



Reasonable and Necessary Supports

Quick summary: The Australian Government made laws about what we can fund under the NDIS. All supports need to meet the criteria in these laws before we can fund them in your plan. We call these the NDIS funding criteria. For example, supports need to be related to your disability, value for money, effective and beneficial, and most appropriately funded or provided by us. Each support must meet these criteria individually, but the supports must also meet the criteria when considered as a package.

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What principles do we follow to create your plan?

The NDIS was set up as a world first approach to disability support. It puts people with disability at the centre of decision-making, through the principles of reasonable and necessary supports and individual choice and control.

As an insurance-based scheme, we take a lifetime approach to a participant's support needs. We provide assurance to people with permanent and significant disability or developmental delay, and to people who might acquire disability or developmental delay, that they will get the support they need. Individual funding means we help participants to purchase services and supports from a competitive and consumer-driven marketplace.

What supports can we fund?

NDIS supports should complement, not replace, other supports available to you. That's why we consider:

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

One of our aims is to help maximise your independence by working with the local mainstream government and community services that help you live an ordinary life. We all do best when we're connected to our communities.

And as an active consumer, it's important you are able to shop for and access providers who meet your needs. We can help you find providers who meet your needs.

Once we've considered your circumstances, we need to follow the rules determined under the law for the NDIS in our planning decisions.¹ We fund supports that are reasonable and necessary. This means we will only fund a support if it meets **all** of the following criteria:

- the support is related to your disability²
- the support will help you pursue your goals and aspirations³
- the support will help you undertake activities that will increase your social and economic participation⁴
- the support is value for money,⁵ which means that the costs are reasonable:
 - when compared to the benefits to be achieved, for example, whether purchasing the support is likely to reduce the cost of funding other supports in the long term⁶
 - when compared to alternative options that may provide you with the same outcome at a similar or cheaper cost⁷
- the support is likely to be effective and beneficial for you, having regard to good practice and evidence⁸

- the support is required to complement the informal supports you have available, by taking into account what is reasonable for families, carers, informal networks and the community to provide⁹
- the support is most appropriately funded or provided by the NDIS¹⁰
- the support is not more appropriately funded by another service system, agency, person or body, such as the education system or the health system.¹¹ We can't fund a support if it's the responsibility of another service system.

What supports don't we fund?

We do not fund a support if:¹²

- it is likely to **cause harm** to you or others¹³
- it is **not related** to your disability¹⁴
- it **duplicates** other supports delivered by the NDIS¹⁵
- it is considered a **day-to-day living cost** (for example, rent, groceries or utility costs like your water bill) that are **not attributable or caused by** your disability support needs¹⁶
- providing the support would be **against the law**¹⁷
- it consists of **income replacement**¹⁸
- it is the **responsibility of other service systems** to provide (for example, your state government, the education system, or the health system).¹⁹ These different systems have different responsibilities, and are designed to complement each other to form a government safety net. Like all Australians, NDIS participants continue to have access to these systems. We can't fund a support if it's the responsibility of another service.

How do we manage the financial sustainability of the NDIS?

The NDIS is an insurance scheme, and one of our core functions is to manage the financial sustainability of the Scheme.²⁰

When we make decisions about the supports we fund in your plan, we must also consider our need to ensure the **financial sustainability of the NDIS**.²¹ This means we must work within our funding budget, set through agreements between the Australian, and State and Territory governments.

It's also important to know the NDIS is only one part of the broader National Disability Strategy that supports people living with disability. The overall success and sustainability of the National Disability Strategy relies on:

- people accessing their informal support network to get the help they need from day to day
- people using their personal income to pay for their day to day living expenses, as is expected of all Australians
- mainstream and community services being available from state and territory governments, and other federal government programs such as Medicare
- a fair distribution of NDIS supports to those who need them, provided within our funding budget.

Staying within our budget ensures the NDIS will be here to support generations of Australians and their families.

What principles do we use to create your plan?

We use the following 7 principles, to create plans that help you get the reasonable and necessary supports you need, and to make sure the Scheme is financially sustainable:

- [Fair for everyone, both today and for future generations](#)
- [Fair funding to pursue your goals](#)
- [Evidence-based best practice](#)
- [Fair early investments](#)
- [Fair support across service systems](#)
- [Fair supports for your disability needs](#)
- [Fair assistance from multiple programs](#)

Fair for everyone, both today and for future generations

While we need to consider your individual circumstances and disability needs, we also need to make consistent decisions and treat people fairly.

This means participants with similar circumstances and disability needs should receive similar amounts of supports in their plans. We also need to ensure the total cost of all participant plans are within the overall NDIS budget set by governments.

We use Typical Support Packages to help us do this. The Typical Support Package give us an indication of what supports we'd usually expect to include in your plan, based on your situation and disability support needs.

Each support in your plan must be reasonable and necessary, but they also need to be reasonable and necessary as a package of supports. We approve your whole plan, not the individual supports in your plan in isolation.²² The Typical Support Package helps guide this validation process.

The Typical Support Package also helps to guide the consistency of our decision making process. We use these to check your overall plan to make sure that all your supports make sense together, and that your support types and amounts will complement each other to help you fulfil an ordinary life.

We may then increase or decrease the funding in your plan based on:

- our discussion with you
- any reports or other information we have
- applying the [NDIS funding criteria](#).

This helps keep the system fair for everyone, and ensure we remain financially sustainable.

Fair funding to pursue your goals

Goals are important.²³ The supports we fund need to help you increase your independence and pursue your goals.²⁴ This means your supports should help overcome any disability-specific barriers which may be stopping you pursuing your goals.

This doesn't mean we fund all support costs associated with you pursuing your goals. Also, you may have goals and aspirations we can't fund supports for. This is because helping you pursue your goals is only one of the NDIS funding criteria, so not all supports that help you to pursue your goals will be reasonable and necessary.

Other things to know about when setting your goals:

1. **Setting more goals or bigger goals doesn't mean we'll provide more funding or fund more supports.** For example, if your goal is to live independently in a house with a swimming pool, we may fund home modifications that address your disability related needs. This might be a home modification to make your bathroom accessible.

We won't fund the swimming pool because this isn't related to your disability support needs. The funding in your plan might be similar to someone else who has a goal of 'to have a more accessible bathroom'.

2. **Setting a goal doesn't mean we have an obligation to fund supports that help you pursue that goal.** For example, if your goal is to get a gym membership to get fit,

we wouldn't usually fund this. Gym memberships are things that all people, with or without disability, might want or need.

3. **Setting a goal about an explicit type or amount of support you might want doesn't mean we have an obligation to fund that support or provide that amount of funding.** For example, you may tell us your goal is 'to get a top model shower commode' and you show us the one you want costs \$4,000.

If there is a shower commode that costs \$3,000, and your occupational therapist confirms this one will meet your needs, we are more likely to fund this one instead because it is likely to deliver the same result at a lower cost. We may also look at alternatives.

Evidence-based best practice

We only fund supports that will be, or are likely to be, effective and beneficial for you, having regard to current good practice.²⁵ This means we consider if there is evidence that the support is effective and beneficial for someone with similar disability support needs.

We will consider different types of evidence when making decisions and we won't need an expert report for every support, as we can often rely on other information or evidence.

For example, we may already have information about whether the support is widely accepted to suit someone with your disability support needs.²⁶ The primary source of evidence we rely on, and give the greatest weight to, is evidence from sources that are reliable and widely-recognised. This includes published and refereed literature, and any consensus of expert opinions. If there is no evidence to show a support is reasonable and necessary,²⁷ we won't fund the support.

You can find the types of evidence we need on [our website](#), and in [Our Guidelines](#).

Fair early investments

Having access to capacity-building supports early in your NDIS journey is considered to be an early investment. This early investment is intended to help increase your independence, and reduce your reliance on NDIS funding over time.

This is an important concept that we consider when we create your plan, and again at future plan reviews. When we review your plan, we reassess all the supports you require to meet your disability support needs at that time.

Over time, your capacity building supports may no longer be reasonable and necessary, in regard to your current functional capacity, the effectiveness of the capacity building supports,²⁸ and value for money.²⁹

If your overall funding level goes down from one plan to the next, it may be because you no longer need the same type or amount of supports, such as capacity building supports. Also,

if the capacity building investment has been successful at building your independence, then your need for other supports may also decrease, for example core supports.

So other things being equal, you should expect your overall plan value to reduce over time as the benefits of capacity building are realised.

Fair support across service systems

The support you need may be the responsibility of another government service, such as education or health. We don't fund these services, and need to consider the supports you should receive from these services when determining the supports in your plan.

Fair supports for your disability needs

When we make decisions about which supports we can fund, we consider whether a support is reasonable and necessary for you and apply the [NDIS funding criteria](#). Sometimes, you might ask for supports to help with impairments that were not part of your Access eligibility assessment. When this happens, we need to make sure the support will help you address needs that arise from an impairment that meets the same eligibility criteria we consider at [Access](#).

You don't need to make a new Access request if you ask for supports to help with an impairment that was not part of your Access eligibility assessment. We will work out if you need the support you have asked for to address an impairment that would meet our Access criteria. We may ask you to provide evidence to help us work this out. We will decide if the requested support is reasonable and necessary. We will apply the NDIS funding criteria based on the impairments that would meet our Access criteria.

By funding the right disability supports for your permanent impairments that meet our Access criteria, we are ensuring the system is fair for everyone, and that the NDIS remains financially sustainable.

Fair assistance from multiple programs

NDIS funding can't duplicate other funding or supports you may receive due to your disability.

For example, you may have received a lump-sum payment or receive regular payments as a form of compensation for an accident. Or, you may be receiving ongoing supports from another program or insurance scheme, for example, Worksafe or the Transport Accident Commission.

We don't duplicate this funding or these supports. We may reduce the total value of your NDIS plan to account for compensation you receive, or we may not fund certain supports.

What supports can you get?

When we create your plan with you, we'll discuss what supports you need for your disability. We want to help you pursue your goals, increase your independence, and help you work, study and join social activities.

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

We can fund supports you need for your disability, if they meet certain criteria. These are called 'reasonable and necessary supports'. Your plan and supports will be just for you, so you have more choice and control over how you use them.

This guideline explains how we decide what reasonable and necessary supports we'll include in your plan. There are lots of things we have to consider, which we'll explain in detail.

We also have a [Would we fund it](#) guide. It has examples of how we decide whether we fund different types of NDIS supports.

What supports can you get outside the NDIS?

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

Mainstream supports are other government services such as employment, education, health and family support services. They are often really helpful, and are available to everyone including people without disability. There are many ways they can help you learn new skills or live as independently as possible.

Community services offer a wide range of supports that may help with your disability support needs. Community supports are things open to everyone in the community, like sporting clubs, community colleges, activity groups, libraries or community gardens. They are often a great way to get involved in your local community, meet new people and learn new skills.

Informal supports, like your family, friends and other people you know in your community, can sometimes be your best supports. They know you and can often help in ways other supports can't.

Your planner, Local Area Coordinator or Early Childhood Partner will talk with you about what services are available for you outside the NDIS. We can also help link you with these supports, so you don't have to do it all on your own.

Accessing these supports is a good way to work toward your goals. You get to do it with other people and be involved in your community. Using these supports is part of life for most of us. It's important you get to access them the same as everyone else.

When it comes time to talk about what reasonable and necessary supports we can fund, you'll know how mainstream, community and informal supports can help you.

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

What are reasonable and necessary supports?

An NDIS support is the practical description of how you will be assisted under the NDIS.³⁰ Supports are the things we provide or fund to help to meet your disability support needs.

NDIS supports are the services, items and equipment we can fund or provide under the NDIS.

There are two types of NDIS supports. We call them 'general supports' and 'reasonable and necessary supports'.³¹

General supports

General supports are the coordination, strategic or referral services and activities we provide, or arrange to be provided, for you.³² They're how we help you develop your NDIS plan and connect with supports and activities in your community. This includes your mainstream, community and informal supports. Learn more in [Creating Your Plan](#).

Reasonable and necessary supports

Reasonable and necessary supports are the supports we fund in your plan to meet your disability support needs.³³ You can use this funding to buy supports from [service providers](#).

The Australian Government made laws about what we can fund under the NDIS.³⁴ All supports we fund in a plan need to meet the criteria set out in these laws. We call these the [NDIS funding criteria](#).³⁵

To meet the NDIS funding criteria, a support must meet both the following criteria:³⁶

- It must not be a [type of support the law says we can't fund or provide](#).³⁷
- It must meet the [reasonable and necessary criteria](#).³⁸

We call supports that meet the NDIS funding criteria 'reasonable and necessary supports'.

Each individual reasonable and necessary support in your plan must meet the NDIS funding criteria. Your whole plan as a package of supports must also meet the NDIS funding criteria.

We check your overall plan to make sure all your supports make sense together. This means we check that your supports and the amount of supports will complement each other to help you fulfil an ordinary life.³⁹

If you need a new support, which now means your overall package of supports doesn't meet the NDIS funding criteria anymore, we may either:

- not include the new support in your plan
- include the new support in your plan, but also reduce the other supports in your plan.

For example, a home modification may reduce your need for other supports. If we plan to fund a home modification, we will need to take that home modification into account when considering what other supports are reasonable and necessary, such as the amount of care you need at home.

What other principles do we consider when we decide what supports to include in your plan?

As far as possible, we have to act according to principles set out in the [law for the NDIS](#).⁴⁰ These are the things that guide us when we make decisions about what we fund.

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

The principles include the following:

- You have the same right as other Australians to realise your potential for physical, social, emotional and intellectual development.⁴¹
- You should be supported to take part in and contribute to social and economic life as much as you can.⁴²
- You should be supported to make choices about planning and how your supports will be delivered. This includes taking reasonable risks, so that you can pursue your goals.⁴³
- You have the same right as other Australians to decide your own best interests. You have the right to be an equal partner in decisions that affect your life to the full extent of your ability.⁴⁴

- Your privacy and dignity should be respected.⁴⁵
- We must make sure the NDIS is financially sustainable.⁴⁶

The principles also tell us that the reasonable and necessary supports we fund should:⁴⁷

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

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

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

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

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

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

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

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

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

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

- Positive relationships – with families and informal support networks.
- Individual autonomy – being free and independent, and having the same opportunities as people without disability.

- Active involvement in decision-making – including the ability to make meaningful decisions, and exercise choice and control.
- Using your strengths in ways that provide a challenge and enjoyment.
- A sense of belonging – to our families, friendship networks, communities, workplaces and society.
- Active involvement and contribution to society and your community.

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

- have and maintain good relationships
- belong and participate in your community
- be involved in making choices about your own life.

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

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

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

How do we decide what reasonable and necessary supports to include in your plan?

What information do we consider to work out what reasonable and necessary supports to fund in your plan?

The most important information we gather about what supports to include in your plan comes from you.

When we create your plan, we will talk with you about:

- your goals and aspirations⁴⁸
- your strengths, capacity and individual circumstances⁴⁹
- any barriers, limitations and restrictions you face in undertaking activities or things that stop you from living an 'ordinary life'⁵⁰
- your disability support needs⁵¹

- any risks and safeguards we may need to think about when considering your support needs.⁵²

We want to get a good understanding of your disability support needs. We encourage you to involve anyone in the planning process you want to help you.

Learn more about what information we ask for when we [Create Your Plan](#).

We also consider other information we have such as medical or therapy reports, or assessments that you have had.⁵³

We may also ask for further information and assessments, if we need them to help us work out your support needs.⁵⁴

To help us work out what supports to consider for people aged 7 years and older, we also use a 'Typical Support Package'.⁵⁵ We worked with people with disability, professionals and subject matter experts to develop the Typical Support Package.

It helps us work out the types of supports we'd usually expect to include in your plan. It's based on your situation and support needs.

We then amend the supports suggested by the Typical Support Package to include more, less or different supports if we need to. We may adjust the funding for those supports up or down based on our discussion with you, any reports or other information we have, and when we apply the [NDIS funding criteria](#).

For children younger than 7, we consider the child's current functioning across development areas when we work out the reasonable and necessary supports that should be funded in a child's NDIS plan. Learn more about the [Early Childhood Early Intervention approach](#).

How do we consider your goals when we work out your reasonable and necessary supports?

When we create your plan, you set your goals and tell us what information about your life you want in your plan.⁵⁶ Your goals are your own personal desires about what you'd like to do.

You can set any goals you like, even if they're about things we won't fund supports for. You can also change your goals at any time.⁵⁷ We consider how your funded supports will help you pursue your goals when we decide to approve your plan.⁵⁸

Reasonable and necessary supports should help you pursue your goals,⁵⁹ but you don't need a specific goal for every support in your plan. When we decide if a support will help you pursue your goals, we consider your whole situation.

We look at the disability specific barriers that prevent you from pursuing your goals, and how the support will address your disability support needs.

There are some things to remember when setting goals:

- Setting more and bigger goals doesn't mean we'll fund more and bigger funded supports.
- Setting a goal doesn't mean we have an obligation to fund supports that help you pursue that goal.
- Setting a goal about an explicit type or amount of support you might want doesn't mean we have an obligation to fund that support or in that amount.

This is because helping you pursue your goals is only one of the NDIS funding criteria.⁶⁰ A support must meet all of the NDIS funding criteria to be funded under the NDIS. So not all supports that help you to pursue your goals will be reasonable and necessary supports.

Learn more about [setting your goals](#) and [how we consider your goals under the NDIS funding criteria](#).

What if your plan is being reviewed?

If it's not your first plan, we also consider how well the supports funded in your previous plans worked for you.⁶¹ This means we'll ask about how your current plan has worked for you.

This will help us decide whether these supports continue to meet your needs and the [NDIS funding criteria](#). Learn more about [plan reviews](#).

How do we use the information we have to work out what reasonable and necessary supports to fund?

We consider all the [information we have gathered](#) to decide what reasonable and necessary supports to fund in your plan.

We use the information you give us and follow the steps below:

- **Step 1:** Identify and describe the supports to be considered. The support will be described either generally (known as 'flexible' funding for supports) or specifically (known as 'stated supports' or 'fixed' supports).⁶²
- **Step 2:** Work out if the support identified and described meets the [NDIS funding criteria](#).
- **Step 3:** We include the supports that meet the NDIS funding criteria in your plan.

When we approve your plan we make sure all your supports meet the NDIS funding criteria individually and as a package of supports.⁶³

Step 1: How do we identify and describe a support in your plan?

The first step in deciding what reasonable and necessary supports we can fund is to properly identify and describe the support.⁶⁴ This is an important step. We need to be clear on exactly what support we're considering, before we can decide if the support meets the [NDIS funding criteria](#) in Step 2.

When we assess your support needs and identify what supports to consider in your plan, we use:

- the information you give us at your planning meeting
- any assessments or other information we have
- the Typical Support Package for people aged 7 years and older.

We identify a support as the service, item or equipment you need to help with your disability support needs. We think about:

- what the outcome of the support will be
- how the support helps with your disability
- whether the support meets the NDIS funding criteria.

How do we describe supports?

We can describe the supports in your plan as one of the following:

- **Flexible:** Under the law for the NDIS, this is when we describe the support generally. You have greater flexibility over what disability supports you can buy within the description of the support.⁶⁵
- **Fixed:** Under the law for the NDIS, this is when we describe the support specifically. It means you must buy the support in the way we have described in your plan.⁶⁶ We sometimes call this a 'stated support'.⁶⁷

You must act according to your plan, and buy supports according to how we described them in your plan. This means you can't use the funding in your plan to buy supports that fall outside the description of the support in your plan.⁶⁸

So if we describe the support as fixed, you must comply with how we describe it. This includes how the support is provided. For example, we will sometimes require the support to be provided:

- by a particular service provider

- by a particular qualified person
- through a particular delivery mode or method, or in a special way.

We describe most supports as flexible when we can. When supports are described as flexible, you will have greater flexibility over the support you can buy that falls within the description of the support in the plan. When supports are described as fixed, you will have less flexibility.

We divide your supports into 3 different budgets:

- **Core Supports** – supports for everyday activities
- **Capacity Building Supports** – supports to help you build your skills and increase your independence
- **Capital Supports** – supports such as assistive technology, vehicle modifications, home modifications and Specialist Disability Accommodation.

Each budget is divided into a number of support categories. Support categories have more detail about what supports you can buy with your funding. When we describe your supports as flexible, you can usually choose what supports you buy within the [descriptions for each support category](#).

Your Core Supports budget is the most flexible. You can usually use your funding across all the support categories except transport in the Core Supports budget if:

- we described the supports as flexible
- you have the same plan management options for your Core Supports.

Learn more about the [support budgets and support categories in your plan](#).

When we decide whether to describe supports as fixed or flexible, we consider:

- how much the support costs⁶⁹
- if the support will help reduce the cost of supports over time,⁷⁰ for example providing more supports early so you don't need as many supports later in life
- any risks with supplying the support, for example if the support would create risks to your health and safety or if it doesn't comply with state or territory laws⁷¹
- if you need a particular support to pursue your goals or to use other supports in your plan effectively⁷²
- if you need a specialist support, for example if your support must be delivered by a qualified person, or in a special way⁷³
- if you were eligible for the NDIS under the early intervention criteria.⁷⁴

When do we describe supports as fixed?

We usually describe high-cost supports, or supports with more risk, as fixed. For example, we might describe supports as fixed if you need to use those particular supports to ensure your health and safety. This includes supports such as:

- high-cost assistive technology
- high-cost home modifications
- behaviour support, or supports that involve [restrictive practices](#) such as restraint
- Specialist Disability Accommodation.

We will also check if you were eligible for the NDIS through the early intervention criteria.⁷⁵ If so, we might decide to describe the supports as fixed for some types of early intervention supports.⁷⁶ If you're not sure whether you met the disability criteria or the early intervention criteria, check the letter we sent you when we decided you're eligible.

Example

John just received his first plan. His plan describes support for assistive technology as flexible, including \$2,000 of funding. John can choose what assistive technology to buy with this funding. John talks to his occupational therapist about what assistive technology he should buy with this funding. For example, he could buy a shower chair, or low-cost items like a slip-resistant bathmat.

John's plan also has a fixed support for a wheelchair with special features, and funding of \$8,000. John will need to use this funding for the specific wheelchair we listed on his plan. He can't use this funding for another support, like a shower chair, instead.

What if you need a specific provider to provide the support?

Sometimes your plan may say who must provide the support. We do this when you need a certain provider to make sure the supports are delivered safely, or to achieve a certain outcome.

For some supports, you must use an [NDIS registered provider](#). These include:

- [Specialist Behaviour Supports](#), if the provider will undertake a behaviour support assessment or develop a behaviour support plan⁷⁷
- supports where it's likely a provider will need to use a [regulated restricted practice](#),⁷⁸ either interim or ongoing
- Plan Management⁷⁹
- [Specialist Disability Accommodation](#).⁸⁰

You must use registered providers for these supports even if your plan doesn't say you need to. You must also use registered providers for these supports, even if you self-manage or plan-manage your funding. Learn more about the [different plan management options](#).

For other supports, we'll decide that the support must be provided by a particular person, provider, or delivered in a certain way.⁸¹ We'll do this if it's the most efficient and effective way to provide the support. This only happens when:

- we have an agreement with a particular provider to provide the support⁸²
- we decide you must use an NDIS registered provider due to the risks, for example complex home modifications⁸³
- you need support from a particular person with specialist qualifications, for example a health professional⁸⁴
- you need support delivered in a certain way.⁸⁵

Sometimes, we'll arrange the support ourselves, if it's more cost effective than getting another provider to deliver the support. For example, we may bulk buy a support.⁸⁶ If so, we will state this in your plan.

What about in-kind supports?

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

If we fund in-kind supports like [specialist school transport](#) or [personal care in schools](#), you will need to use state or territory government providers for these supports. These supports are most efficiently and effectively provided by state and territory government providers.⁸⁷ Learn more about [Work and study supports](#).

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

We usually let you choose another provider if:

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

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

Step 2: How do we work out if an identified and described support meets the NDIS funding criteria?

To meet the NDIS funding criteria, a support must meet both the following criteria:

- It must not be a [type of support the law says we can't fund or provide](#).⁸⁸
- It must meet the [reasonable and necessary criteria](#).⁸⁹

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

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

Under the law for the NDIS, there are things we can't fund or provide.⁹⁰ We can't fund or provide supports that:

- are not legal⁹¹
- are income replacement⁹²
- are likely to cause harm to you, or pose a risk to other people⁹³
- are not related to your disability⁹⁴
- relate to a 'day-to-day living cost', such as groceries, rent or utilities, that are not attributable to your disability support needs. These are costs that are not caused by or as a result of your disability support needs.⁹⁵
- duplicate other supports provided by the NDIS under alternative funding.⁹⁶

Is the support legal?

We can't fund a support if it does not comply with the law.⁹⁷ This includes both:

- **an Australian government law:** a law that applies to all of Australia
- **a State or Territory government law:** a law that only applies in your state or territory.

For example, we won't be able to fund supports involving:

- a [restrictive practice](#) where it's not authorised in your state or territory
- [assistive technology](#) or home modifications that don't meet Australian laws, such as State and Territory Acts and Regulations, the National Construction Code, and relevant Australian Standards
- supports for illegal activities, such as support for criminal behaviour or illegal drugs.

While this is one of the NDIS funding criteria, we're not responsible for ensuring your supports are legal. We're not responsible to ensure that all supports in your plan comply with all the relevant legal and administrative requirements. This is your responsibility and your provider's responsibility.

For example, if a support is likely to require the use of a restrictive practice, the provider must be registered with the [NDIS Quality and Safeguards Commission](#).⁹⁸ It's the provider's responsibility to ensure they are registered and comply with the conditions of their registration. This includes complying with all laws and seeking the necessary authorisations.⁹⁹

We're not responsible for ensuring the provider is registered and complies with their conditions of registration. You can contact the [NDIS Quality and Safeguards Commission](#) if you're concerned about a provider's compliance with legal obligations.

Is the support 'income replacement'?

We don't fund income support or income replacement.¹⁰⁰ This means NDIS funding can't replace or add to money you'd usually earn from working, or income payments you get from Centrelink.

For more information and resources on income support, check out [income support payments](#) such as the Disability Support Pension.

If you are interested in getting help to find a job, check out [Disability Employment Services](#) or NDIS-funded [Work and study supports](#).

Is the support likely to cause harm?

We can't fund any supports that are likely to either:¹⁰¹

- cause harm to you
- be a risk to other people.

We need to consider this for all supports, such as support workers, therapies or equipment. It also means we won't fund supports that involve a [regulated restricted practice](#), such as restraint, unless it follows the requirements of the [NDIS Quality and Safeguards Commission](#).

To help us decide if the support is likely to cause harm, we may need information from a professional. For example, you may need high cost [assistive technology](#), like a powered wheelchair. If so, we would need a report from an occupational therapist to show that it'll be safe for you to use.

Of course everything we do in life comes with some risk. We all make our own choices about how much risk we want to take in our lives. You should also be able to choose how much risk you want to take in your life.

So we try to balance this when we decide what we can and can't fund. We can't fund things that are likely to cause harm. But we will try and balance this with enabling you to make your own choices wherever possible.

While this is one of the NDIS funding criteria, you also have some responsibilities. It's still your responsibility and your provider's responsibility to ensure the supports we fund are:

- used correctly
- safe for you
- safe for other people.

You and your provider will also need to manage any risks of harm that arise. For more information, contact the [NDIS Quality and Safeguards Commission](#).

Is the support related to your disability?

We can't fund a support if it's not related to your disability.¹⁰² This means there must be a direct link or a connection between your disability and the supports we fund.

We look at whether the support addresses your disability support needs. Your disability support needs are those that arise from, or are caused by, your disability.

For example, we wouldn't usually fund things like:

- standard televisions
- standard household furniture such as dining chairs
- upgrades to assistive technology and home modifications that are not related to disability needs, such as marble tiling or leather materials
- flights to go on a holiday
- a car to get to work because there are no public transport options
- a gym membership to get fit
- a swimming pool to relax in summer.

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

Usually, there won't be a direct link or connection between these things and your disability support needs. Having a disability doesn't usually affect whether someone needs or wants these types of things.

Example

Alan needs some changes to his house, so he can use his bathroom and kitchen in his wheelchair. He also wants to set up an outdoor entertainment area for when his friends visit.

We may be able to fund [home modifications](#) so he can access areas of his home such as his bathroom or kitchen. He needs the home modifications because he can't access those areas due to his disability and needing to use a wheelchair. Alan needs the support because of his specific disability support needs.

Alan will need to pay for the outdoor entertainment area, as it's not related to his disability. He doesn't need the entertainment area because of his disability, it's just something he would like so he can have his friends over for a barbecue.

Is the support related to a 'day-to-day living cost'?

We can't fund supports related to day-to-day living costs that everyone has to pay, and aren't caused by or result from your disability support needs.¹⁰³ This means we don't fund things like:

- rent
- groceries
- utilities such as electricity, water, gas and internet bills
- the general cost of owning a home, like renovations, mortgage repayments, repairs and maintenance.

In some situations, we can fund supports related to your day-to-day living costs. We can do this if the costs are attributable to, or caused by, your disability support needs.¹⁰⁴ This means we may fund supports that relate to day-to-day living costs where either:

- you have additional living costs that are solely and directly as a result of your disability support needs¹⁰⁵
- the living costs are connected to another support that is funded or provided in your plan, and you wouldn't incur that cost if it wasn't in your plan.¹⁰⁶

Example

Nigel has a goal to do his grocery shopping on his own. He needs a shopping basket to attach to his wheelchair to help him carry the items in the supermarket.

Shopping bags and baskets are things we all pay for, whether or not we have a disability. But Nigel only needs this specialised basket for his wheelchair because of his disability support needs.

If it meets the other NDIS funding criteria, we may fund the shopping basket attachment in his plan.

Does the support duplicate other supports funded through the NDIS?

We can't fund a support if it duplicates other supports delivered under alternative funding through the NDIS.¹⁰⁷

For example, if we're providing support through your Early Childhood Partner or Local Area Coordinator, we usually won't fund Support Coordination in your plan.

This is because your Early Childhood Partner or Local Area Coordinator is already funded to provide similar supports. If we funded the same Support Coordination, we would be duplicating a support we're already providing you as general supports.

However if you need extra support, we may be able to fund additional Support Coordination in your plan. We may do this if it's above the amount of support your Early Childhood Partner or Local Area Coordinator are able to provide. Your Early Childhood Partner or Local Area Coordinator will work together with the Support Coordinator to help you connect with supports in your community.

Does the support meet the reasonable and necessary criteria?

All NDIS supports need to meet **all** the reasonable and necessary criteria.¹⁰⁸

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

- The support will assist you to [pursue your goals in your plan](#).¹⁰⁹
- The support will [assist you to undertake activities, to facilitate your social and economic participation](#).¹¹⁰ This means the support will help you to undertake activities, by reducing the disability-related barriers that prevent you from participating in things such as social outings, recreation, work and study.
- The support represents [value for money](#) in that the costs of the support are reasonable relative to both the benefits achieved and the cost of alternative supports.¹¹¹ This means we need to consider the costs and benefits of the support, as well as the costs and benefits of alternative supports.
- The support will be, or is likely to be, [effective and beneficial](#) for you, having regard to current good practice.¹¹² This means we consider if there is evidence the support works for someone with similar disability support needs. We won't need an expert report for every support, as we can often rely on other information or evidence. For example, we may have information already about whether the support is widely

accepted to suit someone with your disability support needs.¹¹³ We also consider your lived experience.

- The funding of the support [takes account of what it is reasonable to expect families, carers, informal networks and the community to provide](#).¹¹⁴ This means we need to consider what support is reasonable for your family, friends and community to provide.
- The support is [most appropriately funded or provided through the NDIS](#), and is not more appropriately funded or provided through:¹¹⁵
 - other general systems of service delivery, or support services offered by a person, agency or body (for example, a State or Territory Statutory Scheme)
 - systems of service delivery or support services offered as part of a universal service obligation (for example, the health or education system)
 - systems of service delivery or support services offered in accordance with reasonable adjustments required under discrimination laws (for example, your employer, or the health or education system).

The law for the NDIS sets out things that we need to consider when we apply the reasonable and necessary criteria.¹¹⁶

We must be satisfied that each support is reasonable and necessary individually, but we must also be satisfied that the supports are reasonable and necessary as a package of supports.¹¹⁷

For example, a home modification may reduce your need for other supports. If we plan to fund a home modification, we will need to take that home modification into account when considering what other supports are reasonable and necessary, such as the amount of care you need at home.

If the home modification will reduce your care needs, we may need to reduce the amount of care we fund, as a higher amount may not be reasonable and necessary when the whole package of supports is considered.

Does the support help you pursue your goals?

We need to be satisfied that the support will help you pursue the goals, objectives and aspirations in your NDIS plan.¹¹⁸ This helps us determine if the support is necessary.¹¹⁹

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

You are free to choose your own goals and express them in your own words.

Your goals can be big or small, short term or long term, simple or complex. They can be about anything you want to work towards.

You may express your goals broadly, or you may have specific goals. For example, you may express one of your goals as 'living independently'. Someone else may express their goal as 'to have an accessible bathroom'.

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

Reasonable and necessary supports should help you pursue your goals,¹²⁰ but you don't need a specific goal for every support in your plan. When we decide if a support will help you pursue your goals, we consider your whole situation.

We look at how a support will address your disability support needs, and the disability specific barriers that prevent you from pursuing your goals.

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

Setting a goal in your plan doesn't mean we'll provide funding to pursue it. For example:

- setting more and bigger goals doesn't mean we have an obligation to fund more and bigger funded supports in your plan
- setting a goal doesn't mean we have an obligation to fund supports that help you pursue that goal
- setting a goal about an explicit type or amount of support you might want doesn't mean we'll fund that support or in that amount.

This is because helping you pursue your goals is only one of the NDIS funding criteria. A support must meet all of the NDIS funding criteria to be funded under the NDIS. So not all supports that help you to pursue your goals will be reasonable and necessary supports.

For example, we only fund reasonable and necessary supports that are value for money,¹²¹ effective and beneficial¹²² and relate to disability support needs.¹²³

This means that if your goal is to 'live independently', we **may** fund home modifications that address your disability related needs. However, we won't fund supports related to day-to-day-living costs like rent or utilities. These costs aren't incurred solely and directly as a result of your disability support needs, so they don't meet other funding criteria.¹²⁴

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

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

[Learn more about setting goals.](#)

Example

Morgan is ready to look for work and she has a goal in her plan to get a job. She has built up her skills and knows what she wants to do. Disability Employment Services are helping Morgan to find work, so we can't fund this support for Morgan.

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

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

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

However, Morgan's planner then needs to look at whether the support meets the other NDIS funding criteria.

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

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

We need to be satisfied that the support will help you to do activities, which make it easier for you to participate socially and economically.¹²⁵

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

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

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

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

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

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

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

Example

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

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

As a result, it'll increase her social and economic participation. For example, the support will help her get to her university so she can study, and will help her social life.

Is the support value for money?

All supports we fund under the NDIS need to be value for money.¹²⁶ This means the cost of the support is reasonable, when we consider the benefits of the support and the cost of other supports.

Making sure that your supports are value for money is one of the ways we keep the NDIS financially sustainable. This means we make careful decisions about funding so that we make sure the NDIS exists for future generations. It's also one of [our principles](#).¹²⁷

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

- if other supports would achieve the same result at a substantially lower cost¹²⁸ – this means there should be a real or material difference in cost
- if there's evidence that the support will substantially improve your life stage outcomes and benefit you in the long term¹²⁹
- if the support will likely reduce the cost of other supports over time¹³⁰
- how the cost compares to other supports of the same kind in your area¹³¹
- if the support will make you more independent, and mean you won't need as many supports in future,¹³² for example, in some circumstances home modifications may reduce the need for home care.

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

For example, some supports such as home modifications may be expensive now, compared to other supports. But getting these supports now may mean you need much less support in a few years, or later in life. Or, it may delay the need for other more costly supports.¹³³

When we determine the cost of the support, we consider:

- the prices for NDIS supports in the [NDIS Price Guide](#)
- supports suggested by the Typical Support Package
- quotes for specific or high risk supports.

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

When we fund equipment or modifications, we also need to consider:¹³⁴

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

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

Example

Elias needs a shower commode.

He got an assessment and sent us a quote for one that will suit his needs. As part of the process to work out if we can fund it, his planner considers other similar shower commodes.

There's a second commode that's \$5,000 cheaper than the one Elias has asked for. But it won't meet Elias' needs, as it won't provide enough back support. That is, it won't achieve the same result as the one Elias has asked for.

Finally, there's a third commode that's \$1,000 cheaper. The planner contacts his occupational therapist who confirms the cheaper commode will meet Elias' needs.

Elias' planner decides to fund the commode that's \$1,000 cheaper. It'll deliver the same result at a substantially lower cost.

Is the support effective and beneficial?

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

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

- **effective** – it will do what you need it to do¹³⁵
- **beneficial** – the support will help you do things you can't otherwise do and meets your support needs.¹³⁶

It can also be effective and beneficial if it will help you maintain your current level of functioning. That is, it will help you keep doing the things you can currently do. And, it'll help you maintain your work, study and social life as much as you can.¹³⁷

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

For example:

- We may have information already about whether the support is widely accepted to suit someone with your disability support needs.¹³⁸ For example, we could rely on academic research and other literature. This could include university studies on therapies that have been published and [refereed](#) in academic journals, evidence based practice resources, or clinical practice guidelines.
- If you or other participants have used the support before, we can consider your experience using the support and the experience of your family members and carers.¹³⁹
- We may consider things we have learnt from other participants in the NDIS with similar support needs to you.¹⁴⁰

We know you're the expert in your own life, and we use your own experience as much as we can.

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

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

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

We will look at the opinions held by the majority of experts and what they generally agree on.¹⁴¹ Sometimes we will have to seek expert opinion or report to make a decision.¹⁴²

For example, we may need the views of doctors or health professionals who may be specialists in managing your disability.

Example

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

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

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

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

- how speech therapy has assisted Vivek in the past, including first-hand information from Vivek, his family members and carers
- the views of his speech therapist on the effectiveness and benefits of speech therapy for Vivek
- other information or expert evidence about the effectiveness and benefits of speech therapy, including for a child of the same age, and with the same impairments and functional capacity.

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

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

We need to be satisfied that funding the support takes into account what is reasonable to expect families, carers, informal networks and the community to provide.¹⁴³

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

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

When we fund supports under the NDIS, we have to think about whether it's reasonable to expect your informal supports to provide that support. We can't fund supports that an ordinary person would think is reasonable to expect friends, family or the community to provide for you.¹⁴⁴

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

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

A good example is families who have young children. In our community, we expect families will provide most of the support a young child needs.¹⁴⁵ They will change a child's nappy, make sure they are safe and drive them around places.

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

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

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

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

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

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

To make sure we understand how disability supports might complement your circumstances, we consider:

- the things you are able to do for yourself

- any support you have from others in your network including family members, relatives, friends and local community services.

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

We consider if we can help these relationships so that you get the support you need.¹⁴⁶ For example, we may be able to fund training for your informal supports, so they can help you build your skills.

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

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

If you're under 18, we consider what support is reasonable to expect parents to provide at your age. It's normal for parents to provide substantial care and support for children.¹⁴⁷ We consider that it's usual for parents to provide almost all the care and support that young children need.

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

For children under 18, we consider:

- if your needs are 'substantially greater' because of your disability, compared to other children the same age¹⁴⁸ – that is, you need much more disability support
- any risks to the wellbeing of people providing informal support to you¹⁴⁹
- if including funding for the support will help build your skills and capacity in the future, or reduce any risks to you.¹⁵⁰

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

If you're over 18, we consider:

- if there are any risks to you or your informal supports if you rely on them to provide the support you need¹⁵¹
- how much your informal supports would help improve or reduce your independence and other outcomes¹⁵²

We also consider the suitability of informal supports to provide the supports you need,¹⁵³ including:

- how old your carers are and their capacity to provide the support¹⁵⁴
- if other family members and the community can help your informal supports in their caring role¹⁵⁵
- the intensity and type of support you need, and if it's appropriate for your informal supports to provide this, based on their age and gender¹⁵⁶
- any long-term risks to the wellbeing of your informal supports.¹⁵⁷

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

For example, we wouldn't expect a child to have their schooling affected because they need to provide care. We also wouldn't expect an elderly parent to be responsible for physical activities, if it may result in injury.¹⁵⁸

We generally don't fund family members to provide supports funded under the NDIS. There are very limited situations where we can consider this. Learn more about [Sustaining Informal Supports](#).

Example 1

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

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

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

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

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

Example 2

Qing is 14 and wants to join a local footy club. Like most 14 year olds in this situation, she needs someone to drop her off and pick her up from the Saturday matches and the weeknight training sessions.

But unlike most 14 year olds, she needs someone to help her get dressed before she can go to the match. Her parents have been doing this, but as Qing is getting older she no longer wants her family to help her get dressed.

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

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

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

Is the support more appropriately funded or provided through the NDIS, and not through other service systems or support services?

We have to be satisfied that the support is most appropriately funded or provided through the NDIS. This means it's not more appropriately funded or provided through:

- other general systems of service delivery, or support services offered by a person, agency or body (such as a State or Territory Statutory Scheme)
- systems of service delivery or support services offered as part of a universal service obligation (such as the health or education system)
- systems of service delivery or support services offered in accordance with reasonable adjustments required under discrimination laws (such as your employer, or the health or education system).¹⁵⁹

In short, we won't fund the support if it should be provided by someone else.

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

The law for the NDIS sets out a number of things we need to consider, when we decide who is most appropriate to fund or provide of the support.¹⁶⁰ There are different things we consider for the following service systems:

- (a) Health
- (b) Mental health

- (c) Child protection and family support
- (d) Early childhood development
- (e) School education
- (f) Higher education and vocational education and training
- (g) Employment
- (h) Housing and community infrastructure
- (i) Transport
- (j) Justice.

How does the NDIS work with other government services?

We call supports provided by other government services, including those provided as part of a universal service obligation, 'mainstream supports'. When we talk about mainstream supports, we mean supports available to everyone in your state or territory, or across Australia, regardless of whether or not you have a disability.

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

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

When we fund NDIS supports, we need to check that the support is not more appropriately funded or provided by a mainstream service or system, such as the education system or health system.¹⁶¹ Under the law for the NDIS, we can't fund supports that should be provided by a mainstream service.

The Australian federal, state and territory governments agreed on responsibilities for funding different types of supports. The law for the NDIS has an outline of funding responsibilities and were developed with the agreement of each State and Territory.¹⁶²

We can only fund supports that are the responsibility of the NDIS. We can't fund supports that are the responsibility of other government services, even if they don't actually fund or provide the support. The law for the NDIS sets out the matters we should consider when we decide who is more appropriate to provide or fund a support.¹⁶³

Learn more about [how we decide if the support is best funded or provided by us or another part of government](#).

The [Applied Principles and Tables of Support](#) also has information on what the governments agreed are the responsibilities of the NDIS and other government services. However, it doesn't override what we consider when we decide if the support is most appropriately funded by the NDIS.¹⁶⁴

What is reasonable adjustment and why is it important?

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

It's against the law to discriminate against people with a disability in many areas.¹⁶⁵ This includes in employment, when providing goods and services, and when accessing public places.

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

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

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

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

What if you're transitioning to the NDIS in Western Australia?

The federal and Western Australian governments made a commitment for people receiving supports before becoming a participant in the NDIS.

They committed that you shouldn't be disadvantaged by your transition to the NDIS. We call this the 'principle of no disadvantage'.

When we create your plan, we must use our best endeavours to follow government agreements.¹⁶⁶ This doesn't mean you'll always have the same level of funding, or that you'll get supports in the same way.

All supports we fund must meet all the NDIS funding criteria. So we may not be able to fund supports you received before the NDIS, if they don't meet the funding criteria.

If we can't fund those supports, we'll see how we can help you meet the same outcomes as you did before the NDIS.

This may mean we include other supports in your plan that address your disability support needs and help you pursue your goals. Or, we could help you connect with other government services that can provide the supports you received before the NDIS.

When we create your plan, we consider whether or not you're disadvantaged overall by joining the NDIS.

What else do you need to know about working out if supports meet the NDIS funding criteria?

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

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

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

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

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

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

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

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

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

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

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

What happens if you don't use all your funding in your NDIS plan?

We will consider how you have used your NDIS funding to help us work out what supports meet the NDIS funding criteria in your next plans.

If you haven't used all the funding by the end of your plan, it doesn't mean we'll reduce the funding in your next plan. There may be very good reasons why you weren't able to buy the supports we funded.

When we review your plan, we'll talk about any problems you had buying the supports funded in your plan. We'll also see how we can help you use your funding if we need to.

But if you consistently don't buy all the supports we fund and use all of your NDIS funding, we need to think about whether the supports really do meet the NDIS funding criteria. For example, they may not be 'effective and beneficial' for you if you're not actually using them. We will talk to you about this when we review your plan.

Learn more about [plan reviews](#).

Step 3: How do we include the reasonable and necessary supports in your plan?

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

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

When we approve your plan we will also make sure all your supports are reasonable and necessary when considered as a package of supports.¹⁶⁷

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

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

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

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

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

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

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

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

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

We can also give you reasons for our decision to approve your plan. We can put these reasons in writing. You can always [contact us](#).

If you don't agree with the supports we approve in your plan, you can also request an internal review of our decision. Learn more about [internal and external review of decisions](#).

Reference list

¹ NDIS Act and delegated legislation made under the NDIS Act, especially NDIS (Supports for Participants) Rules and NDIS (Plan Management) Rules.

² NDIS (Supports for Participants) Rules r 5.1(b).

³ NDIS Act s 34(1)(a).

⁴ NDIS Act s 34(1)(b).

⁵ NDIS Act s 34(1)(c).

⁶ NDIS (Supports for Participants) Rules r 3.1(c).

⁷ NDIS Act s 34(1)(c); NDIS (Supports for Participants) Rules r 3.1(a).

⁸ NDIS Act s 34(1)(d).

⁹ NDIS Act s 34(1)(e).

¹⁰ NDIS Act s 34(1)(f).

¹¹ NDIS Act s 34(1)(f).

¹² NDIS (Supports for Participants) Rules part 5.

¹³ NDIS (Supports for Participants) Rules r 5.1(a).

¹⁴ NDIS (Supports for Participants) Rules r 5.1(b).

¹⁵ NDIS (Supports for Participants) Rules r 5.1(c).

¹⁶ NDIS (Supports for Participants) Rules r 5.1(d).

¹⁷ NDIS (Supports for Participants) Rules r 5.3(a).

¹⁸ NDIS (Supports for Participants) Rules r 5.3(b).

¹⁹ NDIS Act s 34(1)(f).

²⁰ NDIS Act s 118(1)(b).

²¹ NDIS Act s 4(17)(b).

²² NDIS Act s 33(2).

²³ NDIS Act s 33(5)(a).

²⁴ NDIS Act s 34(1)(a).

²⁵ NDIS Act s 34(1)(d).

²⁶ NDIS (Supports for Participants) Rules r 4.1(d).

²⁷ NDIS Act s 34(1).

²⁸ NDIS Act s 34(1)(d); NDIS (Supports for Participants) Rules, rr 3.2-3.3.

- ²⁹ NDIS Act s 34(1)(c); NDIS (Supports for Participants) Rules r 3.1.
- ³⁰ *McGarrigle v National Disability Insurance Agency* (2017) 252 FCR 121 at [88].
- ³¹ NDIS Act ss 33(2)(a), 33(2)(b), 33(5)(c), 34.
- ³² NDIS Act ss 13, 33(2)(a).
- ³³ NDIS Act ss 33(2)(b), 34.
- ³⁴ NDIS Act and delegated legislation made under the NDIS Act, especially NDIS (Supports for Participants) Rules and NDIS (Plan Management) Rules.
- ³⁵ NDIS Act ss 33(2)(b), 34; NDIS (Supports for Participants) Rules.
- ³⁶ NDIS Act ss 33(5)(d), 35(1)(b); NDIS (Supports for Participants) Rules r 5.3.
- ³⁷ NDIS (Supports for Participants) Rules pt 5.
- ³⁸ NDIS Act s 34(1).
- ³⁹ NDIS (Supports for Participants) Rules r 2.4; NDIS Act s 33(5)(c).
- ⁴⁰ NDIS Act ss 4, 31.
- ⁴¹ NDIS Act s 4(1).
- ⁴² NDIS Act s 4(2).
- ⁴³ NDIS Act s 4(4).
- ⁴⁴ NDIS Act s 4(8).
- ⁴⁵ NDIS Act s 4(10).
- ⁴⁶ NDIS Act s 4(17).
- ⁴⁷ NDIS Act s 4(11).
- ⁴⁸ NDIS Act s 33(5)(a); NDIS (Supports for Participants) Rules r 4.1(a).
- ⁴⁹ NDIS (Supports for Participants) Rules r 4.1(a).
- ⁵⁰ NDIS (Supports for Participants) Rules r 4.1(b).
- ⁵¹ NDIS (Supports for Participants) Rules rr 4.1(b), (d).
- ⁵² NDIS (Supports for Participants) Rules r 4.1(c).
- ⁵³ NDIS Act s 33(5)(b).
- ⁵⁴ NDIS Act ss 36, 50.
- ⁵⁵ NDIS (Supports for Participants) Rules rr 4.2-4.6.
- ⁵⁶ NDIS Act s 33(1).
- ⁵⁷ NDIS Act s 47(1).
- ⁵⁸ NDIS (Supports for Participants) Rules r 4.1(d).
- ⁵⁹ NDIS Act s 34(1)(a).
- ⁶⁰ NDIS Act s 34(1)(a).
- ⁶¹ NDIS Act s 33(5)(f).
- ⁶² NDIS Act s 33(3) and NDIS (Plan Management) Rules.
- ⁶³ NDIS Act s 33(5)(c).
- ⁶⁴ NDIS Act s 33(3).
- ⁶⁵ NDIS Act s 33(3); NDIS (Plan Management) Rules r 6.2.
- ⁶⁶ NDIS Act s 33(3); (NDIS (Plan Management) Rules r 6.3.
- ⁶⁷ NDIS (Plan Management) Rules pt 6.
- ⁶⁸ NDIS Act s 46(1).
- ⁶⁹ NDIS Act (Plan Management) Rules r 6.4(a).
- ⁷⁰ NDIS (Plan Management) Rules r 6.4(b).
- ⁷¹ NDIS (Plan Management) Rules r 6.4(c).
- ⁷² NDIS (Plan Management) Rules r 6.4(d).
- ⁷³ NDIS (Plan Management) Rules r 6.4(e).
- ⁷⁴ NDIS (Plan Management) Rules r 6.4(f).
- ⁷⁵ NDIS (Plan Management) Rules r 6.4(f).
- ⁷⁶ NDIS (Plan Management) Rules r 6.4(f).
- ⁷⁷ NDIS (Provider Registration and Practice Standards) Rules r 7(3).
- ⁷⁸ NDIS (Provider Registration and Practice Standards) Rules r 7(2).
- ⁷⁹ NDIS Act s 42(2)(b).
- ⁸⁰ NDIS (Provider Registration and Practice Standards) Rules r 7(1).
- ⁸¹ NDIS (Plan Management) Rules rr 6.6-6.7.
- ⁸² NDIS (Plan Management) Rules r 6.6.
- ⁸³ NDIS (Plan Management) Rules r 6.7.

- ⁸⁴ NDIS (Plan Management) Rules r 6.7.
⁸⁵ NDIS (Plan Management) Rules r 6.7.
⁸⁶ NDIS (Plan Management) Rules r 6.5.
⁸⁷ NDIS (Plan Management) Rules r 6.6.
⁸⁸ NDIS Act ss 33(5)(d), 35(1)(b); NDIS (Supports for Participants) Rules pt 5.
⁸⁹ NDIS Act s 34(1).
⁹⁰ NDIS (Supports for Participants) Rules r 5.
⁹¹ NDIS Act ss 33(5)(d), 35(1)(b); NDIS (Supports for Participants) Rules r 5.3(a).
⁹² NDIS Act ss 33(5)(d), 35(1)(b); NDIS (Supports for Participants) Rules r 5.3(b).
⁹³ NDIS Act ss 33(5)(d), 35(1)(a); NDIS (Supports for Participants) Rules r 5.1(a).
⁹⁴ NDIS Act ss 33(5)(d), 35(1)(a); NDIS (Supports for Participants) Rules r 5.1(b).
⁹⁵ NDIS Act ss 33(5)(d), 35(1)(a); NDIS (Supports for Participants) Rules r 5.1(d).
⁹⁶ NDIS Act ss 33(5)(d), 35(1)(a); NDIS (Supports for Participants) Rules r 5.1(c).
⁹⁷ NDIS (Supports for Participants) Rules r 5.3(a).
⁹⁸ NDIS (Provider Registration and Practice Standards) Rules 2018 r 7(2).
⁹⁹ NDIS Act s 73F(2)(a).
¹⁰⁰ NDIS (Supports for Participants) Rules r 5.3(b).
¹⁰¹ NDIS (Supports for Participants) Rules r 5.1(a).
¹⁰² NDIS (Supports for Participants) Rules r 5.1(b).
¹⁰³ NDIS (Supports for Participants) Rules r 5.1(d).
¹⁰⁴ NDIS (Supports for Participants) Rules r 5.1(d).
¹⁰⁵ NDIS (Supports for Participants) Rules r 5.2(a).
¹⁰⁶ NDIS (Supports for Participants) Rules r 5.2(b).
¹⁰⁷ NDIS (Supports for Participants) Rules r 5.1(c).
¹⁰⁸ NDIS Act ss 33(5)(c), 34(1).
¹⁰⁹ NDIS Act s 34(1)(a).
¹¹⁰ NDIS Act s 34(1)(b).
¹¹¹ NDIS Act s 34(1)(c).
¹¹² NDIS Act s 34(1)(d).
¹¹³ NDIS (Supports for Participants) Rules r 3.2(a).
¹¹⁴ NDIS Act s 34(1)(e).
¹¹⁵ NDIS Act s 34(1)(f).
¹¹⁶ NDIS (Supports for Participants) Rules pts 3, 4.
¹¹⁷ NDIS Act s 33(5)(c).
¹¹⁸ NDIS Act s 34(1)(a).
¹¹⁹ *McGarrigle v National Disability Insurance Agency* (2017) 252 FCR 121 at [91].
¹²⁰ NDIS Act s 34(1)(a).
¹²¹ NDIS Act s 34(1)(c).
¹²² NDIS Act s 34(1)(d).
¹²³ NDIS (Supports for Participants) Rules r 5.1(b).
¹²⁴ NDIS (Supports for Participants) Rules r 5.1(d).
¹²⁵ NDIS Act s 34(1)(b).
¹²⁶ NDIS Act s 34(1)(c).
¹²⁷ NDIS Act ss 3(3)(b), 4(17)(b).
¹²⁸ NDIS (Supports for Participants) Rules r 3.1(a).
¹²⁹ NDIS (Supports for Participants) Rules r 3.1(b).
¹³⁰ NDIS (Supports for Participants) Rules r 3.1(c).
¹³¹ NDIS (Supports for Participants) Rules r 3.1(e).
¹³² NDIS (Supports for Participants) Rules r 3.1(f).
¹³³ NDIS (Supports for Participants) Rules r 3.1(c).
¹³⁴ NDIS (Supports for Participants) Rules r 3.1(d).
¹³⁵ *McCutcheon and NDIA* [2015] AATA 624 at [34].
¹³⁶ *McCutcheon and NDIA* [2015] AATA 624 at [34].
¹³⁷ *McCutcheon and NDIA* [2015] AATA 624.
¹³⁸ NDIS (Supports for Participants) Rules r 3.2(a).
¹³⁹ NDIS (Supports for Participants) Rules r 3.2(b).

- ¹⁴⁰ NDIS (Supports for Participants) Rules r 3.2(c).
¹⁴¹ NDIS (Supports for Participants) Rules r 3.3.
¹⁴² NDIS (Supports for Participants) Rules r 3.3.
¹⁴³ NDIS Act s 34(1)(e).
¹⁴⁴ NDIS Act s 34(1)(e).
¹⁴⁵ NDIS (Supports for Participants) Rules r 3.4(a)(i).
¹⁴⁶ NDIS (Supports for Participants) Rules r 3.4(c).
¹⁴⁷ NDIS (Supports for Participants) Rules r 3.4(a)(i).
¹⁴⁸ NDIS (Supports for Participants) Rules r 3.4(a)(ii); JQJT and National Disability Insurance Agency [2016] AATA 478 at [39].
¹⁴⁹ NDIS (Supports for Participants) Rules r 3.4(a)(iii).
¹⁵⁰ NDIS (Supports for Participants) Rules r 3.4(a)(iv).
¹⁵¹ NDIS (Supports for Participants) Rules rr 3.4(b)(i), (ii).
¹⁵² NDIS (Supports for Participants) Rules r 3.4(b)(iii).
¹⁵³ NDIS (Supports for Participants) Rules r 3.4(b)(ii).
¹⁵⁴ NDIS (Supports for Participants) Rules r 3.4(b)(ii).
¹⁵⁵ NDIS (Supports for Participants) Rules r 3.4(b)(ii)(A).
¹⁵⁶ NDIS (Supports for Participants) Rules r 3.4(b)(ii)(B).
¹⁵⁷ NDIS (Supports for Participants) Rules r 3.4(b)(ii)(C).
¹⁵⁸ NDIS (Supports for Participants) Rules r 3.4(b)(ii)(C).
¹⁵⁹ NDIS Act s 34(1)(f).
¹⁶⁰ NDIS (Supports for Participants) Rules rr 3.5-3.7 and Schedule 1.
¹⁶¹ NDIS Act s 34(1)(f).
¹⁶² NDIS (Supports for Participants) Rules rr 3.5-3.7, Schedule 1; NDIS Act ss 209(4), (8) item 1.
¹⁶³ NDIS (Supports for Participants) Rules rr 3.5-3.7, Schedule 1.
¹⁶⁴ NDIS (Supports for Participants) Rules rr 3.5-3.7, Schedule 1.
¹⁶⁵ Disability Discrimination Act 1992 (Cth); Discrimination Act 1991 (ACT); Anti-Discrimination Act 1977 (NSW); Anti-Discrimination Act 1996 (NT); Anti-Discrimination Act 1991 (Qld); Equal Opportunity Act 1984 (SA); Anti-Discrimination Act 1998 (Tas); Equal Opportunity Act 2010 (Vic); Equal Opportunity Act 1984 (WA).
¹⁶⁶ NDIS Act s 118(2).
¹⁶⁷ NDIS Act s 33(5)(c).



Reasonable and Necessary Supports

Quick summary: The Australian Government made laws about what we can fund under the NDIS. All supports need to meet the criteria in these laws before we can fund them in your plan. We call these the NDIS funding criteria. For example, supports need to be related to your disability, value for money, effective and beneficial, and most appropriately funded or provided by us. Each support must meet these criteria individually, but the supports must also meet the criteria when considered as a package.

What's on this page?

This page covers:

- [What principles do we follow to create your plan?](#)
- [What supports can you get?](#)
- [What other principles do we consider when we decide what supports to include in your plan?](#)
- [How do we decide what reasonable and necessary supports to include in your plan?](#)
- [Step 1: How do we identify and describe a support in your plan?](#)
- [Step 2: How do we work out if an identified and described support meets the NDIS funding criteria?](#)
- [Step 3: How do we include the reasonable and necessary supports in your plan?](#)

You may also be interested in:

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

What principles do we follow to create your plan?

The NDIS was set up as a world first approach to disability support. It puts people with disability at the centre of decision-making, through the principles of reasonable and necessary supports and individual choice and control.

As an insurance-based scheme, we take a lifetime approach to a participant's support needs. We provide assurance to people with permanent and significant disability or developmental delay, and to people who might acquire disability or developmental delay, that they will get the support they need. Individual funding means we help participants to purchase services and supports from a competitive and consumer-driven marketplace.

What supports can we fund?

NDIS supports should complement, not replace, other supports available to you. That's why we consider:

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

One of our aims is to help maximise your independence by working with the local mainstream government and community services that help you live an ordinary life. We all do best when we're connected to our communities.

And as an active consumer, it's important you are able to shop for and access providers who meet your needs. We can help you find providers who meet your needs.

Once we've considered your circumstances, we need to follow the rules determined under the law for the NDIS in our planning decisions.¹ We fund supports that are reasonable and necessary. This means we will only fund a support if it meets **all** of the following criteria:

- the support is related to your disability²
- the support will help you pursue your goals and aspirations³
- the support will help you undertake activities that will increase your social and economic participation⁴
- the support is value for money,⁵ which means that the costs are reasonable:
 - when compared to the benefits to be achieved, for example, whether purchasing the support is likely to reduce the cost of funding other supports in the long term⁶
 - when compared to alternative options that may provide you with the same outcome at a similar or cheaper cost⁷

- the support is likely to be effective and beneficial for you, having regard to good practice and evidence⁸
- the support is required to complement the informal supports you have available, by taking into account what is reasonable for families, carers, informal networks and the community to provide⁹
- the support is most appropriately funded or provided by the NDIS¹⁰
- the support is not more appropriately funded by another service system, agency, person or body, such as the education system or the health system.¹¹ We can't fund a support if it's the responsibility of another service system.

What supports don't we fund?

We do not fund a support if:¹²

- it is likely to **cause harm** to you or others¹³
- it is **not related** to your disability¹⁴
- it **duplicates** other supports delivered by the NDIS¹⁵
- it is considered a **day-to-day living cost** (for example, rent, groceries or utility costs like your water bill) that are **not attributable or caused by** your disability support needs¹⁶
- providing the support would be **against the law**¹⁷
- it consists of **income replacement**¹⁸
- it is the **responsibility of other service systems** to provide (for example, your state government, the education system, or the health system).¹⁹ These different systems have different responsibilities, and are designed to complement each other to form a government safety net. Like all Australians, NDIS participants continue to have access to these systems. We can't fund a support if it's the responsibility of another service.

How do we manage the financial sustainability of the NDIS?

The NDIS is an insurance scheme, and one of our core functions is to manage the financial sustainability of the Scheme.²⁰

When we make decisions about the supports we fund in your plan, we must also consider our need to ensure the **financial sustainability of the NDIS**.²¹ This means we must work within our funding budget, set through agreements between the Australian, and State and Territory governments.

It's also important to know the NDIS is only one part of the broader National Disability Strategy that supports people living with disability. The overall success and sustainability of the National Disability Strategy relies on:

- people accessing their informal support network to get the help they need from day to day
- people using their personal income to pay for their day to day living expenses, as is expected of all Australians
- mainstream and community services being available from state and territory governments, and other federal government programs such as Medicare
- a fair distribution of NDIS supports to those who need them, provided within our funding budget.

Staying within our budget ensures the NDIS will be here to support generations of Australians and their families.

What principles do we use to create your plan?

We use the following 7 principles, to create plans that help you get the reasonable and necessary supports you need, and to make sure the Scheme is financially sustainable:

- [Fair for everyone, both today and for future generations](#)
- [Fair funding to pursue your goals](#)
- [Evidence-based best practice](#)
- [Fair early investments](#)
- [Fair support across service systems](#)
- [Fair supports for your disability needs](#)
- [Fair assistance from multiple programs](#)

Fair for everyone, both today and for future generations

While we need to consider your individual circumstances and disability needs, we also need to make consistent decisions and treat people fairly.

This means participants with similar circumstances and disability needs should receive similar amounts of supports in their plans. We also need to ensure the total cost of all participant plans are within the overall NDIS budget set by governments.

We use Typical Support Packages to help us do this. The Typical Support Package give us an indication of what supports we'd usually expect to include in your plan, based on your situation and disability support needs.

Each support in your plan must be reasonable and necessary, but they also need to be reasonable and necessary as a package of supports. We approve your whole plan, not the individual supports in your plan in isolation.²² The Typical Support Package helps guide this validation process.

The Typical Support Package also helps to guide the consistency of our decision making process. We use these to check your overall plan to make sure that all your supports make sense together, and that your support types and amounts will complement each other to help you fulfil an ordinary life.

We may then increase or decrease the funding in your plan based on:

- our discussion with you
- any reports or other information we have
- applying the [NDIS funding criteria](#).

This helps keep the system fair for everyone, and ensure we remain financially sustainable.

Fair funding to pursue your goals

Goals are important.²³ The supports we fund need to help you increase your independence and pursue your goals.²⁴ This means your supports should help overcome any disability-specific barriers which may be stopping you pursuing your goals.

This doesn't mean we fund all support costs associated with you pursuing your goals. Also, you may have goals and aspirations we can't fund supports for. This is because helping you pursue your goals is only one of the NDIS funding criteria, so not all supports that help you to pursue your goals will be reasonable and necessary.

Other things to know about when setting your goals:

1. **Setting more goals or bigger goals doesn't mean we'll provide more funding or fund more supports.** For example, if your goal is to live independently in a house with a swimming pool, we may fund home modifications that address your disability related needs. This might be a home modification to make your bathroom accessible.

We won't fund the swimming pool because this isn't related to your disability support needs. The funding in your plan might be similar to someone else who has a goal of 'to have a more accessible bathroom'.

2. **Setting a goal doesn't mean we have an obligation to fund supports that help you pursue that goal.** For example, if your goal is to get a gym membership to get fit, we wouldn't usually fund this. Gym memberships are things that all people, with or without disability, might want or need.
3. **Setting a goal about an explicit type or amount of support you might want doesn't mean we have an obligation to fund that support or provide that amount of funding.** For example, you may tell us your goal is 'to get a top model shower commode' and you show us the one you want costs \$4,000.

If there is a shower commode that costs \$3,000, and your occupational therapist confirms this one will meet your needs, we are more likely to fund this one instead because it is likely to deliver the same result at a lower cost. We may also look at alternatives.

Evidence-based best practice

We only fund supports that will be, or are likely to be, effective and beneficial for you, having regard to current good practice.²⁵ This means we consider if there is evidence that the support is effective and beneficial for someone with similar disability support needs.

We will consider different types of evidence when making decisions and we won't need an expert report for every support, as we can often rely on other information or evidence.

For example, we may already have information about whether the support is widely accepted to suit someone with your disability support needs.²⁶ The primary source of evidence we rely on, and give the greatest weight to, is evidence from sources that are reliable and widely-recognised. This includes published and refereed literature, and any consensus of expert opinions. If there is no evidence to show a support is reasonable and necessary,²⁷ we won't fund the support.

You can find the types of evidence we need on [our website](#), and in [Our Guidelines](#).

Fair early investments

Having access to capacity-building supports early in your NDIS journey is considered to be an early investment. This early investment is intended to help increase your independence, and reduce your reliance on NDIS funding over time.

This is an important concept that we consider when we create your plan, and again at future plan reassessments. When we reassess your plan, we reassess all the supports you require to meet your disability support needs at that time.

Over time, your capacity building supports may no longer be reasonable and necessary, in regard to your current functional capacity, the effectiveness of the capacity building supports,²⁸ and value for money.²⁹

If your overall funding level goes down from one plan to the next, it may be because you no longer need the same type or amount of supports, such as capacity building supports. Also, if the capacity building investment has been successful at building your independence, then your need for other supports may also decrease, for example core supports.

So other things being equal, you should expect your overall plan value to reduce over time as the benefits of capacity building are realised.

Fair support across service systems

The support you need may be the responsibility of another government service, such as education or health. We don't fund these services, and need to consider the supports you should receive from these services when determining the supports in your plan.

Fair supports for your disability needs

When we make decisions about which supports we can fund, we consider whether a support is reasonable and necessary for you and apply the [NDIS funding criteria](#). Sometimes, you might ask for supports to help with impairments that were not part of your Access eligibility assessment. When this happens, we need to make sure the support will help you address needs that arise from an impairment that meets the same eligibility criteria we consider at [Access](#).

You don't need to make a new Access request if you ask for supports to help with an impairment that was not part of your Access eligibility assessment. We will work out if you need the support you have asked for to address an impairment that would meet our Access criteria. We may ask you to provide evidence to help us work this out. We will decide if the requested support is reasonable and necessary. We will apply the NDIS funding criteria based on the impairments that would meet our Access criteria.

By funding the right disability supports for your permanent impairments that meet our Access criteria, we are ensuring the system is fair for everyone, and that the NDIS remains financially sustainable.

Fair assistance from multiple programs

NDIS funding can't duplicate other funding or supports you may receive due to your disability.

For example, you may have received a lump-sum payment or receive regular payments as a form of compensation for an accident. Or, you may be receiving ongoing supports from

another program or insurance scheme, for example, Worksafe or the Transport Accident Commission.

We don't duplicate this funding or these supports. We may reduce the total value of your NDIS plan to account for compensation you receive, or we may not fund certain supports.

What supports can you get?

When we create your plan with you, we'll discuss what supports you need for your disability. We want to help you pursue your goals, increase your independence, and help you work, study and join social activities.

