



## Knowledge Article

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The contents of this document are **OFFICIAL**.

# Guide - Therapy supports

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**Guidance in this document is not approved for use unless you view it in PACE.**

This article provides guidance for a planner delegate, planner (non-partnered area), review officer, local area coordinator, early childhood partner, technical advisors, and liaison officers (HLO/JLO) to understand:

- what are therapy supports
- the role of allied health professionals
- assessments and reports
- capacity building – Improved Daily Living Skills.

This guide is for participants 7 and older. For information about capacity building supports for children younger than 7, go to article [EC Early intervention supports for early childhood overview](#).

## Recent updates

**28 July 2025**

Updated link to Technical Advice and Improvement Branch (TAPIB) to the TAPIB Confluence space.

## Before you start

You have read and understood:

- [Our Guideline – Reasonable and necessary supports \(external\)](#)
- [Our Guideline – What principles do we follow to create your plan? \(external\)](#)
- [Our Guideline – Mainstream and community supports \(external\)](#).

## What are therapy supports?

Therapy supports assist participants to develop skills to build independence in the home, community, place of education and work.

The goal of capacity building therapy supports are to build or maintain the participant's independence, meaning that the need for future therapy support will generally reduce over



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time. Some participants may need ongoing maintenance supports, for example, if they have a condition that is unlikely to change or will degenerate over time.

There may be instances where therapy supports remain the same or increase. Some examples include:

- the participant has not progressed as expected
- a change in situation
- the participant had difficulty attending sessions.

There are many systems apart from the NDIS which provide supports and services. We call these systems mainstream supports, and they are available to everyone across Australia.

Participant plans might include some therapy supports funded by us, and some funded and delivered by a mainstream or community service such as the health system. If we're responsible for funding the support, it must meet all the NDIS funding criteria before we can include it in the plan.

### Maintenance supports

Maintenance supports are used to assist the participant to maintain their current capacity, achieve small incremental gains or prevent further decline. Maintenance supports can be provided through a 'delegated' model. This means that the therapist can train family or staff to provide support to the participant to implement strategies on a more regular basis. You should discuss using a delegated model of maintenance care with the participant.

When using a delegated model, the therapist will regularly reassess the participant's maintenance program to make sure it continues to meet their needs. They may need to adjust a program or update training to the participant and their supports.

Requests for maintenance supports should be supported by an assessment or report that includes recommendations of supports and how the participant will be linked to additional informal, community or mainstream supports to help them to pursue their goals.

### The role of Allied Health Professionals

Allied health professionals (AHPs) provide therapy supports in their specialist area. They develop strategies to improve outcomes for participants in areas including:

- mobility
- movement
- personal and social well-being



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- managing diets and nutrition
- organisation
- communication
- self-care
- cognitive capacity
- social skills
- moods and emotion
- modifying the environment to make it more accessible.

AHPs may also prescribe assistive technology. To learn about assistive technology, go to article [Record assistive technology information](#) and [Our Guideline – Assistive technology \(external\)](#).

AHPs may be, but are not limited to, occupational therapists, psychologists, speech pathologists, physiotherapists, exercise physiologists, prosthetist or orthotists, podiatrists, dieticians or respiratory therapists.

Individuals may be treated by one or more AHPs from different specialisations at the same time to optimise benefits and outcomes of therapy. They can work in a multidisciplinary team. When we say multidisciplinary team, we mean a team of professionals who work with one another and share the job of evaluating, planning and providing therapy services to the participant.

To learn more about AHPs and what therapy support they may provide, go to article [Guide – Therapy Supports Appendix A](#).

### Assessments and reports

You will need guidance from suitably qualified AHPs on the amount of therapy supports that the participant will need to pursue their goals. You can get this information through assessment or progress report documents provided by the participant. This will help you determine if the request for therapy supports meets the NDIS funding criteria.

When you need further evidence to make a decision on supports, you can ask the participant to have an assessment.

Before asking the participant to have an assessment you need to:

- review all existing information and determine that additional evidence is needed
- consider the costs and benefits of the request



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- consider how it will assist you to decide whether to approve funded supports
- determine the type of assessment that is likely to produce the information you need
- specify the information to be provided in the assessment
- make sure the request aligns with the objects and general principles in the NDIS Act.

When you request an assessment for therapy supports, make sure you include funding for the assessment.

Requests should clearly specify the functional area to be assessed. Some examples are communication, activities of daily living, balance and mobility.

Make sure you are clear about the information you need in the assessment. For example:

- how the therapy support will build or maintain the participant's independence
- how the participant's informal, community and mainstream supports will help them to achieve their goals
- how the gains or outcomes will be measured
- the expected time the participant will need to achieve the outcome
- the NDIS contact person to forward the information to.

### Progress reports

A progress report should include:

- a summary of the supports provided
- how the support has helped the participant work towards their goals
- the measurable gains the participant has made since receiving therapy supports
- how the participant has been linked to additional informal, community or mainstream supports to help them pursue their goal
- any barriers encountered and how these have been resolved
- any risks to the participant or others.

Progress reports should also include information on how any proposed supports will further increase independence and the risks or impacts on other supports.

If the report does not have enough information to justify continued support at the same level or an increase in support, you should talk to the participant about providing more information.

