



# Applying to the NDIS

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**Quick summary:** If you want to become an NDIS participant you'll need to apply to the NDIS. There are some requirements you need to meet to be eligible for the NDIS.

First, you need to be younger than 65 when you apply, be an Australian citizen or permanent resident, and live in Australia. Then, you'll need to meet the requirements for disability, early intervention, or both.

You may be eligible under the disability requirements if you have one or more impairments that are or are likely to be permanent. And this substantially impacts your ability to do daily life activities. Your impairment must also affect your social life, or your ability to work and study. And, you must be likely to need NDIS supports for your lifetime.<sup>1</sup> [NDIS supports](#) are the services, items and equipment that can be funded by the NDIS.

Or you may be eligible under the early intervention requirements if you have one or more impairments that are likely to be permanent, or you have developmental delay and supports are likely to benefit you by reducing your need for supports in the future. We will also consider if these supports are NDIS supports.

Or you may be eligible under both the disability and early intervention requirements.

If you think you might be eligible, we can help you apply to the NDIS. We'll talk to you about your needs, current situation and what's important to you. We'll look at all the information you give us to decide if you're eligible. If you're eligible for the NDIS, you'll become a participant, and we'll work with you to start [creating your plan](#). If you're not eligible, an early childhood partner or local area coordinator can help you explore and access government and community services. When we work with children younger than 9 and their families, we call this [early connections](#). When we work with people aged 9–64, we call this [community connections](#).

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## What do we mean by applying to the NDIS?

Applying to the NDIS means doing things to find out if you can become a participant and start getting supports under the NDIS. There's a process to follow when you apply to the NDIS. As part of this process, we will need to confirm your identity. Learn more about [how to apply to the NDIS](#).

After you apply, we'll look at all the information you give us and decide if you're eligible.

If we decide you're eligible, you'll become a participant in the NDIS. We'll then work with you to create your first plan, which will include funding for any [reasonable and necessary supports](#).

If you're not eligible, there are other services available to you, such as other government and community services. We can help you connect to these other services.

For children younger than 9, we encourage families to talk to an [early childhood partner](#) before applying to the NDIS. They can help families connect to the right supports and let families know if the NDIS is right for their child. Learn more about our [early childhood approach](#) and [early connections](#).

## Are you eligible for the NDIS?

To be eligible for the NDIS, you first need to meet the [age requirements](#) and [residence requirements](#). This means you need to be younger than 65 when you apply, live in Australia, and be an Australian citizen or permanent resident.<sup>2</sup>

You'll need to meet the requirements for disability<sup>3</sup>, early intervention<sup>4</sup>, or both.

When we say impairment in this guideline, we mean a loss of, or damage to your body's function. Under the law for the NDIS, we check if you're eligible based on your impairments, not your type of disability or diagnosis.

### Disability requirements

To meet the disability requirements, we must have evidence of **all** of the following:

- You have a disability attributable to one or more impairments. This means your disability and impairments are linked.
- Your impairment is likely to be permanent.

- Your impairment means you have a substantially reduced functional capacity to do one or more daily life activities. These activities include moving around, communicating, socialising, learning, undertaking self-care, or self-management tasks.
- Your impairment affects your ability to work, study or take part in social life.
- You'll likely need NDIS supports for your lifetime.

### Early intervention requirements

To meet the early intervention requirements, we must have evidence of **all** the following:

- You have an impairment that's likely to be permanent, or that you are a [child younger than 6 with developmental delay](#).
- Early intervention will benefit you by reducing your need for supports in the future.
- Early intervention will benefit you by either reducing the impact your impairment has on your functional capacity or support your informal supports to build their skills to help you. Or the early intervention will prevent the deterioration of your functional capacity or improve it.
- The early intervention supports you need are NDIS supports.

We'll use information in your application to [decide if you're eligible for the NDIS](#).

If you're eligible, you become a NDIS participant.<sup>5</sup> The length of time you'll be a participant will depend on your situation and NDIS support needs. Learn more about [leaving the NDIS](#).

This guideline has detailed information on how we decide if you're eligible for the NDIS. For general information about who's eligible, read [Am I eligible](#) and [Applying to the NDIS factsheet](#). Check out our website for information about [children younger than 9](#).

We also have information on [psychosocial disability](#). If you have a psychosocial disability, this webpage has information on whether the NDIS is right for you, and what information we need if you apply.

A psychosocial disability isn't a mental health condition or diagnosis. A psychosocial disability means you have reduced capacity to undertake tasks and activities of daily living due to your mental health.

## Do you meet the age requirements?

To be eligible for the NDIS, you must first meet the age requirements. This means [you are younger than 65 on the day you apply](#).

## How old are you?

You must be younger than 65 on the day you make your NDIS application.<sup>6</sup>

This means your application needs to be complete, in the format we ask for, and received by the NDIA before you turn 65. Learn more about [how to complete your NDIS application](#).

If you're turning 65 soon and want to apply, [contact us](#) so we can help you apply on time.

## Do you meet the residence requirements?

Then you must meet the residence requirements. This means:

- [You are an Australian citizen or permanent resident](#).
- [You live in Australia](#).

## Are you an Australian citizen or permanent resident?

You must be an Australian citizen,<sup>7</sup> or have one of two visa types that means you can live here:

- A [permanent visa](#)<sup>8</sup>
- A [protected special category visa](#)<sup>9</sup> – this is only for some citizens of New Zealand.

## Do you live in Australia?

You must live in Australia.<sup>10</sup> This means Australia is your home and you spend most of your time here.

To help us decide, you need to give us evidence to show us you live here. If you give us consent to use your Centrelink record, that usually gives us enough evidence to decide if you live in Australia.

If you don't give us consent, you need to give us enough information to help us decide that you live in Australia. You'll need to answer these questions:

- [Where do you live?](#)
- [Where is your family?](#)
- [Do you work in Australia?](#)
- [Do you own property in Australia?](#)
- [How much time do you spend outside Australia?](#)

Some of these questions might not apply to you, but we must think about them when we decide whether you live in Australia.<sup>11</sup>

We may also ask you other questions to determine whether you live in Australia.<sup>12</sup> For example, your family might be deployed overseas in the Defence Force, meaning you need to leave Australia for a while. In these situations, we'll ask you for more information about why you're leaving and can't return.

If you apply, we look at your whole situation when we decide if there's enough evidence to show that you live here. This will be a simple decision for us in most situations. But sometimes we may need to look at the questions below.

### **Where do you live?**

We think about where you live, and your living situation.<sup>13</sup> We'll look at whether you have more permanent accommodation in Australia than any other country.

For example, you might own a home or have a formal rental agreement in Australia. This is a good sign to us that you live in Australia.

### **Where is your family?**

We also think about where your immediate family lives.<sup>14</sup>

We look at where you spend most of your time with them, face-to-face. We don't look at how you connect with your family on the phone or internet.

### **Do you work in Australia?**

If you work, we look at where you normally work or make money.<sup>15</sup> If you work or make money in Australia, that's a good sign you live here. If you don't work or are unemployed, we'll consider the other questions to determine whether you live in Australia.

### **Do you own property in Australia?**

We look at what assets or property you own in Australia.<sup>16</sup> We also see if you have an Australian bank account.

If you own assets or property here, it doesn't always mean you live in Australia. Your assets or property will need to show you have an ongoing connection to Australia. You don't live in Australia just because you own assets or property here.

### **How much time do you spend outside Australia?**

We look at how often you go overseas, and how long you're outside Australia when you travel.<sup>17</sup> We also look at why you travel overseas, such as for work, holiday or to live with family.

This is usually the most important point to help us decide if you live in Australia. You need to show us that you have a long-term and meaningful connection to living in Australia.

You don't need to stay in Australia all the time. You can still work overseas or go on holiday.

You'll need to show a stronger connection to Australia than other countries if you spend a lot of time overseas.

If we decide you're eligible and create your plan, there may be times you can't use your NDIS funding overseas. This is usually after you're overseas for more than 6 weeks unless we give you more time. Learn more about [when you can't use your plan](#).

## Do you meet the disability requirements?

You meet the disability requirements if we have evidence of all the following:<sup>18</sup>

- [Your disability is caused by an impairment](#).
- [Your impairment is likely to be permanent](#).
- [Your permanent impairment substantially reduces your functional capacity](#) to undertake one or more of the following activities: moving around, communicating, socialising, learning, or undertaking self-care or self-management tasks.
- [Your permanent impairment affects your ability to work, study or take part in social life](#).
- [You'll likely need NDIS support for your lifetime](#).

If you give us evidence you have been diagnosed with one or more conditions on [List A](#), we'll likely decide you meet the disability requirements.

If you meet the disability requirements, it's likely you'll need NDIS supports for your lifetime. This means you won't have to prove your disability every time we reassess your plan.

If at any time your NDIS support needs or situation changes, we may need to check your NDIS eligibility. We will talk with you if this happens.

Learn more about how we check [if you are still eligible for the NDIS](#).

## Is your disability related to an impairment?

When we think about your disability, we look at whether any reduction or loss in your ability to do things, across all life domains, is because of an impairment.

An impairment is a loss of or damage to your body's function.

We'll look at:

- your body's functions
- your body structure
- how you think and learn.

To meet the disability requirements, we must have evidence your disability is linked to at least one of the impairments below:<sup>19</sup>

- **intellectual** – how you speak and listen, read and write, solve problems, and process and remember information
- **cognitive** – how you think, learn new things, use judgment to make decisions, and pay attention
- **neurological** – how your body’s nervous system functions,
- **sensory** – how you see or hear
- **physical** – the ability to move parts of your body

You may also be eligible for the NDIS if you have a psychosocial disability.<sup>20</sup> This means you have reduced capacity to do daily life activities and tasks due to your mental health.

For more detail about the impairments listed above go to [Notice of impairments](#). It doesn’t matter what caused your impairment. For example, if you’ve had it from birth or acquired it from an injury, accident or health condition.

It also doesn’t matter if you have one impairment, or more than one impairment.

### Is your impairment likely to be permanent?

To meet the disability requirements, we need to know that your impairment is permanent, or likely to be permanent. Permanent under the law for the NDIS means enduring. This means we need to know whether your impairments are enduring so that you require NDIS supports on an ongoing basis.

We will focus on your impairments, and not on the cause of your impairments, or your diagnoses.

You might have some periods in your life where there is a smaller impact on your daily life, because your impairment may be episodic or fluctuate in intensity<sup>21</sup>. Your impairment can still be permanent due to the overall impact on your life, and the likelihood that you will be impacted across your lifetime.

Even when your condition or diagnosis is permanent, we’ll check if your impairment is permanent too. For example, you may not be eligible if your impairment is temporary, or if there are known, available and appropriate evidence-based clinical, medical or other remaining treatments options that are likely to remedy the impairment.

Generally, we’ll consider whether your impairment is likely to be permanent if all available and appropriate treatment options are pursued.

If you give us evidence you have been diagnosed with a condition on [List B](#), we'll likely decide your disability is from an impairment that's likely to be permanent.

### Is there any medical treatment for your impairment?

We don't fund supports to treat your impairment. The Australian health system provides health services to treat illnesses or health conditions.

Your impairment will likely be permanent if your treating professional tells us there are no further treatments that could remedy it.

Your treating professional will tell us or be asked to certify if there are medical, clinical or other treatments that are likely to remedy your impairment. We need to understand whether there are treatments that are:<sup>22</sup>

- **known** – the treatment can be identified by an Australian medical practitioner as a suitable treatment for your impairment
- **available to you** – we need to take account of whether there are genuine barriers that prevent you from accessing treatment including, but not limited to, the nature of your impairment and your ability to access treatment
- **appropriate for you and your impairment** – we need to consider whether the treatment could remedy your impairment and is suitable and safe for you to undergo. Your ability to undergo treatment will be assessed according to your capabilities, your health and other personal circumstances, including your living arrangements
- **evidence-based** – there's proof the treatment is likely to be effective.

When we look at what treatments are available to you, we think about whether the treatment is suitable for your personal situation. The word treatment should be understood in a broadest sense and may include changes to your diet and lifestyle.

If you're still undergoing or have recently had treatment, we may not be sure you have a permanent impairment if that treatment could remedy the impairment.<sup>23</sup>

In some situations, it may be clear your impairment is likely to be permanent while you're still undergoing treatment or rehabilitation. For example, you may still need treatment and rehabilitation for a spinal cord injury, but it's clear you are likely to have a permanent impairment.

You might still have a permanent impairment, even if its effects may change over time.<sup>24</sup>

For degenerative impairments, or those that get worse over time, we consider them permanent if treatment isn't likely to remedy the impairment. That is, the treatment won't cure the impairment or come close to removing its effects.

## Does your impairment substantially reduce your functional capacity?

Your permanent impairment needs **to substantially reduce your functional capacity or ability** to undertake activities in one of the following areas:

- **Communicating** – how you speak, write, or use sign language and gestures, to express yourself compared to other people your age. We also look at how well you understand people, and how others understand you.
- **Socialising** – how you make and keep friends, or interact with the community, or how a young child plays with other children. We also look at your behaviour, and how you cope with feelings and emotions in social situations.
- **Learning** – how you learn, understand and remember new things, and practise and use new skills.
- **Mobility, or moving around** – how easily you move around your home and community, and how you get in and out of bed or a chair. We consider how you get out and about and use your arms or legs.
- **Self-care** – personal care, hygiene, grooming, eating and drinking, and health. We consider how you get dressed, shower or bathe, eat or go to the toilet.
- **Self-management (if older than 6)** – how you organise your life. We consider how you plan, make decisions, and look after yourself. This might include day-to-day tasks at home, how you solve problems, or manage your money. We consider your mental or cognitive ability to manage your life, not your physical ability to do these tasks.

Your impairment substantially reduces your functional capacity if you usually need disability-specific supports to participate in or complete the above tasks.<sup>25</sup>

These 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 your doctor, allied health professional or other medical professional.

To help us decide if you're eligible, we need to know your capacity and where you need more help. We get this information from you when you apply to the NDIS.

If you have more than one permanent impairment, we will consider them together, to see if they substantially reduce your functional capacity.



We consider how you're involved in different areas of life like home, school, work and the community, and how you carry out tasks and actions. We also consider any other factors that may impact your day-to-day life.

Your needs might go up and down each day or each month. Progressive Multiple Sclerosis (MS) can be a good example of this. We consider your ability over time, taking into account your ups and downs.

### **How does a child's impairment affect their daily life?**

To help us decide if a child's ability is substantially reduced, we compare their abilities with other children of the same age.

If a child's ability is much less than most other children the same age, they may meet the disability requirements. For example, if they:

- need assistive technology, equipment or home modifications to participate in daily activities – except for common items like glasses
- usually need more assistance to join activities, or they can't join in.

Sometimes when a child's impairment doesn't substantially reduce their ability right now, but might in the future, we will look at the early intervention requirements. Similarly, if a child's impairment currently substantially reduces their ability, but may not after receiving supports, we will look at the early intervention requirements. Early intervention can be for children of any age, however there are different requirements for children younger than 6 with developmental delay to meet the early intervention requirements.

Learn more about the [early intervention requirements](#).

### **What if you have a hearing impairment?**

Some hearing impairments may lead to a substantially reduced functional capacity.

We'll generally decide you have a substantially reduced functional capacity if your hearing loss is at least 65 decibels in your better ear. This is based on a pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz.

We may also decide you have a substantially reduced functional capacity if your hearing loss is less than 65 decibels in your better ear. We may decide this if either:

- you also have another permanent impairment, such as a vision or cognitive impairment
- you give us evidence your speech detection and speech discrimination outcomes are significantly poorer than expected.

## Does your impairment affect your social, work or study life?

Then, we look at how your impairments affect your ability to work, study or take part in social life.<sup>26</sup> This means your permanent impairments affect how you can find and keep a job, contribute to your community, or join social activities. We get this information from you when you apply to the NDIS.

We look at your ability to do things like:

- find and keep a job, or start your own business
- study
- spend and save money
- play sport
- go to the movies
- volunteer
- travel.

It doesn't matter how much your ability to work, study or socialise is affected by your impairment. It only needs to affect your social or work life in some way for you to meet the criteria.

## Will you likely need NDIS supports for your lifetime?

You must be likely to need NDIS supports for your lifetime.<sup>27</sup> [NDIS Supports](#) are the services, items and equipment that can be funded by the NDIS.

NDIS supports are investments that help you build or maintain your functional capacity and independence, and help you work, study or take part in social life.

Even if your needs go up and down over time, or happen episodically<sup>28</sup>, we may still consider it's likely you'll need NDIS supports for your lifetime.<sup>29</sup>

We consider your overall situation to answer this question.

When we decide if you'll likely need NDIS supports for your lifetime, we consider:

- your life circumstances
- the nature of your long-term support needs
- whether your needs could be best met by the NDIS, or by other government and community services.

For example, you may have an impairment that is caused by a chronic health condition. Many chronic health conditions are most effectively managed or remedied through medical



management through the health system. If this is the case, we may decide that you don't need NDIS supports for your lifetime.

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

## Do you need early intervention?

Early intervention is usually early access to support, to help reduce the functional impacts of your impairment.

Early intervention can be for both children or adults and may only be needed for a short time. You won't need these supports for your lifetime, so your treating professional or your early childhood partner will tell us how early intervention support could benefit you or your child.

You will meet the early intervention requirements if you meet all the following:

- You have an [impairment that's likely to be permanent](#).
- [Early intervention supports will likely benefit you](#), for example if it means you'll need less disability support in the future and your functional capacity will improve.
- [The early intervention supports you need are NDIS supports](#).

There are different requirements for [children younger than 6 with developmental delay](#) to meet the early intervention requirements.

If we have evidence a child younger than 7 has been diagnosed with a condition on [List D](#), we'll decide they meet the early intervention requirements.

You may also meet the early intervention requirements if you're [aged between 0 and 25 with a hearing impairment](#).

We also need to understand how NDIS supports benefit you, like building your skills and increasing your capacity, so that you may no longer need NDIS supports. If you meet the early intervention requirements, your support needs are more likely to change, and you may only need NDIS supports for a short time. We'll regularly check your eligibility when we reassess your plan, and at other times too.

If you no longer meet the early intervention requirements, we'll check if you meet the disability requirements. Learn more about [leaving the NDIS](#).

## Do you have an impairment that's likely to be permanent?

To meet the early intervention requirements, there must be enough evidence that you have at least one of the impairments below and your impairment is likely to be permanent.<sup>30</sup>

An impairment is a loss of or damage to your body's function.

We will look at:

- your body's functions
- your body structure
- how you think and learn.

An impairment could be:<sup>31</sup>

- **intellectual**
- **cognitive**
- **neurological**
- **sensory**
- **physical**
- **psychosocial disability**

We also need evidence at least one of your impairments will be permanent, or likely to be permanent.<sup>32</sup>

When we decide if your impairment is likely to be permanent, we consider the same things as in the [disability requirements](#).

You may also be eligible for the NDIS if you have a psychosocial disability.<sup>33</sup> This means you have reduced capacity to do daily life activities and tasks due to your mental health. Your psychosocial disability might vary at different times in how much it impacts your daily life. Even if it fluctuates and you have some periods where there is a smaller impact on your daily life, you might have this impairment for your lifetime.

If you give us evidence you have been diagnosed with a condition on [List B](#), we'll decide you have an impairment that's likely to be permanent.

## How will early intervention benefit you?

We need to decide that getting early intervention supports means you'll likely need fewer supports in the future.<sup>34</sup>

We need to know that early intervention supports will help you with at least one of the following:<sup>35</sup>

- addressing the impact of your impairment on your ability to move around, communicate, socialise, learn, look after yourself and organise your life
- preventing your functional capacity from getting worse
- improving your functional capacity



- supporting your informal supports, which includes building their skills to help you.

To help us decide if the early intervention will help you in these ways, we look at:<sup>36</sup>

- how your impairment might change over time
- how long you've had your impairment
- if there's been a significant change to your impairment
- if your needs are likely to change soon, such as if you're finishing school.

## Will the early intervention supports you need be NDIS supports?

The early intervention support that you would likely benefit from must be NDIS supports.<sup>37</sup> NDIS supports are the services, items and equipment that can be funded by the NDIS.

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

## What about people aged between 0 and 25 with a hearing impairment?

If you're aged between 0 and 25 with a hearing impairment, you may meet the early intervention requirements. We'll decide you meet the early intervention requirements if you give us evidence of all of the following:

- You're aged between 0 and 25.
- You have auditory neuropathy or hearing loss of at least 25 decibels in either ear at 2 or more adjacent frequencies – see below.

We need evidence of your auditory neuropathy or hearing loss from a specialist audiological assessment. The assessment might include electrophysiological testing when required. The evidence must show your hearing loss is likely to be permanent.

If you're aged 26 or older with hearing loss, we'll check if you're eligible in the same way we consider all other impairments. You may be eligible under the [disability requirements](#).

## What about children younger than 6 with developmental delay?

Children younger than 6 with a developmental delay may be eligible for the NDIS under the early intervention requirements.<sup>38</sup>

Developmental delay is a term used to describe a delay in a child's development. It means that a child finds it much harder to do everyday things that other children their age can do, for example, dress themselves, talk or walk. A child with developmental delay needs lots of extra help to do everyday things compared to children of the same age.

First, we need to know the child:

- is younger than 6 on the day we decide whether they're eligible<sup>39</sup>
- [lives in Australia](#)<sup>40</sup>
- is an [Australian citizen or permanent resident](#).<sup>41</sup>

Then, we need to know the child has a [developmental delay](#).<sup>42</sup>

Finally, we need to know the child's supports [will be NDIS supports](#). NDIS supports are the services, items and equipment that can be funded by the NDIS.

An early childhood partner can also provide supports to children who aren't eligible for the NDIS.

Learn more about the [early childhood approach](#) and [early connections](#).

## Does the child have a developmental delay?

When we decide if a child has developmental delay, we use the definition in the law for the NDIS.<sup>43</sup>

We need to know the delay:

- is [due to mental or physical impairments](#)
- [substantially reduces the child's functional capacity](#) compared with other children the same age.
- 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.

## Is the delay due to mental or physical impairments?

First, we need to know the developmental delay is due to a mental or physical impairment, or a combination of mental or physical impairments.<sup>44</sup>

An impairment is a loss or significant change in at least one of:

- the child's body functions
- the child's body structure
- how the child thinks and learns.

Families, early childhood partners and other professionals can understand the child's body function by:

- observing their activities during play and daily tasks
- comparing their activities to other children of the same age.

For some very young children, problems in body function can't be easily measured. If so, the child may be eligible if there is significant risk of a future disability diagnosis or developmental delay. We need evidence of this from a health or allied health professional's judgment or informed clinical opinion.

### **Does the delay substantially reduce the child's functional capacity?**

We need to know the delay substantially reduces the child's functional capacity compared to other children their age.<sup>45</sup>

This means the child has a significantly lower ability to do everyday activities, when compared to children of the same age. Or the child does things in a significantly different way to other children their age because of their reduced capacity.

The child would also need much more support to do the activity, compared to other children the same age.

The substantial reduction in functional capacity must be in at least one of the following areas of major life activity:

- **Self-care** – how children take care of themselves, shower, bathe, dress, eat, drink, toilet, groom, and sleep.
- **Receptive and expressive language** – this involves skills such as gesture, sign language, listening, giving and receiving information, communicating wants and needs through facial expressions, vocalisations or speech, and interaction with others.

A substantial reduction in functional capacity for either receptive language or expressive language will meet the criteria – it doesn't need to be both.

- **Cognitive development** – learning and applying knowledge. This includes areas such as:
  - understanding and remembering information
  - attention
  - learning new things
  - practising and using new skills
  - planning and making decisions
  - problem solving
  - developing pretend play skills
  - developing play interests

- emotional and sensory regulation
- developing emotional intelligence
- social awareness
- safety awareness.
- **Motor development** – this includes participation in everyday activities like moving around the home and community and manipulating objects.

We need evidence from a health, allied health or early childhood professional, who uses multiple sources of information about the child's ability to do everyday activities.

This will include information that parents or carers report about their child. It will also include a mix of standardised assessments of developmental and functional capacity, both in everyday activities and natural settings.

It should also include observations in everyday play, learning, activities or routines to better understand how the child participates in these everyday activities.

For very young children where functional capacity can't be measured, the child may be eligible if there is significant risk of a future disability diagnosis or developmental delay. We need evidence of this from a health or allied health professional's informed clinical opinion.

### **Does the child need specialist services from more than one type of professional and for longer than 12 months?**

We need to know that the child needs a mix of specialist care, treatment or other services, due to their developmental delay. The child must also need these services for an extended duration – that is, longer than 12 months.<sup>46</sup>

We need to know the child needs all of the following:

- **A service response that involves more than one professional working as a team to support the child.** This means the child needs support for multiple activities, and across multiple natural settings such as the home, community and early childhood centres. The child must need more support than what's expected for a child the same age.
- **A team that works collaboratively, by communicating and sharing information, knowledge and skills.** The support must be individually planned and coordinated. The team will build the capacity of the child's family and other important people in the child's life, such as carers, educators and professionals, about the child's individual needs. This support should be embedded in everyday play, learning, activities and routines.

- **More support than an individual discipline providing a unilateral response to a single problem.** This means the child needs support from more than one professional supporting one area of delay. This is known as interdisciplinary care. For example, a child is unlikely to be eligible if a speech pathologist alone can help their language delay, without needing support or consultation from other professionals.
- **Supports for an extended duration.** This means a health, allied health or early childhood professional who knows the child determines they need support for more than 12 months. A child will likely meet this criteria if there is clear evidence that they'll need early intervention support for more than 12 months.

We need evidence from an early childhood professional, such as an early childhood teacher, educator or allied health professional who knows the child. They need to recommend that the child needs support for multiple activities and across multiple natural settings, from a team working together.

Some children in remote areas might not have access to a team of professionals. If so, they may still be eligible if the one professional needs to provide the supports to the child across multiple activities and across multiple natural settings.

We also need evidence from an early childhood professional, such as an early childhood teacher, educator, or allied health professional, that the child needs support for more than 12 months. The professional should consider multiple sources of information, including:

- parent or carer reports
- a mix of standardised and culturally appropriate developmental or functional assessments in everyday activities and natural settings
- observations in everyday play, learning, activities, and routines.

## How do we work out if the child meets the criteria for developmental delay?

We'll need a range of information about the child, observed in everyday activities and settings they usually participate in. This should include parent or carer reports and standardised assessments of developmental and or functional capacity.

Early childhood partners are early childhood professionals who give us evidence of developmental delay to help us decide if the child is eligible. An early childhood partner will meet with children and families to better understand the child's day to day life, and any concerns about their development.

Early childhood partners will observe a child in familiar places like home and childcare and may complete assessments using screening tools. This information helps us decide if a child meets the early intervention requirements for developmental delay.

Families and carers can also provide copies of existing reports, assessments or letters about the developmental delay.

We may also ask for evidence from a variety of sources, including mainstream services. For example, we may also ask for evidence from your doctor, child health nurse, or other health professional.

Learn more about [providing evidence of developmental delay](#).

### **What if there are no early childhood partners in your area?**

If there are no early childhood partners in the child's area, a mainstream, community, or health service can give us a report for evidence of developmental delay.

If you're in one of these areas, learn more about what [evidence](#) we need for developmental delay.

### **Will the child's early intervention supports be NDIS supports?**

To meet the early intervention requirements, the supports must be NDIS supports.<sup>47</sup> NDIS supports are the services, items and equipment that can be funded by the NDIS.

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

### **What happens if a child with developmental delay is eligible?**

If we decide a child with developmental delay is eligible for the NDIS, they'll become a participant. But they're usually no longer eligible after they turn 6.