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

We can fund supports you need for your disability if they meet certain criteria. These are called 'reasonable and necessary supports'. Your plan and supports will be just for you, so you have more choice and control over how you use them.

This guideline explains how we decide what reasonable and necessary supports we'll include in your plan. There are lots of things we have to consider, which we'll explain in detail.

We also have a [Would we fund it](#) guide. It has examples of how we decide whether we fund different types of NDIS supports.

What supports can you get outside the NDIS?

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

Mainstream supports are other government services such as employment, education, health and family support services. They are often really helpful, and are available to everyone including people without disability. There are many ways they can help you learn new skills or live as independently as possible.

Community services offer a wide range of supports that may help with your disability support needs. Community supports are things open to everyone in the community, like sporting clubs, community colleges, activity groups, libraries or community gardens. They are often a great way to get involved in your local community, meet new people and learn new skills.

Informal supports, like your family, friends and other people you know in your community, can sometimes be your best supports. They know you and can often help in ways other supports can't.

Your planner, local area coordinator or early childhood partner will talk with you about what services are available for you outside the NDIS. We can also help link you with these supports, so you don't have to do it all on your own.

Accessing these supports is a good way to work toward your goals. You get to do it with other people and be involved in your community. Using these supports is part of life for most of us. It's important you get to access them the same as everyone else.

When it comes time to talk about what reasonable and necessary supports we can fund, you'll know how mainstream, community and informal supports can help you.

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

What are reasonable and necessary supports?

An NDIS support is the practical description of how you will be assisted under the NDIS.³⁰ Supports are the things we provide or fund to help to meet your disability support needs.

NDIS supports are the services, items and equipment we can fund or provide under the NDIS.

There are two types of NDIS supports. We call them 'general supports' and 'reasonable and necessary supports'.³¹

General supports

General supports are the coordination, strategic or referral services and activities we provide, or arrange to be provided, for you.³² They're how we help you develop your NDIS plan and connect with supports and activities in your community. This includes your mainstream, community and informal supports. Learn more in [Creating your plan](#).

Reasonable and necessary supports

Reasonable and necessary supports are the supports we fund in your plan to meet your disability support needs.³³ You can use this funding to buy supports from [service providers](#).

The Australian Government made laws about what we can fund under the NDIS.³⁴ All supports we fund in a plan need to meet the criteria set out in these laws. We call these the [NDIS funding criteria](#).³⁵

To meet the NDIS funding criteria, a support must meet both the following criteria:³⁶

- It must not be a [type of support the law says we can't fund or provide](#).³⁷
- It must meet the [reasonable and necessary criteria](#).³⁸

We call supports that meet the NDIS funding criteria 'reasonable and necessary supports'.

Each individual reasonable and necessary support in your plan must meet the NDIS funding criteria. Your whole plan as a package of supports must also meet the NDIS funding criteria.

We check your overall plan to make sure all your supports make sense together. This means we check that your supports and the amount of supports will complement each other to help you fulfil an ordinary life.³⁹

If you need a new support, which now means your overall package of supports doesn't meet the NDIS funding criteria anymore, we may either:

- not include the new support in your plan
- include the new support in your plan, but also reduce the other supports in your plan.

For example, a home modification may reduce your need for other supports. If we plan to fund a home modification, we will need to take that home modification into account when considering what other supports are reasonable and necessary, such as the amount of care you need at home.

What other principles do we consider when we decide what supports to include in your plan?

As far as possible, we have to act according to principles set out in the [law for the NDIS](#).⁴⁰ These are the things that guide us when we make decisions about what we fund.

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

The principles include the following:

- You have the same right as other Australians to realise your potential for physical, social, emotional and intellectual development.⁴¹
- You should be supported to take part in and contribute to social and economic life.⁴²
- You should be supported to make choices about planning and how your supports will be delivered. This includes taking reasonable risks, so that you can pursue your goals.⁴³
- You have the same right as other Australians to decide your own best interests. You have the right to be an equal partner in decisions that affect your life.⁴⁴

- Your privacy and dignity should be respected.⁴⁵
- We must make sure the NDIS is financially sustainable.⁴⁶

The principles also tell us that the reasonable and necessary supports we fund should:⁴⁷

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

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

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

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

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

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

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

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

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

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

- Positive relationships – with families and informal support networks.
- Individual autonomy – being free and independent, and having the same opportunities as people without disability.

- Active involvement in decision-making – including the ability to make meaningful decisions, and exercise choice and control.
- Using your strengths in ways that provide a challenge and enjoyment.
- A sense of belonging – to our families, friendship networks, communities, workplaces and society.
- Active involvement and contribution to society and your community.

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

- have and maintain good relationships
- belong and participate in your community
- be involved in making choices about your own life.

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

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

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

How do we decide what reasonable and necessary supports to include in your plan?

What information do we consider to work out what reasonable and necessary supports to fund in your plan?

The most important information we gather about what supports to include in your plan comes from you.

When we create your plan, we will talk with you about:

- your goals and aspirations⁴⁸
- your strengths, capacity and individual circumstances⁴⁹
- any barriers, limitations and restrictions you face in undertaking activities or things that stop you from living an 'ordinary life'⁵⁰
- your disability support needs⁵¹

- any risks and safeguards we may need to think about when considering your support needs.⁵²

We want to get a good understanding of your disability support needs. We encourage you to involve anyone in the planning process you want to help you.

Learn more about what information we ask for when we [create your plan](#).

We also consider other information we have such as medical or therapy reports, or assessments that you have had.⁵³

We may also ask for further information and assessments, if we need them to help us work out your support needs.⁵⁴

To help us work out what supports to consider for people aged 7 years and older, we also use a 'Typical Support Package'.⁵⁵ We worked with people with disability, professionals and subject matter experts to develop the Typical Support Package.

It helps us work out the types of supports we'd usually expect to include in your plan. It's based on your situation and support needs.

We then amend the supports suggested by the Typical Support Package to include more, less or different supports if we need to. We may adjust the funding for those supports up or down based on our discussion with you, any reports or other information we have, and when we apply the [NDIS funding criteria](#).

For children younger than 7, we consider the child's current functioning across development areas when we work out the reasonable and necessary supports that should be funded in a child's NDIS plan. Learn more about the [Early Childhood Early Intervention approach](#).

How do we consider your goals when we work out your reasonable and necessary supports?

When we create your plan, you set your goals and tell us what information about your life you want in your plan.⁵⁶ Your goals are your own personal desires about what you'd like to do.

You can set any goals you like, even if they're about things we won't fund supports for. You can also change your goals at any time.⁵⁷ We consider how your funded supports will help you pursue your goals when we decide to approve your plan.⁵⁸

Reasonable and necessary supports should help you pursue your goals,⁵⁹ but you don't need a specific goal for every support in your plan. When we decide if a support will help you pursue your goals, we consider your whole situation.

We look at the disability specific barriers that prevent you from pursuing your goals, and how the support will address your disability support needs.

There are some things to remember when setting goals:

- Setting more and bigger goals doesn't mean we'll fund more and bigger funded supports.
- Setting a goal doesn't mean we have an obligation to fund supports that help you pursue that goal.
- Setting a goal about an explicit type or amount of support you might want doesn't mean we have an obligation to fund that support or in that amount.

This is because helping you pursue your goals is only one of the NDIS funding criteria.⁶⁰ A support must meet all of the NDIS funding criteria to be funded under the NDIS. So not all supports that help you to pursue your goals will be reasonable and necessary supports.

Learn more about [setting your goals](#) and [how we consider your goals under the NDIS funding criteria](#).

What if your plan is being reassessed?

If it's not your first plan, we also consider how well the supports funded in your previous plans worked for you.⁶¹ This means we'll ask about how your current plan has worked for you.

This will help us decide whether these supports continue to meet your needs and the [NDIS funding criteria](#). Learn more about [changing your plan](#).

How do we use the information we have to work out what reasonable and necessary supports to fund?

We consider all the [information we have gathered](#) to decide what reasonable and necessary supports to fund in your plan.

We use the information you give us and follow the steps below:

- **Step 1:** Identify and describe the supports to be considered. The support will be described either generally (known as 'flexible' funding for supports) or specifically (known as 'stated supports' or 'fixed' supports).⁶²
- **Step 2:** Work out if the support identified and described meets the [NDIS funding criteria](#).
- **Step 3:** We include the supports that meet the NDIS funding criteria in your plan.

When we approve your plan we make sure all your supports meet the NDIS funding criteria individually and as a package of supports.⁶³

Step 1: How do we identify and describe a support in your plan?

The first step in deciding what reasonable and necessary supports we can fund is to properly identify and describe the support.⁶⁴ This is an important step. We need to be clear on exactly what support we're considering, before we can decide if the support meets the [NDIS funding criteria](#) in Step 2.

When we assess your support needs and identify what supports to consider in your plan, we use:

- the information you give us at your planning meeting
- any assessments or other information we have
- the Typical Support Package for people aged 7 years and older.

We identify a support as the service, item or equipment you need to help with your disability support needs. We think about:

- what the outcome of the support will be
- how the support helps with your disability
- whether the support meets the NDIS funding criteria.

How do we describe supports?

We can describe the supports in your plan as one of the following:

- **Flexible:** Under the law for the NDIS, this is when we describe the support generally. You have greater flexibility over what disability supports you can buy within the description of the support.⁶⁵
- **Fixed:** Under the law for the NDIS, this is when we describe the support specifically. It means you must buy the support in the way we have described in your plan.⁶⁶ We sometimes call this a 'stated support'.⁶⁷

You must act according to your plan, and buy supports according to how we described them in your plan. This means you can't use the funding in your plan to buy supports that fall outside the description of the support in your plan.⁶⁸

So if we describe the support as fixed, you must comply with how we describe it. This includes how the support is provided. For example, we will sometimes require the support to be provided:

- by a particular service provider

- by a particular qualified person
- through a particular delivery mode or method, or in a special way.

We describe most supports as flexible when we can. When supports are described as flexible, you will have greater flexibility over the support you can buy that falls within the description of the support in the plan. When supports are described as fixed, you will have less flexibility.

We divide your supports into 3 different budgets:

- **Core Supports** – supports for everyday activities
- **Capacity Building Supports** – supports to help you build your skills and increase your independence
- **Capital Supports** – supports such as assistive technology, vehicle modifications, home modifications and Specialist Disability Accommodation.

Each budget is divided into a number of support categories. Support categories have more detail about what supports you can buy with your funding. When we describe your supports as flexible, you can usually choose what supports you buy within the [descriptions for each support category](#).

Your Core Supports budget is the most flexible. You can usually use your funding across all the support categories except transport in the Core Supports budget if:

- we described the supports as flexible
- you have the same plan management options for your Core Supports.

Learn more about the [support budgets and support categories in your plan](#).

When we decide whether to describe supports as fixed or flexible, we consider:

- how much the support costs⁶⁹
- if the support will help reduce the cost of supports over time,⁷⁰ for example providing more supports early so you don't need as many supports later in life
- any risks with supplying the support, for example if the support would create risks to your health and safety or if it doesn't comply with state or territory laws⁷¹
- if you need a particular support to pursue your goals or to use other supports in your plan effectively⁷²
- if you need a specialist support, for example if your support must be delivered by a qualified person, or in a special way⁷³
- if you were eligible for the NDIS under the early intervention criteria.⁷⁴

When do we describe supports as fixed?

We usually describe high-cost supports, or supports with more risk, as fixed. For example, we might describe supports as fixed if you need to use those particular supports to ensure your health and safety. This includes supports such as:

- high-cost assistive technology
- high-cost home modifications
- behaviour support, or supports that involve [restrictive practices](#) such as restraint
- Specialist Disability Accommodation.

We will also check if you were eligible for the NDIS through the early intervention criteria.⁷⁵ If so, we might decide to describe the supports as fixed for some types of early intervention supports.⁷⁶ If you're not sure whether you met the disability criteria or the early intervention criteria, check the letter we sent you when we decided you're eligible.

Example

John just received his first plan. His plan describes support for assistive technology as flexible, including \$2,000 of funding. John can choose what assistive technology to buy with this funding. John talks to his occupational therapist about what assistive technology he should buy with this funding. For example, he could buy a shower chair, or low-cost items like a slip-resistant bathmat.

John's plan also has a fixed support for a wheelchair with special features, and funding of \$8,000. John will need to use this funding for the specific wheelchair we listed on his plan. He can't use this funding for another support, like a shower chair, instead.

What if you need a specific provider to provide the support?

Sometimes your plan may say who must provide the support. We do this when you need a certain provider to make sure the supports are delivered safely, or to achieve a certain outcome.

For some supports, you must use an [NDIS registered provider](#). These include:

- [Specialist Behaviour Support](#), if the provider will undertake a behaviour support assessment or develop a behaviour support plan⁷⁷
- supports where it's likely a provider will need to use a [regulated restricted practice](#),⁷⁸ either interim or ongoing
- Plan Management⁷⁹
- [Specialist Disability Accommodation](#).⁸⁰

You must use registered providers for these supports even if your plan doesn't say you need to. You must also use registered providers for these supports, even if you self-manage your funding or use a registered plan manager. Learn more about the [different plan management options](#).

For other supports, we'll decide that the support must be provided by a particular person, provider, or delivered in a certain way.⁸¹ We'll do this if it's the most efficient and effective way to provide the support. This only happens when:

- we have an agreement with a particular provider to provide the support⁸²
- we decide you must use an NDIS registered provider due to the risks, for example complex home modifications⁸³
- you need support from a particular person with specialist qualifications, for example a health professional⁸⁴
- you need support delivered in a certain way.⁸⁵

Sometimes, we'll arrange the support ourselves, if it's more cost effective than getting another provider to deliver the support. For example, we may bulk buy a support.⁸⁶ If so, we will state this in your plan.

What about in-kind supports?

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

If we fund in-kind supports like [specialist school transport](#) or [personal care in schools](#), you will need to use state or territory government providers for these supports. These supports are most efficiently and effectively provided by state and territory government providers.⁸⁷ Learn more about [Work and study supports](#).

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

We usually let you choose another provider if:

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

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

Step 2: How do we work out if an identified and described support meets the NDIS funding criteria?

To meet the NDIS funding criteria, a support must meet both the following criteria:

- It must not be a [type of support the law says we can't fund or provide](#).⁸⁸
- It must meet the [reasonable and necessary criteria](#).⁸⁹

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

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

Under the law for the NDIS, there are things we can't fund or provide.⁹⁰ We can't fund or provide supports that:

- are not legal⁹¹
- are income replacement⁹²
- are likely to cause harm to you, or pose a risk to other people⁹³
- are not related to your disability⁹⁴
- relate to a 'day-to-day living cost', such as groceries, rent or utilities, that are not attributable to your disability support needs. These are costs that are not caused by or as a result of your disability support needs.⁹⁵
- duplicate other supports provided by the NDIS under alternative funding.⁹⁶

Is the support legal?

We can't fund a support if it does not comply with the law.⁹⁷ This includes both:

- **an Australian government law:** a law that applies to all of Australia
- **a State or Territory government law:** a law that only applies in your state or territory.

For example, we won't be able to fund supports involving:

- a [restrictive practice](#) where it's not authorised in your state or territory
- [assistive technology](#) or home modifications that don't meet Australian laws, such as State and Territory Acts and Regulations, the National Construction Code, and relevant Australian Standards
- supports for illegal activities, such as support for criminal behaviour or illegal drugs.

While this is one of the NDIS funding criteria, we're not responsible for ensuring your supports are legal. We're not responsible to ensure that all supports in your plan comply with

all the relevant legal and administrative requirements. This is your responsibility and your provider's responsibility.

For example, if a support is likely to require the use of a restrictive practice, the provider must be registered with the [NDIS Quality and Safeguards Commission](#).⁹⁸ It's the provider's responsibility to ensure they are registered and comply with the conditions of their registration. This includes complying with all laws and seeking the necessary authorisations.⁹⁹

We're not responsible for ensuring the provider is registered and complies with their conditions of registration. You can contact the [NDIS Quality and Safeguards Commission](#) if you're concerned about a provider's compliance with legal obligations.

Is the support 'income replacement'?

We don't fund income support or income replacement.¹⁰⁰ This means NDIS funding can't replace or add to money you'd usually earn from working, or income payments you get from Centrelink.

For more information and resources on income support, check out [income support payments](#) such as the Disability Support Pension.

If you are interested in getting help to find a job, check out [Disability Employment Services](#) or NDIS-funded [Work and study supports](#).

Is the support likely to cause harm?

We can't fund any supports that are likely to either:¹⁰¹

- cause harm to you
- be a risk to other people.

We need to consider this for all supports, such as support workers, therapies or equipment. It also means we won't fund supports that involve a [regulated restricted practice](#), such as restraint, unless it follows the requirements of the [NDIS Quality and Safeguards Commission](#).

To help us decide if the support is likely to cause harm, we may need information from a professional. For example, you may need high cost [assistive technology](#), like a powered wheelchair. If so, we would need a report from an occupational therapist to show that it'll be safe for you to use.

Of course everything we do in life comes with some risk. We all make our own choices about how much risk we want to take in our lives. You should also be able to choose how much risk you want to take in your life.

So we try to balance this when we decide what we can and can't fund. We can't fund things that are likely to cause harm. But we will try and balance this with enabling you to make your own choices wherever possible.

While this is one of the NDIS funding criteria, you also have some responsibilities. It's still your responsibility and your provider's responsibility to ensure the supports we fund are:

- used correctly
- safe for you
- safe for other people.

You and your provider will also need to manage any risks of harm that arise. For more information, contact the [NDIS Quality and Safeguards Commission](#).

Is the support related to your disability?

We can't fund a support if it's not related to your disability.¹⁰² This means there must be a direct link or a connection between your disability and the supports we fund.

We look at whether the support addresses your disability support needs. Your disability support needs are those that arise from, or are caused by, your disability.

For example, we wouldn't usually fund things like:

- standard televisions
- standard household furniture such as dining chairs
- upgrades to assistive technology and home modifications that are not related to disability needs, such as marble tiling or leather materials
- flights to go on a holiday
- a car to get to work because there are no public transport options
- a gym membership to get fit
- a swimming pool to relax in summer.

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

Usually, there won't be a direct link or connection between these things and your disability support needs. Having a disability doesn't usually affect whether someone needs or wants these types of things.

Example

Alan needs some changes to his house, so he can use his bathroom and kitchen in his wheelchair. He also wants to set up an outdoor entertainment area for when his friends visit.

We may be able to fund [home modifications](#) so he can access areas of his home such as his bathroom or kitchen. He needs the home modifications because he can't access those areas due to his disability and needing to use a wheelchair. Alan needs the support because of his specific disability support needs.

Alan will need to pay for the outdoor entertainment area, as it's not related to his disability. He doesn't need the entertainment area because of his disability, it's just something he would like so he can have his friends over for a barbecue.

Is the support related to a 'day-to-day living cost'?

We can't fund supports related to day-to-day living costs that everyone has to pay, and aren't caused by or result from your disability support needs.¹⁰³ This means we don't fund things like:

- rent
- groceries
- utilities such as electricity, water, gas and internet bills
- the general cost of owning a home, like renovations, mortgage repayments, repairs and maintenance.

In some situations, we can fund supports related to your day-to-day living costs. We can do this if the costs are attributable to, or caused by, your disability support needs.¹⁰⁴ This means we may fund supports that relate to day-to-day living costs where either:

- you have additional living costs that are solely and directly as a result of your disability support needs¹⁰⁵
- the living costs are connected to another support that is funded or provided in your plan, and you wouldn't incur that cost if it wasn't in your plan.¹⁰⁶

Example

Nigel has a goal to do his grocery shopping on his own. He needs a shopping basket to attach to his wheelchair to help him carry the items in the supermarket.

Shopping bags and baskets are things we all pay for, whether or not we have a disability. But Nigel only needs this specialised basket for his wheelchair because of his disability support needs.

If it meets the other NDIS funding criteria, we may fund the shopping basket attachment in his plan.

Does the support duplicate other supports funded through the NDIS?

We can't fund a support if it duplicates other supports delivered under alternative funding through the NDIS.¹⁰⁷

For example, if we're providing support through your early childhood partner or local area coordinator, we usually won't fund Support Coordination in your plan.

This is because your early childhood partner or local area coordinator is already funded to provide similar supports. If we funded the same Support Coordination, we would be duplicating a support we're already providing you as general supports.

However if you need extra support, we may be able to fund additional Support Coordination in your plan. We may do this if it's above the amount of support your early childhood partner or local area coordinator are able to provide. Your early childhood partner or local area coordinator will work together with the Support Coordinator to help you connect with supports in your community.

Does the support meet the reasonable and necessary criteria?

All NDIS supports need to meet **all** the reasonable and necessary criteria.¹⁰⁸

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

- The support will assist you to [pursue your goals in your plan](#).¹⁰⁹
- The support will [assist you to undertake activities, to facilitate your social and economic participation](#).¹¹⁰ This means the support will help you to undertake activities, by reducing the disability-related barriers that prevent you from participating in things such as social outings, recreation, work and study.

- The support represents [value for money](#) in that the costs of the support are reasonable relative to both the benefits achieved and the cost of alternative supports.¹¹¹ This means we need to consider the costs and benefits of the support, as well as the costs and benefits of alternative supports.
- The support will be, or is likely to be, [effective and beneficial](#) for you, having regard to current good practice.¹¹² This means we consider if there is evidence the support works for someone with similar disability support needs. We won't need an expert report for every support, as we can often rely on other information or evidence. For example, we may have information already about whether the support is widely accepted to suit someone with your disability support needs.¹¹³ We also consider your lived experience.
- The funding of the support [takes account of what it is reasonable to expect families, carers, informal networks and the community to provide](#).¹¹⁴ This means we need to consider what support is reasonable for your family, friends and community to provide.
- The support is [most appropriately funded or provided through the NDIS](#), and is not more appropriately funded or provided through:¹¹⁵
 - other general systems of service delivery, or support services offered by a person, agency or body (for example, a State or Territory Statutory Scheme)
 - systems of service delivery or support services offered as part of a universal service obligation (for example, the health or education system)
 - systems of service delivery or support services offered in accordance with reasonable adjustments required under discrimination laws (for example, your employer, or the health or education system).

The law for the NDIS sets out things that we need to consider when we apply the reasonable and necessary criteria.¹¹⁶

We must be satisfied that each support is reasonable and necessary individually, but we must also be satisfied that the supports are reasonable and necessary as a package of supports.¹¹⁷

For example, a home modification may reduce your need for other supports. If we plan to fund a home modification, we will need to take that home modification into account when considering what other supports are reasonable and necessary, such as the amount of care you need at home.

If the home modification will reduce your care needs, we may need to reduce the amount of care we fund, as a higher amount may not be reasonable and necessary when the whole package of supports is considered.

Does the support help you pursue your goals?

We need to be satisfied that the support will help you pursue the goals, objectives and aspirations in your NDIS plan.¹¹⁸ This helps us determine if the support is necessary.¹¹⁹

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

You are free to choose your own goals and express them in your own words.

Your goals can be big or small, short term or long term, simple or complex. They can be about anything you want to work towards.

You may express your goals broadly, or you may have specific goals. For example, you may express one of your goals as 'living independently'. Someone else may express their goal as 'to have an accessible bathroom'.

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

Reasonable and necessary supports should help you pursue your goals,¹²⁰ but you don't need a specific goal for every support in your plan. When we decide if a support will help you pursue your goals, we consider your whole situation.

We look at how a support will address your disability support needs, and the disability specific barriers that prevent you from pursuing your goals.

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

Setting a goal in your plan doesn't mean we'll provide funding to pursue it. For example:

- setting more and bigger goals doesn't mean we have an obligation to fund more and bigger funded supports in your plan
- setting a goal doesn't mean we have an obligation to fund supports that help you pursue that goal
- setting a goal about an explicit type or amount of support you might want doesn't mean we'll fund that support or in that amount.

This is because helping you pursue your goals is only one of the NDIS funding criteria. A support must meet all of the NDIS funding criteria to be funded under the NDIS. So not all supports that help you to pursue your goals will be reasonable and necessary supports.

For example, we only fund reasonable and necessary supports that are value for money,¹²¹ effective and beneficial¹²² and relate to disability support needs.¹²³

This means that if your goal is to 'live independently', we **may** fund home modifications that address your disability related needs. However, we won't fund supports related to day-to

day-living costs like rent or utilities. These costs aren't incurred solely and directly as a result of your disability support needs, so they don't meet other funding criteria.¹²⁴

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

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

Learn more about [setting goals](#).

Example

Morgan is ready to look for work and she has a goal in her plan to get a job. She has built up her skills and knows what she wants to do. Disability Employment Services are helping Morgan to find work, so we can't fund this support for Morgan.

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

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

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

However, Morgan's planner then needs to look at whether the support meets the other NDIS funding criteria.

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

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

We need to be satisfied that the support will help you to do activities, which make it easier for you to participate socially and economically.¹²⁵

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

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

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

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

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

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

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

Example

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

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

As a result, it'll increase her social and economic participation. For example, the support will help her get to her university so she can study, and will help her social life.

Is the support value for money?

All supports we fund under the NDIS need to be value for money.¹²⁶ This means the cost of the support is reasonable, when we consider the benefits of the support and the cost of other supports.

Making sure that your supports are value for money is one of the ways we keep the NDIS financially sustainable. This means we make careful decisions about funding so that we make sure the NDIS exists for future generations. It's also one of [our principles](#).¹²⁷

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

- if other supports would achieve the same result at a substantially lower cost¹²⁸ – this means there should be a real or material difference in cost
- if there's evidence that the support will substantially improve your life stage outcomes and benefit you in the long term¹²⁹
- if the support will likely reduce the cost of other supports over time¹³⁰

- how the cost compares to other supports of the same kind in your area¹³¹
- if the support will make you more independent, and mean you won't need as many supports in future,¹³² for example, in some circumstances home modifications may reduce the need for home care.

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

For example, some supports such as home modifications may be expensive now, compared to other supports. But getting these supports now may mean you need much less support in a few years, or later in life. Or, it may delay the need for other more costly supports.¹³³

When we determine the cost of the support, we consider:

- the prices for NDIS supports in the [NDIS Price Guide](#)
- supports suggested by the Typical Support Package
- quotes for specific or high risk supports.

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

When we fund equipment or modifications, we also need to consider:¹³⁴

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

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

Example

Elias needs a shower commode.

He got an assessment and sent us a quote for one that will suit his needs. As part of the process to work out if we can fund it, his planner considers other similar shower commodes.

There's a second commode that's \$5,000 cheaper than the one Elias has asked for. But it won't meet Elias' needs, as it won't provide enough back support. That is, it won't achieve the same result as the one Elias has asked for.

Finally, there's a third commode that's \$1,000 cheaper. The planner contacts his occupational therapist who confirms the cheaper commode will meet Elias' needs.

Elias' planner decides to fund the commode that's \$1,000 cheaper. It'll deliver the same result at a substantially lower cost.

Is the support effective and beneficial?

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

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

- **effective** – it will do what you need it to do¹³⁵
- **beneficial** – the support will help you do things you can't otherwise do and meets your support needs.¹³⁶

It can also be effective and beneficial if it will help you maintain your current level of functioning. That is, it will help you keep doing the things you can currently do. And, it'll help you maintain your work, study and social life as much as you can.¹³⁷

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

For example:

- We may have information already about whether the support is widely accepted to suit someone with your disability support needs.¹³⁸ For example, we could rely on academic research and other literature. This could include university studies on therapies that have been published and [refereed](#) in academic journals, evidence based practice resources, or clinical practice guidelines.
- If you or other participants have used the support before, we can consider your experience using the support and the experience of your family members and carers.¹³⁹
- We may consider things we have learnt from other participants in the NDIS with similar support needs to you.¹⁴⁰

We know you're the expert in your own life, and we use your own experience as much as we can.

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

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

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

We will look at the opinions held by the majority of experts and what they generally agree on.¹⁴¹ Sometimes we will have to seek expert opinion or report to make a decision.¹⁴²

For example, we may need the views of doctors or health professionals who may be specialists in managing your disability.

Example

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

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

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

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

- how speech therapy has assisted Vivek in the past, including first-hand information from Vivek, his family members and carers
- the views of his speech therapist on the effectiveness and benefits of speech therapy for Vivek
- other information or expert evidence about the effectiveness and benefits of speech therapy, including for a child of the same age, and with the same impairments and functional capacity.

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

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

We need to be satisfied that funding the support takes into account what is reasonable to expect families, carers, informal networks and the community to provide.¹⁴³

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

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

When we fund supports under the NDIS, we have to think about whether it's reasonable to expect your informal supports to provide that support. We can't fund supports that an ordinary person would think is reasonable to expect friends, family or the community to provide for you.¹⁴⁴

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

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

A good example is families who have young children. In our community, we expect families will provide most of the support a young child needs.¹⁴⁵ They will change a child's nappy, make sure they are safe and drive them around places.

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

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

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

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

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

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

To make sure we understand how disability supports might complement your circumstances, we consider:

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

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

We consider if we can help these relationships so that you get the support you need.¹⁴⁶ For example, we may be able to fund training for your informal supports, so they can help you build your skills.

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

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

If you're under 18, we consider what support is reasonable to expect parents to provide at your age. It's normal for parents to provide substantial care and support for children.¹⁴⁷ We consider that it's usual for parents to provide almost all the care and support that young children need.

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

For children under 18, we consider:

- if your needs are 'substantially greater' because of your disability, compared to other children the same age¹⁴⁸ – that is, you need much more disability support
- any risks to the wellbeing of people providing informal support to you¹⁴⁹
- if including funding for the support will help build your skills and capacity in the future, or reduce any risks to you.¹⁵⁰

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

If you're over 18, we consider:

- if there are any risks to you or your informal supports if you rely on them to provide the support you need¹⁵¹
- how much your informal supports would help improve or reduce your independence and other outcomes¹⁵²

We also consider the suitability of informal supports to provide the supports you need,¹⁵³ including:

- how old your carers are and their capacity to provide the support¹⁵⁴
- if other family members and the community can help your informal supports in their caring role¹⁵⁵
- the intensity and type of support you need, and if it's appropriate for your informal supports to provide this, based on their age and gender¹⁵⁶
- any long-term risks to the wellbeing of your informal supports.¹⁵⁷

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

For example, we wouldn't expect a child to have their schooling affected because they need to provide care. We also wouldn't expect an elderly parent to be responsible for physical activities, if it may result in injury.¹⁵⁸

We generally don't fund family members to provide supports funded under the NDIS. There are very limited situations where we can consider this. Learn more about [Sustaining Informal Supports](#).

Example 1

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

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

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

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

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

Example 2

Qing is 14 and wants to join a local footy club. Like most 14 year old's in this situation, she needs someone to drop her off and pick her up from the Saturday matches and the weeknight training sessions.

But unlike most 14 year old's, she needs someone to help her get dressed before she can go to the match. Her parents have been doing this, but as Qing is getting older she no longer wants her family to help her get dressed.

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

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

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

Is the support more appropriately funded or provided through the NDIS, and not through other service systems or support services?

We have to be satisfied that the support is most appropriately funded or provided through the NDIS. This means it's not more appropriately funded or provided through:

- other general systems of service delivery, or support services offered by a person, agency or body (such as a State or Territory Statutory Scheme)
- systems of service delivery or support services offered as part of a universal service obligation (such as the health or education system)
- systems of service delivery or support services offered in accordance with reasonable adjustments required under discrimination laws (such as your employer, or the health or education system).¹⁵⁹

In short, we won't fund the support if it should be provided by someone else.

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

The law for the NDIS sets out a number of things we need to consider, when we decide who is most appropriate to fund or provide of the support.¹⁶⁰ There are different things we consider for the following service systems:

- (a) Health
- (b) Mental health
- (c) Child protection and family support
- (d) Early childhood development
- (e) School education
- (f) Higher education and vocational education and training
- (g) Employment
- (h) Housing and community infrastructure
- (i) Transport
- (j) Justice.

How does the NDIS work with other government services?

We call supports provided by other government services, including those provided as part of a universal service obligation, 'mainstream supports'. When we talk about mainstream supports, we mean supports available to everyone in your state or territory, or across Australia, regardless of whether or not you have a disability.

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

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

When we fund NDIS supports, we need to check that the support is not more appropriately funded or provided by a mainstream service or system, such as the education system or health system.¹⁶¹ Under the law for the NDIS, we can't fund supports that should be provided by a mainstream service.

The Australian federal, state and territory governments agreed on responsibilities for funding different types of supports. The law for the NDIS has an outline of funding responsibilities and were developed with the agreement of each State and Territory.¹⁶²

We can only fund supports that are the responsibility of the NDIS. We can't fund supports that are the responsibility of other government services, even if they don't actually fund or provide the support. The law for the NDIS sets out the matters we should consider when we decide who is more appropriate to provide or fund a support.¹⁶³

Learn more about [how we decide if the support is best funded or provided by us or another part of government.](#)

The [Applied Principles and Tables of Support](#) also has information on what the governments agreed are the responsibilities of the NDIS and other government services. However, it doesn't override what we consider when we decide if the support is most appropriately funded by the NDIS.¹⁶⁴

What is reasonable adjustment and why is it important?

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

It's against the law to discriminate against people with a disability in many areas.¹⁶⁵ This includes in employment, when providing goods and services, and when accessing public places.

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

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

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

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

What if you're transitioning to the NDIS in Western Australia?

The federal and Western Australian governments made a commitment for people receiving supports before becoming a participant in the NDIS.

They committed that you shouldn't be disadvantaged by your transition to the NDIS. We call this the 'principle of no disadvantage'.

When we create your plan, we must use our best endeavours to follow government agreements.¹⁶⁶ This doesn't mean you'll always have the same level of funding, or that you'll get supports in the same way.

All supports we fund must meet all the NDIS funding criteria. So we may not be able to fund supports you received before the NDIS, if they don't meet the funding criteria.

If we can't fund those supports, we'll see how we can help you meet the same outcomes as you did before the NDIS.

This may mean we include other supports in your plan that address your disability support needs and help you pursue your goals. Or, we could help you connect with other government services that can provide the supports you received before the NDIS.

When we create your plan, we consider whether or not you're disadvantaged overall by joining the NDIS.

What else do you need to know about working out if supports meet the NDIS funding criteria?

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

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

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

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

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

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

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

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

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

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

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

What happens if you don't use all your funding in your NDIS plan?

We will consider how you have used your NDIS funding to help us work out what supports meet the NDIS funding criteria in your next plans.

If you haven't used all the funding by the end of your plan, it doesn't mean we'll reduce the funding in your next plan. There may be very good reasons why you weren't able to buy the supports we funded.

When we reassess your plan, we'll talk about any problems you had buying the supports funded in your plan. We'll also see how we can help you use your funding if we need to.

But if you consistently don't buy all the supports we fund and use all of your NDIS funding, we need to think about whether the supports really do meet the NDIS funding criteria. For example, they may not be 'effective and beneficial' for you if you're not actually using them. We will talk to you about this when we reassess your plan.

Learn more about [changing your plan](#)

Step 3: How do we include the reasonable and necessary supports in your plan?

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

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

When we approve your plan we will also make sure all your supports are reasonable and necessary when considered as a package of supports.¹⁶⁷

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

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

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

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

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

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

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

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

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

We'll give you the reasons for our decision to approve your plan in writing.¹⁶⁸ You can [contact us](#) if you'd like more detail about the reasons for our decision.

If you don't agree with the supports we approve in your plan, you can ask for an internal review of our decision.¹⁶⁹ You'll need to ask for an internal review within 3 months of getting your plan.¹⁷⁰ ¹⁷¹Learn more about [internal and external review of decisions](#).

Reference List

- ¹ NDIS Act and delegated legislation made under the NDIS Act, especially NDIS (Supports for Participants) Rules and NDIS (Plan Management) Rules.
- ² NDIS (Supports for Participants) Rules r 5.1(b).
- ³ NDIS Act s 34(1)(a).
- ⁴ NDIS Act s 34(1)(b).
- ⁵ NDIS Act s 34(1)(c).
- ⁶ NDIS (Supports for Participants) Rules r 3.1(c).
- ⁷ NDIS Act s 34(1)(c); NDIS (Supports for Participants) Rules r 3.1(a).
- ⁸ NDIS Act s 34(1)(d).
- ⁹ NDIS Act s 34(1)(e).
- ¹⁰ NDIS Act s 34(1)(f).
- ¹¹ NDIS Act s 34(1)(f).
- ¹² NDIS (Supports for Participants) Rules part 5.
- ¹³ NDIS (Supports for Participants) Rules r 5.1(a).
- ¹⁴ NDIS (Supports for Participants) Rules r 5.1(b).
- ¹⁵ NDIS (Supports for Participants) Rules r 5.1(c).
- ¹⁶ NDIS (Supports for Participants) Rules r 5.1(d).
- ¹⁷ NDIS (Supports for Participants) Rules r 5.3(a).
- ¹⁸ NDIS (Supports for Participants) Rules r 5.3(b).
- ¹⁹ NDIS Act s 34(1)(f).
- ²⁰ NDIS Act s 118(1)(b).
- ²¹ NDIS Act s 4(17).
- ²² NDIS Act s 33(2).
- ²³ NDIS Act s 33(5)(a).
- ²⁴ NDIS Act s 34(1)(a).
- ²⁵ NDIS Act s 34(1)(d).
- ²⁶ NDIS (Supports for Participants) Rules r 4.1(d).
- ²⁷ NDIS Act s 34(1).
- ²⁸ NDIS Act s 34(1)(d); NDIS (Supports for Participants) Rules, rr 3.2-3.3.
- ²⁹ NDIS Act s 34(1)(c); NDIS (Supports for Participants) Rules r 3.1.
- ³⁰ *McGarrigle v National Disability Insurance Agency* (2017) 252 FCR 121 at [88].
- ³¹ NDIS Act ss 33(2)(a), 33(2)(b), 33(5)(c), 34.
- ³² NDIS Act ss 13, 33(2)(a).
- ³³ NDIS Act ss 33(2)(b), 34.
- ³⁴ NDIS Act and delegated legislation made under the NDIS Act, especially NDIS (Supports for Participants) Rules and NDIS (Plan Management) Rules.
- ³⁵ NDIS Act ss 33(2)(b), 34; NDIS (Supports for Participants) Rules.
- ³⁶ NDIS Act ss 33(5)(d), 35(1)(b); NDIS (Supports for Participants) Rules r 5.3.
- ³⁷ NDIS (Supports for Participants) Rules pt 5.
- ³⁸ NDIS Act s 34(1).
- ³⁹ NDIS (Supports for Participants) Rules r 2.4; NDIS Act s 33(5)(c).
- ⁴⁰ NDIS Act ss 4, 31.
- ⁴¹ NDIS Act s 4(1).
- ⁴² NDIS Act s 4(2).
- ⁴³ NDIS Act s 4(4).
- ⁴⁴ NDIS Act s 4(8).
- ⁴⁵ NDIS Act s 4(10).
- ⁴⁶ NDIS Act s 4(17).
- ⁴⁷ NDIS Act s 4(11).
- ⁴⁸ NDIS Act s 33(5)(a); NDIS (Supports for Participants) Rules r 4.1(a).
- ⁴⁹ NDIS (Supports for Participants) Rules r 4.1(a).
- ⁵⁰ NDIS (Supports for Participants) Rules r 4.1(b).

- ⁵¹ NDIS (Supports for Participants) Rules rr 4.1(b), (d).
- ⁵² NDIS (Supports for Participants) Rules r 4.1(c).
- ⁵³ NDIS Act s 33(5)(b).
- ⁵⁴ NDIS Act ss 36, 50.
- ⁵⁵ NDIS (Supports for Participants) Rules rr 4.2-4.6.
- ⁵⁶ NDIS Act s 33(1).
- ⁵⁷ NDIS Act s 47(1).
- ⁵⁸ NDIS (Supports for Participants) Rules r 4.1(d).
- ⁵⁹ NDIS Act s 34(1)(a).
- ⁶⁰ NDIS Act s 34(1)(a).
- ⁶¹ NDIS Act s 33(5)(f).
- ⁶² NDIS Act s 33(3) and NDIS (Plan Management) Rules.
- ⁶³ NDIS Act s 33(5)(c).
- ⁶⁴ NDIS Act s 33(3).
- ⁶⁵ NDIS Act s 33(3); NDIS (Plan Management) Rules r 6.2.
- ⁶⁶ NDIS Act s 33(3); (NDIS (Plan Management) Rules r 6.3.
- ⁶⁷ NDIS (Plan Management) Rules pt 6.
- ⁶⁸ NDIS Act s 46(1).
- ⁶⁹ NDIS Act (Plan Management) Rules r 6.4(a).
- ⁷⁰ NDIS (Plan Management) Rules r 6.4(b).
- ⁷¹ NDIS (Plan Management) Rules r 6.4(c).
- ⁷² NDIS (Plan Management) Rules r 6.4(d).
- ⁷³ NDIS (Plan Management) Rules r 6.4(e).
- ⁷⁴ NDIS (Plan Management) Rules r 6.4(f).
- ⁷⁵ NDIS (Plan Management) Rules r 6.4(f).
- ⁷⁶ NDIS (Plan Management) Rules r 6.4(f).
- ⁷⁷ NDIS (Provider Registration and Practice Standards) Rules r 7(3).
- ⁷⁸ NDIS (Provider Registration and Practice Standards) Rules r 7(2).
- ⁷⁹ NDIS Act s 42(2)(b).
- ⁸⁰ NDIS (Provider Registration and Practice Standards) Rules r 7(1).
- ⁸¹ NDIS (Plan Management) Rules rr 6.6-6.7.
- ⁸² NDIS (Plan Management) Rules r 6.6.
- ⁸³ NDIS (Plan Management) Rules r 6.7.
- ⁸⁴ NDIS (Plan Management) Rules r 6.7.
- ⁸⁵ NDIS (Plan Management) Rules r 6.7.
- ⁸⁶ NDIS (Plan Management) Rules r 6.5.
- ⁸⁷ NDIS (Plan Management) Rules r 6.6.
- ⁸⁸ NDIS Act ss 33(5)(d), 35(1)(b); NDIS (Supports for Participants) Rules pt 5.
- ⁸⁹ NDIS Act s 34(1).
- ⁹⁰ NDIS (Supports for Participants) Rules r 5.
- ⁹¹ NDIS Act ss 33(5)(d), 35(1)(b); NDIS (Supports for Participants) Rules r 5.3(a).
- ⁹² NDIS Act ss 33(5)(d), 35(1)(b); NDIS (Supports for Participants) Rules r 5.3(b).
- ⁹³ NDIS Act ss 33(5)(d), 35(1)(a); NDIS (Supports for Participants) Rules r 5.1(a).
- ⁹⁴ NDIS Act ss 33(5)(d), 35(1)(a); NDIS (Supports for Participants) Rules r 5.1(b).
- ⁹⁵ NDIS Act ss 33(5)(d), 35(1)(a); NDIS (Supports for Participants) Rules r 5.1(d).
- ⁹⁶ NDIS Act ss 33(5)(d), 35(1)(a); NDIS (Supports for Participants) Rules r 5.1(c).
- ⁹⁷ NDIS (Supports for Participants) Rules r 5.3(a).
- ⁹⁸ NDIS (Provider Registration and Practice Standards) Rules 2018 r 7(2).
- ⁹⁹ NDIS Act s 73F(2)(a).
- ¹⁰⁰ NDIS (Supports for Participants) Rules r 5.3(b).
- ¹⁰¹ NDIS (Supports for Participants) Rules r 5.1(a).
- ¹⁰² NDIS (Supports for Participants) Rules r 5.1(b).
- ¹⁰³ NDIS (Supports for Participants) Rules r 5.1(d).
- ¹⁰⁴ NDIS (Supports for Participants) Rules r 5.1(d).

- 105 NDIS (Supports for Participants) Rules r 5.2(a).
 106 NDIS (Supports for Participants) Rules r 5.2(b).
 107 NDIS (Supports for Participants) Rules r 5.1(c).
 108 NDIS Act ss 33(5)(c), 34(1).
 109 NDIS Act s 34(1)(a).
 110 NDIS Act s 34(1)(b).
 111 NDIS Act s 34(1)(c).
 112 NDIS Act s 34(1)(d).
 113 NDIS (Supports for Participants) Rules r 3.2(a).
 114 NDIS Act s 34(1)(e).
 115 NDIS Act s 34(1)(f).
 116 NDIS (Supports for Participants) Rules pts 3, 4.
 117 NDIS Act s 33(5)(c).
 118 NDIS Act s 34(1)(a).
 119 *McGarrigle v National Disability Insurance Agency* (2017) 252 FCR 121 at [91].
 120 NDIS Act s 34(1)(a).
 121 NDIS Act s 34(1)(c).
 122 NDIS Act s 34(1)(d).
 123 NDIS (Supports for Participants) Rules r 5.1(b).
 124 NDIS (Supports for Participants) Rules r 5.1(d).
 125 NDIS Act s 34(1)(b).
 126 NDIS Act s 34(1)(c).
 127 NDIS Act ss 3(3)(b), 4(17).
 128 NDIS (Supports for Participants) Rules r 3.1(a).
 129 NDIS (Supports for Participants) Rules r 3.1(b).
 130 NDIS (Supports for Participants) Rules r 3.1(c).
 131 NDIS (Supports for Participants) Rules r 3.1(e).
 132 NDIS (Supports for Participants) Rules r 3.1(f).
 133 NDIS (Supports for Participants) Rules r 3.1(c).
 134 NDIS (Supports for Participants) Rules r 3.1(d).
 135 McCutcheon and NDIA [2015] AATA 624 at [34].
 136 McCutcheon and NDIA [2015] AATA 624 at [34].
 137 McCutcheon and NDIA [2015] AATA 624.
 138 NDIS (Supports for Participants) Rules r 3.2(a).
 139 NDIS (Supports for Participants) Rules r 3.2(b).
 140 NDIS (Supports for Participants) Rules r 3.2(c).
 141 NDIS (Supports for Participants) Rules r 3.3.
 142 NDIS (Supports for Participants) Rules r 3.3.
 143 NDIS Act s 34(1)(e).
 144 NDIS Act s 34(1)(e).
 145 NDIS (Supports for Participants) Rules r 3.4(a)(i).
 146 NDIS (Supports for Participants) Rules r 3.4(c).
 147 NDIS (Supports for Participants) Rules r 3.4(a)(i).
 148 NDIS (Supports for Participants) Rules r 3.4(a)(ii); JQJT and National Disability Insurance Agency [2016] AATA 478 at [39].
 149 NDIS (Supports for Participants) Rules r 3.4(a)(iii).
 150 NDIS (Supports for Participants) Rules r 3.4(a)(iv).
 151 NDIS (Supports for Participants) Rules rr 3.4(b)(i), (ii).
 152 NDIS (Supports for Participants) Rules r 3.4(b)(iii).
 153 NDIS (Supports for Participants) Rules r 3.4(b)(ii).
 154 NDIS (Supports for Participants) Rules r 3.4(b)(ii).
 155 NDIS (Supports for Participants) Rules r 3.4(b)(ii)(A).
 156 NDIS (Supports for Participants) Rules r 3.4(b)(ii)(B).
 157 NDIS (Supports for Participants) Rules r 3.4(b)(ii)(C).

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- ¹⁵⁸ NDIS (Supports for Participants) Rules r 3.4(b)(ii)(C).
¹⁵⁹ NDIS Act s 34(1)(f).
¹⁶⁰ NDIS (Supports for Participants) Rules rr 3.5-3.7 and Schedule 1.
¹⁶¹ NDIS Act s 34(1)(f).
¹⁶² NDIS (Supports for Participants) Rules rr 3.5-3.7, Schedule 1; NDIS Act ss 209(4), (8) item 1.
¹⁶³ NDIS (Supports for Participants) Rules rr 3.5-3.7, Schedule 1.
¹⁶⁴ NDIS (Supports for Participants) Rules rr 3.5-3.7, Schedule 1.
¹⁶⁵ Disability Discrimination Act 1992 (Cth); Discrimination Act 1991 (ACT); Anti-Discrimination Act 1977 (NSW); Anti-Discrimination Act 1996 (NT); Anti-Discrimination Act 1991 (Qld); Equal Opportunity Act 1984 (SA); Anti-Discrimination Act 1998 (Tas); Equal Opportunity Act 2010 (Vic); Equal Opportunity Act 1984 (WA).
¹⁶⁶ NDIS Act s 118(2).
¹⁶⁷ NDIS Act s 33(5)(c).
¹⁶⁸ NDIS Act s100(1).
¹⁶⁹ NDIS Act s100.
¹⁷⁰ NDIS Act s100(2).



Reasonable and Necessary Supports

Quick summary: The Australian Government made laws about what we can fund under the NDIS. All supports need to meet the criteria in these laws before we can fund them in your NDIS plan. We call these the NDIS funding criteria. For example, supports need to relate to your disability, be value for money and effective and beneficial. We also need to make sure all supports are most appropriately funded or provided by us. Each support must meet these criteria individually, but the supports must also meet the criteria when considered as a package.

Note: when we say 'your plan' we mean your NDIS plan. If you're looking for information about your community connections plan, go to [Our Guideline – Community Connections](#).

If you're looking for information about your child's early connections plan, go to [Our Guideline – Early Connections](#).

What's on this page?

This page covers:

- [What principles do we follow to create your plan?](#)
- [What supports can you get?](#)
- [What other principles do we consider when we decide what supports to include in your plan?](#)
- [How do we decide what reasonable and necessary supports to include in your plan?](#)
- [Step 1: How do we describe a support in your plan?](#)
- [Step 2: How do we work out if an identified and described support meets the NDIS funding criteria?](#)
- [Step 3: How do we include the reasonable and necessary supports in your plan?](#)

You may also be interested in:

- [Mainstream Supports](#)
- [Creating Your Plan](#)
- [Changing your plan](#)
- [Reviewing our decisions](#)



- [Would we fund it?](#)

What principles do we follow to create your plan?

The NDIS was set up as a world first approach to disability support. It puts people with disability at the centre of decision-making, through the principles of reasonable and necessary supports and individual choice and control.

As an insurance-based scheme, we take a lifetime approach to a participant's support needs. We provide assurance to people with permanent and significant disability or developmental delay, and to people who might acquire disability or developmental delay, that they will get the support they need. Individual funding means we help participants to purchase services and supports from a competitive and consumer-driven marketplace.

What supports can we fund?

NDIS supports should complement, not replace, other supports available to you. That's why we consider:

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

One of our aims is to help maximise your independence by working with the local mainstream government and community services that help you live an ordinary life. We all do best when we're connected to our communities.

And as an active consumer, it's important you are able to shop for and access providers who meet your needs. We can help you find providers who meet your needs.

Once we've considered your circumstances, we need to follow the rules determined under the law for the NDIS in our planning decisions.¹ We fund supports that are reasonable and necessary.

This means we will only fund a support if it meets **all** of the following criteria:

- the support is related to your disability²
- the support will help you pursue your goals and aspirations³
- the support will help you undertake activities that will increase your social and economic participation⁴
- the support is value for money,⁵ which means that the costs are reasonable:

- when compared to the benefits to be achieved, for example, whether purchasing the support is likely to reduce the cost of funding other supports in the long term⁶
- when compared to alternative options that may provide you with the same outcome at a similar or lower cost⁷
- the support is likely to be effective and beneficial for you, having regard to good practice and evidence⁸
- the support is required to complement the informal supports you have available, by considering what is reasonable for families, carers, informal networks and the community to provide⁹
- the support is most appropriately funded or provided by the NDIS¹⁰
- the support is not more appropriately funded by another service system, agency, person, or body, such as the education system or the health system.¹¹ We can't fund a support if it's the responsibility of another service system.

What supports don't we fund?

We do not fund a support if:¹²

- it is likely to **cause harm** to you or others¹³
- it is **not related** to your disability¹⁴
- it **duplicates** other supports delivered by the NDIS¹⁵
- it is considered **a day-to-day living cost** (for example, rent, groceries or utility costs like your water bill) that are **not attributable or caused by** your disability support needs¹⁶
- providing the support would be **against the law**¹⁷
- it consists of **income replacement**¹⁸
- it is the **responsibility of other service systems** to provide (for example, your state government, the education system, or the health system).¹⁹ These different systems have different responsibilities and are designed to complement each other to form a government safety net. Like all Australians, NDIS participants continue to have access to these systems. We can't fund a support if it's the responsibility of another service.



How do we manage the financial sustainability of the NDIS?

The NDIS is an insurance scheme, and one of our core functions is to manage the financial sustainability of the Scheme.²⁰

When we make decisions about the supports we fund in your plan, we must also consider our need to ensure the **financial sustainability of the NDIS**.²¹ This means we must work within our funding budget, set through agreements between the Australian, and State and Territory governments.

It's also important to know the NDIS is only one part of the broader National Disability Strategy that supports people living with disability. The overall success and sustainability of the National Disability Strategy relies on:

- people accessing their informal support network to get the help they need from day-to-day
- people using their personal income to pay for their day-to-day living expenses, as is expected of all Australians
- mainstream and community services being available from state and territory governments, and other federal government programs such as Medicare
- a fair distribution of NDIS supports to those who need them, provided within our funding budget.

Staying within our budget ensures the NDIS will be here to support generations of Australians and their families.

What principles do we use to create your plan?

We use the following 7 principles, to create plans that help you get the reasonable and necessary supports you need, and to make sure the Scheme is financially sustainable:

- [Fair for everyone, both today and for future generations](#)
- [Fair funding to pursue your goals](#)
- [Evidence-based best practice](#)
- [Fair early investments](#)
- [Fair support across service systems](#)
- [Fair supports for your disability needs](#)
- [Fair assistance from multiple programs](#)

Fair for everyone, both today and for future generations

While we need to consider your individual circumstances and disability needs, we also need to make consistent decisions and treat people fairly.

This means participants with similar circumstances and disability needs should receive similar amounts of supports in their plans. We also need to ensure the total cost of all participant plans are within the overall NDIS budget set by governments.

Each support in your plan must be reasonable and necessary. They also need to be reasonable and necessary as a package of supports. We approve your whole plan, not the individual supports in your plan in isolation.²² Information about what supports we'd usually include in your plan helps guide this process.

This information also helps to guide the consistency of our decision-making process. We use it to check your overall plan and make sure all your supports make sense together. We'll check your support types and amounts will complement each other to help you fulfil an ordinary life.

We may then increase or decrease the funding in your plan based on:

- information you share with us
- any reports or other information we have
- applying the [NDIS funding criteria](#).

This helps keep the system fair for everyone, and ensure we remain financially sustainable.

Fair funding to pursue your goals

Goals are important.²³ The supports we fund need to help you maximise your independence and pursue your goals.²⁴ This means your supports should help overcome any disability-specific barriers which may be stopping you from pursuing your goals.

This doesn't mean we fund all support costs associated with you pursuing your goals. Also, you may have goals and aspirations we can't fund supports for. This is because helping you pursue your goals is only one of the NDIS funding criteria, so not all supports that help you to pursue your goals will be reasonable and necessary.

Other things to know about when setting your goals:

1. **Setting more goals or bigger goals doesn't mean we'll provide more funding or fund more supports.** For example, if your goal is to live independently in a house with a swimming pool, we may fund home modifications that address your disability-related needs. This might be a home modification to make your bathroom accessible.

We won't fund the swimming pool because this isn't related to your disability support needs. The funding in your plan might be similar to someone else who has a goal of 'to have a more accessible bathroom'.

2. **Setting a goal doesn't mean we have an obligation to fund supports that help you pursue that goal.** For example, if your goal is to get a gym membership to get fit, we wouldn't usually fund this. Gym memberships are things that all people, with or without disability, might want or need.
3. **Setting a goal about an explicit type or amount of support you might want doesn't mean we have an obligation to fund that support or provide that amount of funding.** For example, you may tell us your goal is 'to get a top model shower commode' and you show us the one you want costs \$4,000.

If there is a shower commode that costs \$3,000, and your occupational therapist confirms this one will meet your needs, we are more likely to fund this one instead because it is likely to deliver the same result at a lower cost. We may also look at alternatives.

Evidence-based best practice

We only fund supports that will be, or are likely to be, effective and beneficial for you, having regard to current good practice.²⁵ This means we consider if there is evidence that the support is effective and beneficial for someone with similar disability support needs.

For example, we may already have information about whether the support is widely accepted to suit someone with your disability support needs.²⁶ The primary source of evidence we rely on, and give the greatest weight to, is evidence from sources that are reliable and widely recognised. This includes published and refereed literature, and any consensus of expert opinions. If there is no evidence to show a support is reasonable and necessary,²⁷ we won't fund the support.

You can find the types of evidence we need on [our website](#), and in [Our Guidelines](#).

Fair early investments

Having access to capacity-building supports early in your NDIS journey is considered to be an early investment. This early investment is intended to help increase your independence and reduce your reliance on NDIS funding over time.

This is an important concept we consider when we create your plan, and again at future plan reassessments. When we reassess your plan, we reassess all the supports you require to meet your disability support needs at that time.



Over time, your capacity building supports may no longer be reasonable and necessary, in regard to any of the following:

- your current functional capacity
- the effectiveness of the capacity building supports²⁸
- value for money.²⁹

When we say functional capacity we mean the things you can and can't do for yourself.

Your overall funding amount could go down from one plan to the next. This may be because you no longer need the same type or amount of supports, such as capacity building supports. Also, if the capacity building investment has been successful at building your independence, then your need for other supports may also decrease. For example, as you develop your skills you may not need as many Core supports.

So other things being equal, you should expect your overall plan value to reduce over time as the benefits of capacity building are realised.

Fair support across service systems

The support you need may be the responsibility of another government service, like education or health. We don't fund these services. We need to think about the supports you should receive from these services when we determine the supports in your plan.

Fair supports for your disability needs

When we make decisions about which supports we can fund, we consider whether a support is reasonable and necessary for you and apply the [NDIS funding criteria](#). Sometimes, you might ask for supports to help with impairments that were not part of your Access eligibility assessment. When this happens, we need to make sure the support will help you address the needs that arise from an impairment that meets the same eligibility requirement we consider at [Access](#).

You don't need to make a new Access request if you ask for supports to help with an impairment which was not part of your Access eligibility assessment. We'll work out if you need the support to address an impairment which would meet our eligibility requirements. We may ask you to provide evidence to help us work this out. We will decide if the requested support is reasonable and necessary. We'll apply the NDIS funding criteria based on the impairments which meet our eligibility criteria.

We fund the right disability supports for your permanent impairments which meet our eligibility criteria. By doing this we make sure the system is fair for everyone, and the NDIS remains financially sustainable.

Fair assistance from multiple programs

NDIS funding can't duplicate other funding or supports you may receive due to your disability.

For example, you may have received a lump-sum payment or receive regular payments as a form of compensation for an accident. Or, you may be receiving ongoing supports from another program or insurance scheme, for example Work safe, Lifetime Care and Support or the Transport Accident Commission.

We don't duplicate this funding, or these supports. We may reduce the total value of your NDIS plan to account for compensation you receive, or we may not fund certain supports.

What supports can you get?

When we create your plan with you, we'll discuss what supports you need for your disability. We want to help you pursue your goals, increase your independence, and help you work, study and join social activities.

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

We can fund supports you need for your disability if they meet certain criteria. These are called 'reasonable and necessary supports'. Your plan and supports will be just for you, so you have more choice and control over how you use them.

This guideline explains how we decide what reasonable and necessary supports we'll include in your plan. There are lots of things we have to consider, which we'll explain in detail.

We also have a [Would we fund it](#) guide. It has examples of how we decide whether we fund different types of NDIS supports.

What supports can you get outside the NDIS?

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

Mainstream supports are other government services such as employment, education, health and family support services. They are often really helpful, and are available to



everyone including people without disability. There are many ways they can help you learn new skills or live as independently as possible.

Community services offer a wide range of supports that may help with your disability support needs. Community supports are things open to everyone in the community, like sporting clubs, community colleges, activity groups, libraries or community gardens. They are often a great way to get involved in your local community, meet new people and learn new skills.

Informal supports, like your family, friends and other people you know in your community, can sometimes be your best supports. They know you and can often help in ways other supports can't.

Your my NDIS contact or support coordinator will talk with you about what services are available for you outside the NDIS. We can also help link you with these supports, so you don't have to do it all on your own.

Accessing these supports is a good way to work toward your goals. You get to do it with other people and be involved in your community. Using these supports is part of life for most of us. It's important you get to access them the same as everyone else.

When it comes time to talk about what reasonable and necessary supports we can fund, you'll know how mainstream, community and informal supports can help you.

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

What are reasonable and necessary supports?

An NDIS support is the practical description of how you will be assisted under the NDIS.³⁰ Supports are the things we provide or fund to help to meet your disability support needs.

NDIS supports are the services, items and equipment we can fund or provide under the NDIS.

There are two types of NDIS supports we can include in your NDIS plan. We call them 'general supports' and 'reasonable and necessary supports'.³¹

General supports

General supports are the coordination, strategic or referral services and activities we provide, or arrange to be provided, for you.³² They're how we help you develop your NDIS



plan and connect with supports and activities in your community. This includes your mainstream, community and informal supports. Learn more in [Creating your plan](#).

Reasonable and necessary supports

Reasonable and necessary supports are the supports we fund in your plan to meet your disability support needs.³³ You can use this funding to buy supports from [service providers](#).

The Australian Government made laws about what we can fund under the NDIS.³⁴ All supports we fund in a plan need to meet the criteria set out in these laws. We call these the [NDIS funding criteria](#).³⁵

To meet the NDIS funding criteria, a support must meet both the following criteria:³⁶

- It must not be a [type of support the law says we can't fund or provide](#).³⁷
- It must meet the [reasonable and necessary criteria](#).³⁸

We call supports that meet the NDIS funding criteria 'reasonable and necessary supports'.

Each individual reasonable and necessary support in your plan must meet the NDIS funding criteria. Your whole plan as a package of supports must also meet the NDIS funding criteria.

We check your overall plan to make sure all your supports make sense together. This means we check that your supports and the amount of supports will complement each other to help you fulfil an ordinary life.³⁹ Learn more about [reasonable and necessary supports](#).

If you need a new support, which now means your overall package of supports doesn't meet the NDIS funding criteria anymore, we may either:

- not include the new support in your plan
- include the new support in your plan, but also reduce the other supports in your plan.

For example, a home modification may reduce your need for other supports. If we plan to fund a home modification, we will need to take that home modification into account when considering what other supports are reasonable and necessary, such as the amount of care you need at home.

What other principles do we consider when we decide what supports to include in your plan?

As far as possible, we have to act according to principles set out in the [law for the NDIS](#).⁴⁰ These are the things that guide us when we make decisions about what we fund.

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

The principles include the following:

- You have the same right as other Australians to realise your potential for physical, social, emotional and intellectual development.⁴¹
- You should be supported to take part in and contribute to social and economic life.⁴²
- You should be supported to make choices about planning and how your supports will be delivered. This includes taking reasonable risks, so that you can pursue your goals.⁴³
- You have the same right as other Australians to decide your own best interests. You have the right to be an equal partner in decisions that affect your life.⁴⁴
- Your privacy and dignity should be respected.⁴⁵
- We must make sure the NDIS is financially sustainable.⁴⁶

The principles also tell us that the reasonable and necessary supports we fund should:⁴⁷

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

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

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

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

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

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

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

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

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

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

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

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

- have and maintain good relationships
- belong and participate in your community
- be involved in making choices about your own life.

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

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

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

How do we decide what reasonable and necessary supports to include in your plan?

What information do we consider to work out what reasonable and necessary supports to fund in your plan?

The most important information we gather about what supports to include in your plan comes from you.

When we create your plan, we will talk with you about:

- your goals and aspirations⁴⁸
- your strengths, capacity and individual circumstances⁴⁹
- any barriers, limitations and restrictions you face in undertaking activities or things that stop you from living an 'ordinary life'⁵⁰
- your disability support needs⁵¹
- any risks and safeguards we may need to think about when considering your support needs.⁵²

We use this information to create your plan with you. Generally, we'll discuss this information before you become an NDIS participant. We'll continue to discuss it when we check-in with you once you have your plan. Learn more about check-ins in [Our Guideline – Your plan](#).

We want to get a good understanding of your disability support needs. We know you're the expert in your own life, and we use your lived experience as much as we can. When we ask for information from you, we encourage you to involve anyone you want to help you give us this information.

We'll also think about other information we have such as medical or therapy reports, or assessments you've had.⁵³

We look at different types of evidence for different types of supports. We may need a report or assessment from your doctor or health professional who specialises in helping you manage your disability.



Reports and assessments may tell us why you need the support and how the support relates to your disability support needs. For example, an occupational therapist may send us a letter about why you need a specific type of wheelchair.

When we create a new plan for you during a reassessment we think about the supports in your current plan. We'll check if you need any changes to these supports to help you pursue your goals in your next plan. We use information from your providers to let us know how the supports they are providing have helped you work towards your goals.

We'll look at the evidence we get to make sure we have enough information to decide if the support meets the [NDIS funding criteria](#). Sometimes we may ask for further information and assessments, if we need them to help us work out your support needs when we approve your plan.⁵⁴

Learn more about the [types of evidence](#) we can use when we [create your plan](#).

To help us work out what supports to consider for people aged 9 years and older we also use a 'Typical Support Package'.⁵⁵ We worked with people with disability, professionals and subject matter experts to develop the Typical Support Package.

It helps us work out the types of supports we'd usually expect to include in your plan. It's based on your situation and support needs.

We then amend the supports suggested by the Typical Support Package to include more, less or different supports if we need to. We may adjust the funding for those supports up or down based on our discussion with you, the information you share with us

any reports or other information we have, and when we apply the [NDIS funding criteria](#).

For children younger than 9, we consider the child's current functioning across development areas when we work out the reasonable and necessary supports that should be funded in a child's NDIS plan. Learn more about the [Early Childhood Early Intervention approach](#).

How do we consider your goals when we work out your reasonable and necessary supports?

Before we create your plan, we'll discuss your current goals and personal details, including things like your living arrangements and current supports. We'll include this information in your plan.⁵⁶ Your goals are your own personal desires about what you'd like to do.

You can set any goals you like, even if they're about things we won't fund supports for. You can also change your goals at any time.⁵⁷ We consider how your funded supports will help you pursue your goals when we decide to approve your plan.⁵⁸



Reasonable and necessary supports should help you pursue your goals,⁵⁹ but you don't need a specific goal for every support in your plan. When we decide if a support will help you pursue your goals, we consider your whole situation.

We look at the disability specific barriers that prevent you from pursuing your goals, and how the support will address your disability support needs.

There are some things to remember when setting goals:

- Setting more and bigger goals doesn't mean we'll fund more and bigger funded supports.
- Setting a goal doesn't mean we have an obligation to fund supports that help you pursue that goal.
- Setting a goal about an explicit type or amount of support you might want doesn't mean we have an obligation to fund that support or in that amount.

This is because helping you pursue your goals is only one of the NDIS funding criteria.⁶⁰ A support must meet all of the NDIS funding criteria to be funded under the NDIS. So not all supports that help you to pursue your goals will be reasonable and necessary supports.

Learn more about [setting your goals](#) and [how we consider your goals under the NDIS funding criteria](#).

What if your plan needs to change?

If it's not your first plan, we also consider how well the supports funded in your previous plans worked for you.⁶¹ This means we'll ask about how your current plan has worked for you. We look at the supports in your current plan and see whether any changes need to be made to these to help you pursue your goals in your next plan.

This will help us decide whether these supports continue to meet your needs and the [NDIS funding criteria](#). Learn more about [changing your plan](#).

How do we use the information we have to work out what reasonable and necessary supports to fund?

We consider all the [information we have gathered](#) to decide what reasonable and necessary supports to fund in your plan.

We use the information you give us and follow the steps below:



- **Step 1:** Identify and describe the supports to be considered. The support will be described either generally (known as 'flexible' funding for supports) or specifically (known as 'stated supports' or 'fixed' supports).⁶²
- **Step 2:** Work out if the support identified and described meets the [NDIS funding criteria](#).
- **Step 3:** We include the supports that meet the NDIS funding criteria in your plan.

When we approve your plan we make sure all your supports meet the NDIS funding criteria individually and as a package of supports.⁶³

Step 1: How do we describe the types of supports in your plan?

Sometimes we need to describe a specific support to be included in your plan. Or we might include funding more generally within a support category⁶⁴. Where we have included funding in a support category, you can generally choose which supports you buy from that category to meet your disability-related support needs.

Supports we describe generally or specifically must meet the [NDIS funding criteria](#).

We look at all the evidence of your support needs to help us identify what supports to consider in your plan. We use:

- the information you give us when you apply for the NDIS, during a check-in or when you contact us
- any assessments or other information we have

For reassessments we'll look at the supports in your previous plan and check how well they are working for you. For your first plan we use the Typical Support Package to think about what supports we'd usually expect to include in your plan based on your situation and disability support needs.