### Capacity building – Improved Daily Living Skills



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The frequency of therapy will depend on the participant's individual circumstances. When making a reasonable and necessary decision about the therapy supports to include in the participant's plan, use the following information:

- the participant's knowledge and experience with how therapy supports interact with their condition
- assessments
- reports
- published information about the therapy supports such as the [TAPIB Digest - Technical Advice and Practice Improvement Branch](#) or research journal articles.

All information is important in determining if the support meets the NDIS funding criteria. Where information from all 4 information sources doesn't match, talk to your line manager. If you are still uncertain, create a technical advice case for the Technical Advice and Practice Improvement Branch (TAPIB). To learn more, go to article [Create a technical advice case](#).

### Value for money

Value for money considers:

- whether a support will represent value for money over time
- the cost of other available supports that can help the participant reach the same goal.

When determining if therapy supports are value for money, consider:

- If investing in therapy supports early is likely to have the long-term benefit of significantly improving life stage outcomes for the participant or reducing their support needs. For example, is it likely that the use of therapy supports for early intervention will increase the participant's independence and decrease reliance on supports throughout life?
- If investing in therapy supports is likely to reduce the participant's support needs in the short and medium term. For example, will increasing the participant's independence in self-care reduce the amount support worker hours needed each day?
- If investing in the support will delay the need for, or avoid reliance on, additional supports. For example, will maintenance therapy delay the functional impact of a degenerative condition allowing the participant to maintain independence for longer?
- Whether there are similar supports that would have the same outcome at a lower cost.



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### What if I decide not to include all of the AHP recommendations?

The AHP providing the assessment or report is a qualified professional who has met and worked with the participant.

There may be times when you do not believe the supports the AHP recommends meet the NDIS funding criteria. Some reasons may include:

- information conflicts with other reports or information you collect during the planning conversation
- support hours requested are higher than expected
- supports requested may not be considered best practice
- supports requested may not seem value for money.

When this happens, you need to:

- review all reports and supporting information
- review your conversation with the participant
- speak to the AHP to get more information and discuss any differences
- seek advice from your team leader.

You will then be able to develop a plan that includes the reasonable and necessary therapy supports.

When you make a decision to include supports in the participant's plan that are different to the AHP's recommendations, you must write a clear justification detailing:

- the reason the supports recommended do not meet the reasonable and necessary criteria
- evidence to support this decision (for example, consultation with your team leader or TAPIB advice)
- what other lower cost/alternative supports were considered.

Go to articles [Understand support justifications](#) and [Change the draft budget](#).

## Article labels

### PACE user role names

No change.



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### Topics

No change.

### Case names

No change.

### Ownership

No change.

## Version control

Version	Amended by	Brief Description of Change	Status	Date
4.0	GCP654	Class 1 Approval Updated to replace: <ul style="list-style-type: none"> <li>replace article Add budget justifications with new article name of Understand support justifications</li> <li>Our Guideline links with the Operational Guidelines landing page.</li> </ul>	APPROVED	2025-06-26
5.0	MG0023	Class 1 approval Technical Advice and Improvement Branch (TAPIB) intranet page links updated to the TAPIB Confluence space.	APPROVED	2025-07-18



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## Guide – Therapy supports Appendix A

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This article provides guidance for a **planner delegate, internal review delegate, national reassessment delegate, local area coordinator, early childhood partner, technical advisors, liaison officers (HLO/JLO) or complex support needs (CSN) planner** to understand the definitions and assessments of therapy supports provided by:

- Allied Health Professionals
- Allied Health Assistants.

### Recent updates

#### October 2023

This guidance comes from the Practice Guide – Understanding Therapy Supports. We've made minor updates to change any NDIS Business System language to PACE language. We'll make improvements to this guidance in the future.

### Before you start (optional)

You have read and understood:

- [Our Guideline - Reasonable and necessary support \(external\)](#)
- article [Guide – Complex Support Needs \(CSN\) Pathway.](#)

### Allied Health Professionals

Allied health professionals (AHPs) hold a university qualification, specialise in different areas and work directly with the person requiring support. AHPs are not part of the medical, dental or nursing professions.

AHPs assess, prevent, diagnose and treat a range of conditions and illnesses to help people:

- develop skills and abilities to manage their disabilities
- become more independent
- become healthier and more active
- increase function to build capacity.

AHPs can work with participants to provide supports funded by us, as well as those funded and delivered by a mainstream or community service such as the health system.



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## Dietitian

Dietitians support people to maintain or improve their health and wellbeing through nutrition and dietetics. Doctors may refer individuals to dietitians to help them with specific health conditions and to address nutritional concerns which may include weight, nutritional deficiencies and other diet related conditions. Dietitians provide evidence-based nutrition services, dietary counselling and therapy.

Refer to the [Dietitians Association of Australia](#) for more information. Dietitians can support NDIS participants with Disability Related Health Supports. For further information refer to the [Our Guideline – Nutrition supports including meal preparation](#).

## Exercise Physiologist

Exercise physiologists assess people who have existing, or are at risk of developing, medical conditions or injuries. Exercise physiologists are different to personal trainers. Personal trainers work with people to improve their physical fitness in order to stay healthy. Exercise physiologists treat medical conditions or injuries using exercise-based interventions that may include health and physical activity education, advice and support.

Refer to the [Exercise and Sports Science Australia](#) for more information.