This is because they will no longer meet the early intervention requirements under developmental delay. To remain an NDIS participant after they turn 6, the child will need to have an impairment that's likely to be permanent and meet the requirements for [disability](#), [early intervention](#), or both.

We'll talk to families or carers before a child turns 6 and explain what information we need to decide if the child is still eligible. Learn more about [leaving the NDIS](#).

#### **Example**

Hunter is 5 years old and became a participant under the early intervention requirements for developmental delay.

We give Hunter a new 12-month NDIS plan in August. We also talk to Hunter's family about him leaving the NDIS after he is 6 years old.



Hunter's family will be able to use his NDIS funding for the full 12 months until August the next year. By then, he'll be aged 6 years.

At the end of the 12 months, we'll talk to Hunter's family about his progress and what outcomes have been achieved. We'll listen to understand if he built capacity to work towards his goals. If there's evidence that Hunter does not have an impairment that is likely to be permanent and he no longer meets the requirements for disability, early intervention, or both, we'll decide Hunter is no longer eligible. He will be supported to leave the NDIS. We'll help his family continue to stay connected to government and community services.

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

## What if a child doesn't meet our criteria for developmental delay?

Early childhood partners offer supports to children younger than 6 who don't meet our criteria for developmental delay.

A child may have developmental concerns. This means a child younger than 6 is developing slower compared to other children their age, but the delay doesn't meet our definition for developmental delay.

For example, a child's functional capacity may be substantially reduced in one or more areas. But it's unclear if the child needs support from a team of professionals for more than 12 months.

An early childhood partner can offer **early supports** to children younger than 6 with developmental concerns. They can also help the child's family connect to other government and community supports.

Learn more about [early connections](#).

## How do you apply to the NDIS?

Applying to the NDIS is how you let us know you want to become an NDIS participant.

If you're aged 9 and older, there are a few ways you can apply:<sup>48</sup>

- Your local area coordinator can help you apply. They can help you through the application process and be your point of contact. [Find your nearest location](#).
- Sometimes you may not have a local area coordinator in your area. You can contact us on 1800 800 110 to discuss other options available to you.

For children younger than 9, we encourage families to talk to an [early childhood partner](#) before applying to the NDIS. They can offer supports to children before they apply, and let families know if the NDIS is right for their child.

When you apply, you or your authorised representative will need to:

- give us the information and any documents we need to confirm your identity. Learn more about [evidence of identity](#) and [privacy](#).
- give us the information and any documents we need to decide if you're eligible<sup>49</sup>
- sign or certify the NDIS application<sup>50</sup>
- talk to you about your needs and current situation.

When we talk to you, we'll listen to understand what is important to you. We'll also ask questions to make sure we know all the ways we can help.

We can use this information to help you make community connections if you want us to. Learn more about [community connections](#) and [early connections](#).

Other people can help you apply if you want them to. Sometimes they can apply on your behalf. Learn more about [who can help you apply](#).

Learn more about [how to apply to the NDIS](#) and in the [Applying to the NDIS factsheet](#).

## What information do we need in your application?

The [Evidence of Identity factsheet](#) shows what information we need to confirm your identity. When you apply for the NDIS, you'll need to give us copies of these documents. If you can't do this, let us know so we can work out what to do depending on your situation. We'll still need to check your identity before progressing your application.

To show us you're younger than 65 when you apply, live in Australia, and that you're an Australian citizen or permanent resident, you can give us either of the following:

- consent to access and use your Centrelink record
- copies of documents or other evidence that we ask for if you apply in person or over the phone.

In most cases, we can just use your identity documents.

## Who can give us evidence of your impairments?

We need evidence of your impairments, to help us work out if you're eligible. To get information about this, ask your [treating professional](#). For children younger than 6 with developmental delay, an [early childhood partner](#) can give evidence of developmental delay. Your treating professional or early childhood partner can contact us if they need to discuss what evidence to provide.

Your treating professional might be your doctor, specialist, or allied health service provider. You should use a professional who:

- has worked with you for a long time, usually for at least 6 months
- is the [most appropriate type of professional](#) to give evidence about your impairment
- is qualified and registered in their area of practice with the [Australian Health Practitioner Regulation Agency](#) or relevant professional authority.

If your treating professional doesn't meet these requirements, we may not be able to confirm the information in your application and may need to request further information.

When we check if you're eligible for the NDIS, we mainly think about the information you give us when you apply.

Learn more about who can give us evidence of your disability or impairment on the following pages:

- [Providing evidence of your disability](#)
- [Providing evidence of disability for children](#)
- [Information for GPs and health professionals](#).

You can also learn more about [how we use, collect and store your personal information](#).

### What if you're in a remote or very remote area?

We understand it might be hard to get your treating professional to give evidence of your impairments in a remote or very remote area. If it's hard to get your treating professional to do this, let us know.

You might not need to give us as much evidence about your impairment as people in big cities, depending on what services are available in your area. We use a technical definition for remote and very remote. You'll need to live in an area that's classified as MM6 or MM7 on the [Modified Monash Model](#) to be considered remote or very remote.

### How do we check your application?

Before we can accept your application, we make sure it's been made by the right person. That is, the application is from you, or [someone who can apply for you](#).

We then check all the answers we need have been provided, and that it is the correct information.<sup>51</sup>

If you don't have all the answers at the meeting, we'll help you work out what to do. You can also let us know if there is a mistake. We can work with you to help complete the application properly. We can't decide if you're eligible until we have a complete application.

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

Once you have completed your application with all the right information, we'll check whether you're eligible. That is, we'll check that:

- you meet the age and residence requirements
- you meet the requirements for disability, early intervention, or both.

Learn more in the [Applying to the NDIS factsheet](#).

## Who can help you apply?

You can ask someone to help you apply if you want to. They can help you:

- make your decision to apply to the NDIS
- gather the information we need.

You can choose who helps you. For example, you could ask for help from:

- a family member
- a friend
- a carer
- a partner
- a support worker or service provider
- staff in a residential aged care facility
- your treating health professional
- hospital staff.

With your permission, we can share information with these people during your application. For example, they could call us to check how your application is progressing. You can let us know if you would like us to share information.

## Can someone else apply for you?

If someone else has legal authority to make decisions for you, they can apply to the NDIS on your behalf.

**If you're younger than 18**, the people with parental responsibility for you will apply for you.<sup>52</sup> This is often your parents or legal guardian. In some situations, we can decide someone else has parental responsibility.<sup>53</sup> Learn more about [child representatives](#).

**If you're an adult**, these people may be able to apply to the NDIS on your behalf:

- a person you give consent to act as your authorised representative – this means you give them permission to apply for you

- your guardian
- a person with power of attorney who can make personal and health decisions for you
- a person with advance care health directive.

If you're an adult and want someone else to apply for you, you can tell us in person, or over the phone.

### When do we contact you to help you apply?

Sometimes, we'll reach out to you to help you apply. This might be if you live in a:

- group home or supported accommodation
- large residential facility
- residential aged care facility – also read our page on [younger people in residential aged care](#)
- rural or remote area.

## How do we decide if you're eligible?

Once we have your application, we review all the information we have in your application.

This will help us decide if you're eligible for the NDIS. As part of the process, we will also need to check your identity.

You are eligible for the NDIS if you meet the requirements for:

- age
- residence
- [disability](#), [early intervention](#), or both.

It's likely children younger than 6 with developmental delay won't meet the disability requirements. So, they may only be eligible under the early intervention requirements.

If you don't meet either the disability requirements or the early intervention requirements, you won't be eligible for the NDIS. But an [early childhood partner](#) or [local area coordinator](#) can help you connect with other government and community supports.

### When will we decide if you're eligible?

Once we have your application, we have **21 days** to decide one of the following:<sup>54</sup>

- [you're eligible for the NDIS](#)

- [you're not eligible for the NDIS](#)
- [we need more information](#).

We can make a decision quicker in urgent circumstances. Let us know if your situation is urgent, for example, if you're about to leave a hospital or custodial setting. Learn more about our [timeframes for urgent decisions](#).

## How do we consider your evidence of disability or developmental delay?

When we're deciding if you're eligible, we may look at things like:

- how old your evidence is
- who provided your evidence.

If we get more than one type of evidence from you, we might consider some evidence over others. We call this weighing evidence.

## What if we need more information to decide if you're eligible?

When we decide if you're eligible, we look at:

- the information in your NDIS application
- any other information we have.

We need enough information in your application to show us you're eligible for the NDIS by meeting the requirements for disability, early intervention, or both.

Sometimes we might need to ask you for more information. For example, we may not have enough information about your functional capacity.

We'll ask you for more information if we need it to make sure we have the full picture.<sup>55</sup>

We might ask you for more information if:

- your application doesn't have all the information we need
- we need to answer a particular question.

We only ask for more information if we need it to decide if you're eligible.<sup>56</sup> If we need more information, we'll let you know:

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



If we ask for more information, you'll have at least **90 days** to give it to us. We can't decide if you're eligible until we have this. You can ask for more time if you need it. We can give you more time if we think it's reasonable for your situation.<sup>57</sup>

If we can't contact you within **90 days**, or you don't give us the information within the timeframe, we'll withdraw your application. This means we'll stop processing your application.

If you don't get the information to us in time, you can apply again.

### What happens after we get your information?

Once you give us the information we need, we then have **14 days** to decide if:<sup>58</sup>

- you're eligible for the NDIS
- you're not eligible for the NDIS
- we need more information – for example, if the information you gave us isn't what we need.

### What happens if we don't decide on time?

If we don't meet our decision-making timeframes, we have to treat this as if we decided you're not eligible.<sup>59</sup>

If this happens, we'll automatically review this decision that you're not eligible.<sup>60</sup> We'll send you a letter to explain this. You don't need to do anything.

We'll then make sure your application is reviewed by a staff member who wasn't involved in the original application. We'll contact you to let you know the outcome.

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

## What happens after we decide?

### What happens if you're eligible?

On the day we decide you're eligible for the NDIS, you become a NDIS participant.<sup>61</sup>

The time that you remain eligible for the NDIS depends on your individual circumstances and NDIS support needs.

You'll need to continue to be eligible for the NDIS. This means you'll need to continue to live in Australia and be an Australian citizen or permanent resident. You'll also need to continue to meet requirements for [disability](#), [early intervention](#), or both. Learn more about [whether you will always be eligible](#) and [leaving the NDIS](#).

We'll send you a letter to let you know:

- you are eligible
- if you met the requirements for disability, early intervention, or both
- the next steps.

Your letter will also confirm the date you became eligible for the NDIS.<sup>62</sup>

If you applied on or after 1 January 2025, your letter will include a Notice of impairments which gives you more information about your eligibility for the NDIS.<sup>63</sup> If you applied before 1 January 2025, you won't get a Notice of impairments, even if you become eligible for the NDIS after 1 January 2025.

Learn more about the [Notice of impairments](#).

### What is a Notice of impairments?

The Notice of impairments (notice) tells you the categories of impairments you have met access for.<sup>64</sup> The categories of impairments relate to the impairments for which you met the requirements for [early intervention](#), [disability](#) or both.

You can [contact us](#) if you have any questions about your Notice of impairments.

When a child younger than 6 with developmental delay becomes a NDIS participant, we'll also send a Notice of impairments.<sup>65</sup> This notice will state that the child has developmental delay, it will not include the categories of impairments listed below.

### What are the categories of impairments?

The categories of impairments are:

- **intellectual impairments** – such as how you speak and listen, read and write, solve problems, and process and remember information. An intellectual impairment may become apparent at an early age or during a child's early development.
- **cognitive impairments** – such as how you might think, learn new things, use judgment to make decisions, and pay attention. There are some similarities with intellectual impairments, but cognitive impairments may appear at a later stage in life or after a sudden event or injury.
- **neurological impairments** – such as how your body's nervous system may function. Neurological impairments can happen when there is a change in the function of the nervous system, such as in the brain or spinal cord. Damage to these parts of the body may affect the way the nervous system processes information.
- **sensory impairments** – such as how you see and hear. Sensory impairments usually relate to hearing or vision loss but may include all senses.

- **physical impairments** – such as the ability to move or control parts of your body. Physical impairments may affect your stamina, or how quickly your body gets tired.
- **impairments relating to a psychosocial disability** – this means you have reduced capacity to do daily life activities and tasks due to your mental health.

### Can I apply to change my Notice of impairments?

You can apply for a change to your Notice of impairments. We call this varying the Notice of impairments.<sup>66</sup>

If you think we have made a mistake, or you would like to vary the Notice of impairments, you should [contact us](#). You may want to apply to add a category of impairments, or to remove an existing category of impairments. To do this you'll need to give us new evidence. Learn more about giving us the [evidence we need](#). We will look at the new evidence you gave us to decide if we need to add or remove the categories of impairments in your notice.

We will send you a letter telling you if we decide to vary or not vary your Notice of impairments. If we vary your Notice of impairments, you will get a new Notice of impairments. This new notice replaces any previous Notice of impairments you have received.<sup>67</sup>

Your Notice of impairments, whether we vary it or not doesn't change your eligibility to be a NDIS participant.

If you don't agree with our decision to vary or not to vary the Notice of impairments, you can ask for a review of the decision. Learn more about [Reviewing our decisions](#).

### Example

Oscar recently became a participant of the NDIS. Oscar gets a letter telling him that his NDIS application was successful, and he's now a participant. This letter includes a Notice of impairments.

Oscar is 25 years old and is eligible for the NDIS under the age, residency and disability requirements. Oscar has a permanent impairment relating to his spinal cord injury.

Oscar's Notice of impairments tells him the categories that relate to his permanent impairments. These categories of impairments are physical and neurological.

At Oscar's first planning conversation, they discuss the NDIS supports that relate to Oscar's physical and neurological impairments. Oscar understands that he can apply to vary his Notice of impairments at any time if he wants.

### How will we create your first plan?

After you receive the letter confirming you're eligible, we'll contact you to organise your first planning conversation. We'll contact you within **21 days**.



We'll then work together to create your plan. If you received help to make community connections, we can build on the information and goals we talked about and include these supports in your plan. Learn more about [community connections](#) and [early connections](#).

You'll receive a plan that sets out your NDIS supports. NDIS supports are the services, items and equipment that can be funded by the NDIS.

Your plan will include NDIS supports for the impairments that meet the requirements for disability, early intervention or both.

For example, you may have many impairments, but only one meets our eligibility criteria. Or you might get another impairment after we decide you're eligible. If so, we only fund NDIS supports for impairments that meet the requirements for disability, early intervention, or both.

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

For children younger than 7, we'll approve their first plan within **90 days** after they become a participant.

For more information, check out [creating your plan](#).

### **Will you always be eligible for the NDIS?**

There are many reasons for leaving the NDIS.

Some people decide they don't want to be a participant anymore.

You'll also leave the NDIS if you're no longer eligible.

When we reassess your [plan](#), we check that all your details are correct and up to date. We also look at any new information we have received.

If you're eligible under the **early intervention requirements**, your support needs are more likely to change. We'll check at each plan reassessment and at other times, whether you still meet the early intervention requirements.

For example, during a plan reassessment it may show you no longer meet the early intervention requirements because you have built your skills and capacity and will no longer benefit from NDIS supports.

If you're eligible under the disability requirements, your disability is permanent. We don't expect your disability to change, and it's likely you'll need NDIS supports for your lifetime. We will only ask you for more information about your eligibility if there is evidence that you may no longer meet the disability requirements.

You can find out more about the eligibility requirements, and how we check these, at [Am I eligible](#). [Children with developmental delay](#) will usually leave the NDIS after they turn 6.



Over time, you might develop your skills and independence and not need NDIS supports anymore.

If you met the requirements for early intervention and not disability, you usually won't be eligible after the early intervention supports, which are NDIS supports have benefitted you. For example, if you needed early intervention supports to achieve your goal to improve your functional capacity, and your functional capacity improves, you may no longer meet the early intervention requirements anymore.

If you're no longer eligible, we'll help you transition from the NDIS and make sure you are connected with other services in your community, if you need them. We'll also keep your information, so you can apply again if your situation changes.

Learn more about [leaving the NDIS](#).

## What happens if you're not eligible?

If you're not eligible, you can't become an NDIS participant.

We'll try and contact you by phone, or your preferred contact method,<sup>68</sup> to explain why you're not eligible. We'll give you reasons for our decision and answer any questions you might have.

We'll also send you a letter with our decision, including the reasons you're not eligible and what to do next. Your letter will confirm the date we made the decision.

Even if you're not eligible for the NDIS, your [early childhood partner](#) or [local area coordinator](#) can help you explore and access government and community supports. When we work with children younger than 9 and their families, we call this early connections. When we work with people aged 9–64, we call this community connections.

Your early childhood partner or local area coordinator will use the information you shared to suggest supports in your community. They will work with you to see how these supports may help you with what is important to you. We also have a list of [other government and community supports](#) you can get, even if you're not eligible for the NDIS.

## What if you don't agree with our decision?

If you don't agree with our decision that you're not eligible, you should [contact us](#). We can help explain our decision and what your options or next steps might be.

You can also ask for an internal review.<sup>69</sup> Another staff member, who wasn't involved in the original decision, will then check if we made the right decision. You need to ask for an internal review within **3 months** after receiving the decision.<sup>70</sup> Learn more about [reviewing our decisions](#).

But you can't ask for an internal review if:

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**This document is correct at the date of publication.**

**Always visit [ourguidelines.ndis.gov.au](https://ourguidelines.ndis.gov.au) for the latest version.**

- you withdraw your application because you don't want to apply anymore
- a decision has not been made and we ask you for more information
- we withdraw your application because you didn't give us information on time
- it's been more than 3 months since you received our decision that you're not eligible.

If you don't agree with the internal review decision, you can ask the Administrative Review Tribunal to review it. We call this an external review. You can't ask for an external review until after we make the internal review decision.

You can [contact us](#) to discuss any concerns you may have about the process. You can also [make a complaint](#) if you're not happy with any part of the process.

### Can you apply again?

Yes. If we decide you're not eligible, or you're no longer eligible, you can apply again, unless you have requested a review of that decision and are waiting for a decision to be made on the outcome of your review. This includes when you apply for the NDIS or leave the NDIS after your status as a participant has been revoked. Learn more about [leaving the NDIS](#).<sup>71</sup>

You'll follow the same process to apply as you did the first time. Remember, you need to be younger than 65 on the day you make your new application. And children with developmental delay will need to be younger than 6 on the day they apply.

If you've asked for an internal review of the decision, you can't apply to the NDIS again until we've completed that review.<sup>72</sup> You can ask us to stop our internal review at any time.<sup>73</sup>

Also, if your review is with the Administrative Review Tribunal after an internal review, you can't apply again until it has made a decision.<sup>74</sup> You can also ask the Tribunal at any time to withdraw your application. Learn more on the [Administrative Review Tribunal website](#).

# Applying to the NDIS – Appendices

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## What's on this page?

- [List A: Conditions that are likely to meet the disability requirements](#)
- [List B: Conditions that are likely to result in a permanent impairment](#)
- [List C: What if you're receiving disability support in Western Australia?](#)
- [List D: Permanent impairment/Early intervention, under 7 years. No further assessment required](#)
- [When do we make priority eligibility decisions?](#)
- [How do we weigh evidence of disability?](#)

## List A: Conditions that are likely to meet the disability requirements

1. **Intellectual disability** diagnosed and assessed as moderate, severe or profound in accordance with current DSM criteria.
2. **Autism** diagnosed by a specialist multi-disciplinary team, paediatrician, psychiatrist or clinical psychologist experienced in the assessment of Pervasive Developmental Disorders and assessed using the current Diagnostic and Statistical Manual of Mental Disorders (DSM-V) diagnostic criteria as having severity of Level 2 (Requiring substantial support) or Level 3 (Requiring very substantial support).
3. **Cerebral palsy** diagnosed and assessed as severe (e.g. assessed as Level 3, 4 or 5 on the Gross Motor Function Classification System - GMFCS).
4. **Genetic conditions** that consistently result in permanent and severe intellectual and physical impairments:
  - Angelman syndrome
  - Coffin-Lowry syndrome in males
  - Cornelia de Lange syndrome
  - Cri du Chat syndrome
  - Edwards syndrome (Trisomy 18 – full form)
  - Epidermolysis Bullosa (severe forms):

- YR
- Autosomal recessive dystrophic epidermolysis bullosa
- Hallopeau-Siemens type
- Herlitz Junctional Epidermolysis Dystrophica
- Lesch-Nyhan syndrome
- Leigh syndrome
- Leukodystrophies:
  - Alexander disease (infantile and neonatal forms)
  - Canavan disease
  - Krabbe disease (globoid cell leukodystrophy) – Infantile form
  - Pelizaeus-Merzbacher Disease (Connatal form)
- Lysosomal storage disorders resulting in severe intellectual and physical impairments:
  - Gaucher disease Types 2 and 3
  - Niemann-Pick disease (Types A and C)
  - Pompe disease
  - Sandhoff disease (infantile form)
  - Schindler disease (Type 1)
  - Tay-Sachs disease (infantile form)
- Mucopolysaccharidoses – the following forms:
  - MPS 1-H (Hurler syndrome)
  - MPS III (San Fillipo syndrome)
  - Osteogenesis Imperfecta (severe forms):
    - Type II - with two or more fractures per year and significant deformities severely limiting ability to perform activities of daily living
- Patau syndrome
- Rett syndrome
- Spinal Muscular Atrophies of the following types:
  - Werdnig-Hoffmann disease (SMA Type 1- Infantile form)

- Dubowitz disease (SMA Type II – Intermediate form)
  - X-linked spinal muscular atrophy
5. **Spinal cord injury** or **brain injury** resulting in paraplegia, quadriplegia or tetraplegia.
  6. **Hemiplegia** where there is severe or total loss of strength and movement in the affected limbs of the body.
  7. **Permanent blindness** in both eyes, diagnosed and assessed by an ophthalmologist as follows:
    - Corrected visual acuity (extent to which an object can be brought into focus) on the Snellen Scale must be less than or equal to 6/60 in both eyes; or
    - Constriction to within 10 degrees or less of arc of central fixation in the better eye, irrespective of corrected visual acuity (i.e. visual fields are reduced to a measured arc of 10 degrees or less); or
    - A combination of visual defects resulting in the same degree of visual impairment as that occurring in the above points. (An optometrist report is not sufficient for NDIS purposes.)
  8. **Permanent bilateral hearing loss** > 90 decibels in the better ear (pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz).
  9. **Deafblindness** confirmed by ophthalmologist and audiologist and assessed as resulting in permanent and severe to total impairment of visual function and hearing.
  10. **Amputation** or congenital absence of 2 limbs – for example, 2 legs, 2 arms, or a leg and an arm (not a leg and a hand, or an arm and a foot).

## List B: Conditions that are likely to result in a permanent impairment

### Conditions primarily resulting in intellectual or learning impairment

- Intellectual disability
- Pervasive developmental disorders not meeting severity criteria in List A or List C, such as autism
- Asperger syndrome
- Atypical autism
- Childhood autism.

## Chromosomal abnormalities resulting in permanent impairment and not specified on List A

- Aicardi-Goutières syndrome
- CHARGE syndrome
- Cockayne syndrome Types I and Type II/Cerebro-oculo-facio-skeletal (COFS) syndrome /Pena Shokeir syndrome Type II/Weber-Cockayne syndrome/Neill-Dingwall syndrome)
- Cohen syndrome
- Dandy-Walker syndrome
- DiGeorge syndrome /22q11.2 deletion syndrome/Velocardiofacial syndrome/Shprintzen syndrome/Conotruncal anomaly face syndrome
- Down syndrome/Trisomy 21
- Fragile X syndrome
- Kabuki syndrome
- Menkes disease
- Prader-Willi syndrome
- Seckel syndrome /microcephalic primordial dwarfism/Harper's syndrome/Virchow-Seckel dwarfism
- Smith-Lemli-Optiz syndrome
- Smith-Magenis syndrome
- Spinal muscular atrophy Types III and IV
- Sturge-Weber syndrome
- Trisomy 9
- Tuberous sclerosis
- Turner syndrome
- Williams syndrome
- Wolf-Hirschhorn syndrome.

## Conditions primarily resulting in Neurological impairment

- Alzheimer's dementia

- Creutzfeldt-Jakob disease
- HIV dementia
- Huntington's disease
- Multi-infarct dementia
- Parkinson's disease
- Post-polio syndrome
- Vascular dementia.

### **Systemic atrophies primarily affecting the central nervous system**

- Abetalipoproteinaemia
- Adult-onset spinal muscular atrophy/late-onset SMA type III)
- Fazio-Londe disease/Progressive bulbar palsy of childhood
- Friedrich's ataxia
- Hereditary spastic paraplegia/ Infantile-onset ascending hereditary spastic paralysis/ L1 syndrome/ spastic paraplegias types 2 and 11Huntington's disease/Huntington's chorea
- Louis-Bar syndrome/Ataxia-telangiectasia
- Motor neuron disease/Motor neurone disease/ Lou Gehrig's disease /Amyotrophic lateral sclerosis
- Primary lateral sclerosis
- Progressive bulbar palsy
- Spinal muscular atrophy – all types
- Spinocerebellar Ataxia – all types, including Machado-Joseph disease.

### **Extrapyramidal and movement disorders**

- Hallervorden-Spatz syndrome /Pantothenate kinase-associated neurodegeneration (PKAN)/neurodegeneration with brain iron accumulation 1 (NBIA 1)
- Parkinson's disease
- Shy-Drager syndrome /Multiple System Atrophy /Striatonigral degeneration (MSA-P)/ Sporadic olivopontocerebellar atrophy (MSA-C)

- Steele-Richardson-Olszewski syndrome/Progressive supranuclear ophthalmoplegia
- Stiff-man syndrome /Stiff-person syndrome.

### **Other degenerative diseases of the nervous system**

- Alzheimer's disease
- Alpers disease/Grey-matter degeneration/Alpers syndrome/progressive sclerosing poliodystrophy/progressive infantile poliodystrophy
- Lewy body dementia
- Pick's disease.

### **Demyelinating diseases of the central nervous system**

- Adrenoleukodystrophy
- Multiple sclerosis
- Schilder's disease /Diffuse myelinoclastic sclerosis – non-remitting.

### **Episodic and paroxysmal disorders**

- Brain stem stroke syndrome
- Cerebellar stroke syndrome
- Motor and sensory lacunar syndromes
- Lennox syndrome /Lennox-Gastaut syndrome
- West's syndrome.

### **Polyneuropathies and other disorders of the peripheral nervous system**

- Adult Refsum disease
- Charcot-Marie-Tooth disease/Hereditary motor and sensory neuropathy/ peroneal muscular atrophy
- Dejerine-Sottas disease /Dejerine-Sottas syndrome/Dejerine-Sottas neuropathy/progressive hypertrophic interstitial polyneuropathy of childhood/onion bulb neuropathy
- Infantile Refsum disease.

### **Other disorders of the nervous system**

- Hydrocephalus

- Multiple system atrophy.

### Conditions resulting in Physical impairment

- Amputation
- Congenital absence of limb or part thereof
- Epidermolysis bullosa
- Harlequin type ichthyosis
- Juvenile arthritis / Stills Disease (excluding monocyclic/self-limited Adult Onset Stills disease)
- Rheumatoid arthritis.

### Diseases of myoneural junction and muscle

- Andersen-Tawil syndrome/ Periodic paralysis /myoplegia paroxysmalis familiaris
- Becker muscular dystrophy
- Congenital muscular dystrophy
- Distal muscular dystrophy
- Duchenne muscular dystrophy
- Facioscapulohumeral muscular dystrophy
- Limb-girdle muscular dystrophy
- Mitochondrial myopathy
- Myotonic dystrophy /dystrophia myotonica
- Myotonic muscular dystrophy
- Myotubular myopathy
- Oculopharyngeal muscular dystrophy
- Paramyotonia Congenita
- Thomsens disease /Congenital myotonia/ Becker myotonia).