When we say support we mean funding for a service, item or equipment you need to help with your disability support needs.

We think about:

- what the outcome of the support will be
- how the support helps with your disability
- whether the support meets the NDIS funding criteria.

- whether we need to specifically describe the supports in your plan.

How do we describe support in your plan?

We divide your supports into 4 different budgets:

- **Core supports**

These supports help you with everyday activities, like help to take part in activities in the community. This budget is mostly flexible so you can use funding from one support category to pay for something in another support category.

- **Capacity building supports**

These supports help you build your skills and increase your independence and reduce the need for the same level of support in the future. Your progress and outcomes from these supports will be shared at each plan reassessment. Capacity building supports are stated so you won't be able to use funding from one support category to pay for something in another support category.

- **Capital supports**

Includes high-cost assistive technology, equipment, vehicle modifications, home modifications and specialist disability accommodation. Capital supports are stated. You can only use this funding to buy approved individual supports in this support category.

- **Recurring supports**

These supports are paid by us on a regular basis, so you don't need to claim for these. Your funding for your recurring supports will be paid regularly to your nominated bank account. This funding is not included anywhere else in your budget and includes mainly transport supports.

Each budget is divided into a number of support categories. Support categories have more detail about what supports you can buy with your funding. We can describe the support categories in your plan as one of the following:

- **Flexible:** Under the law for the NDIS, this is when we describe supports in a category generally. You have greater flexibility over what disability supports you can buy within the description of the support. When we describe your support categories as flexible, you can usually choose what supports you buy within the descriptions for each support category.

- **Stated:** Under the law for the NDIS, this is when we describe the supports in a support category specifically. It means you must buy supports in the way we have described in your plan.⁶⁵ We sometimes call this a fixed support in your plan.

You must act according to your plan, and buy supports according to how we described them in your plan. This means you can't use the funding in your plan to buy supports that fall outside the description of the support in your plan.⁶⁶

We describe most support categories as flexible when we can. You have greater flexibility over the support you can buy in your flexible budgets. When support categories are described as stated, you have less flexibility.

If we describe a support category as stated, you must use the funding in your plan to buy the supports exactly how we describe them. This includes how the support is provided. For example, we will sometimes require the support to be provided:

- by a particular service provider
- by a particular qualified person
- through a particular delivery mode or method, or in a special way.

Your Core supports budget is the most flexible. You can usually use your funding across all the support categories in the Core Supports budget if:

- we described the supports as flexible
- you have the same plan management options for your Core Supports.

When we decide whether to describe supports as stated or flexible, we think about:

- how much the support costs⁶⁷
- if the support will help reduce the cost of other supports over time,⁶⁸ for example providing more supports early so you don't need as many supports later in life
- any risks with supplying the support, for example if the support would create risks to your health and safety or if it doesn't comply with state or territory laws⁶⁹
- if you need a particular support to pursue your goals or to use other supports in your plan effectively⁷⁰
- if you need a specialist support, for example if your support must be delivered by a qualified person, or in a special way⁷¹
- if you are eligible for the NDIS under the early intervention criteria.⁷²

When do we describe supports as stated?

We usually describe high-cost supports, or supports with more risk, as stated. For example, we might describe supports as stated if you need to use those particular supports to ensure your health and safety. This includes supports such as:

- high-cost assistive technology
- complex home modifications
- behaviour support, or supports that involve [restrictive practices](#) such as restraint
- Specialist Disability Accommodation.

We will also check if you were eligible for the NDIS through the early intervention criteria.⁷³ If so, we might decide to describe the supports as stated for some types of early intervention supports.⁷⁴ If you're not sure whether you met the disability criteria or the early intervention criteria, check the letter we sent you when we decided you're eligible.

Example

John just received his first plan. His plan describes support for assistive technology as flexible, including \$2,000 of funding. John can choose what assistive technology to buy with this funding. John talks to his occupational therapist about what assistive technology he should buy with this funding. For example, he could buy a shower chair, or low-cost items like a slip-resistant bathmat.

John's plan also has a fixed support for a wheelchair with special features, and funding of \$8,000. John will need to use this funding for the specific wheelchair we listed on his plan. He can't use this funding for another support, like a shower chair, instead.

What if you need a specific provider to provide the support?

Sometimes your plan may say who must provide the support. We do this when you need a certain provider to make sure the supports are delivered safely, or to achieve a certain outcome.

For some supports, you must use an [NDIS registered provider](#). These include:

- [Specialist Behaviour Support](#), if the provider will undertake a behaviour support assessment or develop a behaviour support plan⁷⁵
- supports where it's likely a provider will need to use a [regulated restricted practice](#),⁷⁶ either interim or ongoing
- Plan Management



- [Specialist Disability Accommodation](#).

You must use registered providers for these supports even if your plan doesn't say you need to. You must also use registered providers for these supports, even if you self-manage your funding or use a registered plan manager. Learn more about the [different plan management options](#).

For other supports, we'll decide that the support must be provided by a particular person, provider, or delivered in a certain way.⁷⁷ We'll do this if it's the most efficient and effective way to provide the support. This only happens when:

- we have an agreement with a particular provider to provide the support⁷⁸
- we decide you must use an NDIS registered provider due to the risks, for example complex home modifications⁷⁹
- you need support from a particular person with specialist qualifications, for example a health professional⁸⁰
- you need support delivered in a certain way.⁸¹

Sometimes, we'll arrange the support ourselves, if it's more cost effective than getting another provider to deliver the support. For example, we may bulk buy a support.⁸² If so, we will state this in your plan.

What about in-kind supports?

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

If we fund in-kind supports like [specialist school transport](#) or [personal care in schools](#), you will need to use state or territory government providers for these supports. These supports are most efficiently and effectively provided by state and territory government providers.⁸³ Learn more about [Work and study supports](#).

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

We usually let you choose another provider if:

- another provider can give you the same support or level of support as the in-kind provider
- the supports with the new provider still meet the [NDIS funding criteria](#), including that they're value for money compared to the in-kind support

- there are no serious risks with changing providers.

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

Step 2: How do we work out if an identified and described support meets the NDIS funding criteria?

To meet the NDIS funding criteria, a support must meet both the following criteria:

- It must not be a [type of support the law says we can't fund or provide](#).⁸⁴
- It must meet the [reasonable and necessary criteria](#).⁸⁵

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

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

Under the law for the NDIS, there are things we can't fund or provide.⁸⁶ We can't fund or provide supports that:

- are not legal⁸⁷
- are income replacement⁸⁸
- are likely to cause harm to you, or pose a risk to other people⁸⁹
- are not related to your disability⁹⁰
- relate to a 'day-to-day living cost', such as groceries, rent or utilities, that are not attributable to your disability support needs. These are costs that are not caused by or as a result of your disability support needs.⁹¹
- duplicate other supports provided by the NDIS under alternative funding.⁹²

Is the support legal?

We can't fund a support if it does not comply with the law.⁹³ This includes both:

- **an Australian government law:** a law that applies to all of Australia
- **a State or Territory government law:** a law that only applies in your state or territory.

For example, we won't be able to fund supports involving:

- a [restrictive practice](#) where it's not authorised in your state or territory



- [assistive technology](#) or home modifications that don't meet Australian laws, such as State and Territory Acts and Regulations, the National Construction Code, and relevant Australian Standards
- supports for illegal activities, such as support for criminal behaviour or illegal drugs.

While this is one of the NDIS funding criteria, we're not responsible for ensuring your supports are legal. We're not responsible to ensure that all supports in your plan comply with all the relevant legal and administrative requirements. This is your responsibility and your provider's responsibility.

For example, if a support is likely to require the use of a restrictive practice, the provider must be registered with the [NDIS Quality and Safeguards Commission](#).⁹⁴ It's the provider's responsibility to ensure they are registered and comply with the conditions of their registration. This includes complying with all laws and seeking the necessary authorisations.⁹⁵

We're not responsible for ensuring the provider is registered and complies with their conditions of registration. You can contact the [NDIS Quality and Safeguards Commission](#) if you're concerned about a provider's compliance with legal obligations.

Is the support 'income replacement'?

We don't fund income support or income replacement.⁹⁶ This means NDIS funding can't replace or add to money you'd usually earn from working, or income payments you get from Centrelink.

For more information and resources on income support, check out [income support payments](#) such as the Disability Support Pension.

If you are interested in getting help to find a job, check out [Disability Employment Services](#) or NDIS-funded [Work and study supports](#).

Is the support likely to cause harm?

We can't fund any supports that are likely to either:⁹⁷

- cause harm to you
- be a risk to other people.

We need to consider this for all supports, such as support workers, therapies or equipment. It also means we won't fund supports that involve a [regulated restricted practice](#), such as restraint, unless it follows the requirements of the [NDIS Quality and Safeguards Commission](#).



To help us decide if the support is likely to cause harm, we may need information from a professional. For example, you may need high cost [assistive technology](#), like a powered wheelchair. If so, we would need a report from an occupational therapist to show that it'll be safe for you to use.

Of course everything we do in life comes with some risk. We all make our own choices about how much risk we want to take in our lives. You should also be able to choose how much risk you want to take in your life.

So we try to balance this when we decide what we can and can't fund. We can't fund things that are likely to cause harm. But we will try and balance this with enabling you to make your own choices wherever possible.

While this is one of the NDIS funding criteria, you also have some responsibilities. It's still your responsibility and your provider's responsibility to ensure the supports we fund are:

- used correctly
- safe for you
- safe for other people.

You and your provider will also need to manage any risks of harm that arise. For more information, contact the [NDIS Quality and Safeguards Commission](#).

Is the support related to your disability?

We can't fund a support if it's not related to your disability.⁹⁸ This means there must be a direct link or a connection between your disability and the supports we fund.

We look at whether the support addresses your disability support needs. Your disability support needs are those that arise from, or are caused by, your disability.

For example, we wouldn't usually fund things like:

- standard televisions
- standard household furniture such as dining chairs
- upgrades to assistive technology and home modifications that are not related to disability needs, such as marble tiling or leather materials
- flights to go on a holiday
- a car to get to work because there are no public transport options
- a gym membership to get fit

- a swimming pool to relax in summer.

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

Usually, there won't be a direct link or connection between these things and your disability support needs. Having a disability doesn't usually affect whether someone needs or wants these types of things.

Example

Alan needs some changes to his house, so he can use his bathroom and kitchen in his wheelchair. He also wants to set up an outdoor entertainment area for when his friends visit.

We may be able to fund [home modifications](#) so he can access areas of his home such as his bathroom or kitchen. He needs the home modifications because he can't access those areas due to his disability and needing to use a wheelchair. Alan needs the support because of his specific disability support needs.

Alan will need to pay for the outdoor entertainment area, as it's not related to his disability. He doesn't need the entertainment area because of his disability. It's just something he would like so he can have his friends over for a barbecue.

Is the support related to a 'day-to-day living cost'?

We can't fund supports related to day-to-day living costs that everyone has to pay, and aren't caused by or result from your disability support needs.⁹⁹ This means we don't fund things like:

- rent
- groceries
- utilities such as electricity, water, gas and internet bills
- the general cost of owning a home, like renovations, mortgage repayments, repairs and maintenance.

In some situations, we can fund supports related to your day-to-day living costs. We can do this if the costs are attributable to, or caused by, your disability support needs.¹⁰⁰ This means we may fund supports that relate to day-to-day living costs where either:

- you have additional living costs that are solely and directly as a result of your disability support needs¹⁰¹
- the living costs are connected to another support that is funded or provided in your plan, and you wouldn't incur that cost if it wasn't in your plan.¹⁰²

Example

Nigel has a goal to do his grocery shopping on his own. He needs a shopping basket to attach to his wheelchair to help him carry the items in the supermarket.

Shopping bags and baskets are things we all pay for, whether or not we have a disability. But Nigel only needs this specialised basket for his wheelchair because of his disability support needs.

If it meets the other NDIS funding criteria, we may fund the shopping basket attachment in his plan.

Does the support duplicate other supports funded through the NDIS?

We can't fund a support if it duplicates other supports delivered under alternative funding through the NDIS.¹⁰³

For example, if we're providing support through your early childhood partner or local area coordinator, we usually won't fund Support Coordination in your plan.

This is because your early childhood partner or local area coordinator is already funded to provide similar supports. If we funded the same Support Coordination, we would be duplicating a support we're already providing you as general supports.

However if you need extra support, we may be able to fund additional Support Coordination in your plan. We may do this if it's above the amount of support your early childhood partner or local area coordinator are able to provide. Your early childhood partner or local area coordinator will work together with the Support Coordinator to help you connect with supports in your community.

Does the support meet the reasonable and necessary criteria?

All NDIS supports need to meet **all** the reasonable and necessary criteria.¹⁰⁴

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

- The support will assist you to [pursue your goals in your plan](#).¹⁰⁵
- The support will [assist you to undertake activities, to facilitate your social and economic participation](#).¹⁰⁶ This means the support will help you to undertake activities, by reducing the disability-related barriers that prevent you from participating in things such as social outings, recreation, work and study.

- The support represents [value for money](#) in that the costs of the support are reasonable relative to both the benefits achieved and the cost of alternative supports.¹⁰⁷ This means we need to consider the costs and benefits of the support, as well as the costs and benefits of alternative supports.
- The support will be, or is likely to be, [effective and beneficial](#) for you, having regard to current good practice.¹⁰⁸ This means we consider if there is evidence the support works for someone with similar disability support needs. We won't need an expert report for every support, as we can often rely on other information or evidence. For example, we may have information already about whether the support is widely accepted to suit someone with your disability support needs.¹⁰⁹ We also consider your lived experience.
- The funding of the support [takes account of what it is reasonable to expect families, carers, informal networks and the community to provide](#).¹¹⁰ This means we need to consider what support is reasonable for your family, friends and community to provide.
- The support is [most appropriately funded or provided through the NDIS](#), and is not more appropriately funded or provided through:¹¹¹
 - other general systems of service delivery, or support services offered by a person, agency or body (for example, a State or Territory Statutory Scheme)
 - systems of service delivery or support services offered as part of a universal service obligation (for example, the health or education system)
 - systems of service delivery or support services offered in accordance with reasonable adjustments required under discrimination laws (for example, your employer, or the health or education system).

The law for the NDIS sets out things that we need to consider when we apply the reasonable and necessary criteria.¹¹²

We must be satisfied that each support is reasonable and necessary individually, but we must also be satisfied that the supports are reasonable and necessary as a package of supports.¹¹³

For example, a home modification may reduce your need for other supports. If we plan to fund a home modification, we will need to take that home modification into account when considering what other supports are reasonable and necessary, such as the amount of care you need at home.

If the home modification will reduce your care needs, we may need to reduce the amount of care we fund, as a higher amount may not be reasonable and necessary when the whole package of supports is considered.

Does the support help you pursue your goals?

We need to be satisfied that the support will help you pursue the goals, objectives and aspirations in your NDIS plan.¹¹⁴ This helps us determine if the support is necessary.¹¹⁵

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

You are free to choose your own goals and express them in your own words.

Your goals can be big or small, short term or long term, simple or complex. They can be about anything you want to work towards.

You may express your goals broadly, or you may have specific goals. For example, you may express one of your goals as 'living independently'. Someone else may express their goal as 'to have an accessible bathroom'.

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

Reasonable and necessary supports should help you pursue your goals,¹¹⁶ but you don't need a specific goal for every support in your plan. When we decide if a support will help you pursue your goals, we consider your whole situation.

We look at how a support will address your disability support needs, and the disability specific barriers that prevent you from pursuing your goals.

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

Setting a goal in your plan doesn't mean we'll provide funding to pursue it. For example:

- setting more and bigger goals doesn't mean we have an obligation to fund more and bigger funded supports in your plan
- setting a goal doesn't mean we have an obligation to fund supports that help you pursue that goal
- setting a goal about an explicit type or amount of support you might want doesn't mean we'll fund that support or in that amount.

This is because helping you pursue your goals is only one of the NDIS funding criteria. A support must meet all of the NDIS funding criteria to be funded under the NDIS. So not all supports that help you to pursue your goals will be reasonable and necessary supports.

For example, we only fund reasonable and necessary supports that are value for money,¹¹⁷ effective and beneficial¹¹⁸ and relate to disability support needs.¹¹⁹

This means that if your goal is to 'live independently', we **may** fund home modifications that address your disability related needs. However, we won't fund supports related to day-to-day-living costs like rent or utilities. These costs aren't incurred solely and directly as a result of your disability support needs, so they don't meet other funding criteria.¹²⁰

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

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

Learn more about [setting goals](#).

Example

Morgan is ready to look for work and she has a goal in her plan to get a job. She has built up her skills and knows what she wants to do. Disability Employment Services are helping Morgan to find work, so we can't fund this support for Morgan.

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

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

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

However, Morgan's planner then needs to look at whether the support meets the other NDIS funding criteria.

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

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

We need to be satisfied that the support will help you to do activities, which make it easier for you to participate socially and economically.¹²¹



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

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

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

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

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

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

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

Example

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

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

As a result, it'll increase her social and economic participation. For example, the support will help her get to her university so she can study, and will help her social life.

Is the support value for money?

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



Making sure that your supports are value for money is one of the ways we keep the NDIS financially sustainable. This means we make careful decisions about funding so that we make sure the NDIS exists for future generations. It's also one of [our principles](#).¹²²

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

- if other supports would achieve the same result at a substantially lower cost¹²³ – this means there should be a real or material difference in cost
- if there's evidence that the support will substantially improve your life stage outcomes and benefit you in the long term¹²⁴
- if the support will likely reduce the cost of other supports over time¹²⁵
- how the cost compares to other supports of the same kind in your area¹²⁶
- if the support will make you more independent, and mean you won't need as many supports in future, for example, in some circumstances home modifications may reduce the need for home care.

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

For example, some supports such as home modifications may be expensive now, compared to other supports. But getting these supports now may mean you need much less support in a few years, or later in life. Or, it may delay the need for other more costly supports.¹²⁷

When we determine the cost of the support, we consider:

- the prices for NDIS supports in the NDIS Pricing Arrangements and Price Limits supports suggested by the Typical Support Package
- quotes for specific or high risk supports.

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

When we fund equipment or modifications, we also need to consider:¹²⁸

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

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

Example

Elias needs a shower commode.

He got an assessment and sent us a quote for one that will suit his needs. As part of the process to work out if we can fund it, his planner considers other similar shower commodes.

There's a second commode that's \$5,000 cheaper than the one Elias has asked for. But it won't meet Elias' needs, as it won't provide enough back support. That is, it won't achieve the same result as the one Elias has asked for.

Finally, there's a third commode that's \$1,000 cheaper. The planner contacts his occupational therapist who confirms the cheaper commode will meet Elias' needs.

Elias' planner decides to fund the commode that's \$1,000 cheaper. It'll deliver the same result at a substantially lower cost.

Is the support effective and beneficial?

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

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

- **effective** – it will do what you need it to do¹²⁹
- **beneficial** – the support will help you do things you can't otherwise do and meets your support needs.¹³⁰

It can also be effective and beneficial if it will help you maintain your current level of functioning. That is, it will help you keep doing the things you can currently do. And, it'll help you maintain your work, study and social life as much as you can.¹³¹

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

For example:

- We may have information already about whether the support is widely accepted to suit someone with your disability support needs.¹³² For example, we could rely on academic research and other literature. This could include university studies on

therapies that have been published and [refereed](#) in academic journals, evidence based practice resources, or clinical practice guidelines.

- If you or other participants have used the support before, we can consider your experience using the support and the experience of your family members and carers.¹³³

We may consider things we have learnt from other participants in the NDIS with similar support needs to you.¹³⁴ We know you're the expert in your own life, and we use your own experience as much as we can.

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

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

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

We'll look at the opinions held by the majority of experts and what they generally agree on.¹³⁵ Sometimes we will have to seek expert opinion or report to make a decision.¹³⁶

Example

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

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

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

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

- how speech therapy has helped Vivek in the past, including first-hand information from Vivek, his family members and carers
- the reports or assessments from his speech therapist on the effectiveness and benefits of speech therapy for Vivek

- other information or expert evidence about the effectiveness and benefits of speech therapy, including for a child of the same age, and with the same impairments and functional capacity.

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

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

We need to be satisfied that funding the support takes into account what is reasonable to expect families, carers, informal networks and the community to provide.¹³⁷

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

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

When we fund supports under the NDIS, we have to think about whether it's reasonable to expect your informal supports to provide that support. We can't fund supports that an ordinary person would think is reasonable to expect friends, family or the community to provide for you.¹³⁸

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

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

A good example is families who have young children. In our community, we expect families will provide most of the support a young child needs.¹³⁹ They will change a child's nappy, make sure they are safe and drive them around places.

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

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

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

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

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

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

To make sure we understand how disability supports might complement your circumstances, we consider:

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

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

We consider if we can help these relationships so that you get the support you need.¹⁴⁰ For example, we may be able to fund training for your informal supports, so they can help you build your skills.

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

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

If you're under 18, we consider what support is reasonable to expect parents to provide at your age. It's normal for parents to provide substantial care and support for children.¹⁴¹ We consider that it's usual for parents to provide almost all the care and support that young children need.

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

For children under 18, we consider:

- if your needs are 'substantially greater' because of your disability, compared to other children the same age¹⁴² – that is, you need much more disability support
- any risks to the wellbeing of people providing informal support to you¹⁴³
- if including funding for the support will help build your skills and capacity in the future, or reduce any risks to you.¹⁴⁴

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

If you're over 18, we consider:

- if there are any risks to you or your informal supports if you rely on them to provide the support you need¹⁴⁵
- how much your informal supports would help improve or reduce your independence and other outcomes.¹⁴⁶

We also consider the suitability of informal supports to provide the supports you need,¹⁴⁷ including:

- how old your carers are and their capacity to provide the support¹⁴⁸
- if other family members and the community can help your informal supports in their caring role¹⁴⁹
- the intensity and type of support you need, and if it's appropriate for your informal supports to provide this, based on their age and gender¹⁵⁰
- any long-term risks to the wellbeing of your informal supports.¹⁵¹

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

For example, we wouldn't expect a child to have their schooling affected because they need to provide care. We also wouldn't expect an elderly parent to be responsible for physical activities, if it may result in injury.¹⁵²



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

Learn more about [Sustaining Informal Supports](#).

Example 1

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

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

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

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

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

Example 2

Qing is 14 and wants to join a local footy club. Like most 14 year olds in this situation, she needs someone to drop her off and pick her up from the Saturday matches and the weeknight training sessions.

But unlike most 14 year olds, she needs someone to help her get dressed before she can go to the match. Her parents have been doing this, but as Qing is getting older she no longer wants her family to help her get dressed.

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

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

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

6 October 2023

Reasonable and necessary supports

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This document is correct at the date of publication.

Always visit ourguidelines.ndis.gov.au for the latest version.



Is the support more appropriately funded or provided through the NDIS, and not through other service systems or support services?

We have to be satisfied that the support is most appropriately funded or provided through the NDIS. This means it's not more appropriately funded or provided through:

- other general systems of service delivery, or support services offered by a person, agency or body (such as a State or Territory Statutory Scheme)
- systems of service delivery or support services offered as part of a universal service obligation (such as the health or education system)
- systems of service delivery or support services offered in accordance with reasonable adjustments required under discrimination laws (such as your employer, or the health or education system).¹⁵³

In short, we won't fund the support if it should be provided by someone else.

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

The law for the NDIS sets out a number of things we need to consider, when we decide who is most appropriate to fund or provide of the support.¹⁵⁴ There are different things we consider for the following service systems:

- (a) Health
- (b) Mental health
- (c) Child protection and family support
- (d) Early childhood development
- (e) School education
- (f) Higher education and vocational education and training
- (g) Employment
- (h) Housing and community infrastructure
- (i) Transport
- (j) Justice.



How does the NDIS work with other government services?

We call supports provided by other government services, including those provided as part of a universal service obligation, 'mainstream supports'. When we talk about mainstream supports, we mean supports available to everyone in your state or territory, or across Australia, regardless of whether or not you have a disability.

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

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

When we fund NDIS supports, we need to check that the support is not more appropriately funded or provided by a mainstream service or system, such as the education system or health system.¹⁵⁵ Under the law for the NDIS, we can't fund supports that should be provided by a mainstream service.

The Australian federal, state and territory governments agreed on responsibilities for funding different types of supports. The law for the NDIS has an outline of funding responsibilities and were developed with the agreement of each State and Territory.¹⁵⁶

We can only fund supports that are the responsibility of the NDIS. We can't fund supports that are the responsibility of other government services, even if they don't actually fund or provide the support. The law for the NDIS sets out the matters we should consider when we decide who is more appropriate to provide or fund a support.¹⁵⁷

Learn more about [how we decide if the support is best funded or provided by us or another part of government.](#)

The [Applied Principles and Tables of Support](#) also has information on what the governments agreed are the responsibilities of the NDIS and other government services. However, it doesn't override what we consider when we decide if the support is most appropriately funded by the NDIS.¹⁵⁸

What is reasonable adjustment and why is it important?

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



It's against the law to discriminate against people with a disability in many areas.¹⁵⁹ This includes in employment, when providing goods and services, and when accessing public places.

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

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

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

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

What else do you need to know about working out if supports meet the NDIS funding criteria?

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

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

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

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

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

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

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



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

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

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

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

What happens if you don't use all your funding in your NDIS plan?

We will consider how you have used your NDIS funding to help us work out what supports meet the NDIS funding criteria in your next plans.

If you haven't used all the funding by the end of your plan, it doesn't mean we'll reduce the funding in your next plan. There may be very good reasons why you weren't able to buy the supports we funded.

When we reassess your plan, we'll talk about any problems you had buying the supports funded in your plan. We'll also see how we can help you use your funding if we need to.

But if you consistently don't buy all the supports we fund and use all of your NDIS funding, we need to think about whether the supports really do meet the NDIS funding criteria. For example, they may not be 'effective and beneficial' for you if you're not actually using them. We will talk to you about this when we reassess your plan.

Learn more about [changing your plan](#)

Step 3: How do we include the reasonable and necessary supports in your plan?

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

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

When we approve your plan we will also make sure all your supports are reasonable and necessary when considered as a package of supports.¹⁶⁰



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

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

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

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

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

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

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

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

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

We'll give you the reasons for our decision to approve your plan in writing.¹⁶¹ You can [contact us](#) if you'd like more detail about the reasons for our decision.

If you don't agree with the supports we approve in your plan, you can ask for an internal review of our decision.¹⁶² You'll need to ask for an internal review within 3 months of getting your plan.¹⁶³ ¹⁶⁴Learn more about [internal and external review of decisions](#).

Reference List

- ¹ NDIS Act and delegated legislation made under the NDIS Act, especially NDIS (Supports for Participants) Rules and NDIS (Plan Management) Rules.
- ² NDIS (Supports for Participants) Rules r 5.1(b).
- ³ NDIS Act s34(1)(a).
- ⁴ NDIS Act s34(1)(b).
- ⁵ NDIS Act s34(1)(c).
- ⁶ NDIS (Supports for Participants) Rules r 3.1(c).
- ⁷ NDIS Act s34(1)(c); NDIS (Supports for Participants) Rules r 3.1(a).
- ⁸ NDIS Act s34(1)(d).
- ⁹ NDIS Act s34(1)(e).
- ¹⁰ NDIS Act s34(1)(f).
- ¹¹ NDIS Act s34(1)(f).
- ¹² NDIS (Supports for Participants) Rules part 5.
- ¹³ NDIS (Supports for Participants) Rules r 5.1(a).
- ¹⁴ NDIS (Supports for Participants) Rules r 5.1(b).
- ¹⁵ NDIS (Supports for Participants) Rules r 5.1(c).
- ¹⁶ NDIS (Supports for Participants) Rules r 5.1(d).
- ¹⁷ NDIS (Supports for Participants) Rules r 5.3(a).
- ¹⁸ NDIS (Supports for Participants) Rules r 5.3(b).
- ¹⁹ NDIS Act s34(1)(f).
- ²⁰ NDIS Act s118(1)(b).
- ²¹ NDIS Act s4(17).
- ²² NDIS Act s33(2).
- ²³ NDIS Act s33(5)(a).
- ²⁴ NDIS Act s34(1)(a).
- ²⁵ NDIS Act s34(1)(d).
- ²⁶ NDIS (Supports for Participants) Rules r 4.1(d).
- ²⁷ NDIS Act s34(1).
- ²⁸ NDIS Act s34(1)(d); NDIS (Supports for Participants) Rules, r 3.2-3.3.
- ²⁹ NDIS Act s34(1)(c); NDIS (Supports for Participants) Rules r 3.1.
- ³⁰ *McGarrigle v National Disability Insurance Agency* (2017) 252 FCR 121 at [88].
- ³¹ NDIS Act ss 33(2)(a), 33(2)(b), 33(5)(c), 34.
- ³² NDIS Act ss 13, 33(2)(a).
- ³³ NDIS Act ss 33(2)(b), 34.
- ³⁴ NDIS Act and delegated legislation made under the NDIS Act, especially NDIS (Supports for Participants) Rules and NDIS (Plan Management) Rules.
- ³⁵ NDIS Act ss 33(2)(b), 34; NDIS (Supports for Participants) Rules.
- ³⁶ NDIS Act ss 33(5)(d), 35(1)(b); NDIS (Supports for Participants) Rules r 5.3.
- ³⁷ NDIS (Supports for Participants) Rules pt 5.
- ³⁸ NDIS Act s 34(1).
- ³⁹ NDIS (Supports for Participants) Rules r 2.4; NDIS Act s 33(5)(c).
- ⁴⁰ NDIS Act ss 4, 31.
- ⁴¹ NDIS Act s 4(1).
- ⁴² NDIS Act s 4(2).
- ⁴³ NDIS Act s 4(4).
- ⁴⁴ NDIS Act s 4(8).
- ⁴⁵ NDIS Act s 4(10).
- ⁴⁶ NDIS Act s 4(17).
- ⁴⁷ NDIS Act s 4(11).

- ⁴⁸ NDIS Act s 33(5)(a); NDIS (Supports for Participants) Rules r 4.1(a).
⁴⁹ NDIS (Supports for Participants) Rules r 4.1(a).
⁵⁰ NDIS (Supports for Participants) Rules r 4.1(b).
⁵¹ NDIS (Supports for Participants) Rules rr 4.1(b), (d).
⁵² NDIS (Supports for Participants) Rules r 4.1(c).
⁵³ NDIS Act s 33(5)(b).
⁵⁴ NDIS Act ss 36, 50.
⁵⁵ NDIS (Supports for Participants) Rules rr 4.2-4.6.
⁵⁶ NDIS Act s 33(1).
⁵⁷ NDIS Act s 47(1).
⁵⁸ NDIS (Supports for Participants) Rules r 4.1(d).
⁵⁹ NDIS Act s 34(1)(a).
⁶⁰ NDIS Act s 34(1)(a).
⁶¹ NDIS Act s 33(5)(f).
⁶² NDIS Act s 33(3) and NDIS (Plan Management) Rules.
⁶³ NDIS Act s 33(5)(c).
⁶⁴ NDIS Act s 33(3).
⁶⁵ NDIS Act s 33(3); (NDIS (Plan Management) Rules r 6.3).
⁶⁶ NDIS Act s 46(1).
⁶⁷ NDIS Act (Plan Management) Rules r 6.4(a).
⁶⁸ NDIS (Plan Management) Rules r 6.4(b).
⁶⁹ NDIS (Plan Management) Rules r 6.4(c).
⁷⁰ NDIS (Plan Management) Rules r 6.4(d).
⁷¹ NDIS (Plan Management) Rules r 6.4(e).
⁷² NDIS (Plan Management) Rules r 6.4(f).
⁷³ NDIS (Plan Management) Rules r 6.4(f).
⁷⁴ NDIS (Plan Management) Rules r 6.4(f).
⁷⁵ NDIS (Provider Registration and Practice Standards) Rules r 7(3).
⁷⁶ NDIS (Provider Registration and Practice Standards) Rules r 7(2).
⁷⁷ NDIS (Plan Management) Rules rr 6.6-6.7.
⁷⁸ NDIS (Plan Management) Rules r 6.6.
⁷⁹ NDIS (Plan Management) Rules r 6.7.
⁸⁰ NDIS (Plan Management) Rules r 6.7.
⁸¹ NDIS (Plan Management) Rules r 6.7.
⁸² NDIS (Plan Management) Rules r 6.5.
⁸³ NDIS (Plan Management) Rules r 6.6.
⁸⁴ NDIS Act ss 33(5)(d), 35(1)(b); NDIS (Supports for Participants) Rules pt 5.
⁸⁵ NDIS Act s 34(1).
⁸⁶ NDIS (Supports for Participants) Rules r 5.
⁸⁷ NDIS Act ss 33(5)(d), 35(1)(b); NDIS (Supports for Participants) Rules r 5.3(a).
⁸⁸ NDIS Act ss 33(5)(d), 35(1)(b); NDIS (Supports for Participants) Rules r 5.3(b).
⁸⁹ NDIS Act ss 33(5)(d), 35(1)(a); NDIS (Supports for Participants) Rules r 5.1(a).
⁹⁰ NDIS Act ss 33(5)(d), 35(1)(a); NDIS (Supports for Participants) Rules r 5.1(b).
⁹¹ NDIS Act ss 33(5)(d), 35(1)(a); NDIS (Supports for Participants) Rules r 5.1(d).
⁹² NDIS Act ss 33(5)(d), 35(1)(a); NDIS (Supports for Participants) Rules r 5.1(c).
⁹³ NDIS (Supports for Participants) Rules r 5.3(a).
⁹⁴ NDIS (Provider Registration and Practice Standards) Rules 2018 r 7(2).
⁹⁵ NDIS Act s 73F(2)(a).
⁹⁶ NDIS (Supports for Participants) Rules r 5.3(b).
⁹⁷ NDIS (Supports for Participants) Rules r 5.1(a).
⁹⁸ NDIS (Supports for Participants) Rules r 5.1(b).
⁹⁹ NDIS (Supports for Participants) Rules r 5.1(d).

- 100 NDIS (Supports for Participants) Rules r 5.1(d).
- 101 NDIS (Supports for Participants) Rules r 5.2(a).
- 102 NDIS (Supports for Participants) Rules r 5.2(b).
- 103 NDIS (Supports for Participants) Rules r 5.1(c).
- 104 NDIS Act ss 33(5)(c), 34(1).
- 105 NDIS Act s 34(1)(a).
- 106 NDIS Act s 34(1)(b).
- 107 NDIS Act s 34(1)(c).
- 108 NDIS Act s 34(1)(d).
- 109 NDIS (Supports for Participants) Rules r 3.2(a).
- 110 NDIS Act s 34(1)(e).
- 111 NDIS Act s 34(1)(f).
- 112 NDIS (Supports for Participants) Rules pts 3, 4.
- 113 NDIS Act s 33(5)(c).
- 114 NDIS Act s 34(1)(a).
- 115 *McGarrigle v National Disability Insurance Agency* (2017) 252 FCR 121 at [91].
- 116 NDIS Act s 34(1)(a).
- 117 NDIS Act s 34(1)(c).
- 118 NDIS Act s 34(1)(d).
- 119 NDIS (Supports for Participants) Rules r 5.1(b).
- 120 NDIS (Supports for Participants) Rules r 5.1(d).
- 121 NDIS Act s 34(1)(b).
- 122 NDIS Act ss 3(3)(b), 4(17).
- 123 NDIS (Supports for Participants) Rules r 3.1(a).
- 124 NDIS (Supports for Participants) Rules r 3.1(b).
- 125 NDIS (Supports for Participants) Rules r 3.1(c).
- 126 NDIS (Supports for Participants) Rules r 3.1(e).
- 127 NDIS (Supports for Participants) Rules r 3.1(c).
- 128 NDIS (Supports for Participants) Rules r 3.1(d).
- 129 McCutcheon and NDIA [2015] AATA 624 at [34].
- 130 McCutcheon and NDIA [2015] AATA 624 at [34].
- 131 McCutcheon and NDIA [2015] AATA 624.
- 132 NDIS (Supports for Participants) Rules r 3.2(a).
- 133 NDIS (Supports for Participants) Rules r 3.2(b).
- 134 NDIS (Supports for Participants) Rules r 3.2(c).
- 135 NDIS (Supports for Participants) Rules r 3.3.
- 136 NDIS (Supports for Participants) Rules r 3.3.
- 137 NDIS Act s 34(1)(e).
- 138 NDIS Act s 34(1)(e).
- 139 NDIS (Supports for Participants) Rules r 3.4(a)(i).
- 140 NDIS (Supports for Participants) Rules r 3.4(c).
- 141 NDIS (Supports for Participants) Rules r 3.4(a)(i).
- 142 NDIS (Supports for Participants) Rules r 3.4(a)(ii); JQJT and National Disability Insurance Agency [2016] AATA 478 at [39].
- 143 NDIS (Supports for Participants) Rules r 3.4(a)(iii).
- 144 NDIS (Supports for Participants) Rules r 3.4(a)(iv).
- 145 NDIS (Supports for Participants) Rules rr 3.4(b)(i), (ii).
- 146 NDIS (Supports for Participants) Rules r 3.4(b)(iii).
- 147 NDIS (Supports for Participants) Rules r 3.4(b)(ii).
- 148 NDIS (Supports for Participants) Rules r 3.4(b)(ii).
- 149 NDIS (Supports for Participants) Rules r 3.4(b)(ii)(A).
- 150 NDIS (Supports for Participants) Rules r 3.4(b)(ii)(B).

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- ¹⁵¹ NDIS (Supports for Participants) Rules r 3.4(b)(ii)(C).
¹⁵² NDIS (Supports for Participants) Rules r 3.4(b)(ii)(C).
¹⁵³ NDIS Act s 34(1)(f).
¹⁵⁴ NDIS (Supports for Participants) Rules rr 3.5-3.7 and Schedule 1.
¹⁵⁵ NDIS Act s 34(1)(f).
¹⁵⁶ NDIS (Supports for Participants) Rules rr 3.5-3.7, Schedule 1; NDIS Act ss 209(4), (8) item 1.
¹⁵⁷ NDIS (Supports for Participants) Rules rr 3.5-3.7, Schedule 1.
¹⁵⁸ NDIS (Supports for Participants) Rules rr 3.5-3.7, Schedule 1.
¹⁵⁹ Disability Discrimination Act 1992 (Cth); Discrimination Act 1991 (ACT); Anti-Discrimination Act 1977 (NSW); Anti-Discrimination Act 1996 (NT); Anti-Discrimination Act 1991 (Qld); Equal Opportunity Act 1984 (SA); Anti-Discrimination Act 1998 (Tas); Equal Opportunity Act 2010 (Vic); Equal Opportunity Act 1984 (WA).
¹⁶⁰ NDIS Act s 33(5)(c).
¹⁶¹ NDIS Act s100(1).
¹⁶² NDIS Act s100.
¹⁶³ NDIS Act s100(2).



Reasonable and Necessary Supports

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

Note:

- When we say 'your plan' we mean your NDIS plan.
- When we say 'disability support needs', we mean supports you need because of your disability.
- If you're aged between 9 and 65 years and are looking for information about community connections, go to [Our Guideline – Community Connections](#).
- If your child is younger than 9 and you're looking for information about early connections, go to [Our Guideline – Early Connections](#).
- As part of the recent changes to the NDIS laws we are moving towards a new framework for planning. Rules need to be developed for this new framework. We're working on how and when we'll introduce these changes.

Until then, the information in this Our Guideline is about our 'old framework' for planning, which include the legislative changes that become operational when the law commences. All current plans will be known as 'old framework' plans, and we will continue to develop these until all participants have transitioned to the new framework.

What's on this page?

This page covers:

- [What are reasonable and necessary supports?](#)
- [How do we make decisions about what is reasonable and necessary?](#)
- [How do we include the reasonable and necessary supports in your plan?](#)
- [What if you don't agree with our decision?](#)



You may also be interested in:

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

What are reasonable and necessary supports?

The National Disability Insurance Scheme (NDIS) was set up as a world first approach to disability support. It puts people with disability at the centre of decision-making, through the principles of reasonable and necessary supports and individual choice and control.

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

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

NDIS supports should complement, not replace, other supports available to you. That's why we consider:

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

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

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

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

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

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

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

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This document is correct at the date of publication.

Always visit ourguidelines.ndis.gov.au for the latest version.



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

What supports can you get outside the NDIS?

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

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

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

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

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

What types of supports may be included in your plan?

Your plan may include 'general supports' and 'reasonable and necessary supports'.⁴

General supports

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

Reasonable and necessary supports

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

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



- We'll check your support types and amounts of support will complement each other to help you fulfil an [ordinary life](#).⁹ Any funded supports must be an NDIS support¹⁰ that is right for you.
- It must not be a [type of support the law says we can't fund or provide](#).¹¹

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

Does the support meet the reasonable and necessary criteria?

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

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

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

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



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

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

Is the support related to your disability?

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

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

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

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

Example

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

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

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

Does the support help you pursue your goals?

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

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

Reasonable and necessary supports should help you pursue your goals,²⁵ but you don't need a specific goal for every support in your plan. When we decide if a support will help you pursue your goals, we consider your whole situation.

We look at how a support will address your disability support needs, and the disability specific barriers that prevent you from pursuing your goals.



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

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

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

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

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

Example

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

Example

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

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

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

Is the support value for money?

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



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

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

- if other supports would achieve the same result at a substantially lower cost.²⁹ This means there should be a real or material difference in cost
- if there's evidence that the support will substantially improve your life stage outcomes and benefit you in the long term³⁰
- if the support will likely reduce the cost of other supports over time³¹
- how the cost compares to other supports of the same kind in your area³²
- if the support will make you more independent and mean you won't need as many supports in the future. For example, in some situations home modifications may reduce the need for support in your home.

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

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

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

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

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

When we fund equipment or modifications, we also need to consider:³⁴

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

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



Example

Elias needs a shower commode.

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

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

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

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

Is the support effective and beneficial?

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

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

- **effective** – it will do what you need it to do³⁵
- **beneficial** – the support will help you do things you can't otherwise do and meets your support needs.³⁶

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

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

For example:

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



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

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

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

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

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

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

Example

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

For children under 18, we consider:

- if your needs are substantially greater because of your disability, compared to other children the same age.⁴⁸ This means you need much more disability support
- any risks to the wellbeing of people providing informal support to you⁴⁹
- if including funding for the support will help build your skills and capacity in the future or reduce any risks to you.⁵⁰

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

If you're over 18, we consider:

- if there are any risks to you or your informal supports if you rely on them to provide the support you need⁵¹



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

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

- how old your carers are and their capacity to provide the support⁵⁴
- if other family members and the community can help your informal supports in their caring role⁵⁵
- the intensity and type of support you need, and if it's appropriate for your informal supports to provide this, based on their age and gender⁵⁶
- any long-term risks to the wellbeing of your informal supports.⁵⁷

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

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

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

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

Example 1

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

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

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

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



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

Example 2

Qing is 14 and wants to join a local chess club. Like most 14-year-olds in this situation, she needs someone to drop her off and pick her up from the mid-week and weekend gatherings.

But unlike most 14-year-olds, she needs someone to help her get dressed before she can go to the chess club. Her parents have been doing this, but as Qing is getting older, she no longer wants her family to help her get dressed.

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

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

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

Is the support an NDIS support for you?

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

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

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

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

- an NDIS support for you
- necessary for your disability.⁶⁰

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

Example

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

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



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

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

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

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

- consist of sexual services and sex work, alcohol, or drugs⁶³
- are not legal⁶⁴
- are income replacement⁶⁵
- are likely to cause harm to you, or pose a risk to other people⁶⁶
- relate to a 'day-to-day living cost', like groceries, rent or utilities⁶⁷
- duplicate other supports provided by the NDIS under alternative funding⁶⁸
- include tickets to events or the cost of going on a holiday.⁶⁹

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

The principles include the following:

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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



- be involved in making choices about your own life.

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

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

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

What other services or systems are responsible for providing supports?

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

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

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

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

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



- Housing and community infrastructure
- Transport
- Justice.

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

How does the NDIS work with other government services?

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

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

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

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

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

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

What is reasonable adjustment and why is it important?

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

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

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



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

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

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

What about in-kind supports?

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

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

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

We usually let you choose another provider if:

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

What if you don't agree with our decision?

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



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

We'll give you written reasons why we made the decision. You can [contact us](#) if you'd like more detail about the reasons for our decision.

If you don't agree with a decision we make about what supports to include in your plan, you can ask for an internal review of our decision.⁸⁶

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

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

Reference List

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

- ³⁶ McCutcheon and NDIA [2015] AATA 624 at [34].
- ³⁷ McCutcheon and NDIA [2015] AATA 624.
- ³⁸ NDIS (Supports for Participants) Rules r 3.2(a).
- ³⁹ NDIS (Supports for Participants) Rules r 3.2(b).
- ⁴⁰ NDIS (Supports for Participants) Rules r 3.2(c).
- ⁴¹ NDIS (Supports for Participants) Rules r 3.3.
- ⁴² NDIS (Supports for Participants) Rules r 3.3.
- ⁴³ NDIS Act s 34(1)(e).
- ⁴⁴ NDIS Act s 34(1)(e).
- ⁴⁵ NDIS (Supports for Participants) Rules r 3.4(a)(i).
- ⁴⁶ NDIS (Supports for Participants) Rules r 3.4(c).
- ⁴⁷ NDIS (Supports for Participants) Rules r 3.4(a)(i).
- ⁴⁸ NDIS (Supports for Participants) Rules r 3.4(a)(ii); JQJT and National Disability Insurance Agency [2016] AATA 478 at [39].
- ⁴⁹ NDIS (Supports for Participants) Rules r 3.4(a)(iii).
- ⁵⁰ NDIS (Supports for Participants) Rules r 3.4(a)(iv).
- ⁵¹ NDIS (Supports for Participants) Rules rr 3.4(b)(i), (ii).
- ⁵² NDIS (Supports for Participants) Rules r 3.4(b)(iii).
- ⁵³ NDIS (Supports for Participants) Rules r 3.4(b)(ii).
- ⁵⁴ NDIS (Supports for Participants) Rules r 3.4(b)(ii).
- ⁵⁵ NDIS (Supports for Participants) Rules r 3.4(b)(ii)(A).
- ⁵⁶ NDIS (Supports for Participants) Rules r 3.4(b)(ii)(B).
- ⁵⁷ NDIS (Supports for Participants) Rules r 3.4(b)(ii)(C).
- ⁵⁸ NDIS (Supports for Participants) Rules r 3.4(b)(ii)(C).
- ⁵⁹ NDIS Act s 34(1)(f).
- ⁶⁰ NDIS (Supports for Participants) Rules r 5.1(b), NDIS Act s 34(1)(aa).
- ⁶¹ NDIS (Supports for Participants) Rules r 5.
- ⁶² NDIS Act s 10.
- ⁶³ NDIS Act s 10.
- ⁶⁴ NDIS Act s 10.
- ⁶⁵ NDIS Act s 10.
- ⁶⁶ NDIS Act s 10.
- ⁶⁷ NDIS Act s 10.
- ⁶⁸ NDIS Act ss 33(5)(d), 35(1)(a); NDIS (Supports for Participants) Rules r 5.1(c).
- ⁶⁹ NDIS Act s 10.
- ⁷⁰ NDIS Act ss 4, 31.
- ⁷¹ NDIS Act s 4(1).
- ⁷² NDIS Act s 4(2).
- ⁷³ NDIS Act s 4(4).
- ⁷⁴ NDIS Act s 4(8).
- ⁷⁵ NDIS Act s 4(10).
- ⁷⁶ NDIS Act s 4(17).
- ⁷⁷ NDIS Act s 4(11).
- ⁷⁸ NDIS Act s 34(1)(f).
- ⁷⁹ S10(b1) -(3).
- ⁸⁰ NDIS (Supports for Participants) Rules rr 3.5-3.7, Schedule 1; NDIS Act ss 209(4), (8) item 1.
- ⁸¹ Disability Discrimination Act 1992 (Cth); Discrimination Act 1991 (ACT); Anti-Discrimination Act 1977 (NSW); Anti-Discrimination Act 1996 (NT); Anti-Discrimination Act 1991 (Qld); Equal Opportunity Act 1984 (SA); Anti-Discrimination Act 1998 (Tas); Equal Opportunity Act 2010 (Vic); Equal Opportunity Act 1984 (WA).
- ⁸² NDIS (Plan Management) Rules r 6.6.
- ⁸³ NDIS Act s 33(5)(c).
- ⁸⁴ NDIS Act s100(1).
- ⁸⁵ NDIS Act s 10.
- ⁸⁶ NDIS Act s 100.
- ⁸⁷ NDIS Act s 100(2).



Reasonable and Necessary Supports

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

Note:

- When we say 'your plan' we mean your NDIS plan.
- When we say 'disability support needs', we mean supports you need for the impairments that meet the disability or early intervention requirements, or both.
- If you're aged between 9 and 65 years and are looking for information about community connections, go to [Our Guideline – Community Connections](#).
- If your child is younger than 9 and you're looking for information about early connections, go to [Our Guideline – Early Connections](#).
- As part of the recent changes to the NDIS laws we are moving towards a new framework for planning. Rules need to be developed for this new framework. We're working on how and when we'll introduce these changes.

Until then, the information in this Our Guideline is about our 'old framework' for planning, which include the legislative changes that become operational when the law commences. All current plans will be known as 'old framework' plans, and we will continue to develop these until all participants have transitioned to the new framework.

What's on this page?

This page covers:

- [What are reasonable and necessary supports?](#)
- [How do we make decisions about what is reasonable and necessary?](#)
- [How do we include the reasonable and necessary supports in your plan?](#)

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Reasonable and necessary supports

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

You may also be interested in:

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

What are reasonable and necessary supports?

The National Disability Insurance Scheme (NDIS) was set up as a world first approach to disability support. It puts people with disability at the centre of decision-making, through the principles of reasonable and necessary supports and individual choice and control.

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

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

NDIS supports should complement, not replace, other supports available to you. That's why we consider:

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

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

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

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

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



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

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

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

What supports can you get outside the NDIS?

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

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

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

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

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

What types of supports may be included in your plan?

Your plan may include 'general supports' and 'reasonable and necessary supports'.⁴

General supports

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

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Reasonable and necessary supports

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Reasonable and necessary supports

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

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

- We'll check your support types and amounts of support will complement each other to help you fulfil an [ordinary life](#).¹⁰ Any funded supports must be an NDIS support¹¹ that is right for you.
- It must not be a [type of support the law says we can't fund or provide](#).¹²

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

Does the support meet the reasonable and necessary criteria?

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

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

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

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

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

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

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

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

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

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

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

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

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



Example

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

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

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

Does the support help you pursue your goals?

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

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

Reasonable and necessary supports should help you pursue your goals,²⁶ but you don't need a specific goal for every support in your plan. When we decide if a support will help you pursue your goals, we consider your whole situation.

We look at how a support will address your disability support needs, and the disability specific barriers that prevent you from pursuing your goals.

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

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

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

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

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

Example



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Example

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

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

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

Is the support value for money?

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

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

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

- if other supports would achieve the same result at a substantially lower cost.³⁰ This means there should be a real or material difference in cost
- if there's evidence that the support will substantially improve your life stage outcomes and benefit you in the long term³¹
- if the support will likely reduce the cost of other supports over time³²
- how the cost compares to other supports of the same kind in your area³³
- if the support will make you more independent and mean you won't need as many supports in the future. For example, in some situations home modifications may reduce the need for support in your home.



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

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

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

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

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

When we fund equipment or modifications, we also need to consider:³⁵

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

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

Example

Elias needs a shower commode.

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

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

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

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

Is the support effective and beneficial?



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

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

- **effective** – it will do what you need it to do³⁶
- **beneficial** – the support will help you do things you can't otherwise do and meets your support needs.³⁷

It can also be effective and beneficial if it will help you maintain your current level of functioning. That is, it will help you keep doing the things you can currently do. And it'll help you maintain your work, study and social life as much as you can.³⁸

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

For example:

- We may have information already about whether the support is widely accepted to suit someone with your disability support needs.³⁹ For example, we could rely on academic research and other literature. This could include university studies on therapies that have been published and [referred](#) in academic journals, evidence based practice resources, or clinical practice guidelines.
- If you or other participants have used the support before, we can consider your experience and the experience of your family members and carers.⁴⁰

We may consider things we have learnt from other participants in the NDIS with similar support needs to you.⁴¹ We know you're the expert in your own life, and we use your own experience as much as we can.

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

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

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

We'll look at the opinions held by the majority of experts and what they generally agree on.⁴² Sometimes we will have to seek expert opinion or report to make a decision.⁴³

Example

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

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

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

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

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

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

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

We need to be satisfied that funding the support takes into account what is reasonable to expect families, carers, informal networks and the community to provide.⁴⁴

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

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

When we fund supports under the NDIS, we need to consider if it's reasonable to expect your informal supports to provide that support. We can't fund supports that an ordinary person would think is reasonable to expect friends, family or the community to provide for you.⁴⁵



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

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

A good example is families who have young children. In our community, we expect families will provide most of the support a young child needs.⁴⁶ They will care for the child, make sure they are safe and drive them around places.

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

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

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

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

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

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

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

We consider if we can help these relationships so that you get the support you need.⁴⁷ For example, we may be able to fund training for your informal supports, so they can help you build your skills.



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

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

If you're under 18, we consider what support is reasonable to expect parents to provide at your age. It's normal for parents to provide substantial care and support for children.⁴⁸ We consider that it's usual for parents to provide almost all the care and support that young children need.

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

For children under 18, we consider:

- if your needs are substantially greater because of your disability, compared to other children the same age.⁴⁹ This means you need much more disability support
- any risks to the wellbeing of people providing informal support to you⁵⁰
- if including funding for the support will help build your skills and capacity in the future or reduce any risks to you.⁵¹

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

If you're over 18, we consider:

- if there are any risks to you or your informal supports if you rely on them to provide the support you need⁵²
- how much your informal supports would help improve or reduce your independence and other outcomes.⁵³

We also consider the suitability of informal supports to provide the supports you need,⁵⁴ including:

- how old your carers are and their capacity to provide the support⁵⁵
- if other family members and the community can help your informal supports in their caring role⁵⁶
- the intensity and type of support you need, and if it's appropriate for your informal supports to provide this, based on their age and gender⁵⁷
- any long-term risks to the wellbeing of your informal supports.⁵⁸



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

For example, we wouldn't expect a child to have their schooling affected because they need to provide care. We also wouldn't expect an elderly parent to be responsible for physical activities, if it may result in injury.⁵⁹

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

Learn more about [Sustaining Informal Supports](#).

Example 1

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

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

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

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

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

Example 2

Qing is 14 and wants to join a local chess club. Like most 14-year-olds in this situation, she needs someone to drop her off and pick her up from the mid-week and weekend gatherings.

But unlike most 14-year-olds, she needs someone to help her get dressed before she can go to the chess club. Her parents have been doing this, but as Qing is getting older, she no longer wants her family to help her get dressed.

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

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

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

Is the support an NDIS support for you?

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

- the Rules say that the support is a NDIS support for everyone, or
- the Rules say that the support is only for a specific group of people, and you are part of that group.⁶⁰

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

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

- an NDIS support for you
- necessary for your impairments that meet the disability or early intervention requirements, or both.⁶¹

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

Example

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

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

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

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

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

Under the law for the NDIS, there are things we can't fund or provide.⁶² We can't fund goods and services that are not NDIS supports.⁶³ For example, we can't fund or provide supports that:

- consist of sexual services and sex work, alcohol, or drugs⁶⁴
- are not legal⁶⁵



- are income replacement⁶⁶
- are likely to cause harm to you, or pose a risk to other people⁶⁷
- relate to a 'day-to-day living cost', like groceries, rent or utilities⁶⁸
- duplicate other supports provided by the NDIS under alternative funding⁶⁹
- include tickets to events or the cost of going on a holiday.⁷⁰

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

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

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

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

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

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

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

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

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

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

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

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

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

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

As far as possible, we have to act according to principles set out in the [law for the NDIS](#).⁷¹ These principles guide us when we make decisions about what we can fund.

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

The principles include the following:

- You have the same right as other Australians to realise your potential for physical, social, emotional, and intellectual development.⁷²
- You should be supported to take part in and contribute to social and economic life.⁷³
- You should be supported to make choices about planning and how your supports will be delivered. This includes taking reasonable risks, so you can pursue your goals.⁷⁴
- You have the same right as other Australians to decide your own best interests. You have the right to be an equal partner in decisions that affect your life.⁷⁵
- Your privacy and dignity should be respected.⁷⁶
- We must make sure the NDIS is financially sustainable.⁷⁷

The principles also tell us that the reasonable and necessary supports we fund should:⁷⁸

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

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

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

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

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



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

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

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

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

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

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

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

- have and maintain good relationships
- belong and participate in your community
- be involved in making choices about your own life.

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

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



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

What other services or systems are responsible for providing supports?

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

- other service systems or supports offered by a person, agency or body (like a State or Territory Statutory Scheme)
- services or supports offered as part of a universal service obligation (like the health or education system)
- services or supports offered in line with reasonable adjustments required under discrimination laws (like your employer, or the health or education system).⁷⁹

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

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

- Health
- Mental health
- Child protection and family support
- Early childhood development
- School education
- Higher education and vocational education and training
- Employment
- Housing and community infrastructure
- Transport
- Justice.

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

How does the NDIS work with other government services?

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

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

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

When we fund NDIS supports, we won't fund supports that are not considered NDIS supports because the support is more appropriately funded or provided by a mainstream service or system, such as the education system or health system.⁸⁰ Under the law for the NDIS, we can't fund supports that should be provided by a mainstream service.

The Australian federal, state and territory governments agreed on responsibilities for funding different types of supports. The law for the NDIS has an outline of funding responsibilities and were developed with the agreement of each State and Territory.⁸¹

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

What is reasonable adjustment and why is it important?

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

It's against the law to discriminate against people with a disability in many areas.⁸² This includes in employment, when providing goods and services, and when accessing public places.

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

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

Reasonable adjustments do not mean they have to provide everything you need because of your disability. It means they have to do what's reasonable to make sure you have equal



access to employment, public spaces or services. This takes into account what they can afford to do and what is reasonable to expect them to provide in the circumstances.

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

What about in-kind supports?

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

If we fund in-kind supports like [specialist school transport](#) or [personal care in schools](#), you will need to use state or territory government providers for these supports. These supports are most efficiently and effectively provided by state and territory government providers.⁸³ Learn more about [Work and study supports](#).

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

We usually let you choose another provider if:

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

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

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

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

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

When we approve your plan, we'll also make sure all your supports are reasonable and necessary when considered as a package of supports.⁸⁴



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

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

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

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

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

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

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

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

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

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

We'll give you the reasons for our decision to approve your plan in writing.⁸⁵ You can [contact us](#) if you'd like more detail about the reasons for our decision.

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

We fund NDIS supports in your plan. NDIS laws set out what we can and can't fund.⁸⁶

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

What if you don't agree with our decision?

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



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

We'll give you written reasons why we made the decision. You can [contact us](#) if you'd like more detail about the reasons for our decision.

If you don't agree with a decision we make about what supports to include in your plan, you can ask for an internal review of our decision.⁸⁷

You'll need to ask for an internal review within 3 months of getting your plan.⁸⁸

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

Reference List

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

- ³³ NDIS (Supports for Participants) Rules r 3.1(e).
³⁴ NDIS (Supports for Participants) Rules r 3.1(c).
³⁵ NDIS (Supports for Participants) Rules r 3.1(d).
³⁶ McCutcheon and NDIA [2015] AATA 624 at [34].
³⁷ McCutcheon and NDIA [2015] AATA 624 at [34].
³⁸ McCutcheon and NDIA [2015] AATA 624.
³⁹ NDIS (Supports for Participants) Rules r 3.2(a).
⁴⁰ NDIS (Supports for Participants) Rules r 3.2(b).
⁴¹ NDIS (Supports for Participants) Rules r 3.2(c).
⁴² NDIS (Supports for Participants) Rules r 3.3.
⁴³ NDIS (Supports for Participants) Rules r 3.3.
⁴⁴ NDIS Act s 34(1)(e).
⁴⁵ NDIS Act s 34(1)(e).
⁴⁶ NDIS (Supports for Participants) Rules r 3.4(a)(i).
⁴⁷ NDIS (Supports for Participants) Rules r 3.4(c).
⁴⁸ NDIS (Supports for Participants) Rules r 3.4(a)(i).
⁴⁹ NDIS (Supports for Participants) Rules r 3.4(a)(ii); JQJT and National Disability Insurance Agency [2016] AATA 478 at [39].
⁵⁰ NDIS (Supports for Participants) Rules r 3.4(a)(iii).
⁵¹ NDIS (Supports for Participants) Rules r 3.4(a)(iv).
⁵² NDIS (Supports for Participants) Rules rr 3.4(b)(i), (ii).
⁵³ NDIS (Supports for Participants) Rules r 3.4(b)(iii).
⁵⁴ NDIS (Supports for Participants) Rules r 3.4(b)(ii).
⁵⁵ NDIS (Supports for Participants) Rules r 3.4(b)(ii).
⁵⁶ NDIS (Supports for Participants) Rules r 3.4(b)(ii)(A).
⁵⁷ NDIS (Supports for Participants) Rules r 3.4(b)(ii)(B).
⁵⁸ NDIS (Supports for Participants) Rules r 3.4(b)(ii)(C).
⁵⁹ NDIS (Supports for Participants) Rules r 3.4(b)(ii)(C).
⁶⁰ NDIS Act s 34(1)(f).
⁶¹ NDIS (Supports for Participants) Rules r 5.1(b), NDIS Act s 34(1)(aa).
⁶² NDIS (Supports for Participants) Rules r 5.
⁶³ NDIS Act s 10.
⁶⁴ NDIS Act s 10.
⁶⁵ NDIS Act s 10.
⁶⁶ NDIS Act s 10.
⁶⁷ NDIS Act s 10.
⁶⁸ NDIS Act s 10.
⁶⁹ NDIS Act ss 33(5)(d), 35(1)(a); NDIS (Supports for Participants) Rules r 5.1(c).
⁷⁰ NDIS Act s 10.
⁷¹ NDIS Act ss 4, 31.
⁷² NDIS Act s 4(1).
⁷³ NDIS Act s 4(2).
⁷⁴ NDIS Act s 4(4).
⁷⁵ NDIS Act s 4(8).
⁷⁶ NDIS Act s 4(10).
⁷⁷ NDIS Act s 4(17).
⁷⁸ NDIS Act s 4(11).
⁷⁹ NDIS Act s 34(1)(f).
⁸⁰ S10(b1) -(3).
⁸¹ NDIS (Supports for Participants) Rules rr 3.5-3.7, Schedule 1; NDIS Act ss 209(4), (8) item 1.
⁸² Disability Discrimination Act 1992 (Cth); Discrimination Act 1991 (ACT); Anti-Discrimination Act 1977 (NSW); Anti-Discrimination Act 1996 (NT); Anti-Discrimination Act 1991 (Qld); Equal Opportunity Act 1984 (SA); Anti-Discrimination Act 1998 (Tas); Equal Opportunity Act 2010 (Vic); Equal Opportunity Act 1984 (WA).

⁸³ NDIS (Plan Management) Rules r 6.6.

⁸⁴ NDIS Act s 33(5)(c).

⁸⁵ NDIS Act s100(1).

⁸⁶ NDIS Act s 10.

⁸⁷ NDIS Act s 100.

⁸⁸ NDIS Act s 100(2).



Applying to the NDIS

Quick summary: If you want to become a NDIS participant and get supports through an NDIS plan, you'll need to apply to the NDIS. There are some requirements you need to meet to be eligible for the NDIS.

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

You may be eligible under the disability requirements if you have one or more impairments that are likely to be permanent and this substantially impacts your ability to do daily life activities. Your impairment must also affect your social life, or your ability to work and study and you must be likely to need support under the NDIS for your whole life.¹

Or you may be eligible under the early intervention requirements if you have one or more impairments that are likely to be permanent and supports would help you by reducing your need for supports in the future. We will also consider if these needs could best be met by the NDIS, or by other government and community services.

If you think you might be eligible, we can help you apply to the NDIS. We'll look at all the information you give us to decide if you're eligible. If you're eligible for the NDIS, you'll become a participant and we'll work with you to start creating your plan. If you're not eligible, we can help you connect to other government and community services available to you.

What's on this page?

- [What do we mean by applying to the NDIS?](#)
- [Do you meet the age requirements?](#)
- [Do you meet the residence requirements?](#)
- [Do you meet the disability requirements?](#)
- [Do you need early intervention?](#)
- [What about children younger than 6 with developmental delay?](#)
- [How do you apply to the NDIS?](#)
- [How do we decide if you're eligible?](#)
- [What happens after we decide?](#)

What do we mean by applying to the NDIS?

Applying to the NDIS means doing things to find out if you can become a participant and start getting supports under the NDIS. There is a [process to follow](#) when you apply to the NDIS. After you apply, we'll look at all the information you provide and decide if you're eligible.

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

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

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

Are you eligible for the NDIS?

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

You also need to have a disability caused by an impairment.

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

You will need to meet either the disability requirements³ or the early intervention requirements.⁴

Disability requirements

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

- You have a disability caused by an impairment.
- Your impairment is likely to be permanent.
- Your impairment means you have a substantially reduced functional capacity to do one or more daily life activities. These activities include moving around, communicating, socialising, learning, undertaking self-care, or self-management tasks.
- Your impairment affects your ability to work, study or take part in social life.

- You'll likely need NDIS supports your whole life.

Early intervention requirements

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

- You have an impairment that's likely to be permanent, or that you are a [child younger than 6 with developmental delay](#).⁵
- Early intervention will help you by reducing your need for supports in the future.
- Early intervention will help you by either reducing the impact your impairment has on your functional capacity or support your informal supports to build their skills to help you.
- The early intervention you need is most appropriately funded by the NDIS.

If you're receiving [disability supports from the Western Australian government](#), you might already meet most of the eligibility criteria.

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

If you're eligible, you become a NDIS participant.⁶ The length of time you'll be an NDIS participant will depend on your situation and disability support needs. For more information, check out our information on [leaving the NDIS](#).

This guideline has detailed information on how we decide if you're eligible for the NDIS. For general information about who's eligible, read [Am I Eligible](#) and [Booklet 1](#). Check out our website for information about [children younger than 9](#).

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

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

Do you meet the age requirements?

To be eligible for the NDIS, you must first meet the age requirements. This means:

- [You are younger than 65 on the day you apply](#).

How old are you?

You must be younger than 65 on the day you make your NDIS application.⁷

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

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

Do you meet the residence requirements?

Then you must meet the residence requirements. This means:

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

Are you an Australian citizen or permanent resident?

You must be an Australian citizen,⁸ or have one of two visa types that means you can live here.

- A [permanent visa](#)⁹
- A [protected special category visa](#)¹⁰ – this is only for some citizens of New Zealand

Do you live in Australia?

You must live in Australia.¹¹ This means Australia is your home and you spend most of your time here.

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

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

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

Some of these questions might not apply to you, but we must consider them when we decide whether you live in Australia.¹²

We may also ask you other questions to determine whether you live in Australia.¹³ For example, your family might be deployed overseas in the Defence Force, meaning you need to leave Australia for a while. In these situations, we'll ask you for more information about why you're leaving and can't return.

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

Where do you live?

We consider where you live, and your living situation.¹⁴ We'll look at whether you have more permanent accommodation in Australia than any other country.

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

Where is your family?

We also consider where your immediate family lives.¹⁵

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

Do you work in Australia?

If you work, we look at where you normally work or make money.¹⁶ If you work or make money in Australia, that's a good sign you live here. If you don't work or are unemployed, we'll consider the other questions to determine whether you live in Australia.

Do you own property in Australia?

We consider what assets or property you own in Australia.¹⁷ We also see if you have an Australian bank account.

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

How much time do you spend outside Australia?

We consider how often you go overseas, and how long you're outside Australia when you travel.¹⁸ We also consider why you travel overseas, such as for work, holiday or to live with family.

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

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

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

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

Do you meet the disability requirements?

You meet the disability requirements if we have evidence of all of the following:¹⁹

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

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

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

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

Learn more about how we check if you are still eligible for the NDIS.

Is your disability caused by an impairment?

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

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

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

To meet the disability requirements, we must have evidence your disability is caused by at least one of the impairments below²⁰

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

You may also be eligible for the NDIS if you have a psychosocial disability.²¹ This means you have reduced capacity to do daily life activities and tasks due to your mental health.

It doesn't matter what caused your impairment, for example if you've had it from birth, or acquired it from an injury, accident or health condition.

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

Is your impairment likely to be permanent?

We need evidence that you'll likely have your impairment for your whole life.

You might have some periods in your life where there is a smaller impact on your daily life, because your impairment may be episodic or fluctuate in intensity²². Your impairment can still be permanent due to the overall impact on your life, and the likelihood that you will be impacted across your lifetime.

