Services agree? Bill Shorten, good morning.

BILL SHORTEN, MEMBER FOR MARIBYRNONG: Good morning, Belinda.

KING: So tell me your thoughts on that. Is this a win for the person-centred care?

SHORTEN: Oh, absolutely. The government was creating a scare campaign. They didn't provide a lot of detail about their allegations that the scheme was a financial problem. And based on dodgy information, they were going to basically, in essence, make 430,000 profoundly and severely impaired people reapply, be reinterviewed as to whether or not they had a disability. This was going to be incredibly frustrating. And a lot of people, including myself, thought this was just the government trying to cut down on the benefits which people receive.

KING: So before we get to dealing with the person, let's just tease out the money side of it a little further. If the federal government and they have been airing their desire to rein in the cost of the NDIS and reining in the cost of government services. I think most people would agree can be a good thing. Are there other avenues that Labor would support them pursuing to control the costs of this scheme?

SHORTEN: Oh, yeah, absolutely. We're up to the efficient and equitable administration of the scheme, but this government's been in charge of it for eight years, but only really in the last few months have

they said there's a financial problem. I mean, they're the people who've been in charge of it. But the sort of reforms which I think the government should have been looking at as opposed to what they were looking at is getting the pricing right that some service providers charge. There are some reports out there, and I've spoken to people that some service providers, once they hear that you have an NDIS package, charge you more than if you didn't have the package. I also was speaking with some really switched on people from Tasmanian Legal Aid yesterday, and they were making the point that sometimes the government would force people to go to the Administrative Appeals Tribunal, spend a lot of money, including the government spending a lot of money, and then in the end just give in and prove that what the people were appealing about was actually right but the government just hopes that by litigation and red tape and appeal, they could discourage people from making claims. So I think litigation service provider fees, I think there are some things which you can do to improve the efficiency of the scheme without making all people with disability have to start again and prove that they have a disability, which is pretty rude for most people with profound and severe disability.

KING: Now, we've invited the public to comment and throw some questions into us this morning. Brooke has said, how can the review process for plans be streamlined? You shouldn't have to wait so long without therapy while the plans take so long to be reviewed. What can be done to improve that?

SHORTEN: Brooke is 100 per cent correct. What happens is in this scheme, where the agency, the decision maker seems to hold all the cards, is that if you want to review or change your plan, you get a package of support to suit you and you think I need a bit more on this and a little less on that. The agency can sometimes take months to give you an answer. So one thing I would do, Brooke, if I was the minister is I put some deadlines on the agency to make a decision. In other words, if you want to get a house modification, say you don't have proper facilities in which to wash. The government has to make a decision within four weeks about your proposal rather than keeping you waiting for months and months to get an answer if you want a new wheelchair, because the old one has broken down. I don't see why the government should sit on that answer for months and months. There should be deadlines on government decision making, putting the onus on the government not to just bury the file.

KING: We've got a question here from Meagan and she says, Why does it take so long for a review for remote and rural areas? I live in a remote area, and three times since my son's been with the NDIS, we've been underpaid and we believe it's because of the area we live in. Are you hearing stories of similar stories as to Meagan's here?

SHORTEN: Oh, absolutely. I think there's a couple of issues there. One is that point I just made and answered to Brooke, there should be pressure on the government to have deadlines on their decision making, and if the government doesn't make a decision by the set deadline, then the claim should be deemed accepted that will hurry things up, I guarantee you. But in terms of remote and regional access and waiting times, one of the massive issues I'm hearing is that people are waiting months, if not years, to see psychologists, to see allied health professionals. I think that generally Tasmanian health doesn't

receive, Tasmanians don't get the same standard of health care that mainlanders get. This is an issue, I think, that the state government can also work on with the feds. I mean I know you've just had the state election in Tasmania, but Bastian Seidel, who was part of Bec White's team, proposed a very good health plan because I think waiting lists, waiting times in Tasmania, not just for NDIS but generally for allied health professionals is too long.

KING: We've got a question here from Sean. Good morning, Sean, where he says he's tried three times with an application and three times he's been rejected. He's saying, please help me with mine. How can people that feel that they're in need get heard and get some assistance?

SHORTEN: Well, I think the advocacy services are useful for Sean. I was at Speakout Tasmania, which is a fantastic group which encourages people with impairment to be advocates and self advocate. So Sean, I'd go to an advocacy service. Alternatively, depending on where you live and do broadly know where Sean lives, that identified in the question.

KING: Let me have a little little look. Here he is from Georgetown. So about 50 kilometres out of Launceston.

SHORTEN: Oh, well, he should contact Senator Helen Polley. And we can at least, you know, quite often MPs now have to because of the all of the problems we're hearing, like you're getting questions here. Sometimes the MP can at least put in a letter to the agency and say, what's going on here? What's the problem? I can't guarantee Sean's claim will be accepted. I don't know all the facts, but perhaps he might contact Senator Helen Polly's office, who has an office in Launceston, which is not far from Georgetown.

KING: This one's a bit trickier. Reading the wait, this is from Jacinta, reading the wait times for therapy after getting approval for NDIS why are things like ADHD not covered by the NDIS? That's a bit trickier.

SHORTEN: Well, again, it depends on the person's condition. This scheme is for profoundly and severely impaired people. It's not for every person with an impairment. But I don't know if the person qualifies. So severe cases of autism are covered by the scheme and there's plenty of people getting support for it. So if you have a child who's got a diagnosis of autism and it's quite significant on the spectrum, then they are able to get some package of support for early childhood intervention. It will come down to the circumstances in each case. In Tasmania at the moment, 10100 people receive NDIS packages out of the 430,000 people. I think there's about 2300 people on the north west region, about the same number in the northern region and then about 5000 in the south and Launceston oh sorry in Hobart and surrounding areas.

KING: Well, one more here, this is from Amelia. How can this be more public so all people understand what it is, who is eligible and how to apply? She goes on to say, can we have an explicit chart to show

parents what the procedure is when applying and the expected timelines between each stage of applying?

SHORTEN: There is information available. I'm not, but I'm not here to be the spokesperson for the government or the agency. I do get that and say if you're a parent and you've had a child, beautiful baby and at, 12 months, 24 months, your instinct is that the child is developing in the way which you hoped, that can be pretty traumatic. I would just say that there is information. I think St Giles does a good job, for example. Reach out to services, ask questions. Interestingly, I'm here with the candidate for Braddon, he actually has got a background in disability, working with early intervention and helping parents. I think the NDIS should put more information out there. Communication's fundamental. It can be very bewildering dealing with a maze of government services. I like the NDIS as a concept, but I think it's lost a bit of sight of its values and vision about providing individualised packages of support. I believe that if you give a family or a participant a package of support, they will make that stretch further than if you just sort of keep it within a large bureaucratic welfare system. But what I worry about under the current Liberal government is that they don't actually get the individualised notion that people can have plans and goals and they're really trying to bring it back in-house and just make it a rationed welfare scheme. I think by all the questions you had this morning, Belinda, and I bet there's probably plenty more.

KING: Yes.

SHORTEN: People want the NDIS to succeed, but the government doesn't get it. Like, you know, you might expect them to say this, but I don't think the federal liberals get it. They don't understand that a person with a disability shouldn't just be judged by the impairment. It's by the whole system, by the whole personality. And I just wish they'd stop trying to cut the scheme and instead work with people with disability to make it more efficient, because all of the problems we heard this morning, they're not problems of people on welfare trying to rort the system. They're people who get frustrated by the delays, the lack of transparency, the lack of information. That's how you improve the scheme, work with people. Don't just put it all in a black box and act like you're you know, you're God and the people you're dealing with are just sort of silly children.

KING: Bill Shorten, what do you have to take away from your visit to Tasmania, your forums yesterday and the visit this morning?

SHORTEN: Well, I've been I've come down for a few days, three days. I think it's better you don't just fly in, fly out. I love Tassie. I've spent a lot of time here one way or the other over the years. I've been in Wynyard, Burnie and Devonport on this trip. I think that in Tassie we've got to remember that I don't think they're getting the same level of support in their disability needs that the mainland is getting. I think a couple of the burning issues for me is how do we get a better health workforce down here? I mean, hats off to the people already working here, but there's not enough of them. So I think that we're

seeing perhaps second best outcomes because of a workforce shortage. I think the other thing here is that there's a lot of success stories and if we just give families and participants a bit of a hand, I think they can move mountains if they just get a bit of hope.

KING: Bill Shorten, thank you very much for your time this morning.

SHORTEN: Lovely to chat. Thanks for the interest, bye.

KING: Shadow Minister for the NDIS, Bill Shorten with us on ABC Northern Tasmania.

ENDS

MEDIA CONTACT: s47F- personal privacy

Authorised by s47F - personal privacy, ALP, Canberra.

From: s47F- personal privacy
Sent: Friday, 5 November 2021 1:53 PM
To: media; Hoffman, Martin; Studdert, Lisa; s47F- personal privacy; Dean, Jeremy
Cc: s47F- personal privacy
Subject: RE: ACA request - 2PM QLD time deadline [SEC=OFFICIAL]

Follow Up Flag: Follow up
Flag Status: Flagged

ok

From: s47F- personal privacy @ndis.gov.au> **On Behalf Of** media
Sent: Friday, 5 November 2021 2:15 PM
To: s47F- personal privacy ; Hoffman, Martin <s47F- personal privacy @ndis.gov.au>; Studdert, Lisa
s47F- personal privacy Dean, Jeremy <s47F- personal privacy @ndis.gov.au>
s47F- personal privacy
Subject: RE: ACA request - 2PM QLD time deadline [SEC=OFFICIAL]

Hi again all,

s47F- personal privac, seeking your review/approval on the below please.

We spoke to s47F- personal privacy earlier, and have drafted the below. *DSS is also contributing w lines on eligibility and what else is being done.

Thanks,
s47F- pers

ENQUIRY:
Wanting to get a statement in relation to our ADHD story, which explores the number of ADHD diagnosed kids on medication has surpassed 80% and families want more government support. Interviewed families don't want to be contacted.

Families with ADHD children are calling for the condition to be put on the NDIS, what is the eligibility criteria?

Why hasn't ADHD been recognised broadly as a condition that could be supported by the NDIS?

Some families are at breaking point and are crying out for more help, what else is being done?

Families want more access to alternative therapies, what's on offer?

My deadline is 2PM QLD time. **(3pm AEST)**

NDIA draft
The following can be attributed to an NDIA spokesperson:
Access to the NDIS is based on a person's functional impairment, not on their condition or diagnosis. This means no condition is, or will be, automatically excluded from the NDIS.

The NDIS was not designed, planned or envisaged to cover medical conditions, such as ADHD.
ADHD is a learning difficulty as a result of a neurobehavioral disorder. Therefore the health and education systems are funded and have the expertise to support people with this condition and their families.
It is important to note that if the ADHD manifests in a way that an intellectual or some other development disability is present, the person will most likely meet the criteria to be supported by the NDIS

Background
ADHD is a neurobehavioral disorder that is classified as a medical condition, and as such is not recognised as a disability. It can be best managed by medical interventions and medications.
Assessment, diagnosis and treatment of health conditions, along with medications and hospital care, remain the responsibility of the health system.
More information: Supports FAQ | NDIS

From: s47F- personal privacy @ndis.gov.au> **On Behalf Of** media
Sent: Friday, 5 November 2021 9:15 AM
To: Hoffman, Martin <Martin.Hoffman@ndis.gov.au>; Studdert, Lisa <Lisa.Studdxxx@xxxx.xxx.au>; s47F- personal privacy
s47F- personal privacy Dean, Jeremy <Jeremy.Dean@ndis.gov.au>; s47F- personal privacy
; JOHNSON, Sarah <Sarah.JOHNSON@ndis.gov.au>
s47F- personal privacy
Subject: FW: ACA request - 2PM QLD time deadline [SEC=OFFICIAL]
Importance: High

Good morning, please see below media enquiry from A Current Affair with a 2pm Qld time deadline.