### Cerebral palsy and other paralytic syndromes not meeting severity criteria on List A

- Cerebral palsy
- Diplegia
- Hemiplegia

- Monoplegia
- Paraplegia
- Quadriplegia
- Tetraplegia.

## Conditions resulting in Sensory and/or Speech impairment

### Disorders of the choroid and retina where permanent blindness diagnostic and severity criteria on List A are not met

- Behr's syndrome
- Kearns-Sayre syndrome
- Optic atrophy
- Retinitis pigmentosa
- Retinoschisis (degenerative and hereditary types/juvenile retinoschisis)
- Stargardt disease
- Usher syndrome.

### Disorders resulting in hearing loss

- Cortical deafness
- Pendred syndrome
- Sensorineural hearing loss
- Stickler syndrome
- Usher syndrome
- Waardenburg syndrome.

## Conditions resulting in multiple types of impairment

- Aceruloplasminemia
- Addison-Schilder disease /Adrenoleukodystrophy
- Albinism
- Arginosuccinic aciduria
- Aspartylglucosaminuria
- Cerebrotendinous xanthomatosis /cerebral cholesterosis

- Congenital cytomegalovirus infection
- Congenital iodine-deficiency syndrome /cretinism
- Congenital rubella syndrome
- Glycine encephalopathy /non-ketotic hyperglycinaemia
- GM1 gangliosidosis
- Hartnup disease
- Homocystinuria
- Lowe syndrome/ Oculocerebrorenal syndrome
- Mannosidosis
- Menkes disease
- Mucopolidosis II /I-cell disease
- Mucopolidosis III /pseudo-Hurler polydystrophy
- Mucopolidosis IV
- Neuronal ceroid lipofuscinosis (NCL)/ Adult type (Kuf's or Parry's disease)/ Juvenile (Batten disease)/ Late infantile (Jansky-Bielschowsky)
- Niemann-Pick disease
- Pyruvate carboxylase deficiency
- Pyruvate dehydrogenase deficiency
- Sialidosis
- Sulfite oxidase deficiency.

#### **The following mucopolysaccharidoses**

- Scheie syndrome /MPS 1-H
- Hurler-Scheie syndrome /MPS 1 H-S
- Hunter syndrome /MPS II
- Morquio syndrome /MPS IVA
- Maroteaux-Lamy syndrome /MPS VI
- Sly syndrome /MPS VII.

**Congenital conditions – cases where malformations cannot be corrected by surgery or other treatment and result in permanent impairment but with variable severity**

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- Arnold-Chiari Types 2 and 3/Chiari malformation
- Microcephaly
- Fetal alcohol spectrum disorder
- Fetal hydantoin syndrome
- Spina bifida
- VATER syndrome /VACTERL association.

## List C: What if you're receiving disability support in Western Australia?

**Please note:** the transition of people formerly in Western Australian government disability programs is now complete and List C is no longer in operation.

If you were a participant in a WA defined program and are in the process of applying to the NDIS before 3 October 2024, please contact 1800 800 110 or [enquiries@ndis.gov.au](mailto:enquiries@ndis.gov.au) to discuss whether List C arrangements still apply.

We have an agreement with the Western Australian government to bring Western Australians onto the NDIS. If you're receiving disability supports in Western Australia, you might already meet most of the eligibility criteria. We'll send you a letter with all the details on how to apply.

The Western Australian government will let us know if you're on a program for faster access to the NDIS. This is called a [defined program](#).

If you're on one of these programs, you need to show us that you:

- are younger than 65 on the day you apply
- live in Australia permanently
- are an Australian citizen or permanent resident.

We'll let you know what evidence you need to give us when you apply.

If you show us you meet the above requirements, we'll decide you're eligible under the **disability requirements**.

## Which Western Australian defined programs are eligible for the NDIS?

- WA state-administered National Disability Insurance Scheme
- Supported Community Living

- Community Residential
- Day Options
- Disability Professional Services
- Emergency Accommodation
- Respite
- LAC Coordination
- Recreation.

## List D: Permanent impairment/Early intervention, under 7 years. No further assessment required.

Synonyms for conditions are also shown (e.g. condition / synonym / synonym).

### Conditions primarily resulting in Intellectual/ learning impairment

#### Chromosomal abnormalities resulting in permanent impairment

- Global Developmental Delay
- Aicardi syndrome
- Aicardi-Goutières syndrome
- Angelman syndrome
- CHARGE syndrome
- Cockayne syndrome/ Types I and Type II / Cerebro-oculo-facio-skeletal (COFS) syndrome/ Pena Shokeir syndrome Type II / Weber-Cockayne syndrome/ Neill-Dingwall syndrome
- Coffin-Lowry syndrome
- Cohen syndrome
- Cornelia de Lange syndrome
- Cri du Chat syndrome
- Dandy-Walker syndrome
- DiGeorge syndrome/ 22q11.2 deletion syndrome/ Velocardiofacial syndrome/ Shprintzen syndrome/ Conotruncal anomaly face syndrome
- Down syndrome/ Trisomy 21

- Edwards syndrome/ Trisomy 18
- Fragile X syndrome
- Kabuki syndrome
- Lesch-Nyhan syndrome/ Nyhan's syndrome/ Kelley-Seegmiller syndrome/ Juvenile gout
- Leigh syndrome/ Leigh's disease/ subacute necrotizing encephalomyelopathy
- Menkes disease
- Patau syndrome/ Trisomy 13
- Prader-Willi syndrome
- Rett syndrome
- Seckel syndrome/ microcephalic primordial dwarfism/ Harper's syndrome/ Virchow-Seckel dwarfism
- Smith-Lemli-Optiz syndrome
- Smith-Magenis syndrome
- Sturge-Weber syndrome
- Trisomy 9
- Tuberous sclerosis
- Williams syndrome
- Wolf-Hirschhorn syndrome.

## Conditions primarily resulting in Neurological impairment

### Systemic atrophies primarily affecting the central nervous system

- Friedrich's ataxia
- Hereditary spastic paraplegia/ Infantile-onset ascending hereditary spastic paralysis/ L1 syndrome/ spastic paraplegias types 2 and 11
- Louis-Bar syndrome/ Ataxia-telangiectasia
- Niemann-Pick disease (Types A and C)
- Progressive bulbar palsy of childhood/ Fazio-Londe disease.

### The following spinal muscular atrophies

- Spinal muscular atrophy Type I/ Werdnig Hoffmann disease/ infantile SMA
- Spinal muscular atrophy Type II/ Dubowitz disease
- Spinal muscular atrophy Type III Kugelberg-Welander disease/ juvenile SMA
- Spinal muscular atrophy lower extremity dominant/ SMA-LED
- X-linked spinal muscular atrophy.

### **Extrapyramidal and movement disorders**

- Hallervorden-Spatz syndrome / Pantothenate kinase-associated neurodegeneration (PKAN)/ neurodegeneration with brain iron accumulation 1 (NBIA 1)
- Alpers disease/ Alpers syndrome/ Grey-matter degeneration/ Progressive sclerosing poliodystrophy/ Progressive infantile poliodystrophy
- Demyelinating diseases of the central nervous system
- Adrenoleukodystrophy / X-linked childhood cerebral form
- Alexander disease
- Canavan disease
- Krabbe disease/ Globoid cell leukodystrophy
- Pelizaeus-Merzbacher disease.

### **Episodic and paroxysmal disorders**

- Lennox-Gastaut syndrome/ Lennox syndrome
- West's syndrome.

### **Polyneuropathies and other disorders of the peripheral nervous system**

- Dejerine-Sottas disease/ Dejerine-Sottas syndrome/ Dejerine-Sottas neuropathy/ progressive hypertrophic interstitial polyneuropathy of childhood/onion bulb neuropathy
- Infantile Refsum disease.

### **Conditions primarily resulting in physical impairment**

- Amputation
- Diamond-Blackfan anaemia
- Epidermolysis bullosa

- Harlequin type ichthyosis
- Hay Wells syndrome/ ankyloblepharon/ ectodermal dysplasia/ clefting [AEC] syndrome
- Joint or limb deformities resulting in impaired mobility
- Juvenile arthritis/ Stills Disease
- Osteogenesis imperfecta
- Sjogren Larsson syndrome.

### **Diseases of myoneural junction and muscle**

- Congenital muscular dystrophy
- Congenital myotonia / Thomsens disease/ Becker myotonia
- Distal muscular dystrophy
- Duchenne muscular dystrophy
- Emery-Dreifuss muscular dystrophy
- Facioscapulohumeral muscular dystrophy
- Myotubular myopathy
- Oculopharyngeal muscular dystrophy
- Paramyotonia Congenita.

### **Cerebral palsy and other paralytic syndromes**

- Cerebral palsy
- Diplegia
- Hemiplegia
- Monoplegia
- Paraplegia
- Quadriplegia
- Tetraplegia.

### **Conditions resulting in sensory and/or speech impairment**

- Permanent blindness in both eyes, diagnosed and assessed by an ophthalmologist as follows either:

- Corrected visual acuity (extent to which an object can be brought into focus) on the Snellen Scale must be less than or equal to 6/60 in both eyes
- Constriction to within 10 degrees or less of arc of central fixation in the better eye, irrespective of corrected visual acuity (i.e. visual fields are reduced to a measured arc of 10 degrees or less)
- A combination of visual defects resulting in the same degree of visual impairment as that occurring in the above points.

(An optometrist report is not sufficient for NDIS purposes.)

- Deafblindness confirmed by ophthalmologist and audiologist and assessed as resulting in permanent and severe to total impairment of visual function and hearing.

### Conditions resulting in multiple types of impairment

- Aceruloplasminemia
- Addison-Schilder disease/ Adrenoleukodystrophy /
- Albinism
- Arginosuccinic aciduria
- Aspartylglucosaminuria
- Cerebrotendinous xanthomatosis/ cerebral cholesterosis
- Congenital cytomegalovirus infection
- Congenital hypothyroidism
- Congenital iodine-deficiency syndrome /cretinism
- Congenital rubella syndrome
- Galactosaemia with long term learning disabilities and neurological impairment
- Glycine encephalopathy/ non-ketotic hyperglycinaemia
- GM1 gangliosidosis
- Hartnup disease
- Homocystinuria
- Lowe syndrome/ Oculocerebrorenal syndrome
- Mannosidosis

- Menkes disease
- Mucopolidosis II / I-cell disease
- Mucopolidosis III / pseudo-Hurler polydystrophy
- Mucopolidosis IV
- Neuronal ceroid lipofuscinosis
- Niemann-Pick disease
- Phenylketonuria
- Pyruvate carboxylase deficiency
- Pyruvate dehydrogenase deficiency
- Sialidosis
- Sulfite oxidase deficiency.

**The following mucopolysaccharidoses**

- Hurler syndrome/MPS1-H
- Scheie syndrome/ MPS 1-S
- Hurler-Scheie syndrome/ MPS 1 H-S
- Hunter syndrome/ MPS II
- San Fillipo syndrome/ MPS III
- Morquio syndrome/ MPS IVA
- Maroteaux-Lamy syndrome/ MPS VI
- Sly syndrome/ MPS VII.

**The following lysosomal storage disorders**

- Gaucher disease Types 2 and 3
- Niemann-Pick disease (Types A and C)
- Pompe disease
- Sandhoff disease (infantile form)
- Schindler disease (Type 1)
- Tay-Sachs disease (infantile form).

## **Congenital conditions – cases where malformations cannot be corrected by surgery or other treatment and result in permanent impairment**

- Chiari malformation/Arnold-Chiari malformation
- Congenital absence of limb(s)
- Congenital hydrocephalus
- Fetal alcohol spectrum disorder
- Fetal hydantoin syndrome
- Microcephaly
- Spina bifida
- VATER syndrome (VACTERL association).

## **When do we make priority eligibility decisions?**

If you're in one of the following situations, we'll decide if you're eligible within **2 to 5 business days**.

- Child younger than 7 years with a hearing impairment, either:
  - Identified as Hearing Australia or Early Childhood Partner Priority
  - Identified as 'newly diagnosed'.
- A child is identified as having a developmental delay and is turning 6 years old within 30 days of a valid NDIS application.
- **Immediate risk** to self, others, community or agency where appropriate disability or informal supports are not in place.
- **Unexpected, significant deterioration** of disability-related functional capacity where appropriate disability or informal supports are not in place.
- **Rapid deterioration** in functional capacity of a person with one of the following permanent disabilities:
  - Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease)
  - Brain Cancer
  - Motor Neurone Disease (MND)
  - Progressive Bulbar Palsy (PBP)
  - Primary Lateral Sclerosis (PLS)

- Progressive Muscular Atrophy (PMA).
- A **terminal illness** and disability
- **Imminent risk** (within 1–14 days) of breakdown of either:
  - Accommodation – risk of homelessness
  - Caring arrangements, including informal supports, due to death, serious illness or injury of informal supports, or significant and unexpected deterioration of disability-related functional capacity.
- Appropriate disability supports are not in place and are re-entering the community after a long-term residence or hospital stay (specific release date not required):
  - A person with a **newly acquired, significant disability**, such as spinal cord injury, being discharged from hospital
  - A **younger person living in residential aged care**
  - A person being **discharged from an inpatient mental health facility**
  - A person due to be **released from correctional facility**.

## How do we weigh evidence of disability?

We understand that you may have evidence of your disability from different health professionals at different times. When we're deciding if you're eligible for the NDIS, we look at:

- how old your evidence is
- who provided your evidence.

We weigh evidence based on what we consider best practice, or highest quality. We consider this evidence most strongly when we make a decision.

## What type of evidence should you provide?

We need evidence to help us consider if you meet the disability or early intervention requirements.

For the disability requirements, we need evidence to confirm your permanent impairment and evidence about how this impacts your functional capacity.

For the early intervention requirements, we need evidence to confirm your permanent impairment and evidence that confirms you need early intervention.

It's important to understand the type of evidence that you are providing us. You may have evidence from a doctor or specialist confirming your **permanent impairment** or you may

have evidence from an allied health professional or other medical professional that tells us about **impacts to your functional capacity** (your ability to do daily life activities). These are different types of evidence which will often be provided by different health professionals based on their qualifications.

## How old should your evidence be?

### How old should your evidence be to confirm your permanent impairment?

We need evidence from your doctor or specialist to confirm your permanent impairment. You can give us evidence confirming this **from any age**. However, evidence about how your impairment impacts your functional capacity should be from the last 12 months.

### How old should your evidence be to confirm your functional capacity?

Generally, we need evidence about how your impairment impacts your functional capacity from **the last 12 months**. This is because your functional capacity may change over time, even if your impairment doesn't. It's important that we have evidence of your current circumstances to ensure we understand your support needs.

If you give us more than one type of evidence, we might weigh the newer evidence over the older evidence. If you give us older evidence, we will generally give this less weighting when we make our decision. In these cases, we will generally ask for more information. If this is not provided, we may decide you aren't eligible for the NDIS.

### How old should your evidence be to confirm you need early intervention?

We need evidence from your doctor or specialist to confirm your permanent impairment and that you need early intervention.

Generally, we need evidence about that confirms you need early intervention from **the last 12 months**. This is because your functional capacity may change over time – even if your impairment does not. It's important that we have evidence of your current circumstances to ensure we understand your support needs.

## Who should provide evidence?

We generally prefer evidence that comes from a treating professional who:

- is the most **appropriately qualified** person to provide evidence of your primary disability
- has treated you for a significant period of time (at least six months)
- [is registered to practise in Australia or New Zealand](#)

- provides disability evidence (such as a medical report) that is original, genuine and specific to you.

Depending on your situation, you might get your evidence of **permanent impairment** from a different treating professional than your **evidence of functional capacity**.

If you need help to get your evidence together, your [local area coordinator](#) or [early childhood partner](#) can help you.

### **Who should provide evidence of your permanent impairment?**

We generally prefer evidence from your doctor or specialist to confirm your permanent impairment.

Examples of common doctors or specialists include:

- General Practitioner (GP)
- Paediatrician
- Orthopaedic surgeon
- Neurologist
- Psychiatrist.

### **Who should provide evidence of your functional capacity?**

We generally prefer evidence from a doctor, specialist, allied health or other medical professional for confirm how your permanent impairment impacts your functional capacity.

In addition to doctors and specialists, examples of common allied health or other medical professionals include:

- Occupational Therapist
- Speech Pathologist (Therapist)
- Psychologist
- Physiotherapist.

### **Who should provide evidence that you need for early intervention?**

We generally prefer evidence from your doctor or specialist to confirm your permanent impairment.

Whereas a doctor, specialist, allied health or other medical professional can give us evidence to confirm you need early intervention.

In addition to doctors and specialists, examples of common allied health or other medical professionals include:

- Occupational Therapist
- Speech Pathologist (Therapist)
- Psychologist
- Physiotherapist.

### Health professionals registered to practise in Australia and New Zealand

We strongly prefer evidence of your disability to come from a registered Australian or New Zealand health professional. Most Australian health professionals are registered with the [Australian Health Practitioner Regulation Agency \(AHPRA\)](#).

We will still consider evidence from non-Australian or New Zealand health professionals, or unregistered health professionals. However, this evidence will be given less weight.

If we cannot confirm the registration of your health professional, we will ask you (and your health professional) for more information in the first instance. If we still cannot confirm their registration, we will likely decide that you are not eligible for the NDIS.

## Reference list

- 
- <sup>1</sup> NDIS Act s 24(1)(e).
  - <sup>2</sup> NDIS Act ss 22-23.
  - <sup>3</sup> NDIS Act s 24.
  - <sup>4</sup> NDIS Act s 25.
  - <sup>5</sup> NDIS Act s 28(1).
  - <sup>6</sup> NDIS Act s 22.
  - <sup>7</sup> NDIS Act s 23(1)(b)(i).
  - <sup>8</sup> NDIS Act s 23(1)(b)(ii).
  - <sup>9</sup> NDIS Act s 23(1)(b)(iii).
  - <sup>10</sup> NDIS Act s 23(1)(a).
  - <sup>11</sup> NDIS Act s 23(2).
  - <sup>12</sup> NDIS Act s 23(2)(f).
  - <sup>13</sup> NDIS Act s 23(2)(a).
  - <sup>14</sup> NDIS Act s 23(2)(b).
  - <sup>15</sup> NDIS Act s 23(2)(c).
  - <sup>16</sup> NDIS Act s 23(2)(d).
  - <sup>17</sup> NDIS Act s 23(2)(e).
  - <sup>18</sup> NDIS Act s 24.
  - <sup>19</sup> NDIS Act ss 24(1)(a); 25(1)(a).
  - <sup>20</sup> NDIS Act ss 24(1)(a); 25(1)(a)(ii).
  - <sup>21</sup> NDIS Act ss 24(3)
  - <sup>22</sup> NDIS (Becoming a Participant) Rules rr 5.4, 6.4.
  - <sup>23</sup> NDIS (Becoming a Participant) Rules rr 5.6, 6.6.
  - <sup>24</sup> NDIS (Becoming a Participant) Rules rr 5.5, 6.5.
  - <sup>25</sup> NDIS Act s 25(3). NDIS (Becoming a Participant) Rules r 6.8.
  - <sup>26</sup> NDIS Act s 24(1)(d).
  - <sup>27</sup> NDIS Act s 24(1)(e).

- 28 NDIS Act s24(3)  
 29 NDIS Act s 24(2).  
 30 NDIS Act ss 25(1)(a)(i)-(ii).  
 31 NDIS Act s 25(1)(a)(i).  
 32 NDIS Act ss 25(1)(a)(i)-(ii).  
 33 NDIS Act s 25(1)(a)(ii).  
 34 NDIS Act s 25(1)(b).  
 35 NDIS Act s 25(1)(c).  
 36 NDIS (Becoming a Participant) Rules r 6.9.  
 37 NDIS Act s 25(1)(d)  
 38 NDIS Act s 25.  
 39 NDIS Act ss 9 (definition of 'developmental delay'), 21(1)(c), 25(1)(a)(iii).  
 40 NDIS Act s 23(1)(a).  
 41 NDIS Act s 23(1)(b).  
 42 NDIS Act ss 9 (definition of 'developmental delay'), 25(1)(a)(iii).  
 43 NDIS Act ss 9 (definition of 'developmental delay'), 25(1)(a)(iii).  
 44 NDIS Act s 9 (definition of 'developmental delay' para (a)).  
 45 NDIS Act s 9 (definition of 'developmental delay' para (b)).  
 46 NDIS Act s 9 (definition of 'developmental delay' para (c)).  
 47 NDIS Act s 25(1)(d); NDIS (Becoming a Participant) Rules rr 6.1, 8.4.  
 48 NDIS Act s 19(1)(a).  
 49 NDIS Act s 19(1)(b).  
 50 NDIS Act s 19(1)(c).  
 51 NDIS Act s 197(1).  
 52 NDIS Act s 74(1)(a).  
 53 NDIS Act s 74(1)(b).  
 54 NDIS Act s 20.  
 55 NDIS Act s 26(2)(d).  
 56 NDIS Act s 26.  
 57 NDIS Act s 26(3)  
 58 NDIS Act s 26(2).  
 59 NDIS Act s 21(3).  
 60 NDIS Act s 100(5)(b).  
 61 NDIS Act s 28(1).  
 62 NDIS Act s 28(2).  
 63 NDIS Act s 32BA(1).  
 64 NDIS Act s 32BA(3).  
 65 NDIS Act s 32BA(2)(c).  
 66 NDIS Act s 32BA(5).  
 67 NDIS Act s 32BA(4).  
 68 NDIS Act s 7(2).  
 69 NDIS Act s 100(2).  
 70 NDIS Act s 100(2).  
 71 NDIS Act s 19(2).  
 72 NDIS Act s 19(2)(c).  
 73 NDIS Act s 102.  
 74 NDIS Act s 19(2)(d).



# Reasonable and Necessary Supports

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**Quick summary:** there are new laws about what we can and can't fund under the NDIS. All NDIS supports need to meet each of the reasonable and necessary criteria before we can fund them in your plan. For example, supports need to relate to your disability support needs, be value for money, and effective and beneficial. We also need to make sure each support is an NDIS support. This means it's a service, item, or equipment that can be funded by the NDIS. Examples of NDIS supports include support with personal daily living tasks and accessing the community, therapeutic supports, and personal mobility equipment.

## Note:

- When we say 'your plan' we mean your NDIS plan.
- When we say 'disability support needs', we mean supports you need because of your disability.
- 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 become operational when the law commences. 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 are reasonable and necessary supports?](#)
- [How do we make decisions about what is reasonable and necessary?](#)
- [How do we include the reasonable and necessary supports in your plan?](#)
- [What if you don't agree with our decision?](#)



You may also be interested in:

- [Mainstream supports](#)
- [Creating your plan](#)
- [Changing your plan](#)
- [Reviewing our decisions](#)
- [Would we fund it?](#)

### What are reasonable and necessary supports?

The National Disability Insurance Scheme (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.

We provide funding for reasonable and necessary supports to people with a permanent and significant disability or developmental delay.

Reasonable and necessary supports are the supports we fund in your plan to meet your disability needs. All NDIS supports we fund in your plan need to meet the criteria set out in law for the NDIS of what we can and can't fund.<sup>1</sup> For information on what is an NDIS support and what is not, go to [NDIS support](#).

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.

Once we've considered your situation, we need to follow the rules determined under the law for the NDIS in our planning decisions.<sup>2</sup>

This guideline explains how we decide what reasonable and necessary supports must consider, which we'll explain in detail.

When creating your plan, we also follow these [principles](#).

We also have [Would we fund it](#) guides. They have examples of how we decide if we fund different types of supports.

### How do we make decisions about what is reasonable and necessary?

When we create your plan with you, we'll discuss your disability support needs.<sup>3</sup> We want to help you pursue your goals, increase your independence, and help you work, study and join social activities.

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The NDIS will only fund a support if it meets **all** the reasonable and necessary criteria. We also won't fund a support if the law says we can't fund it. We explain the [reasonable and necessary](#) criteria in more detail further down.

### What supports can you get outside the NDIS?

Before we decide what reasonable and necessary supports to fund in your plan, we'll first discuss what other supports may be available outside the NDIS. This is an important information-gathering step. For example, there may be mainstream, community and informal supports that suit you.

There are many supports you can get outside the NDIS. Other government and community services provide supports to all Australians, including people with disability. And your friends, family, and other people you know can often be your best supports.

To find out more about supports you can get outside the NDIS, go to [Creating your plan](#).

It's important we gather this information and help you access these services before we consider what reasonable and necessary supports we can fund. That way, we can help make sure you're able to access mainstream, community, and informal supports wherever possible.

For more information, go to [Mainstream and community supports](#).

### What types of supports may be included in your plan?

Your plan may include 'general supports' and 'reasonable and necessary supports'.<sup>4</sup>

#### General supports

General supports are the coordination, strategic or referral services and activities we provide or arrange to be provided, for you.<sup>5</sup> They're how we help you develop your plan and connect with support and activities in your community. This includes the support you get from your early childhood coordinator or local area coordinator to connect to mainstream, community, and informal supports. You don't need to pay for your general supports from your plan as the NDIS pays for them directly

#### Reasonable and necessary supports

Reasonable and necessary supports are the NDIS supports we fund or provide in your plan to meet your disability support needs.<sup>6</sup> NDIS supports are the services, items, and equipment we can fund or provide under the NDIS.<sup>7</sup> For information on what supports are considered NDIS supports, go to [NDIS supports](#).

The laws for the NDIS tell us what we can fund in your plan.<sup>8</sup> All NDIS supports we fund in a plan need to meet all the criteria set out in these laws. We call these the [NDIS funding criteria](#).



- We'll check your support types and amounts of support will complement each other to help you fulfil an [ordinary life](#).<sup>9</sup> Any funded supports must be an NDIS support<sup>10</sup> that is right for you.
- It must not be a [type of support the law says we can't fund or provide](#).<sup>11</sup>

Each NDIS support must be reasonable and necessary individually, but the supports must also be reasonable and necessary when considered as a package of supports.

### Does the support meet the reasonable and necessary criteria?

We can only include NDIS supports in your plan if they meet **all** the reasonable and necessary criteria.<sup>12</sup>

This means that before we can include an NDIS support in your plan, we need to be satisfied it meets all the following criteria:

- The support is [related to your disability](#).<sup>13</sup>
- The support will help you to [pursue your goals in your plan](#).<sup>14</sup>
- The support will help you to [undertake activities, to facilitate your social and economic participation](#).<sup>15</sup> This means the support will help you join in social outings, recreation, work and study by reducing the disability-related barriers that prevent you from participating.
- The support represents [value for money](#). This means we need to consider the costs and benefits of the support, as well as the costs and benefits of alternative supports.<sup>16</sup>
- The support will be, or is likely to be, [effective and beneficial](#) for you, having regard to current good practice.<sup>17</sup> This means we consider if there is evidence the support works for someone with similar disability support needs. We won't need an expert report for every support, as we can often rely on other information or evidence. For example, we may have information already about whether the support is widely accepted to suit someone with your disability support needs.<sup>18</sup> We also consider your lived experience.
- The funding of the support [takes account of what it is reasonable to expect families, carers, informal networks and the community to provide](#).<sup>19</sup> This means we need to consider what support is reasonable for your family, friends and community to provide.
- The support is an [NDIS support for you](#).<sup>20</sup>

The law for the NDIS sets out things that we need to consider when we apply the reasonable and necessary criteria.<sup>21</sup>



For example, funding a vehicle modification may reduce your need for other supports. By funding a vehicle modification in your plan, we'll look at whether you need less support to access the community.

