



Including Specific Types of Supports in Plans

Overview

1. What is the purpose of this operational guideline?

This Operational Guideline is intended to be used in conjunction with [Our Guideline - Creating your plan](#) and provides additional guidance in relation to the preparation and review of a participant's plan when specific types of supports are under consideration.

In particular, this Operational Guideline provides additional guidance in relation to making a decision to [approve a plan](#) that includes one or more of these specific types of supports.

2. What is the relevant legislation?

- Sections 3, 4, 5, 6, 9, 10, 17A, 31 – 50, 51, 74, 99, 100 and 209(2A) of the [National Disability Insurance Scheme Act 2013](#) (NDIS Act); and
- [National Disability Insurance Scheme \(Supports for Participants\) Rules 2013](#) (Supports for Participants Rules).
- [National Disability Insurance Scheme \(Getting the NDIS Back on Track No. 1\) \(NDIS Supports\) Transitional Rules 2024](#).

3. Overview

Once a person becomes a participant in the National Disability Insurance Scheme (NDIS), they develop a personal goal-based plan with the National Disability Insurance Agency (NDIA).

A participant's plan must include the participant's statement of goals and aspirations and a statement of participant supports (see [What is an NDIS plan?](#)).

The statement of participant supports specifies, amongst other matters, the general supports (if any) that will be provided, and the [reasonable and necessary supports](#) (if any) that will be funded under the NDIS (section 33(2)).

When deciding to include *any* support in a participant's plan, the NDIA *must* have regard to a range of matters set out in the NDIS Act, including the participant's statement of goals and aspirations.

Specifically, before including any support in a participant's plan, the NDIA *must*:



- be satisfied that each support meets each of the criteria outlined in section 34(1)(aa)-(f) of the NDIS Act and the Supports for Participants Rules (see [How do we make decisions about what is reasonable and necessary?](#))
- have regard to the specific [principles relating to plans](#)
- have regard to the other considerations which may apply when including supports in a participant's plan, and
- depending on the specific type of support being considered, refer to the additional guidance available for specific support types:
 - [Assistive technology](#)
 - [Home modifications](#)
 - [Work and study supports](#)
 - [Vehicle modifications and driving supports](#)
 - [Prosthetic limbs](#)
 - [Personal care supports](#)
 - [Social and recreation support](#)
 - [Sustaining informal supports](#)
 - [Transport](#)
 - [Specialist Disability Accommodation \(SDA\)](#).

See also [How do we create your plan?](#)

8. Prosthetic limbs

Prosthetic (artificial) limbs are devices that provide a portion of functions normally provided by natural arms and legs. They are often used when there is absence of part or all of a limb, for example due to an accident or birth defect, and help to improve function and quality of life.

Prosthetic limbs consist of a custom-made socket which fits the residual limb and a terminal device made up of different components that assist in performing functional tasks and providing compatible cosmesis.

Prosthetic limbs vary considerably in their sophistication by virtue of their complexity, cost, and specialisation and due to the varying levels of function they provide. For example, a prosthetic limb may be a simple device that is functionally efficient, or an enhanced limb that



is configured to have an appearance and functional performance that is similar to that of a natural limb.

The NDIA *must* be satisfied, amongst other matters, that the funding of a prosthetic limb represents [value for money](#) in that the costs of the support are reasonable relative to both the benefits achieved and costs of alternative support (section 34(1)(c)).

In considering whether a proposed prosthetic limb represents value for money, the NDIA will consider whether:

- the total labour and associated costs, including the number of hours and hourly rate of the prosthetist, represents value for money in the participant's local market; and
- the cost of componentry proposed represents value for money when compared to the cost of similar prosthetic components that would meet the participant's functional needs and goals.

The NDIA will generally fund definitive limbs only where they are specified (prescribed) by health professionals who are designated and accredited (where applicable) by the artificial limb service in the state or territory where the participant resides.

For upper and lower limbs, the specifications should propose the minimum level or grade of socket materials, componentry and coverings required that relate to:

- the participant's weight;
- the participant's goals and aspirations;
- the ability to use, put on and remove the limb;
- the ability to care for the limb; and
- the medical needs, that is, residual limb shape, fixed deformity to be accommodated, skin integrity and alignment-relevant co-morbidities.

In addition, the necessity for a particular level of componentry should relate to factors that include:

- the participant's expected or known functional level (based on standard measures such as the K classification);
- functional needs related to the environment of use, for example typical floor surfaces and gradients, the use of stairs, the amount of time walking, typical terrain if used outside, expected impacts; and
- the impact of actual or expected vocational demands on limb type.