## Music Therapist

Registered Music Therapists (RMTs) have a university degree in music therapy. They are registered and abide by the Australian Music Therapy Association Code of Ethics.

Music therapy is different to music lessons. RMTs use research-based practice and work as part of a multidisciplinary team to assist people with communication, motor skills, mobility, mood, emotions, cognitive capacity, identity and self-confidence. Music therapists always work with other AHPs and would not generally be funded in isolation.

Refer to the [Australian Music Therapy Association](#) for more information.

## Occupational therapist

Occupational therapists (OTs) work with people to teach them how to be as independent as possible with their everyday tasks. This can include taking care of themselves, working, volunteering and participating in hobbies, interests and social events. They support people to build knowledge and skills, modify existing skills, find new ways of doing activities, and to manage change.

OTs can also prescribe assistive technology supports like wheelchairs, shower chairs and scooters, and can make recommendations on home or vehicle modifications if required.

Refer to the [Occupational Therapy Australia](#) for more information.



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## Orientation and Mobility Specialist

Orientation and Mobility Specialists (O&MS) work primarily with people who are blind or have low vision to learn skills that enable them to move as independently as possible in a range of indoor and outdoor environments. An O&MS supports participants to build on their confidence, knowledge and skills which can include the use of mobility aids, orientation to a range of environments, vision education and development of sensory awareness.

O&MS's can equip participants with the skills and concepts they need to move safely and confidently through their chosen environment, be it moving within their home, getting to school, using public transport for work or recreation purposes, or generally accessing the community.

Refer to [Orientation and Mobility Association of Australasia](#) for further information.

## Orthoptist

Orthoptists work with people of all ages who have vision loss due to an eye condition or neurological involvement that causes difficulty understanding what is seen. Orthoptists provide participants with knowledge about how their vision works and support participants to build skills to enhance their functional vision for everyday activities. They are experts in helping participants to use their vision to improve independence and confidence to live the life they choose.

Orthoptists either modify the existing ways in which participants use their vision, or develop new strategies that help people partake in activities and manage change. They do this by providing therapy training to help improve the way participants optimise their remaining vision. This may include eccentric viewing training to help utilise peripheral vision, or scanning training to help navigate through their environment or easily locate objects.

Orthoptists can also make various recommendations for assistive equipment to assist with near and distance vision including electronic or portable magnification devices, equipment that utilises optical character recognition, lighting enhancement and glare control. Refer to [Orthoptics Australia](#) for more information.

## Physiotherapist

Physiotherapists assess, diagnose, treat, and prevent a wide range of health conditions and movement disorders affecting the muscles and/or bones. For example, they help repair damage, reduce stiffness and pain, increase mobility and improve quality of life.

Refer to the [Australian Physiotherapy Association](#) for more information.

## Podiatrist

Podiatrists assess, diagnose, treat and manage conditions of the feet, ankles and legs. They also provide rehabilitation for people when they have medical and surgical conditions which



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affect their lower limbs. A podiatrist may prescribe foot orthoses to provide pressure distribution to treat and prevent corns, calluses and ulcers.

Refer to the [Australian Podiatry Association](#) for more information.

## Prosthetists/orthotists

Prosthetists/orthotists assess and treat the physical and functional limitations caused by illnesses and/or disabilities including limb amputations. They can prescribe, design, fit, and monitor prostheses or orthoses.

The easiest way to explain the difference between a prosthetist and an orthotist is:

- a prosthetist works with devices designed to *replace* a limb or another part of the body
- an orthotist works with devices designed to *assist* a limb or another part of the body.

A prosthetic device is used to replace a person's limb entirely (for example, foot, leg or arm) while an orthotic device is used to enhance/support a person's limb or other body part (for example, spinal braces, leg splints or foot supports).

Refer to the [Australian Orthotic Prosthetic Association](#) for more information.

## Psychologist

A psychologist is a person who is trained in the science and profession of how people think, behave and learn. Psychologists work with people, and often their families, to help them make desired changes to behaviours. For example, to overcome relationship problems, anger issues, substance abuse or provide strategies to better manage a person's mental health disorders (for example, anxiety, depression, eating disorders or bipolar disorder).

Refer to the [Australian Psychological Society](#) for more information.

## Speech Pathologist

A speech pathologist can diagnose and treat communication disorders. This includes supporting those who have difficulties with speaking, listening, understanding language, social skills and stuttering. They work with people to help improve communication using their voice or through assistive technology (for example, Picture Exchange Communication Symbols, talking buttons). They can also help people who experience difficulties swallowing food and drink safely.

Refer to the [Speech Pathology Australia](#) for more information.

Speech Pathologists can support NDIS participants with Disability Related Health Supports. For further information refer to [Our Guideline - Dysphagia supports](#).



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## Allied Health Assistants

Allied health assistants (AHAs), also known as therapy assistants, work under the supervision of AHPs. AHAs can have a range of skills and qualifications. These include TAFE certificates, working towards a qualification in an AHP discipline, experience working in specific areas and, in remote or rural areas, AHAs may receive on the job training.

AHAs assist with less complex clinical and non-clinical tasks. These tasks will vary based on the AHA's experience, knowledge and skill level. Some of the tasks include but are not limited to; assisting with therapy or exercise programs, implementing a therapy program developed by the AHP, supporting and supervising activities of daily living and working towards independence goals.