We are working on a response.

Thanks,
s47F- persona

s47F- personal privacy
Senior Media Officer
Media and Marketing
Communications and Engagement
Mobile s47F- personal privacy
Email: @ndis.gov.au
Media phone: s47F- personal privacy
Media email: media@ndis.gov.au

Delivered by the National Disability Insurance Agency

The NDIA acknowledges the Traditional Custodians of Country throughout Australia and their continuing connection to land, sea and community. We pay our respects to them and their cultures and to Elders past, present and emerging.

From: s47F- personal privacy @nine.com.au>
Sent: Friday, 5 November 2021 9:07 AM
To: media <media@ndis.gov.au>
Subject: ACA request - 2PM QLD time deadline
Importance: High

Hi s47F- person

Thanks for your time.

Wanting to get a statement in relation to our ADHD story, which explores the number of ADHD diagnosed kids on medication has surpassed 80% and families want more government support. Interviewed families don't want to be contacted.

Families with ADHD children are calling for the condition to be put on the NDIS, what is the eligibility criteria?

Why hasn't ADHD been recognised broadly as a condition that could be supported by the NDIS?

Some families are at breaking point and are crying out for more help, what else is being done?

Families want more access to alternative therapies, what's on offer?

My deadline is 2PM QLD time.

Thank you,

s47F- personal privacy
Producer

A CURRENT AFFAIR
Nine entertainment co.

T s47F- personal privacy
A Sir Samuel Griffith Drive, Mount Coot-Tha QLD, 4066
E s47F- personal privacy @nine.com.au
T @s47F- personal privacy

From: s47F- personal privacy
Sent: Thursday, 19 May 2022 3:36 PM
To: s47F- personal privacy; media; Dean, Jeremy; s47F- personal privacy
Cc: Hoffman, Martin; Studdert, Lisa; s47F- personal privacy
Subject: Re: For clearance by Friday COB: ABC request: ADHD and the NDIS [SEC=OFFICIAL]

Do we get DSS to send back then?

Get Outlook for iOS

From: s47F- personal privacy @ndis.gov.au>
Sent: Thursday, May 19, 2022 3:28:34 PM
To: media <media@ndis.gov.au>; Dean, Jeremy <s47F- personal privacy
s47F- personal privacy
Cc: Hoffman, Martin <s47F- personal privacy @ndis.gov.au>; Studdert, Lisa <s47F- personal privacy @ndis.gov.au>; s47F- personal privacy
s47F- personal privacy
Subject: RE: For clearance by Friday COB: ABC request: ADHD and the NDIS [SEC=OFFICIAL]

Hey s47F- person

This is a DDS/policy question, I've included s47F- personal privacy in the email – s47F this is probably one for SG&P/ s47F- personal pr and then for Sarah to sign off on?

Cheers

s47F- personal privacy

He/Him
Executive Officer to Jeremy Dean
Deputy CEO - Participant Experience Delivery
National Disability Insurance Agency
Phone s47F- personal privacy **Mobile** s47F- personal privacy
Email s47F- personal privacy @ndis.gov.au

Delivered by the National Disability Insurance Agency

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From: s47F- personal privacy @ndis.gov.au> **On Behalf Of** media
Sent: Thursday, 19 May 2022 3:22 PM
To: Dean, Jeremy <s47F- personal privacy @ndis.gov.au>
Cc: Hoffman, Martin <s47F- personal privacy @ndis.gov.au>; Studdert, Lisa <L s47F- personal privacy @ndis.gov.au>; s47F- personal privacy
s47F- personal privacy
Subject: FW: For clearance by Friday COB: ABC request: ADHD and the NDIS [SEC=OFFICIAL]

Hi s47F- p

A non-urgent one (nice change!) for ABC Melbourne below on ADHD.

We've used the below response before, hoping you could please clear by COB tomorrow. We've also asked for DSS to contribute but waiting to confirm if they will.
Thanks,
Julia

The following can be attributed to an NDIA spokesperson:

Access to the NDIS is based on a person's functional impairment, not on their condition or diagnosis. This means no condition is, or will be, automatically excluded from the NDIS.

The NDIS was not designed, planned or envisaged to cover medical conditions, such as ADHD.

ADHD is a learning difficulty as a result of a neurobehavioral disorder. Therefore the health and education systems are funded and have the expertise to support people with this condition and their families.

It is important to note that if the ADHD manifests in a way that an intellectual or some other development disability is present, the person may meet the criteria to be supported by the NDIS.

Background

ADHD is a neurobehavioral disorder that is classified as a medical condition, and as such is not recognised as a disability. It can be best managed by medical interventions and medications.

Assessment, diagnosis and treatment of health conditions, along with medications and hospital care, remain the responsibility of the health system.

More information: Supports FAQ | NDIS

s47F- personal privacy
Assistant Director, Media
Media, Marketing and Digital Communication
Mobile s47F- personal privacy
Media phone s47F- personal privacy
Email s47F- personal privacy @ndis.gov.au

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NDIA acknowledges the traditional owners of country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to elders both past and present.

From: s47F- personal privacy @abc.net.au>
Sent: Thursday, 19 May 2022 10:06 AM
To: s47F - personal privacy @dss.gov.au>
Subject: ABC request: ADHD and the NDIS

Hello,

I'm a journalist with ABC Melbourne doing a story on wait times for getting an ADHD diagnosis blowing out during the pandemic, as well as the costs of diagnosis/medication/support. I've contacted the Department of Health but I also have a question for social services:

Is the government looking to register ADHD on the NDIS so people can receive monetary or other support to manage the condition?

Would it be possible to get a response by end of day tomorrow?

Cheers,

s47F- personal privacy
ABC Melbourne - Digital journalist and producer
M: s47F- personal privacy
E: s47F- personal privacy @abc.net.au

---

free. Before opening any attachment you should check for viruses. The ABC's liability is limited to resupplying any email and attachments.

From: s47F- personal privacy
Sent: Wednesday, 31 August 2022 9:06 AM
To: s47F- personal privacy; media; McNAUGHTON, SCOTT
Cc: s47F- personal privacy
Subject: RE: FOR REVIEW: Geelong Advertiser query [SEC=OFFICIAL]

Thanks s47F- perso Cleared from an OSA perspective.

NB: some/all of those people might've transitioned from an existing State Scheme.

Cheers,

s47F- personal privacy

From: s47F- personal privacy @ndis.gov.au>
Sent: Wednesday, 31 August 2022 9:03 AM
To: media <media@ndis.gov.au>; McNAUGHTON, SCOTT <s47F- personal privacy @ndis.gov.au>; s47F- personal privacy
s47F- personal privacy
Subject: RE: FOR REVIEW: Geelong Advertiser query [SEC=OFFICIAL]

Hi s47F- pers

I think the proposed background makes the formal response a little confusing. ADHD is classified as a medical condition rather than disability and yet 16 people in Barwon region classified as having ADHD as their primary disability. I wonder if it can be addressed by reorganising some of the paragraphs to deliver a more cohesive narrative:

The following can be attributed to an NDIA spokesperson:

The National Disability Insurance Agency's (NDIA) priority remains ensuring all Australians eligible for the Scheme receive the disability-related support they need. [Include eligibility criteria re significant and permanent disability]

Access to the NDIS is based on a person's functional impairment – not on their condition or diagnosis. This means no condition is, or will be, automatically excluded from the NDIS. This means that, for example, while ADHD is a neurobehavioral disorder that is classified as a medical condition rather than a disability, ADHD can manifest as an intellectual or some other developmental disability. While ADHD is not recognised as a disability, the impact of the medical condition on a person's functional abilities may mean the person meets the eligibility criteria to be supported by the NDIS.

The NDIS was not designed to duplicate other mainstream government services, such as the health and education systems who are funded and have the expertise to support people with this condition and their families.

Background

ADHD is a neurobehavioral disorder that is classified as a medical condition, and as such is not recognised as a disability. It can be best managed by medical interventions and medications.

Assessment, diagnosis and treatment of health conditions, along with medications and hospital care, remain the responsibility of the health system.

As of 30 June 2022, the NDIS was supporting 9949 participants in the Barwon region.
This included 16 participants with a primary disability of ADHD, up slightly from 14 at 31 December 2021.

From: s47F- personal privacy @ndis.gov.au> **On Behalf Of** s47F- personal
Sent: Wednesday, 31 August 2022 8:45 AM
To: McNAUGHTON, SCOTT <s47F- personal privacy
s47F- personal privacy
Subject: FOR REVIEW: Geelong Advertiser query [SEC=OFFICIAL]

Morning Scott/s47F- person (and all),

We have drafted the below, following an enquiry from the Geelong Advertiser.

Seeking your review, please. (OSA stats attached)

(We contacted the journo yesterday afternoon and she extended her deadline)

Thanks,
s47F- pers

ENQUIRY
I'm looking at doing a story on ADHD
Would I be able to grab stats on how many people with ADHD are on the NDIS in the Barwon region and figures for the last few years to compare it to?
And some commentary about whether it's increasing broadly as a reason for people to be on the NDIS?

DRAFT RESPONSE
The following can be attributed to an NDIA spokesperson:

The National Disability Insurance Agency's (NDIA) priority remains ensuring all Australians eligible for the Scheme receive the disability-related support they need.

Access to the NDIS is based on a person's functional impairment – not on their condition or diagnosis. This means no condition is, or will be, automatically excluded from the NDIS.

The NDIS was not designed to duplicate other mainstream government services, such as the health system. ADHD is a learning difficulty as a result of a neurobehavioral disorder. The health and education systems are funded and have the expertise to support people with this condition and their families.

It is important to note that if the ADHD manifests in a way that an intellectual or some other development disability is present, the person may meet the eligibility criteria to be supported by the NDIS.

Background

ADHD is a neurobehavioral disorder that is classified as a medical condition, and as such is not recognised as a disability. It can be best managed by medical interventions and medications.

Assessment, diagnosis and treatment of health conditions, along with medications and hospital care, remain the responsibility of the health system.

As of 30 June 2022, the NDIS was supporting 9949 participants in the Barwon region.
This included 16 participants with a primary disability of ADHD, up slightly from 14 at 31 December 2021.

From: s47F- personal privacy @news.com.au>
Sent: Monday, 29 August 2022 12:15 PM
To: media <media@ndis.gov.au>
Subject: Geelong Advertiser query

Hi guys
I'm looking at doing a story on ADHD
Would I be able to grab stats on how many people with ADHD are on the NDIS in the Barwon region and figures for the last few years to compare it to?
And some commentary about whether it's increasing broadly as a reason for people to be on the NDIS?
Can I grab by COB tomorrow?
Thanks so much
s47F- personal priva

--

s47F- personal privacy
Reporter and deputy chief of staff

126 Little Malop Street Geelong VIC 3220

E s47F- personal privacy @news.com.au P s47F- personal privac

From: MINISTERIAL
Sent: Wednesday, 7 September 2022 9:45 AM
To: Studdert, Lisa; NEVILLE, Liz; s47F- personal privacy JOHNSON, Sarah; s47F- personal privacy
Cc: s47F- personal privacy ; MINISTERIAL; s47F- personal privacy
Subject: FOR INFO - MB22-000090 - Support available and handling of ADHD under the NDIS and outside the scheme - Returned from MO [SEC=OFFICIAL]
Attachments: MB22-000090 Minister Signed.pdf

Good morning

The Minister has returned and **signed MB22-000090**

PDMS Reference	Action	Subject	Date noted	Date of return to NDIA
MB22-000090	Signed by Minister	Support available and handling of ADHD under the NDIS and outside the scheme.	2 September 2022	7 September 2022

The PDMS record has been returned to the group for closure.