If the vehicle modification will reduce your support needs, we might reduce the amount of support we fund for you to access the community. This is because the same amount of support might not be reasonable and necessary when the whole package of supports is considered.

### **Is the support related to your disability?**

We'll only fund a support if it relates to your disability.<sup>22</sup> This means there must be a direct link between your disability support needs and the NDIS supports we fund.

We consider if the support addresses your disability support needs. Your disability support needs are those that come from, or are caused by, your disability.

For example, we don't fund things like flights to go on a holiday or a gym membership to get fit.

This is because you're unlikely to need these supports because of your disability support needs. They are things that all people, with or without disability, might want or need.

### **Example**

Alan uses a wheelchair and needs some changes to their house. They need to be able to independently use their bathroom and kitchen. They also want to set up an outdoor entertainment area for when their friends visit.

We may be able to fund [home modifications](#) so Alan can access areas of their home, including their bathroom and kitchen. They need the home modification because they can't access those areas due to their disability.

Alan will need to pay for the outdoor entertainment area, as it's not related to their disability.

### **Does the support help you pursue your goals?**

We need to be satisfied that the support will help you pursue the goals, objectives and aspirations in your plan.<sup>23</sup> This helps us determine if the support is necessary.<sup>24</sup>

While we only fund supports that help you pursue your goals, objectives and aspirations, we understand that different people express themselves in different ways.

Reasonable and necessary supports should help you pursue your goals,<sup>25</sup> 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 how a support will address your disability support needs, and the disability specific barriers that prevent you from pursuing your goals.



A support that addresses your disability support needs is most likely to help you pursue your goals, objectives and aspirations in your plan.

This means that if your goal is to 'live independently', we **may** fund home modifications that address your disability support needs. However, we won't fund supports that aren't NDIS supports, including day-to-day living costs like rent or utilities. These costs aren't incurred solely and directly because of your disability support needs, so they don't meet other funding criteria.<sup>26</sup>

Also, choosing a different goal 'to have a more accessible home' won't change the supports we could fund in your plan.

Achieving goals usually takes many different kinds of supports. NDIS supports will most likely be just one kind of support that helps you work toward your goals.

Learn more about setting your goals in [Creating Your Plan](#) and the [Setting Goals fact sheet](#).

### Example

Morgan is ready to look for work and they have a goal in their plan to get a job. They've built up their skills and know the type of work they want to do. Disability Employment Services are helping Morgan find work, so we can't fund this support for Morgan.

However, because of their disability, Morgan will need personal care supports to help them get ready for work in the morning. We will consider:

- how Morgan's disability support needs relate to their goals
- if funding NDIS supports that address these disability support needs will help Morgan pursue their goals.

Morgan's planner determines the personal care supports meet this criteria. The supports that address their personal care needs will help Morgan to pursue their employment goals.

Morgan's planner then needs to look at if the support meets the other NDIS funding criteria. In this case Morgan does get personal care in their plan. Morgan doesn't have a job yet but will need personal care support to help them get ready to look for work. Morgan will also be able to use these supports when they get a job.

We don't fund all the supports that relate to Morgan's employment goals. We only fund the supports we consider are reasonable and necessary – that is, when they meet all the NDIS funding criteria.

### **Does the support help you do activities that will help your social and economic participation?**

We need to be satisfied that the support will help you to do activities, which make it easier for you to participate socially and economically.<sup>27</sup>



Social participation means doing things you enjoy, like going out with friends, playing sport or going out into the community. It also means doing the things you need to do, like going to school or medical appointments.

Economic participation usually means being involved in things that help you work towards getting and keeping a job. This might be things like volunteering, study, learning new skills or trying work experience. Research tells us that work can lead to health benefits and improve our quality of life. Learn more about the [Health Benefits of Good Work](#).

Social and economic participation are important to most people. They're critical to living an ordinary life.

To work out if a support meets this criteria, we look at the purpose of the support and how it will help you.

We fund reasonable and necessary supports that reduce the barriers that prevent you from doing activities. This will help you increase your social and economic participation.

Some supports help economic and social participation directly. There are lots of supports we can fund to directly help with social and economic participation. Learn more about [Social and recreation supports](#) and [Work and study supports](#).

Other supports help you do activities like self-care, which indirectly help your economic and social participation.

### **Example**

Sue is going to university next year. She has a vision impairment and has been working with her Guide Dog Mobility Instructor to decide if a Dog Guide is right for her. A Dog Guide can help her leave her home safely and independently, and travel to and from university.

A Dog Guide could also help her go out with friends and join in other community activities. As long as it meets the other funding criteria, we could fund a Dog Guide for Sue. It will help her with activities of daily living.

In Sue's case, a Dog Guide will also increase her social and economic participation. Having a Dog Guide will help her get to her university independently where she studies and also has lots of friends.

### **Is the support value for money?**

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



Making sure your supports are value for money is one of the ways we keep the NDIS financially sustainable. This means we make careful decisions about funding so that we make sure the NDIS exists for future generations. It's also one of [our principles](#).<sup>28</sup>

When we decide if the support is value for money, we consider:

- if other supports would achieve the same result at a substantially lower cost.<sup>29</sup> This means there should be a real or material difference in cost
- if there's evidence that the support will substantially improve your life stage outcomes and benefit you in the long term<sup>30</sup>
- if the support will likely reduce the cost of other supports over time<sup>31</sup>
- how the cost compares to other supports of the same kind in your area<sup>32</sup>
- if the support will make you more independent and mean you won't need as many supports in the future. For example, in some situations home modifications may reduce the need for support in your home.

When we consider the likely cost of supports, we consider the cost over the long term. We consider if the support will help you achieve milestones at different ages or stages of your life and have long term benefits.

For example, some supports like home modifications may be expensive now, compared to other supports. But getting these supports now may mean you need much less support in a few years, or later in life. Or it may delay the need for other more costly supports.<sup>33</sup>

When determining if the cost of the support is value for money, we consider:

- the prices for NDIS supports in the [NDIS Pricing Arrangements and Price Limits](#)
- quotes for specific or high risk supports.

It's important we consider the cost of the support. This will be the level of funding we include in your plan, if we decide the support is reasonable and necessary.

When we fund equipment or modifications, we also need to consider:<sup>34</sup>

- how the cost of buying the equipment or modifications compares to the cost of renting them
- if it's appropriate to fund the equipment or modifications you want, based on your situation and any expected changes in technology.

Learn more about how we consider value for money when we fund [assistive technology](#), [home modifications](#) and [vehicle modifications](#).



## Example

Elias needs a shower commode.

He got an assessment and sent us a quote for one that will suit his needs. As part of the process to work out if this meets the reasonable and necessary criteria, his planner considers other similar shower commodes.

There's another commode that's \$5,000 cheaper than the one Elias has asked for. It won't meet Elias' needs, as it doesn't provide enough support for his back. That means, it won't achieve the same result as the one Elias has asked for.

Elias's planner finds a commode that's \$1,000 cheaper. The planner contacts Elias's occupational therapist who confirms this commode will meet Elias' needs.

Elias' planner decides to fund the commode that's \$1,000 cheaper. This has the same features and will have the same benefits for Elias at a substantially lower cost.

### Is the support effective and beneficial?

We need to be satisfied that the support will be, or is likely to be, effective and beneficial, when we consider current good practice.

We need to work out if the support is likely to be both:

- **effective** – it will do what you need it to do<sup>35</sup>
- **beneficial** – the support will help you do things you can't otherwise do and meets your support needs.<sup>36</sup>

It can also be effective and beneficial if it will help you maintain your current level of functioning. That is, it will help you keep doing the things you can currently do. And it'll help you maintain your work, study and social life as much as you can.<sup>37</sup>

When we decide if a support is effective and beneficial, we look at what is current good practice. This means we look at if there is evidence that the support works for someone with similar disability support needs to you. We won't need an expert opinion or report for every support, because we can often rely on other evidence.

For example:

- We may have information already about whether the support is widely accepted to suit someone with your disability support needs.<sup>38</sup> For example, we could rely on academic research and other literature. This could include university studies on therapies that have been published and [referred](#) in academic journals, evidence-based practice resources, or clinical practice guidelines.



- If you or other participants have used the support before, we can consider your experience and the experience of your family members and carers.<sup>39</sup>

We may consider things we've learnt from other participants in the NDIS with similar support needs to you.<sup>40</sup> We know you're the expert in your own life, and we use your own experience as much as we can.

For example, we'll talk to you about any supports that have helped you do things you can't otherwise do. Or some supports may have helped maintain your ability to be as independent as possible.

If it's a new support such as new assistive technology, we might fund a trial. This is so we can learn from your experience of using the support to check if it's likely to do what you need it to.

Your evidence can be particularly useful when it's consistent with other evidence, or if we don't have expert evidence.

We'll look at the opinions held by the majority of experts and what they generally agree on.<sup>41</sup> Sometimes we'll have to seek expert opinion or report to make a decision.<sup>42</sup>

### Example

Vivek is 12 and has a goal to improve his communication skills. He and his family want him to improve his social skills with the kids in his class.

When he was younger, Vivek's family tried speech therapy, and believe it really helped him improve his communication. His family told his planner about how it helped Vivek learn how to respond to different social settings.

Vivek's speech therapist also believes it could work well for him now and help him interact with his classmates.

When deciding if the therapy is effective and beneficial, Vivek's planner will consider:

- how speech therapy has helped Vivek in the past, including first-hand information from Vivek, his family members, and carers
- the reports or assessments from his speech therapist on the effectiveness and benefits of speech therapy for Vivek
- other information or expert evidence about the effectiveness and benefits of speech therapy, including for children of the same age, with the same disability and functional capacity.

Based on this information and evidence, Vivek's planner decides the speech therapy is effective and beneficial. If it meets the other funding criteria, we will be able to fund speech therapy in Vivek's plan.



## Is the support something we would reasonably expect your informal supports, like family or friends, to provide?

We need to be satisfied that funding the support takes into account what is reasonable to expect families, carers, informal networks and the community to provide.<sup>43</sup>

To make sure we understand how disability supports might work for you, we consider:

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

When we fund supports under the NDIS, we need to consider if it's reasonable to expect your informal supports to provide that support. We can't fund supports that an ordinary person would think is reasonable to expect friends, family or the community to provide for you.<sup>44</sup>

Informal supports are the help and support you get from friends, family and the community. They are called 'informal' because you don't pay for them, and they're not part of a formal agreement. They're the usual things friends and family do for us, and with us.

Most of us get some kind of help and support from friends and family. In our society, we expect that friends, family and our community will support each other and help each other out when they need it.

A good example is families who have young children. In our community, we expect families will provide most of the support a young child needs.<sup>45</sup> They will care for the child, make sure they're safe and drive them around places.

Grandparents, uncles and aunties often have a role to play in supporting young children as well. Neighbours and friends might also help care for the child.

As a child gets older, our society's expectations of the role of the family and community in caring for the child changes. For example, we expect schools to provide a child's learning needs.

We also usually expect the role of family in providing personal care for a child would reduce as they get older and develop new skills and independence. But families are usually still responsible for things like food, emotional support, decision-making and providing a safe home.

It's a similar idea for adults. Our society expects that adults – like family, friends and neighbours – will provide some support to each other. This might be things like taking a friend with you to the football game or providing emotional support if someone is upset.



NDIS supports won't ever replace the support people like your friends and family provide to you. This support is given freely because people care and is often quite different to supports bought with NDIS funding.

You have a special bond with your friends and family that's different from your relationship with paid carers. And there are potential risks and problems for you if your friends and families become your paid carers.

We also must consider the benefits you may get from your informal supports. For example, your family and friends may be better at helping you meet other people, or helping to build your social skills, than paid supports.

We consider if we can help these relationships so that you get the support you need.<sup>46</sup> For example, we may be able to fund training for your informal supports, so they can help you build your skills.

We also think about the capacity of your informal supports to continue caring for you, for example if they're ageing or sick.

There are different things the law for the NDIS says we need to consider for adults and children.

**If you're under 18**, we consider what support is reasonable to expect parents to provide at your age. It's normal for parents to provide substantial care and support for children.<sup>47</sup> We consider that it's usual for parents to provide almost all the care and support that young children need.

For example, it's reasonable to expect parents or other family members to provide transport to and from their child's after-school activities. Of course, the amount of care and support for a child without a disability would typically reduce as they get older.

For children under 18, we consider:

- if your needs are substantially greater because of your disability, compared to other children the same age.<sup>48</sup> This means you need much more disability support
- any risks to the wellbeing of people providing informal support to you<sup>49</sup>
- if including funding for the support will help build your skills and capacity in the future or reduce any risks to you.<sup>50</sup>

For example, we consider any health, safety or other impacts resulting from what's involved in meeting your disability support needs.

**If you're over 18**, we consider:

- if there are any risks to you or your informal supports if you rely on them to provide the support you need<sup>51</sup>



- how much your informal supports would help improve or reduce your independence and other outcomes.<sup>52</sup>

We also consider the suitability of informal supports to provide the supports you need,<sup>53</sup> including:

- how old your carers are and their capacity to provide the support<sup>54</sup>
- if other family members and the community can help your informal supports in their caring role<sup>55</sup>
- the intensity and type of support you need, and if it's appropriate for your informal supports to provide this, based on their age and gender<sup>56</sup>
- any long-term risks to the wellbeing of your informal supports.<sup>57</sup>

When we consider the risks for people over 18, we consider if the supports are sustainable for your informal supports. We consider the health, safety and other impacts on family and carers in the long term.

For example, we wouldn't expect a child to have their schooling affected because they need to provide care. We also wouldn't expect an elderly parent to be responsible for physical activities, if it may result in injury.<sup>58</sup>

We generally don't fund family members to provide supports funded under the NDIS. There are very limited situations where we can consider this.

Learn more about [Sustaining informal supports](#).

### Example 1

Simon is getting his first plan. For the last 15 years, Simon and his wife Jan's preference was that Jan provide all the physical support he needs at home, such as toileting, showering and dressing.

But as Jan is getting older, it's not safe for her to do this. It's becoming risky for both Jan and Simon to keep providing this support informally.

Jan and Simon think it might be best for someone else to provide the personal care support that Simon needs. Their children have moved out of home, and it's not reasonable to expect them to help Simon with personal care.

Based on this information and other evidence, Simon's planner decides that the personal care support meets this criteria. It takes into account what is reasonable for his family and others to provide. If the personal care support meets the other funding criteria, we may fund the personal care support for Simon.



Simon and Jan still prefer Jan to do the other support Simon needs though, such as helping Simon eat his meals. At this time, we wouldn't fund a support worker in Simon's plan to help him eat his meals. It's reasonable to expect Jan to help Simon with this, because it's what they want to do and it's not a safety risk for Jan or Simon.

### Example 2

Qing is 14 and wants to join a local chess club. Like most 14-year-olds in this situation, she needs someone to drop her off and pick her up from the mid-week and weekend gatherings. But unlike most 14-year-olds, she needs someone to help her get dressed before she can go to the chess club. Her parents have been doing this, but as Qing is getting older, she no longer wants her family to help her get dressed.

It's reasonable to expect her family or other informal supports to drop Qing to and from the match and training sessions. So, we wouldn't fund transport in Qing's plan.

But at age 14, it's not reasonable to expect her family to help her get dressed.

Based on this information and other evidence, Qing's planner finds that the personal care support considers what is reasonable for family and others to provide. If it meets the other funding criteria, we may fund personal care support in her plan.

### Is the support an NDIS support for you?

A support will only be an NDIS support for you if either:

- the Rules say that the support is a NDIS support for everyone, or
- the Rules say that the support is only for a specific group of people, and you are part of that group.<sup>59</sup>

NDIS supports are the services, items, and equipment that can be funded under the NDIS.

Remember, we can only fund a support if it is:

- an NDIS support for you
- necessary for your disability.<sup>60</sup>

Go to [NDIS supports](#) to find more information on what is and isn't an NDIS support.

### Example

Max has a spinal cord injury and uses a manual wheelchair to move around. His home has a carport at the front. The path from the carport to the front door is too narrow for his wheelchair and the uneven ground makes it unsafe for him to use his wheelchair on his own.

In Max's planning meeting, he requests the installation of a pathway from the carport to the front door to enable safe access to his home.



Max's planner checks that the home modifications are an NDIS support.

Because Max needs a pathway to access his house safely, the planner decides that the home modifications are an NDIS support.

### **What types of supports can't be funded or provided under the NDIS?**

Under the law for the NDIS, there are things we can't fund or provide.<sup>61</sup> We can't fund goods and services that are not NDIS supports.<sup>62</sup> For example, we can't fund or provide supports that:

- consist of sexual services and sex work, alcohol, or drugs<sup>63</sup>
- are not legal<sup>64</sup>
- are income replacement<sup>65</sup>
- are likely to cause harm to you, or pose a risk to other people<sup>66</sup>
- relate to a 'day-to-day living cost', like groceries, rent or utilities<sup>67</sup>
- duplicate other supports provided by the NDIS under alternative funding<sup>68</sup>
- include tickets to events or the cost of going on a holiday.<sup>69</sup>

For more information on what we can't fund, go to [NDIS supports](#).

### **What else do you need to know about deciding if supports meet the NDIS funding criteria?**

From our experience, we learned there are some common misunderstandings about how we work out what supports meet the NDIS funding criteria.

#### **Why don't we always fund what your health professionals recommend?**

Although we take expert opinions into account, we can't and don't always fund everything your health professional might recommend. This is because every support we fund needs to meet all the NDIS funding criteria.

For example, your therapist might recommend a piece of equipment on the basis that it will be 'effective and beneficial' for you. But if there is something cheaper that will achieve the same outcome, we won't be able to fund what the therapist recommended.

This is because it may not be [value for money](#). We may be able to fund the cheaper option instead if it meets all the [NDIS funding criteria](#).

#### **Why don't we fund the same supports as your last plan?**

We might fund different supports in your next plan. This is because we will fund supports in your plan based on how we use the NDIS funding criteria at that point in time.

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Your needs and situation will most likely change over time. This means it's likely your NDIS supports and needs for those supports will change over time.

For example, we may have funded supports to help you build your skills in a particular area. Once you have built those skills, you won't need funding for that anymore. So, we probably won't include that funding for those supports in your next plan.

Supports to build your skills may have met the NDIS funding criteria before, but the same supports might not meet the criteria in the future.

Or your disability support needs might increase or decrease over time. This may mean we consider funding more or less supports as a result.

### **What else do we consider when deciding what to include in your plan?**

As far as possible, we have to act according to principles set out in the [law for the NDIS](#).<sup>70</sup> These principles guide us when we make decisions about what we can fund.

These principles don't override or replace the [NDIS funding criteria](#) under the law for the NDIS. They can help us apply the funding criteria, by giving us more guidance when we decide what supports to approve in your plan.

The principles include the following:

- You have the same right as other Australians to realise your potential for physical, social, emotional, and intellectual development.<sup>71</sup>
- You should be supported to take part in and contribute to social and economic life.<sup>72</sup>
- You should be supported to make choices about planning and how your supports will be delivered. This includes taking reasonable risks, so you can pursue your goals.<sup>73</sup>
- You have the same right as other Australians to decide your own best interests. You have the right to be an equal partner in decisions that affect your life.<sup>74</sup>
- Your privacy and dignity should be respected.<sup>75</sup>
- We must make sure the NDIS is financially sustainable.<sup>76</sup>

The principles also tell us that the reasonable and necessary supports we fund should:<sup>77</sup>

- support you to pursue your goals and maximise your independence
- support you to live independently and to be included in the community as a fully participating citizen
- develop and support your capacity to do things that help you participate in the community and employment.



Just because a support helps you do these things doesn't mean we'll fund it in your plan. All supports we fund need to meet all the NDIS funding criteria.

We consider these principles set out in the law for the NDIS, along with the [principles we follow to create your plan](#).

### **How do we think about an ordinary life when deciding what supports to include in your plan?**

To help guide us in our decision-making about reasonable and necessary supports, we took advice from the [NDIS Independent Advisory Council](#) (The Council).

The Council represents people with disability and carers, bringing their own lived experience and expertise of disability. They give us advice on how the NDIS should work.

The Council advised us that all Australians, including people with disability, should have an '[ordinary life](#)'. They also told us we should think about the idea of an ordinary life when we apply our principles and use the NDIS funding criteria.

An ordinary life is a life where you have the same opportunities as people without a disability. An ordinary life is one that is typical or usual for everyone in modern day Australia. It's a life where you can pursue your potential and participate in society on an equal basis with others.

An ordinary life will be different for different people. We are all different and come from different cultures and backgrounds. We each have our own values, experiences, beliefs, and goals.

But there are some common things that can improve the quality of our lives and help us participate equally. These are the things, such as the following, that make up an ordinary life:

- Positive relationships with families and informal support networks.
- Individual autonomy. This means being free and independent, and having the same opportunities as people without disability.
- Active involvement in decision-making including the ability to make meaningful decisions, and exercise choice and control.
- Using your strengths in ways that provide a challenge and enjoyment.
- A sense of belonging to our families, friendship networks, communities, workplaces and society.
- Active involvement and contribution to society and your community.

An 'ordinary life' in the context of the NDIS involves supporting you to:

- have and maintain good relationships
- belong and participate in your community



- be involved in making choices about your own life.

One way we can help you have an ordinary life is to support you to access mainstream, community, or informal supports wherever possible. These are the usual supports that everyone in the community uses.

When we fund reasonable and necessary supports under the NDIS, we need to make sure they meet the [NDIS funding criteria](#).

When we apply the NDIS funding criteria and make decisions about reasonable and necessary supports, we're guided by the principles in the law for the NDIS. We also consider how the supports will best help you to live an ordinary life.

### **What other services or systems are responsible for providing supports?**

We have to be satisfied that the support is considered an NDIS support which means the support is something that can be funded or provided through the NDIS. Some supports are not considered an NDIS support because they're more appropriately funded or provided through:

- other service systems or supports offered by a person, agency or body (like a State or Territory Statutory Scheme)
- services or supports offered as part of a universal service obligation (like the health or education system)
- services or supports offered in line with reasonable adjustments required under discrimination laws (like your employer, or the health or education system).<sup>78</sup>

We won't fund the support if the support should be provided by someone else, even if the other service system doesn't actually provide it. We don't make up for other organisations and systems that don't provide the supports they should.

The list of goods and services that are not NDIS supports includes supports that are considered the responsibility of service systems such as:

- Health
- Mental health
- Child protection and family support
- Early childhood development
- School education
- Higher education and vocational education and training
- Employment



- Housing and community infrastructure
- Transport
- Justice.

For more information, go to [Mainstream and community supports](#).

### **How does the NDIS work with other government services?**

We call supports provided by other government services, including those provided as part of a universal service obligation, ‘mainstream supports’. When we talk about mainstream supports, we mean supports available to everyone in your state or territory, or across Australia, regardless of if you have a disability.

This includes services provided by state and federal governments, related to health care, education and mental health services.

You have the same right as all Australians to access these services. There are certain things that mainstream services have to do to make their services accessible for people with disability. Using mainstream supports can also help you be part of your community, or to work or study.

When we fund NDIS supports, we won’t fund supports that are not considered NDIS supports because the support is more appropriately funded or provided by a mainstream service or system, such as the education system or health system.<sup>79</sup> Under the law for the NDIS, we can’t fund supports that should be provided by a mainstream service.

The Australian federal, state and territory governments agreed on responsibilities for funding different types of supports. The law for the NDIS has an outline of funding responsibilities and were developed with the agreement of each State and Territory.<sup>80</sup>

Learn more about [who is responsible for the supports you need](#).

### **What is reasonable adjustment and why is it important?**

People with a disability can sometimes face barriers that make it harder to do the same things as people who don’t have a disability. For example, it might be harder to find and keep a job. Or it might be harder to get in and around places, or to get the same services as other people.

It’s against the law to discriminate against people with a disability in many areas.<sup>81</sup> This includes in employment, when providing goods and services, and when accessing public places.

This means organisations or people who are responsible for providing these services have to make what are called ‘reasonable adjustments’. They have to make sure people with a disability have equal access to the services they provide, as far as is reasonable.

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They have to do reasonable things that will make their services equally available to everyone, whether or not you have a disability.

Reasonable adjustments do not mean they have to provide everything you need because of your disability. It means they have to do what's reasonable to make sure you have equal access to employment, public spaces or services. This takes into account what they can afford to do and what is reasonable to expect them to provide in the circumstances.

When we decide what supports to include in your plan, we need to consider what should be provided through reasonable adjustments. Under the law for the NDIS, we can't fund a support if it should be provided by someone else through reasonable adjustments.

### **What about in-kind supports?**

We agreed that state and territory governments will keep providing some supports for a period of time. We call these 'in-kind supports'.

If we fund in-kind supports like [specialist school transport](#) or [personal care in schools](#), you will need to use state or territory government providers for these supports. These supports are most efficiently and effectively provided by state and territory government providers.<sup>82</sup> Learn more about [Work and study supports](#).

For most other in-kind supports, you can choose your provider if you don't want to use your in-kind provider anymore. We can let you choose another provider if we consider that the support isn't most effectively and efficiently provided by the in-kind provider.

We usually let you choose another provider if:

- another provider can give you the same support or level of support as the in-kind provider
- the supports with the new provider still meet the [NDIS funding criteria](#), including that they're value for money compared to the in-kind support
- there are no serious risks with changing providers.

Learn more about [in-kind supports](#).

### **How do we include the reasonable and necessary supports in your plan?**

Once we've identified the supports, and decided they meet the NDIS funding criteria, we can include the description and funding for the NDIS support in your plan.

If the support doesn't meet the NDIS funding criteria, we can't include the support in your plan. We may consider if a differently described support meets the NDIS funding criteria instead.



When we approve your plan, we'll also make sure all your supports are reasonable and necessary when considered as a package of supports.<sup>83</sup>

Sometimes you might not need any supports under the NDIS. For example, your informal supports may meet all your disability support needs. If so, we'll approve a plan with no funded supports.

Learn more about how we [create and approve your plan](#).

Learn more about [using the funding in your plan](#).

Learn more about [changing your plan](#).

### What happens if we don't include the supports you want?

If we decide a support doesn't meet the [NDIS funding criteria](#), we can't include the support in your plan. Also, if the amount of support you want doesn't meet the criteria, we can't include that amount in your plan.

But, we're committed to [our principles](#) and helping you live an [ordinary life](#). Even if we can't fund a particular support, we may still be able to help.

If the support doesn't meet the NDIS funding criteria, we can consider if a different support meets the NDIS funding criteria. We might be able to consider describing the support differently or funding a different type of support.

Or we may be able to connect you to mainstream or community supports that can help. Mainstream and community supports are available to everyone. They can be a good way to connect with your local community, learn new skills and gain independence.

There are lots of ways we might be able to help, so talk to us if you're in this situation. We can do this at any time. We may be able to help before we approve your plan.

We'll give you the reasons for our decision to approve your plan in writing.<sup>84</sup> You can [contact us](#) if you'd like more detail about the reasons for our decision.

### What happens if I want to replace a support for something else?

We fund NDIS supports in your plan. NDIS laws set out what we can and can't fund.<sup>85</sup>

Sometimes, we may agree that you can spend your funding on supports that are not NDIS supports. We call this a 'replacement support'. Go to [Your plan](#) for more information. For more information about replacement supports, go to [NDIS supports](#).

### What if you don't agree with our decision?

If we decide the supports you requested don't meet our [NDIS funding criteria](#), we can't include them in your plan.



If you'd like more details about the supports that make up your plan's total funding amount, we can send this to you. You can contact us and ask for a Budget Breakdown.