Even when your condition or diagnosis is permanent, we'll check if your impairment is permanent too. For example, you may not be eligible if your impairment is temporary, still being treated, or if there are remaining treatment options.

Generally, we'll consider whether your impairment is likely to be permanent after all available and appropriate treatment options have been pursued.

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

Is there any medical treatment for your impairment?

We don't fund supports to treat your impairment.

Instead, the supports we fund can help you reduce or overcome the impact your impairment has on your daily life. They can also help you increase your functional capacity, independence, and your ability to work, study or take part in social life.

Your impairment will likely be permanent if your treating professional gives us evidence that indicates there are no further treatments that could relieve or cure it.

Your treating professional will tell us or be asked to certify if there are medical, clinical or other treatments that are likely to remedy your impairment. We need to understand whether there are treatments which are:²³

- known and available
- appropriate for you and your impairment
- evidence-based – that is, there's proof they are likely to be effective.

The word treatment should be understood in a broadest sense and may include changes to your diet and lifestyle. So, for example, conditions such as obesity are unlikely to be found to be permanent.

If you're still undergoing or have recently had treatment, we'll need to wait until you know the outcome of the treatment before we can decide your impairment is likely to be permanent.²⁴

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

You might still have a permanent impairment, even if its effects may change over time.²⁵

For degenerative impairments, or those that get worse over time, we consider them permanent if treatment isn't likely to help or improve the impairment's effects.²⁶

Does your impairment substantially reduce your functional capacity?

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

- **Communicating** – how you speak, write, or use sign language and gestures, to express yourself compared to other people your age. We also look at how well you understand people, and how others understand you.
- **Socialising** – how you make and keep friends, or interact with the community, or how a young child plays with other children. We also look at your behaviour, and how you cope with feelings and emotions in social situations.
- **Learning** – how you learn, understand and remember new things, and practise and use new skills.
- **Mobility, or moving around** – how easily you move around your home and community, and how you get in and out of bed or a chair. We consider how you get out and about and use your arms or legs.

- **Self-care** – personal care, hygiene, grooming, eating and drinking, and health. We consider how you get dressed, shower or bathe, eat or go to the toilet.
- **Self-management (if older than 6)** – how you organise your life. We consider how you plan, make decisions, and look after yourself. This might include day-to-day tasks at home, how you solve problems, or manage your money. We consider your mental or cognitive ability to manage your life, not your physical ability to do these tasks.

Your impairment substantially reduces your functional capacity if you usually need disability-specific supports to participate in or complete the above tasks.²⁷

These disability-specific supports include:

- a high level of support from other people, such as physical assistance, guidance, supervision or prompting.²⁸
- assistive technology, equipment or home modifications that are prescribed by your doctor, allied health professional or other medical professional.²⁹

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

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

We consider how you're involved in different areas of life like home, school, work and the community, and how you carry out tasks and actions. We also consider any other factors that may impact your day to day life.

Your needs might go up and down each day or each month. Progressive Multiple Sclerosis (MS) can be a good example of this. We consider your ability over time, taking into account your ups and downs.

How does a child's impairment affect their daily life?

To help us decide if a child's ability is substantially reduced, we compare their abilities with other children of the same age.

If a child's ability is much less than most other children the same age, they may meet the disability requirements. For example, if they:

- need assistive technology, equipment or home modifications to participate in daily activities – except for common items like glasses.
- usually need more assistance to join activities, or they can't join in.

Sometimes when a child's impairment doesn't substantially reduce their ability right now, but might in the future, we will look at the early intervention requirements. Similarly, if a child's

impairment currently substantially reduces their ability, but may not after receiving supports, we will look at the early intervention requirements. Early intervention can be for children of any age, however there are different requirements for children younger than 6 with developmental delay to meet the early intervention requirements.

Learn more about the [early intervention requirements](#).

What if you have a hearing impairment?

Some hearing impairments may lead to a substantially reduced functional capacity.

We'll generally decide you have a substantially reduced functional capacity if your hearing loss is at least 65 decibels in your better ear. This is based on a pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz.

We may also decide you have a substantially reduced functional capacity if your hearing loss is less than 65 decibels in your better ear. We may decide this if either:

- you also have another permanent impairment, such as a vision or cognitive impairment.
- you give us evidence your speech detection and speech discrimination outcomes are significantly poorer than expected.

Does your impairment affect your social, work or study life?

Then, we look at how your impairments affect your ability to work, study or take part in social life.³⁰ This means your permanent impairments affect how you can find and keep a job, contribute to your community, or join social activities. We get this information from your NDIS application.

We look at your ability to do things like:

- find and keep a job, or start your own business
- study
- spend and save money
- play sport
- go to the movies
- volunteer
- travel.

It doesn't matter how much your ability to work, study or socialise is affected by your impairment. It only needs to affect your social or work life in some way for you to meet the criteria.

Will you likely need support under the NDIS for your whole life?

You must be likely to need support under the NDIS for your whole life.³¹

NDIS supports are investments that help you build or maintain your functional capacity and independence, and help you work, study or take part in social life.

Even if your needs go up and down over time, or happen episodically³², we may still consider it's likely you'll need lifetime support under the NDIS.³³

We consider your overall situation to answer this question.

When we decide if you'll likely need support under the NDIS for your whole life, we consider:

- your life circumstances
- the nature of your long-term support needs
- whether your needs could be best met by the NDIS, or by other government and community services.

For example, you may have an impairment which is caused by a chronic health condition. Many chronic health conditions are most effectively managed or remedied through medical management through the health system. If this is the case, we may decide that you don't have a lifetime need for support under the NDIS.

Do you need early intervention?

If you don't meet the disability requirements, you may be eligible for the NDIS under the early intervention requirements. Early intervention is usually early access to support, to help reduce the functional impacts of your impairment.

Early intervention can be for both children and adults. You won't need these supports for your lifetime, so your treating professional or your early childhood partner will tell us how early intervention support could benefit you or your child.

You will meet the early intervention requirements if you meet all of the following:

- You have an [impairment that's likely to be permanent](#).
- [Early intervention supports will help you](#), for example if it means you'll need less disability support in the future and your functional capacity will improve.
- [The early intervention you need is most appropriately funded by us](#).

There are different requirements for [children younger than 6 with developmental delay](#) to meet the early intervention requirements.

If we have evidence a child younger than 7 has been diagnosed with a condition on [List D](#), we'll decide they meet the early intervention requirements.

You may also meet the early intervention requirements if you're [aged between 0 and 25 with a hearing impairment](#).

If you meet the early intervention requirements when you join the NDIS, your support needs are more likely to change. We'll regularly check your eligibility when we reassess your plan, and at other times too.

If you benefit from early intervention supports, you might build your skills and increase your capacity so that you may no longer need NDIS supports.

If you no longer meet the early intervention requirements, we'll check if you meet the disability requirements. Learn more about [leaving the NDIS](#).

Do you have an impairment that's likely to be permanent?

To meet the early intervention requirements, there must be enough evidence that you have at least one of the impairments below and your impairment is likely to be permanent.³⁴

An impairment is a loss or significant change in at least one of:

- your body's functions
- your body structure
- how you think and learn.

An impairment could be:³⁵

- **intellectual** – such as how you speak and listen, read and write, solve problems, and process and remember information
- **cognitive** – such as how you think, learn new things, use judgment to make decisions, and pay attention
- **neurological** – such as how your body functions
- **sensory** – such as how you see or hear
- **physical** – such as the ability to move parts of your body.

We also need evidence at least one of your impairments will be permanent, or likely to be permanent.³⁶ In other words, you'll likely have your impairment for your whole life.

When we decide if your impairment is likely to be permanent, we consider the same things as in the [disability requirements](#).

You may also be eligible for the NDIS if you have a psychosocial disability.³⁷ This means you have reduced capacity to do daily life activities and tasks due to your mental health. Your psychosocial disability might vary at different times in how much it impacts your daily

life. Even if it fluctuates and you have some periods where there is a smaller impact on your daily life, you might have this impairment for your whole life.

If you give us evidence you have been diagnosed with a condition on [List B](#), we'll decide you have an impairment that's likely to be permanent.

How will early intervention help you?

We need to decide that getting early intervention supports means you'll likely need less disability supports in the future.³⁸

We need to know that early intervention supports will help you with at least one of the following:³⁹

- addressing the impact of your impairment on your ability to move around, communicate, socialise, learn, look after yourself and organise your life.
- preventing your functional capacity from getting worse.
- improving your functional capacity.
- supporting your informal supports, which includes building their skills to help you.

To help us decide if the early intervention will help you in these ways, we look at:⁴⁰

- how your impairment might change over time
- how long you've had your impairment
- if there's been a significant change to your impairment
- if your needs are likely to change soon, such as if you're finishing school.

Is your early intervention most appropriately funded by the NDIS?

The support you need must be most appropriately funded or provided by us.⁴¹

You won't be eligible if we decide the support you need is more appropriately funded or provided:

- by other general systems of service delivery or support services, such as a workers compensation scheme.
- under a universal service obligation that other government services must provide to all Australians, such as schools and public hospitals.
- as a reasonable adjustment under discrimination law, such as making places or venues accessible for you.

For example, you usually won't be eligible if you only need the following supports. These are more appropriately provided by other government and community services:

- medical services,⁴² and treatments for health conditions, including ongoing or chronic health conditions.⁴³
- clinical early intervention mental health supports, such as services to help children, teenagers and young people grow and develop.⁴⁴
- clinical acute and crisis mental health supports⁴⁵ – such as care in a hospital or similar setting.
- [inclusion supports](#) to help young children join early childhood learning and care settings.⁴⁶
- [Disability Employment Services](#),⁴⁷ and reasonable adjustments in the workplace to make your job suit your needs.⁴⁸

For more information on when early intervention supports are most appropriately funded by us or by other services, check out:

- [Our mainstream and community supports guideline](#)
- [Schedule 1 of the NDIS \(Supports for Participants\) Rules](#)
- [Applied Principles and Tables of Support](#).

What about people aged between 0 and 25 with a hearing impairment?

If you're aged between 0 and 25 with a hearing impairment, you may meet the early intervention requirements. We'll decide you meet the early intervention requirements if you give us evidence of all of the following:

- You're aged between 0 and 25.
- You have auditory neuropathy or hearing loss of at least 25 decibels in either ear at 2 or more adjacent frequencies – see below.

We need evidence of your auditory neuropathy or hearing loss from a specialist audiological assessment. The assessment might include electrophysiological testing when required. The evidence must show your hearing loss is likely to be permanent.

If you're aged 26 or older with hearing loss, we'll check if you're eligible in the same way we consider all other impairments. You may be eligible under the [disability requirements](#).

What about children younger than 6 with developmental delay?

Children younger than 6 with a developmental delay may be eligible for the NDIS under the early intervention requirements.⁴⁹

Developmental delay is a term used to describe a delay in a child's development. It means that a child finds it much harder to do everyday things that other children their age can do, for example dress themselves, talk or walk. A child with developmental delay needs lots of extra help to do everyday things compared to children of the same age.

First, we need to know the child:

- is younger than 6 on the day we decide whether they're eligible⁵⁰
- [lives in Australia](#)⁵¹
- is an [Australian citizen or permanent resident](#).⁵²

Then, we need to know the child has a [developmental delay](#).⁵³

Finally, we need to know the child's supports are [most appropriately funded or provided under the NDIS](#).⁵⁴

An early childhood partner can also provide supports to children who aren't eligible for the NDIS.

Learn more about the [early childhood approach](#).

Does the child have a developmental delay?

When we decide if a child has developmental delay, we use the definition in the law for the NDIS.⁵⁵

We need to know the delay:

- is [due to mental or physical impairments](#)
- [substantially reduces the child's functional capacity](#) compared with other children the same age.
- means [the child needs specialist services](#) from more than one professional working as a team to support the child and for longer than 12 months.

Is the delay due to mental or physical impairments?

We first need to know the developmental delay is due to a mental or physical impairment, or a combination of mental or physical impairments.⁵⁶

An impairment is a loss or significant change in at least one of:

- the child's body's functions
- the child's body structure
- how the child thinks and learns.

Families, early childhood partners and other professionals can understand the child's body function by:

- observing their activities during play and daily tasks
- comparing their activities to other children of the same age.

For some very young children, problems in body function can't be easily measured. If so, the child may be eligible if there is significant risk of a future disability diagnosis or developmental delay. We need evidence of this from a health or allied health professional's judgment or informed clinical opinion.

Does the delay substantially reduce the child's functional capacity?

We need to know the delay substantially reduces the child's functional capacity compared to other children their age.⁵⁷

This means the child has a significantly lower ability to do everyday activities, when compared to children of the same age. Or the child does things in a significantly different way to other children their age because of their reduced capacity.

The child would also need much more support to do the activity, compared to other children the same age.

The substantial reduction in functional capacity must be in at least one of the following areas of major life activity:

- **Self-care** – how children take care of themselves, shower, bathe, dress, eat, drink, toilet, groom, and sleep.
- **Receptive and expressive language** – this involves skills such as gesture, sign language, listening, giving and receiving information, communicating wants and needs through facial expressions, vocalisations or speech, and interaction with others.

A substantial reduction in functional capacity for either receptive language or expressive language will meet the criteria – it doesn't need to be both.

- **Cognitive development** – learning and applying knowledge. This includes areas such as:
 - understanding and remembering information
 - attention
 - learning new things
 - practising and using new skills
 - planning and making decisions

- problem solving
- developing pretend play skills
- developing play interests
- emotional and sensory regulation
- developing emotional intelligence
- social awareness
- safety awareness.
- **Motor development** – this includes participation in everyday activities like moving around the home and community and manipulating objects.

We need evidence from a health, allied health or early childhood professional, who uses multiple sources of information about the child's ability to do everyday activities.

This will include information that parents or carers report about their child. It will also include a mix of standardised assessments of developmental and functional capacity, both in everyday activities and natural settings.

It should also include observations in everyday play, learning, activities or routines to better understand how the child participates in these everyday activities.

For very young children where functional capacity can't be measured, the child may be eligible if there is significant risk of a future disability diagnosis or developmental delay. We need evidence of this from a health or allied health professional's informed clinical opinion.

Does the child need specialist services from more than one type of professional and for longer than 12 months?

We need to know that the child needs a mix of specialist care, treatment or other services, due to their developmental delay. The child must also need these services for an extended duration – that is, longer than 12 months.⁵⁸

We need to know the child needs all of the following:

- **A service response that involves more than one professional working as a team to support the child.**
This means the child needs support for multiple activities, and across multiple natural settings such as the home, community and early childhood centres. The child must need more support than what's expected for a child the same age.
- **A team that works collaboratively, by communicating and sharing information, knowledge and skills.**
The support must be individually planned and coordinated. The team will build the

capacity of the child's family and other important people in the child's life, such as carers, educators and professionals, about the child's individual needs. This support should be embedded in everyday play, learning, activities and routines.

- **More support than an individual discipline providing a unilateral response to a single problem.**

This means the child needs support from more than from one professional supporting one area of delay. This is known as interdisciplinary care. For example, a child is unlikely to be eligible if a speech pathologist alone can help their language delay, without needing support or consultation from other professionals.

- **Supports for an extended duration.**

This means a health, allied health or early childhood professional who knows the child determines they need support for more than 12 months. A child will likely meet this criteria if there is clear evidence that they'll need early intervention support for more than 12 months.

We need evidence from an early childhood professional, such as an early childhood teacher, educator or allied health professional who knows the child. They need to recommend that the child needs support for multiple activities and across multiple natural settings, from a team working together.

Some children in remote areas might not have access to a team of professionals. If so, they may still be eligible if the one professional needs to provide the supports to the child across multiple activities and across multiple natural settings.

We also need evidence from an early childhood professional, such as an early childhood teacher, educator, or allied health professional, that the child needs support for more than 12 months. The professional should consider multiple sources of information, including:

- parent or carer reports
- a mix of standardised and culturally appropriate developmental or functional assessments in everyday activities and natural settings
- observations in everyday play, learning, activities, and routines.

How do we work out if the child meets the criteria for developmental delay?

We'll need a range of information about the child, observed in everyday activities and settings they usually participate in. This should include parent or carer reports and standardised assessments of developmental and or functional capacity.

Early childhood partners are early childhood professionals who give us evidence of developmental delay to help us decide if the child is eligible. An early childhood partner will

meet with children and families to better understand the child's day to day life, and any concerns about their development.

Early childhood partners will observe a child in familiar places like home and childcare and may complete assessments using screening tools. This information helps us decide if a child meets the early intervention requirements for developmental delay.

Families and carers can also provide copies of existing reports, assessments or letters about the delay with our application form.

We may also ask for evidence from a variety of sources, including mainstream services. For example, we may also ask for evidence from your doctor, child health nurse, or other health professional.

Learn more about [providing evidence of developmental delay](#).

What if there are no early childhood partners in your area?

If there are no early childhood partners in the child's area, a mainstream, community or health service can give us a report for evidence of developmental delay.

If you're in one of these areas, learn more about what [evidence](#) we need for developmental delay.

Is the child's early intervention most appropriately funded by the NDIS?

To meet the early intervention requirements, the support must be most appropriately funded or provided by us.⁵⁹

A child won't be eligible if the support they need is more appropriately funded or provided:

- by other general systems of service delivery or support services, such as a transport accident compensation scheme.
- under a universal service obligation that other government services must provide to all Australians, such as schools and public hospitals.
- as a reasonable adjustment under discrimination law, such as making places or venues accessible.

For example, children usually won't be eligible if they only need the following supports. These are more appropriately provided by other government and community services:

- medical services,⁶⁰ and treatments for health conditions⁶¹
- [inclusion supports](#) to help young children join early childhood learning and care settings⁶²
- school readiness programs to help children prepare for school⁶³

- newborn follow-up, such as child and maternal health services.⁶⁴

For more information on when early intervention supports are most appropriately funded by us or by other services, check out:

- [Our mainstream and community supports guideline](#)
- [Schedule 1 of the NDIS \(Supports for Participants\) Rules](#)
- [Applied Principles and Tables of Support](#).

What happens if a child with developmental delay is eligible?

If we decide a child with developmental delay is eligible for the NDIS, they'll become a participant. But they're usually no longer eligible after they turn 6.

This is because they will no longer meet the eligibility criteria under developmental delay. To remain an NDIS participant after they turn 6, the child will need to have an impairment that's likely to be permanent, and meet either the [disability requirements](#) or the [early intervention requirements](#).

We'll talk to families or carers before a child turns 6 and explain what information we need to decide if the child is still eligible. Learn more about [leaving the NDIS](#).

Example

Hunter is 5 years old and became a participant under the early intervention requirements for developmental delay.

We give him a new 12-month NDIS plan in August. We also talk to Hunter's family about Hunter leaving the NDIS after he is 6 years old.

Hunter's family will be able to use his NDIS funding for the full 12 months, until August the next year. By then, he'll be aged 6 years.

At the end of the 12 months, we will talk to Hunter's family about his progress. If there's no evidence that Hunter meets either the early intervention requirements or the disability requirements, we'll decide Hunter will leave the NDIS. Learn more about [leaving the NDIS](#).

What if a child doesn't meet our criteria for developmental delay?

Early childhood partners can still provide supports to children younger than 6 who don't meet our criteria for developmental delay.

A child may have developmental concerns. This means a child younger than 6 is developing slower compared to other children their age, but the delay doesn't meet our definition for developmental delay.

For example, a child's functional capacity may be substantially reduced in one or more areas. But it's unclear if the child needs support from a team of professionals for more than 12 months.

An early childhood partner can provide early supports to children younger than 6 with developmental concerns. They can also help the child's family connect to other government and community supports.

Learn more about [early connections](#).

How do you apply to the NDIS?

Applying to the NDIS is how you let us know you want to become an NDIS participant.

If you're aged 9 and older, there are a few ways you can apply:⁶⁵

- Your local area coordinator or local NDIS office can help you apply. They can help you through the application process and be your point of contact. [Find your nearest location](#).
- You can apply over the phone on 1800 800 110.
- You can complete an [NDIS application form](#).

For children younger than 9, we encourage families to talk to an [early childhood partner](#) before applying to the NDIS. They can provide supports to children before they apply, and let families know if the NDIS is right for their child.

When you apply, you or your authorised representative will need to:

- give us the information and any documents we need to confirm your identity. Learn more about [evidence of identity](#) and [privacy](#).
- give us the information and any documents we need to decide if you're eligible⁶⁶
- sign or certify the NDIS application.⁶⁷

Other people can help you apply if you want them to. Sometimes they can apply on your behalf. Learn more about [who can help you apply](#).

Learn more about [how to apply to the NDIS](#).

What information do we need in your application?

The [Evidence of Identity Factsheet](#) shows what information we need to confirm your identity. When you apply for the NDIS, you'll need to give us copies of these documents. If you can't do this, let us know so we can work out what to do depending on your situation. We will still need to check your identity before progressing your application.

Your [NDIS application form](#) shows what information we need to work out if you're eligible.

To show us you're younger than 65 when you apply, live in Australia, and that you're an Australian citizen or permanent resident, you can give us either of the following:

- consent to access and use your Centrelink record
- copies of documents or other evidence listed on your NDIS application form, or that we ask for if you apply in person or over the phone.

In most cases we can just use your identity documents.

Who can give us evidence of your impairments?

We need evidence of your impairments, to help us work out if you're eligible. To provide this, ask your [treating professional](#) to complete their part of the application form. For children younger than 6 with developmental delay, an [early childhood partner](#) can provide evidence of developmental delay.

Your treating professional might be your doctor, specialist, or allied health service provider. You should use a professional who:

- has worked with you for a long time, usually for at least 6 months
- is the [most appropriate type of professional](#) to give evidence about your impairment
- is qualified and registered in their area of practice with the [Australian Health Practitioner Regulation Agency](#) or relevant professional authority

If your treating professional does not meet these requirements we may not be able to verify the information in your access request, and may need to request further information.

When we check if you're eligible for the NDIS, we mainly consider the information you give us when you apply.

Learn more about who can give us evidence of your disability or impairment on the following pages:

- [Providing evidence of your disability](#)
- [Providing evidence of disability for children](#)
- [Information for GPs and health professionals.](#)

You can also learn more about [how we use, collect and store your personal information](#).

What if you're in a remote or very remote area?

We understand it might be hard to get your treating professional to complete their part of the application form in a remote or very remote area. If it's hard to get your treating professional to do this, let us know.

You might not need to give us as much evidence about your impairment as people in big cities, depending on what services are available in your area. We use a technical definition for remote and very remote. You will need to live in an area that's classified as MM6 or MM7 on the [Modified Monash Model](#) to be considered remote or very remote.

How do we check your application?

Before we can accept your application, we make sure it's been made by the right person. That is, the application is from you, or [someone who can apply for you](#).

We then check all the sections are complete. Finally, we check it has all the right information.⁶⁸

If your application isn't complete, we'll let you know and help you work out what to do. You can also let us know if there is a mistake, or you don't have all the information. We can work with you to help complete the application properly. We can't decide if you're eligible until we have a complete application.

We'll also let you know if we need more information and, if so, what you need to give us.

Once you have completed your application with all the right information, we'll check whether you're eligible. That is, we'll check that:

- You meet the age and residence requirements
- You meet either the disability requirements or the early intervention requirements.

Learn more in [Booklet 1 – Understanding the NDIS](#).

Who can help you apply?

You can ask someone to help you apply if you want to. They can help you:

- make your decision to apply to the NDIS
- gather the information we need
- fill out the form or call us to apply.

You can choose who helps you. For example, you could ask for help from:

- a family member
- a friend

- a carer
- a partner
- a support worker or service provider
- staff in a residential aged care facility
- your treating health professional
- hospital staff.

With your permission, we can share information with these people during your application. For example, they could call us to check how your application is progressing. You can let us know on your application form, or you can tell us in person or over the phone.

Can someone else apply for you?

If someone else has legal authority to make decisions for you, they can apply to the NDIS on your behalf.

If you're younger than 18, the people with parental responsibility for you will apply for you.⁶⁹ This is often your parents or legal guardian. In some situations, we can decide someone else has parental responsibility.⁷⁰ Learn more about [child representatives](#).

If you're an adult, these people may be able to apply to the NDIS on your behalf:

- a person you give consent to act as your authorised representative – this means you give them permission to apply for you
- your guardian
- a person with power of attorney who can make personal and health decisions for you
- a person with advance care health directive.

If you're an adult and want someone else to apply for you, [we have a form you can complete](#). You can also tell us in person, or over the phone.

When do we contact you to help you apply?

Sometimes, we'll reach out to you to help you apply. This might be if you live in a:

- group home or supported accommodation
- large residential facility
- residential aged care facility – also read our page on [younger people in residential aged care](#)
- rural or remote area.

How do we decide if you're eligible?

Once we have your application, we review all the information we have in your application. This will help us decide if you're eligible for the NDIS. As part of the process, we will also need to check your identity.

You are eligible for the NDIS if you meet:

- the age and residence requirements
- either the [disability requirements](#) or the [early intervention requirements](#).

If you're 7 or older, the first thing we decide is whether you meet the disability requirements. If you don't we will then decide whether you meet the early intervention requirements.

For children younger than 7, it's the other way around. First we'll decide whether they meet the early intervention requirements. If they don't then we decide whether they meet the disability requirements.

It's likely children younger than 6 with developmental delay will not meet the disability requirements. So, they may only be eligible under the early intervention requirements.

If you don't meet either the disability requirements or the early intervention requirements, you won't be eligible for the NDIS. But an [early childhood partner](#) or [local area coordinator](#) can help you connect with other government and community supports.

When will we decide if you're eligible?

Once we have your application, we have **21 days** to decide one of the following:⁷¹

- [you're eligible for the NDIS](#)
- [you're not eligible for the NDIS](#)
- [we need more information](#).

We can make a decision quicker in urgent circumstances. Let us know if your situation is urgent, for example if you're about to leave a hospital or custodial setting. Learn more about our [participant service guarantee](#) and [timeframes for urgent decisions](#).

How do we consider your evidence of disability?

When we're deciding if you're eligible, we may look at things like:

- how old your evidence is
- who provided your evidence.

If we get more than one type of evidence from you, we might consider some evidence over others. We call this weighing evidence. Learn more about [evidence of disability](#).

What if we need more information to decide if you're eligible?

When we decide if you're eligible, we look at:

- the information in your NDIS application
- any other information we have.

We need enough information in your application to show us you're eligible for the NDIS by meeting the disability requirements or the early intervention requirements.

Sometimes we might need to ask you for more information. For example, your NDIS application form might not have enough information about your functional capacity.

First, we'll try to get this information from your application. If this doesn't help, we'll ask you for more information to make sure we have the full picture.⁷²

We might ask you for more information if:

- your application doesn't have all the information we need
- we need to answer a particular question.

We only ask for more information if we need it to decide if you're eligible.⁷³ If we need more information, we'll let you know:

- what you need to do
- what information we need
- when you need to give us the information.

If we ask for more information, you'll have at least **90 days** to give it to us. We can't decide if you're eligible until we have this. You can ask for more time if you need it. We can give you more time if we think it's reasonable for your situation.⁷⁴

If we can't contact you within **90 days**, or you don't give us the information within the timeframe, we'll withdraw your application. This means we'll stop processing your application.

If you don't get the information to us in time, you can apply again.

What happens after we get your information?

Once you give us the information we need, we then have **14 days** to decide if:⁷⁵

- you're eligible for the NDIS
- you're not eligible for the NDIS

- we need more information – for example if the information you gave us isn't what we need.

What happens if we don't decide on time?

If we don't meet our decision-making timeframes, we have to treat this as if we decided you're not eligible.⁷⁶

If this happens, we'll automatically review this decision that you're not eligible.⁷⁷ We'll send you a letter to explain this. You don't need to do anything.

We'll then make sure your application is reviewed by a staff member who wasn't involved in the original application. We'll contact you to let you know the outcome.

Learn more about [reviewing our decisions](#).

What happens after we decide?

What happens if you're eligible?

On the day we decide you're eligible for the NDIS, you become a NDIS participant.⁷⁸

The time that you remain eligible for the NDIS depends on your individual circumstances and disability support needs.

You'll need to continue to be eligible for the NDIS. This means you'll need to continue to live in Australia and be an Australian citizen or permanent resident. You'll also need to continue to meet either the [disability requirements](#) or the [early intervention requirements](#). Learn more about [whether you will always be eligible](#) and [leaving the NDIS](#).

We'll send you a letter to let you know:

- you are eligible
- if you met the disability requirements or the early intervention requirements
- the next steps.

Your letter will also confirm the date you became eligible for the NDIS.⁷⁹

How will we create your first plan?

After you receive the letter confirming you're eligible, we'll contact you to organise your first planning conversation. We'll contact you within **21 days**.

You will need to bring your original [identity documents](#) from the [Evidence of Identity Factsheet](#) to your first planning meeting so we can confirm them. If you can't provide these documents, let us know so we can work out what to do depending on your situation. We will still need to check your identity before approving your plan.

We'll then work together to create a plan for your disability support needs. Your plan will include any supports we fund that meet the [NDIS funding criteria](#).

We fund supports for any impairments that meet the eligibility criteria.

For example, you may have many impairments, but only one meets our eligibility criteria. Or, you might get another impairment after we decide you're eligible. If so, we only fund supports for impairments that meet either the disability requirements, or the early intervention requirements.

If you're aged 7 or older, we must approve your first plan within **56 days** after you become a participant.

For children younger than 7, we'll approve their first plan within **90 days** after they become a participant.

For more information, check out [creating your plan](#) and [Booklet 2](#).

Will you always be eligible for the NDIS?

There are many reasons for leaving the NDIS.

Some people decide they don't want to be a participant anymore.

You'll also leave the NDIS if you're no longer eligible.

When we reassess your [plan](#), we check that all your details are correct and up to date. We also look at any new information we have received.

If you're eligible under the **early intervention requirements**, your support needs are more likely to change. We'll check at each plan reassessment whether you still meet the early intervention requirements.

For example, during a reassessment it may show you no longer meet the early intervention requirements because you have built your skills and capacity and will no longer benefit from early intervention supports.

If you're eligible under the disability requirements, your disability is permanent. We don't expect your disability to change, and it's likely you'll need the NDIS for a long time. We will only ask you for more information about your eligibility if there is evidence that you may no longer meet the disability requirements.

You can find out more about the eligibility requirements, and how we check these [here](#).

[Children with developmental delay](#) will usually leave the NDIS after they turn 6.

Over time, you might develop your skills and independence and not need the NDIS anymore.

If you met the early intervention requirements, you usually won't be eligible anymore after the early intervention supports have helped you. For example, if you needed early

intervention supports to improve your functional capacity, you won't be eligible anymore after your functional capacity improves.

If you're no longer eligible, we'll help you transition from the NDIS and connect with other services in your community if you need them. We'll also keep your information, so you can apply again if your situation changes.

Learn more about [leaving the NDIS](#)

What happens if you're not eligible?

If you're not eligible, you can't become an NDIS participant.

We'll try and contact you by phone, or your preferred contact method,⁸⁰ to explain why you're not eligible. We will give you reasons for our decision, and also answer any questions you might have.

We'll also send you a letter with our decision, including the reasons you're not eligible and what to do next. Your letter will confirm the date we made the decision.

Even if you're not eligible for the NDIS, we can help you connect with an [early childhood partner](#) or [local area coordinator](#). They can help you access other services. For example, you might be able to access medical, mental health, disability, or community supports in your state or territory.

We also have a list of [other government and community supports](#) you can get, even if you're not eligible for the NDIS.

What if you don't agree with our decision?

If you don't agree with our decision that you're not eligible, you should [contact us](#). We can help explain our decision and what your options or next steps might be.

You can also ask for an internal review.⁸¹ Another staff member, who wasn't involved in the original decision, will then check if we made the right decision. You need to ask for an internal review within **3 months** after receiving the decision.⁸² Learn more about [reviewing our decisions](#).

But you can't ask for an internal review if:

- you withdraw your application because you don't want to apply anymore
- a decision has not been made and we ask you for more information
- we withdraw your application because you didn't give us information on time
- it's been more than 3 months since you received our decision that you're not eligible.

If you don't agree with the internal review decision, you can ask the Administrative Appeals Tribunal to review it. We call this an external review. You can't ask for an external review until after we make the internal review decision.

You can [contact us](#) to discuss any concerns you may have about the process. You can also [make a complaint](#) if you're not happy with any part of the process.

Can you apply again?

Yes. If we decide you're not eligible, you can apply again.⁸³ You'll follow the same process to apply as you did the first time. Remember, you need to be younger than 65 on the day you make your new application. And children with developmental delay will need to be younger than 6 on the day they apply.

But if you've asked for an internal review of the decision, you can't apply to the NDIS again until we've completed that review.⁸⁴ You can ask us to stop our internal review at any time.⁸⁵

Also, if your review is with the Administrative Appeals Tribunal after an internal review, you can't apply again until it's made a decision.⁸⁶ You can also ask the Tribunal at any time to withdraw your application. Learn more on the [Administrative Appeals Tribunal website](#).

Applying to the NDIS – Appendices

What's on this page?

- [List A: Conditions that are likely to meet the disability requirements](#)
- [List B: Conditions that are likely to be permanent](#)
- [List C: What if you're receiving disability support in Western Australia?](#)
- [List D: Conditions that are likely to meet the early intervention requirements for children younger than 7](#)
- [When do we make priority eligibility decisions?](#)
- [How do we weigh evidence of disability?](#)

List A: Conditions that are likely to meet the disability requirements

1. **Intellectual disability** diagnosed and assessed as moderate, severe or profound in accordance with current DSM criteria.
2. **Autism** diagnosed by a specialist multi-disciplinary team, paediatrician, psychiatrist or clinical psychologist experienced in the assessment of Pervasive Developmental Disorders and assessed using the current Diagnostic and Statistical Manual of Mental Disorders (DSM-V) diagnostic criteria as having severity of Level 2 (Requiring substantial support) or Level 3 (Requiring very substantial support).
3. **Cerebral palsy** diagnosed and assessed as severe (e.g. assessed as Level 3, 4 or 5 on the Gross Motor Function Classification System - GMFCS).
4. **Genetic conditions** that consistently result in permanent and severe intellectual and physical impairments:
 - o Angelman syndrome
 - o Coffin-Lowry syndrome in males
 - o Cornelia de Lange syndrome
 - o Cri du Chat syndrome
 - o Edwards syndrome (Trisomy 18 – full form)
 - o Epidermolysis Bullosa (severe forms):
 - YR

- Autosomal recessive dystrophic epidermolysis bullosa
- Hallopeau-Siemens type
- Herlitz Junctional Epidermolysis Dystrophica
- o Lesch-Nyhan syndrome
- o Leigh syndrome
- o Leukodystrophies:
 - Alexander disease (infantile and neonatal forms)
 - Canavan disease
 - Krabbe disease (globoid cell leukodystrophy) – Infantile form
 - Pelizaeus-Merzbacher Disease (Connatal form)
- o Lysosomal storage disorders resulting in severe intellectual and physical impairments:
 - Gaucher disease Types 2 and 3
 - Niemann-Pick disease (Types A and C)
 - Pompe disease
 - Sandhoff disease (infantile form)
 - Schindler disease (Type 1)
 - Tay-Sachs disease (infantile form)
- o Mucopolysaccharidoses – the following forms:
 - MPS 1-H (Hurler syndrome)
 - MPS III (San Fillipo syndrome)
 - Osteogenesis Imperfecta (severe forms):
 - Type II - with two or more fractures per year and significant deformities severely limiting ability to perform activities of daily living
- o Patau syndrome
- o Rett syndrome
- o Spinal Muscular Atrophies of the following types:
 - Werdnig-Hoffmann disease (SMA Type 1- Infantile form)
 - Dubowitz disease (SMA Type II – Intermediate form)
 - X-linked spinal muscular atrophy

5. **Spinal cord injury** or **brain injury** resulting in paraplegia, quadriplegia or tetraplegia.
6. **Hemiplegia** where there is severe or total loss of strength and movement in the affected limbs of the body.
7. **Permanent blindness** in both eyes, diagnosed and assessed by an ophthalmologist as follows:
 - o Corrected visual acuity (extent to which an object can be brought into focus) on the Snellen Scale must be less than or equal to 6/60 in both eyes; or
 - o Constriction to within 10 degrees or less of arc of central fixation in the better eye, irrespective of corrected visual acuity (i.e. visual fields are reduced to a measured arc of 10 degrees or less); or
 - o A combination of visual defects resulting in the same degree of visual impairment as that occurring in the above points. (An optometrist report is not sufficient for NDIS purposes.)
8. **Permanent bilateral hearing loss** > 90 decibels in the better ear (pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz).
9. **Deafblindness** confirmed by ophthalmologist and audiologist and assessed as resulting in permanent and severe to total impairment of visual function and hearing.
10. **Amputation** or congenital absence of 2 limbs – for example, 2 legs, 2 arms, or a leg and an arm (not a leg and a hand, or an arm and a foot).

List B: Conditions that are likely to result in a permanent impairment

Conditions primarily resulting in intellectual or learning impairment

- Intellectual disability
- Pervasive developmental disorders not meeting severity criteria in List A or List C, such as autism
- Asperger syndrome
- Atypical autism
- Childhood autism.

Chromosomal abnormalities resulting in permanent impairment and not specified on List A

- Aicardi-Goutières syndrome

- CHARGE syndrome
- Cockayne syndrome Types I and Type II/Cerebro-oculo-facio-skeletal (COFS) syndrome /Pena Shokeir syndrome Type II/Weber-Cockayne syndrome/Neill-Dingwall syndrome)
- Cohen syndrome
- Dandy-Walker syndrome
- DiGeorge syndrome /22q11.2 deletion syndrome/Velocardiofacial syndrome/Shprintzen syndrome/Conotruncal anomaly face syndrome
- Down syndrome/Trisomy 21
- Fragile X syndrome
- Kabuki syndrome
- Menkes disease
- Prader-Willi syndrome
- Seckel syndrome /microcephalic primordial dwarfism/Harper's syndrome/Virchow-Seckel dwarfism
- Smith-Lemli-Optiz syndrome
- Smith-Magenis syndrome
- Spinal muscular atrophy Types III and IV
- Sturge-Weber syndrome
- Trisomy 9
- Tuberous sclerosis
- Turner syndrome
- Williams syndrome
- Wolf-Hirschhorn syndrome.

Conditions primarily resulting in neurological impairment

- Alzheimer's dementia
- Creutzfeldt-Jakob disease
- HIV dementia
- Huntington's disease

- Multi-infarct dementia
- Parkinson's disease
- Post-polio syndrome
- Vascular dementia.

Systemic atrophies primarily affecting the central nervous system

- Abetalipoproteinaemia
- Adult-onset spinal muscular atrophy/late-onset SMA type III)
- Fazio-Londe disease/Progressive bulbar palsy of childhood
- Friedrich's ataxia
- Hereditary spastic paraplegia/ Infantile-onset ascending hereditary spastic paralysis/ L1 syndrome/ spastic paraplegias types 2 and 11Huntington's disease/Huntington's chorea
- Louis-Bar syndrome/Ataxia-telangiectasia
- Motor neuron disease/Motor neurone disease/ Lou Gehrig's disease /Amyotrophic lateral sclerosis
- Primary lateral sclerosis
- Progressive bulbar palsy
- Spinal muscular atrophy – all types
- Spinocerebellar Ataxia – all types, including Machado-Joseph disease.

Extrapyramidal and movement disorders

- Hallervorden-Spatz syndrome /Pantothenate kinase-associated neurodegeneration (PKAN)/neurodegeneration with brain iron accumulation 1 (NBIA 1)
- Parkinson's disease
- Shy-Drager syndrome /Multiple System Atrophy /Striatonigral degeneration (MSA-P)/ Sporadic olivopontocerebellar atrophy (MSA-C)
- Steele-Richardson-Olszewski syndrome/Progressive supranuclear ophthalmoplegia
- Stiff-man syndrome /Stiff-person syndrome.

Other degenerative diseases of the nervous system

- Alzheimer's disease

- Alpers disease/Grey-matter degeneration/Alpers syndrome/progressive sclerosing poliodystrophy/progressive infantile poliodystrophy
- Lewy body dementia
- Pick's disease.

Demyelinating diseases of the central nervous system

- Adrenoleukodystrophy
- Multiple sclerosis
- Schilder's disease /Diffuse myelinoclastic sclerosis – non-remitting.

Episodic and paroxysmal disorders

- Brain stem stroke syndrome
- Cerebellar stroke syndrome
- Motor and sensory lacunar syndromes
- Lennox syndrome /Lennox-Gastaut syndrome
- West's syndrome.

Polyneuropathies and other disorders of the peripheral nervous system

- Adult Refsum disease
- Charcot-Marie-Tooth disease/Hereditary motor and sensory neuropathy/ peroneal muscular atrophy
- Dejerine-Sottas disease /Dejerine-Sottas syndrome/Dejerine-Sottas neuropathy/progressive hypertrophic interstitial polyneuropathy of childhood/onion bulb neuropathy
- Infantile Refsum disease.

Other disorders of the nervous system

- Hydrocephalus
- Multiple system atrophy.

Conditions resulting in physical impairment

- Amputation
- Congenital absence of limb or part thereof
- Epidermolysis bullosa

- Harlequin type ichthyosis
- Juvenile arthritis / Stills Disease (excluding monocyclic/self-limited Adult Onset Stills disease)
- Rheumatoid arthritis.

Diseases of myoneural junction and muscle

- Andersen-Tawil syndrome/ Periodic paralysis /myoplegia paroxysmalis familiaris
- Becker muscular dystrophy
- Congenital muscular dystrophy
- Distal muscular dystrophy
- Duchenne muscular dystrophy
- Facioscapulohumeral muscular dystrophy
- Limb-girdle muscular dystrophy
- Mitochondrial myopathy
- Myotonic dystrophy /dystrophia myotonica
- Myotonic muscular dystrophy
- Myotubular myopathy
- Oculopharyngeal muscular dystrophy
- Paramyotonia Congenita
- Thomsens disease /Congenital myotonia/ Becker myotonia).

Cerebral palsy and other paralytic syndromes not meeting severity criteria on List A

- Cerebral palsy
- Diplegia
- Hemiplegia
- Monoplegia
- Paraplegia
- Quadriplegia
- Tetraplegia.

Conditions resulting in sensory and/or speech impairment

Disorders of the choroid and retina where permanent blindness diagnostic and severity criteria on List A are not met

- Behr's syndrome
- Kearns-Sayre syndrome
- Optic atrophy
- Retinitis pigmentosa
- Retinoschisis (degenerative and hereditary types/juvenile retinoschisis)
- Stargardt disease
- Usher syndrome.

Disorders resulting in hearing loss

- Cortical deafness
- Pendred syndrome
- Sensorineural hearing loss
- Stickler syndrome
- Usher syndrome
- Waardenburg syndrome.

Conditions resulting in multiple types of impairment

- Aceruloplasminemia
- Addison-Schilder disease /Adrenoleukodystrophy
- Albinism
- Arginosuccinic aciduria
- Aspartylglucosaminuria
- Cerebrotendinous xanthomatosis /cerebral cholesterosis
- Congenital cytomegalovirus infection
- Congenital iodine-deficiency syndrome /cretinism
- Congenital rubella syndrome
- Glycine encephalopathy /non-ketotic hyperglycinaemia

- GM1 gangliosidosis
- Hartnup disease
- Homocystinuria
- Lowe syndrome/ Oculocerebrorenal syndrome
- Mannosidosis
- Menkes disease
- Mucopolidosis II /I-cell disease
- Mucopolidosis III /pseudo-Hurler polydystrophy
- Mucopolidosis IV
- Neuronal ceroid lipofuscinosis (NCL)/ Adult type (Kuf's or Parry's disease)/ Juvenile (Batten disease)/ Late infantile (Jansky-Bielschowsky)
- Niemann-Pick disease
- Pyruvate carboxylase deficiency
- Pyruvate dehydrogenase deficiency
- Sialidosis
- Sulfite oxidase deficiency.

The following mucopolysaccharidoses

- Scheie syndrome /MPS 1-H
- Hurler-Scheie syndrome /MPS 1 H-S
- Hunter syndrome /MPS II
- Morquio syndrome /MPS IVA
- Maroteaux-Lamy syndrome /MPS VI
- Sly syndrome /MPS VII.

Congenital conditions – cases where malformations cannot be corrected by surgery or other treatment and result in permanent impairment but with variable severity

- Arnold-Chiari Types 2 and 3/Chiari malformation
- Microcephaly
- Fetal alcohol spectrum disorder
- Fetal hydantoin syndrome

- Spina bifida
- VATER syndrome /VACTERL association.

List C: What if you're receiving disability support in Western Australia?

We have an agreement with the Western Australian government to bring Western Australians onto the NDIS. If you're receiving disability supports in Western Australia, you might already meet most of the eligibility criteria. We'll send you a letter with all the details on how to apply.

The Western Australian government will let us know if you're on a program for faster access to the NDIS. This is called a [defined program](#).

If you're on one of these programs, you need to show us that you:

- are younger than 65 on the day you apply
- live in Australia permanently
- are an Australian citizen or permanent resident.

We'll let you know what evidence you need to give us when you apply.

If you show us you meet the above requirements, we'll decide you're eligible under the **disability requirements**.

Which Western Australian defined programs are eligible for the NDIS?

- WA state-administered National Disability Insurance Scheme
- Supported Community Living
- Community Residential
- Day Options
- Disability Professional Services
- Emergency Accommodation
- Respite
- LAC Coordination
- Recreation

List D: Permanent impairment/Early intervention, under 7 years. No further assessment required.

Synonyms for conditions are also shown (e.g. condition / synonym / synonym)

Conditions primarily resulting in Intellectual/ learning impairment

Chromosomal abnormalities resulting in permanent impairment

- Global Developmental Delay
- Aicardi syndrome
- Aicardi-Goutières syndrome
- Angelman syndrome
- CHARGE syndrome
- Cockayne syndrome/ Types I and Type II / Cerebro-oculo-facio-skeletal (COFS) syndrome/ Pena Shokeir syndrome Type II / Weber-Cockayne syndrome/ Neill-Dingwall syndrome
- Coffin-Lowry syndrome
- Cohen syndrome
- Cornelia de Lange syndrome
- Cri du Chat syndrome
- Dandy-Walker syndrome
- DiGeorge syndrome/ 22q11.2 deletion syndrome/ Velocardiofacial syndrome/ Shprintzen syndrome/ Conotruncal anomaly face syndrome
- Down syndrome/ Trisomy 21
- Edwards syndrome/ Trisomy 18
- Fragile X syndrome
- Kabuki syndrome
- Lesch-Nyhan syndrome/ Nyhan's syndrome/ Kelley-Seegmiller syndrome/ Juvenile gout
- Leigh syndrome/ Leigh's disease/ subacute necrotizing encephalomyelopathy
- Menkes disease
- Patau syndrome/ Trisomy 13

- Prader-Willi syndrome
- Rett syndrome
- Seckel syndrome/ microcephalic primordial dwarfism/ Harper's syndrome/ Virchow-Seckel dwarfism
- Smith-Lemli-Optiz syndrome
- Smith-Magenis syndrome
- Sturge-Weber syndrome
- Trisomy 9
- Tuberous sclerosis
- Williams syndrome
- Wolf-Hirschhorn syndrome.

Conditions primarily resulting in neurological impairment

Systemic atrophies primarily affecting the central nervous system

- Friedrich's ataxia
- Hereditary spastic paraplegia/ Infantile-onset ascending hereditary spastic paralysis/ L1 syndrome/ spastic paraplegias types 2 and 11
- Louis-Bar syndrome/ Ataxia-telangiectasia
- Niemann-Pick disease (Types A and C)
- Progressive bulbar palsy of childhood/ Fazio-Londe disease.

The following spinal muscular atrophies

- Spinal muscular atrophy Type I/ Werdnig Hoffmann disease/ infantile SMA
- Spinal muscular atrophy Type II/ Dubowitz disease
- Spinal muscular atrophy Type III Kugelberg-Welander disease/ juvenile SMA
- Spinal muscular atrophy lower extremity dominant/ SMA-LED
- X-linked spinal muscular atrophy.

Extrapyramidal and movement disorders

- Hallervorden-Spatz syndrome / Pantothenate kinase-associated neurodegeneration (PKAN)/ neurodegeneration with brain iron accumulation 1 (NBIA 1)

- Alpers disease/ Alpers syndrome/ Grey-matter degeneration/ Progressive sclerosing poliodystrophy/ Progressive infantile poliodystrophy
- Demyelinating diseases of the central nervous system
- Adrenoleukodystrophy / X-linked childhood cerebral form
- Alexander disease
- Canavan disease
- Krabbe disease/ Globoid cell leukodystrophy
- Pelizaeus-Merzbacher disease.

Episodic and paroxysmal disorders

- Lennox-Gastaut syndrome/ Lennox syndrome
- West's syndrome.

Polyneuropathies and other disorders of the peripheral nervous system

- Dejerine-Sottas disease/ Dejerine-Sottas syndrome/ Dejerine-Sottas neuropathy/ progressive hypertrophic interstitial polyneuropathy of childhood/onion bulb neuropathy
- Infantile Refsum disease.

Conditions primarily resulting in physical impairment

- Amputation
- Diamond-Blackfan anaemia
- Epidermolysis bullosa
- Harlequin type ichthyosis
- Hay Wells syndrome/ ankyloblepharon/ ectodermal dysplasia/ clefting [AEC] syndrome
- Joint or limb deformities resulting in impaired mobility
- Juvenile arthritis/ Stills Disease
- Osteogenesis imperfecta
- Sjogren Larsson syndrome.

Diseases of myoneural junction and muscle

- Congenital muscular dystrophy

- Congenital myotonia / Thomsens disease/ Becker myotonia
- Distal muscular dystrophy
- Duchenne muscular dystrophy
- Emery-Dreifuss muscular dystrophy
- Facioscapulohumeral muscular dystrophy
- Myotubular myopathy
- Oculopharyngeal muscular dystrophy
- Paramyotonia Congenita.

Cerebral palsy and other paralytic syndromes

- Cerebral palsy
- Diplegia
- Hemiplegia
- Monoplegia
- Paraplegia
- Quadriplegia
- Tetraplegia.

Conditions resulting in sensory and/or speech impairment

- Permanent blindness in both eyes, diagnosed and assessed by an ophthalmologist as follows:
- Corrected visual acuity (extent to which an object can be brought into focus) on the Snellen Scale must be less than or equal to 6/60 in both eyes; or
- Constriction to within 10 degrees or less of arc of central fixation in the better eye, irrespective of corrected visual acuity (i.e. visual fields are reduced to a measured arc of 10 degrees or less); or
- A combination of visual defects resulting in the same degree of visual impairment as that occurring in the above points.
- (An optometrist report is not sufficient for NDIS purposes.)
- Deafblindness confirmed by ophthalmologist and audiologist and assessed as resulting in permanent and severe to total impairment of visual function and hearing.

Conditions resulting in multiple types of impairment

- Aceruloplasminemia
- Addison-Schilder disease/ Adrenoleukodystrophy /
- Albinism
- Arginosuccinic aciduria
- Aspartylglucosaminuria
- Cerebrotendinous xanthomatosis/ cerebral cholesterosis
- Congenital cytomegalovirus infection
- Congenital hypothyroidism
- Congenital iodine-deficiency syndrome /cretinism
- Congenital rubella syndrome
- Galactosaemia with long term learning disabilities and neurological impairment
- Glycine encephalopathy/ non-ketotic hyperglycinaemia
- GM1 gangliosidosis
- Hartnup disease
- Homocystinuria
- Lowe syndrome/ Oculocerebrorenal syndrome
- Mannosidosis
- Menkes disease
- Mucopolidosis II / I-cell disease
- Mucopolidosis III / pseudo-Hurler polydystrophy
- Mucopolidosis IV
- Neuronal ceroid lipofuscinosis
- Niemann-Pick disease
- Phenylketonuria
- Pyruvate carboxylase deficiency
- Pyruvate dehydrogenase deficiency
- Sialidosis

- Sulfite oxidase deficiency.

The following mucopolysaccharidoses

- Hurler syndrome/MPS1-H
- Scheie syndrome/ MPS 1-S
- Hurler-Scheie syndrome/ MPS 1 H-S
- Hunter syndrome/ MPS II
- San Fillipo syndrome/ MPS III
- Morquio syndrome/ MPS IVA
- Maroteaux-Lamy syndrome/ MPS VI
- Sly syndrome/ MPS VII.

The following lysosomal storage disorders

- Gaucher disease Types 2 and 3
- Niemann-Pick disease (Types A and C)
- Pompe disease
- Sandhoff disease (infantile form)
- Schindler disease (Type 1)
- Tay-Sachs disease (infantile form).

Congenital conditions – cases where malformations cannot be corrected by surgery or other treatment and result in permanent impairment

- Chiari malformation/Arnold-Chiari malformation
- Congenital absence of limb(s)
- Congenital hydrocephalus
- Fetal alcohol spectrum disorder
- Fetal hydantoin syndrome
- Microcephaly
- Spina bifida
- VATER syndrome (VACTERL association).

When do we make priority eligibility decisions?

If you're in one of the following situations, we'll decide if you're eligible within **2 to 5 business days**.

- Child younger than 7 years with a hearing impairment, either:
 - Identified as **Hearing Australia or Early Childhood Partner Priority**
 - Identified as **'newly diagnosed'**
- A child is identified as having a developmental delay and is turning 6 years old within 30 days of a valid NDIS application.
- **Immediate risk** to self, others, community or agency where appropriate disability or informal supports are not in place.
- **Unexpected, significant deterioration** of disability-related functional capacity where appropriate disability or informal supports are not in place.
- **Rapid deterioration** in functional capacity of a person with one of the following permanent disabilities:
 - Amyotrophic Lateral Sclerosis (ALS)
 - Brain Cancer
 - Motor Neurone Disease (MND or Lou Gehrig's Disease)
 - Progressive Bulbar Palsy (PBP)
 - Primary Lateral Sclerosis (PLS)
 - Progressive Muscular Atrophy (PMA)
- **Imminent risk** (within 1–14 days) of breakdown of either:
 - Accommodation – risk of homelessness
 - Caring arrangements, including informal supports, due to death, serious illness or injury of informal supports, or significant and unexpected deterioration of disability-related functional capacity.
- Appropriate disability supports are not in place and are re-entering the community after a long-term residence or hospital stay (specific release date not required):
 - A person with a **newly acquired, significant disability**, such as spinal cord injury, being discharged from hospital
 - A **younger person living in residential aged care**
 - A person being **discharged from an inpatient mental health facility**

- A person due to be **released from correctional facility**

How do we weigh evidence of disability?

We understand that you may have evidence of your disability from different health professionals at different times. When we're deciding if you're eligible for the NDIS, we look at:

- how old your evidence is
- who provided your evidence.

We weigh evidence based on what we consider 'best practice', or highest quality. We consider this evidence most strongly when we make a decision.

What type of evidence should you provide?

We need evidence to help us consider if you meet the disability or early intervention requirements.

For the disability requirements, we need evidence to confirm your permanent impairment and evidence about how this impacts your functional capacity.

For the early intervention requirements, we need evidence to confirm your permanent impairment and evidence that confirms you need early intervention.

It's important to understand the type of evidence that you are providing us. You may have evidence from a doctor or specialist confirming your **permanent impairment** or you may have evidence from an allied health professional or other medical professional that tells us about **impacts to your functional capacity** (your ability to do daily life activities). These are different types of evidence which will often be provided by different health professionals based on their qualifications.

How old should your evidence be?

How old should your evidence be to confirm your permanent impairment?

We need evidence from your doctor or specialist to confirm your permanent impairment. You can give us evidence confirming this **from any age**. However, evidence about how your impairment impacts your functional capacity should be from the last 12 months.

How old should your evidence be to confirm your functional capacity?

Generally, we need evidence about how your impairment impacts your functional capacity from **the last 12 months**. This is because your functional capacity may change over time – even if your impairment does not. It's important that we have evidence of your current circumstances to ensure we understand your support needs.

If you give us more than one type of evidence, we might weigh the newer evidence over the older evidence. If you give us older evidence, we will generally give this less weighting when we make our decision. In these cases, we will generally ask for more information. If this is not provided, we may decide you are not eligible for the NDIS.

How old should your evidence be to confirm you need early intervention?

We need evidence from your doctor or specialist to confirm your permanent impairment and that you need early intervention.

Generally, we need evidence about that confirms you need early intervention from **the last 12 months**. This is because your functional capacity may change over time – even if your impairment does not. It's important that we have evidence of your current circumstances to ensure we understand your support needs.

Who should provide evidence?

We generally prefer evidence that comes from a treating professional who:

- is the most **appropriately qualified** person to provide evidence of your primary disability
- has treated you for a significant period of time (at least six months)
- [is registered to practise in Australia or New Zealand](#)
- provides disability evidence (such as a medical report) that is original, genuine and specific to you.

Depending on your situation, you might get your evidence of **permanent impairment** from a different treating professional than your **evidence of functional capacity**.

You can visit [Types of disability evidence](#) to help you decide on the most appropriate treating professional for your primary disability. If you need help to get your evidence together, your [local area coordinator](#) or [early childhood partner](#) can help you.

Who should provide evidence of your permanent impairment?

We generally prefer evidence from your doctor or specialist to confirm your permanent impairment.

Examples of common doctors or specialists include:

- General Practitioner (GP)
- Paediatrician
- Orthopaedic surgeon
- Neurologist

- Psychiatrist

Who should provide evidence of your functional capacity?

We generally prefer evidence from a doctor, specialist, allied health or other medical professional for confirm how your permanent impairment impacts your functional capacity.

In addition to doctors and specialists, examples of common allied health or other medical professionals include:

- Occupational Therapist
- Speech Pathologist (Therapist)
- Psychologist
- Physiotherapist

Who should provide evidence that you need for early intervention?

We generally prefer evidence from your doctor or specialist to confirm your permanent impairment.

Whereas a doctor, specialist, allied health or other medical professional can give us evidence to confirm you need early intervention.

In addition to doctors and specialists, examples of common allied health or other medical professionals include:

- Occupational Therapist
- Speech Pathologist (Therapist)
- Psychologist
- Physiotherapist

Health professionals registered to practise in Australia and New Zealand

We strongly prefer evidence of your disability to come from a registered Australian or New Zealand health professional. Most Australian health professionals are registered with the [Australian Health Practitioner Regulation Agency \(AHPRA\)](#).

We will still consider evidence from non-Australian or New Zealand health professionals, or unregistered health professionals. However, this evidence will be given less weight.

If we cannot confirm the registration of your health professional, we will ask you (and your health professional) for more information in the first instance. If we still cannot confirm their registration, we will likely decide that you are not eligible for the NDIS.

Reference list

- ¹ NDIS Act s 24(1)(e).
- ² NDIS Act ss 22-23.
- ³ NDIS Act s 24.
- ⁴ NDIS Act s 25.
- ⁵ NDIS Act s 25(1)(a)(iii).
- ⁶ NDIS Act s 28(1).
- ⁷ NDIS Act s 22(1)(a).
- ⁸ NDIS Act s 23(1)(b)(i).
- ⁹ NDIS Act s 23(1)(b)(ii).
- ¹⁰ NDIS Act s 23(1)(b)(iii).
- ¹¹ NDIS Act s 23(1)(a).
- ¹² NDIS Act s 23(2).
- ¹³ NDIS Act s 23(2)(f).
- ¹⁴ NDIS Act s 23(2)(a).
- ¹⁵ NDIS Act s 23(2)(b).
- ¹⁶ NDIS Act s 23(2)(c).
- ¹⁷ NDIS Act s 23(2)(d).
- ¹⁸ NDIS Act s 23(2)(e).
- ¹⁹ NDIS Act s 24.
- ²⁰ NDIS Act ss 24(1)(a); 25(1)(a).
- ²¹ NDIS Act ss 24(1)(a); 25(1)(a).
- ²² NDIS Act ss 24(3)
- ²³ NDIS (Becoming a Participant) Rules rr 5.4, 6.4.
- ²⁴ NDIS (Becoming a Participant) Rules rr 5.6, 6.6.
- ²⁵ NDIS (Becoming a Participant) Rules rr 5.5, 6.5.
- ²⁶ NDIS (Becoming a Participant) Rules rr 5.7, 6.7.
- ²⁷ NDIS (Becoming a Participant) Rules rr 5.8(a), (c)
- ²⁸ NDIS (Becoming a Participant) Rules r 5.8(b).
- ²⁹ NDIS (Becoming a Participant) Rules r 5.8(a).
- ³⁰ NDIS Act s 24(1)(d).
- ³¹ NDIS Act s 24(1)(e).
- ³² NDIS Act s24(3)
- ³³ NDIS Act s 24(2).
- ³⁴ NDIS Act ss 25(1)(a)(i)-(ii).
- ³⁵ NDIS Act s 25(1)(a)(i).
- ³⁶ NDIS Act ss 25(1)(a)(i)-(ii).
- ³⁷ NDIS Act s 25(1)(a)(ii).
- ³⁸ NDIS Act s 25(1)(b).
- ³⁹ NDIS Act s 25(1)(c).
- ⁴⁰ NDIS (Becoming a Participant) Rules r 6.9.
- ⁴¹ NDIS Act s 25(3); NDIS (Becoming a Participant) Rules r 6.1,
- ⁴² NDIS (Supports for Participants) Rules r 7.5(b).
- ⁴³ NDIS (Supports for Participants) Rules r 7.5(a).
- ⁴⁴ NDIS (Supports for Participants) Rules r 7.7(b).
- ⁴⁵ NDIS (Supports for Participants) Rules r 7.7(a).
- ⁴⁶ NDIS (Supports for Participants) Rules r 7.10(a).
- ⁴⁷ NDIS (Supports for Participants) Rules r 7.18(b).
- ⁴⁸ NDIS (Supports for Participants) Rules r 7.18(a).
- ⁴⁹ NDIS Act s 25.
- ⁵⁰ NDIS Act ss 9 (definition of 'developmental delay'), 21(1)(c), 25(1)(a)(iii).
- ⁵¹ NDIS Act s 23(1)(a).
- ⁵² NDIS Act s 23(1)(b).

- ⁵³ NDIS Act ss 9 (definition of 'developmental delay'), 25(1)(a)(iii).
- ⁵⁴ NDIS Act s 25(3). If we decide a child has a developmental delay under NDIS Act s 9 (definition of 'developmental delay'), we're satisfied they meet the requirements under NDIS Act ss 25(1)(b)-(c): see NDIS (Becoming a Participant) Rules r 6.8.
- ⁵⁵ NDIS Act ss 9 (definition of 'developmental delay'), 25(1)(a)(iii).
- ⁵⁶ NDIS Act s 9 (definition of 'developmental delay' para (a)).
- ⁵⁷ NDIS Act s 9 (definition of 'developmental delay' para (b)).
- ⁵⁸ NDIS Act s 9 (definition of 'developmental delay' para (c)).
- ⁵⁹ NDIS Act s 25(3); NDIS (Becoming a Participant) Rules rr 6.1, 8.4.
- ⁶⁰ NDIS (Supports for Participants) Rules r 7.5(b).
- ⁶¹ NDIS (Supports for Participants) Rules r 7.5(a).
- ⁶² NDIS (Supports for Participants) Rules r 7.10(a).
- ⁶³ NDIS (Supports for Participants) Rules r 7.9(a).
- ⁶⁴ NDIS (Supports for Participants) Rules r 7.10(c).
- ⁶⁵ NDIS Act s 19(1)(a).
- ⁶⁶ NDIS Act s 19(1)(b).
- ⁶⁷ NDIS Act s 19(1)(c).
- ⁶⁸ NDIS Act s 197(1).
- ⁶⁹ NDIS Act s 74(1)(a).
- ⁷⁰ NDIS Act s 74(1)(b).
- ⁷¹ NDIS Act s 20.
- ⁷² NDIS Act s 26(2)(d).
- ⁷³ NDIS Act s 26.
- ⁷⁴ NDIS Act s 26(3).
- ⁷⁵ NDIS Act s 26(2).
- ⁷⁶ NDIS Act s 21(3).
- ⁷⁷ NDIS Act s 100(5)(b).
- ⁷⁸ NDIS Act s 28(1).
- ⁷⁹ NDIS Act s 28(2).
- ⁸⁰ NDIS Act s 7(2).
- ⁸¹ NDIS Act s 100(2).
- ⁸² NDIS Act s 100(2).
- ⁸³ NDIS Act s 19(2).
- ⁸⁴ NDIS Act s 19(2)(c).
- ⁸⁵ NDIS Act s 102.
- ⁸⁶ NDIS Act s 19(2)(d).



Applying to the NDIS

Quick summary: If you want to become an NDIS participant and get supports through an NDIS plan, you'll need to apply to the NDIS. There are some requirements you need to meet to be eligible for the NDIS.

First, you need to be younger than 65 when you apply, be an Australian citizen or permanent resident, and live in Australia. Then, you'll need to meet the disability or early intervention requirements.

You may be eligible under the disability requirements if you have one or more impairments that are likely to be permanent and this substantially impacts your ability to do daily life activities. Your impairment must also affect your social life, or your ability to work and study, and you must be likely to need support under the NDIS for your whole life.¹

Or you may be eligible under the early intervention requirements if you have one or more impairments that are likely to be permanent and supports would help you by reducing your need for supports in the future. We will also consider if these needs could best be met by the NDIS, or by other government and community services.

If you think you might be eligible, we can help you apply to the NDIS. We will talk to you about your needs, current situation and what is important to you. We'll look at all the information you give us to decide if you're eligible. If you're eligible for the NDIS, you'll become a participant and we'll work with you to start creating your plan. If you're not eligible, an early childhood partner or local area coordinator can help you explore and access mainstream and community supports in your community. When we work with children under 9 and their families, we call this [early connections](#). When we work with people aged 9–64, we call this [community connections](#).

What's on this page?

- [What do we mean by applying to the NDIS?](#)
- [Do you meet the age requirements?](#)
- [Do you meet the residence requirements?](#)
- [Do you meet the disability requirements?](#)
- [Do you need early intervention?](#)
- [What about children younger than 6 with developmental delay?](#)
- [How do you apply to the NDIS?](#)

- [How do we decide if you're eligible?](#)
- [What happens after we decide?](#)

What do we mean by applying to the NDIS?

Applying to the NDIS means doing things to find out if you can become a participant and start getting supports under the NDIS. There is a [process to follow](#) when you apply to the NDIS. After you apply, we'll look at all the information you provide and decide if you're eligible.

If we decide you're eligible, you'll become a participant in the NDIS. We'll then work with you to create your first plan, which will include funding for any [reasonable and necessary supports](#).

If you're not eligible, there are other services available to you, such as other government and community services. We can help you connect to these other services.

For children younger than 9, we encourage families to talk to an [early childhood partner](#) before applying to the NDIS. They can help families connect to the right supports and let families know if the NDIS is right for their child. Learn more about our [early childhood approach](#) and [early connections](#).

Are you eligible for the NDIS?

To be eligible for the NDIS, you first need to meet the [age requirements](#) and [residence requirements](#). This means you need to be younger than 65 when you apply, live in Australia, and be an Australian citizen or permanent resident.²

You also need to have a disability caused by an impairment.

When we say impairment in this guideline, we mean a loss or significant change in your body's function, structure, or in how you think and learn. Under the law for the NDIS, we check if you're eligible based on your impairments, not your type of disability or diagnosis.

You will need to meet either the disability requirements³ or the early intervention requirements.⁴

Disability requirements

To meet the disability requirements, we must have evidence of **all** of the following:

- You have a disability caused by an impairment.
- Your impairment is likely to be permanent.
- Your impairment means you have a substantially reduced functional capacity to do one or more daily life activities. These activities include moving around,

communicating, socialising, learning, undertaking self-care, or self-management tasks.

- Your impairment affects your ability to work, study or take part in social life.
- You'll likely need NDIS supports your whole life.

Early intervention requirements

To meet the early intervention requirements, we must have evidence of **all** of the following:

- You have an impairment that's likely to be permanent, or that you are a [child younger than 6 with developmental delay](#).⁵
- Early intervention will help you by reducing your need for supports in the future.
- Early intervention will help you by either reducing the impact your impairment has on your functional capacity or support your informal supports to build their skills to help you.
- The early intervention you need is most appropriately funded by the NDIS.

If you're receiving [disability supports from the Western Australian government](#), you might already meet most of the eligibility criteria.

We'll use information in your application to [decide if you're eligible for the NDIS](#).

If you're eligible, you become an NDIS participant.⁶ The length of time you'll be an NDIS participant will depend on your situation and disability support needs. For more information, check out our information on [leaving the NDIS](#).

