Access and Eligibility Reassessment (ER) Practice Guide – Current NDIS Act 2013

The content of this document is OFFICIAL.

This guide assists the Scheme Eligibility Branch to assess new applicants' eligibility and determine if existing participants remain eligible for the National Disability Insurance Scheme (NDIS).

This guide is designed to be used with the Access and Eligibility Reassessment (ER) Decision Tree to make legislatively correct decisions for all eligibility reassessments and any initial access requests received on or after **3 October 2024**. If you are making an access decision for a request received before **3 October 2024**, refer to Access Practice Guide Previous NDIS Act 2013 (C19).

1. Recent updates

Date	What's changed

July 2025	• Guidance on 24(1)e and 25(1)d has been rewritten to focus on 'NDIS Supports' as per the current legislation.
	• Minor formatting and grammatical changes
	• Enhanced the Access and Eligibility Reassessment (ER) pathways to clear up any errors and ensure that all Streamlined Decisions are factored in,
	• Changed the ER Questions to align with the July system update in PACE. This means:
	  ○ Early Intervention is assessed after the Streamlined Decision questions for all participants, not just those under 7
	  ○ A participant can now meet access for both Early Intervention and Disability simultaneously.

2. Checklist

Topic	Checklist
Pre-requisites	1. You have read: ❑ Section 21, 22, 23, 24 and 25 of the current NDIS Act 2013 ❑ NDIS Becoming a Participant Rules 2016 ❑ Our Guidelines - NDIS 2. You need to determine which legislation applies and ensured you are reading the correct Practice Guidance resource. **Note:** All eligibility reassessments are assessed under the current National Disability Insurance Act 2013. If you are assessing: • based on the previous NDIS Act 2013 (C19) – go to Access Practice Guide Previous NDIS Act 2013 (C19) • based on current NDIS Act 2013 – continue to Section 3. Are you making an Access or ER decision? 3. You are working through: ❑ Access and ER Decision Tree
Actions	❑ 3. Are you making an Access or ER decision ❑ 4. Access – Age Requirements ❑ 5. Access – Residence Requirements ❑ 6. Access – Streamlined Decisions ❑ 7. Access – Early Intervention Requirements ❑ 8. Access – Disability Requirements ❑ 9. ER – Residence Requirements ❑ 10. ER – Streamlined Decisions ❑ 11. ER – Early Intervention Requirements ❑ 12. ER – Disability Requirements ❑ 13. Related procedures or resources ❑ 14. Feedback ❑ 15. Version control

3. Are you making an Access or ER decision?

For Access decisions, go to Section 4. Access – Age Requirements

For ER decisions, go to Section 9. ER – Residence Requirements

4. Access – Age Requirements

4.1 Does the applicant meet the age requirements?

Legislation

Section 22 Age requirements

A person meets the age requirements if the person was aged under 65 when the access request in relation to the person was made.

When is this criterion considered met?

This criterion is considered met if evidence on the record shows:

- the applicant was aged under 65 when their access request was received as valid (that is, complete)

Applicants that meet the age requirements	Go to Section 5.1 Does the applicant meet the residence requirements?
Applicants that do not meet the age requirements	Are not eligible for disability or early intervention support from the NDIS. Please follow the process in knowledge articles Prepare to make an access decision and Submit an access decision

5. Access – Residence Requirements

5.1 Does the applicant meet the residence requirements?

Legislation

Section 23 Residence requirements

(1) A person meets the residence requirements if the person:
- (a) resides in Australia; and
- (b) is one of the following:
  - (i) an Australian citizen;
  - (ii) the holder of a permanent visa;
  - (iii) a special category visa holder who is a protected Special Category Visa (SCV) holder.

(2) In deciding whether or not a person resides in Australia, regard must be had to:

(a) the nature of the accommodation used by the person in Australia; and
(b) the nature and extent of the family relationships the person has in Australia; and
(c) the nature and extent of the person's employment, business or financial ties with Australia; and
(d) the nature and extent of the person's assets located in Australia; and
(e) the frequency and duration of the person's travel outside Australia; and
(f) any other matter relevant to determining whether the person intends to remain permanently in Australia.

When is this criterion considered met?

This criterion is considered met if evidence on the record shows the applicant:

- lives in Australia for most of the year; and
- is an Australian Citizen; or
- is the holder of a permanent visa; or
- is the holder of a protected Special Category Visa (SCV)

Applicants that meet the residence requirements	Go to Section 6.1 - List A
Applicants that do not meet the residence requirements	Are not eligible for disability or early intervention support from the NDIS. Please follow the process in knowledge articles Prepare to make an access decision and Submit an access decision

6.Access – Streamlined Decisions

6.1 List A

List A conditions that are likely to meet the disability requirements.

Note: A person does not need to have a condition on List A to become a participant of the NDIS.

For further information, refer to Our Guidelines - Do you meet the disability requirements?

Applicants that have a condition on List A	Are likely to meet the disability requirements. Go to Section 6.2 0-25 Hearing Impairments to assess if the applicant also meets early intervention.

Applicants that do not have a condition on List A	Go to Section 6.2 0-25 Hearing Impairments

6.2 0-25 Hearing Impairments

An applicant meets the early intervention requirements without further assessment if they:

- are aged between birth and 25 years of age; and
- have confirmed results from a specialist audiological assessment (including electrophysiological testing when required) consistent with auditory neuropathy or hearing loss ≥ 25 decibels in either ear at 2 or more adjacent frequencies, which is likely to be permanent.

What to consider

This streamlined access approach for early intervention acknowledges a rich body of evidence that recognises that early intervention supports up to and including the age of 25 is critical for people with hearing impairment as the developing brain requires consistent and quality sound input and other support over that period to develop normally and ameliorate the risk of lifelong disability.

This same body of evidence suggests that brain development and language capability have been achieved by the age of 26. Therefore, adults aged 26 years and over are not immediately accepted to be likely to benefit from the same early intervention approach because there is no requirement to support the development of the auditory pathways. Adults aged 26 years and over with hearing impairment will therefore be assessed normally, on a case-by-case basis, having regard to the availability of all relevant evidence.

For further information, refer to Our Guidelines - What about people aged between 0 and 25 with a hearing impairment?

Applicants that have a List A condition who are under 7

Applicants that meet the hearing impairment criteria	Meets the disability (List A) and early intervention requirements Please follow the process in knowledge articles Prepare to make an access decision and Submit an access decision
Applicants that don't meet the hearing impairment criteria	Go to 6.3 List D

Applicants that have a List A condition who are over 7

Applicants that meet the hearing impairment criteria	Meets the disability (List A) and early intervention requirements Go to the knowledge articles Prepare to make an access decision and Submit an access decision
Applicants that don't meet the hearing impairment criteria	Go to Section 6.5 List B

Applicants that DON'T have a List A condition who are over 7

Applicants that meet the hearing impairment criteria	Meets the early intervention requirements Go to Section 6.5 List B
Applicants that don't meet the hearing impairment criteria	Go to Section 6.5 List B

Applicants that DON'T have a List A condition who are under 7

Applicants that meet the hearing impairment criteria	Meets the early intervention requirements Go to Section 6.5 List B
Applicants that don't meet the hearing impairment criteria	Go to Section 6.3 List D

6.3 List D

Where a child under the age of 7 has been diagnosed with a condition on List D, they will meet the early intervention requirements without further assessment.

Note: A child does not need to have a List D condition to become a participant of the NDIS.

For further information, refer to Our Guidelines - Do you need early intervention?

Applicants that have a List A condition who are under 7

Applicants that have a condition on List D	Meets the disability (List A) and early intervention requirements

	Please follow the process in knowledge articles Prepare to make an access decision and Submit an access decision
Applicants that don't have a condition on List D	Go to Section 6.4 Developmental Delay

Applicants under the age of 7 who DON'T have a List A condition who are under 7

Applicants that have a condition on List D	Meet the early intervention requirements. Go to Section 8. Access Disability Requirements
Applicants that do not have a condition on List D	Go to Section 6.4 Developmental Delay

6.4 Developmental Delay

Legislation

Section 25 Early intervention requirements

(1) A person ***meets the early intervention requirements*** if:

(a) the person is a child who has developmental delay; and

(b) the CEO is satisfied that provision of early intervention supports for the person is likely to benefit the person by reducing the person's future needs for supports in relation to disability; and

(c) the CEO is satisfied that provision of early intervention supports for the person is likely to benefit the person by:

(i) mitigating or alleviating the impact of the person's impairment upon the functional capacity of the person to undertake communication, social interaction, learning, mobility, selfcare or self-management; or

(ii) preventing the deterioration of such functional capacity; or

(iii) improving such functional capacity; or

(iv) strengthening the sustainability of informal supports available to the person, including through building the capacity of the person's carer; and

(d) the CEO is satisfied any early intervention supports that would be likely to benefit the person as mentioned in paragraphs (b) and (c) would be NDIS supports for the person.

Section 9 Definitions

Developmental delay means a delay in the development of a child **under 6 years of age** that:

(a) is attributable to a mental or physical impairment or a combination of mental and physical impairments; and

(b) results in substantial reduction in functional capacity in one or more of the following areas of major life activity:

(i) self-care;

(ii) receptive and expressive language;

(iii) cognitive development;

(iv) motor development; and

(c) results in the need for a combination and sequence of special interdisciplinary or generic care, treatment or other services that are of extended duration and are individually planned and coordinated.

When is this criterion considered met?

This criterion is considered met if evidence on the record shows the child is **younger than 6** on the day we determine they have developmental delay.

For further information, refer to Our Guidelines - What about children younger than 6 with developmental delay?

Applicants that have a List A condition who are under 7

Applicants that meet the Developmental Delay criteria	Meets the disability (List A) and early intervention requirements. Please follow the process in knowledge articles Prepare to make an access decision and Submit an access decision
Applicants that don't meet the Developmental Delay criteria	Go to Section 6.5 – List B

Applicants that DON'T have a condition on List A who are under 7

Applicants that meet the Developmental Delay criteria	Meet the early intervention requirements. Go to Section 6.5 - List B
Applicants that do not meet the Developmental Delay criteria	Go to Section 6.5 - List B

6.5 List B

Where an applicant has been diagnosed with a condition on List B, they will be considered to have a disability attributable to one or more conditions that are likely to result in a permanent impairment.