If you have any questions or concerns, please contact me.

Kind regards

s47F- personal privacy
Assistant Director - Ministerial
Parliamentary, Ministerial and FOI
Government Division
National Disability Insurance Agency

P s47F- personal privacy **E** s47F- personal privacy @ndis.gov.au
M

Delivered by the National Disability Insurance Agency

The NDIA acknowledges the Traditional Custodians of Country throughout Australia and their continuing connection to land, sea and community. We pay our respects to them and their cultures and to Elders past, present and emerging.

MB22-000090

Ministerial Brief for Noting

FOR: Minister for the National Disability Insurance Scheme Action Requested By: Routine

Support available to people with ADHD under the NDIS and outside the Scheme

Key Issues:

- To be eligible for the National Disability Insurance Scheme (NDIS) under the disability requirements a person must have one or more impairments that are likely to be permanent and that substantially impacts their ability to do daily life activities.
- Applicants to the NDIS with Attention Deficit Hyperactivity Disorder (ADHD) as their only impairment, are typically not eligible for NDIS funding because it is not considered a permanent disability.
- ADHD would only be considered a permanent disability if there are no known evidence-based treatments likely to effectively manage the impairment.
- As there are treatments available which have been evidenced to reduce the functional impairment attributable to ADHD, applicants with this condition generally don't meet the NDIS access criteria.
- There are supports available for people with ADHD outside the NDIS.

Media Considerations: N/A

Noted by Minister:

Signature: ..... **Bill Shorten**

7/9/2022

Minister comments

Cleared by: Sarah Johnson, a/g Deputy CEO Strategy and Service Improvement, phone s47F - personal privacy s47F - personal privacy Date cleared: 2 September 2022	Contact: s47F - personal privacy Branch Manager, Service Guidance and Practice Branch s47F - personal privacy

Sensitivity: No.

Financial Impacts: Yes

- The NDIA makes decisions about ADHD based on the eligibility criteria in the *National Disability Insurance Scheme Act 2013* and the NDIS funding criteria. This position manages risks to Scheme sustainability by ensuring NDIS funding is provided to people who meet the NDIS eligibility requirements.

Regulatory Implications: No.

Consultation: No.

Attachments:

A. Applying to the NDIS operational guideline

B. Best Practice in Early Childhood Intervention

Background:

1. To be eligible for the NDIS under the disability requirements a person must have one or more impairments that are likely to be permanent and this substantially impacts their ability to do daily life activities. The impairment must also affect their social life, or ability to work and study and they must be likely to need support under the NDIS for their whole life.
2. ADHD would be considered permanent if there are no known evidence-based treatments likely to cure or substantially relieve the impairment. The National Disability Insurance Agency (NDIA) will ask the person's treating professional to provide evidence which indicates there are no further treatments that could effectively manage the person's ADHD.
3. The available research indicates there are current treatment options for ADHD which can help manage symptoms. The most used form of treatment for ADHD is stimulant medication, though there are also non-stimulants available. These are often used successfully in combination with other strategies to reduce the impact of the condition on a person's daily life. Further, research also shows that ADHD can be managed using educational strategies, reasonable workplace adjustments and medical management. The assessment, diagnosis, and treatment of health conditions, along with medication is the responsibility of the health system to fund, rather than the NDIS.
4. As there are treatments available which have been evidenced to reduce the functional impairment attributable to ADHD, applicants with this condition generally don't meet the NDIS access criteria.
5. The NDIA publishes information about how NDIS delegates make decisions when someone applies to the NDIS on the ourguidelines.ndis.gov.au website. A copy of the Applying to the NDIS guideline is available at Attachment A.
6. Our Guideline – Early childhood approach outlines the NDIS's approach to early childhood intervention. Early childhood intervention is about giving children with developmental delay or disability the best possible start in life. Through early childhood intervention, infants and young children as well as their families, can get specialised supports and services.
7. Children who do not fully meet the definition of developmental delay and have developmental concerns will also be supported through early connections. Early connections are part of our nationally consistent early childhood approach. Early connections can help support the child's development regardless of

whether they're eligible for the NDIS. Supports and services are different for every child because they're based on individual needs. Children receiving support through early connections may not need long term support funded by the NDIS in the future.

8. The NDIA funded the development of the national guidelines on Best Practice in Early Childhood Intervention (Attachment B). These guidelines support early childhood intervention providers across Australia to apply best-practice approaches to early childhood intervention. Best practice not only takes into account broad early childhood intervention research, but also evidence relating to the needs of children with a specific diagnosis, such as autism spectrum disorder or cerebral palsy.

9. Local Area Coordinators (LACs) can help connect people with disability aged 7 years and over with mainstream and community supports available in their communities, as well as provide information about what supports are provided by state and territory governments.

From: s47F - personal privacy@dss.gov.au>
Sent: Monday, 26 September 2022 3:46 PM
To: s47F - personal privacy
Subject: MINISTER FOR THE NDIS - TRANSCRIPT - DOORSTOP - MONDAY 26 SEPTEMBER 2022 [SEC=OFFICIAL]

HON. BILL SHORTEN MP
MINISTER FOR THE NATIONAL DISABILITY INSURANCE SCHEME
MINISTER FOR GOVERNMENT SERVICES

E&OE TRANSCRIPT
DOORSTOP
AUSTRALIAN PARLIAMENT HOUSE, CANBERRA
MONDAY 26 SEPTEMBER 2022

SUBJECTS: ***NDIS; Chairman, Board and NDIA CEO appointments, disability support for over 65s, ADHD, Parliamentary Inquiry into the NDIA's Capability and Culture, NDIS cost, Chair of JSC NDIS Committee and Robodebt Royal Commission.***

BILL SHORTEN, MINISTER FOR THE NDIS AND GOVERNMENT SERVICES: Good afternoon, everybody. Today I am pleased and excited to announce that the Albanese Government is appointing Mr. Kurt Fearnley as the new Chair of the National Disability Insurance Scheme Board.

Along with Kurt Fearnley, I'm really pleased that we're announcing Mr. Graeme Innes, Ms Maryanne Diamond, and Dr Denis Napthine as Board Members of the National Disability Insurance Scheme.

Also, I'm very pleased to announce that after an open recruitment process, Ms. Rebecca Falkingham PSM has been selected as the new CEO of the National Disability Insurance Agency.

Kurt Fearnley needs little introduction to Australians. They've watched him on their televisions as a marvellous Paralympian but he's also a disability advocate of the highest capability.

I first met Kurt at the Beijing Paralympics when he was competing in the T54 marathon event. But I have to say that I got to meet him again in 2009 when he was due to attend an event when I was a Junior Minister out in Canberra. Unfortunately, Jetstar wouldn't let him take his own wheelchair on the plane.

Kurt was a formidable advocate on that day, and he stands up for Australians for many occasions. His contributions in the disability sector, the sporting sector with many positions and accomplishments and his general leadership and advocacy in our community, makes him an exceptionally qualified new Chair of the National Disability Insurance Agency.

I might add that this is the first time that a person with disability has actually been appointed for Chair of the National Disability Insurance Scheme.

I'm also pleased to announce that with Graeme Innes, who was a former Human Rights Commissioner, Chancellor of CQU, and Ms. Maryanne Diamond, who amongst her many accomplishments, has been the President of the World Blind Union, we now have five of the directors and Chair who are people with disability, which is the highest number that the Scheme has ever had.

I'm also pleased that Denis Napthine, after I asked him to step down as Chair, so I could then put in Kurt Fearnley, I did feel that Denis Napthine still had much to contribute. I'm pleased that he's accepted my invitation to come back on the board as a director.

I'd also acknowledge in all of this, that work of the Acting Chair Jim Minto. It's been excellent work and we have been very busy in the time since getting elected, and therefore I acknowledge his work and that of the Acting CEO, Dr Lisa Studdert. I'm grateful for the both of them.

Also as a result of a recruitment process and a selection process run by the Board with the assistance of the Australian Public Service Commission and Department of Social Services, I'm pleased to say that Ms Rebecca Falkingham was the standout candidate in the process.

She is currently the Secretary of the Department of Justice in Victoria. The new positions will take effect from around about the 17th of October.

This is an opportunity for the National Disability Insurance Scheme to have reinvigorated leadership following the change of government in May. This process to get such qualified and competent leadership coming into the Scheme is very exciting and I think that we will see the results in terms of better rebuilding of trust between people on the Scheme and the Scheme itself.

But Australian taxpayers will also be confident that the Scheme will be returning to its original objectives of providing greater choice of control and value for money for the Scheme's commitments.

I might just now briefly ask Kurt to say some words, and then we're happy to take questions. Over to you Kurt.

KURT FEARNLEY AO: I'm really excited to take on this role. I think that it's important that the participants get to see themselves in this organisation and trust with the organisation itself, so it's a visceral thing.

You know, the Scheme cannot be a success with trust, and that is built over a period of time. It's been eight years since I was an Independent Advisor throughout the rollout and being a part of the conversation of lobbying to get the NDIS, the hope within the community of what it would mean to people with disabilities is still there. It's felt.

That's one thing that I do know about the community of people with disabilities, they are filled with hope. The scheme itself… I can't wait to get to know the people within the organisation, to get to know those that are building the NDIA.

It's an honour that the Minister would see me fit to take on this role, and I can't wait to join the Board with two other voices behind me of people with disabilities, who have another fresh take on what this organisation can be.

I started in governance roles in 2006. I got a phone call from the Dean of my university who took a risk on a young teacher, just leaving university to introducing me to the privilege and also the responsibility when you enter into these roles.

It's been 16 years of working in various capacities of director roles, advisory committees, that the single greatest role that I have ever even considered is the one that is right here today. To

potentially see people with disabilities look at the Scheme and see themselves as Chair, as a chunk of the Board, I think that's an exciting time.

I look forward to working with the executive, with Rebecca, and the Board already and with the Minister to make sure that the NDIA continues to be what we lobbied for all along. A purveyor of disability rights, which are human rights, and also to have that conversation that it is more than a single line item about how much good that this can do for the country. And it's not, it's not a matter of if this isn't a success, we need the NDIA to be a success for the country to be what we believe it is.

I'm excited and this is not even day one. This is the first 20 days until it starts. But I can't wait for day one and like I said, I just I'm really, really looking forward to getting to know the organisation again. It's so different than when I left it. But the hope, I think that I had while we were lobbying for it, the hope that I had as an Independent Advisor is still there. It hasn't changed. The country needs an NDIS that is trusted, that is deficient. That is effective. And I hope that I can play a part in that.

SHORTEN: Are there any questions for Kurt, myself or any of the other members?

JOURNALIST: Do you mind if I ask, are you an NDIS participant yourself? And if so, what's your experience with the Scheme?

FEARNLEY: It's a complicated answer. I am not a participant myself. I remember having conversations with the late Stella Young and we went back and forth about the life that I live is a great one, and the need for services that the NDIS provided, I wanted to be able to advocate for it from the other side of the Scheme. I actually regret that choice now. And I wish that I was a member of the Scheme.

I do have family within the Scheme that I won't elaborate on too much because that's their story. But as of today, no I'm not a member of the Scheme. But that's the thing about disability, there are so many so many stories around disability that will not be members of the Scheme, will not be participants of the Scheme.

We aren't a cover for all disabilities. Disability is complex and disability is varied. And disability has many, many stories to tell. I have worked in the organisation on the Independent Advisory Council and I have worked on the governing board of a service provider for the last two years as well.

