

Disability-related health supports

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

Note:

- When we say 'your plan', we mean your NDIS plan.
- If you're aged between 9 and 65 years and are looking for information about community connections, go to [Our Guideline – Community Connections](#).
- If your child is younger than 9 and you're looking for information about early connections, go to [Our Guideline – Early Connections](#).
- As part of the recent changes to the NDIS laws we are moving towards a new framework for planning. Rules need to be developed for this new framework. We're working on how and when we'll introduce these changes.

Until then, the information in this Our Guideline is about our 'old framework' for planning, which include the legislative changes that became operational when the law commenced. All current plans will be known as 'old framework' plans, and we will continue to develop these until all participants have transitioned to the new framework.

What's on this page?

This page covers:

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

- [How can you get disability-related health supports if you already have a plan?](#)
- [What happens once you have disability-related health supports in your plan?](#)
- [What if you don't agree with our decision?](#)

You might also be interested in:

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

What do we mean by disability-related health supports?

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

You might need a disability-related health support if your disability:

- causes one of the health conditions listed in this Our Guideline, or
- you need help to manage one of the health conditions listed in this Our Guideline.

We'll only fund a disability-related health support if it's an NDIS support that relates to your disability. NDIS supports are the services, items and equipment we can fund or provide under the NDIS.¹

When we make decisions about what disability-related health supports we fund, we consider [the principles we follow to create your plan](#). These principles explain how we make sure you get the reasonable and necessary supports you need. These are the NDIS supports we can fund based on NDIS laws. You can use the funding in your plan to buy NDIS supports if they are related to your disability and are in-line with your plan.²

Disability-related health supports may be funded for:

- someone, such as a support worker, to provide your disability-related health supports

- training for your support workers or other people who support you such as family or friends, where appropriate
- consumables – the things you use to manage your condition. For example, continence products, dressings, or food products for your PEG.

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

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

Learn more about [What does NDIS fund?](#)

What are the disability-related health support areas?

The types of [disability-related health supports](#) we may fund are³:

- **[Dysphagia supports](#)**: if you have trouble eating, drinking, or swallowing.
- **[Diabetes management supports](#)**: if you need extra help to manage your diabetes. For example, testing your blood sugar level because you can't do this on your own.
- **[Continence supports](#)**: if you need products to manage your incontinence or someone to help you with toileting.
- **[Wound and pressure care supports](#)**: if you have slow to heal wounds. This happens when you have a condition that results in swollen arms or legs, or ongoing loss of feeling in your body and you need skin, wound and pressure care.
- **Respiratory supports**: if you need support, care and planning to help you breathe properly.
- **[Nutrition supports including meal preparation](#)**: if you need help with the way you eat. Or, understanding the food you need to look after your health.
- **[Podiatry and foot care supports](#)**: if you need assessment and development of a care plan to help look after your feet, ankles and lower limbs.
- **Seizure supports**: if you need help to monitor and manage seizures when they occur.
- **Supports for accessing health or mental health services**: if you have complex communication needs or behaviours.

- **Specialist services and supports:** if you have a recently acquired severe condition, like a spinal cord or severe acquired brain injury.
- **Training for support workers, family and friends:** to provide support where appropriate.

You may need other disability-related health supports not covered in this list. Talk to your my NDIS contact, support coordinator or recovery coach about what you need. If it's not an NDIS support, we can help find a service to support you.

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

What services are provided through the Australian health system?

The [Australian health system](#) provides services to anyone who needs help to manage their health. These services are called mainstream services. They are available to everyone, whether or not they have a disability.

Under NDIS laws, there are things we can't fund or provide.⁴ These include supports related to health, such as:

- the diagnosis, early intervention and clinical treatment of health and dental health conditions, including ongoing or chronic health conditions⁵
- diagnostic assessments and screening services
- time-limited, recovery-oriented services and therapies
- medicines, including prescription and non-prescription medicines
- equipment and assistive products needed as part of clinical care and unrelated to a person's disability
- services or supports to manage a health condition that isn't related to your disability
- surgical services or procedures related to aids and equipment
- clinical services delivered through public or private hospitals
- ambulance and health transport services
- nursing services related to the treatment of a health event
- hospital in the home services
- child and maternal health services provided by the health system

- end-of-life and palliative care.