For applicants diagnosed with a condition on List B, you will only need to assess whether the applicant:

- has substantially reduced functional capacity to perform one or more activities;
- is affected in their capacity for social or economic participation; and
- is likely to require support under the NDIS for their lifetime.

Note: A person does not need to have a condition on List B to become a participant in the NDIS.

For further information, refer to Our Guidelines - Is your impairment likely to be permanent?

For applicants who meet any of the following and DON'T have a condition on List A:

- **0-25 Hearing Loss**
- **List D**
- **Developmental Delay criteria**

Applicants that have a condition on List B	Go to Section 8.3 Does the applicant meet 24(1)c?
Applicants that do not have a condition on List B	Go to Section 8 Disability Access – Disability Requirements

For applicants who DON'T meet the criteria for any of the following:

- **0-25 Hearing Loss**
- **List D**
- **Developmental Delay**

Applicants that have a condition on List B	Go to Section 7.2 Does the applicant meet 25(1)b
Applicants that do not have a condition on List B	Go to Section 7 Early Intervention requirements

7 Access - Early Intervention Requirements

For children under the age of 7 they are first assessed against the early intervention criteria. If they do not meet, then assess them against the disability requirements.

Before you commence the assessment, you must ensure the applicant meets both the age requirements and residency requirements.

7.1 Does the applicant meet Section 25(1)(a)?

Legislation

Section 25 Early intervention requirements

(1) A person meets the early intervention requirements if:

(a) the person:

(i) has one or more identified intellectual, cognitive, neurological, sensory or physical impairments that are, or are likely to be, permanent; or

(ii) has one or more identified impairments to which a psychosocial disability is attributable and that are, or are likely to be, permanent

When is this criterion considered met?

This criterion is considered met if evidence on the record shows:

- the applicant has an impairment (a loss or significant change in their body's functions or structure, or how they think and learn); and
- the impairment is intellectual, cognitive, neurological, sensory, physical or psychosocial in nature; and
- the impairment is, or is likely to be, permanent.

Note: When an applicant is diagnosed with a condition on List B or List D, they meet this criterion without further assessment.

What to consider

- Does the evidence demonstrate that the applicant has completed all available and appropriate treatment options, and that there are no recommended treatment options likely to remedy the impairment?
- Does the evidence contain recommendations for treatments which have not been demonstrated to have been explored?

- Does the evidence indicate that the applicant requires further treatment, and that this treatment has some prospect of success?
- Does the evidence demonstrate that the applicant requires ongoing treatment, but that it is for maintenance purposes only?
- Does the evidence demonstrate that the impairment is degenerative in nature, and that treatment will not improve the impairment?

In answering the above questions, does the evidence contain sufficient information addressing:

- What treatments have been undertaken and what were the outcomes?
- If there are evidence-based treatments not undertaken, why were they considered and deemed not suitable?
- What further/ongoing treatments have been recommended and what are the expected outcomes of these treatments?

For further information, refer to Our Guidelines - Do you need early intervention?

Applicants that meet Section 25(1)(a)	Go to Section 7.2 - Does the applicant meet Section 25(1)(b)?
Applicants that do not meet Section 25(1)(a)	Are not eligible for early intervention. You will now assess them against the disability requirements. Go to Section 8.1 - Does the applicant meet Section 24(1)(a)? **Note**: If the applicant has a List A condition, they are eligible under the disability requirements and you can proceed to knowledge articles Prepare to make an access decision and Submit an access decision

7.2 Does the applicant meet Section 25(1)(b)?

Legislation

Section 25 Early intervention requirements

(1) A person meets the early intervention requirements if:

(b) the CEO is satisfied that provision of early intervention supports for the person is likely to benefit the person by reducing the person's future needs for supports in relation to disability

When is this criterion considered met?

This criterion is considered met if evidence on the record shows that early intervention supports for the applicant's permanent impairment/s will reduce their need for disability-related supports in the future.

Note: If an applicant has been diagnosed with a condition on List D, they meet this criterion without further assessment.

What to consider

- Does the evidence contain specific recommendations for early intervention, and indicate that this intervention will mean the applicant needs less disability supports in the future?
- Does the evidence note which specific supports the applicant will no longer require should early intervention be undertaken?
- Does the evidence indicate that early intervention is likely to result in greater independence for the applicant?
- If the applicant has accessed intervention before, is the outcome noted? Did previous intervention reduce their need for disability related supports?
- Is the recommended support of a functional nature, or capacity building in nature?
- In answering the above questions, does the evidence contain sufficient information addressing:
- How the applicant's impairment is likely to impact them over time?
- What supports the applicant will require if they don't receive intervention?
- What supports the applicant currently requires, and what supports (if any) the applicant is likely to require after intervention?

For further information, refer to Our Guidelines - How will early intervention help you?

Applicants that meet Section 25(1)(b)	Go to Section 7.3 - Does the applicant meet Section 25(1)(c)?

Applicants that do not meet Section 25(1)(b)	Are not eligible for early intervention. You will now assess them against the disability requirements. Go to Section 8.1 - Does the applicant meet Section 24(1)(a)? **Note**: If the applicant has a List A condition, they are eligible under the disability requirements and you can proceed to knowledge articles Prepare to make an access decision and Submit an access decision

7.3 Does the applicant meet Section 25(1)(c)?

Legislation

Section 25 Early intervention requirements

(1) A person meets the early intervention requirements if:

(c) the CEO is satisfied that provision of early intervention supports for the person is likely to benefit the person by:

(i) mitigating or alleviating the impact of the person's impairment upon the functional capacity of the person to undertake communication, social interaction, learning, mobility, self-care or self-management; or

(ii) preventing the deterioration of such functional capacity; or

(iii) improving such functional capacity; or

(iv) strengthening the sustainability of informal supports available to the person, including through building the capacity of the person's carer.

When is this criterion considered met?

- This criterion is considered met if evidence on the record shows early intervention supports will help the applicant by:
- addressing the impact of their impairment on their ability to move around, communicate, socialise, learning, look after themselves, or organise their life
- preventing their functional capacity from getting worse
- improving their functional capacity
- supporting their informal supports to build their skills to help the applicant.

Note: If an applicant has been diagnosed with a condition on List D, they meet this criterion without further assessment.

What to consider

- Does the evidence contain specific recommendations for early intervention, and detail how this intervention will mitigate or alleviate the impact of the applicant's permanent impairment on their functional capacity?
- Does the evidence contain specific recommendations for early intervention, and detail how this intervention will prevent the applicant's functional capacity from declining?
- Does the evidence contain specific recommendations for early intervention, and detail how this intervention will improve the applicant's functional capacity?
- Does the evidence indicate that intervention is likely to strengthen the sustainability of informal supports available to the person, and result in a decreased need for formal disability related supports?
- In answering the above questions, does the evidence contain sufficient information addressing:
- How the applicant's impairment is likely to impact them over time?
- What supports the applicant will require if they don't receive intervention?
- What supports the applicant currently requires, and what supports (if any) the applicant is likely to require after intervention?

For further information, refer to Our Guidelines - How will early intervention help you?

Applicants that meet Section 25(1)(c)	Go to Section 7.4 - Does the applicant meet Section 25 (1)(d)?
Applicants that do not meet Section 25(1)(c)	Are not eligible for early intervention. You will now assess them against the disability requirements. Go to Section 8.1 - Does the applicant meet Section 24(1)(a)? **Note**: If the applicant has a List A condition, they are eligible under the disability requirements and you can

	proceed to knowledge articles Prepare to make an access decision and Submit an access decision

7.4 Does the applicant meet section 25(1)(d)?

Legislation

Section 25 Early intervention requirements

(d) … any early intervention supports that would be likely to benefit the person as mentioned in paragraphs (b) and (c) would be NDIS supports for the person.

When is this criterion considered met?

This criterion is considered met if evidence on the record shows that early intervention supports required are NDIS supports.

Note: If an applicant has been diagnosed with a condition on List D, they meet this criterion without further assessment.

What to consider

- Can any of the supports which have been recommended be considered 'NDIS Supports'? For the list of NDIS Supports see Supports that are NDIS Supports.

If **none** of the recommended supports are on the NDIS Supports list, or they are **all** supports the NDIS will not fund, then the applicant will not meet this criterion. For the list of supports the NDIS will not fund see Supports that are not NDIS Supports. Remember that you only need to have at least **one** support on the Supports that are NDIS Supports list to meet this criterion.

For further information, refer to What does the NDIS fund?

For applicants who do not have a List A impairment

Applicants that meet Section 25(1)(d)	Meet the early intervention requirements. Make note of this, as you will now assess them against the disability requirements. Go to Section 8.1 - Does the applicant meet Section 24(1)(a)?
Applicants that do not meet Section 25(1)(d)	Are not eligible for early intervention. You will now assess them against the disability requirements.

	Go to Section 8.1 - Does the applicant meet Section 24(1)(a)?

For applicants who have a List A impairment

Applicants that meet Section 25(1)(d)	Meet the disability and early intervention requirements. Please follow the process in knowledge articles Prepare to make an access decision and Submit an access decision
Applicants that do not meet Section 25(1)(d)	Are not eligible for early intervention, **however** do satisfy the disability requirements. Please follow the process in knowledge articles Prepare to make an access decision and Submit an access decision

8 Access – Disability Requirements

8.1 Does the applicant meet Section 24(1)(a)?

Legislation

Section 24 Disability requirements

(1) A person meets the disability requirements if:

(a) the person has a disability that is attributable to one or more intellectual, cognitive, neurological, sensory or physical impairments or the person has one or more impairments to which a psychosocial disability is attributable.

When is this criterion considered met?

This criterion is considered met if evidence on the record shows:

- the applicant has a disability (a reduction or loss in their ability to do things); and
- their disability is caused by an impairment (a loss or significant change in their body's functions or structure, or how they think and learn); and
- the impairment is intellectual, cognitive, neurological, sensory or physical in nature, or
- they have a psychosocial disability (a reduced capacity to do daily life activities and tasks due to their mental health).