This guideline has detailed information on how we decide if you're eligible for the NDIS. For general information about who's eligible, read [Am I eligible](#) and [Applying to the NDIS factsheet](#). Check out our website for information about [children younger than 9](#).

We also have information on [Mental health and the NDIS](#). If you have a psychosocial disability, this webpage has information on whether the NDIS is right for you, and what information we need if you apply.

A psychosocial disability isn't a mental health condition or diagnosis. A psychosocial disability means you have reduced capacity to undertake tasks and activities of daily living due to your mental health.

Do you meet the age requirements?

To be eligible for the NDIS, you must first meet the age requirements. This means:

- [You are younger than 65 on the day you apply](#).

How old are you?

You must be younger than 65 on the day you make your NDIS application.⁷

This means your application needs to be complete, in the format we ask for, and received by the NDIA before you turn 65. Learn more about [how to complete your NDIS application](#).

If you're turning 65 soon and want to apply, [contact us](#) so we can help you apply on time.

Do you meet the residence requirements?

Then you must meet the residence requirements. This means:

- [You are an Australian citizen or permanent resident](#).
- [You live in Australia](#).

Are you an Australian citizen or permanent resident?

You must be an Australian citizen,⁸ or have one of two visa types that means you can live here:

- A [permanent visa](#)⁹
- A [protected special category visa](#)¹⁰ – this is only for some citizens of New Zealand.

Do you live in Australia?

You must live in Australia.¹¹ This means Australia is your home and you spend most of your time here.

To help us decide, you need to give us evidence to show us you live here. If you give us consent to use your Centrelink record, that usually gives us enough evidence to decide if you live in Australia.

If you don't give us consent, you need to give us enough information to help us decide that you live in Australia. You'll need to answer these questions:

- [Where do you live?](#)
- [Where is your family?](#)
- [Do you work in Australia?](#)
- [Do you own property in Australia?](#)
- [How much time do you spend outside Australia?](#)

Some of these questions might not apply to you, but we must consider them when we decide whether you live in Australia.¹²

We may also ask you other questions to determine whether you live in Australia.¹³ For example, your family might be deployed overseas in the Defence Force, meaning you need to leave Australia for a while. In these situations, we'll ask you for more information about why you're leaving and can't return.

If you apply, we look at your whole situation when we decide if there's enough evidence to show that you live here. This will be a simple decision for us in most situations. But sometimes we may need to look at the questions below.

Where do you live?

We consider where you live, and your living situation.¹⁴ We'll look at whether you have more permanent accommodation in Australia than any other country.

For example, you might own a home or have a formal rental agreement in Australia. This is a good sign to us that you live in Australia.

Where is your family?

We also consider where your immediate family lives.¹⁵

We look at where you spend most of your time with them, face-to-face. We don't consider how you connect with your family on the phone or internet.

Do you work in Australia?

If you work, we look at where you normally work or make money.¹⁶ If you work or make money in Australia, that's a good sign you live here. If you don't work or are unemployed, we'll consider the other questions to determine whether you live in Australia.

Do you own property in Australia?

We consider what assets or property you own in Australia.¹⁷ We also see if you have an Australian bank account.

If you own assets or property here, it doesn't always mean you live in Australia. Your assets or property will need to show you have an ongoing connection to Australia. You don't live in Australia just because you own assets or property here.

How much time do you spend outside Australia?

We consider how often you go overseas, and how long you're outside Australia when you travel.¹⁸ We also consider why you travel overseas, such as for work, holiday or to live with family.

This is usually the most important point to help us decide if you live in Australia. You need to show us that you have a long-term and meaningful connection to living in Australia.

You don't need to stay in Australia all the time. You can still work overseas or go on a holiday.

You will need to show a stronger connection to Australia than other countries if you spend a lot of time overseas.

If we decide you're eligible and create your plan, there may be times you can't use your NDIS funding overseas. This is usually after you're overseas for more than 6 weeks unless we give you more time. Learn more about [when you can't use your plan](#).

Do you meet the disability requirements?

You meet the disability requirements if we have evidence of all of the following:¹⁹

- [Your disability is caused by an impairment](#).
- [Your impairment is likely to be permanent](#).
- [Your permanent impairment substantially reduces your functional capacity](#) to undertake one or more of the following activities: moving around, communicating, socialising, learning, or undertaking self-care or self-management tasks.
- [Your permanent impairment affects your ability to work, study or take part in social life](#).
- [You'll likely need support under the NDIS for your whole life](#).

If you give us evidence you have been diagnosed with one or more conditions on [List A](#), we'll likely decide you meet the disability requirements.

If you meet the disability requirements, it's likely you'll need the NDIS for a long time. This means you won't have to prove your disability every time we reassess your plan.

If at any time your disability support needs or situation changes, we may need to check your supports or NDIS eligibility. We will talk with you if this happens.

Learn more about how we check [if you are still eligible for the NDIS](#).

Is your disability caused by an impairment?

When we consider your disability, we think about whether any reduction or loss in your ability to do things, across all life domains, is because of an impairment.

An impairment is a loss or significant change in at least one of:

- your body's functions
- your body structure
- how you think and learn.

To meet the disability requirements, we must have evidence your disability is caused by at least one of the impairments below:²⁰

- **intellectual** – such as how you speak and listen, read and write, solve problems, and process and remember information
- **cognitive** – such as how you think, learn new things, use judgment to make decisions, and pay attention
- **neurological** – such as how your body functions
- **sensory** – such as how you see or hear
- **physical** – such as the ability to move parts of your body.

You may also be eligible for the NDIS if you have a psychosocial disability.²¹ This means you have reduced capacity to do daily life activities and tasks due to your mental health.

It doesn't matter what caused your impairment, for example if you've had it from birth, or acquired it from an injury, accident or health condition.

It also doesn't matter if you have one impairment, or more than one impairment.

Is your impairment likely to be permanent?

We need evidence that you'll likely have your impairment for your whole life.

You might have some periods in your life where there is a smaller impact on your daily life, because your impairment may be episodic or fluctuate in intensity²². Your impairment can still be permanent due to the overall impact on your life, and the likelihood that you will be impacted across your lifetime.

Even when your condition or diagnosis is permanent, we'll check if your impairment is permanent too. For example, you may not be eligible if your impairment is temporary, still being treated, or if there are remaining treatment options.

Generally, we'll consider whether your impairment is likely to be permanent after all available and appropriate treatment options have been pursued.

If you give us evidence you have been diagnosed with a condition on [List B](#), we'll likely decide your disability is from an impairment that's likely to be permanent.

Is there any medical treatment for your impairment?

We don't fund supports to treat your impairment.

Instead, the supports we fund can help you reduce or overcome the impact your impairment has on your daily life. They can also help you increase your functional capacity, independence, and your ability to work, study or take part in social life.

Your impairment will likely be permanent if your treating professional gives us evidence that indicates there are no further treatments that could relieve or cure it.

Your treating professional will tell us or be asked to certify if there are medical, clinical or other treatments that are likely to remedy your impairment. We need to understand whether there are treatments that are:²³

- known and available
- appropriate for you and your impairment
- evidence-based – that is, there's proof they are likely to be effective.

The word treatment should be understood in a broadest sense and may include changes to your diet and lifestyle. So, for example, conditions such as obesity are unlikely to be found to be permanent.

If you're still undergoing or have recently had treatment, we'll need to wait until you know the outcome of the treatment before we can decide your impairment is likely to be permanent.²⁴

In some situations, it may be clear your impairment is likely to be permanent while you're still undergoing treatment or rehabilitation. For example, you may still need treatment and rehabilitation for a spinal cord injury, but it's clear you'll have a permanent impairment.

You might still have a permanent impairment, even if its effects may change over time.²⁵

For degenerative impairments, or those that get worse over time, we consider them permanent if treatment isn't likely to help or improve the impairment's effects.²⁶

Does your impairment substantially reduce your functional capacity?

Your permanent impairment needs **to substantially reduce your functional capacity or ability** to undertake activities in one of the following areas:

- **Communicating** – how you speak, write, or use sign language and gestures, to express yourself compared to other people your age. We also look at how well you understand people, and how others understand you.
- **Socialising** – how you make and keep friends, or interact with the community, or how a young child plays with other children. We also look at your behaviour, and how you cope with feelings and emotions in social situations.
- **Learning** – how you learn, understand and remember new things, and practise and use new skills.
- **Mobility, or moving around** – how easily you move around your home and community, and how you get in and out of bed or a chair. We consider how you get out and about and use your arms or legs.
- **Self-care** – personal care, hygiene, grooming, eating and drinking, and health. We consider how you get dressed, shower or bathe, eat or go to the toilet.

- **Self-management (if older than 6)** – how you organise your life. We consider how you plan, make decisions, and look after yourself. This might include day-to-day tasks at home, how you solve problems, or manage your money. We consider your mental or cognitive ability to manage your life, not your physical ability to do these tasks.

Your impairment substantially reduces your functional capacity if you usually need disability-specific supports to participate in or complete the above tasks.²⁷

These disability-specific supports include:

- a high level of support from other people, such as physical assistance, guidance, supervision or prompting.²⁸
- assistive technology, equipment or home modifications that are prescribed by your doctor, allied health professional or other medical professional.²⁹

To help us decide if you're eligible, we need to know your capacity and where you need more help. We get this information from your NDIS application.

If you have more than one permanent impairment we will consider them together, to see if they substantially reduce your functional capacity.

We consider how you're involved in different areas of life like home, school, work and the community, and how you carry out tasks and actions. We also consider any other factors that may impact your day-to-day life.

Your needs might go up and down each day or each month. Progressive Multiple Sclerosis (MS) can be a good example of this. We consider your ability over time, taking into account your ups and downs.

How does a child's impairment affect their daily life?

To help us decide if a child's ability is substantially reduced, we compare their abilities with other children of the same age.

If a child's ability is much less than most other children the same age, they may meet the disability requirements. For example, if they:

- need assistive technology, equipment or home modifications to participate in daily activities – except for common items like glasses
- usually need more assistance to join activities, or they can't join in.

Sometimes when a child's impairment doesn't substantially reduce their ability right now, but might in the future, we will look at the early intervention requirements. Similarly, if a child's impairment currently substantially reduces their ability, but may not after receiving supports, we will look at the early intervention requirements. Early intervention can be for children of

any age, however there are different requirements for children younger than 6 with developmental delay to meet the early intervention requirements.

Learn more about the [early intervention requirements](#).

What if you have a hearing impairment?

Some hearing impairments may lead to a substantially reduced functional capacity.

We'll generally decide you have a substantially reduced functional capacity if your hearing loss is at least 65 decibels in your better ear. This is based on a pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz.

We may also decide you have a substantially reduced functional capacity if your hearing loss is less than 65 decibels in your better ear. We may decide this if either:

- you also have another permanent impairment, such as a vision or cognitive impairment
- you give us evidence your speech detection and speech discrimination outcomes are significantly poorer than expected.

Does your impairment affect your social, work or study life?

Then, we look at how your impairments affect your ability to work, study or take part in social life.³⁰ This means your permanent impairments affect how you can find and keep a job, contribute to your community, or join social activities. We get this information from your NDIS application.

We look at your ability to do things like:

- find and keep a job, or start your own business
- study
- spend and save money
- play sport
- go to the movies
- volunteer
- travel.

It doesn't matter how much your ability to work, study or socialise is affected by your impairment. It only needs to affect your social or work life in some way for you to meet the criteria.

Will you likely need support under the NDIS for your whole life?

You must be likely to need support under the NDIS for your whole life.³¹

NDIS supports are investments that help you build or maintain your functional capacity and independence, and help you work, study or take part in social life.

Even if your needs go up and down over time, or happen episodically³², we may still consider it's likely you'll need lifetime support under the NDIS.³³

We consider your overall situation to answer this question.

When we decide if you'll likely need support under the NDIS for your whole life, we consider:

- your life circumstances
- the nature of your long-term support needs
- whether your needs could be best met by the NDIS, or by other government and community services.

For example, you may have an impairment which is caused by a chronic health condition. Many chronic health conditions are most effectively managed or remedied through medical management through the health system. If this is the case, we may decide that you don't have a lifetime need for support under the NDIS.

Do you need early intervention?

If you don't meet the disability requirements, you may be eligible for the NDIS under the early intervention requirements. Early intervention is usually early access to support, to help reduce the functional impacts of your impairment.

Early intervention can be for both children and adults. You won't need these supports for your lifetime, so your treating professional or your early childhood partner will tell us how early intervention support could benefit you or your child.

You will meet the early intervention requirements if you meet all of the following:

- You have an [impairment that's likely to be permanent](#).
- [Early intervention supports will help you](#), for example if it means you'll need less disability support in the future and your functional capacity will improve.
- [The early intervention you need is most appropriately funded by us](#).

There are different requirements for [children younger than 6 with developmental delay](#) to meet the early intervention requirements.

If we have evidence a child younger than 7 has been diagnosed with a condition on [List D](#), we'll decide they meet the early intervention requirements.

You may also meet the early intervention requirements if you're [aged between 0 and 25 with a hearing impairment](#).

If you meet the early intervention requirements when you join the NDIS, your support needs are more likely to change. We'll regularly check your eligibility when we reassess your plan, and at other times too.

If you benefit from early intervention supports, you might build your skills and increase your capacity so that you may no longer need NDIS supports.

If you no longer meet the early intervention requirements, we'll check if you meet the disability requirements. Learn more about [leaving the NDIS](#).

Do you have an impairment that's likely to be permanent?

To meet the early intervention requirements, there must be enough evidence that you have at least one of the impairments below and your impairment is likely to be permanent.³⁴

An impairment is a loss or significant change in at least one of:

- your body's functions
- your body structure
- how you think and learn.

An impairment could be:³⁵

- **intellectual** – such as how you speak and listen, read and write, solve problems, and process and remember information
- **cognitive** – such as how you think, learn new things, use judgment to make decisions, and pay attention
- **neurological** – such as how your body functions
- **sensory** – such as how you see or hear
- **physical** – such as the ability to move parts of your body.

We also need evidence at least one of your impairments will be permanent, or likely to be permanent.³⁶ In other words, you'll likely have your impairment for your whole life.

When we decide if your impairment is likely to be permanent, we consider the same things as in the [disability requirements](#).

You may also be eligible for the NDIS if you have a psychosocial disability.³⁷ This means you have reduced capacity to do daily life activities and tasks due to your mental health. Your psychosocial disability might vary at different times in how much it impacts your daily life.

Even if it fluctuates and you have some periods where there is a smaller impact on your daily life, you might have this impairment for your whole life.

If you give us evidence you have been diagnosed with a condition on [List B](#), we'll decide you have an impairment that's likely to be permanent.

How will early intervention help you?

We need to decide that getting early intervention supports means you'll likely need fewer disability supports in the future.³⁸

We need to know that early intervention supports will help you with at least one of the following:³⁹

- addressing the impact of your impairment on your ability to move around, communicate, socialise, learn, look after yourself and organise your life
- preventing your functional capacity from getting worse
- improving your functional capacity
- supporting your informal supports, which includes building their skills to help you.

To help us decide if the early intervention will help you in these ways, we look at:⁴⁰

- how your impairment might change over time
- how long you've had your impairment
- if there's been a significant change to your impairment
- if your needs are likely to change soon, such as if you're finishing school.

Is your early intervention most appropriately funded by the NDIS?

The support you need must be most appropriately funded or provided by us.⁴¹

You won't be eligible if we decide the support you need is more appropriately funded or provided:

- by other general systems of service delivery or support services, such as a workers compensation scheme
- under a universal service obligation that other government services must provide to all Australians, such as schools and public hospitals
- as a reasonable adjustment under discrimination law, such as making places or venues accessible for you.

For example, you usually won't be eligible if you only need the following supports. These are more appropriately provided by other government and community services:

- medical services,⁴² and treatments for health conditions, including ongoing or chronic health conditions⁴³
- clinical early intervention mental health supports, such as services to help children, teenagers and young people grow and develop⁴⁴
- clinical acute and crisis mental health supports⁴⁵ – such as care in a hospital or similar setting
- [inclusion supports](#) to help young children join early childhood learning and care settings⁴⁶
- [Disability Employment Services](#),⁴⁷ and reasonable adjustments in the workplace to make your job suit your needs.⁴⁸

For more information on when early intervention supports are most appropriately funded by us or by other services, check out:

- [Our mainstream and community supports guideline](#)
- [Schedule 1 of the NDIS \(Supports for Participants\) Rules](#)
- [Applied Principles and Tables of Support](#).

What about people aged between 0 and 25 with a hearing impairment?

If you're aged between 0 and 25 with a hearing impairment, you may meet the early intervention requirements. We'll decide you meet the early intervention requirements if you give us evidence of all of the following:

- You're aged between 0 and 25.
- You have auditory neuropathy or hearing loss of at least 25 decibels in either ear at 2 or more adjacent frequencies – see below.

We need evidence of your auditory neuropathy or hearing loss from a specialist audiological assessment. The assessment might include electrophysiological testing when required. The evidence must show your hearing loss is likely to be permanent.

If you're aged 26 or older with hearing loss, we'll check if you're eligible in the same way we consider all other impairments. You may be eligible under the [disability requirements](#).

What about children younger than 6 with developmental delay?

Children younger than 6 with a developmental delay may be eligible for the NDIS under the early intervention requirements.⁴⁹

Developmental delay is a term used to describe a delay in a child's development. It means that a child finds it much harder to do everyday things that other children their age can do, for example, dress themselves, talk or walk. A child with developmental delay needs lots of extra help to do everyday things compared to children of the same age.

First, we need to know the child:

- is younger than 6 on the day we decide whether they're eligible⁵⁰
- [lives in Australia](#)⁵¹
- is an [Australian citizen or permanent resident](#).⁵²

Then, we need to know the child has a [developmental delay](#).⁵³

Finally, we need to know the child's supports are [most appropriately funded or provided under the NDIS](#).⁵⁴

An early childhood partner can also provide supports to children who aren't eligible for the NDIS.

Learn more about the [early childhood approach](#).

Does the child have a developmental delay?

When we decide if a child has developmental delay, we use the definition in the law for the NDIS.⁵⁵

We need to know the delay:

- is [due to mental or physical impairments](#)
- [substantially reduces the child's functional capacity](#) compared with other children the same age.
- means [the child needs specialist services](#) from more than one professional working as a team to support the child and for longer than 12 months.

Is the delay due to mental or physical impairments?

We first need to know the developmental delay is due to a mental or physical impairment, or a combination of mental or physical impairments.⁵⁶

An impairment is a loss or significant change in at least one of:

- the child's body's functions
- the child's body structure
- how the child thinks and learns.

Families, early childhood partners and other professionals can understand the child's body function by:

- observing their activities during play and daily tasks
- comparing their activities to other children of the same age.

For some very young children, problems in body function can't be easily measured. If so, the child may be eligible if there is significant risk of a future disability diagnosis or developmental delay. We need evidence of this from a health or allied health professional's judgment or informed clinical opinion.

Does the delay substantially reduce the child's functional capacity?

We need to know the delay substantially reduces the child's functional capacity compared to other children their age.⁵⁷

This means the child has a significantly lower ability to do everyday activities, when compared to children of the same age. Or the child does things in a significantly different way to other children their age because of their reduced capacity.

The child would also need much more support to do the activity, compared to other children the same age.

The substantial reduction in functional capacity must be in at least one of the following areas of major life activity:

- **Self-care** – how children take care of themselves, shower, bathe, dress, eat, drink, toilet, groom, and sleep.
- **Receptive and expressive language** – this involves skills such as gesture, sign language, listening, giving and receiving information, communicating wants and needs through facial expressions, vocalisations or speech, and interaction with others.

A substantial reduction in functional capacity for either receptive language or expressive language will meet the criteria – it doesn't need to be both.

- **Cognitive development** – learning and applying knowledge. This includes areas such as:
 - o understanding and remembering information
 - o attention
 - o learning new things
 - o practising and using new skills
 - o planning and making decisions

- o problem solving
- o developing pretend play skills
- o developing play interests
- o emotional and sensory regulation
- o developing emotional intelligence
- o social awareness
- o safety awareness.
- **Motor development** – this includes participation in everyday activities like moving around the home and community and manipulating objects.

We need evidence from a health, allied health or early childhood professional, who uses multiple sources of information about the child's ability to do everyday activities.

This will include information that parents or carers report about their child. It will also include a mix of standardised assessments of developmental and functional capacity, both in everyday activities and natural settings.

It should also include observations in everyday play, learning, activities or routines to better understand how the child participates in these everyday activities.

For very young children where functional capacity can't be measured, the child may be eligible if there is significant risk of a future disability diagnosis or developmental delay. We need evidence of this from a health or allied health professional's informed clinical opinion.

Does the child need specialist services from more than one type of professional and for longer than 12 months?

We need to know that the child needs a mix of specialist care, treatment or other services, due to their developmental delay. The child must also need these services for an extended duration – that is, longer than 12 months.⁵⁸

We need to know the child needs all of the following:

- **A service response that involves more than one professional working as a team to support the child.**
This means the child needs support for multiple activities, and across multiple natural settings such as the home, community and early childhood centres. The child must need more support than what's expected for a child the same age.
- **A team that works collaboratively, by communicating and sharing information, knowledge and skills.**
The support must be individually planned and coordinated. The team will build the

capacity of the child's family and other important people in the child's life, such as carers, educators and professionals, about the child's individual needs. This support should be embedded in everyday play, learning, activities and routines.

- **More support than an individual discipline providing a unilateral response to a single problem.**

This means the child needs support from more than one professional supporting one area of delay. This is known as interdisciplinary care. For example, a child is unlikely to be eligible if a speech pathologist alone can help their language delay, without needing support or consultation from other professionals.

- **Supports for an extended duration.**

This means a health, allied health or early childhood professional who knows the child determines they need support for more than 12 months. A child will likely meet this criteria if there is clear evidence that they'll need early intervention support for more than 12 months.

We need evidence from an early childhood professional, such as an early childhood teacher, educator or allied health professional who knows the child. They need to recommend that the child needs support for multiple activities and across multiple natural settings, from a team working together.

Some children in remote areas might not have access to a team of professionals. If so, they may still be eligible if the one professional needs to provide the supports to the child across multiple activities and across multiple natural settings.

We also need evidence from an early childhood professional, such as an early childhood teacher, educator, or allied health professional, that the child needs support for more than 12 months. The professional should consider multiple sources of information, including:

- parent or carer reports
- a mix of standardised and culturally appropriate developmental or functional assessments in everyday activities and natural settings
- observations in everyday play, learning, activities, and routines.

How do we work out if the child meets the criteria for developmental delay?

We'll need a range of information about the child, observed in everyday activities and settings they usually participate in. This should include parent or carer reports and standardised assessments of developmental and or functional capacity.

Early childhood partners are early childhood professionals who give us evidence of developmental delay to help us decide if the child is eligible. An early childhood partner will

meet with children and families to better understand the child's day to day life, and any concerns about their development.

Early childhood partners will observe a child in familiar places like home and childcare and may complete assessments using screening tools. This information helps us decide if a child meets the early intervention requirements for developmental delay.

Families and carers can also provide copies of existing reports, assessments or letters about the developmental delay.

We may also ask for evidence from a variety of sources, including mainstream services. For example, we may also ask for evidence from your doctor, child health nurse, or other health professional.

Learn more about [providing evidence of developmental delay](#).

What if there are no early childhood partners in your area?

If there are no early childhood partners in the child's area, a mainstream, community, or health service can give us a report for evidence of developmental delay.

If you're in one of these areas, learn more about what [evidence](#) we need for developmental delay.

Is the child's early intervention most appropriately funded by the NDIS?

To meet the early intervention requirements, the support must be most appropriately funded or provided by us.⁵⁹

A child won't be eligible if the support they need is more appropriately funded or provided:

- by other general systems of service delivery or support services, such as a transport accident compensation scheme
- under a universal service obligation that other government services must provide to all Australians, such as schools and public hospitals
- as a reasonable adjustment under discrimination law, such as making places or venues accessible.

For example, children usually won't be eligible if they only need the following supports. These are more appropriately provided by other government and community services:

- medical services,⁶⁰ and treatments for health conditions⁶¹
- [inclusion supports](#) to help young children join early childhood learning and care settings⁶²
- school readiness programs to help children prepare for school⁶³

- newborn follow-up, such as child and maternal health services.⁶⁴

For more information on when early intervention supports are most appropriately funded by us or by other services, check out:

- [Our mainstream and community supports guideline](#)
- [Schedule 1 of the NDIS \(Supports for Participants\) Rules](#)
- [Applied Principles and Tables of Support](#).

What happens if a child with developmental delay is eligible?

If we decide a child with developmental delay is eligible for the NDIS, they'll become a participant. But they're usually no longer eligible after they turn 6.

This is because they will no longer meet the eligibility criteria under developmental delay. To remain an NDIS participant after they turn 6, the child will need to have an impairment that's likely to be permanent, and meet either the [disability requirements](#) or the [early intervention requirements](#).

We'll talk to families or carers before a child turns 6 and explain what information we need to decide if the child is still eligible. Learn more about [leaving the NDIS](#).

Example

Hunter is 5 years old and became a participant under the early intervention requirements for developmental delay.

We give him a new 12-month NDIS plan in August. We also talk to Hunter's family about Hunter leaving the NDIS after he is 6 years old.

Hunter's family will be able to use his NDIS funding for the full 12 months, until August the next year. By then, he'll be aged 6 years.

At the end of the 12 months, we'll talk to Hunter's family about his progress. We'll listen to understand if he built capacity to work towards his goals. If there's evidence that Hunter does not need NDIS funded early intervention or disability supports, we'll decide Hunter will leave the NDIS. We'll help his family stay connected to government and community services.

Learn more about [leaving the NDIS](#) and [mainstream and community supports](#).

What if a child doesn't meet our criteria for developmental delay?

Early childhood partners can still provide supports to children younger than 6 who don't meet our criteria for developmental delay.

A child may have developmental concerns. This means a child younger than 6 is developing slower compared to other children their age, but the delay doesn't meet our definition for developmental delay.

For example, a child's functional capacity may be substantially reduced in one or more areas. But it's unclear if the child needs support from a team of professionals for more than 12 months.

An early childhood partner can provide early supports to children younger than 6 with developmental concerns. They can also help the child's family connect to other government and community supports.

Learn more about [early connections](#).

How do you apply to the NDIS?

Applying to the NDIS is how you let us know you want to become an NDIS participant.

If you're aged 9 and older, there are a few ways you can apply:⁶⁵

- Your local area coordinator can help you apply. They can help you through the application process and be your point of contact. If you become an NDIS participant, they will support you to prepare for creating your NDIS plan. [Find your nearest location](#).
- Sometimes you may not have a local area coordinator in your area. You can contact us on 1800 800 110 to discuss other options available to you.

For children younger than 9, we encourage families to talk to an [early childhood partner](#) before applying to the NDIS. They can provide supports to children before they apply, and let families know if the NDIS is right for their child.

When you apply, you or your authorised representative will need to:

- give us the information and any documents we need to confirm your identity. Learn more about [evidence of identity](#) and [privacy](#).
- give us the information and any documents we need to decide if you're eligible⁶⁶
- sign or certify the NDIS application⁶⁷
- talk to you about your needs and current situation.

When we talk to you, we'll listen to understand what is important to you. We'll also ask questions to make sure we know all the ways we can help.

We can use this information to help you make community connections if you want us to. Learn more about [community connections](#).

Other people can help you apply if you want them to. Sometimes they can apply on your behalf. Learn more about [who can help you apply](#).

Learn more about [how to apply to the NDIS](#).

What information do we need in your application?

The [Evidence of Identity factsheet](#) shows what information we need to verify your identity. When you apply for the NDIS, you'll need to give us copies of these documents. If you can't do this, let us know so we can work out what to do depending on your situation. We will still need to check your identity before progressing your application.

To show us you're younger than 65 when you apply, live in Australia, and that you're an Australian citizen or permanent resident, you can give us either of the following:

- consent to access and use your Centrelink record
- copies of documents or other evidence that we ask for if you apply in person or over the phone.

In most cases, we can just use your identity documents.

Who can give us evidence of your impairments?

We need evidence of your impairments, to help us work out if you're eligible. To provide this, ask your [treating professional](#). For children younger than 6 with developmental delay, an [early childhood partner](#) can provide evidence of developmental delay. Your treating professional or early childhood partner can contact us if they need to discuss what evidence to provide.

Your treating professional might be your doctor, specialist, or allied health service provider. You should use a professional who:

- has worked with you for a long time, usually for at least 6 months
- is the [most appropriate type of professional](#) to give evidence about your impairment
- is qualified and registered in their area of practice with the [Australian Health Practitioner Regulation Agency](#) or relevant professional authority.

If your treating professional does not meet these requirements, we may not be able to confirm the information in your access request and may need to request further information.

When we check if you're eligible for the NDIS, we mainly consider the information you give us when you apply.

Learn more about who can give us evidence of your disability or impairment on the following pages:

- [Providing evidence of your disability](#)
- [Providing evidence of disability for children](#)
- [Information for GPs and health professionals](#)

You can also learn more about [how we use, collect and store your personal information](#).

What if you're in a remote or very remote area?

We understand it might be hard to get your treating professional to provide evidence of your impairments in a remote or very remote area. If it's hard to get your treating professional to do this, let us know.

You might not need to give us as much evidence about your impairment as people in big cities, depending on what services are available in your area. We use a technical definition for remote and very remote. You will need to live in an area that's classified as MM6 or MM7 on the [Modified Monash Model](#) to be considered remote or very remote.

How do we check your application?

Before we can accept your application, we make sure it's been made by the right person. That is, the application is from you, or [someone who can apply for you](#).

We then check all the answers we need have been provided, and that it is the correct information.⁶⁸

If you don't have all the answers at the meeting, we'll help you work out what to do. You can also let us know if there is a mistake. We can work with you to help complete the application properly. We can't decide if you're eligible until we have a complete application.

We'll also let you know if we need more information and, if so, what you need to give us.

Once you have completed your application with all the right information, we'll check whether you're eligible. That is, we'll check that:

- you meet the age and residence requirements
- you meet either the disability requirements or the early intervention requirements.

Learn more in the [Applying to the NDIS factsheet](#).

Who can help you apply?

You can ask someone to help you apply if you want to. They can help you:

- make your decision to apply to the NDIS
- gather the information we need.

You can choose who helps you. For example, you could ask for help from:

- a family member
- a friend
- a carer
- a partner
- a support worker or service provider
- staff in a residential aged care facility
- your treating health professional
- hospital staff.

With your permission, we can share information with these people during your application. For example, they could call us to check how your application is progressing. You can let us know if you would like us to share information.

Can someone else apply for you?

If someone else has legal authority to make decisions for you, they can apply to the NDIS on your behalf.

If you're younger than 18, the people with parental responsibility for you will apply for you.⁶⁹ This is often your parents or legal guardian. In some situations, we can decide someone else has parental responsibility.⁷⁰ Learn more about [child representatives](#).

If you're an adult, these people may be able to apply to the NDIS on your behalf:

- a person you give consent to act as your authorised representative – this means you give them permission to apply for you
- your guardian
- a person with power of attorney who can make personal and health decisions for you
- a person with advance care health directive.

If you're an adult and want someone else to apply for you, you can tell us in person, or over the phone.

When do we contact you to help you apply?

Sometimes, we'll reach out to you to help you apply. This might be if you live in a:

- group home or supported accommodation
- large residential facility

- residential aged care facility – also read our page on [younger people in residential aged care](#)
- rural or remote area.

How do we decide if you're eligible?

Once we have your application, we review all the information we have in your application. This will help us decide if you're eligible for the NDIS. As part of the process, we will also need to check your identity.

You are eligible for the NDIS if you meet:

- the age and residence requirements
- either the [disability requirements](#) or the [early intervention requirements](#).

If you're 7 or older, the first thing we decide is whether you meet the disability requirements. If you don't, we will then decide whether you meet the early intervention requirements.

For children younger than 7, it's the other way around. First, we'll decide whether they meet the early intervention requirements. If they don't, then we will decide whether they meet the disability requirements.

It's likely children younger than 6 with developmental delay will not meet the disability requirements. So, they may only be eligible under the early intervention requirements.

If you don't meet either the disability requirements or the early intervention requirements, you won't be eligible for the NDIS. But an [early childhood partner](#) or [local area coordinator](#) can help you connect with other government and community supports.

When will we decide if you're eligible?

Once we have your application, we have **21 days** to decide one of the following:⁷¹

- [you're eligible for the NDIS](#)
- [you're not eligible for the NDIS](#)
- [we need more information](#).

We can make a decision quicker in urgent circumstances. Let us know if your situation is urgent, for example, if you're about to leave a hospital or custodial setting. Learn more about our [timeframes for urgent decisions](#).

How do we consider your evidence of disability?

When we're deciding if you're eligible, we may look at things like:

- how old your evidence is
- who provided your evidence.

If we get more than one type of evidence from you, we might consider some evidence over others. We call this weighing evidence.

What if we need more information to decide if you're eligible?

When we decide if you're eligible, we look at:

- the information in your NDIS application
- any other information we have.

We need enough information in your application to show us you're eligible for the NDIS by meeting the disability requirements or the early intervention requirements.

Sometimes we might need to ask you for more information. For example, we may not have enough information about your functional capacity.

We'll ask you for more information if we need it to make sure we have the full picture.⁷²

We might ask you for more information if:

- your application doesn't have all the information we need
- we need to answer a particular question.

We only ask for more information if we need it to decide if you're eligible.⁷³ If we need more information, we'll let you know:

- what you need to do
- what information we need
- when you need to give us the information.

If we ask for more information, you'll have at least **90 days** to give it to us. We can't decide if you're eligible until we have this. You can ask for more time if you need it. We can give you more time if we think it's reasonable for your situation.⁷⁴

If we can't contact you within **90 days**, or you don't give us the information within the timeframe, we'll withdraw your application. This means we'll stop processing your application.

If you don't get the information to us in time, you can apply again.

What happens after we get your information?

Once you give us the information we need, we then have **14 days** to decide if:⁷⁵

- you're eligible for the NDIS
- you're not eligible for the NDIS
- we need more information – for example, if the information you gave us isn't what we need.

What happens if we don't decide on time?

If we don't meet our decision-making timeframes, we have to treat this as if we decided you're not eligible.⁷⁶

If this happens, we'll automatically review this decision that you're not eligible.⁷⁷ We'll send you a letter to explain this. You don't need to do anything.

We'll then make sure your application is reviewed by a staff member who wasn't involved in the original application. We'll contact you to let you know the outcome.

Learn more about [reviewing our decisions](#).

What happens after we decide?

What happens if you're eligible?

On the day we decide you're eligible for the NDIS, you become an NDIS participant.⁷⁸

The time that you remain eligible for the NDIS depends on your individual circumstances and disability support needs.

You'll need to continue to be eligible for the NDIS. This means you'll need to continue to live in Australia and be an Australian citizen or permanent resident. You'll also need to continue to meet either the [disability requirements](#) or the [early intervention requirements](#). Learn more about [whether you will always be eligible](#) and [leaving the NDIS](#).

We'll send you a letter to let you know:

- you are eligible
- if you met the disability requirements or the early intervention requirements
- the next steps.

Your letter will also confirm the date you became eligible for the NDIS.⁷⁹

How will we create your first plan?

After you receive the letter confirming you're eligible, we'll contact you to organise your first planning conversation. We'll contact you within **21 days**.

You will need to bring your original identity documents from the [Evidence of Identity factsheet](#) to your first planning meeting so we can confirm them. If you can't provide these documents, let us know so we can work out what to do depending on your situation. We will still need to check your identity before approving your plan.

We'll then work together to create a plan for your disability support needs. If you received help to make community connections, we can build on the information and goals we talked about and include these supports in your plan. Learn more about [community connections](#).

Your plan will include any supports we fund that meet the NDIS funding criteria.

We fund supports for any impairments that meet the eligibility criteria.

For example, you may have many impairments, but only one meets our eligibility criteria. Or you might get another impairment after we decide you're eligible. If so, we only fund supports for impairments that meet either the disability requirements, or the early intervention requirements.

If you're aged 7 or older, we must approve your first plan within **56 days** after you become a participant.

For children younger than 7, we'll approve their first plan within **90 days** after they become a participant.

For more information, check out [creating your plan](#).

Will you always be eligible for the NDIS?

There are many reasons for leaving the NDIS.

Some people decide they don't want to be a participant anymore.

You'll also leave the NDIS if you're no longer eligible.

When we reassess your [plan](#), we check that all your details are correct and up to date. We also look at any new information we have received.

If you're eligible under the **early intervention requirements**, your support needs are more likely to change. We'll check at each plan reassessment whether you still meet the early intervention requirements.

For example, during a reassessment it may show you no longer meet the early intervention requirements because you have built your skills and capacity and will no longer benefit from early intervention supports.

If you're eligible under the disability requirements, your disability is permanent. We don't expect your disability to change, and it's likely you'll need the NDIS for a long time. We will only ask you for more information about your eligibility if there is evidence that you may no longer meet the disability requirements.

You can find out more about the eligibility requirements, and how we check these, at [Am I eligible](#). [Children with developmental delay](#) will usually leave the NDIS after they turn 6.

Over time, you might develop your skills and independence and not need the NDIS anymore.

If you met the early intervention requirements, you usually won't be eligible anymore after the early intervention supports have helped you. For example, if you needed early intervention supports to improve your functional capacity, you won't be eligible anymore after your functional capacity improves.

If you're no longer eligible, we'll help you transition from the NDIS and connect with other services in your community if you need them. We'll also keep your information, so you can apply again if your situation changes.

Learn more about [leaving the NDIS](#).

What happens if you're not eligible?

If you're not eligible, you can't become an NDIS participant.

We'll try and contact you by phone, or your preferred contact method,⁸⁰ to explain why you're not eligible. We will give you reasons for our decision, and also answer any questions you might have.

We'll also send you a letter with our decision, including the reasons you're not eligible and what to do next. Your letter will confirm the date we made the decision.

Even if you're not eligible for the NDIS, your [early childhood partner](#) or [local area coordinator](#) can help you explore and access mainstream and community supports in your community. When we work with children under 9 and their families, we call this early connections. When we work with people aged 9–64, we call this community connections.

Your early childhood partner or local area coordinator will use the information you shared to suggest mainstream and community supports in your community. They will work with you to see how these supports may help you with what is important to you. We also have a list of [other government and community supports](#) you can get, even if you're not eligible for the NDIS.

What if you don't agree with our decision?

If you don't agree with our decision that you're not eligible, you should [contact us](#). We can help explain our decision and what your options or next steps might be.

You can also ask for an internal review.⁸¹ Another staff member, who wasn't involved in the original decision, will then check if we made the right decision. You need to ask for an internal review within **3 months** after receiving the decision.⁸² Learn more about [reviewing our decisions](#).

But you can't ask for an internal review if:

- you withdraw your application because you don't want to apply anymore
- a decision has not been made and we ask you for more information
- we withdraw your application because you didn't give us information on time
- it's been more than 3 months since you received our decision that you're not eligible.

If you don't agree with the internal review decision, you can ask the Administrative Appeals Tribunal to review it. We call this an external review. You can't ask for an external review until after we make the internal review decision.

You can [contact us](#) to discuss any concerns you may have about the process. You can also [make a complaint](#) if you're not happy with any part of the process.

Can you apply again?

Yes. If we decide you're not eligible, you can apply again.⁸³ You'll follow the same process to apply as you did the first time. Remember, you need to be younger than 65 on the day you make your new application. And children with developmental delay will need to be younger than 6 on the day they apply.

But if you've asked for an internal review of the decision, you can't apply to the NDIS again until we've completed that review.⁸⁴ You can ask us to stop our internal review at any time.⁸⁵

Also, if your review is with the Administrative Appeals Tribunal after an internal review, you can't apply again until it has made a decision.⁸⁶ You can also ask the Tribunal at any time to withdraw your application. Learn more on the [Administrative Appeals Tribunal website](#).

Applying to the NDIS – Appendices

What's on this page?

- [List A: Conditions that are likely to meet the disability requirements](#)
- [List B: Conditions that are likely to be permanent](#)
- [List C: What if you're receiving disability support in Western Australia?](#)
- [List D: Conditions that are likely to meet the early intervention requirements for children younger than 7](#)
- [When do we make priority eligibility decisions?](#)
- [How do we weigh evidence of disability?](#)

List A: Conditions that are likely to meet the disability requirements

1. **Intellectual disability** diagnosed and assessed as moderate, severe or profound in accordance with current DSM criteria.
2. **Autism** diagnosed by a specialist multi-disciplinary team, paediatrician, psychiatrist or clinical psychologist experienced in the assessment of Pervasive Developmental Disorders and assessed using the current Diagnostic and Statistical Manual of Mental Disorders (DSM-V) diagnostic criteria as having severity of Level 2 (Requiring substantial support) or Level 3 (Requiring very substantial support).
3. **Cerebral palsy** diagnosed and assessed as severe (e.g. assessed as Level 3, 4 or 5 on the Gross Motor Function Classification System - GMFCS).
4. **Genetic conditions** that consistently result in permanent and severe intellectual and physical impairments:
 - Angelman syndrome
 - Coffin-Lowry syndrome in males
 - Cornelia de Lange syndrome
 - Cri du Chat syndrome
 - Edwards syndrome (Trisomy 18 – full form)
 - Epidermolysis Bullosa (severe forms):
 - o YR

- o Autosomal recessive dystrophic epidermolysis bullosa
- o Hallopeau-Siemens type
- o Herlitz Junctional Epidermolysis Dystrophica
- Lesch-Nyhan syndrome
- Leigh syndrome
- Leukodystrophies:
 - o Alexander disease (infantile and neonatal forms)
 - o Canavan disease
 - o Krabbe disease (globoid cell leukodystrophy) – Infantile form
 - o Pelizaeus-Merzbacher Disease (Connatal form)
- Lysosomal storage disorders resulting in severe intellectual and physical impairments:
 - o Gaucher disease Types 2 and 3
 - o Niemann-Pick disease (Types A and C)
 - o Pompe disease
 - o Sandhoff disease (infantile form)
 - o Schindler disease (Type 1)
 - o Tay-Sachs disease (infantile form)
- Mucopolysaccharidoses – the following forms:
 - o MPS 1-H (Hurler syndrome)
 - o MPS III (San Fillipo syndrome)
 - o Osteogenesis Imperfecta (severe forms):
 - o Type II - with two or more fractures per year and significant deformities severely limiting ability to perform activities of daily living
- Patau syndrome
- Rett syndrome
- Spinal Muscular Atrophies of the following types:
 - o Werdnig-Hoffmann disease (SMA Type 1- Infantile form)
 - o Dubowitz disease (SMA Type II – Intermediate form)

- o X-linked spinal muscular atrophy
- 5. **Spinal cord injury** or **brain injury** resulting in paraplegia, quadriplegia or tetraplegia.
- 6. **Hemiplegia** where there is severe or total loss of strength and movement in the affected limbs of the body.
- 7. **Permanent blindness** in both eyes, diagnosed and assessed by an ophthalmologist as follows:
 - Corrected visual acuity (extent to which an object can be brought into focus) on the Snellen Scale must be less than or equal to 6/60 in both eyes; or
 - Constriction to within 10 degrees or less of arc of central fixation in the better eye, irrespective of corrected visual acuity (i.e. visual fields are reduced to a measured arc of 10 degrees or less); or
 - A combination of visual defects resulting in the same degree of visual impairment as that occurring in the above points. (An optometrist report is not sufficient for NDIS purposes.)
- 8. **Permanent bilateral hearing loss** > 90 decibels in the better ear (pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz).
- 9. **Deafblindness** confirmed by ophthalmologist and audiologist and assessed as resulting in permanent and severe to total impairment of visual function and hearing.
- 10. **Amputation** or congenital absence of 2 limbs – for example, 2 legs, 2 arms, or a leg and an arm (not a leg and a hand, or an arm and a foot).

List B: Conditions that are likely to result in a permanent impairment

Conditions primarily resulting in intellectual or learning impairment

- Intellectual disability
- Pervasive developmental disorders not meeting severity criteria in List A or List C, such as autism
- Asperger syndrome
- Atypical autism
- Childhood autism.

Chromosomal abnormalities resulting in permanent impairment and not specified on List A

- Aicardi-Goutières syndrome
- CHARGE syndrome
- Cockayne syndrome Types I and Type II/Cerebro-oculo-facio-skeletal (COFS) syndrome /Pena Shokeir syndrome Type II/Weber-Cockayne syndrome/Neill-Dingwall syndrome)
- Cohen syndrome
- Dandy-Walker syndrome
- DiGeorge syndrome /22q11.2 deletion syndrome/Velocardiofacial syndrome/Shprintzen syndrome/Conotruncal anomaly face syndrome
- Down syndrome/Trisomy 21
- Fragile X syndrome
- Kabuki syndrome
- Menkes disease
- Prader-Willi syndrome
- Seckel syndrome /microcephalic primordial dwarfism/Harper's syndrome/Virchow-Seckel dwarfism
- Smith-Lemli-Optiz syndrome
- Smith-Magenis syndrome
- Spinal muscular atrophy Types III and IV
- Sturge-Weber syndrome
- Trisomy 9
- Tuberous sclerosis
- Turner syndrome
- Williams syndrome
- Wolf-Hirschhorn syndrome.

Conditions primarily resulting in Neurological impairment

- Alzheimer's dementia
- Creutzfeldt-Jakob disease
- HIV dementia

- Huntington's disease
- Multi-infarct dementia
- Parkinson's disease
- Post-polio syndrome
- Vascular dementia.

Systemic atrophies primarily affecting the central nervous system

- Abetalipoproteinaemia
- Adult-onset spinal muscular atrophy/late-onset SMA type III)
- Fazio-Londe disease/Progressive bulbar palsy of childhood
- Friedrich's ataxia
- Hereditary spastic paraplegia/ Infantile-onset ascending hereditary spastic paralysis/ L1 syndrome/ spastic paraplegias types 2 and 11Huntington's disease/Huntington's chorea
- Louis-Bar syndrome/Ataxia-telangiectasia
- Motor neuron disease/Motor neurone disease/ Lou Gehrig's disease /Amyotrophic lateral sclerosis
- Primary lateral sclerosis
- Progressive bulbar palsy
- Spinal muscular atrophy – all types
- Spinocerebellar Ataxia – all types, including Machado-Joseph disease.

Extrapyramidal and movement disorders

- Hallervorden-Spatz syndrome /Pantothenate kinase-associated neurodegeneration (PKAN)/neurodegeneration with brain iron accumulation 1 (NBIA 1)
- Parkinson's disease
- Shy-Drager syndrome /Multiple System Atrophy /Striatonigral degeneration (MSA-P)/ Sporadic olivopontocerebellar atrophy (MSA-C)
- Steele-Richardson-Olszewski syndrome/Progressive supranuclear ophthalmoplegia
- Stiff-man syndrome /Stiff-person syndrome.

Other degenerative diseases of the nervous system

Alzheimer's disease

Alpers disease/Grey-matter degeneration/Alpers syndrome/progressive sclerosing poliodystrophy/progressive infantile poliodystrophy

Lewy body dementia

Pick's disease.

Demyelinating diseases of the central nervous system

- Adrenoleukodystrophy
- Multiple sclerosis
- Schilder's disease /Diffuse myelinoclastic sclerosis – non-remitting.

Episodic and paroxysmal disorders

- Brain stem stroke syndrome
- Cerebellar stroke syndrome
- Motor and sensory lacunar syndromes
- Lennox syndrome /Lennox-Gastaut syndrome
- West's syndrome.

Polyneuropathies and other disorders of the peripheral nervous system

- Adult Refsum disease
- Charcot-Marie-Tooth disease/Hereditary motor and sensory neuropathy/ peroneal muscular atrophy
- Dejerine-Sottas disease /Dejerine-Sottas syndrome/Dejerine-Sottas neuropathy/progressive hypertrophic interstitial polyneuropathy of childhood/onion bulb neuropathy
- Infantile Refsum disease.

Other disorders of the nervous system

- Hydrocephalus
- Multiple system atrophy.

Conditions resulting in Physical impairment

- Amputation

- Congenital absence of limb or part thereof
- Epidermolysis bullosa
- Harlequin type ichthyosis
- Juvenile arthritis / Stills Disease (excluding monocyclic/self-limited Adult Onset Stills disease)
- Rheumatoid arthritis.

Diseases of myoneural junction and muscle

- Andersen-Tawil syndrome/ Periodic paralysis /myoplegia paroxysmalis familiaris
- Becker muscular dystrophy
- Congenital muscular dystrophy
- Distal muscular dystrophy
- Duchenne muscular dystrophy
- Facioscapulohumeral muscular dystrophy
- Limb-girdle muscular dystrophy
- Mitochondrial myopathy
- Myotonic dystrophy /dystrophia myotonica
- Myotonic muscular dystrophy
- Myotubular myopathy
- Oculopharyngeal muscular dystrophy
- Paramyotonia Congenita
- Thomsens disease /Congenital myotonia/ Becker myotonia).

Cerebral palsy and other paralytic syndromes not meeting severity criteria on List A

- Cerebral palsy
- Diplegia
- Hemiplegia
- Monoplegia
- Paraplegia
- Quadriplegia

- Tetraplegia.

Conditions resulting in Sensory and/or Speech impairment

Disorders of the choroid and retina where permanent blindness diagnostic and severity criteria on List A are not met

- Behr's syndrome
- Kearns-Sayre syndrome
- Optic atrophy
- Retinitis pigmentosa
- Retinoschisis (degenerative and hereditary types/juvenile retinoschisis)
- Stargardt disease
- Usher syndrome.

Disorders resulting in hearing loss

- Cortical deafness
- Pendred syndrome
- Sensorineural hearing loss
- Stickler syndrome
- Usher syndrome
- Waardenburg syndrome.

Conditions resulting in multiple types of impairment

- Aceruloplasminemia
- Addison-Schilder disease /Adrenoleukodystrophy
- Albinism
- Arginosuccinic aciduria
- Aspartylglucosaminuria
- Cerebrotendinous xanthomatosis /cerebral cholesterosis
- Congenital cytomegalovirus infection
- Congenital iodine-deficiency syndrome /cretinism
- Congenital rubella syndrome

- Glycine encephalopathy /non-ketotic hyperglycinaemia
- GM1 gangliosidosis
- Hartnup disease
- Homocystinuria
- Lowe syndrome/ Oculocerebrorenal syndrome
- Mannosidosis
- Menkes disease
- Mucopolidosis II /I-cell disease
- Mucopolidosis III /pseudo-Hurler polydystrophy
- Mucopolidosis IV
- Neuronal ceroid lipofuscinosis (NCL)/ Adult type (Kuf's or Parry's disease)/ Juvenile (Batten disease)/ Late infantile (Jansky-Bielschowsky)
- Niemann-Pick disease
- Pyruvate carboxylase deficiency
- Pyruvate dehydrogenase deficiency
- Sialidosis
- Sulfite oxidase deficiency.

The following mucopolysaccharidoses

- Scheie syndrome /MPS 1-H
- Hurler-Scheie syndrome /MPS 1 H-S
- Hunter syndrome /MPS II
- Morquio syndrome /MPS IVA
- Maroteaux-Lamy syndrome /MPS VI
- Sly syndrome /MPS VII.

Congenital conditions – cases where malformations cannot be corrected by surgery or other treatment and result in permanent impairment but with variable severity

- Arnold-Chiari Types 2 and 3/Chiari malformation
- Microcephaly
- Fetal alcohol spectrum disorder

- Fetal hydantoin syndrome
- Spina bifida
- VATER syndrome /VACTERL association.

List C: What if you're receiving disability support in Western Australia?

We have an agreement with the Western Australian government to bring Western Australians onto the NDIS. If you're receiving disability supports in Western Australia, you might already meet most of the eligibility criteria. We'll send you a letter with all the details on how to apply.

The Western Australian government will let us know if you're on a program for faster access to the NDIS. This is called a [defined program](#).

If you're on one of these programs, you need to show us that you:

- are younger than 65 on the day you apply
- live in Australia permanently
- are an Australian citizen or permanent resident.

We'll let you know what evidence you need to give us when you apply.

If you show us you meet the above requirements, we'll decide you're eligible under the **disability requirements**.

Which Western Australian defined programs are eligible for the NDIS?

- WA state-administered National Disability Insurance Scheme
- Supported Community Living
- Community Residential
- Day Options
- Disability Professional Services
- Emergency Accommodation
- Respite
- LAC Coordination
- Recreation.

List D: Permanent impairment/Early intervention, under 7 years. No further assessment required.

Synonyms for conditions are also shown (e.g. condition / synonym / synonym).

Conditions primarily resulting in Intellectual/ learning impairment

Chromosomal abnormalities resulting in permanent impairment

- Global Developmental Delay
- Aicardi syndrome
- Aicardi-Goutières syndrome
- Angelman syndrome
- CHARGE syndrome
- Cockayne syndrome/ Types I and Type II / Cerebro-oculo-facio-skeletal (COFS) syndrome/ Pena Shokeir syndrome Type II / Weber-Cockayne syndrome/ Neill-Dingwall syndrome
- Coffin-Lowry syndrome
- Cohen syndrome
- Cornelia de Lange syndrome
- Cri du Chat syndrome
- Dandy-Walker syndrome
- DiGeorge syndrome/ 22q11.2 deletion syndrome/ Velocardiofacial syndrome/ Shprintzen syndrome/ Conotruncal anomaly face syndrome
- Down syndrome/ Trisomy 21
- Edwards syndrome/ Trisomy 18
- Fragile X syndrome
- Kabuki syndrome
- Lesch-Nyhan syndrome/ Nyhan's syndrome/ Kelley-Seegmiller syndrome/ Juvenile gout
- Leigh syndrome/ Leigh's disease/ subacute necrotizing encephalomyelopathy
- Menkes disease
- Patau syndrome/ Trisomy 13

- Prader-Willi syndrome
- Rett syndrome
- Seckel syndrome/ microcephalic primordial dwarfism/ Harper's syndrome/ Virchow-Seckel dwarfism
- Smith-Lemli-Optiz syndrome
- Smith-Magenis syndrome
- Sturge-Weber syndrome
- Trisomy 9
- Tuberous sclerosis
- Williams syndrome
- Wolf-Hirschhorn syndrome.

Conditions primarily resulting in Neurological impairment

Systemic atrophies primarily affecting the central nervous system

- Friedrich's ataxia
- Hereditary spastic paraplegia/ Infantile-onset ascending hereditary spastic paralysis/ L1 syndrome/ spastic paraplegias types 2 and 11
- Louis-Bar syndrome/ Ataxia-telangiectasia
- Niemann-Pick disease (Types A and C)
- Progressive bulbar palsy of childhood/ Fazio-Londe disease.

The following spinal muscular atrophies

- Spinal muscular atrophy Type I/ Werdnig Hoffmann disease/ infantile SMA
- Spinal muscular atrophy Type II/ Dubowitz disease
- Spinal muscular atrophy Type III Kugelberg-Welander disease/ juvenile SMA
- Spinal muscular atrophy lower extremity dominant/ SMA-LED
- X-linked spinal muscular atrophy.

Extrapyramidal and movement disorders

- Hallervorden-Spatz syndrome / Pantothenate kinase-associated neurodegeneration (PKAN)/ neurodegeneration with brain iron accumulation 1 (NBIA 1)

- Alpers disease/ Alpers syndrome/ Grey-matter degeneration/ Progressive sclerosing poliodystrophy/ Progressive infantile poliodystrophy
- Demyelinating diseases of the central nervous system
- Adrenoleukodystrophy / X-linked childhood cerebral form
- Alexander disease
- Canavan disease
- Krabbe disease/ Globoid cell leukodystrophy
- Pelizaeus-Merzbacher disease.

Episodic and paroxysmal disorders

- Lennox-Gastaut syndrome/ Lennox syndrome
- West's syndrome.

Polyneuropathies and other disorders of the peripheral nervous system

- Dejerine-Sottas disease/ Dejerine-Sottas syndrome/ Dejerine-Sottas neuropathy/ progressive hypertrophic interstitial polyneuropathy of childhood/onion bulb neuropathy
- Infantile Refsum disease.

Conditions primarily resulting in physical impairment

- Amputation
- Diamond-Blackfan anaemia
- Epidermolysis bullosa
- Harlequin type ichthyosis
- Hay Wells syndrome/ ankyloblepharon/ ectodermal dysplasia/ clefting [AEC] syndrome
- Joint or limb deformities resulting in impaired mobility
- Juvenile arthritis/ Stills Disease
- Osteogenesis imperfecta
- Sjogren Larsson syndrome.

Diseases of myoneural junction and muscle

- Congenital muscular dystrophy

- Congenital myotonia / Thomsens disease/ Becker myotonia
- Distal muscular dystrophy
- Duchenne muscular dystrophy
- Emery-Dreifuss muscular dystrophy
- Facioscapulohumeral muscular dystrophy
- Myotubular myopathy
- Oculopharyngeal muscular dystrophy
- Paramyotonia Congenita.

Cerebral palsy and other paralytic syndromes

- Cerebral palsy
- Diplegia
- Hemiplegia
- Monoplegia
- Paraplegia
- Quadriplegia
- Tetraplegia.

Conditions resulting in sensory and/or speech impairment

- Permanent blindness in both eyes, diagnosed and assessed by an ophthalmologist as follows:
- Corrected visual acuity (extent to which an object can be brought into focus) on the Snellen Scale must be less than or equal to 6/60 in both eyes; or
- Constriction to within 10 degrees or less of arc of central fixation in the better eye, irrespective of corrected visual acuity (i.e. visual fields are reduced to a measured arc of 10 degrees or less); or
- A combination of visual defects resulting in the same degree of visual impairment as that occurring in the above points.
- (An optometrist report is not sufficient for NDIS purposes.)
- Deafblindness confirmed by ophthalmologist and audiologist and assessed as resulting in permanent and severe to total impairment of visual function and hearing.

Conditions resulting in multiple types of impairment

- Aceruloplasminemia
- Addison-Schilder disease/ Adrenoleukodystrophy /
- Albinism
- Arginosuccinic aciduria
- Aspartylglucosaminuria
- Cerebrotendinous xanthomatosis/ cerebral cholesterosis
- Congenital cytomegalovirus infection
- Congenital hypothyroidism
- Congenital iodine-deficiency syndrome /cretinism
- Congenital rubella syndrome
- Galactosaemia with long term learning disabilities and neurological impairment
- Glycine encephalopathy/ non-ketotic hyperglycinaemia
- GM1 gangliosidosis
- Hartnup disease
- Homocystinuria
- Lowe syndrome/ Oculocerebrorenal syndrome
- Mannosidosis
- Menkes disease
- Mucopolidosis II / I-cell disease
- Mucopolidosis III / pseudo-Hurler polydystrophy
- Mucopolidosis IV
- Neuronal ceroid lipofuscinosis
- Niemann-Pick disease
- Phenylketonuria
- Pyruvate carboxylase deficiency
- Pyruvate dehydrogenase deficiency
- Sialidosis

- Sulfite oxidase deficiency.

The following mucopolysaccharidoses

- Hurler syndrome/MPS1-H
- Scheie syndrome/ MPS 1-S
- Hurler-Scheie syndrome/ MPS 1 H-S
- Hunter syndrome/ MPS II
- San Fillipo syndrome/ MPS III
- Morquio syndrome/ MPS IVA
- Maroteaux-Lamy syndrome/ MPS VI
- Sly syndrome/ MPS VII.

The following lysosomal storage disorders

- Gaucher disease Types 2 and 3
- Niemann-Pick disease (Types A and C)
- Pompe disease
- Sandhoff disease (infantile form)
- Schindler disease (Type 1)
- Tay-Sachs disease (infantile form).

Congenital conditions – cases where malformations cannot be corrected by surgery or other treatment and result in permanent impairment

- Chiari malformation/Arnold-Chiari malformation
- Congenital absence of limb(s)
- Congenital hydrocephalus
- Fetal alcohol spectrum disorder
- Fetal hydantoin syndrome
- Microcephaly
- Spina bifida
- VATER syndrome (VACTERL association).

When do we make priority eligibility decisions?

If you're in one of the following situations, we'll decide if you're eligible within **2 to 5 business days**.

- Child younger than 7 years with a hearing impairment, either:
 - o Identified as Hearing Australia or Early Childhood Partner Priority
 - o Identified as 'newly diagnosed'.
- A child is identified as having a developmental delay and is turning 6 years old within 30 days of a valid NDIS application.
- **Immediate risk** to self, others, community or agency where appropriate disability or informal supports are not in place.
- **Unexpected, significant deterioration** of disability-related functional capacity where appropriate disability or informal supports are not in place.
- **Rapid deterioration** in functional capacity of a person with one of the following permanent disabilities:
 - o Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease)
 - o Brain Cancer
 - o Motor Neurone Disease (MND)
 - o Progressive Bulbar Palsy (PBP)
 - o Primary Lateral Sclerosis (PLS)
 - o Progressive Muscular Atrophy (PMA).
- **Imminent risk** (within 1–14 days) of breakdown of either:
 - o Accommodation – risk of homelessness
 - o Caring arrangements, including informal supports, due to death, serious illness or injury of informal supports, or significant and unexpected deterioration of disability-related functional capacity.
- Appropriate disability supports are not in place and are re-entering the community after a long-term residence or hospital stay (specific release date not required):
 - o A person with a **newly acquired, significant disability**, such as spinal cord injury, being discharged from hospital
 - o A **younger person living in residential aged care**
 - o A person being **discharged from an inpatient mental health facility**

- o A person due to be **released from correctional facility**.

How do we weigh evidence of disability?

We understand that you may have evidence of your disability from different health professionals at different times. When we're deciding if you're eligible for the NDIS, we look at:

- how old your evidence is
- who provided your evidence.

We weigh evidence based on what we consider 'best practice', or highest quality. We consider this evidence most strongly when we make a decision.

What type of evidence should you provide?

We need evidence to help us consider if you meet the disability or early intervention requirements.

For the disability requirements, we need evidence to confirm your permanent impairment and evidence about how this impacts your functional capacity.

For the early intervention requirements, we need evidence to confirm your permanent impairment and evidence that confirms you need early intervention.

It's important to understand the type of evidence that you are providing us. You may have evidence from a doctor or specialist confirming your **permanent impairment** or you may have evidence from an allied health professional or other medical professional that tells us about **impacts to your functional capacity** (your ability to do daily life activities). These are different types of evidence which will often be provided by different health professionals based on their qualifications.

How old should your evidence be?

How old should your evidence be to confirm your permanent impairment?

We need evidence from your doctor or specialist to confirm your permanent impairment. You can give us evidence confirming this **from any age**. However, evidence about how your impairment impacts your functional capacity should be from the last 12 months.

How old should your evidence be to confirm your functional capacity?

Generally, we need evidence about how your impairment impacts your functional capacity from **the last 12 months**. This is because your functional capacity may change over time – even if your impairment does not. It's important that we have evidence of your current circumstances to ensure we understand your support needs.

If you give us more than one type of evidence, we might weigh the newer evidence over the older evidence. If you give us older evidence, we will generally give this less weighting when we make our decision. In these cases, we will generally ask for more information. If this is not provided, we may decide you are not eligible for the NDIS.

How old should your evidence be to confirm you need early intervention?

We need evidence from your doctor or specialist to confirm your permanent impairment and that you need early intervention.

Generally, we need evidence about that confirms you need early intervention from **the last 12 months**. This is because your functional capacity may change over time – even if your impairment does not. It's important that we have evidence of your current circumstances to ensure we understand your support needs.

Who should provide evidence?

We generally prefer evidence that comes from a treating professional who:

- is the most **appropriately qualified** person to provide evidence of your primary disability
- has treated you for a significant period of time (at least six months)
- [is registered to practise in Australia or New Zealand](#)
- provides disability evidence (such as a medical report) that is original, genuine and specific to you.

Depending on your situation, you might get your evidence of **permanent impairment** from a different treating professional than your **evidence of functional capacity**.

If you need help to get your evidence together, your [local area coordinator](#) or [early childhood partner](#) can help you.

Who should provide evidence of your permanent impairment?

We generally prefer evidence from your doctor or specialist to confirm your permanent impairment.

Examples of common doctors or specialists include:

- General Practitioner (GP)
- Paediatrician
- Orthopaedic surgeon
- Neurologist
- Psychiatrist.

Who should provide evidence of your functional capacity?

We generally prefer evidence from a doctor, specialist, allied health or other medical professional for confirm how your permanent impairment impacts your functional capacity.

In addition to doctors and specialists, examples of common allied health or other medical professionals include:

- Occupational Therapist
- Speech Pathologist (Therapist)
- Psychologist
- Physiotherapist.

Who should provide evidence that you need for early intervention?

We generally prefer evidence from your doctor or specialist to confirm your permanent impairment.

Whereas a doctor, specialist, allied health or other medical professional can give us evidence to confirm you need early intervention.

In addition to doctors and specialists, examples of common allied health or other medical professionals include:

- Occupational Therapist
- Speech Pathologist (Therapist)
- Psychologist
- Physiotherapist.

Health professionals registered to practise in Australia and New Zealand

We strongly prefer evidence of your disability to come from a registered Australian or New Zealand health professional. Most Australian health professionals are registered with the [Australian Health Practitioner Regulation Agency \(AHPRA\)](#).

We will still consider evidence from non-Australian or New Zealand health professionals, or unregistered health professionals. However, this evidence will be given less weight.

If we cannot confirm the registration of your health professional, we will ask you (and your health professional) for more information in the first instance. If we still cannot confirm their registration, we will likely decide that you are not eligible for the NDIS.

Reference list

- ¹ NDIS Act s 24(1)(e).
- ² NDIS Act ss 22-23.
- ³ NDIS Act s 24.
- ⁴ NDIS Act s 25.
- ⁵ NDIS Act s 25(1)(a)(iii).
- ⁶ NDIS Act s 28(1).
- ⁷ NDIS Act s 22(1)(a).
- ⁸ NDIS Act s 23(1)(b)(i).
- ⁹ NDIS Act s 23(1)(b)(ii).
- ¹⁰ NDIS Act s 23(1)(b)(iii).
- ¹¹ NDIS Act s 23(1)(a).
- ¹² NDIS Act s 23(2).
- ¹³ NDIS Act s 23(2)(f).
- ¹⁴ NDIS Act s 23(2)(a).
- ¹⁵ NDIS Act s 23(2)(b).
- ¹⁶ NDIS Act s 23(2)(c).
- ¹⁷ NDIS Act s 23(2)(d).
- ¹⁸ NDIS Act s 23(2)(e).
- ¹⁹ NDIS Act s 24.
- ²⁰ NDIS Act ss 24(1)(a); 25(1)(a).
- ²¹ NDIS Act ss 24(1)(a); 25(1)(a).
- ²² NDIS Act ss 24(3)
- ²³ NDIS (Becoming a Participant) Rules rr 5.4, 6.4.
- ²⁴ NDIS (Becoming a Participant) Rules rr 5.6, 6.6.
- ²⁵ NDIS (Becoming a Participant) Rules rr 5.5, 6.5.
- ²⁶ NDIS (Becoming a Participant) Rules rr 5.7, 6.7.
- ²⁷ NDIS (Becoming a Participant) Rules rr 5.8(a), (c)
- ²⁸ NDIS (Becoming a Participant) Rules r 5.8(b).
- ²⁹ NDIS (Becoming a Participant) Rules r 5.8(a).
- ³⁰ NDIS Act s 24(1)(d).
- ³¹ NDIS Act s 24(1)(e).
- ³² NDIS Act s24(3)
- ³³ NDIS Act s 24(2).
- ³⁴ NDIS Act ss 25(1)(a)(i)-(ii).
- ³⁵ NDIS Act s 25(1)(a)(i).
- ³⁶ NDIS Act ss 25(1)(a)(i)-(ii).
- ³⁷ NDIS Act s 25(1)(a)(ii).
- ³⁸ NDIS Act s 25(1)(b).
- ³⁹ NDIS Act s 25(1)(c).
- ⁴⁰ NDIS (Becoming a Participant) Rules r 6.9.
- ⁴¹ NDIS Act s 25(3); NDIS (Becoming a Participant) Rules r 6.1,
- ⁴² NDIS (Supports for Participants) Rules r 7.5(b).
- ⁴³ NDIS (Supports for Participants) Rules r 7.5(a).
- ⁴⁴ NDIS (Supports for Participants) Rules r 7.7(b).
- ⁴⁵ NDIS (Supports for Participants) Rules r 7.7(a).
- ⁴⁶ NDIS (Supports for Participants) Rules r 7.10(a).
- ⁴⁷ NDIS (Supports for Participants) Rules r 7.18(b).
- ⁴⁸ NDIS (Supports for Participants) Rules r 7.18(a).
- ⁴⁹ NDIS Act s 25.
- ⁵⁰ NDIS Act ss 9 (definition of 'developmental delay'), 21(1)(c), 25(1)(a)(iii).
- ⁵¹ NDIS Act s 23(1)(a).
- ⁵² NDIS Act s 23(1)(b).
- ⁵³ NDIS Act ss 9 (definition of 'developmental delay'), 25(1)(a)(iii).