Learn more about [supports that are not NDIS supports](#).

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

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

What services can you get through Medicare?

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

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

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

What services can you get through the Pharmaceutical Benefits Scheme?

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

You can't use your NDIS funds to buy any medicines or pay the gap for medicines covered under the Pharmaceutical Benefits Scheme. If a medicine isn't covered under the Pharmaceutical Benefits Scheme, you will need to pay for this yourself.

Talk to your doctor or pharmacist to find out more about the Pharmaceutical Benefits Scheme.

What if you go into hospital?

While you're in hospital, hospital staff are responsible for providing your care.⁶ For example, helping you with personal care or to take your medication.

If you have a support worker who visits you at home, you can't use your NDIS funds to pay for them to visit you or care for you while you're in hospital. If you have a care plan that sets

out your personal care needs, you can give this plan to hospital staff. They can then adapt and follow these plans while you're in hospital to provide this support.

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

In some cases, if you have complex communication needs or challenging behaviours, we may fund supports for you while you're accessing health services or in hospital.

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

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

Example

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

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

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

Are you an NDIS participant living in residential aged care?

If you're an NDIS participant living in residential aged care, your aged care provider is responsible for your disability-related health supports.

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

Do you have high electricity costs from running medical equipment?

Some disability-related medical equipment we fund may use more than the average amount of electricity. You can't use your NDIS funds to pay for your electricity costs.

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

Do you need oxygen?

Oxygen support and related equipment are not the responsibility of the NDIS to fund. Your state or territory is responsible for providing you with oxygen supply and related equipment.

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

[Australian Capital Territory Oxygen Scheme](#)

[New South Wales Health Oxygen Scheme](#)

[Northern Territory Oxygen Scheme](#)

[Queensland Health Oxygen Scheme](#)

[South Australia Oxygen Scheme](#)

[Tasmanian Health Oxygen Scheme](#)

[Victorian Health Oxygen Scheme](#)

[Western Australian Health Oxygen Scheme](#)

What if you are in custody?

If you're in custody, for example in prison, a youth detention centre or other setting ordered by the court, the justice system provides your day-to-day care and support needs. This includes your health support needs.⁷ Any disability-related health supports and personal care you need should be provided by the facility you're in.

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

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

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

We can only include NDIS supports in your plan if they meet all the [NDIS funding criteria](#).⁸

The following questions are a good starting point to work out if we can fund a disability-related health support:

- [Is the support related to your disability?⁹](#)
- [Is the support value for money?¹⁰](#)
- [Is the support effective and beneficial for you?¹¹](#)

When we think about what NDIS supports to include in your plan, we'll also look at what other supports you get through the health system and other [mainstream and community supports](#). Your my NDIS contact, support coordinator or recovery coach will work with you and other services to help you get the support you need.

Once we've identified the supports and decided they meet the [NDIS funding criteria](#), we'll include the description and funding for the NDIS support in your plan.

Learn more about [how we include the reasonable and necessary supports in your plan](#).

Is the support related to your disability?

We'll only fund disability-related health supports if you need them because your disability:

- causes the health condition, or
- you need help to manage the health condition.

The NDIS supports we fund should help you to manage or reduce the impact your disability has on your day-to-day life. They should help you be more independent and do things like see your friends or go to work.

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

Example

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

Clive wants the NDIS to fund a nurse to come to his home to change the dressing and remove the stitches. This is not an NDIS support because the wound care is not related to Clive's disability. The health system will provide for all medical and health care needs for this injury.

Example

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

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

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

After hospital, Maria moves to her local rehabilitation service to get physiotherapy and occupational therapy for 2 weeks. The rehabilitation service helps Maria to move around and care for herself again. After her stay at the rehabilitation service, Maria goes home and has visits from her community health rehabilitation service for another 4 weeks. These services are provided by Maria's local health system. After Maria's 4-week rehabilitation at home, her occupational therapist recommends a new support so she can continue to move around her house and carry out her personal care by herself. We'll fund this support as it's an NDIS support related to her disability.

Is the support value for money?

All supports we fund under the NDIS need to be value for money.¹² This means the cost of the support is reasonable when we consider the benefits of the support and the cost of other supports.