JOURNALIST: Kurt, you use the phrase trust, and I think the Minister used it as well. There was a sense that under the previous government, the disability community had lost trust and faith in the NDIA. In your new position, how do you go about rebuilding that trust? And do you think that that trust broke under the previous administration?

FEARNLEY: I won't make comments on the previous administration. I will make comment that trust is critical for the Scheme to succeed. Trust allows people to take risks, and risks is where there is opportunity.

But also, the relationship between a participant in the Scheme is something that is so important. It is allowing them to be them. I'll do everything within my power to engage with the people who I have fought alongside, who I have engaged with over the last decade when it came to the advocacy of the Scheme.

As you can see behind me, we're also bringing voice, not just my voice of people with disabilities, we're also bringing Maryanne and Graeme's who bring another depth of wealth, of experience to the organisation on the Board level. Whether it be their advocacy role or Maryanne, her experience of working inside the NDIA itself.

Look, over the last couple of years, I've always missed, I always wanted to hear one thing, and that is hearing people from this position, talk to people with disabilities and say you're worth it. That everything, that this, all the bumps and bruises and all the fights and all the hard yards that they are doing as advocates for themselves and their families, but also this, this organisation can be what we believe it to be.

For now, I just need to take a breath, get to know the organisation and to, I guess, with the guys behind me and also Rebecca, to sit down and really understand where we're at and bring with us our hopes of where it can go to.

JOURNALIST: Minister Shorten, Mitry Lawyers is proposing a class action against the Commonwealth challenging the exclusion of applicants aged 65 and over from the NDIS. Could I please ask you to respond to the suggestion that the age bar is discriminatory? And for Mr. Innes, do you think more needs to be done to lift the quality of disability supports for seniors to this NDIS standard?

SHORTEN: We haven't seen the details of post class action so I can't comment specifically on that. But in terms of the issue that we have the NDIS for people up to 65 and then a different scheme, aged care for those over 65. There are people in the community who say that the quality of disability care after the age of 65 is inferior to the quality of disability care before 65. I think they have a point.

The NDIS was originally set up between 2010 and 2013 to fill what was the gap at that time. As we were campaigning to create the NDIS from 2007 onwards, we saw there were aspects of aged care back then, which was superior to the disability care, which is fragmented in all the states.

Problem is of course, there's been nine years of coalition government since then and almost despite the challenges of the NDIS, the tables have turned a bit and aged care has sort of in parts of its operations fallen in a rut. The NDIS, despite all of the challenges, it is still a scheme which looks better for people in aged care than what they have.

The Act was very clear when we put it in, that it was designed for up to 65. I think there is a challenge for disability care for people over 65, whether or not the solution is within the NDIS, which would be very expensive, or an improvement in the quality of disability care in aged care will be a matter for the Whole of the Government to through.

DR GRAEME INNES AM: Well, I haven't had too much to do with the design. So in legal terms, I don't think there is discrimination because the law specifically provided for that in the NDIA Act and the various discrimination acts. But the Minister has commented on what the situation is for people as of now. And there’s various causes of that, and I will be pleased to have conversations with my colleagues on the Board and for the Government to address it.

JOURNALIST: So you agree that the quality of disability support for in aged care and has fallen behind the NDIS in some respects?

INNES: There are aspects of aged care which have, but I need to get much more across both areas again. And it’s eight years since I’ve worked in the discrimination field and specifically on the Scheme and aged care.

SHORTEN: Are there any other questions?

JOURNALIST: Yes Minister, Em Rusciano recently gave a passionate speech, at the National Press Club about her ADHD diagnosis and her struggle to access treatment. She wants ADHD to be on the list of primary conditions supported by the NDIS. Are going to look at potentially expanding the list of conditions that are on that list?

SHORTEN: Yeah I saw Em's contribution and it was powerful. I've asked the Agency to give me more advice about diagnosis of ADHD in terms of eligibility for the NDIS. There are tens of thousands of people who are on the Scheme who are diagnosed with autism as their primary condition. Neurodivergence is an area where the eligibility requirements are not always clear and they depend on individual circumstances.

JOURNALIST: Minister Shorten, onto Paul's question. You mentioned that it would be very expensive to include over 65s on the NDIS. Have you been briefed or have an idea of what the exact cost would be?

SHORTEN: No. That's just me using my common sense.

JOURNALIST: And on a separate note, you previously described Denis Napthine's appointment as Chair of the NDIS a disgrace but now he's being appointed to the Board. I was just wondering for a bit more information about your change of heart?

SHORTEN: I think the previous government rushed the appointment of the Chair. He came on four days before the writs were issued. I think when you've got senior positions in the dying days of the previous government, it would have been far more prudential of the previous government not to have put him in that invidious position. But also to have seen if it was possible to have found a way of waiting until the election, which was only a month later. Having said that, I also believe the Scheme requires bipartisan support. I think we've got an outstanding Chair of the Scheme now. I think you can tell even for you, who are seasoned members of the very tough Canberra press gallery, that you don't always get to hear someone like Kurt speak, here, and he is impressive.

So I don't think I think there'll be a single Australian who thinks it's a bad appointment. Having said that, I'm also keen to make sure that people who've got experience in government. For Denis, in his own case, he and his wife raised a son with disabilities and he was the Liberal Premier who helped negotiate the transfer of the NDIS agreement in 2013. The way I want to see the NDIS run is to be a broad church where people feel included, not excluded. So I think I'm grateful that he accepted my invitation to be a director.

JOURNALIST: Just on the Robodebt inquiry, do you know when the list of witnesses will be released? And do you anticipate that Scott Morrison, Alan Tudge and Christian Porter will be on that list and called up?

SHORTEN: The first hearing of the Robodebt Royal Commission is tomorrow in Brisbane. I imagine Royal Commissioner, Justice Catherine Holmes will make statements and outline and counsel assisting will outline some of the approach.

In terms of whether or not former Coalition ministers should give evidence, that'll be a matter for the Royal Commission to determine. But let's never forget, this scheme went for four and a half years. It cost $1.9 billion in unlawfully raised debts. It was the government of Australia attacking its own citizens, nearly 400,000 of them unlawfully.

It really strains credulity to think that no Coalition minister noticed the alarm sirens going for four and a half years. So we'll see what happens shortly.

JOURNALIST: I just wanted to ask what are you hoping that the Parliamentary Inquiry into the NDIA's Capability and Culture will achieve?

SHORTEN: There's a joint parliamentary committee, a Joint Standing Committee, it's a permanent committee of Parliament. It's chaired by my colleague, the Member for Corangamite. It has 12 members of Parliament and they look at how the NDIS is going.

I look forward to the new leadership with the NDIS talking with the joint parliamentary committee. They've already said that's what they want to do pretty early on, in terms of their parliamentary inquiry into the culture of the NDIA. I think they do want to see what's working and what isn't working.

I think any organisation that doesn't take those temperature checks and those moments to self-reflect on what they're doing right and what they're doing wrong. I think this as an asset for the Agency to have this inquiry.

JOURNALIST: Minister there was a proposal for Senator Jordon Steele John, as I understand it to chair, that committee. You've just spoken how important here today about how important it is, for people with lived experience to hold these positions. Why didn't you support him being the chair?

SHORTEN: You're a very experienced journalist and you understand that the Greens had the chance. They don't have the numbers in the Parliament. But they had the opportunity to pick a committee which they could chair, they chose another Green senator for another committee. So perhaps you should ask them why they didn't choose this one for this purpose, rather than choosing another Green senator to chair another committee?

JOURNALIST: Doesn't really answer the question, though.

SHORTEN: I think the question is, as you understand, the Greens have four members in the House of Reps. Labor has 77. The Coalition has I think, a number in the 50s. As much as Jordan would say that he should chair this committee… get more people elected, get more senators elected, get more house of reps members, and then they'd have bigger representation.

JOURNALIST: Why are those numbers issues more important than a person's lived experience in that position?

SHORTEN: You know parliamentary convention. And I think it's a good issue that you raised that, overall political parties generally need to do more to encourage more people with disability into positions of leadership. So you know, sure, that's a good point. But I think what I'm demonstrating here today and the patch that I can influence, I'm doing exactly what the questions seeking to talk about.

JOURNALIST: Just in terms of the process of selecting Mr Fearnley, he's obviously a champion athlete and is a very high profile advocate. But the NDIS is a scheme that's going to cost $30 billion this year and it's only going to go up. It's a huge job. What specific qualifications do you think he has to be able to be the Chair of the agency looks over the enormous system?

SHORTEN: The Scheme in this financial year is probably going to cost, the one just past, $28.6 billion. Listen I've had the opportunity to know Kurt Fearnley for a very long time. So he, to be honest, that that he's an athlete, an elite athlete who happens to be disabled, was the least relevant of his qualifications, although that certainly does mean that many Australians know who he is.

And therefore that means that it gets him to rethink about disability differently. So I think that is a really crucial skill he brings. Well, I think he brings is his intellect. He's got a senior role, for example, which he's held at Charles Sturt University. I think he brings his proven leadership capacity. I mean Kurt's on just about every board going previously in the last 10 years. I also think that when you're the Chair of the board, you don't have to be the world's best accountant, the world's best auditor, the world's best everything. But I think there are very few boards in Australia and public life, corporate life, or even sporting organisations who could have one chairperson who actually bring so many skills assembled with one remarkable personality.

JOURNALIST: The Treasurer has named the NDIS as one of the biggest burdens on the budget, have you been asked to find any savings?

SHORTEN: I don't think the Treasurer's used the word burden. What he's said is that there's five areas of costs where costs are increasing faster than standard costs across government. Defence, aged care, of course, we've got to pay the interest bill on what our predecessors left in terms of that loss, health care and NDIS.

With NDIS, I think we've got to change the way we view it to begin with.

See the language you used, burden. I don't share that view.

It's not that getting value for money isn't important. But I think that when you invest in people with disability, that's not a burden. That's not a line item. What I do think we need to do is look at and take an investment approach, that when we provide little children with the opportunity to get early childhood intervention, so their schooling experience can be more productive, when we give people support in adult life so they can go to work and participate. That's excellent.

Now do I think, though, that there's some money being wasted in the Scheme? Absolutely. Do I think that there are some fraudsters in the Scheme of siphoning off money between the taxpayer and people with disability? Absolutely. Do I think that we can improve agency processes and decision-making? Absolutely.

I am I sick to my back teeth of double pricing, where you say that you can go to a service provider, you say you have an NDIS package, the cost is up here, you don't have that, say you don't have an NDIS package, the cost is down here.

So there are plenty of improvements we can make. But we start from the view under a Labor government that the NDIS is, it's an investment in people.

We want to make sure that we get value for money but I actually think that we can improve the long-term growth trajectory of the Scheme by focusing on people with disability, the outcomes, looking for quality of investment. I think that we can do that also by going through those other matters to help reduce pressure.

I'll take one last question.

JOURNALIST: Just in regards to the cost. Are you still of the view that you do not need to add additional funding to the Scheme. that by making the savings you've promised in regards to cutting on legal fees that additional funding is not needed?

And you know, just in the argument you're making about the money puts back into the economy, why not then consider a levy to offer the scheme further security?

SHORTEN: First of all, there's enough money in the Commonwealth to pay for the scheme. Secondly, we already have a levy, which helps contribute to some of the cost of the scheme.

JOURNALIST: But why not increase it, as some called for?

SHORTEN: We said we're not going to increase taxes and charges on Australians so that would be a breach of that election promise. I'm more than confident that an operation the size of the Commonwealth of Australia, that we are smart enough and generous enough to be able to properly fund the Scheme to make sure that the money's getting to where it should, and the best way we do that is rebuild trust in the Scheme. We get the best quality leadership drawn from all sectors of Australian life and we are focused on the outcomes of people and that in the long term will make the NDIS marvellous world leading Australian institution. Thanks, everybody.