Note: Where an applicant has been diagnosed with a List A or List B condition, they will meet this criterion without further assessment.

What to consider

- Does the evidence demonstrate both that the applicant has an impairment, and that the impairment is resulting in a disability?
- Does the evidence demonstrate that the applicant is reduced in their ability to do things, however this reduction cannot be reasonably attributed to an impairment?
- Does the evidence demonstrate that the applicant has a loss or significant change in one of their body's functions or structure. however, there is no indication that this is causing a reduction or loss in their ability to do things?

Note: A diagnosis is not required to meet this criterion: if the evidence shows the person has a disability caused by a relevant impairment, then they will meet 24(1)(a) – this is because we assess based on the impairment/functional impact.

For further information, refer to Our Guidelines - Is your disability caused by an impairment?

If the person does NOT meet the Early Intervention criteria

Applicants that meet Section 24(1)(a)	Go to Section 8.2 - Does the applicant meet Section 24(1)(b)?
Applicants that do not meet Section 24(1)(a)	Are not eligible for disability or early intervention support from the NDIS. Please follow the process in knowledge articles Prepare to make an access decision and Submit an access decision.

If the person does meet the Early Intervention criteria

Applicants that meet Section 24(1)(a)	Go to Section 8.2 - Does the applicant meet Section 24(1)(b)?
Applicants that do not meet Section 24(1)(a)	Are not eligible for disability, **however** do satisfy the early intervention requirements. Please follow the process in knowledge articles Prepare to make an access decision and Submit an access decision

8.2 Does the applicant meet Section 24(1)(b)?

Legislation

Section 24 Disability requirements

(1) A person meets the disability requirements if:

(b) The impairment or impairments are, or are likely to be, permanent

When is this criterion considered met?

This criterion is considered met if evidence on the record shows the applicant has a:

- permanent impairment; or
- likely permanent impairment.

Note: Where an applicant has been diagnosed with a List A or List B condition, they will meet this criterion without further assessment.

What to consider

- Does the evidence demonstrate that the applicant has completed all available and appropriate treatment options, and that there are no recommended treatment options likely to remedy the impairment?
- Does the evidence contain recommendations for treatments which have not been demonstrated to have been explored?
- Does the evidence indicate that the applicant requires further treatment, and that this treatment has some prospect of success?
- Does the evidence demonstrate that the applicant requires ongoing treatment, but that it is for maintenance purposes only?
- Does the evidence demonstrate that the impairment is degenerative in nature, and that treatment will not improve the impairment?

In answering the above questions, does the evidence contain sufficient information addressing:

- What treatments have been undertaken and what were the outcomes?
- If there are evidence-based treatments not undertaken, why were they considered and deemed unsuitable?

- What further/ongoing treatments have been recommended and what are the expected outcomes of these treatments?

For further information, refer to Is your impairment likely to be permanent? | NDIS

If the person does NOT meet the Early Intervention criteria

Applicants that meet Section 24(1)(b)	Go to Section 8.3 - Does the applicant meet Section 24(1)(c)?
Applicants that do not meet Section 24(1)(b)	Are not eligible for disability or early intervention support from the NDIS. Please follow the process in knowledge articles Prepare to make an access decision and Submit an access decision

If the person does meet the Early Intervention criteria

Applicants that meet Section 24(1)(	Go to Section 8.3 - Does the applicant meet Section 24(1)(c)?
Applicants that do not meet Section 24(1)(b)	Are not eligible for disability, **however** do satisfy the early intervention requirements. Please follow the process in knowledge articles Prepare to make an access decision and Submit an access decision

8.3 Does the applicant meet Section 24(1)(c)?

Legislation

Section 24 Disability requirements

(1) A person meets the disability requirements if:

(c) The impairment or impairments result in substantially reduced functional capacity to undertake one or more of the following activities: The impairment or impairments result in substantially reduced functional capacity to undertake one or more of the following activities:

(i) communication;

(ii) social interaction;

(iii) learning

(iv) mobility

(v) self-care

(vi) self-management

…

When is this criterion considered met?

This criterion is considered met if evidence on the record shows the permanent impairment, or permanent impairments combined, results in substantially reduced functional capacity in one or more of the following activities:

- Communication: how they speak, write or use sign language and gestures.
- Social interaction: how they make and keep friends, interact with the community, and cope with feelings and emotions in social situations.
- Learning**:** how they learn, understand and remember new things, and practise and use new skills.
- Mobility: how they move around home and the community and how they get in and out of bed or a chair.
- Self-care: how they partake in personal care, hygiene, grooming, eating and drinking, and health.
- Self-management (if older than 6): how they organise their life, make decision, solve problems and manage money.

Note: When an applicant has been diagnosed with a List A condition, they will meet this criterion without further assessment.

What to consider

- Does the evidence demonstrate that the applicant is unable to participate effectively or completely (i.e. across the whole or majority of tasks) in one or more activities, without formally prescribed equipment?
- Does the evidence demonstrate that the applicant is unable to participate effectively or completely in one or more activities, and usually requires the assistance of another person?

- Does the evidence demonstrate that the applicant would be unsafe to complete one or more tasks required to participate in an activity without formally prescribed equipment or assistance from another person?
- Does the evidence indicate that the applicant is able to participate in each activity effectively by using commonly used items?
- Does the evidence indicate that the applicant is able to participate in each activity effectively, albeit more slowly or in a different way?
- Would completing tasks more slowly or in a modified way, or using commonly used items, relieve the applicant's need for personal assistance?

In answering the above questions, does the evidence contain sufficient information addressing:

- What specific tasks the applicant cannot complete without support?
- Why the applicant requires support?
- How often the applicant requires support, and what that support looks like?

For further information, refer to Our Guidelines - Does your impairment substantially reduce your functional capacity?

If the person does NOT meet the Early Intervention criteria

Applicants that meet Section 24(1)(c)	Go to Section 8.4 - Does the applicant meet Section 24(1)(d)?
Applicants that do not meet Section 24(1)(c)	Are not eligible for disability support from the NDIS. Please follow the process in knowledge articles Prepare to make an access decision and Submit an access decision

If the person does meet the Early Intervention criteria

Applicants that meet Section 24(1)(c)	Go to Section 8.4 - Does the applicant meet Section 24(1)(d)?
Applicants that do not meet Section 24(1)(c)	Are not eligible for disability, **however** do satisfy the early intervention requirements.

	Please follow the process in knowledge articles Prepare to make an access decision and Submit an access decision

8.4 Does the applicant meet Section 24(1)(d)?

Legislation

Section 24 Disability requirements

(1) A person meets the disability requirements if:

(d) The impairment or impairments affect the person's capacity for social or economic participation.

When is this criterion considered met?

This criterion is considered met if evidence on the record shows the permanent impairment, or permanent impairments combined, affects the applicant's social or economic participation.

Note: Where an applicant has been diagnosed with a List A condition, they will meet this criterion without further assessment.

What to consider

- Does the evidence demonstrate that the applicant's social participation (e.g. their capacity to play sport, go to the movies, see friends, etc.) is affected by their permanent impairment/s - in any way?
- Does the evidence demonstrate that the applicant's economic participation (e.g., their capacity to travel, to find or maintain voluntary or paid work, etc.) is affected by their permanent impairment - in any way?
- Does the evidence demonstrate that the applicant's social and economic participation is not impacted in any way, and that they can fully engage without any assistance?

Note: There is no threshold that the person's permanent impairment affects their social or economic participation. It just needs to be affected.

For further information, refer to Our Guidelines - Does your impairment affect your social, work or study life?

If the person does NOT meet the Early Intervention criteria

Applicants that meet Section 24(1)(d)	Go to Section 8.5 - Does the applicant meet Section 24(1)(e)?
Applicants that do not meet Section 24(1)(d)	Are not eligible for disability support from the NDIS. Please follow the process in knowledge articles Prepare to make an access decision and Submit an access decision

If the person does meet the Early Intervention criteria

Applicants that meet Section 24(1)(d)	Go to Section 8.5 - Does the applicant meet Section 24(1)(e)?
Applicants that do not meet Section 24(1)(d)	Are not eligible for disability, **however** do satisfy the early intervention requirements. Please follow the process in knowledge articles Prepare to make an access decision and Submit an access decision

8.5 Does the applicant meet Section 24(1)(e)?

Legislation

Section 24 Disability requirements

(1) A person meets the disability requirements if:

(e) The person is likely to require NDIS supports under the National Disability Insurance Scheme for the person's lifetime.

When is this criterion considered met?

This criterion is considered met if evidence on the record shows the applicant:

- will likely require NDIS supports under the National Disability Insurance Scheme for their lifetime.

Note: Where an applicant has been diagnosed with a List A condition, they will meet this criterion without further assessment.

What to consider

- Does the evidence demonstrate that the applicant is likely to require NDIS Supports, for their lifetime?

- Does the evidence demonstrate that the applicant will likely be substantially reduced in their functional capacity (in a relevant activity) for their lifetime, despite any interventions?
- Are there any recommendations for interventions that are likely to improve the applicant's functional capacity, and reduce their future need for disability related supports?
- If the applicant is a child or young adult, does the evidence indicate that significant functional improvements can be expected - either as they develop, or through interventions?
- Does the applicant's need for support only relate to supports which the NDIS does not fund?

If **none** of the recommended supports are on the NDIS Supports list, or they are **all** supports the NDIS will not fund, then the applicant will not meet this criterion. For the list of supports the NDIS will not fund see Supports that are not NDIS Supports. Remember that you only need to have at least **one** support on the Supports that are NDIS Supports list to meet this criterion.

For further information, refer to What does NDIS fund and Our Guidelines - Does your impairment affect your social, work or study life?