We'll give you written reasons why we made the decision. 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 what supports to include in your plan, you can ask for an internal review of our decision.<sup>86</sup>

You'll need to ask for an internal review within 3 months of getting your plan.<sup>87</sup>

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

## Reference List

- 
- <sup>1</sup> NDIS Act s 34(1)(aa).
  - <sup>2</sup> NDIS Act and delegated legislation made under the NDIS Act, especially NDIS (Supports for Participants) Rules and NDIS (Plan Management) Rules.
  - <sup>3</sup> NDIS Act s 34 (1)(aa); NDIS (Supports for Participants) Rules r 5.1(b).
  - <sup>4</sup> NDIS Act ss 33(2)(a), 33(2)(b), 33(5)(c), 34.
  - <sup>5</sup> NDIS Act ss 13, 33(2)(a).
  - <sup>6</sup> NDIS Act s 34 (1).
  - <sup>7</sup> NDIS Act s 10.
  - <sup>8</sup> NDIS Act and delegated legislation made under the NDIS Act, especially NDIS (Supports for Participants) Rules and NDIS (Plan Management) Rules.
  - <sup>9</sup> NDIS (Supports for Participants) Rules r 2.4; NDIS Act s 33(5)(c).
  - <sup>10</sup> NDIS Act s 34(1)(f).
  - <sup>11</sup> NDIS Act ss 33(5)(d), 35(1)(b); NDIS (Supports for Participants) Rules pt 5.
  - <sup>12</sup> NDIS Act ss 33(5)(c), 34(1).
  - <sup>13</sup> NDIS Act s 34(1)(aa); NDIS (Supports for Participants) Rules r 5.1(b).
  - <sup>14</sup> NDIS Act s 34(1)(a).
  - <sup>15</sup> NDIS Act s 34(1)(b).
  - <sup>16</sup> NDIS Act s 34(1)(c).
  - <sup>17</sup> NDIS Act s 34(1)(d).
  - <sup>18</sup> NDIS (Supports for Participants) Rules r 3.2(a).
  - <sup>19</sup> NDIS Act s 34(1)(e).
  - <sup>20</sup> NDIS Act s 34(1)(f).
  - <sup>21</sup> NDIS (Supports for Participants) Rules pts 3, 4.
  - <sup>22</sup> NDIS (Supports for Participants) Rules r 5.1(b), NDIS Act s 34(1)(aa).
  - <sup>23</sup> NDIS Act s 34(1)(a).
  - <sup>24</sup> *McGarrigle v National Disability Insurance Agency* (2017) 252 FCR 121 at [91].
  - <sup>25</sup> NDIS Act s 34(1)(a).
  - <sup>26</sup> NDIS (Supports for Participants) Rules r 5.1(d).
  - <sup>27</sup> NDIS Act s 34(1)(b).
  - <sup>28</sup> NDIS Act ss 3(3)(b), 4(17).
  - <sup>29</sup> NDIS (Supports for Participants) Rules r 3.1(a).
  - <sup>30</sup> NDIS (Supports for Participants) Rules r 3.1(b).
  - <sup>31</sup> NDIS (Supports for Participants) Rules r 3.1(c).
  - <sup>32</sup> NDIS (Supports for Participants) Rules r 3.1(e).
  - <sup>33</sup> NDIS (Supports for Participants) Rules r 3.1(c).
  - <sup>34</sup> NDIS (Supports for Participants) Rules r 3.1(d).
  - <sup>35</sup> *McCutcheon and NDIA* [2015] AATA 624 at [34].

- <sup>36</sup> McCutcheon and NDIA [2015] AATA 624 at [34].
- <sup>37</sup> McCutcheon and NDIA [2015] AATA 624.
- <sup>38</sup> NDIS (Supports for Participants) Rules r 3.2(a).
- <sup>39</sup> NDIS (Supports for Participants) Rules r 3.2(b).
- <sup>40</sup> NDIS (Supports for Participants) Rules r 3.2(c).
- <sup>41</sup> NDIS (Supports for Participants) Rules r 3.3.
- <sup>42</sup> NDIS (Supports for Participants) Rules r 3.3.
- <sup>43</sup> NDIS Act s 34(1)(e).
- <sup>44</sup> NDIS Act s 34(1)(e).
- <sup>45</sup> NDIS (Supports for Participants) Rules r 3.4(a)(i).
- <sup>46</sup> NDIS (Supports for Participants) Rules r 3.4(c).
- <sup>47</sup> NDIS (Supports for Participants) Rules r 3.4(a)(i).
- <sup>48</sup> NDIS (Supports for Participants) Rules r 3.4(a)(ii); JQJT and National Disability Insurance Agency [2016] AATA 478 at [39].
- <sup>49</sup> NDIS (Supports for Participants) Rules r 3.4(a)(iii).
- <sup>50</sup> NDIS (Supports for Participants) Rules r 3.4(a)(iv).
- <sup>51</sup> NDIS (Supports for Participants) Rules rr 3.4(b)(i), (ii).
- <sup>52</sup> NDIS (Supports for Participants) Rules r 3.4(b)(iii).
- <sup>53</sup> NDIS (Supports for Participants) Rules r 3.4(b)(ii).
- <sup>54</sup> NDIS (Supports for Participants) Rules r 3.4(b)(ii).
- <sup>55</sup> NDIS (Supports for Participants) Rules r 3.4(b)(ii)(A).
- <sup>56</sup> NDIS (Supports for Participants) Rules r 3.4(b)(ii)(B).
- <sup>57</sup> NDIS (Supports for Participants) Rules r 3.4(b)(ii)(C).
- <sup>58</sup> NDIS (Supports for Participants) Rules r 3.4(b)(ii)(C).
- <sup>59</sup> NDIS Act s 34(1)(f).
- <sup>60</sup> NDIS (Supports for Participants) Rules r 5.1(b), NDIS Act s 34(1)(aa).
- <sup>61</sup> NDIS (Supports for Participants) Rules r 5.
- <sup>62</sup> NDIS Act s 10.
- <sup>63</sup> NDIS Act s 10.
- <sup>64</sup> NDIS Act s 10.
- <sup>65</sup> NDIS Act s 10.
- <sup>66</sup> NDIS Act s 10.
- <sup>67</sup> NDIS Act s 10.
- <sup>68</sup> NDIS Act ss 33(5)(d), 35(1)(a); NDIS (Supports for Participants) Rules r 5.1(c).
- <sup>69</sup> NDIS Act s 10.
- <sup>70</sup> NDIS Act ss 4, 31.
- <sup>71</sup> NDIS Act s 4(1).
- <sup>72</sup> NDIS Act s 4(2).
- <sup>73</sup> NDIS Act s 4(4).
- <sup>74</sup> NDIS Act s 4(8).
- <sup>75</sup> NDIS Act s 4(10).
- <sup>76</sup> NDIS Act s 4(17).
- <sup>77</sup> NDIS Act s 4(11).
- <sup>78</sup> NDIS Act s 34(1)(f).
- <sup>79</sup> S10(b1) -(3).
- <sup>80</sup> NDIS (Supports for Participants) Rules rr 3.5-3.7, Schedule 1; NDIS Act ss 209(4), (8) item 1.
- <sup>81</sup> Disability Discrimination Act 1992 (Cth); Discrimination Act 1991 (ACT); Anti-Discrimination Act 1977 (NSW); Anti-Discrimination Act 1996 (NT); Anti-Discrimination Act 1991 (Qld); Equal Opportunity Act 1984 (SA); Anti-Discrimination Act 1998 (Tas); Equal Opportunity Act 2010 (Vic); Equal Opportunity Act 1984 (WA).
- <sup>82</sup> NDIS (Plan Management) Rules r 6.6.
- <sup>83</sup> NDIS Act s 33(5)(c).
- <sup>84</sup> NDIS Act s 100(1).
- <sup>85</sup> NDIS Act s 10.
- <sup>86</sup> NDIS Act s 100.
- <sup>87</sup> NDIS Act s 100(2).



# Reasonable and Necessary Supports

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**Quick summary:** There are new laws about what we can and can't fund under the NDIS. All supports need to meet each of the reasonable and necessary criteria before we can fund them in your plan. For example, your supports need to relate to the impairments you meet the disability or early intervention requirements for, be value for money, and effective and beneficial. We also need to make sure each support is an NDIS support. This means it is a service, item, or equipment that can be funded by the NDIS. Examples of NDIS supports include support with personal daily living tasks and accessing the community, therapeutic supports, and personal mobility equipment.

## Note:

- When we say 'your plan' we mean your NDIS plan.
- When we say 'disability support needs', we mean supports you need for the impairments that meet the disability or early intervention requirements, or both.
- 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 become operational when the law commences. 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 are reasonable and necessary supports?](#)
- [How do we make decisions about what is reasonable and necessary?](#)
- [How do we include the reasonable and necessary supports in your plan?](#)

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- [What if you don't agree with our decision?](#)

You may also be interested in:

- [Mainstream supports](#)
- [Creating your plan](#)
- [Changing your plan](#)
- [Reviewing our decisions](#)
- [Would we fund it?](#)

## What are reasonable and necessary supports?

The National Disability Insurance Scheme (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.

We provide funding for reasonable and necessary supports to people with a permanent and significant disability or developmental delay.

Reasonable and necessary supports are the supports we fund in your plan to meet your disability needs. All supports we fund in your plan need to meet the criteria set out in law for the NDIS of what we can and can't fund.<sup>1</sup> For information on what is an NDIS support and what is not, go to [NDIS support](#).

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.

Once we've considered your situation, we need to follow the rules determined under the law for the NDIS in our planning decisions.<sup>2</sup>

This guideline explains how we decide what reasonable and necessary supports must consider, which we'll explain in detail.

When creating your plan, we also follow these [principles](#).

We also have [Would we fund it](#) guides. They have examples of how we decide if we fund different types of supports.



## How do we make decisions about what is reasonable and necessary?

When we create your plan with you, we'll discuss what supports you need for the impairments that meet the disability or early intervention requirements.<sup>3</sup> We want to help you pursue your goals, increase your independence, and help you work, study and join social activities.

The NDIS will only fund a support if it meets **all** the reasonable and necessary criteria. We also won't fund a support if the law says we can't fund it. We explain the [reasonable and necessary](#) criteria in more detail further down.

### What supports can you get outside the NDIS?

Before we decide what reasonable and necessary supports to fund in your plan, we'll first discuss what other supports may be available outside the NDIS. This is an important information-gathering step. For example, there may be mainstream, community and informal supports that suit you.

There are many supports you can get outside the NDIS. Other government and community services provide supports to all Australians, including people with disability. And your friends, family, and other people you know can often be your best supports.

To find out more about supports you can get outside the NDIS, go to [Creating your plan](#).

It's important we gather this information and help you access these services before we consider what reasonable and necessary supports we can fund. That way, we can help make sure you're able to access mainstream, community, and informal supports wherever possible.

For more information, go to [Mainstream and community supports](#).

### What types of supports may be included in your plan?

Your plan may include 'general supports' and 'reasonable and necessary supports'.<sup>4</sup>

#### General supports

General supports are the coordination, strategic or referral services and activities we provide or arrange to be provided, for you.<sup>5</sup> They're how we help you develop your plan and connect with support and activities in your community. This includes the support you get from your early childhood coordinator or local area coordinator to connect to mainstream, community, and informal supports. You don't need to pay for your general supports from your plan as the NDIS pays for them directly.

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## Reasonable and necessary supports

Reasonable and necessary supports are the NDIS supports we fund or provide in your plan to meet your disability support needs.<sup>6</sup> NDIS supports need to be for your impairments that meet the disability or early intervention requirements, or both.<sup>7</sup> NDIS supports are the services, items, and equipment we can fund or provide under the NDIS.<sup>8</sup> For information on what supports are considered NDIS supports, go to [NDIS supports](#).

The laws for the NDIS tell us what we can fund in your plan.<sup>9</sup> All supports we fund in a plan need to meet all the criteria set out in these laws. We call these the [NDIS funding criteria](#).

- We'll check your support types and amounts of support will complement each other to help you fulfil an [ordinary life](#).<sup>10</sup> Any funded supports must be an NDIS support<sup>11</sup> that is right for you.
- It must not be a [type of support the law says we can't fund or provide](#).<sup>12</sup>

Each support must be reasonable and necessary individually, but the supports must also be reasonable and necessary when considered as a package of supports.

## Does the support meet the reasonable and necessary criteria?

We can only include supports in your plan if they meet **all** the reasonable and necessary criteria.<sup>13</sup>

This means that before we can include a funded support in your plan, we need to be satisfied it meets all the following criteria:

- The support is for the [impairments you meet the disability or early intervention requirements for, or both](#).<sup>14</sup>
- The support will help you to [pursue your goals in your plan](#).<sup>15</sup>
- The support will help you to [undertake activities, to facilitate your social and economic participation](#).<sup>16</sup> This means the support will help you join in social outings, recreation, work and study by reducing the disability-related barriers that prevent you from participating.
- The support represents [value for money](#). This means we need to consider the costs and benefits of the support, as well as the costs and benefits of alternative supports.<sup>17</sup>
- The support will be, or is likely to be, [effective and beneficial](#) for you, having regard to current good practice.<sup>18</sup> This means we consider if there is evidence the support works for someone with similar disability support needs. We won't need an expert report for every support, as we can often rely on other information or evidence. For example, we may have information already about whether the support is widely

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accepted to suit someone with your disability support needs.<sup>19</sup> We also consider your lived experience.

- The funding of the support [takes account of what it is reasonable to expect families, carers, informal networks and the community to provide](#).<sup>20</sup> This means we need to consider what support is reasonable for your family, friends and community to provide.
- The support is an [NDIS support for you](#).<sup>21</sup>

The law for the NDIS sets out things that we need to consider when we apply the reasonable and necessary criteria.<sup>22</sup>

For example, funding a vehicle modification may reduce your need for other supports. By funding a vehicle modification in your plan, we'll look at whether you need less support to access the community.

If the vehicle modification will reduce your support needs, we might reduce the amount of support we fund for you to access the community. This is because the same amount of support might not be reasonable and necessary when the whole package of supports is considered.

### **Is the support related to the impairments you meet disability or early intervention requirements for, or both?**

We'll only fund a support if it relates to the impairments you meet the disability or early intervention requirements for, or both.<sup>23</sup> This means there must be a direct link between your disability support needs and the NDIS supports we fund.

We consider if the support addresses your disability support needs. Your disability support needs are those that come from, or are caused by, your disability.

For example, we don't fund things like flights to go on a holiday or a gym membership to get fit.

This is because you're unlikely to need these supports because of your disability support needs. They are things that all people, with or without disability, might want or need.



## Example

Alan uses a wheelchair and needs some changes to their house. They need to be able to independently use their bathroom and kitchen. They also want to set up an outdoor entertainment area for when their friends visit.

We may be able to fund [home modifications](#) so Alan can access areas of their home, including their bathroom and kitchen. They need the home modification because they can't access those areas due to their disability.

Alan will need to pay for the outdoor entertainment area, as it's not related to their disability.

## Does the support help you pursue your goals?

We need to be satisfied that the support will help you pursue the goals, objectives and aspirations in your plan.<sup>24</sup> This helps us determine if the support is necessary.<sup>25</sup>

While we only fund supports that help you pursue your goals, objectives and aspirations, we understand that different people express themselves in different ways.

Reasonable and necessary supports should help you pursue your goals,<sup>26</sup> 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 how a support will address your disability support needs, and the disability specific barriers that prevent you from pursuing your goals.

A support that addresses your disability related support needs is most likely to help you pursue your goals, objectives and aspirations in your plan.

This means that if your goal is to 'live independently', we **may** fund home modifications that address your disability related needs. However, we won't fund supports that aren't NDIS supports, including day-to-day living costs like rent or utilities. These costs aren't incurred solely and directly because of your disability support needs, so they don't meet other funding criteria.<sup>27</sup>

Also, choosing a different goal 'to have a more accessible home' won't change the supports we could fund in your plan.

Achieving goals usually takes many different kinds of supports. NDIS supports will most likely be just one kind of support that helps you work toward your goals.

Learn more about setting your goals in [Creating Your Plan](#) and the [Setting Goals fact sheet](#).

## Example



Morgan is ready to look for work and they have a goal in their plan to get a job. They have built up their skills and know the type of work they want to do. Disability Employment Services are helping Morgan find work, so we can't fund this support for Morgan.

However, because of their disability, Morgan will need personal care supports to help them get ready for work in the morning. We will consider:

- how Morgan's disability support needs relate to their goals
- if funding NDIS supports that address these disability support needs will help Morgan pursue their goals.

Morgan's planner determines the personal care supports meet this criteria. The supports that address their personal care needs will help Morgan to pursue their employment goals.

Morgan's planner then needs to look at if the support meets the other NDIS funding criteria. In this case Morgan does get personal care in their plan. Morgan doesn't have a job yet but will need personal care support to help them get ready to look for work. Morgan will also be able to use these supports when they get a job.

We don't fund all the supports that relate to Morgan's employment goals. We only fund the supports we consider are reasonable and necessary – that is, when they meet all the NDIS funding criteria.

### **Does the support help you do activities that will help your social and economic participation?**

We need to be satisfied that the support will help you to do activities, which make it easier for you to participate socially and economically.<sup>28</sup>

Social participation means doing things you enjoy, like going out with friends, playing sport or going out into the community. It also means doing the things you need to do, like going to school or medical appointments.

Economic participation usually means being involved in things that help you work towards getting and keeping a job. This might be things like volunteering, study, learning new skills or trying work experience. Research tells us that work can lead to health benefits and improve our quality of life. Learn more about the [Health Benefits of Good Work](#).

Social and economic participation are important to most people. They are critical to living an ordinary life.

To work out if a support meets this criteria, we look at the purpose of the support and how it will help you.

We fund reasonable and necessary supports that reduce the barriers that prevent you from doing activities. This will help you increase your social and economic participation.

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Some supports help economic and social participation directly. There are lots of supports we can fund to directly help with social and economic participation. Learn more about [Social and recreation supports](#) and [Work and study supports](#).

Other supports help you do activities like self-care, which indirectly help your economic and social participation.

### Example

Sue is going to university next year. She has a vision impairment and has been working with her Guide Dog Mobility Instructor to decide if a Dog Guide is right for her. A Dog Guide can help her leave her home safely and independently, and travel to and from university.

A Dog Guide could also help her go out with friends and join in other community activities. As long as it meets the other funding criteria, we could fund a Dog Guide for Sue. It will help her with activities of daily living.

In Sue's case, a Dog Guide will also increase her social and economic participation. Having a Dog Guide will help her get to her university independently where she studies and also has lots of friends.

### Is the support value for money?

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

Making sure your supports are value for money is one of the ways we keep the NDIS financially sustainable. This means we make careful decisions about funding so that we make sure the NDIS exists for future generations. It's also one of [our principles](#).<sup>29</sup>

When we decide if the support is value for money, we consider:

- if other supports would achieve the same result at a substantially lower cost.<sup>30</sup> This means there should be a real or material difference in cost
- if there's evidence that the support will substantially improve your life stage outcomes and benefit you in the long term<sup>31</sup>
- if the support will likely reduce the cost of other supports over time<sup>32</sup>
- how the cost compares to other supports of the same kind in your area<sup>33</sup>
- if the support will make you more independent and mean you won't need as many supports in the future. For example, in some situations home modifications may reduce the need for support in your home.

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When we consider the likely cost of supports, we consider the cost over the long term. We consider if the support will help you achieve milestones at different ages or stages of your life and have long term benefits.

For example, some supports like home modifications may be expensive now, compared to other supports. But getting these supports now may mean you need much less support in a few years, or later in life. Or it may delay the need for other more costly supports.<sup>34</sup>

When determining if the cost of the support is value for money, we consider:

- the prices for NDIS supports in the [NDIS Pricing Arrangements and Price Limits](#)
- quotes for specific or high risk supports.

It's important we consider the cost of the support. This will be the level of funding we include in your plan, if we decide the support is reasonable and necessary.

When we fund equipment or modifications, we also need to consider:<sup>35</sup>

- how the cost of buying the equipment or modifications compares to the cost of renting them
- if it's appropriate to fund the equipment or modifications you want, based on your situation and any expected changes in technology.

Learn more about how we consider value for money when we fund [assistive technology](#), [home modifications](#) and [vehicle modifications](#).

### Example

Elias needs a shower commode.

He got an assessment and sent us a quote for one that will suit his needs. As part of the process to work out if this meets the reasonable and necessary criteria, his planner considers other similar shower commodes.

There's another commode that's \$5,000 cheaper than the one Elias has asked for. It won't meet Elias' needs, as it doesn't provide enough support for his back. That means, it won't achieve the same result as the one Elias has asked for.

Elias's planner finds a commode that's \$1,000 cheaper. The planner contacts Elias's occupational therapist who confirms this commode will meet Elias' needs.

Elias' planner decides to fund the commode that's \$1,000 cheaper. This has the same features and will have the same benefits for Elias at a substantially lower cost.

### Is the support effective and beneficial?

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We need to be satisfied that the support will be, or is likely to be, effective and beneficial, when we consider current good practice.

We need to work out if the support is likely to be both:

- **effective** – it will do what you need it to do<sup>36</sup>
- **beneficial** – the support will help you do things you can't otherwise do and meets your support needs.<sup>37</sup>

It can also be effective and beneficial if it will help you maintain your current level of functioning. That is, it will help you keep doing the things you can currently do. And it'll help you maintain your work, study and social life as much as you can.<sup>38</sup>

When we decide if a support is effective and beneficial, we look at what is current good practice. This means we look at if there is evidence that the support works for someone with similar disability support needs to you. We won't need an expert opinion or report for every support, because we can often rely on other evidence.

For example:

- We may have information already about whether the support is widely accepted to suit someone with your disability support needs.<sup>39</sup> For example, we could rely on academic research and other literature. This could include university studies on therapies that have been published and [referred](#) in academic journals, evidence based practice resources, or clinical practice guidelines.
- If you or other participants have used the support before, we can consider your experience and the experience of your family members and carers.<sup>40</sup>

We may consider things we have learnt from other participants in the NDIS with similar support needs to you.<sup>41</sup> We know you're the expert in your own life, and we use your own experience as much as we can.

For example, we will talk to you about any supports that have helped you do things you can't otherwise do. Or some supports may have helped maintain your ability to be as independent as possible.

If it's a new support such as new assistive technology, we might fund a trial. This is so we can learn from your experience of using the support to check if it's likely to do what you need it to.

Your evidence can be particularly useful when it's consistent with other evidence, or if we don't have expert evidence.



We'll look at the opinions held by the majority of experts and what they generally agree on.<sup>42</sup> Sometimes we will have to seek expert opinion or report to make a decision.<sup>43</sup>

### Example

Vivek is 12 and has a goal to improve his communication skills. He and his family want him to improve his social skills with the kids in his class.

When he was younger, Vivek's family tried speech therapy, and believe it really helped him improve his communication. His family told his planner about how it helped Vivek learn how to respond to different social settings.

Vivek's speech therapist also believes it could work well for him now and help him interact with his classmates.

When deciding if the therapy is effective and beneficial, Vivek's planner will consider:

- how speech therapy has helped Vivek in the past, including first-hand information from Vivek, his family members, and carers
- the reports or assessments from his speech therapist on the effectiveness and benefits of speech therapy for Vivek
- other information or expert evidence about the effectiveness and benefits of speech therapy, including for children of the same age, with the same impairments and functional capacity.

Based on this information and evidence, Vivek's planner decides the speech therapy is effective and beneficial. If it meets the other funding criteria, we will be able to fund speech therapy in Vivek's plan.

### **Is the support something we would reasonably expect your informal supports, like family or friends, to provide?**

We need to be satisfied that funding the support takes into account what is reasonable to expect families, carers, informal networks and the community to provide.<sup>44</sup>

To make sure we understand how disability supports might work for you, we consider:

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

When we fund supports under the NDIS, we need to consider if it's reasonable to expect your informal supports to provide that support. We can't fund supports that an ordinary person would think is reasonable to expect friends, family or the community to provide for you.<sup>45</sup>

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Informal supports are the help and support you get from friends, family and the community. They are called 'informal' because you don't pay for them, and they're not part of a formal agreement. They are the usual things friends and family do for us, and with us.

Most of us get some kind of help and support from friends and family. In our society, we expect that friends, family and our community will support each other and help each other out when they need it.

A good example is families who have young children. In our community, we expect families will provide most of the support a young child needs.<sup>46</sup> They will care for the child, make sure they are safe and drive them around places.

Grandparents, uncles and aunties often have a role to play in supporting young children as well. Neighbours and friends might also help care for the child.

As a child gets older, our society's expectations of the role of the family and community in caring for the child changes. For example, we expect schools to provide a child's learning needs.

We also usually expect the role of family in providing personal care for a child would reduce as they get older and develop new skills and independence. But families are usually still responsible for things like food, emotional support, decision-making and providing a safe home.

It's a similar idea for adults. Our society expects that adults – like family, friends and neighbours – will provide some support to each other. This might be things like taking a friend with you to the football game, or providing emotional support if someone is upset.

NDIS supports won't ever replace the support people like your friends and family provide to you. This support is given freely because people care and is often quite different to supports bought with NDIS funding.

You have a special bond with your friends and family that's different from your relationship with paid carers. And there are potential risks and problems for you if your friends and families become your paid carers.

We also must consider the benefits you may get from your informal supports. For example, your family and friends may be better at helping you meet other people, or helping to build your social skills, than paid supports.

We consider if we can help these relationships so that you get the support you need.<sup>47</sup> For example, we may be able to fund training for your informal supports, so they can help you build your skills.

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We also think about the capacity of your informal supports to continue caring for you, for example if they're ageing or sick.

There are different things the law for the NDIS says we need to consider for adults and children.

**If you're under 18**, we consider what support is reasonable to expect parents to provide at your age. It's normal for parents to provide substantial care and support for children.<sup>48</sup> We consider that it's usual for parents to provide almost all the care and support that young children need.

For example, it's reasonable to expect parents or other family members to provide transport to and from their child's after-school activities. Of course, the amount of care and support for a child without a disability would typically reduce as they get older.

For children under 18, we consider:

- if your needs are substantially greater because of your disability, compared to other children the same age.<sup>49</sup> This means you need much more disability support
- any risks to the wellbeing of people providing informal support to you<sup>50</sup>
- if including funding for the support will help build your skills and capacity in the future or reduce any risks to you.<sup>51</sup>

For example, we consider any health, safety or other impacts resulting from what's involved in meeting your disability support needs.

**If you're over 18**, we consider:

- if there are any risks to you or your informal supports if you rely on them to provide the support you need<sup>52</sup>
- how much your informal supports would help improve or reduce your independence and other outcomes.<sup>53</sup>

We also consider the suitability of informal supports to provide the supports you need,<sup>54</sup> including:

- how old your carers are and their capacity to provide the support<sup>55</sup>
- if other family members and the community can help your informal supports in their caring role<sup>56</sup>
- the intensity and type of support you need, and if it's appropriate for your informal supports to provide this, based on their age and gender<sup>57</sup>
- any long-term risks to the wellbeing of your informal supports.<sup>58</sup>



When we consider the risks for people over 18, we consider if the supports are sustainable for your informal supports. We consider the health, safety and other impacts on family and carers in the long term.

For example, we wouldn't expect a child to have their schooling affected because they need to provide care. We also wouldn't expect an elderly parent to be responsible for physical activities, if it may result in injury.<sup>59</sup>

We generally don't fund family members to provide supports funded under the NDIS. There are very limited situations where we can consider this.

Learn more about [Sustaining Informal Supports](#).

### Example 1

Simon is getting his first plan. For the last 15 years, Simon and his wife Jan's preference was that Jan provide all the physical support he needs at home, such as toileting, showering and dressing.