[ENDS]

Media contact: s47F- personal privacy

From: s47F- personal privacy @dss.gov.au>
Sent: Tuesday, 27 September 2022 4:37 PM
To: media; s47F- personal privacy
Subject: ADHD RESPONSE FOR MEDIA [SEC=OFFICIAL]
Attachments: MEDIA RESPONSE - ADHD - 270922.docx

Hi all,
Attached is the response we have given to media regarding ADHD.
s47F- personal priva

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s47F- personal privacy
Press Secretary
Bill Shorten MP
Minister for the NDIS and Government Services
E: s47F- personal privacy @dss.gov.au **M:** s47F- personal privacy

The Department of Social Services acknowledges the traditional owners of country throughout Australia, and their continuing connection to land, water and community. We pay our respects to them and their cultures, and to Elders both past and present.

Quotes attributable to the Hon. Bill Shorten, Minister for NDIS and Government Services:

The National Disability Insurance Scheme (NDIS) was created to ensure Australians with permanent and significant disabilities can access supports and services to live an ordinary life.

The Government currently has no plans to make changes to the limited list of disabilities that grant someone automatic eligibility for the NDIS.

A person may be eligible for support under the scheme, regardless of whether their impairment came about through birth, disease, injury or accident.

NDIS participants must have one or more impairments that are likely to be permanent and this substantially impacts their ability to do daily life activities.

No disability arising from a particular medical condition or diagnosis is specifically excluded from access to the NDIS under these requirements.

There is a limited number of disabilities, which are considered by default to be permanent and significant, including conditions such as Amputation or congenital absence of two limbs and Pompe disease.

People with ADHD can become NDIS participants if they meet the criteria of being permanently and significantly disabled and provide evidence showing they meet the requirements set out in the NDIS Act. This means the scheme is in place to support those who need it most.

There are around 3,000 people with ADHD currently receiving NDIS support, or 0.5 per cent of the scheme. But there are no plans to widen the existing gateway to the scheme.

Labor is working to get the NDIS back on track for the people that need it, after a decade of Liberal mismanagement and neglect.

The NDIS was never intended to replace other systems of support, such as health, education, aged care and other government services. Together they form our safety net eco-system.

Labor's NDIS Review will examine the adequacy of support available within and outside the NDIS.

On background

Minister Shorten regularly asks the NDIA for further information across a wide range of topics related to the NDIS.

List A and B have been created under NDIS Operational guidelines to make access requirements clearer for people applying to the scheme.

List A includes disabilities that automatically meet section 24, and are only required to show evidence of diagnosis.

List B are conditions that a person may be granted access for, but need to show evidence on the level of function to meet 24 requirement.

There are many conditions not in the first category guidelines, including Down Syndrome.

Conditions not included on either list may still be eligible if sufficient evidence is provided.

24 Disability requirements

(1) A person meets the disability requirements if:

(a) The person has a disability that is attributable to one or more intellectual, cognitive, neurological, sensory or physical impairments or the person has one or more impairments to which a psychosocial disability is attributable; and

(b) The impairment or impairments are, or are likely to be, permanent; and

(c) The impairment or impairments result in substantially reduced functional capacity to undertake one or more of the following activities:

(i) communication;

(ii) social interaction;

(iii) learning;

(iv) mobility;

(v) self-care;

(vi) self-management; and

(d) The impairment or impairments affect the person's capacity for social or economic participation; and

(e) The person is likely to require support under the National Disability Insurance Scheme for the person's lifetime.

From: s47F- personal privacy on behalf of media
Sent: Tuesday, 27 September 2022 10:37 AM
To: Dean, Jeremy; JOHNSON, Sarah; NEVILLE, Liz; s47F- personal privacy Studdert, Lisa
Cc: media; s47F- personal privacy
Subject: FYI: MINISTER FOR THE NDIS - TRANSCRIPT - DOORSTOP - MONDAY 26 SEPTEMBER 2022 [SEC=OFFICIAL]
Attachments: MEDIA RELEASE - MINISTER FOR THE NDIS - NDIS CHAIR AND CEO APPOINTMENTS - MONDAY 26 SEPTEMBER 2022 [SEC=OFFICIAL]

Follow Up Flag: Follow up
Flag Status: Flagged

Hi all,

For your information, please see below transcript from Minister Shorten and Kurt Fearnley's doorstep yesterday.

Please also see attached media release from the MO.

Kind regards,
s47F- personal privacy.

HON. BILL SHORTEN MP
MINISTER FOR THE NATIONAL DISABILITY INSURANCE SCHEME
MINISTER FOR GOVERNMENT SERVICES

E&OE TRANSCRIPT
DOORSTOP
AUSTRALIAN PARLIAMENT HOUSE, CANBERRA
MONDAY 26 SEPTEMBER 2022

SUBJECTS: ***NDIS; Chairman, Board and NDIA CEO appointments, disability support for over 65s, ADHD, Parliamentary Inquiry into the NDIA's Capability and Culture, NDIS cost, Chair of JSC NDIS Committee and Robodebt Royal Commission.***

BILL SHORTEN, MINISTER FOR THE NDIS AND GOVERNMENT SERVICES: Good afternoon, everybody. Today I am pleased and excited to announce that the Albanese Government is appointing Mr. Kurt Fearnley as the new Chair of the National Disability Insurance Scheme Board.

Along with Kurt Fearnley, I'm really pleased that we're announcing Mr. Graeme Innes, Ms Maryanne Diamond, and Dr Denis Napthine as Board Members of the National Disability Insurance Scheme.

Also, I'm very pleased to announce that after an open recruitment process, Ms. Rebecca Falkingham PSM has been selected as the new CEO of the National Disability Insurance Agency.

Kurt Fearnley needs little introduction to Australians. They've watched him on their televisions as a marvellous Paralympian but he's also a disability advocate of the highest capability.

I first met Kurt at the Beijing Paralympics when he was competing in the T54 marathon event. But I have to say that I got to meet him again in 2009 when he was due to attend an event when I was a Junior Minister out in Canberra. Unfortunately, Jetstar wouldn't let him take his own wheelchair on the plane.

Kurt was a formidable advocate on that day, and he stands up for Australians for many occasions. His contributions in the disability sector, the sporting sector with many positions and accomplishments and his general leadership and advocacy in our community, makes him an exceptionally qualified new Chair of the National Disability Insurance Agency.

I might add that this is the first time that a person with disability has actually been appointed for Chair of the National Disability Insurance Scheme.

I'm also pleased to announce that with Graeme Innes, who was a former Human Rights Commissioner, Chancellor of CQU, and Ms. Maryanne Diamond, who amongst her many accomplishments, has been the President of the World Blind Union, we now have five of the directors and Chair who are people with disability, which is the highest number that the Scheme has ever had.

I'm also pleased that Denis Napthine, after I asked him to step down as Chair, so I could then put in Kurt Fearnley, I did feel that Denis Napthine still had much to contribute. I'm pleased that he's accepted my invitation to come back on the board as a director.

I'd also acknowledge in all of this, that work of the Acting Chair Jim Minto. It's been excellent work and we have been very busy in the time since getting elected, and therefore I acknowledge his work and that of the Acting CEO, Dr Lisa Studdert. I'm grateful for the both of them.

Also as a result of a recruitment process and a selection process run by the Board with the assistance of the Australian Public Service Commission and Department of Social Services, I'm pleased to say that Ms Rebecca Falkingham was the standout candidate in the process.

She is currently the Secretary of the Department of Justice in Victoria. The new positions will take effect from around about the 17th of October.

This is an opportunity for the National Disability Insurance Scheme to have reinvigorated leadership following the change of government in May. This process to get such qualified and competent leadership coming into the Scheme is very exciting and I think that we will see the results in terms of better rebuilding of trust between people on the Scheme and the Scheme itself.

But Australian taxpayers will also be confident that the Scheme will be returning to its original objectives of providing greater choice of control and value for money for the Scheme's commitments.

I might just now briefly ask Kurt to say some words, and then we're happy to take questions. Over to you Kurt.

KURT FEARNLEY AO: I'm really excited to take on this role. I think that it's important that the participants get to see themselves in this organisation and trust with the organisation itself, so it's a visceral thing.

You know, the Scheme cannot be a success with trust, and that is built over a period of time. It's been eight years since I was an Independent Advisor throughout the rollout and being a part of the conversation of lobbying to get the NDIS, the hope within the community of what it would mean to people with disabilities is still there. It's felt.

That's one thing that I do know about the community of people with disabilities, they are filled with hope. The scheme itself… I can't wait to get to know the people within the organisation, to get to know those that are building the NDIA.

It's an honour that the Minister would see me fit to take on this role, and I can't wait to join the Board with two other voices behind me of people with disabilities, who have another fresh take on what this organisation can be.

I started in governance roles in 2006. I got a phone call from the Dean of my university who took a risk on a young teacher, just leaving university to introducing me to the privilege and also the responsibility when you enter into these roles.

It's been 16 years of working in various capacities of director roles, advisory committees, that the single greatest role that I have ever even considered is the one that is right here today. To potentially see people with disabilities look at the Scheme and see themselves as Chair, as a chunk of the Board, I think that's an exciting time.

I look forward to working with the executive, with Rebecca, and the Board already and with the Minister to make sure that the NDIA continues to be what we lobbied for all along. A purveyor of disability rights, which are human rights, and also to have that conversation that it is more than a single line item about how much good that this can do for the country. And it's not, it's not a matter of if this isn't a success, we need the NDIA to be a success for the country to be what we believe it is.

I'm excited and this is not even day one. This is the first 20 days until it starts. But I can't wait for day one and like I said, I just I'm really, really looking forward to getting to know the organisation again. It's so different than when I left it. But the hope, I think that I had while we were lobbying for it, the hope that I had as an Independent Advisor is still there. It hasn't changed. The country needs an NDIS that is trusted, that is deficient. That is effective. And I hope that I can play a part in that.

SHORTEN: Are there any questions for Kurt, myself or any of the other members?

JOURNALIST: Do you mind if I ask, are you an NDIS participant yourself? And if so, what's your experience with the Scheme?

FEARNLEY: It's a complicated answer. I am not a participant myself. I remember having conversations with the late Stella Young and we went back and forth about the life that I live is a great one, and the need for services that the NDIS provided, I wanted to be able to advocate for it from the other side of the Scheme. I actually regret that choice now. And I wish that I was a member of the Scheme.

I do have family within the Scheme that I won't elaborate on too much because that's their story. But as of today, no I'm not a member of the Scheme. But that's the thing about disability, there are so many so many stories around disability that will not be members of the Scheme, will not be participants of the Scheme.

We aren't a cover for all disabilities. Disability is complex and disability is varied. And disability has many, many stories to tell. I have worked in the organisation on the Independent Advisory Council and I have worked on the governing board of a service provider for the last two years as well.

JOURNALIST: Kurt, you use the phrase trust, and I think the Minister used it as well. There was a sense that under the previous government, the disability community had lost trust and faith in the NDIA. In your new position, how do you go about rebuilding that trust? And do you think that that trust broke under the previous administration?

FEARNLEY: I won't make comments on the previous administration. I will make comment that trust is critical for the Scheme to succeed. Trust allows people to take risks, and risks is where there is opportunity.

But also, the relationship between a participant in the Scheme is something that is so important. It is allowing them to be them. I'll do everything within my power to engage with the people who I have fought alongside, who I have engaged with over the last decade when it came to the advocacy of the Scheme.

As you can see behind me, we're also bringing voice, not just my voice of people with disabilities, we're also bringing Maryanne and Graeme's who bring another depth of wealth, of experience to the organisation on the Board level. Whether it be their advocacy role or Maryanne, her experience of working inside the NDIA itself.