If the person does NOT meet the Early Intervention criteria

Applicants that meet Section 24(1)(e)	Meet the disability requirements. Please follow the process in knowledge articles Prepare to make an access decision and Submit an access decision
Applicants that do not meet Section 24(1)(e)	Are not eligible for disability support from the NDIS. Please follow the process in knowledge articles Prepare to make an access decision and Submit an access decision

If the person does meet the Early Intervention criteria

Applicants that meet Section 24(1)(e)	Eligible for both disability and early intervention. Please follow the process in knowledge articles Prepare to make an access decision and Submit an access decision
Applicants that do not meet Section 24(1)(e)	Are not eligible for disability, **however** do satisfy the early intervention requirements.

	Please follow the process in knowledge articles Prepare to make an access decision and Submit an access decision

9 ER – Residence Requirements

9.1 Does the participant continue to meet the residence requirements?

Legislation

Section 23 Residence requirements

(1) A person meets the residence requirements if the person:
- (a) resides in Australia; and
- (b) is one of the following:
  - (i) an Australian citizen;
  - (ii) the holder of a permanent visa;
  - (iii) a special category visa holder who is a protected SCV holder.

(2) In deciding whether or not a person resides in Australia, regard must be had to:
- (a) the nature of the accommodation used by the person in Australia; and
- (b) the nature and extent of the family relationships the person has in Australia; and
- (c) the nature and extent of the person's employment, business or financial ties with Australia; and
- (d) the nature and extent of the person's assets located in Australia; and
- (e) the frequency and duration of the person's travel outside Australia; and
- (f) any other matter relevant to determining whether the person intends to remain permanently in Australia.

When is this criterion considered met?

This criterion is considered met if evidence on the record shows the participant:

- lives in Australia for most of the year; and
- is an Australian Citizen; or
- is the holder of a permanent visa; or
- is the holder of a protected Special Category Visa (SCV)

Participants that continue to meet the residence requirements	Go to Section 10.1 - List A

Participants that no longer meet the residence requirements	Are not eligible for disability or early intervention support from the NDIS. Please follow the process in: • knowledge article KA – Complete an Eligibility Check, or • knowledge article KA – Finalise an Eligibility Reassessment decision **Note**: You will still need to assess both early intervention and disability. This is to ensure the participant understands all the criteria they do not meet.

10 ER – Streamlined Decisions

10.1 List A

List A conditions that are likely to meet the disability requirements.

Note: A person does not need to have a condition on List A to become a participant of the NDIS.

For further information, refer to Our Guidelines - Do you meet the disability requirements?

Participants that have a condition on List A	Meets the disability requirements. You will also need to assess the early intervention criteria. Go to Section 10.2 – 0-25 Hearing Impairments
Participants that do not have a condition on List A	Go to Section 10.2 – 0-25 Hearing Impairments

10.2 0-25 Hearing Impairments

An applicant meets the early intervention requirements without further assessment if they:

- are aged between birth and 25 years of age; and

- have confirmed results from a specialist audiological assessment (including electrophysiological testing when required) consistent with auditory neuropathy or hearing loss ≥ 25 decibels in either ear at 2 or more adjacent frequencies, which is likely to be permanent.

What to consider

This streamlined access approach for early intervention acknowledges a rich body of evidence that recognises that early intervention supports up to and including the age of 25 is critical for people with hearing impairment as the developing brain requires consistent and quality sound input and other support over that period to develop normally and ameliorate the risk of lifelong disability.

This same body of evidence suggests that brain development and language capability have been achieved by the age of 26. Therefore, adults aged 26 years and over are not immediately accepted to be likely to benefit from the same early intervention approach because there is no requirement to support the development of the auditory pathways. Adults aged 26 years and over with hearing impairment will therefore be assessed normally, on a case-by-case basis, having regard to the availability of all relevant evidence.

For further information, refer to Our Guidelines - What about people aged between 0 and 25 with a hearing impairment?

Participants that have a List A condition who are under 7

Participants that meet the hearing impairment criteria	Meets the disability (List A) and early intervention requirements. Please follow the process in either: • knowledge article KA – Complete an Eligibility Check • knowledge article KA – Finalise an Eligibility Reassessment decision
Participants that don't meet the hearing impairment criteria	Go to Section 10.3 List D

Participants that have a List A condition who are over 7

Participants that meet the hearing impairment criteria	Meets the disability (List A) and early intervention requirements. Please follow the process in either: • knowledge article KA – Complete an Eligibility Check • knowledge article KA – Finalise an Eligibility Reassessment decision
Participants that don't meet the hearing impairment criteria	Go to Section 10.5 – List B

Participants that DON'T have a List A condition who are over 7

Participants that meet the hearing impairment criteria	Meets the early intervention requirements. To start assessing the disability requirements go to Section 10.5 – List B
Participants that don't meet the hearing impairment criteria	Go to Section 10.5 – List B

Participants that DON'T have a List A condition who are under 7

Participants that meet the hearing impairment criteria	Meets the early intervention requirements. To start assessing the disability requirements go to Section 10.5 – List B
Participants that don't meet the hearing impairment criteria	Go to Section 10.3 – List D

10.3 List D

Where a child under the age of 7 has been diagnosed with a condition on List D, they will meet the early intervention requirements without further assessment.

Note: A child does not need to have a List D condition to become a participant of the NDIS.

For further information, refer to Our Guidelines - Do you need early intervention?

Participants that have a List A condition who are under 7

Participants that have a condition on List D	Meets the disability (List A) and early intervention requirements. Please follow the process in either: • knowledge article KA – Complete an Eligibility Check • knowledge article KA – Finalise an Eligibility Reassessment decision
Participants that don't have a condition on List D	Go to Section 10.4 Developmental Delay

Participants under the age of 7 who DON'T have a List A condition who are under 7

Participants that have a condition on List D	Meet the early intervention requirements. To start assessing the disability criteria go to Section 10.5 - List B
Participants that do not have a condition on List D	Go to Section 10.4 Developmental Delay

10.4 Developmental Delay

Legislation

Section 25 Early intervention requirements

(1) A person ***meets the early intervention requirements*** if:

(a) the person is a child who has developmental delay; and

(b) the CEO is satisfied that provision of early intervention supports for the person is likely to benefit the person by reducing the person's future needs for supports in relation to disability; and

(c) the CEO is satisfied that provision of early intervention supports for the person is likely to benefit the person by:

(i) mitigating or alleviating the impact of the person's impairment upon the functional capacity of the person to undertake communication, social interaction, learning, mobility, selfcare or self-management; or

(ii) preventing the deterioration of such functional capacity; or

(iii) improving such functional capacity; or

(iv) strengthening the sustainability of informal supports available to the person, including through building the capacity of the person's carer; and

(d) the CEO is satisfied any early intervention supports that would be likely to benefit the person as mentioned in paragraphs (b) and (c) would be NDIS supports for the person.

Section 9 Definitions

Developmental delay means a delay in the development of a child under 6 years of age that:

(d) is attributable to a mental or physical impairment or a combination of mental and physical impairments; and

(e) results in substantial reduction in functional capacity in one or more of the following areas of major life activity:

(i) self-care;

(ii) receptive and expressive language;

(iii) cognitive development;

(iv) motor development; and

(f) results in the need for a combination and sequence of special interdisciplinary or generic care, treatment or other services that are of extended duration and are individually planned and coordinated.

When is this criterion considered met?

This criterion is considered met if evidence on the record shows the child is younger than 6 on the day we determine they have developmental delay.

For further information, refer to Our Guidelines - What about children younger than 6 with developmental delay?

Participants that have a List A condition who are under 7

Participants that meet the Developmental Delay criteria	Meets the disability (List A) and early intervention requirements. Please follow the process in either: • knowledge article KA – Complete an Eligibility Check

	• knowledge article KA – Finalise an Eligibility Reassessment decision
Participants that don't meet the Developmental Delay criteria	Go to Section 10.5 – List B

Participants that DON'T have a condition on List A who are under 7

Participants that meet the Developmental Delay criteria	Meet the early intervention requirements. To assess the disability criteria go to Section 10.5 – List B
Participants that do not meet the Developmental Delay criteria	Go to Section 10.5 – List B

10.5 List B

Where an applicant has been diagnosed with a condition on List B, they will be considered to have a disability attributable to one or more conditions that are likely to result in a permanent impairment.

For applicants diagnosed with a condition on List B, you will only need to assess whether the applicant:

- has substantially reduced functional capacity to perform one or more activities;
- is affected in their capacity for social or economic participation; and
- is likely to require support under the NDIS for their lifetime.

Note: A person does not need to have a condition on List B to become a participant in the NDIS.

For further information, refer to Our Guidelines - Is your impairment likely to be permanent?

For participants who MEET any of the following and DON'T have a condition on List A:

- **0-25 Hearing Loss**
- **List D**
- **Developmental Delay criteria**

Participants that have a condition on List B	Go to Section 12.3 – Does the participant meet Section 24(1)c?
Participants that do not have a condition on List B	Go to Section 12 – Disability Requirements

For participants who DON'T meet the criteria for any of the following:

- **0-25 Hearing Loss**
- **List D**
- **Developmental Delay**

Participants that have a condition on List B	Go to Section 11.2 - Does the participant meet Section 25(1)b?
Participants that do not have a condition on List B	Go to Section 11 Early Intervention Requirements

11 ER – Early Intervention Requirements

11.1 Does the participant meet Section 25(1)(a)?

Legislation

Section 25 Early intervention requirements

(1) A person meets the early intervention requirements if:

(a) the person:

(i) has one or more identified intellectual, cognitive, neurological, sensory or physical impairments that are, or are likely to be, permanent; or

(ii) has one or more identified impairments to which a psychosocial disability is attributable and that are, or are likely to be, permanent

When is this criterion considered met?

This criterion is considered met if evidence on the record shows:

- the participant has an impairment (a loss or significant change in their body's functions or structure, or how they think and learn); and
- the impairment is intellectual, cognitive, neurological, sensory, or physical in nature; and

- the impairment is, or is likely to be, permanent.

Note: Where a participant is diagnosed with a condition on List B or List D, they meet this criterion without further assessment.