But as Jan is getting older, it's not safe for her to do this. It's becoming risky for both Jan and Simon to keep providing this support informally.

Jan and Simon think it might be best for someone else to provide the personal care support that Simon needs. Their children have moved out of home, and it's not reasonable to expect them to help Simon with personal care.

Based on this information and other evidence, Simon's planner decides that the personal care support meets this criteria. It takes into account what is reasonable for his family and others to provide. If the personal care support meets the other funding criteria, we may fund the personal care support for Simon.

Simon and Jan still prefer Jan to do the other support Simon needs though, such as helping Simon eat his meals. At this time, we wouldn't fund a support worker in Simon's plan to help him eat his meals. It's reasonable to expect Jan to help Simon with this, because it's what they want to do and it's not a safety risk for Jan or Simon.

### Example 2

Qing is 14 and wants to join a local chess club. Like most 14-year-olds in this situation, she needs someone to drop her off and pick her up from the mid-week and weekend gatherings.

But unlike most 14-year-olds, she needs someone to help her get dressed before she can go to the chess club. Her parents have been doing this, but as Qing is getting older, she no longer wants her family to help her get dressed.

It's reasonable to expect her family or other informal supports to drop Qing to and from the match and training sessions. So, we wouldn't fund transport in Qing's plan.

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But at age 14, it's not reasonable to expect her family to help her get dressed.

Based on this information and other evidence, Qing's planner finds that the personal care support considers what is reasonable for family and others to provide. If it meets the other funding criteria, we may fund personal care support in her plan.

### Is the support an NDIS support for you?

A support will only be an NDIS support for you if either:

- the Rules say that the support is a NDIS support for everyone, or
- the Rules say that the support is only for a specific group of people, and you are part of that group.<sup>60</sup>

NDIS supports are the services, items, and equipment that can be funded under the NDIS.

Remember, we can only fund a support if it is:

- an NDIS support for you
- necessary for your impairments that meet the disability or early intervention requirements, or both.<sup>61</sup>

Go to [NDIS supports](#) to find more information on what is and isn't an NDIS support.

### Example

Max has a spinal cord injury and uses a manual wheelchair to move around. His home has a carport at the front. The path from the carport to the front door is too narrow for his wheelchair and the uneven ground makes it unsafe for him to use his wheelchair on his own.

In Max's planning meeting, he requests the installation of a pathway from the carport to the front door to enable safe access to his home.

Max's planner checks that the home modifications are an NDIS support.

Because Max needs a pathway to access his house safely, the planner decides that the home modifications are an NDIS support.

### What types of supports can't be funded or provided under the NDIS?

Under the law for the NDIS, there are things we can't fund or provide.<sup>62</sup> We can't fund goods and services that are not NDIS supports.<sup>63</sup> For example, we can't fund or provide supports that:

- consist of sexual services and sex work, alcohol, or drugs<sup>64</sup>
- are not legal<sup>65</sup>



- are income replacement<sup>66</sup>
- are likely to cause harm to you, or pose a risk to other people<sup>67</sup>
- relate to a 'day-to-day living cost', like groceries, rent or utilities<sup>68</sup>
- duplicate other supports provided by the NDIS under alternative funding<sup>69</sup>
- include tickets to events or the cost of going on a holiday.<sup>70</sup>

For more information on what we can't fund, go to [NDIS supports](#).

## What else do you need to know about deciding if supports meet the NDIS funding criteria?

From our experience, we learned there are some common misunderstandings about how we work out what supports meet the NDIS funding criteria.

### Why don't we always fund what your health professionals recommend?

Although we take expert opinions into account, we can't and don't always fund everything your health professional might recommend. This is because every support we fund needs to meet all the NDIS funding criteria.

For example, your therapist might recommend a piece of equipment on the basis that it will be 'effective and beneficial' for you. But if there is something cheaper that will achieve the same outcome, we won't be able to fund what the therapist recommended.

This is because it may not be [value for money](#). We may be able to fund the cheaper option instead if it meets all the [NDIS funding criteria](#).

### Why don't we fund the same supports as your last plan?

We might fund different supports in your next plan. This is because we will fund supports in your plan based on how we use the NDIS funding criteria at that point in time.

Your needs and situation will most likely change over time. This means it's likely your NDIS supports and needs for those supports will change over time.

For example, we may have funded supports to help you build your skills in a particular area. Once you have built those skills, you won't need funding for that anymore. So, we probably won't include that funding for those supports in your next plan.

Supports to build your skills may have met the NDIS funding criteria before, but the same supports might not meet the criteria in the future.

Or, your disability support needs might increase or decrease over time. This may mean we consider funding more or less supports as a result.

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## What else do we consider when deciding what to include in your plan?

As far as possible, we have to act according to principles set out in the [law for the NDIS](#).<sup>71</sup> These principles guide us when we make decisions about what we can fund.

These principles don't override or replace the [NDIS funding criteria](#) under the law for the NDIS. They can help us apply the funding criteria, by giving us more guidance when we decide what supports to approve in your plan.

The principles include the following:

- You have the same right as other Australians to realise your potential for physical, social, emotional, and intellectual development.<sup>72</sup>
- You should be supported to take part in and contribute to social and economic life.<sup>73</sup>
- You should be supported to make choices about planning and how your supports will be delivered. This includes taking reasonable risks, so you can pursue your goals.<sup>74</sup>
- You have the same right as other Australians to decide your own best interests. You have the right to be an equal partner in decisions that affect your life.<sup>75</sup>
- Your privacy and dignity should be respected.<sup>76</sup>
- We must make sure the NDIS is financially sustainable.<sup>77</sup>

The principles also tell us that the reasonable and necessary supports we fund should:<sup>78</sup>

- support you to pursue your goals and maximise your independence
- support you to live independently and to be included in the community as a fully participating citizen
- develop and support your capacity to do things that help you participate in the community and employment.

Just because a support helps you do these things doesn't mean we'll fund it in your plan. All supports we fund need to meet all the NDIS funding criteria.

We consider these principles set out in the law for the NDIS, along with the [principles we follow to create your plan](#).

## How do we think about an ordinary life when deciding what supports to include in your plan?

To help guide us in our decision-making about reasonable and necessary supports, we took advice from the [NDIS Independent Advisory Council](#) (The Council).



The Council represents people with disability and carers, bringing their own lived experience and expertise of disability. They give us advice on how the NDIS should work.

The Council advised us that all Australians, including people with disability, should have an '[ordinary life](#)'. They also told us we should think about the idea of an ordinary life when we apply our principles and use the NDIS funding criteria.

An ordinary life is a life where you have the same opportunities as people without a disability. An ordinary life is one that is typical or usual for everyone in modern day Australia. It's a life where you can pursue your potential and participate in society on an equal basis with others.

An ordinary life will be different for different people. We are all different and come from different cultures and backgrounds. We each have our own values, experiences, beliefs, and goals.

But there are some common things that can improve the quality of our lives and help us participate equally. These are the things, such as the following, that make up an ordinary life:

- Positive relationships with families and informal support networks.
- Individual autonomy. This means being free and independent, and having the same opportunities as people without disability.
- Active involvement in decision-making including the ability to make meaningful decisions, and exercise choice and control.
- Using your strengths in ways that provide a challenge and enjoyment.
- A sense of belonging to our families, friendship networks, communities, workplaces and society.
- Active involvement and contribution to society and your community.

An 'ordinary life' in the context of the NDIS involves supporting you to:

- have and maintain good relationships
- belong and participate in your community
- be involved in making choices about your own life.

One way we can help you have an ordinary life is to support you to access mainstream, community, or informal supports wherever possible. These are the usual supports that everyone in the community uses.

When we fund reasonable and necessary supports under the NDIS, we need to make sure they meet the [NDIS funding criteria](#).



When we apply the NDIS funding criteria and make decisions about reasonable and necessary supports, we're guided by the principles in the law for the NDIS. We also consider how the supports will best help you to live an ordinary life.

### **What other services or systems are responsible for providing supports?**

We have to be satisfied that the support is considered an NDIS support which means the support is something that can be funded or provided through the NDIS. Some supports are not considered an NDIS support because they're more appropriately funded or provided through:

- other service systems or supports offered by a person, agency or body (like a State or Territory Statutory Scheme)
- services or supports offered as part of a universal service obligation (like the health or education system)
- services or supports offered in line with reasonable adjustments required under discrimination laws (like your employer, or the health or education system).<sup>79</sup>

We won't fund the support if the support should be provided by someone else, even if the other service system doesn't actually provide it. We don't make up for other organisations and systems that don't provide the supports they should.

The list of goods and services that are not NDIS supports includes supports that are considered the responsibility of service systems such as:

- Health
- Mental health
- Child protection and family support
- Early childhood development
- School education
- Higher education and vocational education and training
- Employment
- Housing and community infrastructure
- Transport
- Justice.

For more information, go to [Mainstream and community supports](#).

### **How does the NDIS work with other government services?**

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We call supports provided by other government services, including those provided as part of a universal service obligation, 'mainstream supports'. When we talk about mainstream supports, we mean supports available to everyone in your state or territory, or across Australia, regardless of if you have a disability.

This includes services provided by state and federal governments, related to health care, education and mental health services.

You have the same right as all Australians to access these services. There are certain things that mainstream services have to do to make their services accessible for people with disability. Using mainstream supports can also help you be part of your community, or to work or study.

When we fund NDIS supports, we won't fund supports that are not considered NDIS supports because the support is more appropriately funded or provided by a mainstream service or system, such as the education system or health system.<sup>80</sup> Under the law for the NDIS, we can't fund supports that should be provided by a mainstream service.

The Australian federal, state and territory governments agreed on responsibilities for funding different types of supports. The law for the NDIS has an outline of funding responsibilities and were developed with the agreement of each State and Territory.<sup>81</sup>

Learn more about [who is responsible for the supports you need](#).

### **What is reasonable adjustment and why is it important?**

People with a disability can sometimes face barriers that make it harder to do the same things as people who don't have a disability. For example, it might be harder to find and keep a job. Or it might be harder to get in and around places, or to get the same services as other people.

It's against the law to discriminate against people with a disability in many areas.<sup>82</sup> This includes in employment, when providing goods and services, and when accessing public places.

This means organisations or people who are responsible for providing these services have to make what are called 'reasonable adjustments'. They have to make sure people with a disability have equal access to the services they provide, as far as is reasonable.

They have to do reasonable things that will make their services equally available to everyone, whether or not you have a disability.

Reasonable adjustments do not mean they have to provide everything you need because of your disability. It means they have to do what's reasonable to make sure you have equal



access to employment, public spaces or services. This takes into account what they can afford to do and what is reasonable to expect them to provide in the circumstances.

When we decide what supports to include in your plan, we need to consider what should be provided through reasonable adjustments. Under the law for the NDIS, we can't fund a support if it should be provided by someone else through reasonable adjustments.

### What about in-kind supports?

We agreed that state and territory governments will keep providing some supports for a period of time. We call these 'in-kind supports'.

If we fund in-kind supports like [specialist school transport](#) or [personal care in schools](#), you will need to use state or territory government providers for these supports. These supports are most efficiently and effectively provided by state and territory government providers.<sup>83</sup> Learn more about [Work and study supports](#).

For most other in-kind supports, you can choose your provider if you don't want to use your in-kind provider anymore. We can let you choose another provider if we consider that the support isn't most effectively and efficiently provided by the in-kind provider.

We usually let you choose another provider if:

- another provider can give you the same support or level of support as the in-kind provider
- the supports with the new provider still meet the [NDIS funding criteria](#), including that they're value for money compared to the in-kind support
- there are no serious risks with changing providers.

Learn more about [in-kind supports](#).

## How do we include the reasonable and necessary supports in your plan?

Once we've identified the supports, and decided they meet the NDIS funding criteria, we can include the description and funding for the NDIS support in your plan.

If the support doesn't meet the NDIS funding criteria, we can't include the support in your plan. We may consider if a differently described support meets the NDIS funding criteria instead.

When we approve your plan, we'll also make sure all your supports are reasonable and necessary when considered as a package of supports.<sup>84</sup>



Sometimes you might not need any supports under the NDIS. For example, your informal supports may meet all your disability support needs. If so, we'll approve a plan with no funded supports.

Learn more about how we [create and approve your plan](#).

Learn more about [using the funding in your plan](#).

Learn more about [changing your plan](#).

## What happens if we don't include the supports you want?

If we decide a support doesn't meet the [NDIS funding criteria](#), we can't include the support in your plan. Also, if the amount of support you want doesn't meet the criteria, we can't include that amount in your plan.

But, we're committed to [our principles](#) and helping you live an [ordinary life](#). Even if we can't fund a particular support, we may still be able to help.

If the support doesn't meet the NDIS funding criteria, we can consider if a different support meets the NDIS funding criteria. We might be able to consider describing the support differently or funding a different type of support.

Or we may be able to connect you to mainstream or community supports that can help. Mainstream and community supports are available to everyone. They can be a good way to connect with your local community, learn new skills and gain independence.

There are lots of ways we might be able to help, so talk to us if you're in this situation. We can do this at any time. We may be able to help before we approve your plan.

We'll give you the reasons for our decision to approve your plan in writing.<sup>85</sup> You can [contact us](#) if you'd like more detail about the reasons for our decision.

## What happens if I want to replace a support for something else?

We fund NDIS supports in your plan. NDIS laws set out what we can and can't fund.<sup>86</sup>

Sometimes, we may agree that you can spend your funding on supports that are not NDIS supports. We call this a 'replacement support'. Go to [Your plan](#) for more information. For more information about replacement supports, go to [NDIS supports](#).

## What if you don't agree with our decision?

If we decide the supports you requested don't meet our [NDIS funding criteria](#), we can't include them in your plan.



If you'd like more details about the supports that make up your plan's total funding amount, we can send this to you. You can contact us and ask for a Budget Breakdown.

We'll give you written reasons why we made the decision. 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 what supports to include in your plan, you can ask for an internal review of our decision.<sup>87</sup>

You'll need to ask for an internal review within 3 months of getting your plan.<sup>88</sup>

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

## Reference List

- 
- <sup>1</sup> NDIS Act s 34(1)(aa).
  - <sup>2</sup> NDIS Act and delegated legislation made under the NDIS Act, especially NDIS (Supports for Participants) Rules and NDIS (Plan Management) Rules.
  - <sup>3</sup> NDIS Act s 34 (1)(aa).
  - <sup>4</sup> NDIS Act ss 33(2)(a), 33(2)(b), 33(5)(c), 34.
  - <sup>5</sup> NDIS Act ss 13, 33(2)(a).
  - <sup>6</sup> NDIS Act s 34 (1).
  - <sup>7</sup> NDIS Act s 34 (1) (aa).
  - <sup>8</sup> NDIS Act s 10.
  - <sup>9</sup> NDIS Act and delegated legislation made under the NDIS Act, especially NDIS (Supports for Participants) Rules and NDIS (Plan Management) Rules.
  - <sup>10</sup> NDIS (Supports for Participants) Rules r 2.4; NDIS Act s 33(5)(c).
  - <sup>11</sup> NDIS Act s 34(1)(f).
  - <sup>12</sup> NDIS Act ss 33(5)(d), 35(1)(b); NDIS (Supports for Participants) Rules pt 5.
  - <sup>13</sup> NDIS Act ss 33(5)(c), 34(1).
  - <sup>14</sup> NDIS Act s 34(1)(aa).
  - <sup>15</sup> NDIS Act s 34(1)(a).
  - <sup>16</sup> NDIS Act s 34(1)(b).
  - <sup>17</sup> NDIS Act s 34(1)(c).
  - <sup>18</sup> NDIS Act s 34(1)(d).
  - <sup>19</sup> NDIS (Supports for Participants) Rules r 3.2(a).
  - <sup>20</sup> NDIS Act s 34(1)(e).
  - <sup>21</sup> NDIS Act s 34(1)(f).
  - <sup>22</sup> NDIS (Supports for Participants) Rules pts 3, 4.
  - <sup>23</sup> NDIS (Supports for Participants) Rules r 5.1(b), NDIS Act s 34(1)(aa).
  - <sup>24</sup> NDIS Act s 34(1)(a).
  - <sup>25</sup> *McGarrigle v National Disability Insurance Agency* (2017) 252 FCR 121 at [91].
  - <sup>26</sup> NDIS Act s 34(1)(a).
  - <sup>27</sup> NDIS (Supports for Participants) Rules r 5.1(d).
  - <sup>28</sup> NDIS Act s 34(1)(b).
  - <sup>29</sup> NDIS Act ss 3(3)(b), 4(17).
  - <sup>30</sup> NDIS (Supports for Participants) Rules r 3.1(a).
  - <sup>31</sup> NDIS (Supports for Participants) Rules r 3.1(b).
  - <sup>32</sup> NDIS (Supports for Participants) Rules r 3.1(c).

- 33 NDIS (Supports for Participants) Rules r 3.1(e).
- 34 NDIS (Supports for Participants) Rules r 3.1(c).
- 35 NDIS (Supports for Participants) Rules r 3.1(d).
- 36 McCutcheon and NDIA [2015] AATA 624 at [34].
- 37 McCutcheon and NDIA [2015] AATA 624 at [34].
- 38 McCutcheon and NDIA [2015] AATA 624.
- 39 NDIS (Supports for Participants) Rules r 3.2(a).
- 40 NDIS (Supports for Participants) Rules r 3.2(b).
- 41 NDIS (Supports for Participants) Rules r 3.2(c).
- 42 NDIS (Supports for Participants) Rules r 3.3.
- 43 NDIS (Supports for Participants) Rules r 3.3.
- 44 NDIS Act s 34(1)(e).
- 45 NDIS Act s 34(1)(e).
- 46 NDIS (Supports for Participants) Rules r 3.4(a)(i).
- 47 NDIS (Supports for Participants) Rules r 3.4(c).
- 48 NDIS (Supports for Participants) Rules r 3.4(a)(i).
- 49 NDIS (Supports for Participants) Rules r 3.4(a)(ii); JQJT and National Disability Insurance Agency [2016] AATA 478 at [39].
- 50 NDIS (Supports for Participants) Rules r 3.4(a)(iii).
- 51 NDIS (Supports for Participants) Rules r 3.4(a)(iv).
- 52 NDIS (Supports for Participants) Rules rr 3.4(b)(i), (ii).
- 53 NDIS (Supports for Participants) Rules r 3.4(b)(iii).
- 54 NDIS (Supports for Participants) Rules r 3.4(b)(ii).
- 55 NDIS (Supports for Participants) Rules r 3.4(b)(ii).
- 56 NDIS (Supports for Participants) Rules r 3.4(b)(ii)(A).
- 57 NDIS (Supports for Participants) Rules r 3.4(b)(ii)(B).
- 58 NDIS (Supports for Participants) Rules r 3.4(b)(ii)(C).
- 59 NDIS (Supports for Participants) Rules r 3.4(b)(ii)(C).
- 60 NDIS Act s 34(1)(f).
- 61 NDIS (Supports for Participants) Rules r 5.1(b), NDIS Act s 34(1)(aa).
- 62 NDIS (Supports for Participants) Rules r 5.
- 63 NDIS Act s 10.
- 64 NDIS Act s 10.
- 65 NDIS Act s 10.
- 66 NDIS Act s 10.
- 67 NDIS Act s 10.
- 68 NDIS Act s 10.
- 69 NDIS Act ss 33(5)(d), 35(1)(a); NDIS (Supports for Participants) Rules r 5.1(c).
- 70 NDIS Act s 10.
- 71 NDIS Act ss 4, 31.
- 72 NDIS Act s 4(1).
- 73 NDIS Act s 4(2).
- 74 NDIS Act s 4(4).
- 75 NDIS Act s 4(8).
- 76 NDIS Act s 4(10).
- 77 NDIS Act s 4(17).
- 78 NDIS Act s 4(11).
- 79 NDIS Act s 34(1)(f).
- 80 S10(b1) -(3).
- 81 NDIS (Supports for Participants) Rules rr 3.5-3.7, Schedule 1; NDIS Act ss 209(4), (8) item 1.
- 82 Disability Discrimination Act 1992 (Cth); Discrimination Act 1991 (ACT); Anti-Discrimination Act 1977 (NSW); Anti-Discrimination Act 1996 (NT); Anti-Discrimination Act 1991 (Qld); Equal Opportunity Act 1984 (SA); Anti-Discrimination Act 1998 (Tas); Equal Opportunity Act 2010 (Vic); Equal Opportunity Act 1984 (WA).



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- <sup>83</sup> NDIS (Plan Management) Rules r 6.6.
  - <sup>84</sup> NDIS Act s 33(5)(c).
  - <sup>85</sup> NDIS Act s100(1).
  - <sup>86</sup> NDIS Act s 10.
  - <sup>87</sup> NDIS Act s 100.
  - <sup>88</sup> NDIS Act s 100(2).

**This document is correct at the date of publication.**

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# Applicant - record disability conditions and impairments

SGP KP Publishing

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This article provides guidance for a local area coordinator, early childhood partner, business support officer, liaison officer (HLO/JLO), participant support officer or access delegate to:

- learn about a reported condition
- understand and gather impairment evidence
- record conditions and impairments in an access request case.

# 1 Recent updates

## 3 October 2024

Linked article title updated from How to complete the access request case form to Complete form in the access request case.

## 2 Before you start

You have:

- read and understood [Our Guideline - Applying to the NDIS \(external\)](#) including sections **Do you meet the disability requirements?** **Is your disability caused by an impairment?**
- read the articles [What evidence of disability is required?](#) [Understand disability requirements.](#)

### 3 Reported condition

When a person with a disability applies to the NDIS, they will provide their impairment evidence. This is a reported condition. The person may have more than one impairment when they apply.

## 4 Impairment evidence

You need a person's impairment evidence to decide if they're eligible to become an NDIS participant. This could include evidence of:

- treatment history
- any recommended supports or early interventions
- how an impairment affects their day-to-day life.

A treating health professional, who is most relevant to an applicant's disability should provide the impairment evidence. It should also include the applicant's functional capacity evidence.

For early intervention, an early childhood partner can provide developmental delay evidence. For more information, refer to article [What evidence of disability is required?](#)

### 4.1 Gather evidence

When you gather evidence, make sure you get their name, contact details and relationship to the applicant. This will allow for easy follow up.

1. Record details of who has provided evidence on the applicant's behalf. Use article [Log an activity or internal note](#).
2. Include references for any information or specific documents you have sourced.

To add evidence or documents to a case, use guidance [Add and link evidence to a case](#).

## 5 Record a disability in an access request case

To enter disabilities, you need to be in the **Disabilities** step of the **Access Request** case form.

1. To add a disability, select **New**.
2. At **Select reported condition**, start to enter the condition name. The system will suggest possible disabilities based on what you enter. Select the appropriate disability. This will auto-fill the **ICD Disability** and **ICD Disability Code** fields.
3. You must select one **Primary Disability** using the checkbox. You can **only** have one primary disability. **Do not future** date the primary disability.

**Note:** To identify the primary disability, look at the reported disability condition with the greatest impact on a person's daily life.

4. You must specify a **Start Date** for the disability. This may be either from birth or when onset of the disability occurred. Do **not** enter an **end date**.
5. At **Evidence**, select the type of disability evidence from the options shown.
6. Select **Save**.
7. Repeat the steps above to add additional disabilities. Remember you may only select the **Primary Disability** checkbox once.
8. At **Was your primary disability caused by an accident or event?** Select **Yes** or **No** based on the information provided.
9. If you select **Yes**, you'll need to provide the date, and details of any compensation. For more information on providing compensation details, refer to article [Check for compensation when recording disabilities](#).
10. Select **Next**.

## 6 Next steps

1. To complete the access request form, continue to use guidance in article [Complete form in the access request case](#).
2. Use the **Evidence** tab to upload any documentary evidence of the person's disability. Refer to articles [Record treating professional details](#) and [Upload requested evidence for a new applicant](#).

# Impairment categories guide

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This article provides guidance for an access delegate to understand what impairment categories to select for a person that meets the eligibility requirements.

# 1 Recent updates

## 14 October 2024

New guidance to:

- reflect legislation changes from 3 October 2024
- decide what impairment categories to select for a person that meets the eligibility requirements.

## 2 Impairments categories guide

Impairments are a loss of or damage to a body's function. When we assess an impairment to meet access, we look at:

- the body's function
- the body's structure
- how they think and learn.

To learn more about impairment categories go to article [Descriptions of impairment categories](#).

The following list provides you with information on:

- the condition
- the ICD 10 Code
- the **required** impairment category for access assessors to select
- **optional** impairment categories to select as relevant, based on evidence provided with access request.