Look, over the last couple of years, I've always missed, I always wanted to hear one thing, and that is hearing people from this position, talk to people with disabilities and say you're worth it. That everything, that this, all the bumps and bruises and all the fights and all the hard yards that they are doing as advocates for themselves and their families, but also this, this organisation can be what we believe it to be.

For now, I just need to take a breath, get to know the organisation and to, I guess, with the guys behind me and also Rebecca, to sit down and really understand where we're at and bring with us our hopes of where it can go to.

JOURNALIST: Minister Shorten, Mitry Lawyers is proposing a class action against the Commonwealth challenging the exclusion of applicants aged 65 and over from the NDIS. Could I please ask you to respond to the suggestion that the age bar is discriminatory? And for Mr. Innes, do you think more needs to be done to lift the quality of disability supports for seniors to this NDIS standard?

SHORTEN: We haven't seen the details of post class action so I can't comment specifically on that. But in terms of the issue that we have the NDIS for people up to 65 and then a different scheme, aged care for those over 65. There are people in the community who say that the quality of disability care after the age of 65 is inferior to the quality of disability care before 65. I think they have a point.

The NDIS was originally set up between 2010 and 2013 to fill what was the gap at that time. As we were campaigning to create the NDIS from 2007 onwards, we saw there were aspects of aged care back then, which was superior to the disability care, which is fragmented in all the states.

Problem is of course, there's been nine years of coalition government since then and almost despite the challenges of the NDIS, the tables have turned a bit and aged care has sort of in parts of its operations fallen in a rut. The NDIS, despite all of the challenges, it is still a scheme which looks better for people in aged care than what they have.

The Act was very clear when we put it in, that it was designed for up to 65. I think there is a challenge for disability care for people over 65, whether or not the solution is within the NDIS, which would be very expensive, or an improvement in the quality of disability care in aged care will be a matter for the Whole of the Government to through.

DR GRAEME INNES AM: Well, I haven't had too much to do with the design. So in legal terms, I don't think there is discrimination because the law specifically provided for that in the NDIA Act and the various discrimination acts. But the Minister has commented on what the situation is for people as of now. And there's various causes of that, and I will be pleased to have conversations with my colleagues on the Board and for the Government to address it.

JOURNALIST: So you agree that the quality of disability support for in aged care and has fallen behind the NDIS in some respects?

INNES: There are aspects of aged care which have, but I need to get much more across both areas again. And it's eight years since I've worked in the discrimination field and specifically on the Scheme and aged care.

SHORTEN: Are there any other questions?

JOURNALIST: Yes Minister, Em Rusciano recently gave a passionate speech, at the National Press Club about her ADHD diagnosis and her struggle to access treatment. She wants ADHD to be on the list of primary conditions supported by the NDIS. Are going to look at potentially expanding the list of conditions that are on that list?

SHORTEN: Yeah I saw Em's contribution and it was powerful. I've asked the Agency to give me more advice about diagnosis of ADHD in terms of eligibility for the NDIS. There are tens of thousands of people who are on the Scheme who are diagnosed with autism as their primary condition. Neurodivergence is an area where the eligibility requirements are not always clear and they depend on individual circumstances.

JOURNALIST: Minister Shorten, onto Paul's question. You mentioned that it would be very expensive to include over 65s on the NDIS. Have you been briefed or have an idea of what the exact cost would be?

SHORTEN: No. That's just me using my common sense.

JOURNALIST: And on a separate note, you previously described Denis Napthine's appointment as Chair of the NDIS a disgrace but now he's being appointed to the Board. I was just wondering for a bit more information about your change of heart?

SHORTEN: I think the previous government rushed the appointment of the Chair. He came on four days before the writs were issued. I think when you've got senior positions in the dying days of the previous government, it would have been far more prudential of the previous government not to have put him in that invidious position. But also to have seen if it was possible to have found a way of waiting until the election, which was only a month later. Having said that, I also believe the Scheme requires bipartisan support. I think we've got an outstanding Chair of the Scheme now. I think you can tell even for you, who are seasoned members of the very tough Canberra press gallery, that you don't always get to hear someone like Kurt speak, here, and he is impressive.

So I don't think I think there'll be a single Australian who thinks it's a bad appointment. Having said that, I'm also keen to make sure that people who've got experience in government. For Denis, in his own case, he and his wife raised a son with disabilities and he was the Liberal Premier who helped negotiate the transfer of the NDIS agreement in 2013. The way I want to see the NDIS run is to be a broad church where people feel included, not excluded. So I think I'm grateful that he accepted my invitation to be a director.

JOURNALIST: Just on the Robodebt inquiry, do you know when the list of witnesses will be released? And do you anticipate that Scott Morrison, Alan Tudge and Christian Porter will be on that list and called up?

SHORTEN: The first hearing of the Robodebt Royal Commission is tomorrow in Brisbane. I imagine Royal Commissioner, Justice Catherine Holmes will make statements and outline and counsel assisting will outline some of the approach.

In terms of whether or not former Coalition ministers should give evidence, that'll be a matter for the Royal Commission to determine. But let's never forget, this scheme went for four and a half

years. It cost $1.9 billion in unlawfully raised debts. It was the government of Australia attacking its own citizens, nearly 400,000 of them unlawfully.

It really strains credulity to think that no Coalition minister noticed the alarm sirens going for four and a half years. So we'll see what happens shortly.

JOURNALIST: I just wanted to ask what are you hoping that the Parliamentary Inquiry into the NDIA's Capability and Culture will achieve?

SHORTEN: There's a joint parliamentary committee, a Joint Standing Committee, it's a permanent committee of Parliament. It's chaired by my colleague, the Member for Corangamite. It has 12 members of Parliament and they look at how the NDIS is going.

I look forward to the new leadership with the NDIS talking with the joint parliamentary committee. They've already said that's what they want to do pretty early on, in terms of their parliamentary inquiry into the culture of the NDIA. I think they do want to see what's working and what isn't working.

I think any organisation that doesn't take those temperature checks and those moments to self-reflect on what they're doing right and what they're doing wrong. I think this as an asset for the Agency to have this inquiry.

JOURNALIST: Minister there was a proposal for Senator Jordon Steele John, as I understand it to chair, that committee. You've just spoken how important here today about how important it is, for people with lived experience to hold these positions. Why didn't you support him being the chair?

SHORTEN: You're a very experienced journalist and you understand that the Greens had the chance. They don't have the numbers in the Parliament. But they had the opportunity to pick a committee which they could chair, they chose another Green senator for another committee. So perhaps you should ask them why they didn't choose this one for this purpose, rather than choosing another Green senator to chair another committee?

JOURNALIST: Doesn't really answer the question, though.

SHORTEN: I think the question is, as you understand, the Greens have four members in the House of Reps. Labor has 77. The Coalition has I think, a number in the 50s. As much as Jordan would say that he should chair this committee… get more people elected, get more senators elected, get more house of reps members, and then they'd have bigger representation.

JOURNALIST: Why are those numbers issues more important than a person's lived experience in that position?

SHORTEN: You know parliamentary convention. And I think it's a good issue that you raised that, overall political parties generally need to do more to encourage more people with disability into positions of leadership. So you know, sure, that's a good point. But I think what I'm demonstrating here today and the patch that I can influence, I'm doing exactly what the questions seeking to talk about.

JOURNALIST: Just in terms of the process of selecting Mr Fearnley, he's obviously a champion athlete and is a very high profile advocate. But the NDIS is a scheme that's going to cost $30 billion this year and it's only going to go up. It's a huge job. What specific qualifications do you think he has to be able to be the Chair of the agency looks over the enormous system?

SHORTEN: The Scheme in this financial year is probably going to cost, the one just past, $28.6 billion. Listen I've had the opportunity to know Kurt Fearnley for a very long time. So he, to be honest, that that he's an athlete, an elite athlete who happens to be disabled, was the least

relevant of his qualifications, although that certainly does mean that many Australians know who he is.

And therefore that means that it gets him to rethink about disability differently. So I think that is a really crucial skill he brings. Well, I think he brings is his intellect. He's got a senior role, for example, which he's held at Charles Sturt University. I think he brings his proven leadership capacity. I mean Kurt's on just about every board going previously in the last 10 years. I also think that when you're the Chair of the board, you don't have to be the world's best accountant, the world's best auditor, the world's best everything. But I think there are very few boards in Australia and public life, corporate life, or even sporting organisations who could have one chairperson who actually bring so many skills assembled with one remarkable personality.

JOURNALIST: The Treasurer has named the NDIS as one of the biggest burdens on the budget, have you been asked to find any savings?

SHORTEN: I don't think the Treasurer's used the word burden. What he's said is that there's five areas of costs where costs are increasing faster than standard costs across government. Defence, aged care, of course, we've got to pay the interest bill on what our predecessors left in terms of that loss, health care and NDIS.

With NDIS, I think we've got to change the way we view it to begin with.

See the language you used, burden. I don't share that view.

It's not that getting value for money isn't important. But I think that when you invest in people with disability, that's not a burden. That's not a line item. What I do think we need to do is look at and take an investment approach, that when we provide little children with the opportunity to get early childhood intervention, so their schooling experience can be more productive, when we give people support in adult life so they can go to work and participate. That's excellent.

Now do I think, though, that there's some money being wasted in the Scheme? Absolutely. Do I think that there are some fraudsters in the Scheme of siphoning off money between the taxpayer and people with disability? Absolutely. Do I think that we can improve agency processes and decision-making? Absolutely.

I am I sick to my back teeth of double pricing, where you say that you can go to a service provider, you say you have an NDIS package, the cost is up here, you don't have that, say you don't have an NDIS package, the cost is down here.

So there are plenty of improvements we can make. But we start from the view under a Labor government that the NDIS is, it's an investment in people.

We want to make sure that we get value for money but I actually think that we can improve the long-term growth trajectory of the Scheme by focusing on people with disability, the outcomes, looking for quality of investment. I think that we can do that also by going through those other matters to help reduce pressure.

I'll take one last question.

JOURNALIST: Just in regards to the cost. Are you still of the view that you do not need to add additional funding to the Scheme. that by making the savings you've promised in regards to cutting on legal fees that additional funding is not needed?

And you know, just in the argument you're making about the money puts back into the economy, why not then consider a levy to offer the scheme further security?

SHORTEN: First of all, there's enough money in the Commonwealth to pay for the scheme. Secondly, we already have a levy, which helps contribute to some of the cost of the scheme.

JOURNALIST: But why not increase it, as some called for?

SHORTEN: We said we're not going to increase taxes and charges on Australians so that would be a breach of that election promise. I'm more than confident that an operation the size of the Commonwealth of Australia, that we are smart enough and generous enough to be able to properly fund the Scheme to make sure that the money's getting to where it should, and the best way we do that is rebuild trust in the Scheme. We get the best quality leadership drawn from all sectors of Australian life and we are focused on the outcomes of people and that in the long term will make the NDIS marvellous world leading Australian institution. Thanks, everybody.

[ENDS]

Media contact: s47F- personal privacy

From: s47F - personal privacy
Sent: Monday, 26 September 2022 12:32 PM
To: s47F - personal privacy
Subject: MEDIA RELEASE - MINISTER FOR THE NDIS - NDIS CHAIR AND CEO APPOINTMENTS - MONDAY 26 SEPTEMBER 2022 [SEC=OFFICIAL]

HON. BILL SHORTEN MP

MINISTER FOR THE NATIONAL DISABILITY INSURANCE SCHEME

MINISTER FOR GOVERNMENT SERVICES

MEDIA RELEASE

26 September 2022

KURT FEARNLEY TO LEAD NDIA BOARD

Australian Paralympic legend and disability advocate Kurt Fearnley AO has been appointed Chairman of the Board of the National Disability Insurance Agency (NDIA).