Generally, the NDIA will fund:



- entry level or standard grade prostheses for participants up to K2 classification and will consider higher prosthesis for people up to K3 and K4 classification;
- repairs, maintenance, minor and major adjustments to prosthetic limbs (or prosthetic limbs funded by other systems prior to the participant joining the NDIS);
- ancillary costs related to prosthetic limbs such as residual limb socks and sheaths (typically 6 per year);
- limbs external to osseointegrated implants; and
- upper limb myoelectric prostheses where the participant is either a bi-lateral amputee or has contralateral overuse syndrome which prevents the use of body powered prosthetics and where there is demonstrated commitment and success using a training device.

Generally, the NDIA will *not* fund:

- repairs due to damage resulting from use of a limb outside of recommended use and care guidelines;
- more than one prosthetic limb (i.e. a spare prosthetic limb), unless reasonable and necessary to do so having regard to any vocational demands or other relevant considerations (for a second limb for recreational use, [recreational supports](#)); and
- for K4 level, microprocessor joint and computerised components unless reasonable and necessary to do so having regard to the functional benefits expected to be achieved and whether such benefits can be achieved in other ways.

Limbs will be replaced at typical replacement intervals unless more frequent replacement is warranted. Typical replacement periods are 3 years for most adults and, as needed, due to growth for children under 18 years of age (typically no more than bi-annually).

The NDIA may consider whether more frequent replacement is warranted on the basis of the participant's needs.

9. Personal care supports

Personal care supports relate to assistance with daily personal activities including assistance with, or supervision of, personal tasks of daily life. For example:

- personal hygiene, including showering, bathing, oral hygiene, dressing and grooming;
- toileting, bladder and bowel management and menstrual care;
- eating and drinking;



- attending appointments;
- use of aids and appliances, hearing and communication devices;
- mobility and transferring, for example moving in and out of bed and on or off the toilet; or
- application of splints, basic first aid due to injuries sustained as a result of a participant's disability.

Personal care supports may be required across a variety of settings. For example, a participant living alone in their own home, living with family or other people, when undertaking social, recreational, education or employment activities or during holidays away from home.

When personal care supports are being considered, the NDIA will have regard to the degree to which these supports:

- maximise the independence and functional skills of the participant;
- are appropriate to the participant's age and circumstances; and
- whether alternative arrangements or supports could meet a participant's needs in a less intrusive manner. For example, aids and equipment may enable a participant to complete tasks for themselves or the provision of training may increase the participant's independence in the tasks.

Before including any personal care support in a participant's plan, the NDIA *must*, amongst other matters, be satisfied that the support will [assist the participant to pursue their goals, objectives and aspirations](#) (section 34(1)(a)).

Personal care supports are likely to be supports which assist a participant to pursue a number of different goals, rather than being related to a specific goal.

Personal care supports for children are not intended to replace the usual care and supervision provided, or paid for, by a parent (see [Is the support something we would expect your informal supports to provide?](#)). However, the NDIA may fund personal care supports for children with complex needs where the level of support needed is beyond the level usually required for children of the same age.

A participant's request that intimate personal care not be provided by family members or friends should always be respected and taken into account when determining the level of assistance that should be funded.

Supports to provide assistance with daily personal activities should generally be limited to a maximum of 6 hours per day. This level of support is based on:



- bathing, dressing, toileting and grooming up to 2 hours per day – including bowel management, skin care, bladder management, menstrual care;
- assistance with eating up to 2 hours per day which may include assistance with medication;
- mobility including exercise, positioning, moving up to 1 hour per day; and
- where toileting assistance alone is required, up to 1 hour a day.

In some circumstances, the NDIA may decide to fund higher levels of personal care support. In considering whether a higher level of support is needed, the NDIA will give consideration to:

- whether the participant has high care needs, for example unstable seizure activity or respiratory support;
- the weight (and other physical aspects) of the participant;
- the medical condition of the participant, including any medication required;
- whether the need for a higher level of support is of a temporary nature. For example, due to waiting for a suitable home modification (for example, a bathroom modification) to be completed;
- whether two people are required for transfers;
- whether there are behavioural concerns which require more intensive assistance with personal care activities and there are no other options, for example behavioural support intervention; and
- whether additional time-limited funding is likely to reduce a participant's longer term support costs by building their capacity to independently perform personal care activities.