## Article topics and case names – internal use only

### Topics

This article relates to the following topics:

- **Add:** t\_complaintsandcriticalincidents
- **Add:** t\_complexsupportneeds
- **Add:** t\_implementation
- **Add:** t\_planchanges
- **Add:** t\_planmanagement
- **Add:** t\_psychosocialdisability
- **Add:** t\_reasonableandnecessary
- **Add:** t\_reviewingdecisions
- **Add:** t\_safeguarding

### Case names

You can use this guidance for the:

- **Add:** dc\_case\_checkin
- **Add:** dc\_case\_evidenceextension
- **Add:** dc\_case\_functionalcapacityassessment
- **Add:** dc\_case\_hospitaldischarge
- **Add:** dc\_case\_internalreview
- **Add:** dc\_case\_participantbudgetupdate



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- **Add:** dc\_case\_participantcriticalincident
- **Add:** dc\_case\_participantriskassessment
- **Add:** dc\_case\_planapproval
- **Add:** dc\_case\_planchange
- **Add:** dc\_case\_planimplementation
- **Add:** dc\_case\_technicaladvice

## Version control

Version	Amended by	Brief Description of Change	Status	Date
0.1	BCK161	Draft Appendix A providing AHP definitions with new resource Guide – Therapy supports.	DRAFT	2022-12-12
0.2	MJB576	Peer review	DRAFT	2023-03-10
0.3	BCK161	Actioned peer review	DRAFT	2023-03-15
0.4	DD0014	EL1 review and edit	DRAFT	2023-03-29
1.0	JS0082	Class 1 Approval	APPROVED	2023-03-03
1.1	REB563	Continuous improvement enhancements. Updates to formatting in alignment with new Knowledge Article template. Links & user roles updated.	DRAFT	2023-09-20
2.0	JS0082	Class 1 Approval	DRAFT	2023-09-22



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## Guide – Therapy supports Appendix B

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This article provides guidance for a **planner delegate, internal review delegate, national reassessment delegate, local area coordinator, early childhood partner, technical advisors, liaison officers (HLO/JLO) or complex support needs (CSN) planner** to understand:

- case examples of participants who need therapy supports.

### Recent updates

#### October 2023

This guidance comes from the Practice Guide – Understanding Therapy Supports. We've made minor updates to change any NDIS Business System language to PACE language. We'll make improvements to this guidance in the future.

### Before you start (optional)

You have read and understood:

- [Our Guideline – Reasonable and necessary supports \(external\)](#)
- [Our Guideline – Creating your plan \(external\)](#)
- [What principles do we follow to create your plan? \(external\)](#)
- [Our Guideline – Mainstream and community supports \(external\)](#).

### Case example

Arnold is 10 years old. He lives at home with his parents and two siblings. He has a diagnosis of Down Syndrome and is experiencing difficulty with communication, social skills and mobility. He attends a mainstream school where he receives support from a teacher's aide.

During his previous plan, Arnold had difficulties building rapport with his therapists. This was due to negative behaviours and difficulty travelling to and waiting in his therapist's office. This resulted in intermittent engagement and Arnold not using all of his capacity building supports. The Allied Health Professionals (AHPs) progress report from the previous plan period recommended using a multidisciplinary approach of music, occupational and speech therapy, focused on skill-building in Arnold's natural environments to assist him to pursue his goals.



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## Progress report recommendations

16 hours of occupational therapy to work towards Arnold's goal "To join in playground games with friends":

- Develop strategies to assist Arnold to increase motor control.
- Develop strategies to assist Arnold to increase social skills.
- Provide guidance to important people in Arnold's life on ways he can be supported to join in games and the types of exercises and games he can do to build his endurance and muscle control.

**Expected outcomes:** Arnold will participate in a structured climbing activity or game with two peers with minimal adult support.

12 hours of speech therapy to work towards Arnold's goal of "Be able to tell people what I want or need":

- Communicate using 1-2 word phrases.
- Support communication through picture exchange while developing speech.
- Provide guidance to the important people in Arnold's life on techniques specific to Arnold to assist with communication.

**Expected outcomes:** Arnold will use 1-2 word picture exchange to request a motivating item or a need.

7 hours of music therapy to develop strategies to motivate Arnold to engage with other therapists by:

- Writing a song to motivate Arnold to participate in 1-2 word phrases.
- Use rhythmic and motivational elements of music to encourage Arnold to engage and participate in gross and fine motor activities.

**Outcomes:** Arnold will engage with the occupational therapist, speech pathologist and music therapist to develop his communication and motor skills.

- \$300 of low cost assistive technology (AT) to develop communication supports.  
Picture exchange.
- Travel associated with delivery of supports in Arnold's natural environments
- 10 hours of report writing.

## Check-in conversation



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During the check-in, Arnold and his family discussed how they and other people in Arnold's life can assist him to develop his skills and become more independent. The strategies they discussed included:

- AHPs will meet at the start and mid-way through Arnold's plan to discuss strategies and how these will complement each other.
- Each AHP will develop strategies to assist Arnold to work towards his goals and guide the people in Arnold's life on building his skills and independence.
- The school is using picture exchange with other students and will support Arnold to use picture exchange if he is unable to verbalise his wants or needs.
- Arnold's siblings are close to him and enjoy playing games. They can find it difficult when he gets upset. Arnold's parents and siblings have shown enthusiasm with structuring some group activities/games with the family to help him develop his social skills.