- **What to consider**
- Does the evidence demonstrate that the participant has completed all available and appropriate treatment options, and that there are no recommended treatment options likely to remedy the impairment?
- Does the evidence contain recommendations for treatments which have not been demonstrated to have been explored?
- Does the evidence indicate that the participant requires further treatment, and that this treatment has some prospect of success?
- Does the evidence demonstrate that the participant requires ongoing treatment, but that it is for maintenance purposes only?
- Does the evidence demonstrate that the impairment is degenerative in nature, and that treatment will not improve the impairment?

In answering the above questions, does the evidence contain sufficient information addressing:

- What treatments have been undertaken and what were the outcomes?
- If there are evidence-based treatments not undertaken, why were they considered and deemed not suitable?
- What further/ongoing treatments have been recommended and what are the expected outcomes of these treatments?

For further information, refer to Our Guidelines - Do you need early intervention?

Participants that meet Section 25(1)(a)	Go to Section 11.2 – Does the participant meet Section 25(1)b?
Participants that do not meet Section 25(1)(a)	Are not eligible for early intervention. You will now assess them against the disability requirements. Go to Section 12 – Disability Requirements

	Note: If the participant has a List A condition, they are eligible under the disability requirements and you can proceed to: • knowledge article KA – Complete an Eligibility Check; or • knowledge article KA – Finalise an Eligibility Reassessment decision

11.2 Does the participant meet Section 25(1)(b)?

Legislation

Section 25 Early intervention requirements

(2) A person meets the early intervention requirements if:

(b) the CEO is satisfied that provision of early intervention supports for the person is likely to benefit the person by reducing the person's future needs for supports in relation to disability

When is this criterion considered met?

This criterion is considered met if evidence on the record shows that early intervention supports for the participant's permanent impairment/s will reduce their need for disability-related supports in the future.

Note: Where a participant has been diagnosed with a condition on List D, they meet this criterion without further assessment.

What to consider

- Does the evidence contain specific recommendations for early intervention, and indicate that this intervention will mean the participant needs less disability supports in the future?
- Does the evidence note which specific supports the participant will no longer require should early intervention be undertaken?
- Does the evidence indicate that early intervention is likely to result in greater independence for the participant?
- If the participant has accessed intervention before, is the outcome noted? Did previous intervention reduce their need for disability related supports?
- Is the recommended support of a functional nature, or capacity building in nature?

In answering the above questions, does the evidence contain sufficient information addressing:

- How the participant's impairment is likely to impact them over time?
- What supports the participant will require if they don't receive intervention?
- What supports the participant currently requires, and what supports (if any) the participant is likely to require after intervention?

For further information, refer to Our Guidelines - How will early intervention help you?

Participants that meet Section 25(1)(b)	Go to Section 11.3 – Does the participant meet Section 25(1)c?
Participants that do not meet Section 25(1)(b)	Are not eligible for early intervention. You will now assess them against the disability requirements. Go to Section 12 – Disability Requirements **Note**: If the participant has a List A condition, they are eligible under the disability requirements and you can proceed to: • knowledge article KA – Complete an Eligibility Check; or • knowledge article KA – Finalise an Eligibility Reassessment decision

11.3 Does the participant meet Section 25(1)(c)?

Legislation

Section 25 Early intervention requirements

(1) A person meets the early intervention requirements if:

(c) the CEO is satisfied that provision of early intervention supports for the person is likely to benefit the person by:

(i) mitigating or alleviating the impact of the person's impairment upon the functional capacity of the person to undertake communication, social interaction, learning, mobility, self-care or self-management; or

(ii) preventing the deterioration of such functional capacity; or

(iii) improving such functional capacity; or

(iv) strengthening the sustainability of informal supports available to the person, including through building the capacity of the person's carer.

When is this criterion considered met?

- This criterion is considered met if evidence on the record shows early intervention supports will help the participant by:
- addressing the impact of their impairment on their ability to move around, communicate, socialise, learning, look after themselves, or organise their life
- preventing their functional capacity from getting worse
- improving their functional capacity
- supporting their informal supports to build their skills to help the participant.

Note: Where a participant has been diagnosed with a condition on List D, they meet this criterion without further assessment.

What to consider

- Does the evidence contain specific recommendations for early intervention, and detail how this intervention will mitigate or alleviate the impact of the participant's permanent impairment on their functional capacity?
- Does the evidence contain specific recommendations for early intervention, and detail how this intervention will prevent the participant's functional capacity from declining?
- Does the evidence contain specific recommendations for early intervention, and detail how this intervention will improve the participant's functional capacity?
- Does the evidence indicate that intervention is likely to strengthen the sustainability of informal supports available to the person, and result in a decreased need for formal disability related supports?
- In answering the above questions, does the evidence contain sufficient information addressing:
- How the participant's impairment is likely to impact them over time?

- What supports the participant will require if they don't receive intervention?
- What supports the participant currently requires, and what supports (if any) the participant is likely to require after intervention?

For further information, refer to Our Guidelines - How will early intervention help you?

Participants that meet Section 25(1)(c)	Go to Section 11.4 – Does the participant meet Section 25(1)d?
Participants that do not meet Section 25(1)(c)	Are not eligible for early intervention. You will now assess them against the disability requirements. Go to Section 12 – Disability Requirements **Note**: If the participant has a List A condition, they are eligible under the disability requirements and you can proceed to: • knowledge article KA – Complete an Eligibility Check; or • knowledge article KA – Finalise an Eligibility Reassessment decision

11.4 Does the participant meet Section 25(1)(d)?

Legislation

Section 25 Early intervention requirements

(d) … any early intervention supports that would be likely to benefit the person as mentioned in paragraphs (b) and (c) would be NDIS supports for the person.

When is this criterion considered met?

This criterion is considered met if evidence on the record shows early intervention supports required are NDIS supports.

Note: Where a participant has been diagnosed with a condition on List D, they meet this criterion without further assessment.

What to consider

- Can at least some of the supports which have been recommended be considered 'NDIS Supports'? For the list of NDIS Supports see Supports that are NDIS Supports.

If **none** of the recommended supports are on the NDIS Supports list, or they are **all** supports the NDIS will not fund, then the participant will not meet this criterion. For the list of supports the NDIS will not fund see Supports that are not NDIS Supports. Remember that you only need to have at least **one** support on the Supports that are NDIS Supports list to meet this criterion.

For further information, refer to What does the NDIS fund?

For participants who do not have a List A impairment

Participants that meet Section 25(1)(d)	Meet the early intervention requirements. Make note of this, as you will now assess them against the disability requirements. Go to Section 12 – Disability Requirements
Participants that do not meet Section 25(1)(d)	Are not eligible for early intervention. You will now assess them against the disability requirements. Go to Section 12 – Disability Requirements

For participants who have a List A impairment

Participants that meet Section 25(1)(d)	Meets the disability (List A) and early intervention requirements. Please follow the process in either: • knowledge article KA – Complete an Eligibility Check; or • knowledge article KA – Finalise an Eligibility Reassessment decision
Participants that do not meet Section 25(1)(d)	Are not eligible for early intervention, **however** do satisfy the disability requirements. Please follow the process in either:

	• knowledge article KA – Complete an Eligibility Check; or • knowledge article KA – Finalise an Eligibility Reassessment decision

12 ER - Disability Requirements

12.1 Does the participant meet Section 24(1)(a)?

Legislation

Section 24 Disability requirements

(1) A person meets the disability requirements if:

(a) the person has a disability that is attributable to one or more intellectual, cognitive, neurological, sensory or physical impairments or the person has one or more impairments to which a psychosocial disability is attributable

When is this criterion considered met?

This criterion is considered met if evidence on the record shows:

- the participant has a disability (a reduction or loss in their ability to do things); and
- their disability is caused by an impairment (a loss or significant change in their body's functions or structure, or how they think and learn); and
- the impairment is intellectual, cognitive, neurological, sensory, or physical in nature, or
- they have a psychosocial disability (a reduced capacity to do daily life activities and tasks due to their mental health).

Note: Where a participant has been diagnosed with a List A or List B condition, they will meet this criterion without further assessment.

What to consider

- Does the evidence demonstrate both that the participant has an impairment, and that the impairment is resulting in a disability?
- Does the evidence demonstrate that the participant is reduced in their ability to do things, however this reduction cannot be reasonably attributed to an impairment?

- Does the evidence demonstrate that the participant has a loss or significant change in one of their body's functions or structure, however, there is no indication that this is causing a reduction or loss in their ability to do things?

  Note: A diagnosis is not required to meet this criterion: if the evidence shows the person has a disability caused by a relevant impairment, then they will meet 24(1)(a) – this is because we assess based on the impairment/functional impact.

For further information, refer to Our Guidelines - Is your disability caused by an impairment?

If the person does NOT meet the Early Intervention criteria

Participants that meet Section 24(1)(a)	Go to Section 12.2 – Does the participant meet Section 24(1)b?
Participants that do not meet Section 24(1)(a)	Are not eligible for disability or early intervention support from the NDIS. Please follow the process in either: • knowledge article KA – Complete an Eligibility Check; or • knowledge article KA – Finalise an Eligibility Reassessment decision

If the person does meet the Early Intervention criteria

Participants that meet Section 24(1)(a)	Go to Section 12.2 – Does the participant meet Section 24(1)b?
Participants that do not meet Section 24(1)(a)	Are not eligible for disability, **however** do satisfy the early intervention requirements. Please follow the process in either: • knowledge article KA – Complete an Eligibility Check; or • knowledge article KA – Finalise an Eligibility Reassessment decision

12.2 Does the participant meet Section 24(1)(b)?

Legislation

Section 24 Disability requirements

(2) A person meets the disability requirements if:

(b) The impairment or impairments are, or are likely to be, permanent

When is this criterion considered met?

This criterion is considered met if evidence on the record shows the participant has a:

- permanent impairment; or
- likely permanent impairment.

Note: Where a participant has been diagnosed with a List A or List B condition, they will meet this criterion without further assessment.

What to consider

- Does the evidence demonstrate that the participant has completed all available and appropriate treatment options, and that there are no recommended treatment options likely to remedy the impairment?
- Does the evidence contain recommendations for treatments which have not been demonstrated to have been explored?
- Does the evidence indicate that the participant requires further treatment, and that this treatment has some prospect of success?
- Does the evidence demonstrate that the participant requires ongoing treatment, but that it is for maintenance purposes only?
- Does the evidence demonstrate that the impairment is degenerative in nature, and that treatment will not improve the impairment?