The NDIA will also consider whether [assistive technology](#), [home modifications](#) or other supports can be used to reduce the level of assistance with daily personal activities.

11. Sustaining informal supports

The informal support provided by parents, siblings and other family members is vitally important to people with disabilities. In addition to the support provided, the close relationships that participants have with the people who provide this informal support can also be highly important.



Therefore, the ongoing capacity of family members and carers to provide these informal supports can often be critical to the wellbeing of participants.

Support loads and other factors such as illness or ageing can place a carer's wellbeing at risk and compromise their capacity to continue in their caring role. Accordingly, the NDIA recognises that sustaining these informal supports can often be an integral component of meeting a participant's needs.

The NDIA aims to increase the social and economic participation of people with disabilities within the context of their families and existing support networks. The NDIA will use the planning process to build an understanding of a participant's overall support needs, including identifying the range of informal supports which are available and how they can be sustained.

11.1 Does the NDIA fund family members to provide supports?

Funding a family member to provide supports to a participant can be detrimental to family relationships.

For example, the consequences of funding a family member to provide supports may include unintentionally creating an environment where a participant's wishes in relation to their care arrangements or the delivery of their supports is diminished, or there is no or limited respite for the family worker taking on the role of support worker.

Generally, the NDIA will only fund family members to provide supports in exceptional circumstances. For example, when:

- there is a risk of harm or neglect to the participant;
- there are religious or cultural reasons for funding a family member to provide supports; or
- the participant has strong personal views, for example in relation to their privacy or dignity.

The NDIA will consider the circumstances of each case, any wishes expressed by the participant and also take into account [what is reasonable to expect others to provide](#).

The NDIA will not fund a family member to provide personal care or community access supports unless all other options to identify a suitable provider of supports have been exhausted.

Note, if the funding for supports under a participant's plan is managed by the NDIA, family members will only be able to be funded to provide supports if they are a registered provider of supports (see [Registered Providers](#)).



12. Transport

Transport supports include supports that enable participants to build capacity to independently travel, including through personal transport-related aids and equipment, or training to use public transport.

A participant's transport supports may also include the reasonable and necessary costs of taxis or other private transport options for participants who are not able to travel independently, as well as transport to and from school for students.

Transport supports only relate to participants and do not relate to travel for families, carers or providers of supports. However, providers of supports may claim reasonable travel time when delivering reasonable and necessary supports in the home, or when accompanying participants to access the community.

When considering whether transport meets the NDIS funding criteria, the NDIA *must* consider, amongst other matters, whether the support is related to the participant's disability (see [Does the support meet the reasonable and necessary criteria?](#)).

A support will not be provided or funded under the NDIS if it relates to day-to-day living costs (rule 5.1(d) of the Supports for Participants Rules).

Day-to-day living costs may include rent, groceries or utility fees, however, this is not an exhaustive list. Transport is an incidental cost of everyday life for most people and, therefore, can also be considered to be a day-to-day living cost.

However, the NDIS may fund day-to-day living costs that are incurred by a participant solely and directly as a result of their disability support needs (rule 5.2(a) of the Supports for Participants Rules).

These additional living costs (i.e. those incurred by a participant solely and directly as a result of their disability support needs) may be funded under the NDIS if they are [NDIS supports](#) that meet the NDIS funding criteria.

Before including any transport support in a participant's plan, the NDIA *must* also be satisfied that the support will [assist the participant to pursue their goals, objectives and aspirations](#).

In addition, the NDIA must take into account [what is reasonable for families, carers, informal networks and the community to provide](#). In relation to transport, this consideration may be different for participants who are children as compared to participants who are adults.

When considering whether a proposed transport support represents [value for money](#), the NDIA will compare the costs of transport to the overall costs of alternative supports which may provide a similar level of independence or reduce a participant's future needs for supports. For example, [vehicle modifications and driving supports](#).



The NDIA may also consider what options may be available for the participant in their local community, or whether funding other supports has the potential to build a participant's capacity to engage in local community activities.

Transport should only be funded where it has been determined to be reasonable and necessary, where it is an additional cost incurred solely and directly as a result of a participant's disability support needs and, where ancillary to another funded support, it is a cost which the participant would not otherwise incur.

It does not follow, merely because transport is ancillary to a funded support, that it should be funded. The circumstances in which transport may be funded are strictly limited. Transport *must*:

- relate to an NDIS support that has been determined to be reasonable and necessary; and
- be an additional cost and incurred solely and directly as a result of disability support needs; and
- where transport is ancillary to another funded support, it must be a cost which the participant would not otherwise incur (see [JQJT and NDIA \[2016\] AATA 478 at \[35\]](#)).