Arnold attends Scouts on a Thursday night. He has a support worker to assist him to attend and participate in activities. The support worker can implement strategies to assist Arnold to be more independent in interactions with peers.

## Outcome

The included information from the check-in and progress report provides enough evidence for the planner to make a reasonable and necessary decision to include the recommended therapy support hours in Arnold's next plan.

## Core – Consumables

\$300 of low cost assistive technology has been included for the development of individualised picture exchange cards as recommended by the speech pathologist. These cards will support Arnold to communicate which will develop independence and increase participation in social, school and community activities. This will reduce reliance on supports in the future. Funding has been included in Capacity Building – Improved Daily Living Skills for Arnold's supports to receive training on implementing communication strategies.

## Capacity Building – Improved Daily Living Skills

45 hours of support has been included for a multidisciplinary team to build Arnold's capacity in communication, mobility and social skills. The multidisciplinary team will meet at the start and mid-way through the plan period to create consistency in their approach.



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Arnold had difficulties in the last plan period engaging with therapists and is highly motivated by music. The progress report from the AHPs has recommended a music therapist be engaged to develop strategies that will motivate Arnold to engage with other therapists to develop his skills. This will increase participation in school, home and community life and is likely to result in a reduced need of supports in the future.

Arnold will be assisted to implement communication, mobility and social skills strategies by his family at home, teacher's aide at school and support worker during Scouts.

Funding has been included for:

- 16 hours of occupational therapy to work with Arnold to achieve his goal of joining in playground games with friends. The occupational therapist (OT) will provide training to informal and formal supports on how to implement these strategies.
- 12 hours of speech therapy to work with Arnold to achieve his goal of telling people what he wants or needs. The speech pathologist will work with Arnold to develop strategies to communicate using picture exchange, while he develops 1-2 word phrases in speech. The speech pathologist will provide training to informal and formal supports on how to implement these strategies.
- 7 hours of music therapy to develop strategies to motivate Arnold to engage with other therapists.
- 10 hours of report writing to understand the benefits and gains achieved by Arnold across the plan period.

Funding has been included for travel of the allied health professionals to deliver supports in Arnold's natural environments.

## Article topics and case names – internal use only

### Topics

This article relates to the following topics:

- **Add:** t\_complaintsandcriticalincidents
- **Add:** t\_complexsupportneeds
- **Add:** t\_implementation
- **Add:** t\_planchanges
- **Add:** t\_planmanagement
- **Add:** t\_psychosocialdisability



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- **Add:** t\_reasonableandnecessary
- **Add:** t\_reviewingdecisions
- **Add:** t\_safeguarding

## Case names

You can use this guidance for the:

- **Add:** dc\_case\_checkin
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- **Add:** dc\_case\_participantriskassessment
- **Add:** dc\_case\_planapproval
- **Add:** dc\_case\_planchange
- **Add:** dc\_case\_planimplementation
- **Add:** dc\_case\_technicaladvice

## Version control

Version	Amended by	Brief Description of Change	Status	Date
0.1	BCK161	Draft Appendix B to go with Guide – Therapy supports transitioned from Practice Guide – Understanding Therapy Supports.	DRAFT	2023-03-03
0.2	MJB576	Peer review	DRAFT	2023-03-10
0.3	BCK161	Actioned peer review	DRAFT	2023-03-15
0.4	DD0014	EL1 review and edit	DRAFT	2023-03-29



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Version	Amended by	Brief Description of Change	Status	Date
1.0	JS0082	Class 1 Approval	APPROVED	2023-03-30
1.1	REB563	Continuous improvement enhancements. Updates to formatting in alignment with new Knowledge Article template. Updated links and user roles added.	DRAFT	2023-09-21
2.0	JS0082	Class 1 Approval	DRAFT	2023-09-22

# Support Categories

SGP KP Publishing

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This article provides guidance for all NDIA staff and partners to understand NDIS support categories.

This document was released under the Freedom of Information Act 1982 by the National Disability Insurance Agency

# 1 Recent updates

## 3 April 2025

Link to Guide – Behaviour support has been removed, as it's now replaced with guidance in Our Guideline – Behaviour support.

## 17 March 2025

Article updated with:

- 2 links updated with new article names
- new link Guide – Behaviour support added to the table in the Behaviour Support section.

## 2 Our Guidelines

[Our Guidelines \(external\)](#) are based on the NDIS Legislation and Rules. They explain what you need to consider and how we make decisions based on the legislation. You should use Our Guidelines to help your reasonable and necessary decision making when you review the participant's NDIS funded supports.