## 3 Conditions

### 3.1 Autism (ASD)

1. **Autism** – includes Rett and Asperger Syndrome  
**ICD 10 Codes:** F84.0, F84.2, F84.5  
**Required impairment category:** Neurological  
**Optional impairment categories:** Intellectual, cognitive, physical, psychosocial

### 3.2 Acquired brain injury

1. **Glioblastoma****ICD 10 Code:** G71.9  
**Required impairment category:** Neurological  
**Optional impairment categories:** Cognitive, physical, psychosocial
2. **Hypoxic brain injury****ICD 10 Code:** 93.1  
**Required impairment category:** Neurological  
**Optional impairment categories:** Physical, psychosocial
3. **Traumatic brain injury** – also called head injury and acquired brain damage  
**ICD 10 Code:** T90  
**Required impairment category:** Neurological  
**Optional impairment categories:** Cognitive, physical, psychosocial

### 3.3 Intellectual disability

1. **Mild intellectual disability****ICD 10 Codes:** F70  
**Required impairment category:** Intellectual  
**Optional impairment categories:** Cognitive
2. **Moderate intellectual disability****ICD 10 Codes:** F71  
**Required impairment category:** Intellectual  
**Optional impairment categories:** Cognitive, physical, psychosocial
3. **Severe intellectual disability****ICD 10 Codes:** F72  
**Required impairment category:** Intellectual  
**Optional impairment categories:** Cognitive, physical, psychosocial
4. **Profound intellectual disability****ICD 10 Codes:** F73  
**Required impairment category:** Intellectual  
**Optional impairment categories:** Cognitive, physical, psychosocial
5. **Unspecified intellectual disability****ICD 10 Codes:** F79  
**Required impairment category:** Intellectual  
**Optional impairment categories:** Cognitive, sensory, physical, psychosocial
6. **Pervasive developmental disorder****ICD 10 Codes:** F84.8  
**Required impairment category:** Intellectual  
**Optional impairment categories:** Cognitive, sensory, psychosocial
7. **Microcephaly****ICD 10 Codes:** Q02  
**Required impairment category:** Intellectual  
**Optional impairment categories:** Cognitive, neurological, sensory, physical
8. **Other congenital brain conditions** – for example, tuberous sclerosis  
**ICD 10 Codes:** Q04  
**Required impairment category:** Intellectual  
**Optional impairment categories:** Cognitive, neurological, physical

9. **Spina bifida** ICD 10 Codes: Q05  
**Required impairment category:** Physical  
**Optional impairment categories:** Intellectual, cognitive, sensory, neurological
10. **Foetal alcohol syndrome** ICD 10 Codes: Q86.0  
**Required impairment category:** Neurological  
**Optional impairment categories:** Intellectual, cognitive, sensory, physical, psychosocial
11. **Foetal alcohol spectrum disorder (FASD)** ICD 10 Codes: Q86.0D  
**Required impairment category:** Neurological  
**Optional impairment categories:** Intellectual, cognitive, sensory, physical, psychosocial
12. **Cornelia de Lange syndrome** ICD 10 Codes: Q87.1  
**Required impairment category:** Intellectual  
**Optional impairment categories:** Cognitive, neurological, sensory, physical, psychosocial
13. **Prader Willi syndrome** ICD 10 Codes: Q87.1  
**Required impairment category:** Intellectual  
**Optional impairment categories:** Cognitive, neurological, physical, psychosocial
14. **Coffin-Lowry syndrome** ICD 10 Codes: Q87.8  
**Required impairment category:** Intellectual  
**Optional impairment categories:** Cognitive, neurological, sensory, physical, psychosocial
15. **Other congenital conditions (causing intellectual disability)** ICD 10 Codes: Q89  
**Required impairment category:** Intellectual  
**Optional impairment categories:** Cognitive, neurological, sensory, physical, psychosocial
16. **Edwards syndrome** ICD 10 Codes: Q91  
**Required impairment category:** Intellectual  
**Optional impairment categories:** Cognitive, neurological, sensory, physical, psychosocial
17. **Patau syndrome** ICD 10 Codes: Q91  
**Required impairment category:** Intellectual  
**Optional impairment categories:** Cognitive, neurological, sensory, physical, psychosocial
18. **Cri du Chat syndrome** ICD 10 Codes: Q93.4  
**Required impairment category:** Intellectual  
**Optional impairment categories:** Cognitive, sensory, physical
19. **Angelman syndrome** ICD 10 Codes: Q93.5  
**Required impairment category:** Intellectual  
**Optional impairment categories:** Cognitive, sensory, physical
20. **Other chromosomal syndromes (including Kabuki & Williams syndromes)** ICD 10 Codes: Q99  
**Required impairment category:** Intellectual  
**Optional impairment categories:** Cognitive, neurological, sensory, physical, psychosocial
21. **Fragile X syndrome** ICD 10 Codes: Q99.2  
**Required impairment category:** Intellectual  
**Optional impairment categories:** Cognitive, neurological, sensory, physical, psychosocial

### 3.4 Cerebral Palsy

1. **Cerebral palsy** ICD 10 Codes: G80  
Required impairment category: Physical  
Optional impairment categories: Intellectual, cognitive, neurological, sensory

### 3.5 Down Syndrome

1. **Down syndrome** ICD 10 Codes: Q90  
Required impairment category: Intellectual  
Optional impairment categories: Cognitive, physical

### 3.6 Hearing Impairment

1. **Hearing loss** ICD 10 Codes: H90  
Required impairment category: Sensory  
Optional impairment categories: Cognitive
2. **Congenital hearing condition** ICD 10 Codes: Q16.9  
Required impairment category: Sensory  
Optional impairment categories: Cognitive

### 3.7 Visual Impairment

1. **Albinism** ICD 10 Codes: E70.3  
Required impairment category: Sensory  
Optional impairment categories: Not applicable
2. **Visual impairment (including blindness)** ICD 10 Codes: H54  
Required impairment category: Sensory  
Optional impairment categories: Not applicable
3. **Congenital eye conditions** ICD 10 Codes: Q15.9  
Required impairment category: Sensory  
Optional impairment categories: Not applicable

### 3.8 Other Sensory - Speech

1. **Other sensory - speech** ICD 10 Codes: R47  
Required impairment category: Sensory  
Optional impairment categories: Physical

### 3.9 Multiple Sclerosis

1. **Multiple Sclerosis** ICD 10 Codes: G35  
Required impairment category: Neurological  
Optional impairment categories: Cognitive, physical, psychosocial

### 3.10 Other Neurological

1. **Alzheimer's disease** ICD 10 Codes: F00  
**Required impairment category:** Cognitive  
**Optional impairment categories:** Neurological, physical, psychosocial
2. **Unspecified dementia** ICD 10 Codes: F03  
**Required impairment category:** Cognitive  
**Optional impairment categories:** Neurological, physical, psychosocial
3. **Huntington disease** ICD 10 Codes: G10  
**Required impairment category:** Physical  
**Optional impairment categories:** Cognitive, neurological, psychosocial
4. **Motor neurone disease** ICD 10 Codes: G12.2  
**Required impairment category:** Physical  
**Optional impairment categories:** Cognitive, neurological, sensory, psychosocial
5. **Parkinson's disease** ICD 10 Codes: G20  
**Required impairment category:** Neurological  
**Optional impairment categories:** Cognitive, physical, psychosocial
6. **Epilepsy – Mandatory TAPIBI** ICD 10 Codes: G40  
**Required impairment category:** Neurological  
**Optional impairment categories:** Intellectual, cognitive, psychosocial
7. **Muscular dystrophy** ICD 10 Codes: G71.0  
**Required impairment category:** Physical  
**Optional impairment categories:** Neurological
8. **Other Neurological – List A and List C** ICD 10 Codes: G99  
**Required impairment category:** Neurological  
**Optional impairment categories:** Cognitive, sensory, physical

### 3.11 Stroke

1. **Stroke** ICD 10 Codes: I69  
**Required impairment category:** Physical  
**Optional impairment categories:** Cognitive, neurological, sensory, psychosocial

### 3.12 Other Physical

1. **Rheumatoid arthritis** ICD 10 Codes: M05  
**Required impairment category:** Physical  
**Optional impairment categories:** Not applicable
2. **Other arthritis – mandatory TAPIBI** ICD 10 Codes: M12  
**Required impairment category:** Physical  
**Optional impairment categories:** Not applicable
3. **Other physical** ICD 10 Codes: M95  
**Required impairment category:** Physical  
**Optional impairment categories:** Psychosocial
4. **Multiple traumatic amputations** ICD 10 Codes: T05  
**Required impairment category:** Physical  
**Optional impairment categories:** Psychosocial
5. **Myopathy** ICD 10 Codes: G72.9  
**Required impairment category:** Physical  
**Optional impairment categories:** Not applicable

### 3.13 Psychosocial disability

1. **Schizophrenia** ICD 10 Codes: F20  
Required impairment category: Psychosocial  
Optional impairment categories: Cognitive
2. **Schizoaffective disorder** ICD 10 Codes: F25.9  
Required impairment category: Psychosocial  
Optional impairment categories: Cognitive
3. **Bipolar affective disorder** ICD 10 Codes: F31  
Required impairment category: Psychosocial  
Optional impairment categories: Cognitive
4. **Major depressive illness** ICD 10 Codes: F32  
Required impairment category: Psychosocial  
Optional impairment categories: Cognitive
5. **Other anxiety disorders** ICD 10 Codes: F41  
Required impairment category: Psychosocial  
Optional impairment categories: Cognitive
6. **Obsessive-compulsive disorder** ICD 10 Codes: F42  
Required impairment category: Psychosocial  
Optional impairment categories: Not applicable
7. **Post traumatic stress disorder** ICD 10 Codes: F43  
Required impairment category: Psychosocial  
Optional impairment categories: Cognitive
8. **Borderline personality disorder** ICD 10 Codes: F60.3  
Required impairment category: Psychosocial  
Optional impairment categories: Not applicable
9. **Tourette syndrome** ICD 10 Codes: F95.2  
Required impairment category: Neurological  
Optional impairment categories: Cognitive, physical, psychosocial
10. **Other psychosocial disorders** ICD 10 Codes: F99  
Required impairment category: Psychosocial  
Optional impairment categories: Cognitive
11. **Anorexia** ICD 10 Codes: R63  
Required impairment category: Psychosocial  
Optional impairment categories: Cognitive, physical

### 3.14 Spinal Cord Injury

1. **Malignant neoplasm of spinal cord complete and incomplete** ICD 10 Codes: C72.5, C72.7  
Required impairment category: Physical  
Optional impairment categories: Neurological, sensory
2. **Spinal cord injury (complete)** ICD 10 Codes: T09.5  
Required impairment category: Physical  
Optional impairment categories: Neurological, sensory, psychosocial
3. **Spinal cord injury (incomplete)** ICD 10 Codes: T09.7  
Required impairment category: Physical  
Optional impairment categories: Neurological, sensory, psychosocial

### 3.15 Other

1. **Malignant neoplasm of brain** ICD 10 Codes: C71  
Required impairment category: Neurological  
Optional impairment categories: Cognitive, psychosocial
2. **Metastatic cancer** ICD 10 Codes: C79.9  
Required impairment category: Physical  
Optional impairment categories: Cognitive
3. **Malignant neoplasm of blood or immune disease** ICD 10 Codes: C96  
Required impairment category: Physical  
Optional impairment categories: Cognitive
4. **Autoimmune disorders** ICD 10 Codes: D89.9  
Required impairment category: Physical  
Optional impairment categories: Cognitive
5. **Obesity – mandatory TAPIB** ICD 10 Codes: E66  
Required impairment category: Physical  
Optional impairment categories: Psychosocial
6. **Classical phenylketonuria** ICD 10 Codes: E70.0  
Required impairment category: Cognitive  
Optional impairment categories: Psychosocial
7. **Disorders of pyruvate metabolism and gluconeogenesis** ICD 10 Codes: E74.4  
Required impairment category: Intellectual  
Optional impairment categories: Neurological, physical
8. **Other metabolic disorders** ICD 10 Codes: E88  
Required impairment category: Intellectual  
Optional impairment categories: Neurological, physical
9. **Dementia – rapidly progressing** ICD 10 Codes: F03.9  
Required impairment category: Cognitive  
Optional impairment categories: Not applicable
10. **Functional neurological disorder (FND) – mandatory TAPIB** ICD 10 Codes: F44.4  
Required impairment category: Neurological  
Optional impairment categories: Cognitive, sensory, physical
11. **Other language disorder** ICD 10 Codes: F80  
Required impairment category: Cognitive  
Optional impairment categories: Not applicable
12. **Peripheral neuropathy – does NOT require TAPIB** ICD 10 Codes: F90.0  
Required impairment category: Neurological  
Optional impairment categories: Sensory, physical
13. **Oppositional defiant disorder (ODD)** ICD 10 Codes: F91.3  
Required impairment category: Cognitive  
Optional impairment categories: Psychosocial
14. **Other hereditary ataxias** ICD 10 Codes: G11.8  
Required impairment category: Neurological  
Optional impairment categories: Cognitive, sensory, physical
15. **Dementia – early onset** ICD 10 Codes: G30.0  
Required impairment category: Cognitive  
Optional impairment categories: Not applicable
16. **Plegia** ICD 10 Codes: G83.1  
Required impairment category: Physical  
Optional impairment categories: Neurological

17. **Chronic pain – mandatory TAPIBICD 10 Codes:** G89.4  
**Required impairment category:** Physical  
**Optional impairment categories:** Sensory, psychosocial
18. **Postural Orthostatic Tachycardia Syndrome (POTS) – mandatory TAPIBICD 10 Codes:** I49.8  
**Required impairment category:** Neurological  
**Optional impairment categories:** Physical
19. **Lymphoedema – mandatory TAPIBICD 10 Codes:** I89.0  
**Required impairment category:** Physical  
**Optional impairment categories:** Not applicable
20. **Chronic lung disease ICD 10 Codes:** J44.9  
**Required impairment category:** Physical  
**Optional impairment categories:**
21. **Chronic Obstructive Pulmonary Disease (COPD) – mandatory TAPIBICD 10 Codes:** J44.9A  
**Required impairment category:** Physical  
**Optional impairment categories:** Not applicable
22. **Osteoarthritis – mandatory TAPIBICD 10 Codes:** M19.9  
**Required impairment category:** Physical  
**Optional impairment categories:** Not applicable
23. **Systemic lupus erythematosus ICD 10 Codes:** M32  
**Required impairment category:** Physical  
**Optional impairment categories:** Not applicable
24. **Ankylosing spondylitis ICD 10 Codes:** M45  
**Required impairment category:** Physical  
**Optional impairment categories:** Not applicable
25. **Fibromyalgia ICD 10 Codes:** M79.7  
**Required impairment category:** Physical  
**Optional impairment categories:** Sensory
26. **Renal failure ICD 10 Codes:** N18  
**Required impairment category:** Physical  
**Optional impairment categories:**
27. **Ehlers Danlos – does NOT require TAPIBICD 10 Codes:** Q79.6  
**Required impairment category:** Physical  
**Optional impairment categories:** Not applicable
28. **Dyslexia ICD 10 Codes:** R48  
**Required impairment category:** Cognitive  
**Optional impairment categories:** Psychosocial
29. **Childhood apraxia of speech ICD 10 Codes:** R48.2  
**Required impairment category:** Neurological  
**Optional impairment categories:** Cognitive
30. **Short stature ICD 10 Codes:** R62.5  
**Required impairment category:** Physical  
**Optional impairment categories:** Not applicable
31. **Amputation – single limb or upper/lower limb ICD 10 Codes:** Z89  
**Required impairment category:** Physical  
**Optional impairment categories:** Cognitive, sensory, psychosocial
32. **Amputation – multiple ICD 10 Codes:** Z89.1  
**Required impairment category:** Physical  
**Optional impairment categories:** Cognitive, sensory, psychosocial

# Impairment categories guide

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This article provides guidance for all NDIA staff and partners to understand which impairment categories to select for a person that meets the eligibility requirements.

This document was released under the Freedom of Information Act 1982 by the National Disability Insurance Agency

# 1 Recent updates

## 7 July 2025

Guidance language update. There is new language for **required impairment category** or **optional impairment categories**. This is now **Highly likely impairment category** and **commonly associated impairment categories**.

## 2 Impairments categories guide

Impairments are a loss of or damage to a body's function. When we assess an impairment to meet access, we look at:

- the body's function
- the body's structure
- how they think and learn.

To learn more about impairment categories go to article [Descriptions of impairment categories](#).

The following list provides you with information on the:

- condition
- ICD 10 Codes
- highly likely impairment category for access assessors to select
- commonly associated impairment categories to select as relevant, based on evidence provided.

## 3 Conditions

### 3.1 Autism (ASD)

1. **Autism** – includes Rett and Asperger Syndrome

**ICD 10 Codes:** F84.0, F84.2, F84.5

**Highly likely impairment category:** Neurological

**Commonly associated impairment categories:** Intellectual, cognitive, physical, psychosocial

### 3.2 Acquired brain injury

1. **Glioblastoma**

**ICD 10 Code:** G71.9

**Highly likely impairment category:** Neurological

**Commonly associated impairment categories:** Cognitive, physical, psychosocial

2. **Hypoxic brain injury**

**ICD 10 Code:** 93.1

**Highly likely impairment category:** Neurological

**Commonly associated impairment categories:** Physical, psychosocial

3. **Traumatic brain injury** – also called head injury and acquired brain damage

**ICD 10 Code:** T90

**Highly likely impairment category:** Neurological

**Commonly associated impairment categories:** Cognitive, physical, psychosocial

### 3.3 Intellectual disability

1. **Mild intellectual disability**

**ICD 10 Code:** F70

**Highly likely impairment category:** Intellectual

**Commonly associated impairment categories:** Cognitive

2. **Moderate intellectual disability**

**ICD 10 Code:** F71

**Highly likely impairment category:** Intellectual

**Commonly associated impairment categories:** Cognitive, physical, psychosocial

3. **Severe intellectual disability**

**ICD 10 Code:** F72

**Highly likely impairment category:** Intellectual

**Commonly associated impairment categories:** Cognitive, physical, psychosocial

4. **Profound intellectual disability**

**ICD 10 Code:** F73

**Highly likely impairment category:** Intellectual

**Commonly associated impairment categories:** Cognitive, physical, psychosocial

5. **Unspecified intellectual disability**  
**ICD 10 Code:** F79  
**Highly likely impairment category:** Intellectual  
**Commonly associated impairment categories:** Cognitive, sensory, physical, psychosocial
6. **Pervasive developmental disorder**  
**ICD 10 Code:** F84.8  
**Highly likely impairment category:** Intellectual  
**Commonly associated impairment categories:** Cognitive, sensory, psychosocial
7. **Microcephaly**  
**ICD 10 Code:** Q02  
**Highly likely impairment category:** Intellectual  
**Commonly associated impairment categories:** Cognitive, neurological, sensory, physical
8. **Other congenital brain conditions** – for example, tuberous sclerosis  
  
**ICD 10 Code:** Q04  
**Highly likely impairment category:** Intellectual  
**Commonly associated impairment categories:** Cognitive, neurological, physical
9. **Spina bifida**  
**ICD 10 Code:** Q05  
**Highly likely impairment category:** Physical  
**Commonly associated impairment categories:** Intellectual, cognitive, sensory, neurological
10. **Foetal alcohol syndrome**  
**ICD 10 Code:** Q86.0  
**Highly likely impairment category:** Neurological  
**Commonly associated impairment categories:** Intellectual, cognitive, sensory, physical, psychosocial
11. **Foetal alcohol spectrum disorder (FASD)**  
**ICD 10 Code:** Q86.0D  
**Highly likely impairment category:** Neurological  
**Commonly associated impairment categories:** Intellectual, cognitive, sensory, physical, psychosocial
12. **Cornelia de Lange syndrome**  
**ICD 10 Code:** Q87.1  
**Highly likely impairment category:** Intellectual  
**Commonly associated impairment categories:** Cognitive, neurological, sensory, physical, psychosocial
13. **Prader Willi syndrome**  
**ICD 10 Code:** Q87.1  
**Highly likely impairment category:** Intellectual  
**Commonly associated impairment categories:** Cognitive, neurological, physical, psychosocial
14. **Coffin-Lowry syndrome**  
**ICD 10 Code:** Q87.8

**Highly likely impairment category:** Intellectual

**Commonly associated impairment categories:** Cognitive, neurological, sensory, physical, psychosocial

15. **Other congenital conditions (causing intellectual disability)**

**ICD 10 Code:** Q89

**Highly likely impairment category:** Intellectual

**Commonly associated impairment categories:** Cognitive, neurological, sensory, physical, psychosocial

16. **Edwards syndrome**

**ICD 10 Code:** Q91

**Highly likely impairment category:** Intellectual

**Commonly associated impairment categories:** Cognitive, neurological, sensory, physical, psychosocial

17. **Patau syndrome**

**ICD 10 Code:** Q91

**Highly likely impairment category:** Intellectual

**Commonly associated impairment categories:** Cognitive, neurological, sensory, physical, psychosocial

18. **Cri du Chat syndrome**

**ICD 10 Code:** Q93.4

**Highly likely impairment category:** Intellectual

**Commonly associated impairment categories:** Cognitive, sensory, physical

19. **Angelman syndrome**

**ICD 10 Code:** Q93.5

**Highly likely impairment category:** Intellectual

**Commonly associated impairment categories:** Cognitive, sensory, physical

20. **Other chromosomal syndromes (including Kabuki & Williams syndromes)**

**ICD 10 Code:** Q99

**Highly likely impairment category:** Intellectual

**Commonly associated impairment categories:** Cognitive, neurological, sensory, physical, psychosocial

21. **Fragile X syndrome**

**ICD 10 Code:** Q99.2

**Highly likely impairment category:** Intellectual

**Commonly associated impairment categories:** Cognitive, neurological, sensory, physical, psychosocial

### 3.4 Cerebral Palsy

1. **Cerebral palsy**

**ICD 10 Code:** G80

**Highly likely impairment category:** Physical

**Commonly associated impairment categories:** Intellectual, cognitive, neurological, sensory

### 3.5 Down Syndrome

1. **Down syndrome**  
ICD 10 Code: Q90  
Highly likely impairment category: Intellectual  
Commonly associated impairment categories: Cognitive, physical

### 3.6 Hearing Impairment

1. **Hearing loss**  
ICD 10 Code: H90  
Highly likely impairment category: Sensory  
Commonly associated impairment category: Cognitive
2. **Congenital hearing condition**  
ICD 10 Code: Q16.9  
Highly likely impairment category: Sensory  
Commonly associated impairment category: Cognitive

### 3.7 Visual Impairment

1. **Albinism**  
ICD 10 Code: E70.3  
Highly likely impairment category: Sensory  
Commonly associated impairment category: Not applicable
2. **Visual impairment (including blindness)**  
ICD 10 Code: H54  
Highly likely impairment category: Sensory  
Commonly associated impairment category: Not applicable
3. **Congenital eye conditions**  
ICD 10 Code: Q15.9  
Highly likely impairment category: Sensory  
Commonly associated impairment category: Not applicable

### 3.8 Other Sensory – Speech

1. **Other sensory – speech**  
ICD 10 Code: R47  
Highly likely impairment category: Sensory  
Commonly associated impairment category: Physical

### 3.9 Multiple Sclerosis

1. **Multiple Sclerosis**  
ICD 10 Code: G35  
Highly likely impairment category: Neurological  
Commonly associated impairment categories: Cognitive, physical, psychosocial

### 3.10 Other Neurological

1. **Alzheimer's disease**  
**ICD 10 Code:** F00  
**Highly likely impairment category:** Cognitive  
**Commonly associated impairment categories:** Neurological, physical, psychosocial
2. **Unspecified dementia**  
**ICD 10 Code:** F03  
**Highly likely impairment category:** Cognitive  
**Commonly associated impairment categories:** Neurological, physical, psychosocial
3. **Huntington disease**  
**ICD 10 Code:** G10  
**Highly likely impairment category:** Physical  
**Commonly associated impairment categories:** Cognitive, neurological, psychosocial
4. **Motor neurone disease**  
**ICD 10 Code:** G12.2  
**Highly likely impairment category:** Physical  
**Commonly associated impairment categories:** Cognitive, neurological, sensory, psychosocial
5. **Parkinson's disease**  
**ICD 10 Code:** G20  
**Highly likely impairment category:** Neurological  
**Commonly associated impairment categories:** Cognitive, physical, psychosocial
6. **Epilepsy – Mandatory TAPIB**  
**ICD 10 Code:** G40  
**Highly likely impairment category:** Neurological  
**Commonly associated impairment categories:** Intellectual, cognitive, psychosocial
7. **Muscular dystrophy**  
**ICD 10 Code:** G71.0  
**Highly likely impairment category:** Physical  
**Commonly associated impairment category:** Neurological
8. **Other Neurological – List A and List C**  
**ICD 10 Code:** G99  
**Highly likely impairment category:** Neurological  
**Commonly associated impairment categories:** Cognitive, sensory, physical

### 3.11 Stroke

1. **Stroke**  
**ICD 10 Code:** I69  
**Highly likely impairment category:** Physical  
**Commonly associated impairment categories:** Cognitive, neurological, sensory, psychosocial

### 3.12 Other Physical

1. **Rheumatoid arthritis**  
**ICD 10 Code:** M05  
**Highly likely impairment category:** Physical  
**Commonly associated impairment category:** Not applicable
2. **Other arthritis – mandatory TAPIB**  
**ICD 10 Code:** M12  
**Highly likely impairment category:** Physical  
**Commonly associated impairment category:** Not applicable
3. **Other physical**  
**ICD 10 Code:** M95  
**Highly likely impairment category:** Physical  
**Commonly associated impairment category:** Psychosocial
4. **Multiple traumatic amputations**  
**ICD 10 Code:** T05  
**Highly likely impairment category:** Physical  
**Commonly associated impairment category:** Psychosocial
5. **Myopathy**  
**ICD 10 Code:** G72.9  
**Highly likely impairment category:** Physical  
**Commonly associated impairment category:** Not applicable

### 3.13 Psychosocial disability

1. **Schizophrenia**  
**ICD 10 Code:** F20  
**Highly likely impairment category:** Psychosocial  
**Commonly associated impairment category:** Cognitive
2. **Schizoaffective disorder**  
**ICD 10 Code:** F25.9  
**Highly likely impairment category:** Psychosocial  
**Commonly associated impairment category:** Cognitive
3. **Bipolar affective disorder**  
**ICD 10 Code:** F31  
**Highly likely impairment category:** Psychosocial  
**Commonly associated impairment category:** Cognitive
4. **Major depressive illness**  
**ICD 10 Code:** F32  
**Highly likely impairment category:** Psychosocial  
**Commonly associated impairment categories:** Cognitive
5. **Other anxiety disorders**  
**ICD 10 Code:** F41  
**Highly likely impairment category:** Psychosocial  
**Commonly associated impairment categories:** Cognitive

6. **Obsessive-compulsive disorder**  
**ICD 10 Code:** F42  
**Highly likely impairment category:** Psychosocial  
**Commonly associated impairment category:** Not applicable
7. **Post traumatic stress disorder**  
**ICD 10 Code:** F43  
**Highly likely impairment category:** Psychosocial  
**Commonly associated impairment category:** Cognitive
8. **Borderline personality disorder**  
**ICD 10 Code:** F60.3  
**Highly likely impairment category:** Psychosocial  
**Commonly associated impairment category:** Not applicable
9. **Tourette syndrome**  
**ICD 10 Code:** F95.2  
**Highly likely impairment category:** Neurological  
**Commonly associated impairment categories:** Cognitive, physical, psychosocial
10. **Other psychosocial disorders**  
**ICD 10 Code:** F99  
**Highly likely impairment category:** Psychosocial  
**Commonly associated impairment category:** Cognitive
11. **Anorexia**  
**ICD 10 Code:** R63  
**Highly likely impairment category:** Psychosocial  
**Commonly associated impairment categories:** Cognitive, physical

### 3.14 Spinal Cord Injury

1. **Malignant neoplasm of spinal cord complete and incomplete**  
**ICD 10 Code:** C72.5, C72.7  
**Highly likely impairment category:** Physical  
**Commonly associated impairment categories:** Neurological, sensory
2. **Spinal cord injury (complete)**  
**ICD 10 Code:** T09.5  
**Highly likely impairment category:** Physical  
**Commonly associated impairment categories:** Neurological, sensory, psychosocial
3. **Spinal cord injury (incomplete)**  
**ICD 10 Code:** T09.7  
**Highly likely impairment category:** Physical  
**Commonly associated impairment categories:** Neurological, sensory, psychosocial

### 3.15 Other

1. **Malignant neoplasm of brain**  
**ICD 10 Code:** C71  
**Highly likely impairment category:** Neurological

**Commonly associated impairment categories:** Cognitive, psychosocial

2. **Metastatic cancer**  
**ICD 10 Code:** C79.9  
**Highly likely impairment category:** Physical  
**Commonly associated impairment category:** Cognitive
3. **Malignant neoplasm of blood or immune disease**  
**ICD 10 Code:** C96  
**Highly likely impairment category:** Physical  
**Commonly associated impairment category:** Cognitive
4. **Autoimmune disorders**  
**ICD 10 Code:** D89.9  
**Highly likely impairment category:** Physical  
**Commonly associated impairment category:** Cognitive
5. **Obesity – mandatory TAPIB**  
**ICD 10 Code:** E66  
**Highly likely impairment category:** Physical  
**Commonly associated impairment category:** Psychosocial
6. **Classical phenylketonuria**  
**ICD 10 Code:** E70.0  
**Highly likely impairment category:** Cognitive  
**Commonly associated impairment category:** Psychosocial
7. **Disorders of pyruvate metabolism and gluconeogenesis**  
**ICD 10 Code:** E74.4  
**Highly likely impairment category:** Intellectual  
**Commonly associated impairment categories:** Neurological, physical
8. **Other metabolic disorders**  
**ICD 10 Code:** E88  
**Highly likely impairment category:** Intellectual  
**Commonly associated impairment categories:** Neurological, physical
9. **Dementia – rapidly progressing**  
**ICD 10 Code:** F03.9  
**Highly likely impairment category:** Cognitive  
**Commonly associated impairment category:** Not applicable
10. **Functional neurological disorder (FND) – mandatory TAPIB**  
**ICD 10 Code:** F44.4  
**Highly likely impairment category:** Neurological  
**Commonly associated impairment categories:** Cognitive, sensory, physical
11. **Other language disorder**  
**ICD 10 Code:** F80  
**Highly likely impairment category:** Cognitive  
**Commonly associated impairment category:** Not applicable
12. **Peripheral neuropathy – does NOT require TAPIB**  
**ICD 10 Code:** F90.0

- Highly likely impairment category:** Neurological  
**Commonly associated impairment categories:** Sensory, physical
13. **Oppositional defiant disorder (ODD)**  
**ICD 10 Code:** F91.3  
**Highly likely impairment category:** Cognitive  
**Commonly associated impairment category:** Psychosocial
  14. **Other hereditary ataxias**  
**ICD 10 Code:** G11.8  
**Highly likely impairment category:** Neurological  
**Commonly associated impairment categories:** Cognitive, sensory, physical
  15. **Dementia – early onset**  
**ICD 10 Code:** G30.0  
**Highly likely impairment category:** Cognitive  
**Commonly associated impairment category:** Not applicable
  16. **Plegia**  
**ICD 10 Code:** G83.1  
**Highly likely impairment category:** Physical  
**Commonly associated impairment category:** Neurological
  17. **Chronic pain – mandatory TAPIB**  
**ICD 10 Code:** G89.4  
**Highly likely impairment category:** Physical  
**Commonly associated impairment categories:** Sensory, psychosocial
  18. **Postural Orthostatic Tachycardia Syndrome (POTS) – mandatory TAPIB**  
**ICD 10 Code:** I49.8  
**Highly likely impairment category:** Neurological  
**Commonly associated impairment category:** Physical
  19. **Lymphoedema – mandatory TAPIB**  
**ICD 10 Code:** I89.0  
**Highly likely impairment category:** Physical  
**Commonly associated impairment category:** Not applicable
  20. **Chronic lung disease**  
**ICD 10 Code:** J44.9  
**Highly likely impairment category:** Physical  
**Commonly associated impairment category:** Not applicable
  21. **Chronic Obstructive Pulmonary Disease (COPD) – mandatory TAPIB**  
**ICD 10 Code:** J44.9A  
**Highly likely impairment category:** Physical  
**Commonly associated impairment category:** Not applicable
  22. **Osteoarthritis – mandatory TAPIB**  
**ICD 10 Code:** M19.9  
**Highly likely impairment category:** Physical  
**Commonly associated impairment category:** Not applicable

23. **Systemic lupus erythematosus**  
ICD 10 Code: M32  
Highly likely impairment category: Physical  
Commonly associated impairment category: Not applicable
24. **Ankylosing spondylitis**  
ICD 10 Code: M45  
Highly likely impairment category: Physical  
Commonly associated impairment category: Not applicable
25. **Fibromyalgia**  
ICD 10 Code: M79.7  
Highly likely impairment category: Physical  
Commonly associated impairment category: Sensory
26. **Renal failure**  
ICD 10 Code: N18  
Highly likely impairment category: Physical  
Commonly associated impairment category: Not applicable
27. **Ehlers Danlos – does NOT require TAPIB**  
ICD 10 Code: Q79.6  
Highly likely impairment category: Physical  
Commonly associated impairment category: Not applicable
28. **Dyslexia**  
ICD 10 Code: R48  
Highly likely impairment category: Cognitive  
Commonly associated impairment category: Psychosocial
29. **Childhood apraxia of speech**  
ICD 10 Code: R48.2  
Highly likely impairment category: Neurological  
Commonly associated impairment category: Cognitive
30. **Short stature**  
ICD 10 Code: R62.5  
Highly likely impairment category: Physical  
Commonly associated impairment category: Not applicable
31. **Amputation – single limb or upper/lower limb**  
ICD 10 Code: Z89  
Highly likely impairment category: Physical  
Commonly associated impairment categories: Cognitive, sensory, psychosocial
32. **Amputation – multiple**  
ICD 10 Code: Z89.1  
Highly likely impairment category: Physical  
Commonly associated impairment categories: Cognitive, sensory, psychosocial

# Descriptions of impairment categories

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This article provides guidance for an access delegate to understand the impairment categories when deciding what categories to select for a person that meets the eligibility requirements.