The NDIS will *not* be responsible for:

- ensuring that public transport options are accessible to a person with disability, including through the funding of concessions to people with disability to use public transport;
- compliance of transport providers and operators with laws dealing with discrimination on the basis of disability, including the *Disability Standards for Accessible Public Transport 2002*;
- transport infrastructure, including road and footpath infrastructure, where this is a part of a universal service obligation or reasonable adjustment (including managing disability parking and related initiatives); or
- support to compensate for the lack of a public transport system.

See also [What transport supports are not NDIS supports?](#)

12.1 Transport and considerations relating to children

Parents of NDIS participants aged under 18 years have a responsibility to meet their child's daily transportation requirements. However, some children may require additional assistance, for example children who cannot use public transport or their parent's vehicle, even if modified, due to their disability.



The NDIS will generally not fund day-to-day living costs associated with caring for children, including transport costs, as parents are expected to meet a child's everyday transport requirements (see [JQJT and NDIA \[2016\] AATA 478 at \[35\]](#)).

When considering whether transport meets the NDIS funding criteria for a child, the NDIA *must* take into account [what is reasonable for families, carers, informal networks and the community to provide](#) (section 34(1)(e)).

What is reasonable for a family to provide in respect of a particular support should be considered in light of the support they have to provide the child generally because of his or her disability (see [JQJT and NDIA \[2016\] AATA 478 \[39\]](#)).

When considering whether funding for transport for a participant who is a child takes account of what it is reasonable to expect families, carers, informal networks and the community to provide, the NDIA will consider:

- that it is normal for parents to provide substantial care and support for children;
- whether, because of the child's disability, the child's care needs are *substantially* greater than those of other children of a similar age;
- the extent of any risks to the wellbeing of the participant's family members or carer or carers; and
- whether the funding or provision of the support would improve the child's capacity or future capacity, or would reduce any risk to the child's wellbeing (rule 3.4(a) of the Supports for Participants Rules).

The NDIS will be responsible for supports that a student requires that are associated with the functional impact of the student's disability on their daily living activities, such as transport to and from school (rule 7.13 of the Supports for Participants Rules).

When considering if specialist transport to and from school for a participant who is a child meets the NDIS funding criteria, the NDIA will consider:

- if any other transport option is available and appropriate; and
- whether providing the supports would substitute for parental responsibility.

12.2 Transport and considerations relating to adults

A participant will generally be able to access funding through the NDIS for transport assistance if the participant cannot use public transport without substantial difficulty due to their disability.



The funding the NDIS provides will take into account any relevant taxi subsidy schemes available to the participant and does not cover transport assistance for carers or family members to transport the participant for everyday commitments.

There are generally three levels of funding support for transport. The levels are used to provide a transport budget for participants. In exceptional circumstances, participants may receive higher funding if the participant has either general or funded supports in their plan that enable their participation in employment.

Level 1

- the NDIS may provide \$1,784 per year for participants who are not working, studying or attending day programs but are seeking to enhance their community access.

Level 2

- the NDIS may provide \$2,676 per year for participants who are currently working or studying part-time (up to 15 hours per week), participating in day programs and for other social, recreational, or leisure activities.

Level 3

- the NDIS may provide \$3,456 per year for participants who are currently working, looking for work, or studying, at least 15 hours per week, and are unable to use public transport because of their disability.

When considering whether funding for transport for a participant who is an adult takes account of what it is reasonable to expect families, carers, informal networks and the community to provide, the NDIA will consider:

- the extent of any risks to the wellbeing of the participant arising from the participant's reliance on the support of family members, carers, informal networks and the community; and
- the suitability of family members, carers, informal networks and the community to provide the supports that the participant requires, include such factors as:
 1. the age and capacity of the participant's family members and carers, including the extent to which family and community supports are available to sustain them in their caring role;
 2. the intensity and type of support that is required and whether it is age and gender appropriate for a particular family member or carer to be providing that care; and



3. the extent of any risks to the long-term wellbeing of any of the family members or carers (for example, a child should not be expected to provide care for their parents, siblings or other relatives or be required to limit their educational opportunities); and
- the extent to which informal supports contribute to or reduce a participant's level of independence and other outcomes;
 - for all participants – the desirability of supporting and developing the potential contributions of informal supports and networks within their communities.