### 3 Published Guides

- [Guide – Aboriginal and Torres Strait Islander supports](#)
- [Guide – Assisting communication](#)
- [Guide – Assisting communication – Accessible formats](#)
- [Guide – Assisting communication – Considerations when arranging interpreting services](#)
- [Guide – Assisting communication – Disability-related interpreting and translation supports](#)
- [Guide – Assisting communication – Non-disability related interpreting and translation supports](#)
- [Guide – How to support children and young people to remain in their family home](#)
- [Guide – Children living in statutory out-of-home care](#)
- [Guide – Complex support needs \(CSN\) pathway](#)
- [Guide – Conversation style guide](#)
- [Guide – Conversation style guide appendix A – During the conversation](#)
- [Guide – Conversation style guide appendix B – Navigate different types of conversation](#)
- [Guide – Hearing supports](#)
- [Guide – Hearing supports appendix A – Funding responsibilities](#)
- [Guide – Hearing supports appendix B – Capacity building supports](#)
- [Guide – Hearing supports appendix C – Capital supports](#)
- [Guide – Hearing supports appendix D – Core supports](#)
- [Guide – In-kind](#)
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- [Guide – Psychosocial disability Appendix C – Supports – Guide for decision makers](#)
- [Guide – Respiratory supports](#)
- [Guide – Safeguarding the participant's interests](#)
- [Guide – Safeguarding the participant's interests – Context and background](#)
- [Guide – Therapy supports](#)
- [Guide – Therapy supports Appendix A](#)
- [Guide – Therapy supports Appendix B](#)
- [Guide – Transition to adulthood checklist for participants living outside the family home.](#)

## 4 How support categories have changed from SAP CRM to PACE

In PACE, we add funds at the support category level. The reason for this change is to allow the participant more choice and control to buy the supports that they need.

This means when the participant's plan is approved in PACE, the funding will be set out differently.

Some of the participant's funding may be included in new support categories. For example, home and living and recurring transport supports have their own support category.

We're not changing the supports we'll fund, the names of support items or the way participants claim from these support categories.

### 4.1 Understand frequency type in continued plans

It's important to understand what happens to NDIS supports when a plan is continued. A plan continuation is where a participant's plan is continued for up to 12 months. This can happen if the participant has stable support needs and a plan that is working for them, or if we haven't created a new plan by their reassessment date. To learn more, go to articles [Understand and talk about a plan continuation in SAP CRM](#) and [Understand and talk about a plan continuation in PACE](#).

An NDIS support funded with **Once-off** as the **Frequency type** is intended to be purchased once, for example Assistive Technology. Once-off NDIS supports will not be provided again if a plan is continued unless they've not been spent yet. When they've not been spent, the date the participant can claim the funds will extend with the continued plan.

An NDIS support funded with **Regular** as the **Frequency type** is intended to continue for the duration of the participant's plan, for example Assistance with Daily Living. Regular NDIS supports will be repeated if a plan is continued, adjusted in line with annual indexation. This is to make sure the participant can continue to access funds for their usual NDIS supports.

## 5 Core support categories

### 5.1 Assistance with daily life

NDIS supports to assist or supervise you with your personal tasks during day-to-day life that allow you to live as independently as possible. These supports can be provided individually in a range of environments, including your own home.

	Assistance with Daily Life
	Assistance with Daily Life
	Self-managed, Agency-managed or Plan-managed
	Flexible or Stated
	Regular
	<a href="#">Understand self-care and community access supports</a> <a href="#">Understand disability-related health supports – core supports</a> <a href="#">Understand and add onsite shared support in specialist disability accommodation</a> <a href="#">Understand interim supports when there are expected changes to a home and living situation</a>

### 5.2 Assistance with social, economic and community participation

NDIS supports that assist with or supervise you to engage in community, social, recreational, or economic activities. These supports can be provided in a range of environments, such as in the community or a centre.

	Assistance with Social, Economic and Community Participation
	Assistance with Social, Economic and Community Participation
	Self-managed, Agency-managed or Plan-managed
	Flexible or Stated
	Regular
	<a href="#">Understand self-care and community access supports</a> <a href="#">Understand work and study supports</a> <a href="#">Understand supports in employment (core) funding</a> <a href="#">Apply the home and living decision in PACE</a>

### 5.3 Consumables

NDIS supports to assist with purchasing disability-related everyday items. By everyday items, we mean the things you would use. For example, continence products like catheter bags, pads, bottles and straps and enteral nutrition products are included in this category.

	Consumables
	Consumables
	Self-managed, Agency-managed or Plan-managed
	Flexible or Stated
	Regular
	<a href="#">Determine hearing support funding</a> <a href="#">Understand disability-related health supports – core supports</a>

### 5.4 Transport (not recurring)

NDIS supports to allow you to pay a provider to transport you to an activity that is not itself a support, or to a support that is delivered by another provider. This enables you to travel to and from appointments, your place of work, or to another activity in the community.

	Transport
	Transport
	Self-managed, Agency-managed or Plan-managed
	Flexible or Stated
	Regular
	<a href="#">Understand transport supports</a>

## 6 Home and living

We've moved home and living supports from the SAP CRM assistance with daily life support category. The PACE Home and Living support category includes:

- Individualised Living Options (ILO)
- Medium Term Accommodation (MTA)
- Supported Independent Living (SIL).

Home and living supports are stated supports but can be flexible with other home and living supports. However, they are not flexible with other core supports such as consumables or assistance with daily life. This means the participant may have both stated home and living supports and flexible core supports in their plan.

For example, the participant has SIL funding in their plan and the funding is allocated to the home and living category. However, they also need support to access the community. This community access support will need to be added to the flexible core budget, not the home and living support category.