This document was released under the Freedom of Information Act 1982 by the National Disability Insurance Agency

# 1 Recent updates

## 14 October 2024

New guidance to:

- reflect legislation changes from 3 October 2024
- understand the impairment categories when deciding what categories to select for a person that meets the eligibility requirements.

## 2 Impairment categories

1. **Intellectual** Such as how you speak and listen, read and write, solve problems, and process and remember information.

An intellectual impairment may be considered a developmental disorder as it becomes apparent at an early age<sup>1</sup>. Without these skills, a person needs additional supports to succeed at school, work, or independent life. Conditions such as down's syndrome and cerebral palsy may be associated with intellectual impairments.

2. **Cognitive** Such as how you think, learn new things, use judgment to make decisions, and pay attention.

Cognitive impairment involves various aspects of high-level mental functions and processes such as attention, memory, knowledge, decision-making, planning, reasoning, judgment, perception, comprehension, language, and visuospatial function . There are some similarities with intellectual impairments however, cognitive impairments generally become apparent at a later stage in life and are associated with brain injury or pathology<sup>1</sup>. Conditions such as dementia and traumatic brain injury may cause cognitive impairments.

3. **Neurological** Such as how your body functions.

Neurological impairments happen when there's a change in function of the nervous system, which includes the brain and spinal cord<sup>2</sup>. Damage to either or both areas can affect the way the nervous system processes information. Parkinsons disease, epilepsy and multiple sclerosis<sup>3</sup> are conditions which have a neurological basis.

4. **Sensory** Such as how you see or hear.

Sensory impairment most commonly relates to hearing or visual loss but can include all senses<sup>2</sup>.

5. **Physical** Such as the ability to move parts of your body.

Physical impairment may cause limitations in posture control, moving and coordinating parts of the body or in stamina<sup>2</sup>. There are many conditions which can cause a physical impairment including amputation of a limb, arthritis, multiple sclerosis, heart disease.

6. **Psychosocial** This means you have reduced capacity to do daily life activities and tasks due to your mental health.

Participants with a psychosocial impairment may find it hard to engage in education, training and employment or engage with the community. Mental health conditions such as bipolar affective disorder and schizophrenia are commonly associated with psychosocial impairments<sup>1</sup> but other conditions such as autism could also have associated psychosocial impairments.

To learn more about impairment categories, go to article [Impairment categories guide](#).

### 3 References

- <sup>1</sup> The Diagnostic and Statistical Manual of Mental Disorders (5<sup>th</sup> edition. DSM-5, American Psychiatric Association, 2013).
- <sup>2</sup> International Classification of Functioning, Disability, and Health: ICF. Geneva. World Health Organisation, 2001.
- <sup>3</sup> World Health Organisation (WHO), (1983). The ICD-10 classification of mental and behavioural disorders. World Health Organisation.

# What evidence of disability is required

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This article provides guidance for all NDIA staff and partners to understand:

- who can provide evidence of disability
- what evidence the NDIA requires
- how to check evidence
- what to do if the person lives in a remote region.

# 1 Recent updates

## 1 January 2025

Guidance updated to apply to the Update Impairment (category) and Eligibility Reassessment cases.

## 2 Before you start

You have read and understood [Our Guideline – Applying to the NDIS \(external\)](#) including sections **Do you meet the disability requirements?** and **Do you need early intervention?**

### 3 Who can provide evidence of disability?

A person's treating professional must provide disability evidence.

Evidence provided by treating professionals – such as medical reports – needs to consist of genuine, original documents. The information must also be specific to the person applying or the participant updating their categories of impairments.

Before accepting evidence from a treating professional, you should read the article [Check treating professional details](#).

## 4 What evidence does the NDIA require?

Anyone applying for the NDIS needs to have evidence of disability, regardless of what NDIS support they are asking for. A person's evidence needs to show they meet all of the disability requirements.

We ask for this evidence from the person:

- when they first apply to the NDIS
- when making an access decision
- if they apply to vary their categories of impairments in their Notice of impairments
- during an eligibility reassessment.

You can't submit the access request case until you have evidence of disability from the person.

## 5 How to check evidence

Before you make a decision about the person's NDIS eligibility, you need to check the person's disability evidence:

- is from a treating professional registered with AHPRA (the Australian Health Practitioner Regulation Agency). Use article [Check treating professional details](#).
- provides enough information to show if the person is eligible for priority application decision. Use article [Request priority eligibility decision](#).
- demonstrates that the person has a condition from [List A \(external\)](#), [List B \(external\)](#) or [List D \(external\)](#).
- shows if the person meets the requirements for disability, early intervention or both. Use article [Understand disability requirements](#) and [Understand early intervention requirements](#).

If the evidence does not show **each** of the above, the person may need to provide additional evidence.

## 6 What if the person lives in a remote region?

The NDIA makes some exceptions to the evidence requirements for people living in remote regions of Australia. People living in these regions may find it difficult to provide or obtain evidence.

When you support people who live in **very remote** communities, you must record information about their:

- local health service
- consent for the NDIA to talk to the local health service
- local community connection contact
- Council and/or Department of Social Services contact in the area.

The person lives in a remote region if they live in a MM6 or MM7 region, under the [Modified Monash Model \(external\)](#).

If this is the case, you should talk with your team leader. They can help you consider options and alternatives for the person's circumstances.

## 7 Next steps

1. If you are completing an:

- **Access Request** case: continue with article [Complete form in the access request case](#)
- **Access Decision** case: continue with article [Make an access decision - post legislation changes](#)
- **Update Impairment** (category) case: continue with articles [Submit an application to vary the participant's Notice of impairments](#) or [Decide whether to vary the participant's Notice of impairments](#)
- **Eligibility Reassessment** case: continue with articles [Complete an eligibility reassessment referral](#), [Review the referral information and complete the eligibility reassessment check](#) or [Finalise eligibility reassessment decision](#).

# What evidence of disability is required

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This article provides guidance for all NDIA staff and partners to understand:

- who can provide evidence of disability
- what evidence the NDIA requires
- how to check evidence
- what to do if the person lives in a remote region.

# 1 Recent updates

## 7 July 2025

Updates to guidance include:

- case name Update Impairment case is now Vary Impairment Categories case.
- article Make an access decision - pre-legislation changes is archived.
- article Make an access decision - post legislation renamed Make an access decision.
- article Submit an application to change the participant's Notice of impairments changed to Submit an application to change the participant's impairment categories information.
- article Decide whether to change the participant's Notice of Impairments updated to Decide whether to change the participant's impairment categories information.

## 2 Before you start

You have read and understood [Our Guideline – Applying to the NDIS \(external\)](#) including sections **Do you meet the disability requirements?** and **Do you need early intervention?**

### 3 Who can provide evidence of disability?

A person's treating professional must provide disability evidence.

Evidence provided by treating professionals – such as medical reports – needs to consist of genuine, original documents. The information must also be specific to the person applying or the participant updating their categories of impairments.

Before accepting evidence from a treating professional, you should read the article [Check treating professional details](#).

## 4 What evidence does the NDIA require?

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We ask for this evidence from the person:

- when they first apply to the NDIS
- when making an access decision
- if they apply to vary their impairment categories in their impairment category information
- during an eligibility reassessment.

You can't submit the access request case until you have evidence of disability from the person.

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Before you make a decision about the person's NDIS eligibility, you need to check the person's disability evidence:

- is from a treating professional registered with AHPRA (the Australian Health Practitioner Regulation Agency). Use article [Check treating professional details](#).
- provides enough information to show if the person is eligible for priority application decision. Use article [Request priority eligibility decision](#).
- demonstrates that the person has a condition from [List A \(external\)](#), [List B \(external\)](#) or [List D \(external\)](#).
- shows if the person meets the requirements for disability, early intervention or both. Use article [Understand disability requirements](#) and [Understand early intervention requirements](#).

If the evidence does not show **each** of the above, the person may need to provide additional evidence.

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The NDIA makes some exceptions to the evidence requirements for people living in remote regions of Australia. People living in these regions may find it difficult to provide or obtain evidence.

When you support people who live in **very remote** communities, you must record information about their:

- local health service
- consent for the NDIA to talk to the local health service
- local community connection contact
- Council and/or Department of Social Services contact in the area.

The person lives in a remote region if they live in a MM6 or MM7 region, under the [Modified Monash Model \(external\)](#).

If this is the case, you should talk with your team leader. They can help you consider options and alternatives for the person's circumstances.

## 7 Next steps

1. If you are completing an:

- **Access Request** case: continue with article [Complete form in the access request case](#).
- **Access Decision** case: continue with article [Make an access decision](#).
- **Vary Impairment Categories** case: continue with articles [Submit an application to change the participant's impairment categories information](#) or [Decide whether to change the participant's impairment categories information](#).
- **Eligibility Reassessment** case: continue with articles [Complete an eligibility reassessment referral](#), [Review the referral information and complete the eligibility reassessment check](#) or [Finalise eligibility reassessment decision](#).

# Understand disability requirements

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This article provides guidance for all NDIA staff and partners to understand:

- eligibility under the disability requirements
- how to weigh evidence of disability.

# 1 Recent updates

## 3 October 2024

Updates to reflect legislation changes from 3 October 2024:

- applicants may now meet both disability and early intervention requirements, instead of just one
- the disability requirement has changed from lifetime supports under the NDIS to NDIS supports for their lifetime.

## 2 Before you start

You have:

- read and understood [Our Guideline – Applying to the NDIS \(external\)](#), including section **Do you meet the disability requirements?**
- read article [What evidence of disability is required?](#)
- read article [Check eligibility – age and residence requirements.](#)

### 3 Overview

To be eligible for NDIS, the person must meet the requirements for:

- age
- residence
- disability, early intervention, or both.

## 4 Disability requirements

To meet the disability requirements, we must have evidence of all of the following:

- their disability is related to an impairment
- their impairment is likely to be permanent
- their permanent impairment significantly reduces their functional capacity to undertake one or more of the following activities: moving around, communicating, socialising, learning, or undertaking self-care or self-management tasks
- their permanent impairment affects their ability to work, study or take part in social life
- they'll likely need NDIS support for their lifetime.

### 4.1 Check eligibility for disability requirements

Use these articles to check evidence for a decision:

- [Check eligibility – DIS – disability caused by an impairment](#)
- [Check eligibility – DIS – likely permanence](#)
- [Check eligibility – DIS – significant functional impact](#)
- [Check eligibility – DIS – social and economic impact](#)
- [Check eligibility – DIS – NDIS supports for life.](#)

### 4.2 Additional considerations

Use these articles before you check evidence for a decision.

Check if there is evidence of a condition on [List A](#). Go to [Check eligibility – List A condition](#).

**Note:** A person is likely to meet the disability requirements if they provide evidence of their diagnosis.

Check if there is evidence of a condition on [List B](#). Go to [Check eligibility – List B condition](#).

**Note:** A person is likely to meet **some** of the disability requirements if they provide evidence of their diagnosis.

## 5 How to weigh evidence of disability

When you weigh the relevance and importance of the provided disability evidence, consider:

- who is providing the evidence of disability?
- how old is the evidence of disability (particularly relevant for functional capacity evidence)?

For further information, refer to [Our Guideline – Applying to the NDIS \(external\)](#), including sections:

- **What information do we need in your application?**
- **Who can give us evidence of your impairments?**
- **How do we weigh evidence of disability?**

## 6 Next steps

To consider the early intervention requirements, go to article [Understand early intervention requirements](#).

If you are an access delegate:

- to make an access decision, continue to article [Make an access decision – pre-legislation changes](#) or [Make an access decision – post legislation changes](#).
- to make an eligibility reassessment decision, continue to article [Finalise eligibility reassessment decision](#).

# Understand disability requirements

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This article provides guidance for all NDIA staff and partners to understand:

- eligibility under the disability requirements
- how to weigh evidence of disability.

# 1 Recent updates

**5 May 2025**

Updated link to article [Make an access decision – post-legislation changes](#).

## 2 Before you start

You have:

- read and understood [Our Guideline – Applying to the NDIS \(external\)](#), including section **Do you meet the disability requirements?**
- read article [What evidence of disability is required?](#)
- read article [Check eligibility – age and residence requirements.](#)

### 3 Overview

To be eligible for NDIS, the person must meet the requirements for:

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- residence
- disability, early intervention, or both.

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To meet the disability requirements, we must have evidence of all of the following:

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- their impairment is likely to be permanent
- their permanent impairment significantly reduces their functional capacity to undertake one or more of the following activities: moving around, communicating, socialising, learning, or undertaking self-care or self-management tasks
- their permanent impairment affects their ability to work, study or take part in social life
- they'll likely need NDIS support for their lifetime.

### 4.1 Check eligibility for disability requirements

Use these articles to check evidence for a decision:

- [Check eligibility – DIS – disability caused by an impairment](#)
- [Check eligibility – DIS – likely permanence](#)
- [Check eligibility – DIS – significant functional impact](#)
- [Check eligibility – DIS – social and economic impact](#)
- [Check eligibility – DIS – NDIS supports for life.](#)

### 4.2 Additional considerations

Use these articles before you check evidence for a decision.

Check if there is evidence of a condition on [List A](#). Go to [Check eligibility – List A condition](#).

**Note:** A person is likely to meet the disability requirements if they provide evidence of their diagnosis.

Check if there is evidence of a condition on [List B](#). Go to [Check eligibility – List B condition](#).

**Note:** A person is likely to meet **some** of the disability requirements if they provide evidence of their diagnosis.

## 5 How to weigh evidence of disability

When you weigh the relevance and importance of the provided disability evidence, consider:

- who is providing the evidence of disability?
- how old is the evidence of disability (particularly relevant for functional capacity evidence)?

For further information, refer to [Our Guideline – Applying to the NDIS \(external\)](#), including sections:

- **What information do we need in your application?**
- **Who can give us evidence of your impairments?**
- **How do we weigh evidence of disability?**

## 6 Next steps

To consider the early intervention requirements, go to article [Understand early intervention requirements](#).

If you are an access delegate:

- to make an access decision, continue to article [Make an access decision – pre-legislation changes](#) or [Make an access decision – post legislation changes](#)
- to make an eligibility reassessment decision, continue to article [Finalise eligibility reassessment decision](#).

# Understand disability requirements

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This article provides guidance for all NDIA staff and partners to understand:

- eligibility under the disability requirements
- how to weigh evidence of disability.

# 1 Recent updates

## 7 July 2025

Article Make an access decision - pre-legislation changes is archived. Article Make an access decision - post legislation changes has been renamed to Make an access decision. Use article Make an access decision in next steps.

## 2 Before you start

You have:

- read and understood [Our Guideline – Applying to the NDIS \(external\)](#), including section **Do you meet the disability requirements?**
- read article [What evidence of disability is required?](#)
- read article [Check eligibility – age and residence requirements.](#)

### 3 Overview

To be eligible for NDIS, the person must meet the requirements for:

- age
- residence
- disability, early intervention, or both.

## 4 Disability requirements

To meet the disability requirements, we must have evidence of all of the following:

- their disability is related to an impairment
- their impairment is likely to be permanent
- their permanent impairment significantly reduces their functional capacity to undertake one or more of the following activities: moving around, communicating, socialising, learning, or undertaking self-care or self-management tasks
- their permanent impairment affects their ability to work, study or take part in social life
- they'll likely need NDIS support for their lifetime.

### 4.1 Check eligibility for disability requirements

Use these articles to check evidence for a decision:

- [Check eligibility – DIS – disability caused by an impairment](#)
- [Check eligibility – DIS – likely permanence](#)
- [Check eligibility – DIS – significant functional impact](#)
- [Check eligibility – DIS – social and economic impact](#)
- [Check eligibility – DIS – NDIS supports for life.](#)

### 4.2 Additional considerations

Use these articles before you check evidence for a decision.

- Check if there is evidence of a condition on [List A](#). Go to [Check eligibility – List A condition](#).

**Note:** A person is likely to meet the disability requirements if they provide evidence of their diagnosis.

- Check if there is evidence of a condition on [List B](#). Go to [Check eligibility – List B condition](#).

**Note:** A person is likely to meet **some** of the disability requirements if they provide evidence of their diagnosis.

## 5 How to weigh evidence of disability

When you weigh the relevance and importance of the provided disability evidence, consider:

- who is providing the evidence of disability?
- how old is the evidence of disability (particularly relevant for functional capacity evidence)?

For further information, refer to [Our Guideline – Applying to the NDIS \(external\)](#), including sections:

- **What information do we need in your application?**
- **Who can give us evidence of your impairments?**
- **How do we weigh evidence of disability?**

## 6 Next steps

To consider the early intervention requirements go to article [Understand early intervention requirements](#).

If you are an access delegate:

- to make an access decision continue to article [Make an access decision](#)
- to make an eligibility reassessment decision continue to article [Finalise eligibility reassessment decision](#).

# Check eligibility – DIS – significant functional impact

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This article provides guidance for all NDIA staff and partners to review evidence of the impairment that substantially reduces functional capacity

This document was released under the Freedom of Information Act 1982 by the National Disability Insurance Agency

# 1 Recent updates

## 3 October 2024

- Article title changed from article - Check evidence for a decision - Significant functional impact to Check eligibility – DIS – significant functional impact.
- When we say DIS in a title, we mean disability requirements. We've added this to help you quickly identify which articles are for disability or early intervention requirements.

## 2 Before you start

You have:

- read [Our Guideline – Applying to the NDIS \(external\)](#) including the section **Does your impairment substantially reduce your functional capacity?**
- read articles [Understand disability requirements](#), [What evidence of disability is required?](#) and [Make an access decision](#).

## 3 Evidence of significant functional impact

### 3.1 Review evidence of the impairment that substantially reduces functional capacity

We need to learn about the person's impairment before we can make a decision about their eligibility.

To do this you need to check their application and evidence in PACE.

You need evidence the person's impairment substantially reduces their functional capacity in one or more of the following areas:

- communication
- social interaction
- learning
- mobility
- self-care
- self-management (if older than 6).

A person's needs might vary from time to time. This means they may go up and down each day or each month. A good example of this can be progressive multiple sclerosis. We consider a person's ability over time and take into account how their ability fluctuates.

When a person's impairment substantially reduces their functional capacity, they usually need disability-specific supports to join in or do these tasks and activities.

These disability-specific supports include:

- support from other people, such as physical assistance, guidance, supervision or prompting.
- assistive technology, equipment or home modifications prescribed by the person's doctor, allied health professional or other medical professional.

To decide if a person is eligible, you need to determine their capacity and where they need more help. To decide if a support is reasonable and necessary, you need to consider what information you have available to identify if the person meets the [NDIS funding criteria \(external\)](#).

If a person has more than one permanent impairment, you will need to consider them together to see if their functional capacity is reduced substantially.

You need to consider:

- the person's involvement in different areas of life, like at home, school, work and in the community
- how they carry out tasks and activities
- any other factors impacting their everyday life.

The disability requirements are just one of the eligibility requirements. To be eligible for the NDIS, the applicant must also meet the age and residence requirements. Go to article [Check eligibility – Age and residence requirements](#).

## 4 Next steps

If you are an access delegate:

- to determine eligibility, continue to follow guidance in article [Make an access decision - pre-legislation changes](#) or article [Make an access decision – post-legislation changes](#).
- to check the timeframes to make a decision, follow guidance in article [Check decision – Legislative timeframes](#).

# Check eligibility – DIS – significant functional impact

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This article provides guidance for all NDIA staff and partners to review evidence of the impairment that substantially reduces functional capacity.

This document was released under the Freedom of Information Act 1982 by the National Disability Insurance Agency

# 1 Recent updates

**5 May 2025**

Updated link to article [Make an access decision – post-legislation changes](#).

## 2 Before you start

You have:

- read [Our Guideline – Applying to the NDIS \(external\)](#) including the section **Does your impairment substantially reduce your functional capacity?**
- read articles [Understand disability requirements](#), [What evidence of disability is required?](#) and [Make an access decision - pre-legislation changes](#).

### 3 Evidence of significant functional impact

#### 3.1 Review evidence of the impairment that substantially reduces functional capacity

We need to learn about the person's impairment before we can make a decision about their eligibility.

To do this you need to check their application and evidence in PACE.

You need evidence the person's impairment substantially reduces their functional capacity in one or more of the following areas:

- communication
- social interaction
- learning
- mobility
- self-care
- self-management (if older than 6).

A person's needs might vary from time to time. This means they may go up and down each day or each month. A good example of this can be progressive multiple sclerosis. We consider a person's ability over time and take into account how their ability fluctuates.

When a person's impairment substantially reduces their functional capacity, they usually need disability-specific supports to join in or do these tasks and activities.

These disability-specific supports include:

- support from other people, such as physical assistance, guidance, supervision or prompting.
- assistive technology, equipment or home modifications prescribed by the person's doctor, allied health professional or other medical professional.

To decide if a person is eligible, you need to determine their capacity and where they need more help. To decide if a support is reasonable and necessary, you need to consider what information you have available to identify if the person meets the [NDIS funding criteria \(external\)](#).

If a person has more than one permanent impairment, you will need to consider them together to see if their functional capacity is reduced substantially.

You need to consider:

- the person's involvement in different areas of life, like at home, school, work and in the community

- how they carry out tasks and activities
- any other factors impacting their everyday life.

The disability requirements are just one of the eligibility requirements. To be eligible for the NDIS, the applicant must also meet the age and residence requirements. Go to article [Check eligibility – Age and residence requirements](#).

## 4 Next steps

If you are an access delegate:

- to determine eligibility, continue to follow guidance in article [Make an access decision - pre-legislation changes](#) or article [Make an access decision – post-legislation changes](#).
- to check the timeframes to make a decision, follow guidance in article [Check decision – Legislative timeframes](#).

# Check eligibility – DIS – significant functional impact

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This article provides guidance for all NDIA staff and partners to review evidence of the impairment that substantially reduces functional capacity.

This document was released under the Freedom of Information Act 1982 by the National Disability Insurance Agency

# 1 Recent updates

## 7 July 2025

Article Make an access decision - pre-legislation changes is archived. Article Make an access decision - post legislation changes has been renamed to Make an access decision. Use article Make an access decision Before you start and in Next steps.

## 2 Before you start

You have:

- read [Our Guideline – Applying to the NDIS \(external\)](#) including the section **Does your impairment substantially reduce your functional capacity?**
- read articles [Understand disability requirements](#), [What evidence of disability is required](#) and [Make an access decision](#).

## 3 Evidence of significant functional impact

### 3.1 Review evidence of the impairment that substantially reduces functional capacity

We need to learn about the person's impairment before we can make a decision about their eligibility.

To do this you need to check their application and evidence in PACE.

You need evidence the person's impairment substantially reduces their functional capacity in one or more of the following areas:

- communication
- social interaction
- learning
- mobility
- self-care
- self-management (if older than 6).

A person's needs might vary from time to time. This means they may go up and down each day or each month. A good example of this can be progressive multiple sclerosis. We consider a person's ability over time and take into account how their ability fluctuates.

When a person's impairment substantially reduces their functional capacity, they usually need disability-specific supports to join in or do these tasks and activities.

These disability-specific supports include:

- support from other people, such as physical assistance, guidance, supervision or prompting.
- assistive technology, equipment or home modifications prescribed by the person's doctor, allied health professional or other medical professional.

To decide if a person is eligible, you need to determine their capacity and where they need more help. To decide if a support is reasonable and necessary, you need to consider what information you have available to identify if the person meets the [NDIS funding criteria \(external\)](#).

If a person has more than one permanent impairment, you will need to consider them together to see if their functional capacity is reduced substantially.

You need to consider:

- the person's involvement in different areas of life, like at home, school, work and in the community
- how they carry out tasks and activities

- any other factors impacting their everyday life.

The disability requirements are just one of the eligibility requirements. To be eligible for the NDIS, the applicant must also meet the age and residence requirements. Go to article [Check eligibility – Age and residence requirements](#).

## 4 Next steps

If you are an access delegate:

- to determine eligibility continue to follow guidance in article [Make an access decision](#).
- to check the timeframes to make a decision follow guidance in article [Check decision – Legislative timeframes](#).