When we decide if a support is value for money, we think about:

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

We'll also look at whether the support will benefit you in the long-term. We'll also look at if it will allow you to be more independent and reduce your supports in the future.¹³

Example

Hannah is 28 years old and lives with Down syndrome and diabetes. She needs to test her blood sugar level daily with a finger prick test but due to her disability, she is unable to do this herself. She is about to move into her own home and will have some help each day from a support worker.

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

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

Is the support effective and beneficial for you?

We have to make sure the disability-related health support is effective.¹⁴ This means it'll do what you need it to do. We also have to think about whether it's beneficial.¹⁵ This means it will work and make things better for you, or it will help you do more things by yourself.

We also think about your experience. For example, we look at whether you've used the disability-related health support before and how it worked for you in the past. Or, how effective the supports have been for other people with similar needs to you.

Learn more about [reasonable and necessary supports](#).

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

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

Who will we fund to provide your NDIS supports?

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

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

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

Yes. For some disability-related health supports, a support worker, family member or friend may be able to provide your supports. If someone else can support you with your disability-related health support needs, we may provide funding for a qualified practitioner to train them.

For example, a registered nurse can train your support worker, family member or friend to prevent pressure sores and wounds.

We'll fund training for the person who has the most appropriate skills to provide your supports. The person should:

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

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

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

What is registered nurse delegation and supervision of care?

For many disability-related health supports, a registered nurse may be able to train and delegate key tasks. This training could be given to a support worker or enrolled nurse if a family member, friend or carer can't do it. This trained worker would directly provide you with the disability-related health support when they are competent in the task. This is called 'delegation and supervision of care'. It means that a trained person, such as a support worker or enrolled nurse will complete the task for you, instead of a registered nurse.

How do we know what tasks can be delegated?

First, we'll need to know if the disability-related health support you need can be done by a family member, friend, or carer. If not, it might need to be delegated to another person. If you're about to leave hospital, we'll get this information from your discharge summary or

your most recent nurse care plan. These are completed by your treating clinician or a registered nurse.

The discharge summary or nurse care plan should outline:

- what tasks need to be provided
- who has the most appropriate skills to provide the care
- your individual needs
- the complexity of tasks
- any risks associated with the tasks.

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

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

What remains the responsibility of the registered nurse?

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

It is the responsibility of your NDIS provider to make sure support workers have the current skills and knowledge to support your needs. Any training provided must be documented and regularly audited.

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

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

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

What level of support do you need?

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

There are two levels of support:

- Standard
- High intensity

Standard supports

If your disability-related health support needs are not identified by the NDIS Practice Standards and Quality Indicators as '[High Intensity Daily Personal Activities](#)' you would generally have a support worker with standard support skills.

High intensity supports

High intensity supports are provided if your disability-related health supports are identified by the NDIS Practice Standards and Quality Indicators as '[High Intensity Daily Personal Activities](#)'.¹⁶ These are:

- complex bowel care
- enteral feeding and management
- severe dysphagia management
- tracheostomy care
- urinary catheter management
- ventilator management
- subcutaneous injections, for example diabetes management
- complex wound management.

We include enough funding for a support worker for the times when you receive the support. The support worker will be trained by the registered nurse and provide the delegated tasks. We decide this based on your situation, any risks identified, and the nature of support needed. Usually, we fund a mixture of high intensity and standard supports.

For the times you access supports that don't meet 'High Intensity', the support will be funded at the standard rate.

Learn more about High Intensity Supports in our [NDIS Pricing Arrangements and Price Limits](#).

Example

Neil is 43 years old and lives with Down syndrome. Neil also has type 2 diabetes which medical reports show is stable. He requires 3 insulin injections per day to manage his diabetes. He lives in Supported Independent Living (SIL) and receives 24/7 support at a standard level for personal care, meal preparation and access to the community.

Due to his intellectual impairment Neil cannot inject insulin by himself and needs assistance with his insulin injections.

Under the registered nurse delegation of care model, we'll fund a support worker at the higher intensity support level 3 times per day to administer insulin. This high intensity support will be funded as a drop-in support, and the rest of Neil's support needs will be provided at a standard level.

Support workers should have the right skills and knowledge to support you if you need high intensity support.