The NDIA Board will also welcome new members Dr Graeme Innes AM and Ms Maryanne Diamond AO.

There are now five people with disability on the NDIA Board, including current board members Leah van Poppel and Meredith Allan, the largest number in its history.

Dr Denis Napthine AO, formerly Chair, will return as a Board Member.

After an extensive recruitment process, the National Disability Scheme (NDIS) will also have a new Chief Executive, with Rebecca Falkingham PSM accepting the role.

Ms Falkingham has extensive experience leading departments and major projects in NSW and Victoria. She joins the NDIS after spending several years as the Secretary of the Victorian Department of Justice and Community Safety in Victoria.

Ms Falkingham will be the first permanent female Chief Executive of the NDIA.

Quotes attributed to Minister for the NDIS Bill Shorten:

“I was thrilled Mr Fearnley accepted my offer to lead the NDIA Board. He will be the first person with disability to Chair the Board, heralding a new era for the scheme.

“Mr Fearnley is a trusted disability advocate and I rely on his knowledge and experience like the sector does.

“He holds a deep understanding of the NDIS and a history with the scheme. He was a serving member of the NDIS’ Independent Advisory Council during the trial phase of NDIS from 2013 to 2015 and the insight he will bring is invaluable.

“The new Board members each bring extensive experience in the corporate and public sectors as well as lived experience of disability.

“Having more people with disability in leadership positions will pivot the Scheme and rebuild trust with the disability sector.

“The work ahead is significant and I look forward to working together to create the best NDIS we can have and ensure positive outcomes for participants.

“Rebecca will bring a wealth of experience to the role and she will be the first permanent female Chief Executive in the NDIA’s history

“On a final note, I wish to thank Mr Jim Minto who has been acting NDIA Chair and Dr Lisa Studdert who has been Acting Chief Executive since July.”

Quotes attributed to Mr Kurt Fearnley AO:

“I am excited to get to know the role of the organisation and the people who work to empower people with disability to live a good life.

“Having people with disability in key positions on the board is essential if we are to live up to the principles of the Scheme’s formation 10 years ago.

“Alongside Graeme, Maryanne and Rebecca, I recognise this is the start line not the end of the journey.”

Comments attributed to Ms Rebecca Falkingham PSM:

“I am thrilled to be put at the helm of such an important national organisation, and I will work every day for the betterment of the Scheme and to rebuild trust among Australians with disability.”

[ENDS]

Media contact: s47F- personal privacy

Additional information on appointments:

- Mr Kurt Fearnley AO has had a rich and varied career holding Non-Executive Board Director roles while working as a television host and commentator, podcaster, disability advocate, corporate and public speaker. He is currently serving as a Commissioner of Sport Australia and Paralympic Athlete Member, Brisbane Organising Committee for the 2032 Olympic and Paralympic Games. He previously served as a Board Director for Life Without Barriers.

- Dr Graeme Innes AM is the former Disability Discrimination Commissioner, and currently Chancellor-Designate at the Central Queensland University. Dr Innes was also recently announced as a member of an oversight panel trialling a fast track dispute resolution process for the NDIS.

- Ms Maryanne Diamond AO was General Manager for the Communications Stakeholder Engagement and Participant Advocacy at the NDIA from 2015-2021. Ms Diamond holds a number of Board roles including the Australian Network on Disability and served as the President of the World Blind Union from 2008-2013. She was also the chair of the International Disability Alliance.

- Dr Denis Napthine AO has previously held the role of Chair and brings knowledge and continuity to his new role. Dr Napthine is Director of GMHBA Services Pty Ltd, and has held a number of Board roles in the disability field. Dr Napthine was also the Premier of Victoria in 2013 and 2014, helping to reach agreement with the federal government to establish the NDIS in Victoria.

From: s47F- personal privacy
Sent: Tuesday, 27 September 2022 1:57 PM
To: s47F- personal privacy ; NEVILLE, Liz; media; Studdert, Lisa; Dean, Jeremy
Cc: s47F- personal privacy ; JOHNSON, Sarah
Subject: RE: Daily Telegraph enquiry for Minister Shorten [SEC=OFFICIAL]
Attachments: QB - NDIS eligiblity - ADHD (004) NDIA edits.docx

Follow Up Flag: Follow up
Flag Status: Flagged

Hi all,

Please find attached final QTB (cleared by Sarah) that went to the MO this morning.

Majority of content was pulled from the Min Sub.

Cheers

s47F- person

From: s47F- personal privacy @ndis.gov.au>
Sent: Tuesday, 27 September 2022 2:24 PM
To: NEVILLE, Liz <Liz.NEVILLE@ndis.gov.au>; media <media@ndis.gov.au>; Studdert, Lisa <Lisa.Studdert@ndis.gov.au>; Dean, Jeremy <Jeremy.Dean@ndis.gov.au>

s47F- personal privacy

Subject: RE: Daily Telegraph enquiry for Minister Shorten [SEC=OFFICIAL]

FYI a sub went up as well – I assume that this is consistent with the QTB.

Thanks,

s47F- personal privacy
Executive Officer to A/g CEO
Mobile: s47F- personal privacy

From: NEVILLE, Liz <Liz.NEVILLE@ndis.gov.au>
Sent: Tuesday, 27 September 2022 2:20 PM
To: s47F - personal privacy @ndis.gov.au>; Studdert, Lisa <Lisa.Studdert@ndis.gov.au>; Dean, Jeremy <Jeremy.Dean@ndis.gov.au>

s47F- personal privacy

Subject: RE: Daily Telegraph enquiry for Minister Shorten [SEC=OFFICIAL]

Hi s47F- persona

s47F- person and s47F- pers are working on an urgent QTB on this topic (latest version attached) from which content can be leveraged.

Liz

From: s47F- personal privacy @ndis.gov.au> **On Behalf Of** s47F - personal
Sent: Tuesday, 27 September 2022 2:16 PM
To: Studdert, Lisa <Lisa.Studdert@ndis.gov.au>; Dean, Jeremy <Jeremy.Dean@ndis.gov.au>; NEVILLE, Liz <Liz.NEVILLE@ndis.gov.au>

s47F- personal privacy

Subject: FW: Daily Telegraph enquiry for Minister Shorten [SEC=OFFICIAL]

Hi all,

Below enquiry from The Daily Telegraph addressed to Minister Shorten.

We're seeking advice from the MO on the approach to this response, noting the Minister spoke about ADHD and the NDIS in the doorstop yesterday (transcript attached, topic approx. half way in).

If anyone has any direction or guidance on this topic would be much appreciated.

We can update once we hear back from the MO.

Thanks,
s47F- personal

From: s47F- personal privacy @news.com.au>
Sent: Tuesday, 27 September 2022 12:28 PM
To: s47F- personal privacy @aph.gov.au; media <media@ndis.gov.au>
Subject: Daily Telegraph enquiry for Minister Shorten

> Some people who received this message don't often get email from angira.bharadwaj@news.com.au. Learn why this is important

Hi there,

I had the following enquire for Minister Shorten with regards to the potential expansion of the NDIS to include ADHD.
Can I please get a response from the Minister by 4pm?

QUESTIONS:
1. One in 20 children have ADHD and prescriptions have doubled in a decade. It's rapidly growing among adults and more than 24,000 scripts for ADHD medication were handed to adults in the past year alone. Given this is becoming a common condition -- why is Mr Shorten considering including this in the NDIS?
2. The NDIS is already incredibly expensive. We have seen, and previously reported on, massive cuts to autistic patients in what people claim is cost cutting to reign in the ballooning budget of the NDIS. How is it viable to now add a common and rapidly growing mental health condition to this scheme? Why is Mr Shorten even considering this?

Thank you
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Reporter
Please note I usually work Sunday-Thursday

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QUESTION TIME BRIEF
NDIS ELIGIBILITY FOR PEOPLE WITH ADHD

KEY ISSUES

- Recent media coverage has increased expectations for people with ADHD by misconstruing Minister's response to questioning.
- Most people with ADHD as their only disability are not eligible for the NDIS.

KEY FACTS

- A person may satisfy the NDIS access requirements regardless of whether their impairment came about through birth, disease, injury or accident.
- To be eligible for NDIS funding, the disease or medical condition must cause permanent impairment (physical, intellectual, cognitive, neurological, visual, hearing or psychosocial), resulting in significant disability.
- All people with disability are able to access the NDIS if they meet the age, residency and disability or early intervention requirements as set out in the National Disability Insurance Scheme Act 2013 (the NDIS Act).
- Generally, a person will be eligible for the NDIS if their disability is, or is likely to be, permanent and significantly affects their communication, social interaction, learning, mobility, self-care or self-management.
- As there are treatments available which have been evidenced to reduce the functional impairment attributable to ADHD, applicants with this condition generally don't meet the NDIS access criteria.
- Every applicant to the scheme is considered on the basis of their individual level of functioning. However, most people with ADHD

will not meet the requirements in the NDIS Act to be a participant, unless they have another impairment.

- People whose disabilities are not listed on the access lists, such as people with ADHD, can still become NDIS participants if they meet the requirements set out in the NDIS Act.

IF ASKED – Is NDIS eligibility going to be expanded to include people with Attention-Deficit/Hyperactivity Disorder (ADHD)?

- Labor is currently working to get the NDIS back on track for the people that need it, after a decade of Liberal cuts and neglect.
- The Government currently has no plans to make changes to the lists of disabilities that are considered automatically eligible for the NDIS.
- Every applicant to the NDIS is considered on the basis of individual level of functioning.
- Most people with ADHD will not meet the requirements in the National Disability Insurance Scheme Act (NDIS Act) to be a participant, unless they have another impairment.
- Labor is working with states and territories to ensure that no Australian with a disability is left behind, not just those on the NDIS.
- Labor's NDIS Review will be an opportunity for people with disability to submit their experiences about the adequacy of support available within and outside the NDIS.

Background

- To be eligible for the NDIS under the disability requirements a person must have one or more impairments that are likely to be permanent and this substantially impacts their ability to do daily life activities. The impairment must also affect their social life, or ability to work and study and they must be likely to need support under the NDIS for their whole life.
- Available research indicates there are current treatment options for ADHD which can help manage symptoms and impact. The most used form of treatment for ADHD is stimulant medication, though there are also non-stimulants available. These are often used successfully in combination with other strategies to reduce the impact of the condition on a person's daily life. Further, research also shows that ADHD can be managed using educational strategies, reasonable workplace adjustments and medical management. The assessment, diagnosis, and treatment of health conditions, along with medication is the responsibility of the health system to fund, rather than the NDIS.
- As there are treatments available which have been evidenced to reduce the functional impairment attributable to ADHD, applicants with this condition generally don't meet the NDIS access criteria.

Contact Officer's Name and Position:	s47F- personal privacy
Phone/Mobile:	
NDIA Input Cleared By (include position):	Sarah Johnson
Phone/Mobile:	
Clearance Date:	
MO Clearance Date:	

Delivered by the National Disability Insurance Agency
GPO Box 700
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ndis.gov.au

MC22-001616

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Dear s47F- personal pr

Thank you for your email of 12 July 2022 to the Hon Bill Shorten MP, Minister for the National Disability Insurance Scheme (NDIS), about adding ADHD to the NDIS. The Minister has asked me to reply to you on his behalf.

A person does not need to have a condition listed in Our Guideline - Applying to the NDIS to be eligible for the NDIS. Many conditions meet the disability requirements following assessment of an individual's impairment.

For a person to meet the disability requirements of the NDIS, we must have evidence showing:

- The disability is caused by an impairment.
- The impairment is likely to be permanent.
- The permanent impairment means the person has a substantially reduced functional capacity to do one or more daily life activities. These activities include moving around, communicating, socialising, learning, or undertaking self-care or self-management tasks.
- The permanent impairment affects the person's ability to work, study or take part in social life.
- The person will likely need NDIS supports for their whole life.

