

Guide to Reasonable and Necessary (R & N) decisions

Nursing in the home

Case

Roberto has infected wounds from a recent operation that was not directly related to his disability. The wounds won't heal but his disability doesn't affect how his community nurses manage his sores. Roberto asks us to fund the at-home care supports recommended by his doctor.

Would we fund this?

No, we don't typically fund hospital-in-the-home (HITH) care to support participants with medical conditions. We can only fund NDIS supports that directly relate to your disability. This means there must be a direct link between your disability support needs and the NDIS supports we fund. NDIS supports are the services, items and equipment that can be funded by the NDIS. The health system is responsible for hospital and post-acute care services, including HITH services. Supports for Roberto's wound care are unlikely to be directly related to his disability.

Why wouldn't we fund this?

We don't fund supports that are not directly related to your disability. This includes supports for medical injuries not caused by your disability support needs.

We also don't fund supports more appropriately funded or provided through other service systems, including the health system.

We think about a number of things when we decide if the NDIS, rather than the health system, is the most appropriate funding agency for a support. We're not responsible for:

- activities that aim to improve the health of Australians, including allied health services such as acute and **post-acute services**, and care in **public and private hospitals**
- funding services and therapies that treat your general health for a limited time with a specific goal. We also won't fund therapies or services that you get after a recent medical or surgical event. This includes rehabilitation or post-acute care, with the aim of improving your function.

This means we won't fund community nursing or hospital-in-the-home supports:

- that don't directly relate to your disability or your ongoing functional impairment,
- where the purpose of the support is not related to your daily living
- while you're in custody, being treated in hospital or a clinical setting, such as hospital in the home
- that are used to treat acute wounds or injuries, such as surgical wounds, likely to heal or resolve within 12 weeks.

To work out if an NDIS support is reasonable and necessary for you, we look at the information you give us against the [NDIS funding criteria](#).

What else do we think about?

If your disability means you can't treat your injury or illness, and you don't need clinical care through another system of support, such as the health system, we may consider including funding in your plan for a support worker. This worker would help you manage activities related to your:

- daily living
- ongoing functional impairment.

For example, we may fund a support worker if you keep removing the dressing from your wound because of an intellectual disability. But it's very unlikely we'll fund the treatment or consumables, such as dressings or medication you need for your injury or illness. These are not directly related to your disability.

Case Example

Jemma has Parkinson's disease, as well as obesity and diabetes. She lives at home with her husband and has an NDIS-funded care worker twice a week to help with some of her daily activities. Jemma recently had surgery on her knee. Several days after the surgery, the hospital discharged her with a wound-treatment plan. As part of this plan, a community nurse from the hospital-in-the-home program will visit Jemma every day for 2 weeks to care for her surgery wound.

Shortly after coming home, Jemma develops an infection in the surgery wound, most likely due to her diabetes. The hospital-in-the-home clinician changes Jemma's wound treatment plan to provide support for the infected wound. This includes daily injections to stop the infection from spreading. The plan indicates it's likely to take at least 3 months before the wound will heal.

Jemma reviews her treatment plan and finds out that the health system only funds the first 2 weeks of the plan. After that, Jemma must pay for the community nurse and her wound care costs. Using her treatment plan for evidence, Jemma asks for funding to be included in her NDIS plan for the treatment of her infected wound. Her request includes funding for:

- 3 months of community nurse visits
- the wound care consumables and daily injections
- 3 extra visits each week from her NDIS care worker because Jemma's infected wound means she needs more carer support. Her husband isn't able to continue providing extra care to Jemma and he needs respite.

The planner needs to think about if wound care support and extra NDIS support from a care worker is reasonable and necessary. The planner looks at the information Jemma provides against the [NDIS funding criteria](#) and thinks about if the wound treatment support:

- directly relates to Jemma's disability, her ongoing functional impairment and disability support needs
- is most appropriately funded by the NDIS and not by other another service system or support service, such as the health system.

The planner also thinks about if it's reasonable to expect Jemma's family to provide extra carer support.

In Jemma's case, the planner decides:

- there's no evidence that the wound care supports relate to Jemma's Parkinson's disease. This means the costs for the community nurse and wound care consumables are not directly related to her disability support needs
- the wound care support is not directly related to Jemma's ongoing disability care needs. It relates to a time-limited service and post-acute care provided after Jemma's recent surgery. This means, the support is more appropriately funded or provided through the health system and not the NDIS.

Jemma's daily living funding for an NDIS care worker takes into account the reasonable level of support families, carers, and informal networks are expected to provide. This is the level of support that is reasonable while Jemma is mobile. It doesn't cover the level of support Jemma needs to manage her disability in her current condition. It's not reasonable to expect Jemma's family to provide all the extra care she currently needs for daily activities. So the planner decides that 3 extra care worker visits a week for 3 months are reasonable and necessary based on the [NDIS funding criteria](#).

The planner assesses Jemma's funding request and:

- declines funding for the community nurse and consumable items requested specifically to support Jemma with her infected wound
- approves funding for 3 extra care worker visits per week for 3 months. This gives Jemma extra help to meet her disability support needs until she regains her mobility

- arranges to check-in with Jemma in 3 months time to make sure her NDIS supports are meeting her needs.

For more information, refer to:

- [Our Guideline - Reasonable and necessary supports](#)
- [Our Guideline - Disability-related health supports](#)