### 6.1 Individualised Living Options (ILO)

An ILO lets you choose the home you live in and set up supports in the way that best suits you. It can include things like personal care, help to build your skills, or support with household tasks like shopping or cooking. Family, friends, and other networks can complement your paid supports.

	Home and Living
	Assistance with Daily Life
	Self-managed, Agency-managed or Plan-managed
	Stated
	Regular
	<a href="#">Add Individualised Living Options (ILO) Stage 1 Exploration and Design funding</a> <a href="#">Add Individualised Living Options (ILO) Stage 2 Supports funding</a> <a href="#">Understand interim supports when there are expected changes to a home and living situation</a> <a href="#">Apply the home and living decision in PACE</a>

### 6.2 Medium Term Accommodation (MTA)

MTA gives you somewhere to live if you can't move into your long-term home because your disability supports aren't ready. To be eligible, you must have a home you'll move into, and you need somewhere else to live in the medium-term. We usually fund medium-term accommodation for up to 90 days.

	Home and Living
	Assistance with Daily Life
	Self-managed, Agency-managed or Plan-managed
	Stated
	Regular
	<a href="#">Add medium term accommodation (MTA) funding</a> <a href="#">Understand interim supports when there are expected changes to a home and living situation</a> <a href="#">Apply the home and living decision in PACE</a>

### 6.3 Supported Independent Living (SIL)

SIL is to help you live in your home. It includes help or supervision with daily tasks, like personal care or cooking meals. It helps you live as independently as possible, while building your skills. SIL is for people with higher support needs, who need some level of help at home all the time.

	Home and Living
	Assistance with Daily Life
	Self-managed, Agency-managed or Plan-managed
	Stated
	Regular
	<a href="#">Add supported independent living (SIL) funding</a> <a href="#">Understand interim supports when there are expected changes to a home and living situation</a> <a href="#">Apply the home and living decision in PACE</a>

### 6.4 YPIRAC – Cross billing

In PACE, we've created a new support category for Younger People in Residential Aged Care (YPIRAC). Cross-billing payments are an agreement we have with the Department of Health and Aged Care to pay some of the fees and charges for younger people in residential aged care. Cross-billing is a stated support in the participant's plan and must be agency-managed.

Only a YPIRAC planner delegate can add the funding to the participant's plan.

	YPIRAC – Cross Billing
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	Assistance with Daily Life
	Agency-managed
	Stated
	Once-off
	<a href="#">Add funding for Younger People in Residential Aged Care (YPIRAC)</a>

This document was released under the Freedom of Information Act 1982 by the National Disability Insurance Agency

## 7 Capital support categories

### 7.1 Assistive Technology (not maintenance, repair and rental)

Assistive technology (AT) support is the equipment you might need to help you with everyday tasks. AT may be equipment or items to support a person with a disability reach their potential at home, in the community and the workplace.

	Assistive Technology
	Assistive Technology
	Self-managed, Agency-managed or Plan-managed
	Stated
	Once-off, Regular
	<a href="#">Understand high-cost assistive technology (AT) funding</a> <a href="#">Calculate vehicle depreciation</a> <a href="#">Complete checks for vehicle modifications</a> <a href="#">Determine hearing support funding</a> <a href="#">Understand disability-related health supports – capital supports</a>

### 7.2 Assistive Technology – maintenance, repair and rental

We've moved assistive technology, maintenance, repair and rental from the SAP CRM assistive technology support category to its own support category in PACE.

These supports are to repair and maintain assistive technology. This also includes short-term rental and trial of your assistive technology supports.

If the participant's plan has moved from SAP CRM to PACE, you need to:

- talk with the participant to understand what supports need to stay in the assistive technology budget. For example, a customised wheelchair. If required, explain changes to their assistive technology supports
- check the assistive technology – maintenance, repair and rental supports in the participant's previous SAP CRM plan
- move the funded amount from the SAP CRM assistive technology budget to the PACE support category **Assistive Technology – Maintenance, Repair and Rental supports**.

Explain to the participant the changes to their assistive technology supports.

	Assistive Technology – maintenance, repair and rental
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	Assistive Technology
	Self-managed, Agency-managed or Plan-managed
	Stated
	Once-off, Regular
	Understand assistive technology (AT) maintenance, repairs, rentals and trials funding

### 7.3 Home modifications

NDIS supports to make changes to the structure, layout or fittings of your home, so you can safely access it and move around comfortably.

	Home modifications
	Home modifications
	Self-managed, Agency-managed or Plan-managed
	Stated
	Once-off
	<a href="#">Add complex home modifications funding</a> <a href="#">Add minor home modification funding</a> <a href="#">Add home modification capacity building support</a>

### 7.4 Specialist Disability Accommodation (SDA)

Specialist Disability Accommodation (SDA) has been moved from SAP CRM home modifications support category to its own PACE support category called **Specialist Disability Accommodation (SDA)**.

SDA is a range of housing for people with very high support needs or who need to live in a specially designed house.

	Specialist Disability Accommodation (SDA)
	Home modifications (SDA items)
	Self-managed, Agency-managed or Plan-managed
	Stated
	Once-off, Regular
	<a href="#">Add specialist disability accommodation (SDA) funding</a>

## 8 Capacity building support categories

### 8.1 Behaviour support

NDIS supports to help you develop behavioural management strategies to reduce behaviours of concern. This includes specialist behavioural intervention supports to help improve your quality of life.