⁵⁴ NDIS Act s 25(3). If we decide a child has a developmental delay under NDIS Act s 9 (definition of 'developmental delay'), we're satisfied they meet the requirements under NDIS Act ss 25(1)(b)-(c): see NDIS (Becoming a Participant) Rules r 6.8.

⁵⁵ NDIS Act ss 9 (definition of 'developmental delay'), 25(1)(a)(iii).

⁵⁶ NDIS Act s 9 (definition of 'developmental delay' para (a)).

⁵⁷ NDIS Act s 9 (definition of 'developmental delay' para (b)).

⁵⁸ NDIS Act s 9 (definition of 'developmental delay' para (c)).

⁵⁹ NDIS Act s 25(3); NDIS (Becoming a Participant) Rules rr 6.1, 8.4.

⁶⁰ NDIS (Supports for Participants) Rules r 7.5(b).

⁶¹ NDIS (Supports for Participants) Rules r 7.5(a).

⁶² NDIS (Supports for Participants) Rules r 7.10(a).

⁶³ NDIS (Supports for Participants) Rules r 7.9(a).

⁶⁴ NDIS (Supports for Participants) Rules r 7.10(c).

⁶⁵ NDIS Act s 19(1)(a).

⁶⁶ NDIS Act s 19(1)(b).

⁶⁷ NDIS Act s 19(1)(c).

⁶⁸ NDIS Act s 197(1).

⁶⁹ NDIS Act s 74(1)(a).

⁷⁰ NDIS Act s 74(1)(b).

⁷¹ NDIS Act s 20.

⁷² NDIS Act s 26(2)(d).

⁷³ NDIS Act s 26.

⁷⁴ NDIS Act s 26(3).

⁷⁵ NDIS Act s 26(2).

⁷⁶ NDIS Act s 21(3).

⁷⁷ NDIS Act s 100(5)(b).

⁷⁸ NDIS Act s 28(1).

⁷⁹ NDIS Act s 28(2).

⁸⁰ NDIS Act s 7(2).

⁸¹ NDIS Act s 100(2).

⁸² NDIS Act s 100(2).

⁸³ NDIS Act s 19(2).

⁸⁴ NDIS Act s 19(2)(c).

⁸⁵ NDIS Act s 102.

⁸⁶ NDIS Act s 19(2)(d).



Applying to the NDIS

Quick summary: If you want to become an NDIS participant you'll need to apply to the NDIS. There are some requirements you need to meet to be eligible for the NDIS.

First, you need to be younger than 65 when you apply, be an Australian citizen or permanent resident, and live in Australia. Then, you'll need to meet the requirements for disability, early intervention, or both.

You may be eligible under the disability requirements if you have one or more impairments that are or are likely to be permanent. And this substantially impacts your ability to do daily life activities. Your impairment must also affect your social life, or your ability to work and study. And, you must be likely to need NDIS supports for your lifetime.¹ [NDIS supports](#) are the services, items and equipment that can be funded by the NDIS.

Or you may be eligible under the early intervention requirements if you have one or more impairments that are likely to be permanent, or you have developmental delay and supports are likely to benefit you by reducing your need for supports in the future. We will also consider if these supports are NDIS supports.

Or you may be eligible under both the disability and early intervention requirements.

If you think you might be eligible, we can help you apply to the NDIS. We'll talk to you about your needs, current situation and what's important to you. We'll look at all the information you give us to decide if you're eligible. If you're eligible for the NDIS, you'll become a participant, and we'll work with you to start [creating your plan](#). If you're not eligible, an early childhood partner or local area coordinator can help you explore and access government and community services. When we work with children younger than 9 and their families, we call this [early connections](#). When we work with people aged 9–64, we call this [community connections](#).

What's on this page?

- [What do we mean by applying to the NDIS?](#)
- [Do you meet the age requirements?](#)
- [Do you meet the residence requirements?](#)
- [Do you meet the disability requirements?](#)
- [Do you need early intervention?](#)
- [What about children younger than 6 with developmental delay?](#)

- [How do you apply to the NDIS?](#)
- [How do we decide if you're eligible?](#)
- [What happens after we decide?](#)

What do we mean by applying to the NDIS?

Applying to the NDIS means doing things to find out if you can become a participant and start getting supports under the NDIS. There's a process to follow when you apply to the NDIS. As part of this process, we will need to confirm your identity. Learn more about [how to apply to the NDIS](#).

After you apply, we'll look at all the information you give us and decide if you're eligible.

If we decide you're eligible, you'll become a participant in the NDIS. We'll then work with you to create your first plan, which will include funding for any [reasonable and necessary supports](#).

If you're not eligible, there are other services available to you, such as other government and community services. We can help you connect to these other services.

For children younger than 9, we encourage families to talk to an [early childhood partner](#) before applying to the NDIS. They can help families connect to the right supports and let families know if the NDIS is right for their child. Learn more about our [early childhood approach](#) and [early connections](#).

Are you eligible for the NDIS?

To be eligible for the NDIS, you first need to meet the [age requirements](#) and [residence requirements](#). This means you need to be younger than 65 when you apply, live in Australia, and be an Australian citizen or permanent resident.²

You'll need to meet the requirements for disability³, early intervention⁴, or both.

When we say impairment in this guideline, we mean a loss of, or damage to your body's function. Under the law for the NDIS, we check if you're eligible based on your impairments, not your type of disability or diagnosis.

Disability requirements

To meet the disability requirements, we must have evidence of **all** of the following:

- You have a disability attributable to one or more impairments. This means your disability and impairments are linked.
- Your impairment is likely to be permanent.

- Your impairment means you have a substantially reduced functional capacity to do one or more daily life activities. These activities include moving around, communicating, socialising, learning, undertaking self-care, or self-management tasks.
- Your impairment affects your ability to work, study or take part in social life.
- You'll likely need NDIS supports for your lifetime.

Early intervention requirements

To meet the early intervention requirements, we must have evidence of **all** the following:

- You have an impairment that's likely to be permanent, or that you are a [child younger than 6 with developmental delay](#).
- Early intervention will benefit you by reducing your need for supports in the future.
- Early intervention will benefit you by either reducing the impact your impairment has on your functional capacity or support your informal supports to build their skills to help you. Or the early intervention will prevent the deterioration of your functional capacity or improve it.
- The early intervention supports you need are NDIS supports.

We'll use information in your application to [decide if you're eligible for the NDIS](#).

If you're eligible, you become a NDIS participant.⁵ The length of time you'll be a participant will depend on your situation and NDIS support needs. Learn more about [leaving the NDIS](#).

This guideline has detailed information on how we decide if you're eligible for the NDIS. For general information about who's eligible, read [Am I eligible](#) and [Applying to the NDIS factsheet](#). Check out our website for information about [children younger than 9](#).

We also have information on [psychosocial disability](#). If you have a psychosocial disability, this webpage has information on whether the NDIS is right for you, and what information we need if you apply.

A psychosocial disability isn't a mental health condition or diagnosis. A psychosocial disability means you have reduced capacity to undertake tasks and activities of daily living due to your mental health.

Do you meet the age requirements?

To be eligible for the NDIS, you must first meet the age requirements. This means [you are younger than 65 on the day you apply](#).

How old are you?

You must be younger than 65 on the day you make your NDIS application.⁶

This means your application needs to be complete, in the format we ask for, and received by the NDIA before you turn 65. Learn more about [how to complete your NDIS application](#).

If you're turning 65 soon and want to apply, [contact us](#) so we can help you apply on time.

Do you meet the residence requirements?

Then you must meet the residence requirements. This means:

- [You are an Australian citizen or permanent resident](#).
- [You live in Australia](#).

Are you an Australian citizen or permanent resident?

You must be an Australian citizen,⁷ or have one of two visa types that means you can live here:

- A [permanent visa](#)⁸
- A [protected special category visa](#)⁹ – this is only for some citizens of New Zealand.

Do you live in Australia?

You must live in Australia.¹⁰ This means Australia is your home and you spend most of your time here.

To help us decide, you need to give us evidence to show us you live here. If you give us consent to use your Centrelink record, that usually gives us enough evidence to decide if you live in Australia.

If you don't give us consent, you need to give us enough information to help us decide that you live in Australia. You'll need to answer these questions:

- [Where do you live?](#)
- [Where is your family?](#)
- [Do you work in Australia?](#)
- [Do you own property in Australia?](#)
- [How much time do you spend outside Australia?](#)

Some of these questions might not apply to you, but we must think about them when we decide whether you live in Australia.¹¹

We may also ask you other questions to determine whether you live in Australia.¹² For example, your family might be deployed overseas in the Defence Force, meaning you need to leave Australia for a while. In these situations, we'll ask you for more information about why you're leaving and can't return.

If you apply, we look at your whole situation when we decide if there's enough evidence to show that you live here. This will be a simple decision for us in most situations. But sometimes we may need to look at the questions below.

Where do you live?

We think about where you live, and your living situation.¹³ We'll look at whether you have more permanent accommodation in Australia than any other country.

For example, you might own a home or have a formal rental agreement in Australia. This is a good sign to us that you live in Australia.

Where is your family?

We also think about where your immediate family lives.¹⁴

We look at where you spend most of your time with them, face-to-face. We don't look at how you connect with your family on the phone or internet.

Do you work in Australia?

If you work, we look at where you normally work or make money.¹⁵ If you work or make money in Australia, that's a good sign you live here. If you don't work or are unemployed, we'll consider the other questions to determine whether you live in Australia.

Do you own property in Australia?

We look at what assets or property you own in Australia.¹⁶ We also see if you have an Australian bank account.

If you own assets or property here, it doesn't always mean you live in Australia. Your assets or property will need to show you have an ongoing connection to Australia. You don't live in Australia just because you own assets or property here.

How much time do you spend outside Australia?

We look at how often you go overseas, and how long you're outside Australia when you travel.¹⁷ We also look at why you travel overseas, such as for work, holiday or to live with family.

This is usually the most important point to help us decide if you live in Australia. You need to show us that you have a long-term and meaningful connection to living in Australia.

You don't need to stay in Australia all the time. You can still work overseas or go on holiday.

You'll need to show a stronger connection to Australia than other countries if you spend a lot of time overseas.

If we decide you're eligible and create your plan, there may be times you can't use your NDIS funding overseas. This is usually after you're overseas for more than 6 weeks unless we give you more time. Learn more about [when you can't use your plan](#).

Do you meet the disability requirements?

You meet the disability requirements if we have evidence of all the following:¹⁸

- [Your disability is caused by an impairment](#).
- [Your impairment is likely to be permanent](#).
- [Your permanent impairment substantially reduces your functional capacity](#) to undertake one or more of the following activities: moving around, communicating, socialising, learning, or undertaking self-care or self-management tasks.
- [Your permanent impairment affects your ability to work, study or take part in social life](#).
- [You'll likely need NDIS support for your lifetime](#).

If you give us evidence you have been diagnosed with one or more conditions on [List A](#), we'll likely decide you meet the disability requirements.

If you meet the disability requirements, it's likely you'll need NDIS supports for your lifetime. This means you won't have to prove your disability every time we reassess your plan.

If at any time your NDIS support needs or situation changes, we may need to check your NDIS eligibility. We will talk with you if this happens.

Learn more about how we check [if you are still eligible for the NDIS](#).

Is your disability related to an impairment?

When we think about your disability, we look at whether any reduction or loss in your ability to do things, across all life domains, is because of an impairment.

An impairment is a loss of or damage to your body's function.

We'll look at:

- your body's functions
- your body structure
- how you think and learn.

To meet the disability requirements, we must have evidence your disability is linked to at least one of the impairments below:¹⁹

- **intellectual** – how you speak and listen, read and write, solve problems, and process and remember information
- **cognitive** – how you think, learn new things, use judgment to make decisions, and pay attention
- **neurological** – how your body's nervous system functions,
- **sensory** – how you see or hear
- **physical** – the ability to move parts of your body

You may also be eligible for the NDIS if you have a psychosocial disability.²⁰ This means you have reduced capacity to do daily life activities and tasks due to your mental health.

For more detail about the impairments listed above go to [Notice of impairments](#). It doesn't matter what caused your impairment. For example, if you've had it from birth or acquired it from an injury, accident or health condition.

It also doesn't matter if you have one impairment, or more than one impairment.

Is your impairment likely to be permanent?

To meet the disability requirements, we need to know that your impairment is permanent, or likely to be permanent. Permanent under the law for the NDIS means enduring. This means we need to know whether your impairments are enduring so that you require NDIS supports on an ongoing basis.

We will focus on your impairments, and not on the cause of your impairments, or your diagnoses.

You might have some periods in your life where there is a smaller impact on your daily life, because your impairment may be episodic or fluctuate in intensity²¹. Your impairment can still be permanent due to the overall impact on your life, and the likelihood that you will be impacted across your lifetime.

Even when your condition or diagnosis is permanent, we'll check if your impairment is permanent too. For example, you may not be eligible if your impairment is temporary, or if there are known, available and appropriate evidence-based clinical, medical or other remaining treatments options that are likely to remedy the impairment.

Generally, we'll consider whether your impairment is likely to be permanent if all available and appropriate treatment options are pursued.

If you give us evidence you have been diagnosed with a condition on [List B](#), we'll likely decide your disability is from an impairment that's likely to be permanent.

Is there any medical treatment for your impairment?

We don't fund supports to treat your impairment. The Australian health system provides health services to treat illnesses or health conditions.

Your impairment will likely be permanent if your treating professional tells us there are no further treatments that could remedy it.

Your treating professional will tell us or be asked to certify if there are medical, clinical or other treatments that are likely to remedy your impairment. We need to understand whether there are treatments that are:²²

- **known** – the treatment can be identified by an Australian medical practitioner as a suitable treatment for your impairment
- **available to you** – we need to take account of whether there are genuine barriers that prevent you from accessing treatment including, but not limited to, the nature of your impairment and your ability to access treatment
- **appropriate for you and your impairment** – we need to consider whether the treatment could remedy your impairment and is suitable and safe for you to undergo. Your ability to undergo treatment will be assessed according to your capabilities, your health and other personal circumstances, including your living arrangements
- **evidence-based** – there's proof the treatment is likely to be effective.

When we look at what treatments are available to you, we think about whether the treatment is suitable for your personal situation. The word treatment should be understood in a broadest sense and may include changes to your diet and lifestyle.

If you're still undergoing or have recently had treatment, we may not be sure you have a permanent impairment if that treatment could remedy the impairment.²³

In some situations, it may be clear your impairment is likely to be permanent while you're still undergoing treatment or rehabilitation. For example, you may still need treatment and rehabilitation for a spinal cord injury, but it's clear you are likely to have a permanent impairment.

You might still have a permanent impairment, even if its effects may change over time.²⁴

For degenerative impairments, or those that get worse over time, we consider them permanent if treatment isn't likely to remedy the impairment. That is, the treatment won't cure the impairment or come close to removing its effects.

Does your impairment substantially reduce your functional capacity?

Your permanent impairment needs **to substantially reduce your functional capacity or ability** to undertake activities in one of the following areas:

- **Communicating** – how you speak, write, or use sign language and gestures, to express yourself compared to other people your age. We also look at how well you understand people, and how others understand you.
- **Socialising** – how you make and keep friends, or interact with the community, or how a young child plays with other children. We also look at your behaviour, and how you cope with feelings and emotions in social situations.
- **Learning** – how you learn, understand and remember new things, and practise and use new skills.
- **Mobility, or moving around** – how easily you move around your home and community, and how you get in and out of bed or a chair. We consider how you get out and about and use your arms or legs.
- **Self-care** – personal care, hygiene, grooming, eating and drinking, and health. We consider how you get dressed, shower or bathe, eat or go to the toilet.
- **Self-management (if older than 6)** – how you organise your life. We consider how you plan, make decisions, and look after yourself. This might include day-to-day tasks at home, how you solve problems, or manage your money. We consider your mental or cognitive ability to manage your life, not your physical ability to do these tasks.

Your impairment substantially reduces your functional capacity if you usually need disability-specific supports to participate in or complete the above tasks.²⁵

These disability-specific supports include:

- a high level of support from other people, such as physical assistance, guidance, supervision or prompting.
- assistive technology, equipment or home modifications that are prescribed by your doctor, allied health professional or other medical professional.

To help us decide if you're eligible, we need to know your capacity and where you need more help. We get this information from you when you apply to the NDIS.

If you have more than one permanent impairment, we will consider them together, to see if they substantially reduce your functional capacity.

We consider how you're involved in different areas of life like home, school, work and the community, and how you carry out tasks and actions. We also consider any other factors that may impact your day-to-day life.

Your needs might go up and down each day or each month. Progressive Multiple Sclerosis (MS) can be a good example of this. We consider your ability over time, taking into account your ups and downs.

How does a child's impairment affect their daily life?

To help us decide if a child's ability is substantially reduced, we compare their abilities with other children of the same age.

If a child's ability is much less than most other children the same age, they may meet the disability requirements. For example, if they:

- need assistive technology, equipment or home modifications to participate in daily activities – except for common items like glasses
- usually need more assistance to join activities, or they can't join in.

Sometimes when a child's impairment doesn't substantially reduce their ability right now, but might in the future, we will look at the early intervention requirements. Similarly, if a child's impairment currently substantially reduces their ability, but may not after receiving supports, we will look at the early intervention requirements. Early intervention can be for children of any age, however there are different requirements for children younger than 6 with developmental delay to meet the early intervention requirements.

Learn more about the [early intervention requirements](#).

What if you have a hearing impairment?

Some hearing impairments may lead to a substantially reduced functional capacity.

We'll generally decide you have a substantially reduced functional capacity if your hearing loss is at least 65 decibels in your better ear. This is based on a pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz.

We may also decide you have a substantially reduced functional capacity if your hearing loss is less than 65 decibels in your better ear. We may decide this if either:

- you also have another permanent impairment, such as a vision or cognitive impairment
- you give us evidence your speech detection and speech discrimination outcomes are significantly poorer than expected.

Does your impairment affect your social, work or study life?

Then, we look at how your impairments affect your ability to work, study or take part in social life.²⁶ This means your permanent impairments affect how you can find and keep a job, contribute to your community, or join social activities. We get this information from you when you apply to the NDIS.

We look at your ability to do things like:

- find and keep a job, or start your own business
- study
- spend and save money
- play sport
- go to the movies
- volunteer
- travel.

It doesn't matter how much your ability to work, study or socialise is affected by your impairment. It only needs to affect your social or work life in some way for you to meet the criteria.

Will you likely need NDIS supports for your lifetime?

You must be likely to need NDIS supports for your lifetime.²⁷ [NDIS Supports](#) are the services, items and equipment that can be funded by the NDIS.

NDIS supports are investments that help you build or maintain your functional capacity and independence, and help you work, study or take part in social life.

Even if your needs go up and down over time, or happen episodically²⁸, we may still consider it's likely you'll need NDIS supports for your lifetime.²⁹

We consider your overall situation to answer this question.

When we decide if you'll likely need NDIS supports for your lifetime, we consider:

- your life circumstances
- the nature of your long-term support needs
- whether your needs could be best met by the NDIS, or by other government and community services.

For example, you may have an impairment that is caused by a chronic health condition. Many chronic health conditions are most effectively managed or remedied through medical

management through the health system. If this is the case, we may decide that you don't need NDIS supports for your lifetime.

Learn more about [reasonable and necessary supports](#) and [NDIS supports](#).

Do you need early intervention?

Early intervention is usually early access to support, to help reduce the functional impacts of your impairment.

Early intervention can be for both children or adults and may only be needed for a short time. You won't need these supports for your lifetime, so your treating professional or your early childhood partner will tell us how early intervention support could benefit you or your child.

You will meet the early intervention requirements if you meet all the following:

- You have an [impairment that's likely to be permanent](#).
- [Early intervention supports will likely benefit you](#), for example if it means you'll need less disability support in the future and your functional capacity will improve.
- [The early intervention supports you need are NDIS supports](#).

There are different requirements for [children younger than 6 with developmental delay](#) to meet the early intervention requirements.

If we have evidence a child younger than 7 has been diagnosed with a condition on [List D](#), we'll decide they meet the early intervention requirements.

You may also meet the early intervention requirements if you're [aged between 0 and 25 with a hearing impairment](#).

We also need to understand how NDIS supports benefit you, like building your skills and increasing your capacity, so that you may no longer need NDIS supports. If you meet the early intervention requirements, your support needs are more likely to change, and you may only need NDIS supports for a short time. We'll regularly check your eligibility when we reassess your plan, and at other times too.

If you no longer meet the early intervention requirements, we'll check if you meet the disability requirements. Learn more about [leaving the NDIS](#).

Do you have an impairment that's likely to be permanent?

To meet the early intervention requirements, there must be enough evidence that you have at least one of the impairments below and your impairment is likely to be permanent.³⁰

An impairment is a loss of or damage to your body's function.

We will look at:

- your body's functions
- your body structure
- how you think and learn.

An impairment could be:³¹

- **intellectual**
- **cognitive**
- **neurological**
- **sensory**
- **physical**
- **psychosocial disability**

We also need evidence at least one of your impairments will be permanent, or likely to be permanent.³²

When we decide if your impairment is likely to be permanent, we consider the same things as in the [disability requirements](#).

You may also be eligible for the NDIS if you have a psychosocial disability.³³ This means you have reduced capacity to do daily life activities and tasks due to your mental health. Your psychosocial disability might vary at different times in how much it impacts your daily life. Even if it fluctuates and you have some periods where there is a smaller impact on your daily life, you might have this impairment for your lifetime.

If you give us evidence you have been diagnosed with a condition on [List B](#), we'll decide you have an impairment that's likely to be permanent.

How will early intervention benefit you?

We need to decide that getting early intervention supports means you'll likely need fewer supports in the future.³⁴

We need to know that early intervention supports will help you with at least one of the following:³⁵

- addressing the impact of your impairment on your ability to move around, communicate, socialise, learn, look after yourself and organise your life
- preventing your functional capacity from getting worse
- improving your functional capacity

- supporting your informal supports, which includes building their skills to help you.

To help us decide if the early intervention will help you in these ways, we look at:³⁶

- how your impairment might change over time
- how long you've had your impairment
- if there's been a significant change to your impairment
- if your needs are likely to change soon, such as if you're finishing school.

Will the early intervention supports you need be NDIS supports?

The early intervention support that you would likely benefit from must be NDIS supports.³⁷ NDIS supports are the services, items and equipment that can be funded by the NDIS.

Learn more about [reasonable and necessary supports](#) and [NDIS supports](#).

What about people aged between 0 and 25 with a hearing impairment?

If you're aged between 0 and 25 with a hearing impairment, you may meet the early intervention requirements. We'll decide you meet the early intervention requirements if you give us evidence of all of the following:

- You're aged between 0 and 25.
- You have auditory neuropathy or hearing loss of at least 25 decibels in either ear at 2 or more adjacent frequencies – see below.

We need evidence of your auditory neuropathy or hearing loss from a specialist audiological assessment. The assessment might include electrophysiological testing when required. The evidence must show your hearing loss is likely to be permanent.

If you're aged 26 or older with hearing loss, we'll check if you're eligible in the same way we consider all other impairments. You may be eligible under the [disability requirements](#).

What about children younger than 6 with developmental delay?

Children younger than 6 with a developmental delay may be eligible for the NDIS under the early intervention requirements.³⁸

Developmental delay is a term used to describe a delay in a child's development. It means that a child finds it much harder to do everyday things that other children their age can do, for example, dress themselves, talk or walk. A child with developmental delay needs lots of extra help to do everyday things compared to children of the same age.

First, we need to know the child:

- is younger than 6 on the day we decide whether they're eligible³⁹
- [lives in Australia](#)⁴⁰
- is an [Australian citizen or permanent resident](#).⁴¹

Then, we need to know the child has a [developmental delay](#).⁴²

Finally, we need to know the child's supports [will be NDIS supports](#). NDIS supports are the services, items and equipment that can be funded by the NDIS.

An early childhood partner can also provide supports to children who aren't eligible for the NDIS.

Learn more about the [early childhood approach](#) and [early connections](#).

Does the child have a developmental delay?

When we decide if a child has developmental delay, we use the definition in the law for the NDIS.⁴³

We need to know the delay:

- is [due to mental or physical impairments](#)
- [substantially reduces the child's functional capacity](#) compared with other children the same age.
- means [the child needs specialist services](#) from more than one professional working as a team to support the child and for longer than 12 months.

Is the delay due to mental or physical impairments?

First, we need to know the developmental delay is due to a mental or physical impairment, or a combination of mental or physical impairments.⁴⁴

An impairment is a loss or significant change in at least one of:

- the child's body functions
- the child's body structure
- how the child thinks and learns.

Families, early childhood partners and other professionals can understand the child's body function by:

- observing their activities during play and daily tasks
- comparing their activities to other children of the same age.

For some very young children, problems in body function can't be easily measured. If so, the child may be eligible if there is significant risk of a future disability diagnosis or developmental delay. We need evidence of this from a health or allied health professional's judgment or informed clinical opinion.

Does the delay substantially reduce the child's functional capacity?

We need to know the delay substantially reduces the child's functional capacity compared to other children their age.⁴⁵

This means the child has a significantly lower ability to do everyday activities, when compared to children of the same age. Or the child does things in a significantly different way to other children their age because of their reduced capacity.

The child would also need much more support to do the activity, compared to other children the same age.

The substantial reduction in functional capacity must be in at least one of the following areas of major life activity:

- **Self-care** – how children take care of themselves, shower, bathe, dress, eat, drink, toilet, groom, and sleep.
- **Receptive and expressive language** – this involves skills such as gesture, sign language, listening, giving and receiving information, communicating wants and needs through facial expressions, vocalisations or speech, and interaction with others.

A substantial reduction in functional capacity for either receptive language or expressive language will meet the criteria – it doesn't need to be both.

- **Cognitive development** – learning and applying knowledge. This includes areas such as:
 - o understanding and remembering information
 - o attention
 - o learning new things
 - o practising and using new skills
 - o planning and making decisions
 - o problem solving
 - o developing pretend play skills
 - o developing play interests

- o emotional and sensory regulation
- o developing emotional intelligence
- o social awareness
- o safety awareness.
- **Motor development** – this includes participation in everyday activities like moving around the home and community and manipulating objects.

We need evidence from a health, allied health or early childhood professional, who uses multiple sources of information about the child's ability to do everyday activities.

This will include information that parents or carers report about their child. It will also include a mix of standardised assessments of developmental and functional capacity, both in everyday activities and natural settings.

It should also include observations in everyday play, learning, activities or routines to better understand how the child participates in these everyday activities.

For very young children where functional capacity can't be measured, the child may be eligible if there is significant risk of a future disability diagnosis or developmental delay. We need evidence of this from a health or allied health professional's informed clinical opinion.

Does the child need specialist services from more than one type of professional and for longer than 12 months?

We need to know that the child needs a mix of specialist care, treatment or other services, due to their developmental delay. The child must also need these services for an extended duration – that is, longer than 12 months.⁴⁶

We need to know the child needs all of the following:

- **A service response that involves more than one professional working as a team to support the child.** This means the child needs support for multiple activities, and across multiple natural settings such as the home, community and early childhood centres. The child must need more support than what's expected for a child the same age.
- **A team that works collaboratively, by communicating and sharing information, knowledge and skills.** The support must be individually planned and coordinated. The team will build the capacity of the child's family and other important people in the child's life, such as carers, educators and professionals, about the child's individual needs. This support should be embedded in everyday play, learning, activities and routines.

- **More support than an individual discipline providing a unilateral response to a single problem.** This means the child needs support from more than one professional supporting one area of delay. This is known as interdisciplinary care. For example, a child is unlikely to be eligible if a speech pathologist alone can help their language delay, without needing support or consultation from other professionals.
- **Supports for an extended duration.** This means a health, allied health or early childhood professional who knows the child determines they need support for more than 12 months. A child will likely meet this criteria if there is clear evidence that they'll need early intervention support for more than 12 months.

We need evidence from an early childhood professional, such as an early childhood teacher, educator or allied health professional who knows the child. They need to recommend that the child needs support for multiple activities and across multiple natural settings, from a team working together.

Some children in remote areas might not have access to a team of professionals. If so, they may still be eligible if the one professional needs to provide the supports to the child across multiple activities and across multiple natural settings.

We also need evidence from an early childhood professional, such as an early childhood teacher, educator, or allied health professional, that the child needs support for more than 12 months. The professional should consider multiple sources of information, including:

- parent or carer reports
- a mix of standardised and culturally appropriate developmental or functional assessments in everyday activities and natural settings
- observations in everyday play, learning, activities, and routines.

How do we work out if the child meets the criteria for developmental delay?

We'll need a range of information about the child, observed in everyday activities and settings they usually participate in. This should include parent or carer reports and standardised assessments of developmental and or functional capacity.

Early childhood partners are early childhood professionals who give us evidence of developmental delay to help us decide if the child is eligible. An early childhood partner will meet with children and families to better understand the child's day to day life, and any concerns about their development.

Early childhood partners will observe a child in familiar places like home and childcare and may complete assessments using screening tools. This information helps us decide if a child meets the early intervention requirements for developmental delay.

Families and carers can also provide copies of existing reports, assessments or letters about the developmental delay.

We may also ask for evidence from a variety of sources, including mainstream services. For example, we may also ask for evidence from your doctor, child health nurse, or other health professional.

Learn more about [providing evidence of developmental delay](#).

What if there are no early childhood partners in your area?

If there are no early childhood partners in the child's area, a mainstream, community, or health service can give us a report for evidence of developmental delay.

If you're in one of these areas, learn more about what [evidence](#) we need for developmental delay.

Will the child's early intervention supports be NDIS supports?

To meet the early intervention requirements, the supports must be NDIS supports.⁴⁷ NDIS supports are the services, items and equipment that can be funded by the NDIS.

Learn more about [reasonable and necessary supports](#) and [NDIS supports](#).

What happens if a child with developmental delay is eligible?

If we decide a child with developmental delay is eligible for the NDIS, they'll become a participant. But they're usually no longer eligible after they turn 6.

This is because they will no longer meet the early intervention requirements under developmental delay. To remain an NDIS participant after they turn 6, the child will need to have an impairment that's likely to be permanent and meet the requirements for [disability](#), [early intervention](#), or both.

We'll talk to families or carers before a child turns 6 and explain what information we need to decide if the child is still eligible. Learn more about [leaving the NDIS](#).

Example

Hunter is 5 years old and became a participant under the early intervention requirements for developmental delay.

We give Hunter a new 12-month NDIS plan in August. We also talk to Hunter's family about him leaving the NDIS after he is 6 years old.

Hunter's family will be able to use his NDIS funding for the full 12 months until August the next year. By then, he'll be aged 6 years.

At the end of the 12 months, we'll talk to Hunter's family about his progress and what outcomes have been achieved. We'll listen to understand if he built capacity to work towards his goals. If there's evidence that Hunter does not have an impairment that is likely to be permanent and he no longer meets the requirements for disability, early intervention, or both, we'll decide Hunter is no longer eligible. He will be supported to leave the NDIS. We'll help his family continue to stay connected to government and community services.

Learn more about [leaving the NDIS](#) and [mainstream and community supports](#).

What if a child doesn't meet our criteria for developmental delay?

Early childhood partners offer supports to children younger than 6 who don't meet our criteria for developmental delay.

A child may have developmental concerns. This means a child younger than 6 is developing slower compared to other children their age, but the delay doesn't meet our definition for developmental delay.

For example, a child's functional capacity may be substantially reduced in one or more areas. But it's unclear if the child needs support from a team of professionals for more than 12 months.

An early childhood partner can offer **early supports** to children younger than 6 with developmental concerns. They can also help the child's family connect to other government and community supports.

Learn more about [early connections](#).

How do you apply to the NDIS?

Applying to the NDIS is how you let us know you want to become an NDIS participant.

If you're aged 9 and older, there are a few ways you can apply:⁴⁸

- Your local area coordinator can help you apply. They can help you through the application process and be your point of contact. [Find your nearest location](#).
- Sometimes you may not have a local area coordinator in your area. You can contact us on 1800 800 110 to discuss other options available to you.

For children younger than 9, we encourage families to talk to an [early childhood partner](#) before applying to the NDIS. They can offer supports to children before they apply, and let families know if the NDIS is right for their child.

When you apply, you or your authorised representative will need to:

- give us the information and any documents we need to confirm your identity. Learn more about [evidence of identity](#) and [privacy](#).
- give us the information and any documents we need to decide if you're eligible⁴⁹
- sign or certify the NDIS application⁵⁰
- talk to you about your needs and current situation.

When we talk to you, we'll listen to understand what is important to you. We'll also ask questions to make sure we know all the ways we can help.

We can use this information to help you make community connections if you want us to. Learn more about [community connections](#) and [early connections](#).

Other people can help you apply if you want them to. Sometimes they can apply on your behalf. Learn more about [who can help you apply](#).

Learn more about [how to apply to the NDIS](#) and in the [Applying to the NDIS factsheet](#).

What information do we need in your application?

The [Evidence of Identity factsheet](#) shows what information we need to confirm your identity. When you apply for the NDIS, you'll need to give us copies of these documents. If you can't do this, let us know so we can work out what to do depending on your situation. We'll still need to check your identity before progressing your application.

To show us you're younger than 65 when you apply, live in Australia, and that you're an Australian citizen or permanent resident, you can give us either of the following:

- consent to access and use your Centrelink record
- copies of documents or other evidence that we ask for if you apply in person or over the phone.

In most cases, we can just use your identity documents.

Who can give us evidence of your impairments?

We need evidence of your impairments, to help us work out if you're eligible. To get information about this, ask your [treating professional](#). For children younger than 6 with developmental delay, an [early childhood partner](#) can give evidence of developmental delay. Your treating professional or early childhood partner can contact us if they need to discuss what evidence to provide.

Your treating professional might be your doctor, specialist, or allied health service provider. You should use a professional who:

- has worked with you for a long time, usually for at least 6 months
- is the [most appropriate type of professional](#) to give evidence about your impairment
- is qualified and registered in their area of practice with the [Australian Health Practitioner Regulation Agency](#) or relevant professional authority.

If your treating professional doesn't meet these requirements, we may not be able to confirm the information in your application and may need to request further information.

When we check if you're eligible for the NDIS, we mainly think about the information you give us when you apply.

Learn more about who can give us evidence of your disability or impairment on the following pages:

- [Providing evidence of your disability](#)
- [Providing evidence of disability for children](#)
- [Information for GPs and health professionals](#).

You can also learn more about [how we use, collect and store your personal information](#).

What if you're in a remote or very remote area?

We understand it might be hard to get your treating professional to give evidence of your impairments in a remote or very remote area. If it's hard to get your treating professional to do this, let us know.

You might not need to give us as much evidence about your impairment as people in big cities, depending on what services are available in your area. We use a technical definition for remote and very remote. You'll need to live in an area that's classified as MM6 or MM7 on the [Modified Monash Model](#) to be considered remote or very remote.

How do we check your application?

Before we can accept your application, we make sure it's been made by the right person. That is, the application is from you, or [someone who can apply for you](#).

We then check all the answers we need have been provided, and that it is the correct information.⁵¹

If you don't have all the answers at the meeting, we'll help you work out what to do. You can also let us know if there is a mistake. We can work with you to help complete the application properly. We can't decide if you're eligible until we have a complete application.

We'll also let you know if we need more information and, if so, what you need to give us.

Once you have completed your application with all the right information, we'll check whether you're eligible. That is, we'll check that:

- you meet the age and residence requirements
- you meet the requirements for disability, early intervention, or both.

Learn more in the [Applying to the NDIS factsheet](#).

Who can help you apply?

You can ask someone to help you apply if you want to. They can help you:

- make your decision to apply to the NDIS
- gather the information we need.

You can choose who helps you. For example, you could ask for help from:

- a family member
- a friend
- a carer
- a partner
- a support worker or service provider
- staff in a residential aged care facility
- your treating health professional
- hospital staff.

With your permission, we can share information with these people during your application. For example, they could call us to check how your application is progressing. You can let us know if you would like us to share information.

Can someone else apply for you?

If someone else has legal authority to make decisions for you, they can apply to the NDIS on your behalf.

If you're younger than 18, the people with parental responsibility for you will apply for you.⁵² This is often your parents or legal guardian. In some situations, we can decide someone else has parental responsibility.⁵³ Learn more about [child representatives](#).

If you're an adult, these people may be able to apply to the NDIS on your behalf:

- a person you give consent to act as your authorised representative – this means you give them permission to apply for you

- your guardian
- a person with power of attorney who can make personal and health decisions for you
- a person with advance care health directive.

If you're an adult and want someone else to apply for you, you can tell us in person, or over the phone.

When do we contact you to help you apply?

Sometimes, we'll reach out to you to help you apply. This might be if you live in a:

- group home or supported accommodation
- large residential facility
- residential aged care facility – also read our page on [younger people in residential aged care](#)
- rural or remote area.

How do we decide if you're eligible?

Once we have your application, we review all the information we have in your application.

This will help us decide if you're eligible for the NDIS. As part of the process, we will also need to check your identity.

You are eligible for the NDIS if you meet the requirements for:

- age
- residence
- [disability](#), [early intervention](#), or both.

It's likely children younger than 6 with developmental delay won't meet the disability requirements. So, they may only be eligible under the early intervention requirements.

If you don't meet either the disability requirements or the early intervention requirements, you won't be eligible for the NDIS. But an [early childhood partner](#) or [local area coordinator](#) can help you connect with other government and community supports.

When will we decide if you're eligible?

Once we have your application, we have **21 days** to decide one of the following:⁵⁴

- [you're eligible for the NDIS](#)

- [you're not eligible for the NDIS](#)
- [we need more information](#).

We can make a decision quicker in urgent circumstances. Let us know if your situation is urgent, for example, if you're about to leave a hospital or custodial setting. Learn more about our [timeframes for urgent decisions](#).

How do we consider your evidence of disability or developmental delay?

When we're deciding if you're eligible, we may look at things like:

- how old your evidence is
- who provided your evidence.

If we get more than one type of evidence from you, we might consider some evidence over others. We call this weighing evidence.

What if we need more information to decide if you're eligible?

When we decide if you're eligible, we look at:

- the information in your NDIS application
- any other information we have.

We need enough information in your application to show us you're eligible for the NDIS by meeting the requirements for disability, early intervention, or both.

Sometimes we might need to ask you for more information. For example, we may not have enough information about your functional capacity.

We'll ask you for more information if we need it to make sure we have the full picture.⁵⁵

We might ask you for more information if:

- your application doesn't have all the information we need
- we need to answer a particular question.

We only ask for more information if we need it to decide if you're eligible.⁵⁶ If we need more information, we'll let you know:

- what you need to do
- what information we need
- when you need to give us the information.

If we ask for more information, you'll have at least **90 days** to give it to us. We can't decide if you're eligible until we have this. You can ask for more time if you need it. We can give you more time if we think it's reasonable for your situation.⁵⁷

If we can't contact you within **90 days**, or you don't give us the information within the timeframe, we'll withdraw your application. This means we'll stop processing your application.

If you don't get the information to us in time, you can apply again.

What happens after we get your information?

Once you give us the information we need, we then have **14 days** to decide if:⁵⁸

- you're eligible for the NDIS
- you're not eligible for the NDIS
- we need more information – for example, if the information you gave us isn't what we need.

What happens if we don't decide on time?

If we don't meet our decision-making timeframes, we have to treat this as if we decided you're not eligible.⁵⁹

If this happens, we'll automatically review this decision that you're not eligible.⁶⁰ We'll send you a letter to explain this. You don't need to do anything.

We'll then make sure your application is reviewed by a staff member who wasn't involved in the original application. We'll contact you to let you know the outcome.

Learn more about [reviewing our decisions](#).

What happens after we decide?

What happens if you're eligible?

On the day we decide you're eligible for the NDIS, you become a NDIS participant.⁶¹

The time that you remain eligible for the NDIS depends on your individual circumstances and NDIS support needs.

You'll need to continue to be eligible for the NDIS. This means you'll need to continue to live in Australia and be an Australian citizen or permanent resident. You'll also need to continue to meet requirements for [disability](#), [early intervention](#), or both. Learn more about [whether you will always be eligible](#) and [leaving the NDIS](#).

We'll send you a letter to let you know:

- you are eligible
- if you met the requirements for disability, early intervention, or both
- the next steps.

Your letter will also confirm the date you became eligible for the NDIS.⁶²

If you applied on or after 1 January 2025, your letter will include a Notice of impairments which gives you more information about your eligibility for the NDIS.⁶³ If you applied before 1 January 2025, you won't get a Notice of impairments, even if you become eligible for the NDIS after 1 January 2025.

Learn more about the [Notice of impairments](#).

What is a Notice of impairments?

The Notice of impairments (notice) tells you the categories of impairments you have met access for.⁶⁴ The categories of impairments relate to the impairments for which you met the requirements for [early intervention](#), [disability](#) or both.

You can [contact us](#) if you have any questions about your Notice of impairments.

When a child younger than 6 with developmental delay becomes a NDIS participant, we'll also send a Notice of impairments.⁶⁵ This notice will state that the child has developmental delay, it will not include the categories of impairments listed below.

What are the categories of impairments?

The categories of impairments are:

- **intellectual impairments** – such as how you speak and listen, read and write, solve problems, and process and remember information. An intellectual impairment may become apparent at an early age or during a child's early development.
- **cognitive impairments** – such as how you might think, learn new things, use judgment to make decisions, and pay attention. There are some similarities with intellectual impairments, but cognitive impairments may appear at a later stage in life or after a sudden event or injury.
- **neurological impairments** – such as how your body's nervous system may function. Neurological impairments can happen when there is a change in the function of the nervous system, such as in the brain or spinal cord. Damage to these parts of the body may affect the way the nervous system processes information.
- **sensory impairments** – such as how you see and hear. Sensory impairments usually relate to hearing or vision loss but may include all senses.

- **physical impairments** – such as the ability to move or control parts of your body. Physical impairments may affect your stamina, or how quickly your body gets tired.
- **impairments relating to a psychosocial disability** – this means you have reduced capacity to do daily life activities and tasks due to your mental health.

Can I apply to change my Notice of impairments?

You can apply for a change to your Notice of impairments. We call this varying the Notice of impairments.⁶⁶

If you think we have made a mistake, or you would like to vary the Notice of impairments, you should [contact us](#). You may want to apply to add a category of impairments, or to remove an existing category of impairments. To do this you'll need to give us new evidence. Learn more about giving us the [evidence we need](#). We will look at the new evidence you gave us to decide if we need to add or remove the categories of impairments in your notice.

We will send you a letter telling you if we decide to vary or not vary your Notice of impairments. If we vary your Notice of impairments, you will get a new Notice of impairments. This new notice replaces any previous Notice of impairments you have received.⁶⁷

Your Notice of impairments, whether we vary it or not doesn't change your eligibility to be a NDIS participant.

If you don't agree with our decision to vary or not to vary the Notice of impairments, you can ask for a review of the decision. Learn more about [Reviewing our decisions](#).

Example

Oscar recently became a participant of the NDIS. Oscar gets a letter telling him that his NDIS application was successful, and he's now a participant. This letter includes a Notice of impairments.

Oscar is 25 years old and is eligible for the NDIS under the age, residency and disability requirements. Oscar has a permanent impairment relating to his spinal cord injury.

Oscar's Notice of impairments tells him the categories that relate to his permanent impairments. These categories of impairments are physical and neurological.

At Oscar's first planning conversation, they discuss the NDIS supports that relate to Oscar's physical and neurological impairments. Oscar understands that he can apply to vary his Notice of impairments at any time if he wants.

How will we create your first plan?

After you receive the letter confirming you're eligible, we'll contact you to organise your first planning conversation. We'll contact you within **21 days**.



We'll then work together to create your plan. If you received help to make community connections, we can build on the information and goals we talked about and include these supports in your plan. Learn more about [community connections](#) and [early connections](#).

You'll receive a plan that sets out your NDIS supports. NDIS supports are the services, items and equipment that can be funded by the NDIS.

Your plan will include NDIS supports for the impairments that meet the requirements for disability, early intervention or both.

For example, you may have many impairments, but only one meets our eligibility criteria. Or you might get another impairment after we decide you're eligible. If so, we only fund NDIS supports for impairments that meet the requirements for disability, early intervention, or both.

If you're aged 7 or older, we must approve your first plan within **56 days** after you become a participant.

For children younger than 7, we'll approve their first plan within **90 days** after they become a participant.

For more information, check out [creating your plan](#).

Will you always be eligible for the NDIS?

There are many reasons for leaving the NDIS.

Some people decide they don't want to be a participant anymore.

You'll also leave the NDIS if you're no longer eligible.

When we reassess your [plan](#), we check that all your details are correct and up to date. We also look at any new information we have received.

If you're eligible under the **early intervention requirements**, your support needs are more likely to change. We'll check at each plan reassessment and at other times, whether you still meet the early intervention requirements.

For example, during a plan reassessment it may show you no longer meet the early intervention requirements because you have built your skills and capacity and will no longer benefit from NDIS supports.

If you're eligible under the disability requirements, your disability is permanent. We don't expect your disability to change, and it's likely you'll need NDIS supports for your lifetime. We will only ask you for more information about your eligibility if there is evidence that you may no longer meet the disability requirements.

You can find out more about the eligibility requirements, and how we check these, at [Am I eligible](#). [Children with developmental delay](#) will usually leave the NDIS after they turn 6.

Over time, you might develop your skills and independence and not need NDIS supports anymore.

If you met the requirements for early intervention and not disability, you usually won't be eligible after the early intervention supports, which are NDIS supports have benefitted you. For example, if you needed early intervention supports to achieve your goal to improve your functional capacity, and your functional capacity improves, you may no longer meet the early intervention requirements anymore.

If you're no longer eligible, we'll help you transition from the NDIS and make sure you are connected with other services in your community, if you need them. We'll also keep your information, so you can apply again if your situation changes.

Learn more about [leaving the NDIS](#).

What happens if you're not eligible?

If you're not eligible, you can't become an NDIS participant.

We'll try and contact you by phone, or your preferred contact method,⁶⁸ to explain why you're not eligible. We'll give you reasons for our decision and answer any questions you might have.

We'll also send you a letter with our decision, including the reasons you're not eligible and what to do next. Your letter will confirm the date we made the decision.

Even if you're not eligible for the NDIS, your [early childhood partner](#) or [local area coordinator](#) can help you explore and access government and community supports. When we work with children younger than 9 and their families, we call this early connections. When we work with people aged 9–64, we call this community connections.

Your early childhood partner or local area coordinator will use the information you shared to suggest supports in your community. They will work with you to see how these supports may help you with what is important to you. We also have a list of [other government and community supports](#) you can get, even if you're not eligible for the NDIS.

What if you don't agree with our decision?

If you don't agree with our decision that you're not eligible, you should [contact us](#). We can help explain our decision and what your options or next steps might be.

You can also ask for an internal review.⁶⁹ Another staff member, who wasn't involved in the original decision, will then check if we made the right decision. You need to ask for an internal review within **3 months** after receiving the decision.⁷⁰ Learn more about [reviewing our decisions](#).

But you can't ask for an internal review if:

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This document is correct at the date of publication.

Always visit ourguidelines.ndis.gov.au for the latest version.

- you withdraw your application because you don't want to apply anymore
- a decision has not been made and we ask you for more information
- we withdraw your application because you didn't give us information on time
- it's been more than 3 months since you received our decision that you're not eligible.

If you don't agree with the internal review decision, you can ask the Administrative Review Tribunal to review it. We call this an external review. You can't ask for an external review until after we make the internal review decision.

You can [contact us](#) to discuss any concerns you may have about the process. You can also [make a complaint](#) if you're not happy with any part of the process.

Can you apply again?

Yes. If we decide you're not eligible, or you're no longer eligible, you can apply again, unless you have requested a review of that decision and are waiting for a decision to be made on the outcome of your review. This includes when you apply for the NDIS or leave the NDIS after your status as a participant has been revoked. Learn more about [leaving the NDIS](#).⁷¹

You'll follow the same process to apply as you did the first time. Remember, you need to be younger than 65 on the day you make your new application. And children with developmental delay will need to be younger than 6 on the day they apply.

If you've asked for an internal review of the decision, you can't apply to the NDIS again until we've completed that review.⁷² You can ask us to stop our internal review at any time.⁷³

Also, if your review is with the Administrative Review Tribunal after an internal review, you can't apply again until it has made a decision.⁷⁴ You can also ask the Tribunal at any time to withdraw your application. Learn more on the [Administrative Review Tribunal website](#).

Applying to the NDIS – Appendices

What's on this page?

- [List A: Conditions that are likely to meet the disability requirements](#)
- [List B: Conditions that are likely to result in a permanent impairment](#)
- [List C: What if you're receiving disability support in Western Australia?](#)
- [List D: Permanent impairment/Early intervention, under 7 years. No further assessment required](#)
- [When do we make priority eligibility decisions?](#)
- [How do we weigh evidence of disability?](#)

List A: Conditions that are likely to meet the disability requirements

1. **Intellectual disability** diagnosed and assessed as moderate, severe or profound in accordance with current DSM criteria.
2. **Autism** diagnosed by a specialist multi-disciplinary team, paediatrician, psychiatrist or clinical psychologist experienced in the assessment of Pervasive Developmental Disorders and assessed using the current Diagnostic and Statistical Manual of Mental Disorders (DSM-V) diagnostic criteria as having severity of Level 2 (Requiring substantial support) or Level 3 (Requiring very substantial support).
3. **Cerebral palsy** diagnosed and assessed as severe (e.g. assessed as Level 3, 4 or 5 on the Gross Motor Function Classification System - GMFCS).
4. **Genetic conditions** that consistently result in permanent and severe intellectual and physical impairments:
 - Angelman syndrome
 - Coffin-Lowry syndrome in males
 - Cornelia de Lange syndrome
 - Cri du Chat syndrome
 - Edwards syndrome (Trisomy 18 – full form)
 - Epidermolysis Bullosa (severe forms):

- o YR
- o Autosomal recessive dystrophic epidermolysis bullosa
- o Hallopeau-Siemens type
- o Herlitz Junctional Epidermolysis Dystrophica
- Lesch-Nyhan syndrome
- Leigh syndrome
- Leukodystrophies:
 - o Alexander disease (infantile and neonatal forms)
 - o Canavan disease
 - o Krabbe disease (globoid cell leukodystrophy) – Infantile form
 - o Pelizaeus-Merzbacher Disease (Connatal form)
- Lysosomal storage disorders resulting in severe intellectual and physical impairments:
 - o Gaucher disease Types 2 and 3
 - o Niemann-Pick disease (Types A and C)
 - o Pompe disease
 - o Sandhoff disease (infantile form)
 - o Schindler disease (Type 1)
 - o Tay-Sachs disease (infantile form)
- Mucopolysaccharidoses – the following forms:
 - o MPS 1-H (Hurler syndrome)
 - o MPS III (San Fillipo syndrome)
 - o Osteogenesis Imperfecta (severe forms):
 - o Type II - with two or more fractures per year and significant deformities severely limiting ability to perform activities of daily living
- Patau syndrome
- Rett syndrome
- Spinal Muscular Atrophies of the following types:
 - o Werdnig-Hoffmann disease (SMA Type 1- Infantile form)

- o Dubowitz disease (SMA Type II – Intermediate form)
 - o X-linked spinal muscular atrophy
5. **Spinal cord injury** or **brain injury** resulting in paraplegia, quadriplegia or tetraplegia.
 6. **Hemiplegia** where there is severe or total loss of strength and movement in the affected limbs of the body.
 7. **Permanent blindness** in both eyes, diagnosed and assessed by an ophthalmologist as follows:
 - Corrected visual acuity (extent to which an object can be brought into focus) on the Snellen Scale must be less than or equal to 6/60 in both eyes; or
 - Constriction to within 10 degrees or less of arc of central fixation in the better eye, irrespective of corrected visual acuity (i.e. visual fields are reduced to a measured arc of 10 degrees or less); or
 - A combination of visual defects resulting in the same degree of visual impairment as that occurring in the above points. (An optometrist report is not sufficient for NDIS purposes.)
 8. **Permanent bilateral hearing loss** > 90 decibels in the better ear (pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz).
 9. **Deafblindness** confirmed by ophthalmologist and audiologist and assessed as resulting in permanent and severe to total impairment of visual function and hearing.
 10. **Amputation** or congenital absence of 2 limbs – for example, 2 legs, 2 arms, or a leg and an arm (not a leg and a hand, or an arm and a foot).

List B: Conditions that are likely to result in a permanent impairment

Conditions primarily resulting in intellectual or learning impairment

- Intellectual disability
- Pervasive developmental disorders not meeting severity criteria in List A or List C, such as autism
- Asperger syndrome
- Atypical autism
- Childhood autism.

Chromosomal abnormalities resulting in permanent impairment and not specified on List A

- Aicardi-Goutières syndrome
- CHARGE syndrome
- Cockayne syndrome Types I and Type II/Cerebro-oculo-facio-skeletal (COFS) syndrome /Pena Shokeir syndrome Type II/Weber-Cockayne syndrome/Neill-Dingwall syndrome)
- Cohen syndrome
- Dandy-Walker syndrome
- DiGeorge syndrome /22q11.2 deletion syndrome/Velocardiofacial syndrome/Shprintzen syndrome/Conotruncal anomaly face syndrome
- Down syndrome/Trisomy 21
- Fragile X syndrome
- Kabuki syndrome
- Menkes disease
- Prader-Willi syndrome
- Seckel syndrome /microcephalic primordial dwarfism/Harper's syndrome/Virchow-Seckel dwarfism
- Smith-Lemli-Optiz syndrome
- Smith-Magenis syndrome
- Spinal muscular atrophy Types III and IV
- Sturge-Weber syndrome
- Trisomy 9
- Tuberous sclerosis
- Turner syndrome
- Williams syndrome
- Wolf-Hirschhorn syndrome.

Conditions primarily resulting in Neurological impairment

- Alzheimer's dementia

- Creutzfeldt-Jakob disease
- HIV dementia
- Huntington's disease
- Multi-infarct dementia
- Parkinson's disease
- Post-polio syndrome
- Vascular dementia.

Systemic atrophies primarily affecting the central nervous system

- Abetalipoproteinaemia
- Adult-onset spinal muscular atrophy/late-onset SMA type III)
- Fazio-Londe disease/Progressive bulbar palsy of childhood
- Friedrich's ataxia
- Hereditary spastic paraplegia/ Infantile-onset ascending hereditary spastic paralysis/ L1 syndrome/ spastic paraplegias types 2 and 11Huntington's disease/Huntington's chorea
- Louis-Bar syndrome/Ataxia-telangiectasia
- Motor neuron disease/Motor neurone disease/ Lou Gehrig's disease /Amyotrophic lateral sclerosis
- Primary lateral sclerosis
- Progressive bulbar palsy
- Spinal muscular atrophy – all types
- Spinocerebellar Ataxia – all types, including Machado-Joseph disease.

Extrapyramidal and movement disorders

- Hallervorden-Spatz syndrome /Pantothenate kinase-associated neurodegeneration (PKAN)/neurodegeneration with brain iron accumulation 1 (NBIA 1)
- Parkinson's disease
- Shy-Drager syndrome /Multiple System Atrophy /Striatonigral degeneration (MSA-P)/ Sporadic olivopontocerebellar atrophy (MSA-C)

- Steele-Richardson-Olszewski syndrome/Progressive supranuclear ophthalmoplegia
- Stiff-man syndrome /Stiff-person syndrome.

Other degenerative diseases of the nervous system

- Alzheimer's disease
- Alpers disease/Grey-matter degeneration/Alpers syndrome/progressive sclerosing poliodystrophy/progressive infantile poliodystrophy
- Lewy body dementia
- Pick's disease.

Demyelinating diseases of the central nervous system

- Adrenoleukodystrophy
- Multiple sclerosis
- Schilder's disease /Diffuse myelinoclastic sclerosis – non-remitting.

Episodic and paroxysmal disorders

- Brain stem stroke syndrome
- Cerebellar stroke syndrome
- Motor and sensory lacunar syndromes
- Lennox syndrome /Lennox-Gastaut syndrome
- West's syndrome.

Polyneuropathies and other disorders of the peripheral nervous system

- Adult Refsum disease
- Charcot-Marie-Tooth disease/Hereditary motor and sensory neuropathy/ peroneal muscular atrophy
- Dejerine-Sottas disease /Dejerine-Sottas syndrome/Dejerine-Sottas neuropathy/progressive hypertrophic interstitial polyneuropathy of childhood/onion bulb neuropathy
- Infantile Refsum disease.

Other disorders of the nervous system

- Hydrocephalus

- Multiple system atrophy.

Conditions resulting in Physical impairment

- Amputation
- Congenital absence of limb or part thereof
- Epidermolysis bullosa
- Harlequin type ichthyosis
- Juvenile arthritis / Stills Disease (excluding monocyclic/self-limited Adult Onset Stills disease)
- Rheumatoid arthritis.

Diseases of myoneural junction and muscle

- Andersen-Tawil syndrome/ Periodic paralysis /myoplegia paroxysmalis familiaris
- Becker muscular dystrophy
- Congenital muscular dystrophy
- Distal muscular dystrophy
- Duchenne muscular dystrophy
- Facioscapulohumeral muscular dystrophy
- Limb-girdle muscular dystrophy
- Mitochondrial myopathy
- Myotonic dystrophy /dystrophia myotonica
- Myotonic muscular dystrophy
- Myotubular myopathy
- Oculopharyngeal muscular dystrophy
- Paramyotonia Congenita
- Thomsens disease /Congenital myotonia/ Becker myotonia).

Cerebral palsy and other paralytic syndromes not meeting severity criteria on List A

- Cerebral palsy
- Diplegia
- Hemiplegia

- Monoplegia
- Paraplegia
- Quadriplegia
- Tetraplegia.

Conditions resulting in Sensory and/or Speech impairment

Disorders of the choroid and retina where permanent blindness diagnostic and severity criteria on List A are not met

- Behr's syndrome
- Kearns-Sayre syndrome
- Optic atrophy
- Retinitis pigmentosa
- Retinoschisis (degenerative and hereditary types/juvenile retinoschisis)
- Stargardt disease
- Usher syndrome.

Disorders resulting in hearing loss

- Cortical deafness
- Pendred syndrome
- Sensorineural hearing loss
- Stickler syndrome
- Usher syndrome
- Waardenburg syndrome.

Conditions resulting in multiple types of impairment

- Aceruloplasminemia
- Addison-Schilder disease /Adrenoleukodystrophy
- Albinism
- Arginosuccinic aciduria
- Aspartylglucosaminuria
- Cerebrotendinous xanthomatosis /cerebral cholesterosis

- Congenital cytomegalovirus infection
- Congenital iodine-deficiency syndrome /cretinism
- Congenital rubella syndrome
- Glycine encephalopathy /non-ketotic hyperglycinaemia
- GM1 gangliosidosis
- Hartnup disease
- Homocystinuria
- Lowe syndrome/ Oculocerebrorenal syndrome
- Mannosidosis
- Menkes disease
- Mucopolidosis II /I-cell disease
- Mucopolidosis III /pseudo-Hurler polydystrophy
- Mucopolidosis IV
- Neuronal ceroid lipofuscinosis (NCL)/ Adult type (Kuf's or Parry's disease)/ Juvenile (Batten disease)/ Late infantile (Jansky-Bielschowsky)
- Niemann-Pick disease
- Pyruvate carboxylase deficiency
- Pyruvate dehydrogenase deficiency
- Sialidosis
- Sulfite oxidase deficiency.

The following mucopolysaccharidoses

- Scheie syndrome /MPS 1-H
- Hurler-Scheie syndrome /MPS 1 H-S
- Hunter syndrome /MPS II
- Morquio syndrome /MPS IVA
- Maroteaux-Lamy syndrome /MPS VI
- Sly syndrome /MPS VII.

Congenital conditions – cases where malformations cannot be corrected by surgery or other treatment and result in permanent impairment but with variable severity

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This document is correct at the date of publication.

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- Arnold-Chiari Types 2 and 3/Chiari malformation
- Microcephaly
- Fetal alcohol spectrum disorder
- Fetal hydantoin syndrome
- Spina bifida
- VATER syndrome /VACTERL association.

List C: What if you're receiving disability support in Western Australia?

Please note: the transition of people formerly in Western Australian government disability programs is now complete and List C is no longer in operation.

If you were a participant in a WA defined program and are in the process of applying to the NDIS before 3 October 2024, please contact 1800 800 110 or enquiries@ndis.gov.au to discuss whether List C arrangements still apply.

We have an agreement with the Western Australian government to bring Western Australians onto the NDIS. If you're receiving disability supports in Western Australia, you might already meet most of the eligibility criteria. We'll send you a letter with all the details on how to apply.

The Western Australian government will let us know if you're on a program for faster access to the NDIS. This is called a [defined program](#).

If you're on one of these programs, you need to show us that you:

- are younger than 65 on the day you apply
- live in Australia permanently
- are an Australian citizen or permanent resident.

We'll let you know what evidence you need to give us when you apply.

If you show us you meet the above requirements, we'll decide you're eligible under the **disability requirements**.

Which Western Australian defined programs are eligible for the NDIS?

- WA state-administered National Disability Insurance Scheme
- Supported Community Living

- Community Residential
- Day Options
- Disability Professional Services
- Emergency Accommodation
- Respite
- LAC Coordination
- Recreation.

List D: Permanent impairment/Early intervention, under 7 years. No further assessment required.

Synonyms for conditions are also shown (e.g. condition / synonym / synonym).

Conditions primarily resulting in Intellectual/ learning impairment

Chromosomal abnormalities resulting in permanent impairment

- Global Developmental Delay
- Aicardi syndrome
- Aicardi-Goutières syndrome
- Angelman syndrome
- CHARGE syndrome
- Cockayne syndrome/ Types I and Type II / Cerebro-oculo-facio-skeletal (COFS) syndrome/ Pena Shokeir syndrome Type II / Weber-Cockayne syndrome/ Neill-Dingwall syndrome
- Coffin-Lowry syndrome
- Cohen syndrome
- Cornelia de Lange syndrome
- Cri du Chat syndrome
- Dandy-Walker syndrome
- DiGeorge syndrome/ 22q11.2 deletion syndrome/ Velocardiofacial syndrome/ Shprintzen syndrome/ Conotruncal anomaly face syndrome
- Down syndrome/ Trisomy 21

- Edwards syndrome/ Trisomy 18
- Fragile X syndrome
- Kabuki syndrome
- Lesch-Nyhan syndrome/ Nyhan's syndrome/ Kelley-Seegmiller syndrome/ Juvenile gout
- Leigh syndrome/ Leigh's disease/ subacute necrotizing encephalomyelopathy
- Menkes disease
- Patau syndrome/ Trisomy 13
- Prader-Willi syndrome
- Rett syndrome
- Seckel syndrome/ microcephalic primordial dwarfism/ Harper's syndrome/ Virchow-Seckel dwarfism
- Smith-Lemli-Optiz syndrome
- Smith-Magenis syndrome
- Sturge-Weber syndrome
- Trisomy 9
- Tuberous sclerosis
- Williams syndrome
- Wolf-Hirschhorn syndrome.

Conditions primarily resulting in Neurological impairment

Systemic atrophies primarily affecting the central nervous system

- Friedrich's ataxia
- Hereditary spastic paraplegia/ Infantile-onset ascending hereditary spastic paralysis/ L1 syndrome/ spastic paraplegias types 2 and 11
- Louis-Bar syndrome/ Ataxia-telangiectasia
- Niemann-Pick disease (Types A and C)
- Progressive bulbar palsy of childhood/ Fazio-Londe disease.

The following spinal muscular atrophies

- Spinal muscular atrophy Type I/ Werdnig Hoffmann disease/ infantile SMA
- Spinal muscular atrophy Type II/ Dubowitz disease
- Spinal muscular atrophy Type III Kugelberg-Welander disease/ juvenile SMA
- Spinal muscular atrophy lower extremity dominant/ SMA-LED
- X-linked spinal muscular atrophy.

Extrapyramidal and movement disorders

- Hallervorden-Spatz syndrome / Pantothenate kinase-associated neurodegeneration (PKAN)/ neurodegeneration with brain iron accumulation 1 (NBIA 1)
- Alpers disease/ Alpers syndrome/ Grey-matter degeneration/ Progressive sclerosing poliodystrophy/ Progressive infantile poliodystrophy
- Demyelinating diseases of the central nervous system
- Adrenoleukodystrophy / X-linked childhood cerebral form
- Alexander disease
- Canavan disease
- Krabbe disease/ Globoid cell leukodystrophy
- Pelizaeus-Merzbacher disease.

Episodic and paroxysmal disorders

- Lennox-Gastaut syndrome/ Lennox syndrome
- West's syndrome.

Polyneuropathies and other disorders of the peripheral nervous system

- Dejerine-Sottas disease/ Dejerine-Sottas syndrome/ Dejerine-Sottas neuropathy/ progressive hypertrophic interstitial polyneuropathy of childhood/onion bulb neuropathy
- Infantile Refsum disease.

Conditions primarily resulting in physical impairment

- Amputation
- Diamond-Blackfan anaemia
- Epidermolysis bullosa

- Harlequin type ichthyosis
- Hay Wells syndrome/ ankyloblepharon/ ectodermal dysplasia/ clefting [AEC] syndrome
- Joint or limb deformities resulting in impaired mobility
- Juvenile arthritis/ Stills Disease
- Osteogenesis imperfecta
- Sjogren Larsson syndrome.

Diseases of myoneural junction and muscle

- Congenital muscular dystrophy
- Congenital myotonia / Thomsens disease/ Becker myotonia
- Distal muscular dystrophy
- Duchenne muscular dystrophy
- Emery-Dreifuss muscular dystrophy
- Facioscapulohumeral muscular dystrophy
- Myotubular myopathy
- Oculopharyngeal muscular dystrophy
- Paramyotonia Congenita.

Cerebral palsy and other paralytic syndromes

- Cerebral palsy
- Diplegia
- Hemiplegia
- Monoplegia
- Paraplegia
- Quadriplegia
- Tetraplegia.

Conditions resulting in sensory and/or speech impairment

- Permanent blindness in both eyes, diagnosed and assessed by an ophthalmologist as follows either:

- o Corrected visual acuity (extent to which an object can be brought into focus) on the Snellen Scale must be less than or equal to 6/60 in both eyes
- o Constriction to within 10 degrees or less of arc of central fixation in the better eye, irrespective of corrected visual acuity (i.e. visual fields are reduced to a measured arc of 10 degrees or less)
- o A combination of visual defects resulting in the same degree of visual impairment as that occurring in the above points.

(An optometrist report is not sufficient for NDIS purposes.)

- Deafblindness confirmed by ophthalmologist and audiologist and assessed as resulting in permanent and severe to total impairment of visual function and hearing.

Conditions resulting in multiple types of impairment

- Aceruloplasminemia
- Addison-Schilder disease/ Adrenoleukodystrophy /
- Albinism
- Arginosuccinic aciduria
- Aspartylglucosaminuria
- Cerebrotendinous xanthomatosis/ cerebral cholesterosis
- Congenital cytomegalovirus infection
- Congenital hypothyroidism
- Congenital iodine-deficiency syndrome /cretinism
- Congenital rubella syndrome
- Galactosaemia with long term learning disabilities and neurological impairment
- Glycine encephalopathy/ non-ketotic hyperglycinaemia
- GM1 gangliosidosis
- Hartnup disease
- Homocystinuria
- Lowe syndrome/ Oculocerebrorenal syndrome
- Mannosidosis

- Menkes disease
- Mucopolidosis II / I-cell disease
- Mucopolidosis III / pseudo-Hurler polydystrophy
- Mucopolidosis IV
- Neuronal ceroid lipofuscinosis
- Niemann-Pick disease
- Phenylketonuria
- Pyruvate carboxylase deficiency
- Pyruvate dehydrogenase deficiency
- Sialidosis
- Sulfite oxidase deficiency.

The following mucopolysaccharidoses

- Hurler syndrome/MPS1-H
- Scheie syndrome/ MPS 1-S
- Hurler-Scheie syndrome/ MPS 1 H-S
- Hunter syndrome/ MPS II
- San Fillipo syndrome/ MPS III
- Morquio syndrome/ MPS IVA
- Maroteaux-Lamy syndrome/ MPS VI
- Sly syndrome/ MPS VII.

The following lysosomal storage disorders

- Gaucher disease Types 2 and 3
- Niemann-Pick disease (Types A and C)
- Pompe disease
- Sandhoff disease (infantile form)
- Schindler disease (Type 1)
- Tay-Sachs disease (infantile form).