In answering the above questions, does the evidence contain sufficient information addressing:

- What treatments have been undertaken and what were the outcomes?
- If there are evidence-based treatments not undertaken, why were they considered and deemed unsuitable?

- What further/ongoing treatments have been recommended and what are the expected outcomes of these treatments?

For further information, refer to Is your impairment likely to be permanent? | NDIS

If the person does NOT meet the Early Intervention criteria

Participants that meet Section 24(1)(b)	Go to Section 12.3 – Does the participant meet Section 24(1)c?
Participants that do not meet Section 24(1)(b)	Are not eligible for disability or early intervention support from the NDIS. Please follow the process in either: • knowledge article KA – Complete an Eligibility Check; or • knowledge article KA – Finalise an Eligibility Reassessment decision

If the person does meet the Early Intervention criteria

Participants that meet Section 24(1)(b)	Go to Section 12.3 – Does the participant meet Section 24(1)c?
Participants that do not meet Section 24(1)(b)	Are not eligible for disability, **however** do satisfy the early intervention requirements. Please follow the process in either: • knowledge article KA – Complete an Eligibility Check; or • knowledge article KA – Finalise an Eligibility Reassessment decision

12.3 Does the participant meet Section 24(1)(c)?

Legislation

Section 24 Disability requirements

(2) A person meets the disability requirements if:

(c) The impairment or impairments result in substantially reduced functional capacity to undertake one or more of the following activities:

(i) communication;

(ii) social interaction;

(iii) learning

(iv) mobility

(v) self-care

(vi) self-management

When is this criterion considered met?

This criterion is considered met if evidence on the record shows the permanent impairment, or permanent impairments combined, results in substantially reduced functional capacity in one or more of the following activities:

- Communication: how they speak, write or use sign language and gestures.
- Social interaction: how they make and keep friends, interact with the community, and cope with feelings and emotions in social situations.
- Learning**:** how they learn, understand and remember new things, and practise and use new skills.
- Mobility: how they move around home and the community and how they get in and out of bed or a chair.
- Self-care: how they partake in personal care, hygiene, grooming, eating and drinking, and health.
- Self-management (if older than 6): how they organise their life, make decision, solve problems and manage money.

Note: When a participant has been diagnosed with a List A condition, they will meet this criterion without further assessment.

What to consider

- Does the evidence demonstrate that the participant is unable to participate effectively or completely (i.e., across the whole or majority of tasks) in one or more activities, without formally prescribed equipment?

- Does the evidence demonstrate that the participant is unable to participant effectively or completely in one or more activities, and usually requires the assistance of another person?
- Does the evidence demonstrate that the participant would be unsafe to complete one or more tasks required to participate in an activity without formally prescribed equipment or assistance from another person?
- Does the evidence indicate that the participant is able to participate in each activity effectively by using commonly used items?
- Does the evidence indicate that the participant is able to participate in each activity effectively, albeit more slowly or in a different way?
- Would completing tasks more slowly or in a modified way, or using commonly used items, relieve the participant's need for personal assistance?

In answering the above questions, does the evidence contain sufficient information addressing:

- What specific tasks the participant cannot complete without support?
- Why the participant requires support?
- How often the participant requires support, and what that support looks like?

For further information, refer to Our Guidelines - Does your impairment substantially reduce your functional capacity?

If the person does NOT meet the Early Intervention criteria

Participants that meet Section 24(1)(c)	Go to Section 12.4 – Does the participant meet Section 24(1)d?
Participants that do not meet Section 24(1)(c)	Are not eligible for disability or early intervention support from the NDIS. Please follow the process in either: • knowledge article KA – Complete an Eligibility Check; or • knowledge article KA – Finalise an Eligibility Reassessment decision

If the person does meet the Early Intervention criteria

Participants that meet Section 24(1)(c)	Go to Section 12.4 – Does the participant meet Section 24(1)d?
Participants that do not meet Section 24(1)(c)	Are not eligible for disability, **however** do satisfy the early intervention requirements. Please follow the process in either: • knowledge article KA – Complete an Eligibility Check; or • knowledge article KA – Finalise an Eligibility Reassessment decision

12.4 Does the participant meet Section 24(1)(d)?

Legislation

Section 24 Disability requirements

(1) A person meets the disability requirements if:

(d) The impairment or impairments affect the person's capacity for social or economic participation.

When is this criterion considered met?

This criterion is considered met if evidence on the record shows the permanent impairment, or permanent impairments combined, affects the participant's social or economic participation.

Note: Where a participant has been diagnosed with a List A condition, they will meet this criterion without further assessment.

What to consider

- Does the evidence demonstrate that the participant's social participation (e.g., their capacity to play sport, go to the movies, see friends, etc.) is affected by their permanent impairment/s - in any way?
- Does the evidence demonstrate that the participant's economic participation (e.g., their capacity to travel, to find or maintain voluntary or paid work, etc.) is affected by their permanent impairment - in any way?

- Does the evidence demonstrate that the participant's social and economic participation is not impacted in any way, and that they can fully engage without any assistance?

Note: There is no threshold that the person's permanent impairment affects their social or economic participation. It just needs to be affected.

For further information, refer to Our Guidelines - Does your impairment affect your social, work or study life?

If the person does NOT meet the Early Intervention criteria

Participants that meet Section 24(1)(d)	Go to Section 12.5 – Does the participant meet Section 24(1)e?
Participants that do not meet Section 24(1)(d)	Are not eligible for disability or early intervention support from the NDIS. Please follow the process in either: • knowledge article KA – Complete an Eligibility Check; or • knowledge article KA – Finalise an Eligibility Reassessment decision

If the person does meet the Early Intervention criteria

Participants that meet Section 24(1)(d)	Go to Section 12.5 – Does the participant meet Section 24(1)e?
Participants that do not meet Section 24(1)(d)	Are not eligible for disability, **however** do satisfy the early intervention requirements. Please follow the process in either: • knowledge article KA – Complete an Eligibility Check; or • knowledge article KA – Finalise an Eligibility Reassessment decision

12.5 Does the participant meet Section 24(1)(e)?

Legislation

Section 24 Disability requirements

(1) A person meets the disability requirements if:

(e) The person is likely to require NDIS supports under the National Disability Insurance Scheme for the person's lifetime.

When is this criterion considered met?

This criterion is considered met if evidence on the record shows the participant:

- will require or is likely to require NDIS supports for their lifetime.

Note: Where a participant has been diagnosed with a List A condition, they will meet this criterion without further assessment.

What to consider

- Does the evidence demonstrate that the participant is likely to require NDIS Supports, for their lifetime?
- Does the evidence demonstrate that the participant will likely be substantially reduced in their functional capacity (in a relevant activity) for their lifetime, despite any interventions?
- Are there any recommendations for interventions that are likely to improve the participant's functional capacity, and reduce their future need for disability related supports?
- If the participant is a child or young adult, does the evidence indicate that significant functional improvements can be expected - either as they develop, or through interventions?
- Does the participant's need for support only relate to supports which the NDIS does not fund?

If **none** of the recommended supports are on the NDIS Supports list, or they are **all** supports the NDIS will not fund, then the participant will not meet this criterion. For the list of supports the NDIS will not fund see Supports that are not NDIS Supports. Remember that you only need to have at least **one** support on the Supports that are NDIS Supports list to meet this criterion.

For further information, refer to What does NDIS fund and Our Guidelines - Does your impairment affect your social, work or study life?

If the person does NOT meet the Early Intervention criteria

Participants that meet Section 24(1)(e)	Meet the disability requirements. Please follow the process in either: • knowledge article KA – Complete an Eligibility Check; or • knowledge article KA – Finalise an Eligibility Reassessment decision
Participants that do not meet Section 24(1)(e)	Are not eligible for disability support from the NDIS. Please follow the process in either: • knowledge article KA – Complete an Eligibility Check; or • knowledge article KA – Finalise an Eligibility Reassessment decision

If the person does meet the Early Intervention criteria

Participants that meet Section 24(1)(e)	Eligible for both disability and early intervention. Please follow the process in either: • knowledge article KA – Complete an Eligibility Check; or • knowledge article KA – Finalise an Eligibility Reassessment decision
Participants that do not meet Section 24(1)(e)	Are not eligible for disability, **however** do satisfy the early intervention requirements. Please follow the process in either: • knowledge article KA – Complete an Eligibility Check; or • knowledge article KA – Finalise an Eligibility Reassessment decision

13 Related procedures or resources

- National Disability Insurance Scheme (Becoming a Participant) Rules 2016
- Current NDIS Act 2013
- Our Guidelines - Applying to the NDIS
- KA – Prepare to make an access decision
- KA – Submit an access decision
- KA – Complete an Eligibility Check
- KA – Finalise an Eligibility Reassessment decision
- Access and ER Decision Tree

14 Feedback

If you would like to provide feedback about this guidance material, please discuss with your team leader who can send a request to s47E(d) - certain operations of agencies@ndis.gov.au.

15 Version control

Version	Amended by	Brief Description of Change	Status	Date
1.0	CH0026	New resource	APPROVED	2024-10-02
2.0	VWK542	Class 1 Approval Minor formatting error corrected in ER streamlined cohorts regarding numbering	APROVED	2024-10-10
3.0	CH0026	Class 2 Approval	APPROVED	2024-11-28
4.0	LXO144	Class 2 approval	APPROVED	2025-07-04

Myalgic encephalomyelitis / Chronic fatigue syndrome

The content of this document is OFFICIAL.

Please note:

This document is intended to assist Technical Advice and Practice Improvement Branch (TAPIB) staff with provision of technical advice or practice improvement activities. Branch Manager clearance is required before research documents are shared outside the branch.

The TAPIB Research team take care to ensure the research presented is accurate at the time of writing. Due to the nature of our work, we are not able to ensure that all relevant research has been considered in the development of this document or that information remains accurate after publishing.