ADHD would be considered permanent if there are no known evidence-based treatments likely to cure or substantially relieve the impairment. We'll ask the person's treating professional to give us evidence that indicates there are no further treatments that could relieve or cure the person's ADHD.

The treating professional will also be asked to certify if there are medical, clinical or other treatments likely to remedy the ADHD. We need to understand whether there are treatments which are:

- known and available
- appropriate for the person and their impairment
- evidence-based – that is, there's proof they are likely to be effective.

The word treatment should be understood in the broad sense to include changes to diet and lifestyle. If the person is undergoing or has recently had treatment, we'll need to know the outcome of the treatment before we can decide if their impairment is likely to be permanent.

The available research indicates there are current treatment options for ADHD which can help to manage symptoms. The most used form of treatment for ADHD is stimulant medication, though there are also a couple of non-stimulants available. These are often used successfully in combination with other strategies to reduce the impact the condition has on a person's daily life. As there are treatments available which have been evidenced to reduce the functional impairment from to ADHD, applicants with this condition generally don't meet the NDIS access criteria.

Research also shows that ADHD can be managed using educational strategies, reasonable workplace adjustments and medical management. The assessment, diagnosis, and treatment of health conditions, along with medications is the responsibility of the health system to fund, rather than the NDIS.

Thank you again for writing.

Yours sincerely

s47F- personal privacy

Branch Manager

Service Guidance and Practice Branch

National Disability Insurance Agency

10 August 2022

Delivered by the National Disability Insurance Agency
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ndis.gov.au

MC22-001638

s47F- personal privacy

Dear s47F- personal p

Thank you for your email of 3 July 2022 to the Hon Bill Shorten MP, Minister for the National Disability Insurance Scheme (NDIS), about considering ADHD as a serious condition. The Minister has asked me to reply on his behalf.

The NDIS operates alongside other government services, such as health and education to improve the lives of people with disability in line with Australia's Disability Strategy 2021-2031. Governments across Australia work together to make it clear what the NDIS and other government services are responsible for.

The NDIS provides funding to eligible people based on their individual needs. Our eligibility criteria are explained in Our Guideline – Applying to the NDIS which is available on our website.

For a person to meet the disability requirements of the NDIS and receive an approved NDIS plan, we must have evidence showing:

- The disability is caused by an impairment.
- The impairment is likely to be permanent.
- The permanent impairment means the person has a substantially reduced functional capacity to do one or more daily life activities. These activities include moving around, communicating, socialising, learning, or undertaking self-care or self-management tasks.
- The permanent impairment affects the person's ability to work, study or take part in social life.
- The person will likely need NDIS supports for their whole life.

ADHD would be considered permanent if there are no known evidence-based treatments likely to cure or substantially relieve the impairment. We'll ask the person's treating professional to give us evidence that indicates there are no further treatments that could relieve or cure the person's ADHD.

The treating professional will also be asked to tell us if there are medical, clinical or other treatments likely to remedy the ADHD. We need to understand whether there are treatments which are:

- known and available
- appropriate for the person and their impairment
- evidence-based – that is, there's proof they are likely to be effective.

The word treatment should be understood in the broad sense to also include changes to diet and lifestyle. If the person is undergoing or has recently had treatment, we'll need to know the outcome of the treatment before we can decide if their impairment is likely to be permanent.

The available research indicates there are current treatment options for ADHD which can help to manage symptoms. The most used form of treatment for ADHD is stimulant medication, though there are also a couple of non-stimulants available, and I note you are accessing these treatments for your son. These treatments are often used successfully in combination with other strategies to reduce the impact the condition has on a person's daily life. As there are treatments available which have been evidenced to reduce the functional impairment of ADHD, applicants with this condition generally don't meet the NDIS access criteria.

People who are not eligible for the NDIS can still get help to access mainstream and community supports. Mainstream supports are the supports you can get from other government funded services, like health, mental health and education. Community supports are available through community organisations, like religious groups and supports from local councils.

Our partners in the community program can help connect people with disability with the mainstream and community supports available in their communities, as well as provide information about what supports are provided by state and territory governments. You can find an NDIS partner by visiting the LAC Partners in the community page on our website.

Thank you again for writing.

Yours sincerely

s47F- personal privacy

Branch Manager

Service Guidance and Practice Branch

National Disability Insurance Agency

12 August 2022

Delivered by the National Disability Insurance Agency
GPO Box 700
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ndis.gov.au

MC22-001458

s47F- personal privacy

Dear s47F- personal privacy

Thank you for your email of 7 July 2022 to the Hon Bill Shorten MP, Minister for the National Disability Insurance Scheme (NDIS), about discrepancies in access assessments by the National Disability Insurance Agency. The Minister has asked me to reply on his behalf. I apologise for the delay in response.

The NDIS provides funding to eligible people based on their individual needs. To be eligible, a person must meet the age and residency requirements and the disability requirements or early intervention requirements. Our eligibility criteria are explained in Our Guideline – Applying to the NDIS which is available on our website.

It is entirely possible that 2 people with the same diagnosis, such as Developmental Language Disorder (DLD), may have different outcomes when applying for the NDIS. This is because having a diagnosis alone does not mean that a person is eligible for the NDIS.

Two people with the same diagnosis can have different features in relation to their impairment/s. They may experience the functional impact of their disability differently and they can have different support needs. For this reason, there are also other requirements which must be met to be eligible for the NDIS.

A person, including someone diagnosed with DLD, may be eligible for the NDIS under the:

- Disability requirements, if they have one or more impairments that are likely to be permanent and this substantially impacts their ability to complete daily life activities. The person's impairment must also impact their social life, or ability to work and study and they must be likely to need support under the NDIS for their whole life. Or,
- Early intervention requirements, if they have one or more impairments that are likely to be permanent and supports would help them by reducing their need for supports in the future. We'll also consider if these needs could best be met by the NDIS, or by other government and community services. Or,
- Early intervention requirements for developmental delay, if the child is younger than 6. We consider if the developmental delay is:
    - due to mental or physical impairments
    - substantially reduces the child's functional capacity compared with other children the same age, or
    - means the child needs specialist services from more than one professional working as a team to support the child and for longer than 12 months.

This means a child younger than 7 may be eligible for the NDIS under developmental delay if they do not have a diagnosis or if they have a disability diagnosis, such as DLD. Evidence about whether the child's impairment/s are likely to be permanent is not required if a child has a developmental delay.

If the person doesn't meet either the disability requirements or the early intervention requirements, they won't be eligible for the NDIS. But an early childhood partner or local area coordinator can help them connect with other government and community supports. For children younger than 7, they can also be supported through the early childhood approach which supports best practice in early childhood intervention. If you are interested in learning more about the early childhood approach you can visit our website at www.ndis.gov.au.

Thank you again for writing.

Yours sincerely

s47F- personal privacy

Branch Manager

Service Guidance and Practice

National Disability Insurance Agency

23 August 2022

Delivered by the National Disability Insurance Agency
GPO Box 700
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1800 800 110
ndis.gov.au

MC22-002093

s47F- personal privacy

Dear s47F- personal priv

Thank you for your email of 15 July 2022 to the Hon Bill Shorten MP, Minister for the National Disability Insurance Scheme (NDIS), about listing ADHD as a Disability s47F - perso . The Minister has asked me to reply on his behalf.

The NDIS provides funding to eligible people based on their individual needs. Our eligibility criteria are explained in Our Guideline – Applying to the NDIS which is available on our website.

To meet the disability requirements of the NDIS, we need evidence showing:

- The disability is caused by an impairment.
- The impairment is likely to be permanent.
- The permanent impairment means the person has a substantially reduced functional capacity to do one or more daily life activities. These activities include moving around, communicating, socialising, learning, or undertaking self-care or self-management tasks.
- The permanent impairment affects the person's ability to work, study or take part in social life.
- The person will likely need NDIS supports for their whole life.

ADHD would be considered permanent if there are no known evidence-based treatments likely to cure or substantially relieve the impairment.

If you or a family member applied for the NDIS, we'd need to ask your treating professional to give us evidence which indicates there are no further treatments that could relieve or cure the ADHD.

The treating professional will also be asked to certify if there are medical, clinical or other treatments likely to remedy the ADHD. We need to understand whether there are treatments which are:

- known and available
- appropriate for the person and their impairment
- evidence-based – that is, there's proof they are likely to be effective.

The word treatment should be understood in the broad sense to include changes to diet and lifestyle. If the person is undergoing or has recently had treatment, we'll need to know the outcome of the treatment before we can decide if their impairment is likely to be permanent.

The available research indicates there are current treatment options for ADHD which can help to manage symptoms. The most used form of treatment for ADHD is stimulant medication, though there are also non-stimulants available. These are often used successfully in combination with other strategies to reduce the impact the condition has on a person's daily life. As there are treatments available which have been evidenced to reduce the functional impairment of ADHD, applicants with this condition generally don't meet the NDIS access criteria.

Research also shows, ADHD can be managed using educational strategies, reasonable workplace adjustments and medical management. The assessment, diagnosis, and treatment of health conditions, along with medications is the responsibility of the health system to fund, rather than the NDIS.

People who are not eligible for the NDIS can still get help to access mainstream and community supports.

Mainstream supports are the supports you can get from other government funded services, like health, mental health and education. Community supports are available through community organisations, like religious groups and supports from local councils.

Our partners in the community program can help connect you with the mainstream and community supports available in your community, as well as provide information about what supports are provided by state and territory governments. You can find an NDIS partner by visiting the LAC Partners in the community page on our website.

Children, younger than 7 who do not fully meet the definition of developmental delay and have developmental concerns are supported through our early childhood approach. The early childhood approach was developed based on evidence-based research with the help of leading experts in early childhood intervention. If you'd like to find out more about what support may be available for your family, please contact an NDIS early childhood partner by visiting the Connecting with an early childhood partner page on our website.

Thank you again for sharing your experience.

Yours sincerely

s47F- personal privacy

Branch Manager

Service Guidance and Practice Branch

National Disability Insurance Agency

12 September 2022

Delivered by the National Disability Insurance Agency
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MC22-002313

s47F- personal privacy

Dear Duncan

Thank you for your email of 22 August 2022 to the Hon Bill Shorten MP, Minister for the National Disability Insurance Scheme (NDIS) about early intervention for ADHD. The Minister has asked me to reply on his behalf.

I share your views about the importance of early childhood intervention.
Early childhood intervention is about giving children the best possible start in life.

The NDIA has developed a nationally consistent early childhood approach for children younger than 7 with developmental delay or disability. We developed our approach from evidence-based research with the help of leading experts in early childhood intervention.

Through the NDIA's early childhood approach, infants and children as well as their families, can get specialised supports and services. These services aim to promote the:

- child's development
- family and child's wellbeing
- child taking part in their community.

Parents who are concerned about their child's development, or if their child has a disability, can contact us to access our early childhood approach. A referral or diagnosis from medical professional is not required.

Children who do not fully meet the definition of developmental delay and have developmental concerns are also supported through our early childhood approach.

We fund local organisations, called early childhood partners, to deliver the early childhood approach. Our early childhood partners have teams of professionals with experience and clinical expertise in working with young children with developmental delay or disability and their families. We chose them as partners for their specialist skills in early childhood intervention. Early childhood partners work closely with families to understand the child's needs, and to connect them to the supports and services that best meet the needs of the child.

For more information about our early childhood approach please visit Our Guideline - Early childhood approach on the NDIS website.

Thank you again for writing.

Yours sincerely

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Branch Manager

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National Disability Insurance Agency

19 September 2022