Congenital conditions – cases where malformations cannot be corrected by surgery or other treatment and result in permanent impairment

- Chiari malformation/Arnold-Chiari malformation
- Congenital absence of limb(s)
- Congenital hydrocephalus
- Fetal alcohol spectrum disorder
- Fetal hydantoin syndrome
- Microcephaly
- Spina bifida
- VATER syndrome (VACTERL association).

When do we make priority eligibility decisions?

If you're in one of the following situations, we'll decide if you're eligible within **2 to 5 business days**.

- Child younger than 7 years with a hearing impairment, either:
 - o Identified as Hearing Australia or Early Childhood Partner Priority
 - o Identified as 'newly diagnosed'.
- A child is identified as having a developmental delay and is turning 6 years old within 30 days of a valid NDIS application.
- **Immediate risk** to self, others, community or agency where appropriate disability or informal supports are not in place.
- **Unexpected, significant deterioration** of disability-related functional capacity where appropriate disability or informal supports are not in place.
- **Rapid deterioration** in functional capacity of a person with one of the following permanent disabilities:
 - o Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease)
 - o Brain Cancer
 - o Motor Neurone Disease (MND)
 - o Progressive Bulbar Palsy (PBP)
 - o Primary Lateral Sclerosis (PLS)

- o Progressive Muscular Atrophy (PMA).
- A **terminal illness** and disability
- **Imminent risk** (within 1–14 days) of breakdown of either:
 - o Accommodation – risk of homelessness
 - o Caring arrangements, including informal supports, due to death, serious illness or injury of informal supports, or significant and unexpected deterioration of disability-related functional capacity.
- Appropriate disability supports are not in place and are re-entering the community after a long-term residence or hospital stay (specific release date not required):
 - o A person with a **newly acquired, significant disability**, such as spinal cord injury, being discharged from hospital
 - o A **younger person living in residential aged care**
 - o A person being **discharged from an inpatient mental health facility**
 - o A person due to be **released from correctional facility**.

How do we weigh evidence of disability?

We understand that you may have evidence of your disability from different health professionals at different times. When we're deciding if you're eligible for the NDIS, we look at:

- how old your evidence is
- who provided your evidence.

We weigh evidence based on what we consider best practice, or highest quality. We consider this evidence most strongly when we make a decision.

What type of evidence should you provide?

We need evidence to help us consider if you meet the disability or early intervention requirements.

For the disability requirements, we need evidence to confirm your permanent impairment and evidence about how this impacts your functional capacity.

For the early intervention requirements, we need evidence to confirm your permanent impairment and evidence that confirms you need early intervention.

It's important to understand the type of evidence that you are providing us. You may have evidence from a doctor or specialist confirming your **permanent impairment** or you may

have evidence from an allied health professional or other medical professional that tells us about **impacts to your functional capacity** (your ability to do daily life activities). These are different types of evidence which will often be provided by different health professionals based on their qualifications.

How old should your evidence be?

How old should your evidence be to confirm your permanent impairment?

We need evidence from your doctor or specialist to confirm your permanent impairment. You can give us evidence confirming this **from any age**. However, evidence about how your impairment impacts your functional capacity should be from the last 12 months.

How old should your evidence be to confirm your functional capacity?

Generally, we need evidence about how your impairment impacts your functional capacity from **the last 12 months**. This is because your functional capacity may change over time, even if your impairment doesn't. It's important that we have evidence of your current circumstances to ensure we understand your support needs.

If you give us more than one type of evidence, we might weigh the newer evidence over the older evidence. If you give us older evidence, we will generally give this less weighting when we make our decision. In these cases, we will generally ask for more information. If this is not provided, we may decide you aren't eligible for the NDIS.

How old should your evidence be to confirm you need early intervention?

We need evidence from your doctor or specialist to confirm your permanent impairment and that you need early intervention.

Generally, we need evidence about that confirms you need early intervention from **the last 12 months**. This is because your functional capacity may change over time – even if your impairment does not. It's important that we have evidence of your current circumstances to ensure we understand your support needs.

Who should provide evidence?

We generally prefer evidence that comes from a treating professional who:

- is the most **appropriately qualified** person to provide evidence of your primary disability
- has treated you for a significant period of time (at least six months)
- [is registered to practise in Australia or New Zealand](#)

- provides disability evidence (such as a medical report) that is original, genuine and specific to you.

Depending on your situation, you might get your evidence of **permanent impairment** from a different treating professional than your **evidence of functional capacity**.

If you need help to get your evidence together, your [local area coordinator](#) or [early childhood partner](#) can help you.

Who should provide evidence of your permanent impairment?

We generally prefer evidence from your doctor or specialist to confirm your permanent impairment.

Examples of common doctors or specialists include:

- General Practitioner (GP)
- Paediatrician
- Orthopaedic surgeon
- Neurologist
- Psychiatrist.

Who should provide evidence of your functional capacity?

We generally prefer evidence from a doctor, specialist, allied health or other medical professional for confirm how your permanent impairment impacts your functional capacity.

In addition to doctors and specialists, examples of common allied health or other medical professionals include:

- Occupational Therapist
- Speech Pathologist (Therapist)
- Psychologist
- Physiotherapist.

Who should provide evidence that you need for early intervention?

We generally prefer evidence from your doctor or specialist to confirm your permanent impairment.

Whereas a doctor, specialist, allied health or other medical professional can give us evidence to confirm you need early intervention.

In addition to doctors and specialists, examples of common allied health or other medical professionals include:

- Occupational Therapist
- Speech Pathologist (Therapist)
- Psychologist
- Physiotherapist.

Health professionals registered to practise in Australia and New Zealand

We strongly prefer evidence of your disability to come from a registered Australian or New Zealand health professional. Most Australian health professionals are registered with the [Australian Health Practitioner Regulation Agency \(AHPRA\)](#).

We will still consider evidence from non-Australian or New Zealand health professionals, or unregistered health professionals. However, this evidence will be given less weight.

If we cannot confirm the registration of your health professional, we will ask you (and your health professional) for more information in the first instance. If we still cannot confirm their registration, we will likely decide that you are not eligible for the NDIS.

Reference list

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- ¹ NDIS Act s 24(1)(e).
 - ² NDIS Act ss 22-23.
 - ³ NDIS Act s 24.
 - ⁴ NDIS Act s 25.
 - ⁵ NDIS Act s 28(1).
 - ⁶ NDIS Act s 22.
 - ⁷ NDIS Act s 23(1)(b)(i).
 - ⁸ NDIS Act s 23(1)(b)(ii).
 - ⁹ NDIS Act s 23(1)(b)(iii).
 - ¹⁰ NDIS Act s 23(1)(a).
 - ¹¹ NDIS Act s 23(2).
 - ¹² NDIS Act s 23(2)(f).
 - ¹³ NDIS Act s 23(2)(a).
 - ¹⁴ NDIS Act s 23(2)(b).
 - ¹⁵ NDIS Act s 23(2)(c).
 - ¹⁶ NDIS Act s 23(2)(d).
 - ¹⁷ NDIS Act s 23(2)(e).
 - ¹⁸ NDIS Act s 24.
 - ¹⁹ NDIS Act ss 24(1)(a); 25(1)(a).
 - ²⁰ NDIS Act ss 24(1)(a); 25(1)(a)(ii).
 - ²¹ NDIS Act ss 24(3)
 - ²² NDIS (Becoming a Participant) Rules rr 5.4, 6.4.
 - ²³ NDIS (Becoming a Participant) Rules rr 5.6, 6.6.
 - ²⁴ NDIS (Becoming a Participant) Rules rr 5.5, 6.5.
 - ²⁵ NDIS Act s 25(3). NDIS (Becoming a Participant) Rules r 6.8.
 - ²⁶ NDIS Act s 24(1)(d).
 - ²⁷ NDIS Act s 24(1)(e).

- ²⁸ NDIS Act s24(3)
- ²⁹ NDIS Act s 24(2).
- ³⁰ NDIS Act ss 25(1)(a)(i)-(ii).
- ³¹ NDIS Act s 25(1)(a)(i).
- ³² NDIS Act ss 25(1)(a)(i)-(ii).
- ³³ NDIS Act s 25(1)(a)(ii).
- ³⁴ NDIS Act s 25(1)(b).
- ³⁵ NDIS Act s 25(1)(c).
- ³⁶ NDIS (Becoming a Participant) Rules r 6.9.
- ³⁷ NDIS Act s 25(1)(d)
- ³⁸ NDIS Act s 25.
- ³⁹ NDIS Act ss 9 (definition of 'developmental delay'), 21(1)(c), 25(1)(a)(iii).
- ⁴⁰ NDIS Act s 23(1)(a).
- ⁴¹ NDIS Act s 23(1)(b).
- ⁴² NDIS Act ss 9 (definition of 'developmental delay'), 25(1)(a)(iii).
- ⁴³ NDIS Act ss 9 (definition of 'developmental delay'), 25(1)(a)(iii).
- ⁴⁴ NDIS Act s 9 (definition of 'developmental delay' para (a)).
- ⁴⁵ NDIS Act s 9 (definition of 'developmental delay' para (b)).
- ⁴⁶ NDIS Act s 9 (definition of 'developmental delay' para (c)).
- ⁴⁷ NDIS Act s 25(1)(d); NDIS (Becoming a Participant) Rules rr 6.1, 8.4.
- ⁴⁸ NDIS Act s 19(1)(a).
- ⁴⁹ NDIS Act s 19(1)(b).
- ⁵⁰ NDIS Act s 19(1)(c).
- ⁵¹ NDIS Act s 197(1).
- ⁵² NDIS Act s 74(1)(a).
- ⁵³ NDIS Act s 74(1)(b).
- ⁵⁴ NDIS Act s 20.
- ⁵⁵ NDIS Act s 26(2)(d).
- ⁵⁶ NDIS Act s 26.
- ⁵⁷ NDIS Act s 26(3)
- ⁵⁸ NDIS Act s 26(2).
- ⁵⁹ NDIS Act s 21(3).
- ⁶⁰ NDIS Act s 100(5)(b).
- ⁶¹ NDIS Act s 28(1).
- ⁶² NDIS Act s 28(2).
- ⁶³ NDIS Act s 32BA(1).
- ⁶⁴ NDIS Act s 32BA(3).
- ⁶⁵ NDIS Act s 32BA(2)(c).
- ⁶⁶ NDIS Act s 32BA(5).
- ⁶⁷ NDIS Act s 32BA(4).
- ⁶⁸ NDIS Act s 7(2).
- ⁶⁹ NDIS Act s 100(2).
- ⁷⁰ NDIS Act s 100(2).
- ⁷¹ NDIS Act s 19(2).
- ⁷² NDIS Act s 19(2)(c).
- ⁷³ NDIS Act s 102.
- ⁷⁴ NDIS Act s 19(2)(d).



Applying to the NDIS

Quick summary: If you want to become a NDIS participant and get supports through an NDIS plan, you'll need to apply to the NDIS. There are some requirements you need to meet to be eligible for the NDIS.

First, you need to be younger than 65 when you apply, be an Australian citizen or permanent resident, and live in Australia. Then, you'll need to meet the disability or early intervention requirements.

You may be eligible under the disability requirements if you have one or more impairments that are likely to be permanent and this substantially impacts your ability to do daily life activities. Your impairment must also affect your social life, or your ability to work and study and you must be likely to need support under the NDIS for your whole life¹.

Or, you may be eligible under the early intervention requirements if you have one or more impairments that are likely to be permanent, and supports would help you by reducing your need for supports in the future. We will also consider if these needs could best be met by the NDIS, or by other government and community services.

If you think you might be eligible, we can help you apply to the NDIS. We'll look at all the information you give us to decide if you're eligible. If you're eligible for the NDIS, you'll become a participant and we'll work with you to start creating your plan. If you're not eligible, we can help you connect to other government and community services available to you.

What's on this page?

- [What do we mean by applying to the NDIS?](#)
- [Do you meet the age requirements?](#)
- [Do you meet the residence requirements?](#)
- [Do you meet the disability requirements?](#)
- [Do you need early intervention?](#)
- [What about children younger than 6 with developmental delay?](#)
- [How do you apply to the NDIS?](#)
- [How do we decide if you're eligible?](#)
- [What happens after we decide?](#)

What do we mean by applying to the NDIS?

Applying to the NDIS means doing things to find out if you can become a participant and start getting supports under the NDIS. There is a [process to follow](#) when you apply to the NDIS. After you apply, we'll look at all the information you provide and decide if you're eligible.

If we decide you're eligible, you'll become a participant in the NDIS. We'll then work with you to create your first plan, which will include funding for any [reasonable and necessary supports](#).

If you're not eligible, there are other services available to you, such as other government and community services. We can help you connect to these other services.

For children younger than 7, we encourage families to talk to an [early childhood partner](#) before applying to the NDIS. They can provide supports to children before they apply, and let families know if the NDIS is right for their child. Learn more about our [early childhood approach](#).

Are you eligible for the NDIS?

To be eligible for the NDIS, you first need to meet the [age and residence requirements](#). This means you need to be younger than 65 when you apply, live in Australia, and be an Australian citizen or permanent resident.²

You also need to have a disability caused by an impairment.

When we say impairment in this guideline, we mean a loss or significant change in your body's function, structure, or in how you think and learn. Under the law for the NDIS, we check if you're eligible based on your impairments, not your type of disability or diagnosis.

You will need to meet either the disability requirements³ or the early intervention requirements.⁴

Disability requirements

To meet the disability requirements, we must have evidence of **all** the following:

- You have a disability caused by an impairment.
- Your impairment is likely to be permanent.
- Your impairment means you have a substantially reduced functional capacity to do one or more daily life activities. These activities include moving around, communicating, socialising, learning, undertaking self-care, or self-management tasks.

- Your impairment affects your ability to work, study or take part in social life.
- You'll likely need NDIS supports your whole life.

Early intervention requirements

To meet the early intervention requirements, we must have evidence of **all** of the following:

- You have an impairment that's likely to be permanent, or that you are a [child younger than 6 has developmental delay](#).⁵
- Early intervention will help you by reducing your need for supports in the future.
- Early intervention will help you by either reducing the impact your impairment has on your functional capacity, or support your informal supports to build their skills to help you.
- The early intervention you need is most appropriately funded by the NDIS.

If you're receiving [disability supports from the Western Australian government](#), you might already meet most of the eligibility criteria.

We'll use information in your application to [decide if you're eligible for the NDIS](#).

If you're eligible, you become a NDIS participant.⁶ The length of time you'll be an NDIS participant will depend on your situation and disability support needs. For more information, check out our information on [leaving the NDIS](#).

This guideline has detailed information on how we decide if you're eligible for the NDIS. For general information about who's eligible, read [Am I Eligible](#) and [Booklet 1](#). For information about children younger than 7, go to [Help for children under 7](#).

We also have information on [Mental Health and the NDIS](#). If you have a psychosocial disability, this webpage has information on whether the NDIS is right for you, and what information we need if you apply.

A psychosocial disability isn't a mental health condition or diagnosis. A psychosocial disability means you have reduced capacity to undertake tasks and activities of daily living due to your mental health.

Do you meet the age requirements?

To be eligible for the NDIS, you must first meet the age requirements. This means:

- [You are younger than 65 on the day you apply](#).

How old are you?

You must be younger than 65 on the day you make your NDIS application.⁷

This means your application needs to be complete, in the format we ask for, and received by the NDIA before you turn 65. Learn more about [how to complete your NDIS application](#).

If you're turning 65 soon and want to apply, [contact us](#) so we can help you apply on time.

Do you meet the residence requirements?

Then you must meet the residence requirements. This means:

- [You are an Australian citizen or permanent resident](#).
- [You live in Australia](#).

Are you an Australian citizen or permanent resident?

You must be an Australian citizen,⁸ or have one of two visa types that means you can live here.

- A [permanent visa](#)⁹
- A [protected special category visa](#)¹⁰ – this is only for some citizens of New Zealand

Do you live in Australia?

You must live in Australia.¹¹ This means Australia is your home and you spend most of your time here.

To help us decide, you need to give us evidence to show us you live here. If you give us consent to use your Centrelink record, that usually gives us enough evidence to decide if you live in Australia.

If you don't give us consent, you need to give us enough information to help us decide that you live in Australia. You'll need to answer these questions:

- [Where do you live?](#)
- [Where is your family?](#)
- [Do you work in Australia?](#)
- [Do you own property in Australia?](#)
- [How much time do you spend outside Australia?](#)

Some of these questions might not apply to you, but we must consider them when we decide whether you live in Australia.¹²

We may also ask you other questions to determine whether you live in Australia.¹³ For example, your family might be deployed overseas in the Defence Force, meaning you need to leave Australia for a while. In these situations, we'll ask you for more information about why you're leaving and can't return.

If you apply, we look at your whole situation when we decide if there's enough evidence to show that you live here. This will be a simple decision for us in most situations. But sometimes we may need to look at the questions below.

Where do you live?

We consider where you live, and your living situation.¹⁴ We'll look at whether you have more permanent accommodation in Australia than any other country.

For example, you might own a home or have a formal rental agreement in Australia. This is a good sign to us that you live in Australia.

Where is your family?

We also consider where your immediate family lives.¹⁵

We look at where you spend most of your time with them, face-to-face. We don't consider how you connect with your family on the phone or internet.

Do you work in Australia?

If you work, we look at where you normally work or make money.¹⁶ If you work or make money in Australia, that's a good sign you live here. If you don't work or are unemployed we'll consider the other questions to determine whether you live in Australia.

Do you own property in Australia?

We consider what assets or property you own in Australia.¹⁷ We also see if you have an Australian bank account.

If you own assets or property here, it doesn't always mean you live in Australia. Your assets or property will need to show you have an ongoing connection to Australia. You don't live in Australia just because you own assets or property here. Your assets or property will need to show you have an ongoing connection to Australia.

How much time do you spend outside Australia?

We consider how often you go overseas, and how long you're outside Australia when you travel.¹⁸ We also consider why you travel overseas, such as for work, holiday or to live with family.

This is usually the most important point to help us decide if you live in Australia. You need to show us that you have a long-term and meaningful connection to living in Australia.

You don't need to stay in Australia all the time. You can still work overseas or go on a holiday.

You will need to show a stronger connection to Australia than other countries if you spend a lot of time overseas.

If we decide you're eligible and create your plan, there may be times you can't use your NDIS funding overseas. This is usually after you're overseas for more than 6 weeks, unless we give you more time. Learn more about [when you can't use your plan](#).

Do you meet the disability requirements?

You meet the disability requirements if we have evidence of all of the following:¹⁹

- [Your disability is caused by an impairment.](#)
- [Your impairment is likely to be permanent.](#)
- [Your permanent impairment substantially reduces your functional capacity](#) to undertake one or more of the following activities: moving around, communicating, socialising, learning, or undertaking self-care or self-management tasks.
- [Your permanent impairment affects your ability to work, study or take part in social life.](#)
- [You'll likely need support under the NDIS for your whole life.](#)

If you give us evidence you have been diagnosed with one or more conditions on [List A](#), we'll likely decide you meet the disability requirements.

If you meet the disability requirements, it's likely you'll need the NDIS for a long time. This means you won't have to prove your disability every time we reassess your plan.

If at any time your disability support needs or situation changes, we may need to check your supports or NDIS eligibility. We will talk with you if this happens.

Learn more about how we check if you are still eligible for the NDIS.

Is your disability caused by an impairment?

When we consider your disability, we think about whether any reduction or loss in your ability to do things, across all life domains, is because of an impairment.

An impairment is a loss or significant change in at least one of:

- your body's functions
- your body structure
- how you think and learn.

To meet the disability requirements, we must have evidence your disability is caused by at least one of the impairments below²⁰

- **intellectual** – such as how you speak and listen, read and write, solve problems, and process and remember information
- **cognitive** – such as how you think, learn new things, use judgment to make decisions, and pay attention
- **neurological** – such as how your body functions
- **sensory** – such as how you see or hear
- **physical** – such as the ability to move parts of your body.

You may also be eligible for the NDIS if you have a psychosocial disability.²¹ This means you have reduced capacity to do daily life activities and tasks due to your mental health.

It doesn't matter what caused your impairment, for example if you've had it from birth, or acquired it from an injury, accident or health condition.

It also doesn't matter if you have one impairment, or more than one impairment.

Is your impairment likely to be permanent?

We need evidence that you'll likely have your impairment for your whole life.

You might have some periods in your life where there is a smaller impact on your daily life, because your impairment may be episodic or fluctuate in intensity²². Your impairment can still be permanent due to the overall impact on your life, and the likelihood that you will be impacted across your lifetime.

Even when your condition or diagnosis is permanent, we'll check if your impairment is permanent too. For example, you may not be eligible if your impairment is temporary, still being treated, or if there are remaining treatment options.

Generally, we'll consider whether your impairment is likely to be permanent after all available and appropriate treatment options have been pursued.

If you give us evidence you have been diagnosed with a condition on [List B](#), we'll likely decide your disability is from an impairment that's likely to be permanent.

Is there any medical treatment for your impairment?

We don't fund supports to treat your impairment.

Instead, the supports we fund can help you reduce or overcome the impact your impairment has on your daily life. They can also help you increase your functional capacity, independence, and your ability to work, study or take part in social life.

Your impairment will likely be permanent if your treating professional gives us evidence that indicates there are no further treatments that could relieve or cure it.

Your treating professional will tell us or be asked to certify if there are medical, clinical or other treatments that are likely to remedy your impairment. We need to understand whether there are treatments which are:²³

- known and available
- appropriate for you and your impairment
- evidence-based – that is, there's proof they are likely to be effective.

The word treatment should be understood in a broadest sense and may include changes to your diet and lifestyle. So, for example, conditions such as obesity are unlikely to be found to be permanent.

If you're still undergoing or have recently had treatment, we'll need to wait until you know the outcome of the treatment before we can decide your impairment is likely to be permanent.²⁴

In some situations, it may be clear your impairment is likely to be permanent while you're still undergoing treatment or rehabilitation. For example, you may still need treatment and rehabilitation for a spinal cord injury, but it's clear you'll have a permanent impairment.

You might still have a permanent impairment, even if its effects may change over time.²⁵

For degenerative impairments, or those that get worse over time, we consider them permanent if treatment isn't likely to help or improve the impairment's effects.²⁶

Does your impairment substantially reduce your functional capacity?

Your permanent impairment needs **to substantially reduce your functional capacity or ability** to undertake activities in one of the following areas:

- **Communicating** – how you speak, write, or use sign language and gestures, to express yourself compared to other people your age. We also look at how well you understand people, and how others understand you.

- **Socialising** – how you make and keep friends, or interact with the community, or how a young child plays with other children. We also look at your behaviour, and how you cope with feelings and emotions in social situations.
- **Learning** – how you learn, understand and remember new things, and practise and use new skills.
- **Mobility, or moving around** – how easily you move around your home and community, and how you get in and out of bed or a chair. We consider how you get out and about and use your arms or legs.
- **Self-care** – personal care, hygiene, grooming, eating and drinking, and health. We consider how you get dressed, shower or bathe, eat or go to the toilet.
- **Self-management (if older than 6)** – how you organise your life. We consider how you plan, make decisions, and look after yourself. This might include day-to-day tasks at home, how you solve problems, or manage your money. We consider your mental or cognitive ability to manage your life, not your physical ability to do these tasks.

Your impairment substantially reduces your functional capacity if you usually need disability-specific supports to participate in or complete the above tasks.²⁷

These disability-specific supports include:

- a high level of support from other people, such as physical assistance, guidance, supervision or prompting.²⁸
- assistive technology, equipment or home modifications that are prescribed by your doctor, allied health professional or other medical professional.²⁹

To help us decide if you're eligible, we need to know your capacity and where you need more help. We get this information from your NDIS application.

If you have more than one permanent impairment we will consider them together, to see if they substantially reduce your functional capacity.

We consider how you're involved in different areas of life like home, school, work and the community, and how you carry out tasks and actions. We also consider any other factors that may impact your day to day life.

Your needs might go up and down each day or each month. Progressive Multiple Sclerosis (MS) can be a good example of this. We consider your ability over time, taking into account your ups and downs.

How does a child's impairment affect their daily life?

To help us decide if a child's ability is substantially reduced, we compare their abilities with other children of the same age.

If a child's ability is much less than most other children the same age, they may meet the disability requirements. For example, if they:

- need assistive technology, equipment or home modifications to participate in daily activities – except for common items like glasses.
- usually need more assistance to join activities, or they can't join in.

Sometimes when a child's impairment doesn't substantially reduce their ability right now, but might in the future, we will look at the early intervention requirements. Similarly, if a child's impairment currently substantially reduces their ability, but may not after receiving supports, we will look at the early intervention requirements. Early intervention can be for children of any age.

Learn more about the [early intervention requirements](#).

What if you have a hearing impairment?

Some hearing impairments may lead to a substantially reduced functional capacity.

We'll generally decide you have a substantially reduced functional capacity if your hearing loss is at least 65 decibels in your better ear. This is based on a pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz.

We may also decide you have a substantially reduced functional capacity if your hearing loss is less than 65 decibels in your better ear. We may decide this if either:

- you also have another permanent impairment, such as a vision or cognitive impairment.
- you give us evidence your speech detection and speech discrimination outcomes are significantly poorer than expected.

Does your impairment affect your social, work or study life?

Then, we look at how your impairments affect your ability to work, study or take part in social life.³⁰ This means your permanent impairments affect how you can find and keep a job, contribute to your community, or join social activities. We get this information from your NDIS application.

We look at your ability to do things like:

- find and keep a job, or start your own business

- study
- spend and save money
- play sport
- go to the movies
- volunteer
- travel.

It doesn't matter how much your ability to work, study or socialise is affected by your impairment. It only needs to affect your social or work life in some way for you to meet the criteria.

Will you likely need support under the NDIS for your whole life?

You must be likely to need support under the NDIS for your whole life.³¹

NDIS supports are investments that help you build or maintain your functional capacity and independence, and help you work, study or take part in social life.

Even if your needs go up and down over time, or happen episodically³², we may still consider it's likely you'll need lifetime support under the NDIS.³³

We consider your overall situation to answer this question.

When we decide if you'll likely need support under the NDIS for your whole life, we consider:

- your life circumstances
- the nature of your long-term support needs
- whether your needs could be best met by the NDIS, or by other government and community services.

For example, you may have an impairment which is caused by a chronic health condition. Many chronic health conditions are most effectively managed or remedied through medical management through the health system. If this is the case, we may decide that you don't have a lifetime need for support under the NDIS.

Do you need early intervention?

If you don't meet the disability requirements, you may be eligible for the NDIS under the early intervention requirements. Early intervention is usually early access to support, to help reduce the functional impacts of your impairment.

Early intervention can be for both children and adults. You won't need these supports for your lifetime, so your treating professional or your early childhood partner will tell us how early intervention support could benefit you or your child.

You will meet the early intervention requirements if you meet all of the following:

- You have an [impairment that's likely to be permanent](#).
- [Early intervention supports will help you](#), for example if it means you'll need less disability support in the future and your functional capacity will improve.
- [The early intervention you need is most appropriately funded by us](#).

There are different requirements for [children younger than 6 with developmental delay](#) to meet the early intervention requirements.

If we have evidence a child younger than 7 has been diagnosed with a condition on [List D](#), we'll decide they meet the early intervention requirements.

You may also meet the early intervention requirements if you're [aged between 0 and 25 with a hearing impairment](#).

If you meet the early intervention requirements when you join the NDIS, your support needs are more likely to change. We'll regularly check your eligibility when we reassess your plan, and at other times too.

If you benefit from early intervention supports, you might build your skills and increase your capacity so that you may no longer need NDIS supports.

If you no longer meet the early intervention requirements, we'll check if you meet the disability requirements. Learn more about [leaving the NDIS](#).

Do you have an impairment that's likely to be permanent?

To meet the early intervention requirements, there must be enough evidence that you have at least one of the impairments below and your impairment is likely to be permanent.³⁴

An impairment is a loss or significant change in at least one of:

- your body's functions
- your body structure
- how you think and learn.

An impairment could be:³⁵

- **intellectual** – such as how you speak and listen, read and write, solve problems, and process and remember information

- **cognitive** – such as how you think, learn new things, use judgment to make decisions, and pay attention
- **neurological** – such as how your body functions
- **sensory** – such as how you see or hear
- **physical** – such as the ability to move parts of your body.

We also need evidence at least one of your impairments will be permanent, or likely to be permanent.³⁶ In other words, you'll likely have your impairment for your whole life.

When we decide if your impairment is likely to be permanent, we consider the same things as in the [disability requirements](#).

You may also be eligible for the NDIS if you have a psychosocial disability.³⁷ This means you have reduced capacity to do daily life activities and tasks due to your mental health. Your psychosocial disability might vary at different times in how much it impacts your daily life. Even if it fluctuates and you have some periods where there is a smaller impact on your daily life, you might have this impairment for your whole life.

If you give us evidence you have been diagnosed with a condition on [List B](#), we'll decide you have an impairment that's likely to be permanent.

How will early intervention help you?

We need to decide that getting early intervention supports means you'll likely need less disability supports in the future.³⁸

We need to know that early intervention supports will help you with at least one of the following:³⁹

- addressing the impact of your impairment on your ability to move around, communicate, socialise, learn, look after yourself and organise your life.
- preventing your functional capacity from getting worse.
- improving your functional capacity.
- supporting your informal supports, which includes building their skills to help you.

To help us decide if the early intervention will help you in these ways, we look at:⁴⁰

- how your impairment might change over time
- how long you've had your impairment
- if there's been a significant change to your impairment
- if your needs are likely to change soon, such as if you're finishing school.

Is your early intervention most appropriately funded by the NDIS?

The support you need must be most appropriately funded or provided by us.⁴¹

You won't be eligible if we decide the support you need is more appropriately funded or provided:

- by other general systems of service delivery or support services, such as a workers compensation scheme.
- under a universal service obligation that other government services must provide to all Australians, such as schools and public hospitals.
- as a reasonable adjustment under discrimination law, such as making places or venues accessible for you.

For example, you usually won't be eligible if you only need the following supports. These are more appropriately provided by other government and community services:

- medical services,⁴² and treatments for health conditions, including ongoing or chronic health conditions.⁴³
- clinical early intervention mental health supports, such as services to help children, teenagers and young people grow and develop.⁴⁴
- clinical acute and crisis mental health supports⁴⁵ – such as care in a hospital or similar setting.
- [inclusion supports](#) to help young children join early childhood learning and care settings.⁴⁶
- [Disability Employment Services](#),⁴⁷ and reasonable adjustments in the workplace to make your job suit your needs.⁴⁸

For more information on when early intervention supports are most appropriately funded by us or by other services, check out:

- [Our mainstream and community supports guideline](#)
- [Schedule 1 of the NDIS \(Supports for Participants\) Rules](#)
- [Applied Principles and Tables of Support](#).

What about people aged between 0 and 25 with a hearing impairment?

If you're aged between 0 and 25 with a hearing impairment, you may meet the early intervention requirements. We'll decide you meet the early intervention requirements if you give us evidence of all of the following:

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This document is correct at the date of publication.

Always visit ourguidelines.ndis.gov.au for the latest version.

- You're aged between 0 and 25.
- You have auditory neuropathy or hearing loss of at least 25 decibels in either ear at 2 or more adjacent frequencies – see below.

We need evidence of your auditory neuropathy or hearing loss from a specialist audiological assessment. The assessment might include electrophysiological testing when required. The evidence must show your hearing loss is likely to be permanent.

If you're aged 26 or older with hearing loss, we'll check if you're eligible in the same way we consider all other impairments. You may be eligible under the [disability requirements](#).

What about children younger than 6 with developmental delay?

Children younger than 6 with a developmental delay may be eligible for the NDIS under the early intervention requirements.⁴⁹

Developmental delay is a term used to describe a delay in a child's development. It means that a child finds it much harder to do everyday things that other children their age can do, for example dress themselves, talk or walk. A child with developmental delay needs lots of extra help to do everyday things compared to children of the same age.

First, we need to know the child:

- is younger than 6 on the day we decide whether they're eligible⁵⁰
- [lives in Australia](#)⁵¹
- is an [Australian citizen or permanent resident](#).⁵²

Then, we need to know the child has a [developmental delay](#).⁵³

Finally, we need to know the child's supports are [most appropriately funded or provided under the NDIS](#).⁵⁴

An early childhood partner can also provide supports to children who aren't eligible for the NDIS.

Learn more about the [early childhood approach](#).

Does the child have a developmental delay?

When we decide if a child has developmental delay, we use the definition in the law for the NDIS.⁵⁵

We need to know the delay:

- is [due to mental or physical impairments](#)
- [substantially reduces the child's functional capacity](#) compared with other children the same age.
- means [the child needs specialist services](#) from more than one professional working as a team to support the child and for longer than 12 months.

Is the delay due to mental or physical impairments?

We first need to know the developmental delay is due to a mental or physical impairment, or a combination of mental or physical impairments.⁵⁶

An impairment is a loss or significant change in at least one of:

- the child's body's functions
- the child's body structure
- how the child thinks and learns.

Families, early childhood partners and other professionals can understand the child's body function by:

- observing their activities during play and daily tasks
- comparing their activities to other children of the same age.

For some very young children, problems in body function can't be easily measured. If so, the child may be eligible if there is significant risk of a future disability diagnosis or developmental delay. We need evidence of this from a health or allied health professional's judgment or informed clinical opinion.

Does the delay substantially reduce the child's functional capacity?

We need to know the delay substantially reduces the child's functional capacity compared to other children their age.⁵⁷

This means the child has a significantly lower ability to do everyday activities, when compared to children of the same age. Or the child does things in a significantly different way to other children their age because of their reduced capacity.

The child would also need much more support to do the activity, compared to other children the same age.

The substantial reduction in functional capacity must be in at least one of the following areas of major life activity:

- **Self-care** – how children take care of themselves, shower, bathe, dress, eat, drink, toilet, groom, and sleep.

- **Receptive and expressive language** – this involves skills such as gesture, sign language, listening, giving and receiving information, communicating wants and needs through facial expressions, vocalisations or speech, and interaction with others.
A substantial reduction in functional capacity for either receptive language or expressive language will meet the criteria – it doesn't need to be both.
- **Cognitive development** – learning and applying knowledge. This includes areas such as:
 - understanding and remembering information
 - attention
 - learning new things
 - practising and using new skills
 - planning and making decisions
 - problem solving
 - developing pretend play skills
 - developing play interests
 - emotional and sensory regulation
 - developing emotional intelligence
 - social awareness
 - safety awareness.
- **Motor development** – this includes participation in everyday activities like moving around the home and community and manipulating objects.

We need evidence from a health, allied health or early childhood professional, who uses multiple sources of information about the child's ability to do everyday activities.

This will include information that parents or carers report about their child. It will also include a mix of standardised assessments of developmental and functional capacity, both in everyday activities and natural settings.

It should also include observations in everyday play, learning, activities or routines to better understand how the child participates in these everyday activities.

For very young children where functional capacity can't be measured, the child may be eligible if there is significant risk of a future disability diagnosis or developmental delay. We need evidence of this from a health or allied health professional's informed clinical opinion.

Does the child need specialist services from more than one type of professional and for longer than 12 months?

We need to know that the child needs a mix of specialist care, treatment or other services, due to their developmental delay. The child must also need these services for an extended duration – that is, longer than 12 months.⁵⁸

We need to know the child needs all of the following:

- **A service response that involves more than one professional working as a team to support the child.**
This means the child needs support for multiple activities, and across multiple natural settings such as the home, community and early childhood centres. The child must need more support than what's expected for a child the same age.
- **A team that works collaboratively, by communicating and sharing information, knowledge and skills.**
The support must be individually planned and coordinated. The team will build the capacity of the child's family and other important people in the child's life, such as carers, educators and professionals, about the child's individual needs. This support should be embedded in everyday play, learning, activities and routines.
- **More support than an individual discipline providing a unilateral response to a single problem.**
This means the child needs support from more than from one professional supporting one area of delay. This is known as interdisciplinary care. For example, a child is unlikely to be eligible if a speech pathologist alone can help their language delay, without needing support or consultation from other professionals.
- **Supports for an extended duration.**
This means a health, allied health or early childhood professional who knows the child determines they need support for more than 12 months. A child will likely meet this criteria if there is clear evidence that they'll need early intervention support for more than 12 months.

We need evidence from a health, allied health or early childhood professional who knows the child. They need to recommend that the child needs support for multiple activities and across multiple natural settings, from a team working together.

Some children in remote areas might not have access to a team of professionals. If so, they may still be eligible if the one professional needs to provide the supports to the child across multiple activities and across multiple natural settings.

We also need evidence from a health, allied health or early childhood professional that the child needs support for more than 12 months. The professional should consider multiple sources of information, including:

- parent or carer reports
- a mix of standardised and culturally appropriate developmental or functional assessments in everyday activities and natural settings
- observations in everyday play, learning, activities, and routines.

How do we work out if the child meets the criteria for developmental delay?

We'll need a range of information about the child, observed in everyday activities and settings they usually participate in. This should include parent or carer reports and standardised assessments of developmental and or functional capacity.

Early childhood partners are early childhood professionals who give us evidence of developmental delay to help us decide if the child is eligible. An early childhood partner will meet with children and families to better understand the child's day to day life, and any concerns about their development.

Early childhood partners will observe a child in familiar places like home and childcare and may complete assessments using screening tools. This information helps us decide if a child meets the early intervention requirements for developmental delay.

Families and carers can also provide copies of existing reports, assessments or letters about the delay with our application form.

We may also ask for evidence from a variety of sources, including mainstream services. For example, we may also ask for evidence from your doctor, child health nurse, or other health professional.

Learn more about [providing evidence of developmental delay](#).

What if there are no early childhood partners in your area?

If there are no early childhood partners in the child's area, a mainstream, community or health service can give us a report for evidence of developmental delay.

If you're in one of these areas, learn more about what [evidence](#) we need for developmental delay.

Is the child's early intervention most appropriately funded by the NDIS?

To meet the early intervention requirements, the support must be most appropriately funded or provided by us.⁵⁹

A child won't be eligible if the support they need is more appropriately funded or provided:

- by other general systems of service delivery or support services, such as a transport accident compensation scheme.
- under a universal service obligation that other government services must provide to all Australians, such as schools and public hospitals.
- as a reasonable adjustment under discrimination law, such as making places or venues accessible.

For example, children usually won't be eligible if they only need the following supports. These are more appropriately provided by other government and community services:

- medical services,⁶⁰ and treatments for health conditions⁶¹
- [inclusion supports](#) to help young children join early childhood learning and care settings⁶²
- school readiness programs to help children prepare for school⁶³
- newborn follow-up, such as child and maternal health services.⁶⁴

For more information on when early intervention supports are most appropriately funded by us or by other services, check out:

- [Our mainstream and community supports guideline](#)
- [Schedule 1 of the NDIS \(Supports for Participants\) Rules](#)
- [Applied Principles and Tables of Support](#).

What happens if a child with developmental delay is eligible?

If we decide a child with developmental delay is eligible for the NDIS, they'll become a participant. But they're usually no longer eligible after they turn 6.

This is because they will no longer meet the eligibility criteria under developmental delay. To remain an NDIS participant after they turn 6, the child will need to have an impairment that's likely to be permanent, and meet either the [disability requirements](#) or the [early intervention requirements](#).

We'll talk to families or carers before a child turns 6, and explain what information we need to decide if the child is still eligible. Learn more about [leaving the NDIS](#).

Example

Hunter is 5 years old, and became a participant under the early intervention requirements for developmental delay.

We give him a new 12-month NDIS plan in August. We also talk to Hunter's family about Hunter leaving the NDIS after he is 6 years old.

Hunter's family will be able to use his NDIS funding for the full 12 months, until August the next year. By then, he'll be aged 6 years.

At the end of the 12 months, we will talk to Hunter's family about his progress. If there's no evidence that Hunter meets either the early intervention requirements or the disability requirements, we'll decide Hunter will leave the NDIS. Learn more about [leaving the NDIS](#).

What if a child doesn't meet our criteria for developmental delay?

Early childhood partners can still provide supports to children who don't meet our criteria for developmental delay.

A child may have developmental concerns. This means a child younger than 6 is developing slower compared to other children their age, but the delay doesn't meet our definition for developmental delay.

For example, a child's functional capacity may be substantially reduced in one or more areas. But it's unclear if the child needs support from a team of professionals for more than 12 months.

An early childhood partner can provide early supports to children with developmental concerns. They can also help the child's family connect to other government and community supports.

Learn more about [early connections](#).

How do you apply to the NDIS?

Applying to the NDIS is how you let us know you want to become an NDIS participant.

If you're aged 7 and older, there are a few ways you can apply:⁶⁵

- Your local area coordinator or local NDIS office can help you apply. They can help you through the application process and be your point of contact. [Find your nearest location](#).
- You can apply over the phone on 1800 800 110.
- You can complete an [NDIS application form](#).

For children younger than 7, we encourage families to talk to an [early childhood partner](#) before applying to the NDIS. They can provide supports to children before they apply, and let families know if the NDIS is right for their child.

When you apply, you or your authorised representative will need to:

- give us the information and any documents we need to verify your identity. Learn more about [proof of identity](#) and [privacy](#).
- give us the information and any documents we need to decide if you're eligible⁶⁶
- sign or certify the NDIS application.⁶⁷

Other people can help you apply if you want them to. Sometimes they can apply on your behalf. Learn more about [who can help you apply](#).

Learn more about [how to apply to the NDIS](#).

What information do we need in your application?

The [Proof of Identity Factsheet](#) shows what information we need to verify your identity. When you apply for the NDIS, you'll need to give us copies of these documents. If you can't do this, let us know so we can work out what to do depending on your situation. We will still need to check your identity before progressing your application.

Your [NDIS application form](#) shows what information we need to work out if you're eligible.

To show us you're younger than 65 when you apply, live in Australia, and that you're an Australian citizen or permanent resident, you can give us either of the following:

- consent to access and use your Centrelink record
- copies of documents or other evidence listed on your NDIS application form, or that we ask for if you apply in person or over the phone.

In most cases we can just use your identity documents.

Who can give us evidence of your impairments?

We need evidence of your impairments, to help us work out if you're eligible. To provide this, ask your [treating professional](#) to complete their part of the application form. For children younger than 6 with developmental delay, an [early childhood partner](#) can provide evidence of developmental delay.

Your treating professional might be your doctor, specialist, or allied health service provider. You should use a professional who:

- has worked with you for a long time, usually for at least 6 months

- is the [most appropriate type of professional](#) to give evidence about your impairment
- is qualified and registered in their area of practice with the [Australian Health Practitioner Regulation Agency](#) or relevant professional authority

If your treating professional does not meet these requirements we may not be able to verify the information in your access request, and may need to request further information.

When we check if you're eligible for the NDIS, we mainly consider the information you give us when you apply.

Learn more about who can give us evidence of your disability or impairment on the following pages:

- [Providing evidence of your disability](#)
- [Providing evidence of disability for children](#)
- [Information for GPs and health professionals.](#)

You can also learn more about [how we use, collect and store your personal information](#).

What if you're in a remote or very remote area?

We understand it might be hard to get your treating professional to complete their part of the application form in a remote or very remote area. If it's hard to get your treating professional to do this, let us know.

You might not need to give us as much evidence about your impairment as people in big cities, depending on what services are available in your area. We use a technical definition for remote and very remote. You will need to live in an area that's classified as MM6 or MM7 on the [Modified Monash Model](#) to be considered remote or very remote.

How do we check your application?

Before we can accept your application, we make sure it's been made by the right person. That is, the application is from you, or [someone who can apply for you](#).

We then check all the sections are complete. Finally, we check it has all the right information.⁶⁸

If your application isn't complete, we'll let you know and help you work out what to do. You can also let us know if there is a mistake, or you don't have all the information. We can work with you to help complete the application properly. We can't decide if you're eligible until we have a complete application.

We'll also let you know if we need more information and, if so, what you need to give us.

Once you have completed your application with all the right information, we'll check whether you're eligible. That is, we'll check that:

- You meet the age and residence requirements
- You meet either the disability requirements or the early intervention requirements.

Learn more in [Booklet 1 – Understanding the NDIS](#).

Who can help you apply?

You can ask someone to help you apply if you want to. They can help you:

- make your decision to apply to the NDIS
- gather the information we need
- fill out the form or call us to apply.

You can choose who helps you. For example, you could ask for help from:

- a family member
- a friend
- a carer
- a local area coordinator
- a support worker or service provider
- staff in a residential aged care facility
- your treating health professional
- hospital staff.

With your permission, we can share information with these people during your application. For example, they could call us to check how your application is progressing. You can let us know on your application form, or you can tell us in person or over the phone.

Can someone else apply for you?

If someone else has legal authority to make decisions for you, they can apply to the NDIS on your behalf.

If you're younger than 18, the people with parental responsibility for you will apply for you.⁶⁹ This is often your parents or legal guardian. In some situations, we can decide someone else has parental responsibility.⁷⁰ Learn more about [child representatives](#).

If you're an adult, these people may be able to apply to the NDIS on your behalf:

- a person you give consent to act as your authorised representative – this means you give them permission to apply for you
- your guardian
- a person with power of attorney who can make personal and health decisions for you
- a person with advance care health directive.

If you're an adult and want someone else to apply for you, [we have a form you can complete](#). You can also tell us in person, or over the phone.

When do we contact you to help you apply?

Sometimes, we'll reach out to you to help you apply. This might be if you live in a:

- group home or supported accommodation
- large residential facility
- residential aged care facility – also read our page on [younger people in residential aged care](#)
- rural or remote area.

How do we decide if you're eligible?

Once we have your application, we review all the information we have in your application.

This will help us decide if you're eligible for the NDIS. As part of the process, we will also need to check your identity.

You are eligible for the NDIS if you meet:

- the age and residence requirements
- either the [disability requirements](#) or the [early intervention requirements](#).

If you're 7 or older, the first thing we decide is whether you meet the disability requirements. If you don't we will then decide whether you meet the early intervention requirements.

For children younger than 7, it's the other way around. First we'll decide whether they meet the early intervention requirements. If they don't then we decide whether they meet the disability requirements.

It's likely children younger than 6 with developmental delay will not meet the disability requirements. So they may only be eligible under the early intervention requirements.

If you don't meet either the disability requirements or the early intervention requirements, you won't be eligible for the NDIS. But an [early childhood partner](#) or [local area coordinator](#) can help you connect with other government and community supports.

When will we decide if you're eligible?

Once we have your application, we have **21 days** to decide one of the following:⁷¹

- [you're eligible for the NDIS](#)
- [you're not eligible for the NDIS](#)
- [we need more information](#).

We can make a decision quicker in urgent circumstances. Let us know if your situation is urgent, for example if you're about to leave a hospital or custodial setting. Learn more about our [participant service guarantee](#) and [timeframes for urgent decisions](#).

How do we consider your evidence of disability?

When we're deciding if you're eligible, we may look at things like:

- how old your evidence is
- who provided your evidence.

If we get more than one type of evidence from you, we might consider some evidence over others. We call this weighing evidence. Learn more about [evidence of disability](#).

What if we need more information to decide if you're eligible?

When we decide if you're eligible, we look at:

- the information in your NDIS application
- any other information we have.

We need enough information in your application to show us you're eligible for the NDIS by meeting the disability requirements or the early intervention requirements.

Sometimes we might need to ask you for more information. For example, your NDIS application form might not have enough information about your functional capacity.

First, we'll try to get this information from your application. If this doesn't help, we'll ask you for more information to make sure we have the full picture.⁷²

We might ask you for more information if:

- your application doesn't have all the information we need

- we need to answer a particular question.

We only ask for more information if we need it to decide if you're eligible.⁷³ If we need more information, we'll let you know:

- what you need to do
- what information we need
- when you need to give us the information.

If we ask for more information, you'll have at least **90 days** to give it to us. We can't decide if you're eligible until we have this. You can ask for more time if you need it. We can give you more time if we think it's reasonable for your situation.⁷⁴

If we can't contact you within **90 days**, or you don't give us the information within the timeframe, we'll withdraw your application. This means we'll stop processing your application.

If you don't get the information to us in time, you can apply again.

What happens after we get your information?

Once you give us the information we need, we then have **14 days** to decide if:⁷⁵

- you're eligible for the NDIS
- you're not eligible for the NDIS
- we need more information – for example if the information you gave us isn't what we need.

What happens if we don't decide on time?

If we don't meet our decision-making timeframes, we have to treat this as if we decided you're not eligible.⁷⁶

If this happens, we'll automatically review this decision that you're not eligible.⁷⁷ We'll send you a letter to explain this. You don't need to do anything.

We'll then make sure your application is reviewed by a staff member who wasn't involved in the original application. We'll contact you to let you know the outcome.

Learn more about [reviewing our decisions](#).

What happens after we decide?

What happens if you're eligible?

On the day we decide you're eligible for the NDIS, you become a NDIS participant.⁷⁸

The time that you remain eligible for the NDIS depends on your individual circumstances and disability support needs.

You'll need to continue to be eligible for the NDIS. This means you'll need to continue to live in Australia and be an Australian citizen or permanent resident. You'll also need to continue to meet either the [disability requirements](#) or the [early intervention requirements](#). Learn more about [whether you will always be eligible](#) and [leaving the NDIS](#).

We'll send you a letter to let you know:

- you are eligible
- if you met the disability requirements or the early intervention requirements
- the next steps.

Your letter will also confirm the date you became eligible for the NDIS.⁷⁹

How will we create your first plan?

After you receive the letter confirming you're eligible, we'll contact you to organise your first planning conversation. We'll contact you within **21 days**.

You will need to bring your original [identity documents](#) from the [Proof of Identity \(POI\) Factsheet](#) to your first planning meeting so we can verify them. If you can't provide these documents, let us know so we can work out what to do depending on your situation. We will still need to check your identity before approving your plan.

We'll then work together to create a plan for your disability support needs. Your plan will include any supports we fund that meet the [NDIS funding criteria](#).

We fund supports for any impairments that meet the eligibility criteria.

For example, you may have many impairments, but only one meets our eligibility criteria. Or, you might get another impairment after we decide you're eligible. If so, we only fund supports for impairments that meet either the disability requirements, or the early intervention requirements.

If you're aged 7 or older, we must approve your first plan within **56 days** after you become a participant.



For children younger than 7, we'll approve their first plan within **90 days** after they become a participant.

For more information, check out [creating your plan](#) and [Booklet 2](#).

Will you always be eligible for the NDIS?

There are many reasons for leaving the NDIS.

Some people decide they don't want to be a participant anymore.

You'll also leave the NDIS if you're no longer eligible.

When we reassess your [plan](#), we check that all your details are correct and up to date. We also look at any new information we have received.

If you're eligible under the **early intervention requirements**, your support needs are more likely to change. We'll check at each plan reassessment whether you still meet the early intervention requirements.

For example, during a reassessment it may show you no longer meet the early intervention requirements because you have built your skills and capacity, and will no longer benefit from early intervention supports.

If you're eligible under the disability requirements, your disability is permanent. We don't expect your disability to change, and it's likely you'll need the NDIS for a long time. We will only ask you for more information about your eligibility if there is evidence that you may no longer meet the disability requirements.

You can find out more about the eligibility requirements, and how we check these [here](#).

[Children with developmental delay](#) will usually leave the NDIS after they turn 6.

Over time, you might develop your skills and independence and not need the NDIS anymore.

If you met the early intervention requirements, you usually won't be eligible anymore after the early intervention supports have helped you. For example, if you needed early intervention supports to improve your functional capacity, you won't be eligible anymore after your functional capacity improves.

If you're no longer eligible, we'll help you transition from the NDIS and connect with other services in your community if you need them. We'll also keep your information, so you can apply again if your situation changes.

Learn more about [leaving the NDIS](#).

What happens if you're not eligible?

If you're not eligible, you can't become an NDIS participant.

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We'll try and contact you by phone, or your preferred contact method,⁸⁰ to explain why you're not eligible. We will give you reasons for our decision, and also answer any questions you might have.

We'll also send you a letter with our decision, including the reasons you're not eligible and what to do next. Your letter will confirm the date we made the decision.

Even if you're not eligible for the NDIS, we can help you connect with an [early childhood partner](#) or [local area coordinator](#). They can help you access other services. For example, you might be able to access medical, mental health, disability, or community supports in your state or territory.

We also have a list of [other government and community supports](#) you can get, even if you're not eligible for the NDIS.

What if you don't agree with our decision?

If you don't agree with our decision that you're not eligible, you should [contact us](#). We can help explain our decision and what your options or next steps might be.

You can also ask for an internal review.⁸¹ Another staff member, who wasn't involved in the original decision, will then check if we made the right decision. You need to ask for an internal review within **3 months** after receiving the decision.⁸² Learn more about [reviewing our decisions](#).

But you can't ask for an internal review if:

- you withdraw your application because you don't want to apply anymore
- a decision has not been made and we ask you for more information
- we withdraw your application because you didn't give us information on time
- it's been more than 3 months since you received our decision that you're not eligible.

If you don't agree with the internal review decision, you can ask the Administrative Appeals Tribunal to review it. We call this an external review. You can't ask for an external review until after we make the internal review decision.

You can [contact us](#) to discuss any concerns you may have about the process. You can also [make a complaint](#) if you're not happy with any part of the process.

Can you apply again?

Yes. If we decide you're not eligible, you can apply again.⁸³ You'll follow the same process to apply as you did the first time. Remember, you need to be younger than 65 on the day you



make your new application. And children with developmental delay will need to be younger than 6 on the day they apply.

But if you've asked for an internal review of the decision, you can't apply to the NDIS again until we've completed that review.⁸⁴ You can ask us to stop our internal review at any time.⁸⁵

Also, if your review is with the Administrative Appeals Tribunal after an internal review, you can't apply again until it's made a decision.⁸⁶ You can also ask the Tribunal at any time to withdraw your application. Learn more on the [Administrative Appeals Tribunal website](#).

Applying to the NDIS – Appendices

What's on this page?

- [List A: Conditions that are likely to meet the disability requirements](#)
- [List B: Conditions that are likely to be permanent](#)
- [List C: What if you're receiving disability support in Western Australia?](#)
- [List D: Conditions that are likely to meet the early intervention requirements for children younger than 7](#)
- [When do we make priority eligibility decisions?](#)
- [How do we weigh evidence of disability?](#)

List A: Conditions that are likely to meet the disability requirements

1. **Intellectual disability** diagnosed and assessed as moderate, severe or profound in accordance with current DSM criteria.
2. **Autism** diagnosed by a specialist multi-disciplinary team, paediatrician, psychiatrist or clinical psychologist experienced in the assessment of Pervasive Developmental Disorders, and assessed using the current Diagnostic and Statistical Manual of Mental Disorders (DSM-V) diagnostic criteria as having severity of Level 2 (Requiring substantial support) or Level 3 (Requiring very substantial support).
3. **Cerebral palsy** diagnosed and assessed as severe (e.g. assessed as Level 3, 4 or 5 on the Gross Motor Function Classification System - GMFCS).
4. **Genetic conditions** that consistently result in permanent and severe intellectual and physical impairments:
 - o Angelman syndrome
 - o Coffin-Lowry syndrome in males
 - o Cornelia de Lange syndrome
 - o Cri du Chat syndrome
 - o Edwards syndrome (Trisomy 18 – full form)
 - o Epidermolysis Bullosa (severe forms):

- YR
- Autosomal recessive dystrophic epidermolysis bullosa
- Hallopeau-Siemens type
- Herlitz Junctional Epidermolysis Dystrophica
- o Lesch-Nyhan syndrome
- o Leigh syndrome
- o Leukodystrophies:
 - Alexander disease (infantile and neonatal forms)
 - Canavan disease
 - Krabbe disease (globoid cell leukodystrophy) – Infantile form
 - Pelizaeus-Merzbacher Disease (Connatal form)
- o Lysosomal storage disorders resulting in severe intellectual and physical impairments:
 - Gaucher disease Types 2 and 3
 - Niemann-Pick disease (Types A and C)
 - Pompe disease
 - Sandhoff disease (infantile form)
 - Schindler disease (Type 1)
 - Tay-Sachs disease (infantile form)
- o Mucopolysaccharidoses – the following forms:
 - MPS 1-H (Hurler syndrome)
 - MPS III (San Fillipo syndrome)
 - Osteogenesis Imperfecta (severe forms):
 - Type II - with two or more fractures per year and significant deformities severely limiting ability to perform activities of daily living
- o Patau syndrome
- o Rett syndrome
- o Spinal Muscular Atrophies of the following types:
 - Werdnig-Hoffmann disease (SMA Type 1- Infantile form)

- Dubowitz disease (SMA Type II – Intermediate form)
 - X-linked spinal muscular atrophy
5. **Spinal cord injury** or **brain injury** resulting in paraplegia, quadriplegia or tetraplegia.
 6. **Hemiplegia** where there is severe or total loss of strength and movement in the affected limbs of the body.
 7. **Permanent blindness** in both eyes, diagnosed and assessed by an ophthalmologist as follows:
 - o Corrected visual acuity (extent to which an object can be brought into focus) on the Snellen Scale must be less than or equal to 6/60 in both eyes; or
 - o Constriction to within 10 degrees or less of arc of central fixation in the better eye, irrespective of corrected visual acuity (i.e. visual fields are reduced to a measured arc of 10 degrees or less); or
 - o A combination of visual defects resulting in the same degree of visual impairment as that occurring in the above points. (An optometrist report is not sufficient for NDIS purposes.)
 8. **Permanent bilateral hearing loss** > 90 decibels in the better ear (pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz).
 9. **Deafblindness** confirmed by ophthalmologist and audiologist and assessed as resulting in permanent and severe to total impairment of visual function and hearing.
 10. **Amputation** or congenital absence of 2 limbs – for example, 2 legs, 2 arms, or a leg and an arm (not a leg and a hand, or an arm and a foot).

List B: Conditions that are likely to result in a permanent impairment

Conditions primarily resulting in intellectual or learning impairment

- Intellectual disability
- Pervasive developmental disorders not meeting severity criteria in List A or List C, such as autism
- Asperger syndrome
- Atypical autism
- Childhood autism.

Chromosomal abnormalities resulting in permanent impairment and not specified on List A

- Aicardi-Goutières syndrome
- CHARGE syndrome
- Cockayne syndrome Types I and Type II/Cerebro-oculo-facio-skeletal (COFS) syndrome /Pena Shokeir syndrome Type II/Weber-Cockayne syndrome/Neill-Dingwall syndrome)
- Cohen syndrome
- Dandy-Walker syndrome
- DiGeorge syndrome /22q11.2 deletion syndrome/Velocardiofacial syndrome/Shprintzen syndrome/Conotruncal anomaly face syndrome
- Down syndrome/Trisomy 21
- Fragile X syndrome
- Kabuki syndrome
- Menkes disease
- Prader-Willi syndrome
- Seckel syndrome /microcephalic primordial dwarfism/Harper's syndrome/Virchow-Seckel dwarfism
- Smith-Lemli-Optiz syndrome
- Smith-Magenis syndrome
- Spinal muscular atrophy Types III and IV
- Sturge-Weber syndrome
- Trisomy 9
- Tuberous sclerosis
- Turner syndrome
- Williams syndrome
- Wolf-Hirschhorn syndrome.

Conditions primarily resulting in neurological impairment

- Alzheimer's dementia

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- Creutzfeldt-Jakob disease
- HIV dementia
- Huntington's disease
- Multi-infarct dementia
- Parkinson's disease
- Post-polio syndrome
- Vascular dementia.

Systemic atrophies primarily affecting the central nervous system

- Abetalipoproteinaemia
- Adult-onset spinal muscular atrophy/late-onset SMA type III)
- Fazio-Londe disease/Progressive bulbar palsy of childhood
- Friedrich's ataxia
- Hereditary spastic paraplegia/ Infantile-onset ascending hereditary spastic paralysis/ L1 syndrome/ spastic paraplegias types 2 and 11Huntington's disease/Huntington's chorea
- Louis-Bar syndrome/Ataxia-telangiectasia
- Motor neuron disease/Motor neurone disease/ Lou Gehrig's disease /Amyotrophic lateral sclerosis
- Primary lateral sclerosis
- Progressive bulbar palsy
- Spinal muscular atrophy – all types
- Spinocerebellar Ataxia – all types, including Machado-Joseph disease.

Extrapyramidal and movement disorders

- Hallervorden-Spatz syndrome /Pantothenate kinase-associated neurodegeneration (PKAN)/neurodegeneration with brain iron accumulation 1 (NBIA 1)
- Parkinson's disease
- Shy-Drager syndrome /Multiple System Atrophy /Striatonigral degeneration (MSA-P)/ Sporadic olivopontocerebellar atrophy (MSA-C)
- Steele-Richardson-Olszewski syndrome/Progressive supranuclear ophthalmoplegia

- Stiff-man syndrome /Stiff-person syndrome.

Other degenerative diseases of the nervous system

- Alzheimer's disease
- Alpers disease/Grey-matter degeneration/Alpers syndrome/progressive sclerosing poliodystrophy/progressive infantile poliodystrophy
- Lewy body dementia
- Pick's disease.

Demyelinating diseases of the central nervous system

- Adrenoleukodystrophy
- Multiple sclerosis
- Schilder's disease /Diffuse myelinoclastic sclerosis – non-remitting.

Episodic and paroxysmal disorders

- Brain stem stroke syndrome
- Cerebellar stroke syndrome
- Motor and sensory lacunar syndromes
- Lennox syndrome /Lennox-Gastaut syndrome
- West's syndrome.

Polyneuropathies and other disorders of the peripheral nervous system

- Adult Refsum disease
- Charcot-Marie-Tooth disease/Hereditary motor and sensory neuropathy/ peroneal muscular atrophy
- Dejerine-Sottas disease /Dejerine-Sottas syndrome/Dejerine-Sottas neuropathy/progressive hypertrophic interstitial polyneuropathy of childhood/onion bulb neuropathy
- Infantile Refsum disease.

Other disorders of the nervous system

- Hydrocephalus
- Multiple system atrophy.

Conditions resulting in physical impairment

- Amputation
- Congenital absence of limb or part thereof
- Epidermolysis bullosa
- Harlequin type ichthyosis
- Juvenile arthritis / Stills Disease (excluding monocyclic/self-limited Adult Onset Stills disease)
- Rheumatoid arthritis.

Diseases of myoneural junction and muscle

- Andersen-Tawil syndrome/ Periodic paralysis /myoplegia paroxysmalis familiaris
- Becker muscular dystrophy
- Congenital muscular dystrophy
- Distal muscular dystrophy
- Duchenne muscular dystrophy
- Facioscapulohumeral muscular dystrophy
- Limb-girdle muscular dystrophy
- Mitochondrial myopathy
- Myotonic dystrophy /dystrophia myotonica
- Myotonic muscular dystrophy
- Myotubular myopathy
- Oculopharyngeal muscular dystrophy
- Paramyotonia Congenita
- Thomsens disease /Congenital myotonia/ Becker myotonia).

Cerebral palsy and other paralytic syndromes not meeting severity criteria on List A

- Cerebral palsy
- Diplegia
- Hemiplegia
- Monoplegia

- Paraplegia
- Quadriplegia
- Tetraplegia.

Conditions resulting in sensory and/or speech impairment

Disorders of the choroid and retina where permanent blindness diagnostic and severity criteria on List A are not met

- Behr's syndrome
- Kearns-Sayre syndrome
- Optic atrophy
- Retinitis pigmentosa
- Retinoschisis (degenerative and hereditary types/juvenile retinoschisis)
- Stargardt disease
- Usher syndrome.

Disorders resulting in hearing loss

- Cortical deafness
- Pendred syndrome
- Sensorineural hearing loss
- Stickler syndrome
- Usher syndrome
- Waardenburg syndrome.

Conditions resulting in multiple types of impairment

- Aceruloplasminemia
- Addison-Schilder disease /Adrenoleukodystrophy
- Albinism
- Arginosuccinic aciduria
- Aspartylglucosaminuria
- Cerebrotendinous xanthomatosis /cerebral cholesterosis

- Congenital cytomegalovirus infection
- Congenital iodine-deficiency syndrome /cretinism
- Congenital rubella syndrome
- Glycine encephalopathy /non-ketotic hyperglycinaemia
- GM1 gangliosidosis
- Hartnup disease
- Homocystinuria
- Lowe syndrome/ Oculocerebrorenal syndrome
- Mannosidosis
- Menkes disease
- Mucopolidosis II /I-cell disease
- Mucopolidosis III /pseudo-Hurler polydystrophy
- Mucopolidosis IV
- Neuronal ceroid lipofuscinosis (NCL)/ Adult type (Kuf's or Parry's disease)/ Juvenile (Batten disease)/ Late infantile (Jansky-Bielschowsky)
- Niemann-Pick disease
- Pyruvate carboxylase deficiency
- Pyruvate dehydrogenase deficiency
- Sialidosis
- Sulfite oxidase deficiency.

The following mucopolysaccharidoses

- Scheie syndrome /MPS 1-H
- Hurler-Scheie syndrome /MPS 1 H-S
- Hunter syndrome /MPS II
- Morquio syndrome /MPS IVA
- Maroteaux-Lamy syndrome /MPS VI
- Sly syndrome /MPS VII.

Congenital conditions – cases where malformations cannot be corrected by surgery or other treatment and result in permanent impairment but with variable severity

- Arnold-Chiari Types 2 and 3/Chiari malformation
- Microcephaly
- Fetal alcohol spectrum disorder
- Fetal hydantoin syndrome
- Spina bifida
- VATER syndrome /VACTERL association.

List C: What if you're receiving disability support in Western Australia?

We have an agreement with the Western Australian government to bring Western Australians onto the NDIS. If you're receiving disability supports in Western Australia, you might already meet most of the eligibility criteria. We'll send you a letter with all the details on how to apply.

The Western Australian government will let us know if you're on a program for faster access to the NDIS. This is called a [defined program](#).

If you're on one of these programs, you need to show us that you:

- are younger than 65 on the day you apply
- live in Australia permanently
- are an Australian citizen or permanent resident.

We'll let you know what evidence you need to give us when you apply.

If you show us you meet the above requirements, we'll decide you're eligible under the **disability requirements**.

Which Western Australian defined programs are eligible for the NDIS?

- WA state-administered National Disability Insurance Scheme
- Supported Community Living
- Community Residential
- Day Options
- Disability Professional Services

- Emergency Accommodation
- Respite
- LAC Coordination
- Recreation

List D: Permanent impairment/Early intervention, under 7 years. No further assessment required.

Synonyms for conditions are also shown (e.g. condition / synonym / synonym)

Conditions primarily resulting in Intellectual/ learning impairment

Chromosomal abnormalities resulting in permanent impairment

- Global Developmental Delay
- Aicardi syndrome
- Aicardi-Goutières syndrome
- Angelman syndrome
- CHARGE syndrome
- Cockayne syndrome/ Types I and Type II / Cerebro-oculo-facio-skeletal (COFS) syndrome/ Pena Shokeir syndrome Type II / Weber-Cockayne syndrome/ Neill-Dingwall syndrome
- Coffin-Lowry syndrome
- Cohen syndrome
- Cornelia de Lange syndrome
- Cri du Chat syndrome
- Dandy-Walker syndrome
- DiGeorge syndrome/ 22q11.2 deletion syndrome/ Velocardiofacial syndrome/ Shprintzen syndrome/ Conotruncal anomaly face syndrome
- Down syndrome/ Trisomy 21
- Edwards syndrome/ Trisomy 18
- Fragile X syndrome

- Kabuki syndrome
- Lesch-Nyhan syndrome/ Nyhan's syndrome/ Kelley-Seegmiller syndrome/ Juvenile gout
- Leigh syndrome/ Leigh's disease/ subacute necrotizing encephalomyelopathy
- Menkes disease
- Patau syndrome/ Trisomy 13
- Prader-Willi syndrome
- Rett syndrome
- Seckel syndrome/ microcephalic primordial dwarfism/ Harper's syndrome/ Virchow-Seckel dwarfism
- Smith-Lemli-Optiz syndrome
- Smith-Magenis syndrome
- Sturge-Weber syndrome
- Trisomy 9
- Tuberous sclerosis
- Williams syndrome
- Wolf-Hirschhorn syndrome.

Conditions primarily resulting in neurological impairment

Systemic atrophies primarily affecting the central nervous system

- Friedrich's ataxia
- Hereditary spastic paraplegia/ Infantile-onset ascending hereditary spastic paralysis/ L1 syndrome/ spastic paraplegias types 2 and 11
- Louis-Bar syndrome/ Ataxia-telangiectasia
- Niemann-Pick disease (Types A and C)
- Progressive bulbar palsy of childhood/ Fazio-Londe disease.

The following spinal muscular atrophies

- Spinal muscular atrophy Type I/ Werdnig Hoffmann disease/ infantile SMA
- Spinal muscular atrophy Type II/ Dubowitz disease

- Spinal muscular atrophy Type III Kugelberg-Welander disease/ juvenile SMA
- Spinal muscular atrophy lower extremity dominant/ SMA-LED
- X-linked spinal muscular atrophy.