Research question/s: What are the diagnostic features of ME/CFS? What is the prognosis for someone diagnosed with ME/CFS? What factors affect prognosis? What evidence-based treatment or management strategies are most effective for people with ME/CFS? What is the prevalence of communication difficulties for people diagnosed with ME/CFS? What evidence-based treatment or management strategies are most effective for addressing communication difficulties caused by ME/CFS?

Date: 07/05/2026

1. Contents

2. Summary

Myalgic encephalomyelitis/Chronic fatigue syndrome (ME/CFS) is a chronic condition characterised by excessive fatigue, especially after activity, along with a wide variety of multi-system symptoms. ME/CFS can be debilitating and result in significant functional impairment.

There are important sites of disagreement in research related to ME/CFS preventing strong recommendations about diagnosis or management. The causes and mechanisms are still unclear. There are multiple definitions of ME/CFS with overlapping but distinct diagnostic criteria. Estimates of those that recover or improve after an ME/CFS diagnosis vary widely from 4% to 83%.

There is no gold standard management strategy. There are some proposed pharmacological and non-pharmacological treatments, though their efficacy is still debated. Cognitive behavioural therapy, exercise therapy and energy conservation techniques are widely recommended though evidence in support of these strategies is often of low or very low quality.

Communication difficulties are a recognised symptom of ME/CFS. Word finding problems are the most reported speech difficulty. No studies or recommendations were found that directly address problems with language or communication in ME/CFS.

Australia's *National Health and Medical Research Council* (NHMRC) is currently developing a clinical guideline for the diagnosis and management of ME/CFS. A draft guideline is expected to be available for public consultation in mid- to late-2027.

3. What is ME/CFS?

Myalgic encephalomyelitis/Chronic fatigue syndrome (ME/CFS) is a chronic neurological condition characterised by excessive fatigue, especially after activity, as well as impairments in other bodily systems including sleep, circulation, respiration, digestion, mood, cognition, thermoregulation, and sensory processing (WHO, 2026; AIHW, 2025; Steiner et al, 2023; Grach et al, 2023; NICE, 2021a-b; Deumer et al, 2021).

The exact causes and mechanisms that lead to ME/CFS are not known. Current research suggests the probable involvement of viral infection, immune system functions and genetic susceptibility (Ali & Kheirabadi, 2025; AIHW, 2025; Health Direct, 2024). ME/CFS is classified as a neurological condition (AIHW, 2025; WHO, 2019; WHO, 2026). It is included in the *International Classification of Disease* under the heading Postviral fatigue syndrome (WHO, 2026; WHO, 2019) as viral infection is a common precipitating factor in development of symptoms (ME/CFS Australia, 2026; Health Direct, 2024; Emerge, n.d.). On some estimates, between 10% and 50% of people experiencing Post COVID syndrome also meet criteria for ME/CFS (ME/CFS Australia, 2026; Fan et al, 2026; also refer to RES 254 Post COVID syndrome). There are also reports of ME/CFS developing after exposure to certain chemicals,

physical injury or other physical or psychological trauma (ME/CFS Australia, 2026; Health Direct, 2024; Emerge, n.d.).

ME/CFS can affect all age groups. Some sources suggest the condition is most likely to occur in people aged 20 to 40 (AIHW, 2025; Health Direct, 2024), while others state it is more likely in those over 40 years (Fan et al, 2025; Ali & Kheirabadi, 2025). There is a consensus in the literature that women are more likely to develop ME/CFS (ME/CFS Australia, 2026; AIHW, 2025; Fan et al, 2025; Ali & Kheirabadi, 2025; Health Direct, 2024; Emerge, n.d.).

3.1 Prevalence

Prevalence estimates vary as there is no consensus on the definition or set of diagnostic criteria for ME/CFS (ME/CFS Australia, 2026; Emerge, n.d.; NHMRC, n.d.) (see section 4 below for more information on diagnosis). Studies estimate global prevalence rates from less than 0.1% up to 3% (Fan et al, 2025; Ali & Kheirabadi, 2025). The *Australian Institute of Health and Welfare* (AIHW, 2025) estimates around 219,000 Australians are living with ME/CFS, which equates to a prevalence rate of 950 per 100,000 people (0.95%). The *National Health and Medical Research Council* (NHMRC, n.d.) estimates prevalence of between 0.2% and 1%, which suggests between 48,000 and 250,000 people in Australia have this condition.

In 2025, Australian ME/CFS groups including ME/CFS Australia, Emerge, ME Group Australia, Bridges and Pathways, and the ME Advocacy Network all endorsed a statement in which they estimate there could be as many as 500,000 people with ME/CFS in Australia (ME Group Australia, 2025). This implies AIHW and NHMRC underestimate prevalence rates. Prevalence rates used by AIHW and NHMRC were based on publications from 2020-2022 and may not account fully for the effects of the COVID 19 pandemic and the co-occurrence of ME/CFS and post-COVID syndrome (ME/CFS Australia, 2026; AIHW, 2025; Komaroff & Dantzer, 2025; ME Group Australia, 2025).

3.2 Symptoms

ME/CFS may include chronic, severe and unexplained fatigue, along with other symptoms affecting bodily functions including sleep, circulation, respiration, digestion, mood, cognition, thermoregulation, and sensory processing (ME/CFS Australia, 2026; AIHW, 2025; Health Direct, 2024; Emerge, n.d.; NICE, 2021a-b).

According to the UK's National Institute for Health and Care Excellence (NICE), core symptoms of ME/CFS include:

- Debilitating fatigue that is worsened by activity, is not caused by excessive cognitive, physical, emotional or social exertion, and is not significantly relieved by rest.
- Post-exertional malaise after activity in which the worsening of symptoms:
  - is often delayed in onset by hours or days
  - is disproportionate to the activity

  - has a prolonged recovery time that may last hours, days, weeks or longer.
- Unrefreshing sleep or sleep disturbance (or both), which may include:
  - feeling exhausted, feeling flu-like and stiff on waking
  - broken or shallow sleep, altered sleep pattern or hypersomnia.
- Cognitive difficulties (sometimes described as 'brain fog'), which may include problems finding words or numbers, difficulty in speaking, slowed responsiveness, short-term memory problems, and difficulty concentrating or multitasking (2021a, p.12).

Other reported symptoms include:

- headaches
- muscle or joint pain
- a sore throat, swollen or tender lymph nodes
- dizziness, breathlessness, rapid heartbeat or nausea
- sensitivities to light, noise, temperature and other stimuli (ME/CFS Australia, 2026a; Health Direct, 2024; Emerge, n.d. a).

The functional impact of symptoms can vary. To meet diagnostic criteria for ME/CFS , most diagnostic systems require a substantial reduction in functional capacity. Symptom severity is generally divided into four levels:

- mild – significant reduction in activity level, especially in mobility and social activities; usually still able to attend work, school and perform daily activities to a reduced degree
- moderate – approximately 50% reduction in pre-illness activity level; most will have stopped work or educational activities and will need frequent rest during the day; sleep is usually of poor quality
- severe – will rarely leave the house and will require support for most activities; may manage some light activities independently, such as washing face or brushing teeth; may require mobility aids such as a wheelchair; often extremely sensitive to light and sound
- very severe – will rarely leave the house and may remain in bed all day; likely to require assistance with all daily activities, including hygiene and eating; some may experience swallowing difficulties and require tube feeding (Ali & Kheirabadi, 2025;

Arron et al, 2024; Graves et al, 2024; NICE, 2021a; Emerge, n.d. a; ME Group Australia, n.d.).

These levels are only a rough guide. Some symptoms of ME/CFS may be experienced more severely than others and some may fluctuate or progress over time (NICE, 2021a).

4. Diagnosis

Diagnosis of ME/CFS is made by detailed clinical examination against a set of diagnostic criteria. Clinical examination can include detailed medical history, physical examination, and testing (ME/CFS Australia, 2025; Ali & Kheirabadi, 2025; Bateman et al, 2021; Emerge, n.d. b). While there is no single validated test for ME/CFS, there are tools and screeners that can identify the presence or severity of certain core symptoms of ME/CFS, such as post exertional malaise (Graves et al, 2024; Health Direct, 2024). Testing can also be completed to rule out other conditions. This can include blood tests or other physical tests for possible conditions such as vitamin deficiency, thyroid issues or coeliac disease (Ali & Kheirabadi, 2025; Bateman et al, 2021; Emerge, n.d. b).

Australia's NHMRC is currently developing a clinical guideline for the diagnosis and management of ME/CFS. A draft guideline is expected to be available for public consultation in mid- to late-2027 (NHMRC, n.d. b).

4.1 Diagnostic criteria

There are up to 20 different sets of criteria used to diagnose ME/CFS in clinical or research settings (ME/CFS Australia, 2026; AIHW, 2025; Health Direct, 2024; Steiner et al, 2023; Grach et al, 2023; Emerge, 2022; NICE, 2021a-b; Deumer et al, 2021; Bateman et al, 2021; Noor et al, 2021; Emerge, n.d.).

The World Health Organisation (WHO) states, "Currently there is no consensus agreement amongst medical professionals as to how chronic fatigue syndrome may be definitively diagnosed" (WHO, n.d.). This is because "without a biomarker it is not possible to definitively know if a person has or does not have ME/CFS. Without such a reference standard (or 'gold standard') it is not possible to assess the measurement validity of the different criteria" (NICE, 2021b, p.47). Nevertheless, different sets of diagnostic criteria may be justified on pragmatic grounds, including ability to distinguish between cases and controls or the preference for over- or under diagnosis (NICE, 2021b).

4.2 Diagnosis in Australia

There is no set of consensus criteria in use in Australia. A 2019 NHMRC report recommends the use of *Canadian Consensus Criteria (CCC)* (Jason et al, 2010), *International Consensus Criteria* (ICC) (Carruthers et al, 2011) or *Paediatric Primer* criteria in research. The future NHMRC clinical guideline for the diagnosis and management of ME/CFS is expected to include recommendations for consistent diagnostic criteria in Australia (NHMRC, n.d. a-b).