Learn more about high intensity support skills in the [NDIS Practice Standards: High Intensity Support Skills Descriptors](#).

What about disability-related health supports for children?

Generally, families or carers are responsible for their child's daily support needs, including health needs. We may fund disability-related health supports in your child's plan if they need substantially more help with health care than a child of the same age without a disability.¹⁷ As with adults, all disability-related health supports for children need to meet the [NDIS funding criteria](#). If your child needs a disability-related health support, we'll think about:

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

The health system provides health services and check-ups for newborn babies and young children. This will often be through your midwife or a maternal and child health nurse. Talk to

your my NDIS contact or support coordinator if you need help to link to your local child health services.

Example

Rita is 11 years old and lives with Spina Bifida. Rita is incontinent and requires intermittent catheterisation to manage this. Before starting high school, Rita wants to become more independent in managing her urinary incontinence through self-catheterisation.

We will fund a comprehensive continence assessment conducted by a Clinical Nurse Consultant (CNC). This will outline the supports Rita will need to support her goal of becoming independent in self-catheterisation.

In addition, we may also fund a registered nurse to support Rita to build her skills in managing her urinary incontinence.

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

If your situation has changed, or you think your current plan doesn't have enough funding for the disability-related health supports you need, you can ask for a change to your plan.¹⁸ Learn more about [changing your plan](#).

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

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

Do you need to provide us with evidence?

Yes. To get disability-related health supports in your plan, you need to give us evidence. This helps us understand the disability-related health supports you need.¹⁹ Talk to your my NDIS contact, support coordinator or recovery coach to work out the evidence we need.

You can also learn more in our [Factsheet - What evidence you need to give us before we create or change your plan](#).

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

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

- the type and amount of support you need

- how the support relates to your disability
- how this support is effective and beneficial for you
- who is the most appropriate person to provide the support
- where the support will be provided.

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

Your request for a disability-related health support may be for assistive technology, like equipment and technology. If this is the case, we have [assistive technology assessment templates](#) to help you or your assessor provide us with the information we need.

Learn more about [completing an assistive technology assessment](#).

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

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

Learn more about using the funding in your plan in [Our Guideline – Your plan](#).

Your provider will need to make sure they or their workers have the current skills and knowledge to provide the supports you need.

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

Learn more about NDIS provider responsibilities in the [NDIS Practice Standards: High Intensity Support Skills Descriptors](#).

What if you don't agree with our decision?

If we decide disability-related health supports don't meet the [NDIS funding criteria](#), we can't include them in your plan.

We'll give you written reasons why we made the decision.²⁰ You can [contact us](#) if you'd like more detail about the reasons for our decision.

If you don't agree with a decision we make about disability-related health supports, you can ask for an internal review of our decision.²¹

You'll need to ask for an internal review within 3 months of getting your plan.²²

Learn more about [reviewing our decisions](#).

Reference list

¹ NDIS Act s 10.

² NDIS Act s 34(1)(f).

³ NDIS Act s 10.

⁴ NDIS (Getting the NDIS Back on Track No. 1)(NDIS Supports) Transitional Rules 2024.

⁵ NDIS (Getting the NDIS Back on Track No. 1)(NDIS Supports) Transitional Rules 2024 sch 2.

⁶ NDIS (Supports for Participants) Rules rr 3.5, para 7.5(b).

⁷ NDIS (Supports for Participants) Rules r 7.5(a).

⁸ NDIS Act s 34(1).

⁹ NDIS Act s 34(1)(aa).

¹⁰ NDIS Act s 34(1)(c).

¹¹ NDIS Act s 34(1)(d).

¹² NDIS Act s 34(1)(c).

¹³ NDIS (Supports for Participants) Rules r 3.1(d).

¹⁴ NDIS Act s 34(1)(d).

¹⁵ NDIS Act s 23(1)(d).

¹⁶ NDIS Practice Standards: High Intensity Support Skills Descriptors December 2022.

¹⁷ NDIS (Supports for Participants) Rules r 3.4(a)(ii).

¹⁸ NDIS Act ss 47A; 48.

¹⁹ NDIS Act s 34(1)(aa).

²⁰ NDIS Act s 100(1).

²¹ NDIS Act s 100.

²² NDIS Act s 100(2).