We've moved behaviour support from the SAP CRM improving relationships support category to its own support category in PACE.

If the participant's plan has moved from SAP CRM to PACE, you need to:

- check the participant's previous SAP CRM plan
- move **behaviour support** from the SAP CRM **improving relationships** budget to the PACE support category **behaviour support**
- confirm what supports the participant needs to stay in the PACE **behaviour support** budget. For example, support for social skill development
- explain to the participant changes to their behaviour supports.

	Behaviour Support
	Improving Relationships
	Self-managed, Agency-managed or Plan-managed
	Stated
	Once-off, Regular
	<a href="#">Understand behaviour support</a>

### 8.2 Choice and control

NDIS supports to help you manage your plan funding and pay for services using a registered plan manager.

	Choice and control
	Choice and control
	Plan-managed
	Stated
	Regular
	<a href="#">Make fund management decision</a>

### 8.3 Finding and keeping a job

NDIS supports to help build employment skills to successfully find and keep a job. This includes employment supports for participants of all ages who have an employment goal and supports for young people to develop a pathway from school to work. This may also include employment-related assessments and counselling to support participants to select and successfully engage in employment that suits their abilities and interests.

	Finding and Keeping a Job
	Finding and Keeping a Job
	Self-managed, Agency-managed or Plan-managed
	Stated
	Once-off, Regular
	<a href="#">Understand work and study supports</a> <a href="#">Understand capacity building employment supports</a>

### 8.4 Health and wellbeing

NDIS supports that are directly related to the impact of your disability. This may include swallowing assessments and mealtime care plans. This doesn't include gym memberships.

	Health and Wellbeing
	Health and Wellbeing
	Self-managed, Agency-managed or Plan-managed
	Stated
	Once-off, Regular
	<a href="#">Understand disability-related health supports – capacity building supports</a>

### 8.5 Improved daily living skills

NDIS supports which include assessment, training, or therapy (including Early Childhood Intervention) to assist the development of, or to increase, your skills and capacity for independence and community participation. These services can be delivered in groups or individually.

We may fund therapy supports which aim to increase functional capacity and independence where it's reasonable and necessary based on the participant's individual circumstances. This includes in areas such as communication and personal care. This may include, but is not limited to, psychology, occupational therapy, speech therapy and physiotherapy.

Therapy supports must be evidence based and delivered by an allied health professional who is

registered with an appropriate governing body. This may include psychologists, occupational therapists, speech pathologists and physiotherapists.

For example, a participant may see a psychologist to help them feel more confident in social situations. This will help them work towards their goal of engaging with a community group.

These supports are funded under the Capacity building budget type in a participant's plan.

	Improved Daily Living Skills
	Improved Daily Living Skills
	Self-managed, Agency-managed or Plan-managed
	Stated
	Once-off, Regular
	<a href="#">Guide – Therapy supports</a> <a href="#">Guide – Hearing supports</a> <a href="#">Understand disability-related health supports – capacity building supports</a>

## 8.6 Improved living arrangements

NDIS supports to help you find and maintain an appropriate place to live.

	Improved Living Arrangements
	Improved Living Arrangements
	Self-managed, Agency-managed or Plan-managed
	Stated
	Once-off, Regular
	<a href="#">Add home modification capacity building support</a>

## 8.7 Increased Social and Community participation

NDIS supports to allow you to take part in skills-based learning to develop independence in accessing the community.

	Increased Social and Community Participation
	Increased Social and Community Participation
	Self-managed, Agency-managed or Plan-managed

	Stated
	Once-off, Regular
	<a href="#">Understand social and community participation supports for participants in a shared living arrangement</a> Add capacity building supports (coming soon)

## 8.8 Lifelong learning

NDIS supports to assist you to move from school to further education. Examples include training, advice and help to move from school to university or TAFE.

	Lifelong Learning
	Lifelong Learning
	Self-managed, Agency-managed or Plan-managed
	Stated
	Once-off, Regular
	<a href="#">Understand work and study supports</a> <a href="#">Understand capacity building employment supports</a>

## 8.9 Relationships

NDIS supports to help you develop positive social skills and interact with others in the community.

	Relationships
	Improving Relationships
	Self-managed, Agency-managed or Plan-managed
	Stated
	Once-off, Regular
	Add capacity building supports (coming soon)

## 8.10 Support coordination and psychosocial recovery coaches

We've renamed the support coordination support category to support coordination and psychosocial recovery coaches.

NDIS supports to help you understand your plan and connect with NDIS providers, community and mainstream and other government supports. These supports help you to build confidence and coordinate your supports.

	Support coordination and psychosocial recovery coaches
	Support coordination
	Self-managed, Agency-managed or Plan-managed
	Stated
	Once-off, Regular
	<a href="#">Understand support coordination and psychosocial recovery coach funding</a>

## 9 Recurring support categories

### 9.1 Recurring transport

In PACE, we've included a new support category for **Recurring Transport**.

NDIS supports paid by us on a regular basis to your nominated bank account for transport supports.

	Recurring Transport
	New Category
	Self-managed
	Stated
	Recurring
	<a href="#">Understand transport supports</a>



# 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.

28 MARCH 2025 Reasonable and necessary supports

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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.**



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.



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

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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).