ME Group Australia (n.d.), endorses the *International Consensus Criteria* (ICC). According to ICC, post-exertional malaise (also termed post-exertional neuronal exhaustion) is required for diagnosis, along with:

- at least one symptom in each of three neurological impairment categories
- at least one symptom in each of three immune, gastrointestinal or genitourinary impairment categories
- at least one symptom from the metabolic impairment category (Carruthers et al, 2011).

Emerge endorses the NHMRC's recommendations for diagnostic criteria used in research settings, while also suggesting that the CCC and ICC are too complicated for use in clinical settings. For use in clinical settings, Emerge endorses the United States' *National Academy of Medicine* (NAM) diagnostic criteria:

> Diagnosis requires that the patient have the following three symptoms:
> - A substantial reduction or impairment in the ability to engage in pre-illness levels of occupational, educational, social, or personal activities that persists for more than 6 months and is accompanied by fatigue, which is often profound, is of new or definite onset (not lifelong), is not the result of ongoing excessive exertion, and is not substantially alleviated by rest
> - Post-exertional malaise
> - Unrefreshing sleep.
>
> At least one of the two following manifestations is also required:
> - Cognitive impairment
> - Orthostatic intolerance (Institute of Medicine, 2015, p.6).

5. Management and recovery

Reported recovery rates for people with ME/CFS are likely low. Sources report recovery rates of less than 10% (ME/CFS Australia, 2026; Graves et al, 2024; Ghali et al, 2022; Emerge, n.d. a). Reported improvement rates vary widely from 4% to 83% (Lim & Torpy, 2023; Ghali et al, 2022; Moore et al, 2021). The wide variance in improvement rates may be due to different definitions of improvement and different outcome measures used (Ghal et al, 2022; Moore et al, 2021).

There is no cure for ME/CFS (ME/CFS Australia, 2026b; AIHW, 2025; Health Direct, 2024). Researchers disagree about how effective current management strategies are for ME/CFS (Vink & Vink Niese, 2023; NICE, 2021a). There is still ongoing debate regarding the use of cognitive behavioural therapy and graded exercise programs. Seton et al (2024) identify a

number of antivirals and other pharmacological treatments that may be effective but require further investigation.

Most clinical guidelines focus on symptom management and lifestyle changes (ME/CFS Australia, 2026b; AIHW, 2025; Health Direct, 2024; NICE, 2021a; Emerge, n.d. c). Lifestyle interventions include strategies such as scheduling activities and rest, ensuring good sleep hygiene and appropriate diet.

Table 1 – Symptom Management Strategies (Source: Grach et al, 2023, p.1549)

Symptom	Management
Post exertional malaise	Pacing/rest, stimulus reduction, tracking devices or diaries for symptoms
Fatigue	Pacing, low-dose naltrexone, low-dose aripiprazole, anti-inflammatory diets, supplements, vitamin deficiency treatment
Sleep issues	Melatonin, trazodone, suvorexant, doxepin/tricyclic antidepressants, gabapentin/pregabalin
Cognitive dysfunction	Journaling, memory aids, occupational therapy, low-dose naltrexone, low-dose aripiprazole, careful use of stimulants
Orthostatic intolerance	Fluids/electrolytes/compression, fludrocortisone, midodrine, propranolol, pyridostigmine, guanfacine (best guided by postural orthostatic tachycardia syndrome subtype or tilt vital signs)
Dizziness (frequent)	Consider persistent postural-perceptual dizziness diagnosis, vestibular therapy, low dose selective serotonin reuptake inhibitor or serotonin-norepinephrine reuptake inhibitor
Muscle or joint pain	Over-the-counter medications, duloxetine, milnacipran, pregabalin, gabapentin, tricyclic antidepressants, low-dose naltrexone
Neuropathy	Pregabalin, gabapentin, tricyclic antidepressants, compression or brace therapy
Sensory amplification	Noise-cancelling headphones, tinted glasses, crowd exposure reduction, low dose aripiprazole

Symptom	Management
Gastrointestinal symptoms	Anti-inflammatory diets, small meals, pro/synbiotics, antidiarrheals or antihistamines for diarrhea, fibre or motility agents for constipation

5.1 Pacing

Pacing is a self-management technique for energy conservation that incorporates planned periods of activity and rest. It is recommended for all people with ME/CFS (ME/CFS Australia, 2026b-c; Health Direct, 2024; Barakou et al, 2023; Grach et al, 2023; NICE, 2021a).

Users plan activities around periods of rest and incorporate rest breaks into activities where possible. Gradual increases in activity are a possible but not essential element of this strategy. The aim is to reduce the symptoms of post-exertional malaise and this may improve quality of life and functional independence. This strategy makes possible regular activities that are part of a healthy lifestyle (good diet, exercise, social engagement etc.) by avoiding the over-exertion/exhaustion cycle of ME/CFS. It is not intended to be a cure or rehabilitation strategy (Barakou et al, 2023; Grach et al, 2023; NICE, 2021a). While this strategy is recommended in clinical guidelines, recent reviews suggest that further research is required to address heterogeneity of study designs, inconsistent findings and poor study quality (Sanal-Hayes et al, 2023; Barakou et al, 2023).

5.2 Cognitive Behavioural Therapy

NICE recommends discussing CBT with patients and carers (2021a). The evidence-review that informed their recommendation found all studies reviewed provided either low or very low quality evidence for the effectiveness of CBT in ME/CFS (2021c). The authors note:

> Based on criticisms in the qualitative evidence of cognitive behavioural therapy (CBT) being described as a 'treatment' (cure) for ME/CFS, the committee considered it was important to highlight that CBT is not a cure for ME/CFS and should not be offered as such. Instead, it aims to improve wellbeing and quality of life, and may be useful in supporting people who live with ME/CFS to manage their symptoms and reduce the distress associated with having a chronic illness. It should therefore only be offered in this context, and after people have been fully informed about its principles and aims (pp.84-85).

This recommendation caused some controversy as other guidelines recommend more strongly in favour of CBT as a way to manage core symptoms of ME/CFS (Vink & Vink-Neise, 2023). Two recent reviews (Kuut et al, 2024; Bermpohl et al, 2024) argue that CBT can lead to significant reductions in fatigue, depression, anxiety and improvements in functional impairment and physical activity.

Kuut et al (2024) performed a meta-analysis incorporating data from 8 randomised controlled trials and including 1298 participants. They found statistically significant effects on fatigue, functional impairment and physical functioning. Effects were smaller for older people and people with more severe functional impairment. The authors found no significant effects on physical functioning for people with low levels of self-efficacy. Of note, none of the studies reviewed had low risk of bias and all 8 studies were conducted by the authors' own research group.

Bermpohl et al (2024) performed a meta-analysis incorporating data from 15 randomised controlled trials and including 2015 participants. They found small to moderate effects on fatigue, depression and anxiety. Of note, the studies reviewed were rated as either high risk of bias or as having some concerns.

5.3 Exercise and physical therapy

Regarding exercise programs, the NICE guidelines do not recommend graded exercise programs or unstructured exercise programs. Instead, they recommend if the patient understands and requests a personalised exercise program, the program should begin with activities below their baseline level and ensure that they can tolerate that level for a period of time. The authors state:

> The committee concluded any programme using fixed incremental increases in physical activity or exercise (for example, graded exercise therapy), or physical activity or exercise programmes that are based on deconditioning and exercise avoidance theories, should not be offered to people with ME/CFS. The committee also wanted to reinforce that there is no therapy based on physical activity or exercise that is effective as a cure for ME/CFS (2021a, p.78).

These recommendations were controversial. Some researchers argued that the recommendation against graded exercise therapy does not reflect the definitions of that approach used in the studies that NICE reviewed, and ignores some studies that show benefit of low intensity exercise for some people with ME/CFS (White et al, 2023). Wormgoor and Rodenburg (2021) found some evidence that graded exercise therapy improves fatigue as measured by participant self-report measures. However, objective measures of fitness, level of physical activity and employment showed no benefit.

5.4 Carers and family

People with ME/CFS are likely to experience reduced capacity to participate in family and social activities, contribute to household tasks and also may experience difficulties with relationships, intimacy and finances (Arron et al, 2024). Family and carers can provide support for people with ME/CFS to engage in social and family life in ways they are able to. This can include assisting their family member to explore accessible social or economic activities, navigate health and social services and complete daily activities. This may require family and carers to change their expectations of what their family member with ME/CFS can do (NICE,

2021b). Without adequate support, carers and family of people with ME/CFS, are at increased risk of reduced physical and mental health, social isolation, reduced economic participation and may not be able to provide needed support to their family (AIHW, 2025; Arron et al, 2024; NICE, 2021b).

6. Communication difficulties in ME/CFS

Cognitive difficulties are either common in or essential to ME/CFS, depending on the set of diagnostic criteria. Five of the nine sets of diagnostic criteria reviewed by NICE (2021b) include word finding problems as an example of cognitive symptoms (Grach et al, 2023; Lim & Torpy, 2023; NICE, 2021a-b; Maksoud et al, 2020; Institute of Medicine, 2015). Grach et al (2023) suggest that word finding and language processing problems could be a feature of post-exertional malaise, which is a core symptom of ME/CFS according to several definitions. However, the extent or severity of linguistic problems in ME/CFS is not clear. One study found around 75% of subjects experienced difficulties with words, though the authors do not elaborate on the type, frequency or severity of the difficulty (Institute of Medicine, 2015).

Evidence presented in a 2022 meta-analysis of cognitive impairments in ME/CFS shows an uneven picture of linguistic ability (Sebaiti et al; 2022). The authors found a moderate to large effect of ME/CFS on language processing speed (as measured by Colour/Word tests) and long-term verbal memory (as measured by California verbal learning test recognition, Weschler logic and reading tests). They found no significant effect on instrumental linguistic skills (as measured by the Boston Naming Test and Weschler Adult Intelligence Test), short term verbal memory (as measured by Digit Span Forward and Backward) or linguistic efficiency (as measured by National Adult Test Reading and Weschler Adult Intelligence Test).

No studies were found that address management of language or communication impairment for people with ME/CFS.

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