Extrapyramidal and movement disorders

- Hallervorden-Spatz syndrome / Pantothenate kinase-associated neurodegeneration (PKAN)/ neurodegeneration with brain iron accumulation 1 (NBIA 1)
- Alpers disease/ Alpers syndrome/ Grey-matter degeneration/ Progressive sclerosing poliodystrophy/ Progressive infantile poliodystrophy
- Demyelinating diseases of the central nervous system
- Adrenoleukodystrophy / X-linked childhood cerebral form
- Alexander disease
- Canavan disease
- Krabbe disease/ Globoid cell leukodystrophy
- Pelizaeus-Merzbacher disease.

Episodic and paroxysmal disorders

- Lennox-Gastaut syndrome/ Lennox syndrome
- West's syndrome.

Polyneuropathies and other disorders of the peripheral nervous system

- Dejerine-Sottas disease/ Dejerine-Sottas syndrome/ Dejerine-Sottas neuropathy/ progressive hypertrophic interstitial polyneuropathy of childhood/onion bulb neuropathy
- Infantile Refsum disease.

Conditions primarily resulting in physical impairment

- Amputation
- Diamond-Blackfan anaemia
- Epidermolysis bullosa
- Harlequin type ichthyosis
- Hay Wells syndrome/ ankyloblepharon/ ectodermal dysplasia/ clefting [AEC] syndrome

- Joint or limb deformities resulting in impaired mobility
- Juvenile arthritis/ Stills Disease
- Osteogenesis imperfecta
- Sjogren Larsson syndrome.

Diseases of myoneural junction and muscle

- Congenital muscular dystrophy
- Congenital myotonia / Thomsens disease/ Becker myotonia
- Distal muscular dystrophy
- Duchenne muscular dystrophy
- Emery-Dreifuss muscular dystrophy
- Facioscapulohumeral muscular dystrophy
- Myotubular myopathy
- Oculopharyngeal muscular dystrophy
- Paramyotonia Congenita.

Cerebral palsy and other paralytic syndromes

- Cerebral palsy
- Diplegia
- Hemiplegia
- Monoplegia
- Paraplegia
- Quadriplegia
- Tetraplegia.

Conditions resulting in sensory and/or speech impairment

- Permanent blindness in both eyes, diagnosed and assessed by an ophthalmologist as follows:
- Corrected visual acuity (extent to which an object can be brought into focus) on the Snellen Scale must be less than or equal to 6/60 in both eyes; or

- Constriction to within 10 degrees or less of arc of central fixation in the better eye, irrespective of corrected visual acuity (i.e. visual fields are reduced to a measured arc of 10 degrees or less); or
- A combination of visual defects resulting in the same degree of visual impairment as that occurring in the above points.
- (An optometrist report is not sufficient for NDIS purposes.)
- Deafblindness confirmed by ophthalmologist and audiologist and assessed as resulting in permanent and severe to total impairment of visual function and hearing.

Conditions resulting in multiple types of impairment

- Aceruloplasminemia
- Addison-Schilder disease/ Adrenoleukodystrophy /
- Albinism
- Arginosuccinic aciduria
- Aspartylglucosaminuria
- Cerebrotendinous xanthomatosis/ cerebral cholesterosis
- Congenital cytomegalovirus infection
- Congenital hypothyroidism
- Congenital iodine-deficiency syndrome /cretinism
- Congenital rubella syndrome
- Galactosaemia with long term learning disabilities and neurological impairment
- Glycine encephalopathy/ non-ketotic hyperglycinaemia
- GM1 gangliosidosis
- Hartnup disease
- Homocystinuria
- Lowe syndrome/ Oculocerebrorenal syndrome
- Mannosidosis
- Menkes disease
- Mucopolipidosis II / I-cell disease

- Mucopolidosis III / pseudo-Hurler polydystrophy
- Mucopolidosis IV
- Neuronal ceroid lipofuscinosis
- Niemann-Pick disease
- Phenylketonuria
- Pyruvate carboxylase deficiency
- Pyruvate dehydrogenase deficiency
- Sialidosis
- Sulfite oxidase deficiency.

The following mucopolysaccharidoses

- Hurler syndrome/MPS1-H
- Scheie syndrome/ MPS 1-S
- Hurler-Scheie syndrome/ MPS 1 H-S
- Hunter syndrome/ MPS II
- San Fillipo syndrome/ MPS III
- Morquio syndrome/ MPS IVA
- Maroteaux-Lamy syndrome/ MPS VI
- Sly syndrome/ MPS VII.

The following lysosomal storage disorders

- Gaucher disease Types 2 and 3
- Niemann-Pick disease (Types A and C)
- Pompe disease
- Sandhoff disease (infantile form)
- Schindler disease (Type 1)
- Tay-Sachs disease (infantile form).

Congenital conditions – cases where malformations cannot be corrected by surgery or other treatment and result in permanent impairment

- Chiari malformation/Arnold-Chiari malformation

- Congenital absence of limb(s)
- Congenital hydrocephalus
- Fetal alcohol spectrum disorder
- Fetal hydantoin syndrome
- Microcephaly
- Spina bifida
- VATER syndrome (VACTERL association).

When do we make priority eligibility decisions?

If you're in one of the following situations, we'll decide if you're eligible within **2 to 5 business days**.

- Child younger than 7 years with a hearing impairment, either:
 - Identified as **Hearing Australia or Early Childhood Partner Priority**
 - Identified as '**newly diagnosed**'
- A child is identified as having a developmental delay and is turning 6 years old within 30 days of a valid NDIS application.
- **Immediate risk** to self, others, community or agency where appropriate disability or informal supports are not in place.
- **Unexpected, significant deterioration** of disability-related functional capacity where appropriate disability or informal supports are not in place.
- **Rapid deterioration** in functional capacity of a person with one of the following permanent disabilities:
 - Amyotrophic Lateral Sclerosis (ALS)
 - Brain Cancer
 - Motor Neurone Disease (MND or Lou Gehrig's Disease)
 - Progressive Bulbar Palsy (PBP)
 - Primary Lateral Sclerosis (PLS)
 - Progressive Muscular Atrophy (PMA)
- **Imminent risk** (within 1–14 days) of breakdown of either:
 - Accommodation – risk of homelessness

- Caring arrangements, including informal supports, due to death, serious illness or injury of informal supports, or significant and unexpected deterioration of disability-related functional capacity.
- Appropriate disability supports are not in place and are re-entering the community after a long-term residence or hospital stay (specific release date not required):
 - A person with a **newly acquired, significant disability**, such as spinal cord injury, being discharged from hospital
 - A **younger person living in residential aged care**
 - A person being **discharged from an inpatient mental health facility**
 - A person due to be **released from correctional facility**

How do we weigh evidence of disability?

We understand that you may have evidence of your disability from different health professionals at different times. When we're deciding if you're eligible for the NDIS, we look at:

- how old your evidence is
- who provided your evidence.

We weigh evidence based on what we consider 'best practice', or highest quality. We consider this evidence most strongly when we make a decision.

What type of evidence should you provide?

We need evidence to help us consider if you meet the disability or early intervention requirements.

For the disability requirements, we need evidence to confirm your permanent impairment and evidence about how this impacts your functional capacity.

For the early intervention requirements, we need evidence to confirm your permanent impairment and evidence that confirms you need early intervention.

It's important to understand the type of evidence that you are providing us. You may have evidence from a doctor or specialist confirming your **permanent impairment** or you may have evidence from an allied health professional or other medical professional that tells us about **impacts to your functional capacity** (your ability to do daily life activities). These are different types of evidence which will often be provided by different health professionals based on their qualifications.

How old should your evidence be?

How old should your evidence be to confirm your permanent impairment?

We need evidence from your doctor or specialist to confirm your permanent impairment. You can give us evidence confirming this **from any age**. However, evidence about how your impairment impacts your functional capacity should be from the last 12 months.

How old should your evidence be to confirm your functional capacity?

Generally, we need evidence about how your impairment impacts your functional capacity from **the last 12 months**. This is because your functional capacity may change over time – even if your impairment does not. It's important that we have evidence of your current circumstances to ensure we understand your support needs.

If you give us more than one type of evidence, we might weigh the newer evidence over the older evidence. If you give us older evidence, we will generally give this less weighting when we make our decision. In these cases, we will generally ask for more information. If this is not provided, we may decide you are not eligible for the NDIS.

How old should your evidence be to confirm you need early intervention?

We need evidence from your doctor or specialist to confirm your permanent impairment and that you need early intervention.

Generally, we need evidence about that confirms you need early intervention from **the last 12 months**. This is because your functional capacity may change over time – even if your impairment does not. It's important that we have evidence of your current circumstances to ensure we understand your support needs.

Who should provide evidence?

We generally prefer evidence that comes from a treating professional who:

- is the most **appropriately qualified** person to provide evidence of your primary disability
- has treated you for a significant period of time (at least six months)
- [is registered to practise in Australia or New Zealand](#)
- provides disability evidence (such as a medical report) that is original, genuine and specific to you.

Depending on your situation, you might get your evidence of **permanent impairment** from a different treating professional than your **evidence of functional capacity**.

You can visit [Types of disability evidence](#) to help you decide on the most appropriate treating professional for your primary disability. If you need help to get your evidence together, your [local area coordinator](#) or [early childhood partner](#) can help you.

Who should provide evidence of your permanent impairment?

We generally prefer evidence from your doctor or specialist to confirm your permanent impairment.

Examples of common doctors or specialists include:

- General Practitioner (GP)
- Paediatrician
- Orthopaedic surgeon

- Neurologist
- Psychiatrist

Who should provide evidence of your functional capacity?

We generally prefer evidence from a doctor, specialist, allied health or other medical professional for confirm how your permanent impairment impacts your functional capacity.

In addition to doctors and specialists, examples of common allied health or other medical professionals include:

- Occupational Therapist
- Speech Pathologist (Therapist)
- Psychologist
- Physiotherapist

Who should provide evidence that you need for early intervention?

We generally prefer evidence from your doctor or specialist to confirm your permanent impairment.

Whereas a doctor, specialist, allied health or other medical professional can give us evidence to confirm you need early intervention.

In addition to doctors and specialists, examples of common allied health or other medical professionals include:

- Occupational Therapist
- Speech Pathologist (Therapist)
- Psychologist
- Physiotherapist

Health professionals registered to practise in Australia and New Zealand

We strongly prefer evidence of your disability to come from a registered Australian or New Zealand health professional. Most Australian health professionals are registered with the [Australian Health Practitioner Regulation Agency \(AHPRA\)](https://www.ahpra.gov.au).

We will still consider evidence from non-Australian or New Zealand health professionals, or unregistered health professionals. However, this evidence will be given less weight.

If we cannot confirm the registration of your health professional, we will ask you (and your health professional) for more information in the first instance. If we still cannot confirm their registration, we will likely decide that you are not eligible for the NDIS.

Reference list

- ¹ NDIS Act s 24(1)(e).
- ² NDIS Act ss 22-23.
- ³ NDIS Act s 24.
- ⁴ NDIS Act s 25.
- ⁵ NDIS Act s 25(1)(a)(iii).
- ⁶ NDIS Act s 28(1).
- ⁷ NDIS Act s 22(1)(a).
- ⁸ NDIS Act s 23(1)(b)(i).
- ⁹ NDIS Act s 23(1)(b)(ii).
- ¹⁰ NDIS Act s 23(1)(b)(iii).
- ¹¹ NDIS Act s 23(1)(a).
- ¹² NDIS Act s 23(2).
- ¹³ NDIS Act s 23(2)(f).
- ¹⁴ NDIS Act s 23(2)(a).
- ¹⁵ NDIS Act s 23(2)(b).
- ¹⁶ NDIS Act s 23(2)(c).
- ¹⁷ NDIS Act s 23(2)(d).
- ¹⁸ NDIS Act s 23(2)(e).
- ¹⁹ NDIS Act s 24.
- ²⁰ NDIS Act ss 24(1)(a); 25(1)(a).
- ²¹ NDIS Act ss 24(1)(a); 25(1)(a).
- ²² NDIS Act ss 24(3)
- ²³ NDIS (Becoming a Participant) Rules rr 5.4, 6.4.
- ²⁴ NDIS (Becoming a Participant) Rules rr 5.6, 6.6.
- ²⁵ NDIS (Becoming a Participant) Rules rr 5.5, 6.5.
- ²⁶ NDIS (Becoming a Participant) Rules rr 5.7, 6.7.
- ²⁷ NDIS (Becoming a Participant) Rules rr 5.8(a), (c)
- ²⁸ NDIS (Becoming a Participant) Rules r 5.8(b).
- ²⁹ NDIS (Becoming a Participant) Rules r 5.8(a).
- ³⁰ NDIS Act s 24(1)(d).
- ³¹ NDIS Act s 24(1)(e).
- ³² NDIS Act s24(3)
- ³³ NDIS Act s 24(2).
- ³⁴ NDIS Act ss 25(1)(a)(i)-(ii).
- ³⁵ NDIS Act s 25(1)(a)(i).
- ³⁶ NDIS Act ss 25(1)(a)(i)-(ii).
- ³⁷ NDIS Act s 25(1)(a)(ii).
- ³⁸ NDIS Act s 25(1)(b).
- ³⁹ NDIS Act s 25(1)(c).
- ⁴⁰ NDIS (Becoming a Participant) Rules r 6.9.
- ⁴¹ NDIS Act s 25(3); NDIS (Becoming a Participant) Rules r 6.1,
- ⁴² NDIS (Supports for Participants) Rules r 7.5(b).
- ⁴³ NDIS (Supports for Participants) Rules r 7.5(a).
- ⁴⁴ NDIS (Supports for Participants) Rules r 7.7(b).
- ⁴⁵ NDIS (Supports for Participants) Rules r 7.7(a).
- ⁴⁶ NDIS (Supports for Participants) Rules r 7.10(a).
- ⁴⁷ NDIS (Supports for Participants) Rules r 7.18(b).
- ⁴⁸ NDIS (Supports for Participants) Rules r 7.18(a).
- ⁴⁹ NDIS Act s 25.
- ⁵⁰ NDIS Act ss 9 (definition of 'developmental delay'), 21(1)(c), 25(1)(a)(iii).
- ⁵¹ NDIS Act s 23(1)(a).

- ⁵² NDIS Act s 23(1)(b).
- ⁵³ NDIS Act ss 9 (definition of 'developmental delay'), 25(1)(a)(iii).
- ⁵⁴ NDIS Act s 25(3). If we decide a child has a developmental delay under NDIS Act s 9 (definition of 'developmental delay'), we're satisfied they meet the requirements under NDIS Act ss 25(1)(b)-(c): see NDIS (Becoming a Participant) Rules r 6.8.
- ⁵⁵ NDIS Act ss 9 (definition of 'developmental delay'), 25(1)(a)(iii).
- ⁵⁶ NDIS Act s 9 (definition of 'developmental delay' para (a)).
- ⁵⁷ NDIS Act s 9 (definition of 'developmental delay' para (b)).
- ⁵⁸ NDIS Act s 9 (definition of 'developmental delay' para (c)).
- ⁵⁹ NDIS Act s 25(3); NDIS (Becoming a Participant) Rules rr 6.1, 8.4.
- ⁶⁰ NDIS (Supports for Participants) Rules r 7.5(b).
- ⁶¹ NDIS (Supports for Participants) Rules r 7.5(a).
- ⁶² NDIS (Supports for Participants) Rules r 7.10(a).
- ⁶³ NDIS (Supports for Participants) Rules r 7.9(a).
- ⁶⁴ NDIS (Supports for Participants) Rules r 7.10(c).
- ⁶⁵ NDIS Act s 19(1)(a).
- ⁶⁶ NDIS Act s 19(1)(b).
- ⁶⁷ NDIS Act s 19(1)(c).
- ⁶⁸ NDIS Act s 197(1).
- ⁶⁹ NDIS Act s 74(1)(a).
- ⁷⁰ NDIS Act s 74(1)(b).
- ⁷¹ NDIS Act s 20.
- ⁷² NDIS Act s 26(2)(d).
- ⁷³ NDIS Act s 26.
- ⁷⁴ NDIS Act s 26(3).
- ⁷⁵ NDIS Act s 26(2).
- ⁷⁶ NDIS Act s 21(3).
- ⁷⁷ NDIS Act s 100(5)(b).
- ⁷⁸ NDIS Act s 28(1).
- ⁷⁹ NDIS Act s 28(2).
- ⁸⁰ NDIS Act s 7(2).
- ⁸¹ NDIS Act s 100(2).
- ⁸² NDIS Act s 100(2).
- ⁸³ NDIS Act s 19(2).
- ⁸⁴ NDIS Act s 19(2)(c).
- ⁸⁵ NDIS Act s 102.
- ⁸⁶ NDIS Act s 19(2)(d).



Applying to the NDIS

Quick summary: If you want to become an NDIS participant you'll need to apply to the NDIS. There are some requirements you need to meet to be eligible for the NDIS.

First, you need to be younger than 65 when you apply, be an Australian citizen or permanent resident, and live in Australia. Then, you'll need to meet the requirements for disability, early intervention, or both.

You may be eligible under the disability requirements if you have one or more impairments that are or are likely to be permanent. And this substantially impacts your ability to do daily life activities. Your impairment must also affect your social life, or your ability to work and study. And, you must be likely to need NDIS supports for your lifetime.¹ [NDIS Supports](#) are the services, items and equipment that can be funded by the NDIS.

Or you may be eligible under the early intervention requirements if you have one or more impairments that are likely to be permanent or you have developmental delay and supports are likely to benefit you by reducing your need for supports in the future. We will also consider if these supports are NDIS supports.

Or you may be eligible under both the disability and early intervention requirements.

If you think you might be eligible, we can help you apply to the NDIS. We'll talk to you about your needs, current situation and what is important to you. We'll look at all the information you give us to decide if you're eligible. If you're eligible for the NDIS, you'll become a participant, and we'll work with you to start [creating your plan](#). If you're not eligible, an early childhood partner or local area coordinator can help you explore and access government and community services. When we work with children younger than 9 and their families, we call this [early connections](#). When we work with people aged 9–64, we call this [community connections](#).

What's on this page?

- [What do we mean by applying to the NDIS?](#)
- [Do you meet the age requirements?](#)
- [Do you meet the residence requirements?](#)
- [Do you meet the disability requirements?](#)
- [Do you need early intervention?](#)

- [What about children younger than 6 with developmental delay?](#)
- [How do you apply to the NDIS?](#)
- [How do we decide if you're eligible?](#)
- [What happens after we decide?](#)

What do we mean by applying to the NDIS?

Applying to the NDIS means doing things to find out if you can become a participant and start getting supports under the NDIS. There is a [process to follow](#) when you apply to the NDIS. After you apply, we'll look at all the information you provide and decide if you're eligible.

If we decide you're eligible, you'll become a participant in the NDIS. We'll then work with you to create your first plan, which will include funding for any [reasonable and necessary supports](#).

If you're not eligible, there are other services available to you, such as other government and community services. We can help you connect to these other services.

For children younger than 9, we encourage families to talk to an [early childhood partner](#) before applying to the NDIS. They can help families connect to the right supports and let families know if the NDIS is right for their child. Learn more about our [early childhood approach](#) and [early connections](#).

Are you eligible for the NDIS?

To be eligible for the NDIS, you first need to meet the [age requirements](#) and [residence requirements](#). This means you need to be younger than 65 when you apply, live in Australia, and be an Australian citizen or permanent resident.²

You will need to meet the requirements for disability³, early intervention⁴, or both.

When we say impairment in this guideline, we mean a loss of, or damage to your body's function. Under the law for the NDIS, we check if you're eligible based on your impairments, not your type of disability or diagnosis.

Disability requirements

To meet the disability requirements, we must have evidence of **all** of the following:

- You have a disability attributable to one or more impairments. This means your disability and impairments are linked.

- Your impairment is likely to be permanent.
- Your impairment means you have a substantially reduced functional capacity to do one or more daily life activities. These activities include moving around, communicating, socialising, learning, undertaking self-care, or self-management tasks.
- Your impairment affects your ability to work, study or take part in social life.
- You'll likely need NDIS supports for your lifetime.

Early intervention requirements

To meet the early intervention requirements, we must have evidence of **all** of the following:

- You have an impairment that's likely to be permanent, or that you are a [child younger than 6 with developmental delay](#).
- Early intervention will benefit you by reducing your need for supports in the future.
- Early intervention will benefit you by either reducing the impact your impairment has on your functional capacity or support your informal supports to build their skills to help you. Or the early intervention will prevent the deterioration of your functional capacity or improve it.
- The early intervention supports you need are NDIS supports.

We'll use information in your application to [decide if you're eligible for the NDIS](#).

If you're eligible, you become a NDIS participant.⁵ The length of time you'll be a participant will depend on your situation and NDIS support needs. Learn more about [leaving the NDIS](#).

This guideline has detailed information on how we decide if you're eligible for the NDIS. For general information about who's eligible, read [Am I eligible](#) and [Applying to the NDIS factsheet](#). Check out our website for information about [children younger than 9](#).

We also have information on [psychosocial disability](#). If you have a psychosocial disability, this webpage has information on whether the NDIS is right for you, and what information we need if you apply.

A psychosocial disability isn't a mental health condition or diagnosis. A psychosocial disability means you have reduced capacity to undertake tasks and activities of daily living due to your mental health.

Do you meet the age requirements?



To be eligible for the NDIS, you must first meet the age requirements. This means [you are younger than 65 on the day you apply](#).

How old are you?

You must be younger than 65 on the day you make your NDIS application.⁶

This means your application needs to be complete, in the format we ask for, and received by the NDIA before you turn 65. Learn more about [how to complete your NDIS application](#).

If you're turning 65 soon and want to apply, [contact us](#) so we can help you apply on time.

Do you meet the residence requirements?

Then you must meet the residence requirements. This means:

- [You are an Australian citizen or permanent resident](#).
- [You live in Australia](#).

Are you an Australian citizen or permanent resident?

You must be an Australian citizen,⁷ or have one of two visa types that means you can live here:

- A [permanent visa](#)⁸
- A [protected special category visa](#)⁹ – this is only for some citizens of New Zealand.

Do you live in Australia?

You must live in Australia.¹⁰ This means Australia is your home and you spend most of your time here.

To help us decide, you need to give us evidence to show us you live here. If you give us consent to use your Centrelink record, that usually gives us enough evidence to decide if you live in Australia.

If you don't give us consent, you need to give us enough information to help us decide that you live in Australia. You'll need to answer these questions:

- [Where do you live?](#)
- [Where is your family?](#)
- [Do you work in Australia?](#)
- [Do you own property in Australia?](#)

- [How much time do you spend outside Australia?](#)

Some of these questions might not apply to you, but we must consider them when we decide whether you live in Australia.¹¹

We may also ask you other questions to determine whether you live in Australia.¹² For example, your family might be deployed overseas in the Defence Force, meaning you need to leave Australia for a while. In these situations, we'll ask you for more information about why you're leaving and can't return.

If you apply, we look at your whole situation when we decide if there's enough evidence to show that you live here. This will be a simple decision for us in most situations. But sometimes we may need to look at the questions below.

Where do you live?

We consider where you live, and your living situation.¹³ We'll look at whether you have more permanent accommodation in Australia than any other country.

For example, you might own a home or have a formal rental agreement in Australia. This is a good sign to us that you live in Australia.

Where is your family?

We also consider where your immediate family lives.¹⁴

We look at where you spend most of your time with them, face-to-face. We don't consider how you connect with your family on the phone or internet.

Do you work in Australia?

If you work, we look at where you normally work or make money.¹⁵ If you work or make money in Australia, that's a good sign you live here. If you don't work or are unemployed, we'll consider the other questions to determine whether you live in Australia.

Do you own property in Australia?

We consider what assets or property you own in Australia.¹⁶ We also see if you have an Australian bank account.

If you own assets or property here, it doesn't always mean you live in Australia. Your assets or property will need to show you have an ongoing connection to Australia. You don't live in Australia just because you own assets or property here.

How much time do you spend outside Australia?

We consider how often you go overseas, and how long you're outside Australia when you travel.¹⁷ We also consider why you travel overseas, such as for work, holiday or to live with family.

This is usually the most important point to help us decide if you live in Australia. You need to show us that you have a long-term and meaningful connection to living in Australia.

You don't need to stay in Australia all the time. You can still work overseas or go on holiday.

You will need to show a stronger connection to Australia than other countries if you spend a lot of time overseas.

If we decide you're eligible and create your plan, there may be times you can't use your NDIS funding overseas. This is usually after you're overseas for more than 6 weeks unless we give you more time. Learn more about [when you can't use your plan](#).

Do you meet the disability requirements?

You meet the disability requirements if we have evidence of all of the following:¹⁸

- [Your disability is caused by an impairment](#).
- [Your impairment is likely to be permanent](#).
- [Your permanent impairment substantially reduces your functional capacity](#) to undertake one or more of the following activities: moving around, communicating, socialising, learning, or undertaking self-care or self-management tasks.
- [Your permanent impairment affects your ability to work, study or take part in social life](#).
- [You'll likely need NDIS support for your lifetime](#).

If you give us evidence you have been diagnosed with one or more conditions on [List A](#), we'll likely decide you meet the disability requirements.

If you meet the disability requirements, it's likely you'll need NDIS supports for your lifetime. This means you won't have to prove your disability every time we reassess your plan.

If at any time your NDIS support needs or situation changes, we may need to check your NDIS eligibility. We will talk with you if this happens.

Learn more about how we check [if you are still eligible for the NDIS](#).

Is your disability related to an impairment?

When we consider your disability, we think about whether any reduction or loss in your ability to do things, across all life domains, is because of an impairment.

An impairment is a loss of or damage to your body's function.

We will look at:

- your body's functions
- your body structure
- how you think and learn.

To meet the disability requirements, we must have evidence your disability is attributable by at least one of the impairments below:¹⁹

- **intellectual** – how you speak and listen, read and write, solve problems, and process and remember information
- **cognitive** – how you think, learn new things, use judgment to make decisions, and pay attention
- **neurological** – how your body functions
- **sensory** – how you see or hear
- **physical** – the ability to move parts of your body.

You may also be eligible for the NDIS if you have a psychosocial disability.²⁰ This means you have reduced capacity to do daily life activities and tasks due to your mental health.

It doesn't matter what caused your impairment, for example if you've had it from birth, or acquired it from an injury, accident or health condition.

It also doesn't matter if you have one impairment, or more than one impairment.

Is your impairment likely to be permanent?

To meet the disability requirements, we need to know that your impairment is permanent, or likely to be permanent. Permanent under the law for the NDIS means enduring. This means we need to know whether your impairments are enduring so that you require NDIS supports on an ongoing basis.

We will focus on your impairments, and not on the cause of your impairments, or your diagnoses.

You might have some periods in your life where there is a smaller impact on your daily life, because your impairment may be episodic or fluctuate in intensity²¹. Your impairment can

still be permanent due to the overall impact on your life, and the likelihood that you will be impacted across your lifetime.

Even when your condition or diagnosis is permanent, we'll check if your impairment is permanent too. For example, you may not be eligible if your impairment is temporary, or if there are known, available and appropriate evidence-based clinical, medical or other remaining treatments options that are likely to remedy the impairment.

Generally, we'll consider whether your impairment is likely to be permanent if all available and appropriate treatment options are pursued.

If you give us evidence you have been diagnosed with a condition on [List B](#), we'll likely decide your disability is from an impairment that's likely to be permanent.

Is there any medical treatment for your impairment?

We don't fund supports to treat your impairment. The Australian health system provides health services to treat illnesses or health conditions.

Your impairment will likely be permanent if your treating professional tells us there are no further treatments that could remedy it.

Your treating professional will tell us or be asked to certify if there are medical, clinical or other treatments that are likely to remedy your impairment. We need to understand whether there are treatments that are:²²

- **known** – the treatment can be identified by an Australian medical practitioner as a suitable treatment for your impairment
- **available to you** – we need to take account of whether there are genuine barriers that prevent you from accessing treatment including, but not limited to, the nature of your impairment and your ability to access treatment
- **appropriate for you and your impairment** – we need to consider whether the treatment could remedy your impairment and is suitable and safe for you to undergo. Your ability to undergo treatment will be assessed according to your capabilities, your health and other personal circumstances, including your living arrangements
- **evidence-based** – there's proof the treatment is likely to be effective.

When we look at what treatments are available to you, we think about whether the treatment is suitable for your personal situation. The word treatment should be understood in a broadest sense and may include changes to your diet and lifestyle.

If you're still undergoing or have recently had treatment, we may not be sure you have a permanent impairment if that treatment could remedy the impairment.²³

In some situations, it may be clear your impairment is likely to be permanent while you're still undergoing treatment or rehabilitation. For example, you may still need treatment and rehabilitation for a spinal cord injury, but it's clear you are likely to have a permanent impairment.

You might still have a permanent impairment, even if its effects may change over time.²⁴

For degenerative impairments, or those that get worse over time, we consider them permanent if treatment isn't likely to remedy the impairment. That is, the treatment won't cure the impairment or come close to removing its effects.

Does your impairment substantially reduce your functional capacity?

Your permanent impairment needs **to substantially reduce your functional capacity or ability** to undertake activities in one of the following areas:

- **Communicating** – how you speak, write, or use sign language and gestures, to express yourself compared to other people your age. We also look at how well you understand people, and how others understand you.
- **Socialising** – how you make and keep friends, or interact with the community, or how a young child plays with other children. We also look at your behaviour, and how you cope with feelings and emotions in social situations.
- **Learning** – how you learn, understand and remember new things, and practise and use new skills.
- **Mobility, or moving around** – how easily you move around your home and community, and how you get in and out of bed or a chair. We consider how you get out and about and use your arms or legs.
- **Self-care** – personal care, hygiene, grooming, eating and drinking, and health. We consider how you get dressed, shower or bathe, eat or go to the toilet.
- **Self-management (if older than 6)** – how you organise your life. We consider how you plan, make decisions, and look after yourself. This might include day-to-day tasks at home, how you solve problems, or manage your money. We consider your mental or cognitive ability to manage your life, not your physical ability to do these tasks.

Your impairment substantially reduces your functional capacity if you usually need disability-specific supports to participate in or complete the above tasks.²⁵

These disability-specific supports include:

- a high level of support from other people, such as physical assistance, guidance, supervision or prompting.
- assistive technology, equipment or home modifications that are prescribed by your doctor, allied health professional or other medical professional.

To help us decide if you're eligible, we need to know your capacity and where you need more help. We get this information from you when you apply to the NDIS.

If you have more than one permanent impairment, we will consider them together, to see if they substantially reduce your functional capacity.

We consider how you're involved in different areas of life like home, school, work and the community, and how you carry out tasks and actions. We also consider any other factors that may impact your day-to-day life.

Your needs might go up and down each day or each month. Progressive Multiple Sclerosis (MS) can be a good example of this. We consider your ability over time, taking into account your ups and downs.

How does a child's impairment affect their daily life?

To help us decide if a child's ability is substantially reduced, we compare their abilities with other children of the same age.

If a child's ability is much less than most other children the same age, they may meet the disability requirements. For example, if they:

- need assistive technology, equipment or home modifications to participate in daily activities – except for common items like glasses
- usually need more assistance to join activities, or they can't join in.

Sometimes when a child's impairment doesn't substantially reduce their ability right now, but might in the future, we will look at the early intervention requirements. Similarly, if a child's impairment currently substantially reduces their ability, but may not after receiving supports, we will look at the early intervention requirements. Early intervention can be for children of any age, however there are different requirements for children younger than 6 with developmental delay to meet the early intervention requirements.

Learn more about the [early intervention requirements](#).

What if you have a hearing impairment?

Some hearing impairments may lead to a substantially reduced functional capacity.

We'll generally decide you have a substantially reduced functional capacity if your hearing loss is at least 65 decibels in your better ear. This is based on a pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz.

We may also decide you have a substantially reduced functional capacity if your hearing loss is less than 65 decibels in your better ear. We may decide this if either:

- you also have another permanent impairment, such as a vision or cognitive impairment
- you give us evidence your speech detection and speech discrimination outcomes are significantly poorer than expected.

Does your impairment affect your social, work or study life?

Then, we look at how your impairments affect your ability to work, study or take part in social life.²⁶ This means your permanent impairments affect how you can find and keep a job, contribute to your community, or join social activities. We get this information from you when you apply to the NDIS.

We look at your ability to do things like:

- find and keep a job, or start your own business
- study
- spend and save money
- play sport
- go to the movies
- volunteer
- travel.

It doesn't matter how much your ability to work, study or socialise is affected by your impairment. It only needs to affect your social or work life in some way for you to meet the criteria.

Will you likely need NDIS supports for your lifetime?

You must be likely to need NDIS supports for your lifetime.²⁷ [NDIS Supports](#) are the services, items and equipment that can be funded by the NDIS.

NDIS supports are investments that help you build or maintain your functional capacity and independence, and help you work, study or take part in social life.

Even if your needs go up and down over time, or happen episodically²⁸, we may still consider it's likely you'll need NDIS supports for your lifetime.²⁹

We consider your overall situation to answer this question.

When we decide if you'll likely need NDIS supports for your lifetime, we consider:

- your life circumstances
- the nature of your long-term support needs
- whether your needs could be best met by the NDIS, or by other government and community services.

For example, you may have an impairment that is caused by a chronic health condition. Many chronic health conditions are most effectively managed or remedied through medical management through the health system. If this is the case, we may decide that you don't need NDIS supports for your lifetime.

Learn more about [reasonable and necessary supports](#) and [NDIS supports](#).

Do you need early intervention?

Early intervention is usually early access to support, to help reduce the functional impacts of your impairment.

Early intervention can be for both children or adults and may only be needed for a short time. You won't need these supports for your lifetime, so your treating professional or your early childhood partner will tell us how early intervention support could benefit you or your child.

You will meet the early intervention requirements if you meet all of the following:

- You have an [impairment that's likely to be permanent](#).
- [Early intervention supports will likely benefit you](#), for example if it means you'll need less disability support in the future and your functional capacity will improve.
- [The early intervention supports you need are NDIS supports](#).

There are different requirements for [children younger than 6 with developmental delay](#) to meet the early intervention requirements.

If we have evidence a child younger than 7 has been diagnosed with a condition on [List D](#), we'll decide they meet the early intervention requirements.

You may also meet the early intervention requirements if you're [aged between 0 and 25 with a hearing impairment](#).

We also need to understand how NDIS supports benefit you, like building your skills and increasing your capacity, so that you may no longer need NDIS supports. If you meet the early intervention requirements, your support needs are more likely to change and you may only need NDIS supports for a short time. We'll regularly check your eligibility when we reassess your plan, and at other times too.

If you no longer meet the early intervention requirements, we'll check if you meet the disability requirements. Learn more about [leaving the NDIS](#).

Do you have an impairment that's likely to be permanent?

To meet the early intervention requirements, there must be enough evidence that you have at least one of the impairments below and your impairment is likely to be permanent.³⁰

An impairment is a loss of or damage to your body's function.

We will look at:

- your body's functions
- your body structure
- how you think and learn.

An impairment could be:³¹

- **intellectual** – how you speak and listen, read and write, solve problems, and process and remember information
- **cognitive** – as how you think, learn new things, use judgment to make decisions, and pay attention
- **neurological** – how your body functions
- **sensory** – how you see or hear
- **physical** – the ability to move parts of your body.

We also need evidence at least one of your impairments will be permanent, or likely to be permanent.³²

When we decide if your impairment is likely to be permanent, we consider the same things as in the [disability requirements](#).

You may also be eligible for the NDIS if you have a psychosocial disability.³³ This means you have reduced capacity to do daily life activities and tasks due to your mental health. Your psychosocial disability might vary at different times in how much it impacts your daily life.

Even if it fluctuates and you have some periods where there is a smaller impact on your daily life, you might have this impairment for your lifetime.

If you give us evidence you have been diagnosed with a condition on [List B](#), we'll decide you have an impairment that's likely to be permanent.

How will early intervention benefit you?

We need to decide that getting early intervention supports means you'll likely need fewer supports in the future.³⁴

We need to know that early intervention supports will help you with at least one of the following:³⁵

- addressing the impact of your impairment on your ability to move around, communicate, socialise, learn, look after yourself and organise your life
- preventing your functional capacity from getting worse
- improving your functional capacity
- supporting your informal supports, which includes building their skills to help you.

To help us decide if the early intervention will help you in these ways, we look at:³⁶

- how your impairment might change over time
- how long you've had your impairment
- if there's been a significant change to your impairment
- if your needs are likely to change soon, such as if you're finishing school.

Will the early intervention supports you need be NDIS supports?

The early intervention support that you would likely benefit from must be NDIS supports.³⁷ NDIS supports are the services, items and equipment that can be funded by the NDIS.

Learn more about [reasonable and necessary supports](#) and [NDIS supports](#).

What about people aged between 0 and 25 with a hearing impairment?

If you're aged between 0 and 25 with a hearing impairment, you may meet the early intervention requirements. We'll decide you meet the early intervention requirements if you give us evidence of all of the following:

- You're aged between 0 and 25.

- You have auditory neuropathy or hearing loss of at least 25 decibels in either ear at 2 or more adjacent frequencies – see below.

We need evidence of your auditory neuropathy or hearing loss from a specialist audiological assessment. The assessment might include electrophysiological testing when required. The evidence must show your hearing loss is likely to be permanent.

If you're aged 26 or older with hearing loss, we'll check if you're eligible in the same way we consider all other impairments. You may be eligible under the [disability requirements](#).

What about children younger than 6 with developmental delay?

Children younger than 6 with a developmental delay may be eligible for the NDIS under the early intervention requirements.³⁸

Developmental delay is a term used to describe a delay in a child's development. It means that a child finds it much harder to do everyday things that other children their age can do, for example, dress themselves, talk or walk. A child with developmental delay needs lots of extra help to do everyday things compared to children of the same age.

First, we need to know the child:

- is younger than 6 on the day we decide whether they're eligible³⁹
- [lives in Australia](#)⁴⁰
- is an [Australian citizen or permanent resident](#).⁴¹

Then, we need to know the child has a [developmental delay](#).⁴²

Finally, we need to know the child's supports [will be NDIS supports](#). NDIS supports are the services, items and equipment that can be funded by the NDIS.

An early childhood partner can also provide supports to children who aren't eligible for the NDIS.

Learn more about the [early childhood approach](#) and [early connections](#).

Does the child have a developmental delay?

When we decide if a child has developmental delay, we use the definition in the law for the NDIS.⁴³

We need to know the delay:

- is [due to mental or physical impairments](#)
- [substantially reduces the child's functional capacity](#) compared with other children the same age.
- means [the child needs specialist services](#) from more than one professional working as a team to support the child and for longer than 12 months.

Is the delay due to mental or physical impairments?

First, we need to know the developmental delay is due to a mental or physical impairment, or a combination of mental or physical impairments.⁴⁴

An impairment is a loss or significant change in at least one of:

- the child's body functions
- the child's body structure
- how the child thinks and learns.

Families, early childhood partners and other professionals can understand the child's body function by:

- observing their activities during play and daily tasks
- comparing their activities to other children of the same age.

For some very young children, problems in body function can't be easily measured. If so, the child may be eligible if there is significant risk of a future disability diagnosis or developmental delay. We need evidence of this from a health or allied health professional's judgment or informed clinical opinion.

Does the delay substantially reduce the child's functional capacity?

We need to know the delay substantially reduces the child's functional capacity compared to other children their age.⁴⁵

This means the child has a significantly lower ability to do everyday activities, when compared to children of the same age. Or the child does things in a significantly different way to other children their age because of their reduced capacity.

The child would also need much more support to do the activity, compared to other children the same age.

The substantial reduction in functional capacity must be in at least one of the following areas of major life activity:

- **Self-care** – how children take care of themselves, shower, bathe, dress, eat, drink, toilet, groom, and sleep.
- **Receptive and expressive language** – this involves skills such as gesture, sign language, listening, giving and receiving information, communicating wants and needs through facial expressions, vocalisations or speech, and interaction with others.

A substantial reduction in functional capacity for either receptive language or expressive language will meet the criteria – it doesn't need to be both.

- **Cognitive development** – learning and applying knowledge. This includes areas such as:
 - o understanding and remembering information
 - o attention
 - o learning new things
 - o practising and using new skills
 - o planning and making decisions
 - o problem solving
 - o developing pretend play skills
 - o developing play interests
 - o emotional and sensory regulation
 - o developing emotional intelligence
 - o social awareness
 - o safety awareness.
- **Motor development** – this includes participation in everyday activities like moving around the home and community and manipulating objects.

We need evidence from a health, allied health or early childhood professional, who uses multiple sources of information about the child's ability to do everyday activities.

This will include information that parents or carers report about their child. It will also include a mix of standardised assessments of developmental and functional capacity, both in everyday activities and natural settings.

It should also include observations in everyday play, learning, activities or routines to better understand how the child participates in these everyday activities.

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For very young children where functional capacity can't be measured, the child may be eligible if there is significant risk of a future disability diagnosis or developmental delay. We need evidence of this from a health or allied health professional's informed clinical opinion.

Does the child need specialist services from more than one type of professional and for longer than 12 months?

We need to know that the child needs a mix of specialist care, treatment or other services, due to their developmental delay. The child must also need these services for an extended duration – that is, longer than 12 months.⁴⁶

We need to know the child needs all of the following:

- **A service response that involves more than one professional working as a team to support the child.** This means the child needs support for multiple activities, and across multiple natural settings such as the home, community and early childhood centres. The child must need more support than what's expected for a child the same age.
- **A team that works collaboratively, by communicating and sharing information, knowledge and skills.** The support must be individually planned and coordinated. The team will build the capacity of the child's family and other important people in the child's life, such as carers, educators and professionals, about the child's individual needs. This support should be embedded in everyday play, learning, activities and routines.
- **More support than an individual discipline providing a unilateral response to a single problem.** This means the child needs support from more than one professional supporting one area of delay. This is known as interdisciplinary care. For example, a child is unlikely to be eligible if a speech pathologist alone can help their language delay, without needing support or consultation from other professionals.
- **Supports for an extended duration.** This means a health, allied health or early childhood professional who knows the child determines they need support for more than 12 months. A child will likely meet this criteria if there is clear evidence that they'll need early intervention support for more than 12 months.

We need evidence from an early childhood professional, such as an early childhood teacher, educator or allied health professional who knows the child. They need to recommend that the child needs support for multiple activities and across multiple natural settings, from a team working together.

Some children in remote areas might not have access to a team of professionals. If so, they may still be eligible if the one professional needs to provide the supports to the child across multiple activities and across multiple natural settings.

We also need evidence from an early childhood professional, such as an early childhood teacher, educator, or allied health professional, that the child needs support for more than 12 months. The professional should consider multiple sources of information, including:

- parent or carer reports
- a mix of standardised and culturally appropriate developmental or functional assessments in everyday activities and natural settings
- observations in everyday play, learning, activities, and routines.

How do we work out if the child meets the criteria for developmental delay?

We'll need a range of information about the child, observed in everyday activities and settings they usually participate in. This should include parent or carer reports and standardised assessments of developmental and or functional capacity.

Early childhood partners are early childhood professionals who give us evidence of developmental delay to help us decide if the child is eligible. An early childhood partner will meet with children and families to better understand the child's day to day life, and any concerns about their development.

Early childhood partners will observe a child in familiar places like home and childcare and may complete assessments using screening tools. This information helps us decide if a child meets the early intervention requirements for developmental delay.

Families and carers can also provide copies of existing reports, assessments or letters about the developmental delay.

We may also ask for evidence from a variety of sources, including mainstream services. For example, we may also ask for evidence from your doctor, child health nurse, or other health professional.

Learn more about [providing evidence of developmental delay](#).

What if there are no early childhood partners in your area?

If there are no early childhood partners in the child's area, a mainstream, community, or health service can give us a report for evidence of developmental delay.



If you're in one of these areas, learn more about what [evidence](#) we need for developmental delay.

Will the child's early intervention supports be NDIS supports?

To meet the early intervention requirements, the supports must be NDIS supports.⁴⁷ NDIS supports are the services, items and equipment that can be funded by the NDIS.

Learn more about [reasonable and necessary supports](#) and [NDIS supports](#).

What happens if a child with developmental delay is eligible?

If we decide a child with developmental delay is eligible for the NDIS, they'll become a participant. But they're usually no longer eligible after they turn 6.

This is because they will no longer meet the early intervention requirements under developmental delay. To remain an NDIS participant after they turn 6, the child will need to have an impairment that's likely to be permanent and meet the requirements for [disability](#), [early intervention](#), or both.

We'll talk to families or carers before a child turns 6 and explain what information we need to decide if the child is still eligible. Learn more about [leaving the NDIS](#).

Example

Hunter is 5 years old and became a participant under the early intervention requirements for developmental delay.

We give him a new 12-month NDIS plan in August. We also talk to Hunter's family about Hunter leaving the NDIS after he is 6 years old.

Hunter's family will be able to use his NDIS funding for the full 12 months, until August the next year. By then, he'll be aged 6 years.

At the end of the 12 months, we'll talk to Hunter's family about his progress and what outcomes have been achieved. We'll listen to understand if he built capacity to work towards his goals. If there's evidence that Hunter does not have an impairment that is likely to be permanent and he no longer meets the requirements for disability, early intervention, or both, we'll decide Hunter is no longer eligible. He will be supported to leave the NDIS. We'll help his family continue to stay connected to government and community services.

Learn more about [leaving the NDIS](#) and [mainstream and community supports](#).

What if a child doesn't meet our criteria for developmental delay?

Early childhood partners provide supports to children younger than 6 who don't meet our criteria for developmental delay.

A child may have developmental concerns. This means a child younger than 6 is developing slower compared to other children their age, but the delay doesn't meet our definition for developmental delay.

For example, a child's functional capacity may be substantially reduced in one or more areas. But it's unclear if the child needs support from a team of professionals for more than 12 months.

An early childhood partner can provide **early supports** to children younger than 6 with developmental concerns. They can also help the child's family connect to other government and community supports.

Learn more about [early connections](#).

How do you apply to the NDIS?

Applying to the NDIS is how you let us know you want to become an NDIS participant.

If you're aged 9 and older, there are a few ways you can apply:⁴⁸

- Your local area coordinator can help you apply. They can help you through the application process and be your point of contact. [Find your nearest location](#).
- Sometimes you may not have a local area coordinator in your area. You can contact us on 1800 800 110 to discuss other options available to you.

For children younger than 9, we encourage families to talk to an [early childhood partner](#) before applying to the NDIS. They can provide supports to children before they apply, and let families know if the NDIS is right for their child.

When you apply, you or your authorised representative will need to:

- give us the information and any documents we need to confirm your identity. Learn more about [evidence of identity](#) and [privacy](#).
- give us the information and any documents we need to decide if you're eligible⁴⁹
- sign or certify the NDIS application⁵⁰
- talk to you about your needs and current situation.

When we talk to you, we'll listen to understand what is important to you. We'll also ask questions to make sure we know all the ways we can help.

We can use this information to help you make community connections if you want us to. Learn more about [community connections](#) and [early connections](#).

Other people can help you apply if you want them to. Sometimes they can apply on your behalf. Learn more about [who can help you apply](#).

Learn more about [how to apply to the NDIS](#) and in the [Applying to the NDIS factsheet](#).

What information do we need in your application?

The [Evidence of Identity factsheet](#) shows what information we need to confirm your identity. When you apply for the NDIS, you'll need to give us copies of these documents. If you can't do this, let us know so we can work out what to do depending on your situation. We'll still need to check your identity before progressing your application.

To show us you're younger than 65 when you apply, live in Australia, and that you're an Australian citizen or permanent resident, you can give us either of the following:

- consent to access and use your Centrelink record
- copies of documents or other evidence that we ask for if you apply in person or over the phone.

In most cases, we can just use your identity documents.

Who can give us evidence of your impairments?

We need evidence of your impairments, to help us work out if you're eligible. To provide this, ask your [treating professional](#). For children younger than 6 with developmental delay, an [early childhood partner](#) can provide evidence of developmental delay. Your treating professional or early childhood partner can contact us if they need to discuss what evidence to provide.

Your treating professional might be your doctor, specialist, or allied health service provider. You should use a professional who:

- has worked with you for a long time, usually for at least 6 months
- is the [most appropriate type of professional](#) to give evidence about your impairment
- is qualified and registered in their area of practice with the [Australian Health Practitioner Regulation Agency](#) or relevant professional authority.

If your treating professional doesn't meet these requirements, we may not be able to confirm the information in your application and may need to request further information.

When we check if you're eligible for the NDIS, we mainly consider the information you give us when you apply.

Learn more about who can give us evidence of your disability or impairment on the following pages:

- [Providing evidence of your disability](#)
- [Providing evidence of disability for children](#)
- [Information for GPs and health professionals.](#)

You can also learn more about [how we use, collect and store your personal information](#).

What if you're in a remote or very remote area?

We understand it might be hard to get your treating professional to provide evidence of your impairments in a remote or very remote area. If it's hard to get your treating professional to do this, let us know.

You might not need to give us as much evidence about your impairment as people in big cities, depending on what services are available in your area. We use a technical definition for remote and very remote. You will need to live in an area that's classified as MM6 or MM7 on the [Modified Monash Model](#) to be considered remote or very remote.

How do we check your application?

Before we can accept your application, we make sure it's been made by the right person. That is, the application is from you, or [someone who can apply for you](#).

We then check all the answers we need have been provided, and that it is the correct information.⁵¹

If you don't have all the answers at the meeting, we'll help you work out what to do. You can also let us know if there is a mistake. We can work with you to help complete the application properly. We can't decide if you're eligible until we have a complete application.

We'll also let you know if we need more information and, if so, what you need to give us.

Once you have completed your application with all the right information, we'll check whether you're eligible. That is, we'll check that:

- you meet the age and residence requirements
- you meet the requirements for disability, early intervention, or both.

Learn more in the [Applying to the NDIS factsheet](#).

Who can help you apply?

You can ask someone to help you apply if you want to. They can help you:

- make your decision to apply to the NDIS
- gather the information we need.

You can choose who helps you. For example, you could ask for help from:

- a family member
- a friend
- a carer
- a partner
- a support worker or service provider
- staff in a residential aged care facility
- your treating health professional
- hospital staff.

With your permission, we can share information with these people during your application. For example, they could call us to check how your application is progressing. You can let us know if you would like us to share information.

Can someone else apply for you?

If someone else has legal authority to make decisions for you, they can apply to the NDIS on your behalf.

If you're younger than 18, the people with parental responsibility for you will apply for you.⁵² This is often your parents or legal guardian. In some situations, we can decide someone else has parental responsibility.⁵³ Learn more about [child representatives](#).

If you're an adult, these people may be able to apply to the NDIS on your behalf:

- a person you give consent to act as your authorised representative – this means you give them permission to apply for you
- your guardian
- a person with power of attorney who can make personal and health decisions for you
- a person with advance care health directive.



If you're an adult and want someone else to apply for you, you can tell us in person, or over the phone.

When do we contact you to help you apply?

Sometimes, we'll reach out to you to help you apply. This might be if you live in a:

- group home or supported accommodation
- large residential facility
- residential aged care facility – also read our page on [younger people in residential aged care](#)
- rural or remote area.

How do we decide if you're eligible?

Once we have your application, we review all the information we have in your application.

This will help us decide if you're eligible for the NDIS. As part of the process, we will also need to check your identity.

You are eligible for the NDIS if you meet the requirements for:

- age
- residence
- [disability](#), [early intervention](#), or both.

It's likely children younger than 6 with developmental delay won't meet the disability requirements. So, they may only be eligible under the early intervention requirements.

If you don't meet either the disability requirements or the early intervention requirements, you won't be eligible for the NDIS. But an [early childhood partner](#) or [local area coordinator](#) can help you connect with other government and community supports.

When will we decide if you're eligible?

Once we have your application, we have **21 days** to decide one of the following:⁵⁴

- [you're eligible for the NDIS](#)
- [you're not eligible for the NDIS](#)
- [we need more information](#).

We can make a decision quicker in urgent circumstances. Let us know if your situation is urgent, for example, if you're about to leave a hospital or custodial setting. Learn more about our [timeframes for urgent decisions](#).

How do we consider your evidence of disability?

When we're deciding if you're eligible, we may look at things like:

- how old your evidence is
- who provided your evidence.

If we get more than one type of evidence from you, we might consider some evidence over others. We call this weighing evidence.

What if we need more information to decide if you're eligible?

When we decide if you're eligible, we look at:

- the information in your NDIS application
- any other information we have.

We need enough information in your application to show us you're eligible for the NDIS by meeting the requirements for disability, early intervention, or both.

Sometimes we might need to ask you for more information. For example, we may not have enough information about your functional capacity.

We'll ask you for more information if we need it to make sure we have the full picture.⁵⁵

We might ask you for more information if:

- your application doesn't have all the information we need
- we need to answer a particular question.

We only ask for more information if we need it to decide if you're eligible.⁵⁶ If we need more information, we'll let you know:

- what you need to do
- what information we need
- when you need to give us the information.

If we ask for more information, you'll have at least **90 days** to give it to us. We can't decide if you're eligible until we have this. You can ask for more time if you need it. We can give you more time if we think it's reasonable for your situation.⁵⁷

If we can't contact you within **90 days**, or you don't give us the information within the timeframe, we'll withdraw your application. This means we'll stop processing your application.

If you don't get the information to us in time, you can apply again.

What happens after we get your information?

Once you give us the information we need, we then have **14 days** to decide if:⁵⁸

- you're eligible for the NDIS
- you're not eligible for the NDIS
- we need more information – for example, if the information you gave us isn't what we need.

What happens if we don't decide on time?

If we don't meet our decision-making timeframes, we have to treat this as if we decided you're not eligible.⁵⁹

If this happens, we'll automatically review this decision that you're not eligible.⁶⁰ We'll send you a letter to explain this. You don't need to do anything.

We'll then make sure your application is reviewed by a staff member who wasn't involved in the original application. We'll contact you to let you know the outcome.

Learn more about [reviewing our decisions](#).

What happens after we decide?

What happens if you're eligible?

On the day we decide you're eligible for the NDIS, you become a NDIS participant.⁶¹

The time that you remain eligible for the NDIS depends on your individual circumstances and NDIS support needs.

You'll need to continue to be eligible for the NDIS. This means you'll need to continue to live in Australia and be an Australian citizen or permanent resident. You'll also need to continue to meet requirements for [disability](#), [early intervention](#), or both. Learn more about [whether you will always be eligible](#) and [leaving the NDIS](#).

We'll send you a letter to let you know:

- you are eligible



- if you met the requirements for disability, early intervention, or both
- the next steps.

Your letter will also confirm the date you became eligible for the NDIS.⁶²

How will we create your first plan?

After you receive the letter confirming you're eligible, we'll contact you to organise your first planning conversation. We'll contact you within **21 days**.

We'll then work together to create your plan. If you received help to make community connections, we can build on the information and goals we talked about and include these supports in your plan. Learn more about [community connections](#) and [early connections](#).

You'll receive a plan that sets out your NDIS supports. NDIS supports are the services, items and equipment that can be funded by the NDIS.

Your plan will include NDIS supports for the impairments that meet the disability or early intervention requirements.

For example, you may have many impairments, but only one meets our eligibility criteria. Or you might get another impairment after we decide you're eligible. If so, we only fund NDIS supports for impairments that meet the requirements for disability, early intervention, or both.

If you're aged 7 or older, we must approve your first plan within **56 days** after you become a participant.

For children younger than 7, we'll approve their first plan within **90 days** after they become a participant.

For more information, check out [creating your plan](#).

Will you always be eligible for the NDIS?

There are many reasons for leaving the NDIS.

Some people decide they don't want to be a participant anymore.

You'll also leave the NDIS if you're no longer eligible.

When we reassess your [plan](#), we check that all your details are correct and up to date. We also look at any new information we have received.

If you're eligible under the **early intervention requirements**, your support needs are more likely to change. We'll check at each plan reassessment and at other times, whether you still meet the early intervention requirements.



For example, during a plan reassessment it may show you no longer meet the early intervention requirements because you have built your skills and capacity and will no longer benefit from NDIS supports.

If you're eligible under the disability requirements, your disability is permanent. We don't expect your disability to change, and it's likely you'll need NDIS supports for your lifetime. We will only ask you for more information about your eligibility if there is evidence that you may no longer meet the disability requirements.

You can find out more about the eligibility requirements, and how we check these, at [Am I eligible](#). [Children with developmental delay](#) will usually leave the NDIS after they turn 6.

Over time, you might develop your skills and independence and not need NDIS supports anymore.

If you met the requirements for early intervention and not disability, you usually won't be eligible after the early intervention supports, which are NDIS supports have benefitted you. For example, if you needed early intervention supports to achieve your goal to improve your functional capacity, and your functional capacity improves, you may no longer meet the early intervention requirements anymore.

If you're no longer eligible, we'll help you transition from the NDIS and make sure you are connected with other services in your community, if you need them. We'll also keep your information, so you can apply again if your situation changes.

Learn more about [leaving the NDIS](#).

What happens if you're not eligible?

If you're not eligible, you can't become an NDIS participant.

We'll try and contact you by phone, or your preferred contact method,⁶³ to explain why you're not eligible. We'll give you reasons for our decision, and answer any questions you might have.

We'll also send you a letter with our decision, including the reasons you're not eligible and what to do next. Your letter will confirm the date we made the decision.

Even if you're not eligible for the NDIS, your [early childhood partner](#) or [local area coordinator](#) can help you explore and access government and community supports. When we work with children under 9 and their families, we call this early connections. When we work with people aged 9–64, we call this community connections.

Your early childhood partner or local area coordinator will use the information you shared to suggest supports in your community. They will work with you to see how these supports may

help you with what is important to you. We also have a list of [other government and community supports](#) you can get, even if you're not eligible for the NDIS.

What if you don't agree with our decision?

If you don't agree with our decision that you're not eligible, you should [contact us](#). We can help explain our decision and what your options or next steps might be.

You can also ask for an internal review.⁶⁴ Another staff member, who wasn't involved in the original decision, will then check if we made the right decision. You need to ask for an internal review within **3 months** after receiving the decision.⁶⁵ Learn more about [reviewing our decisions](#).

But you can't ask for an internal review if:

- you withdraw your application because you don't want to apply anymore
- a decision has not been made and we ask you for more information
- we withdraw your application because you didn't give us information on time
- it's been more than 3 months since you received our decision that you're not eligible.

If you don't agree with the internal review decision, you can ask the Administrative Review Tribunal to review it. We call this an external review. You can't ask for an external review until after we make the internal review decision.

You can [contact us](#) to discuss any concerns you may have about the process. You can also [make a complaint](#) if you're not happy with any part of the process.

Can you apply again?

Yes. If we decide you're not eligible, or you're no longer eligible, you can apply again, unless you have requested a review of that decision and are waiting for a decision to be made on the outcome of your review. This includes when you apply for the NDIS or leave the NDIS after your status as a participant has been revoked. Learn more about [leaving the NDIS](#).⁶⁶

You'll follow the same process to apply as you did the first time. Remember, you need to be younger than 65 on the day you make your new application. And children with developmental delay will need to be younger than 6 on the day they apply.

If you've asked for an internal review of the decision, you can't apply to the NDIS again until we've completed that review.⁶⁷ You can ask us to stop our internal review at any time.⁶⁸



Also, if your review is with the Administrative Review Tribunal after an internal review, you can't apply again until it has made a decision.⁶⁹ You can also ask the Tribunal at any time to withdraw your application. Learn more on the [Administrative Review Tribunal website](#).

Applying to the NDIS – Appendices

What's on this page?

- [List A: Conditions that are likely to meet the disability requirements](#)
- [List B: Conditions that are likely to result in a permanent impairment](#)
- [List C: What if you're receiving disability support in Western Australia?](#)
- [List D: Permanent impairment/Early intervention, under 7 years. No further assessment required](#)
- [When do we make priority eligibility decisions?](#)
- [How do we weigh evidence of disability?](#)

List A: Conditions that are likely to meet the disability requirements

1. **Intellectual disability** diagnosed and assessed as moderate, severe or profound in accordance with current DSM criteria.
2. **Autism** diagnosed by a specialist multi-disciplinary team, paediatrician, psychiatrist or clinical psychologist experienced in the assessment of Pervasive Developmental Disorders and assessed using the current Diagnostic and Statistical Manual of Mental Disorders (DSM-V) diagnostic criteria as having severity of Level 2 (Requiring substantial support) or Level 3 (Requiring very substantial support).
3. **Cerebral palsy** diagnosed and assessed as severe (e.g. assessed as Level 3, 4 or 5 on the Gross Motor Function Classification System - GMFCS).
4. **Genetic conditions** that consistently result in permanent and severe intellectual and physical impairments:
 - Angelman syndrome
 - Coffin-Lowry syndrome in males
 - Cornelia de Lange syndrome
 - Cri du Chat syndrome
 - Edwards syndrome (Trisomy 18 – full form)

- Epidermolysis Bullosa (severe forms):
 - o YR
 - o Autosomal recessive dystrophic epidermolysis bullosa
 - o Hallopeau-Siemens type
 - o Herlitz Junctional Epidermolysis Dystrophica
- Lesch-Nyhan syndrome
- Leigh syndrome
- Leukodystrophies:
 - o Alexander disease (infantile and neonatal forms)
 - o Canavan disease
 - o Krabbe disease (globoid cell leukodystrophy) – Infantile form
 - o Pelizaeus-Merzbacher Disease (Connatal form)
- Lysosomal storage disorders resulting in severe intellectual and physical impairments:
 - o Gaucher disease Types 2 and 3
 - o Niemann-Pick disease (Types A and C)
 - o Pompe disease
 - o Sandhoff disease (infantile form)
 - o Schindler disease (Type 1)
 - o Tay-Sachs disease (infantile form)
- Mucopolysaccharidoses – the following forms:
 - o MPS 1-H (Hurler syndrome)
 - o MPS III (San Fillipo syndrome)
 - o Osteogenesis Imperfecta (severe forms):
 - o Type II - with two or more fractures per year and significant deformities severely limiting ability to perform activities of daily living
- Patau syndrome
- Rett syndrome

- Spinal Muscular Atrophies of the following types:
 - o Werdnig-Hoffmann disease (SMA Type 1- Infantile form)
 - o Dubowitz disease (SMA Type II – Intermediate form)
 - o X-linked spinal muscular atrophy
- 5. **Spinal cord injury** or **brain injury** resulting in paraplegia, quadriplegia or tetraplegia.
- 6. **Hemiplegia** where there is severe or total loss of strength and movement in the affected limbs of the body.
- 7. **Permanent blindness** in both eyes, diagnosed and assessed by an ophthalmologist as follows:
 - Corrected visual acuity (extent to which an object can be brought into focus) on the Snellen Scale must be less than or equal to 6/60 in both eyes; or
 - Constriction to within 10 degrees or less of arc of central fixation in the better eye, irrespective of corrected visual acuity (i.e. visual fields are reduced to a measured arc of 10 degrees or less); or
 - A combination of visual defects resulting in the same degree of visual impairment as that occurring in the above points. (An optometrist report is not sufficient for NDIS purposes.)
- 8. **Permanent bilateral hearing loss** > 90 decibels in the better ear (pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz).
- 9. **Deafblindness** confirmed by ophthalmologist and audiologist and assessed as resulting in permanent and severe to total impairment of visual function and hearing.
- 10. **Amputation** or congenital absence of 2 limbs – for example, 2 legs, 2 arms, or a leg and an arm (not a leg and a hand, or an arm and a foot).

List B: Conditions that are likely to result in a permanent impairment

Conditions primarily resulting in intellectual or learning impairment

- Intellectual disability
- Pervasive developmental disorders not meeting severity criteria in List A or List C, such as autism

- Asperger syndrome
- Atypical autism
- Childhood autism.

Chromosomal abnormalities resulting in permanent impairment and not specified on List A

- Aicardi-Goutières syndrome
- CHARGE syndrome
- Cockayne syndrome Types I and Type II/Cerebro-oculo-facio-skeletal (COFS) syndrome /Pena Shokeir syndrome Type II/Weber-Cockayne syndrome/Neill-Dingwall syndrome)
- Cohen syndrome
- Dandy-Walker syndrome
- DiGeorge syndrome /22q11.2 deletion syndrome/Velocardiofacial syndrome/ Shprintzen syndrome/Conotruncal anomaly face syndrome
- Down syndrome/Trisomy 21
- Fragile X syndrome
- Kabuki syndrome
- Menkes disease
- Prader-Willi syndrome
- Seckel syndrome /microcephalic primordial dwarfism/Harper's syndrome/Virchow-Seckel dwarfism
- Smith-Lemli-Optiz syndrome
- Smith-Magenis syndrome
- Spinal muscular atrophy Types III and IV
- Sturge-Weber syndrome
- Trisomy 9
- Tuberous sclerosis
- Turner syndrome

- Williams syndrome
- Wolf-Hirschhorn syndrome.

Conditions primarily resulting in Neurological impairment

- Alzheimer's dementia
- Creutzfeldt-Jakob disease
- HIV dementia
- Huntington's disease
- Multi-infarct dementia
- Parkinson's disease
- Post-polio syndrome
- Vascular dementia.

Systemic atrophies primarily affecting the central nervous system

- Abetalipoproteinaemia
- Adult-onset spinal muscular atrophy/late-onset SMA type III)
- Fazio-Londe disease/Progressive bulbar palsy of childhood
- Friedrich's ataxia
- Hereditary spastic paraplegia/ Infantile-onset ascending hereditary spastic paralysis/ L1 syndrome/ spastic paraplegias types 2 and 11Huntington's disease/Huntington's chorea
- Louis-Bar syndrome/Ataxia-telangiectasia
- Motor neuron disease/Motor neurone disease/ Lou Gehrig's disease /Amyotrophic lateral sclerosis
- Primary lateral sclerosis
- Progressive bulbar palsy
- Spinal muscular atrophy – all types
- Spinocerebellar Ataxia – all types, including Machado-Joseph disease.

Extrapyramidal and movement disorders

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- Hallervorden-Spatz syndrome /Pantothenate kinase-associated neurodegeneration (PKAN)/neurodegeneration with brain iron accumulation 1 (NBIA 1)
- Parkinson's disease
- Shy-Drager syndrome /Multiple System Atrophy /Striatonigral degeneration (MSA-P)/ Sporadic olivopontocerebellar atrophy (MSA-C)
- Steele-Richardson-Olszewski syndrome/Progressive supranuclear ophthalmoplegia
- Stiff-man syndrome /Stiff-person syndrome.

Other degenerative diseases of the nervous system

- Alzheimer's disease
- Alpers disease/Grey-matter degeneration/Alpers syndrome/progressive sclerosing poliodystrophy/progressive infantile poliodystrophy
- Lewy body dementia
- Pick's disease.

Demyelinating diseases of the central nervous system

- Adrenoleukodystrophy
- Multiple sclerosis
- Schilder's disease /Diffuse myelinoclastic sclerosis – non-remitting.

Episodic and paroxysmal disorders

- Brain stem stroke syndrome
- Cerebellar stroke syndrome
- Motor and sensory lacunar syndromes
- Lennox syndrome /Lennox-Gastaut syndrome
- West's syndrome.

Polyneuropathies and other disorders of the peripheral nervous system

- Adult Refsum disease
- Charcot-Marie-Tooth disease/Hereditary motor and sensory neuropathy/ peroneal muscular atrophy

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- Dejerine-Sottas disease /Dejerine-Sottas syndrome/Dejerine-Sottas neuropathy/progressive hypertrophic interstitial polyneuropathy of childhood/onion bulb neuropathy
- Infantile Refsum disease.

Other disorders of the nervous system

- Hydrocephalus
- Multiple system atrophy.

Conditions resulting in Physical impairment

- Amputation
- Congenital absence of limb or part thereof
- Epidermolysis bullosa
- Harlequin type ichthyosis
- Juvenile arthritis / Stills Disease (excluding monocyclic/self-limited Adult Onset Stills disease)
- Rheumatoid arthritis.

Diseases of myoneural junction and muscle

- Andersen-Tawil syndrome/ Periodic paralysis /myoplegia paroxysmalis familiaris
- Becker muscular dystrophy
- Congenital muscular dystrophy
- Distal muscular dystrophy
- Duchenne muscular dystrophy
- Facioscapulohumeral muscular dystrophy
- Limb-girdle muscular dystrophy
- Mitochondrial myopathy
- Myotonic dystrophy /dystrophia myotonica
- Myotonic muscular dystrophy
- Myotubular myopathy

- Oculopharyngeal muscular dystrophy
- Paramyotonia Congenita
- Thomsens disease /Congenital myotonia/ Becker myotonia).

Cerebral palsy and other paralytic syndromes not meeting severity criteria on List A

- Cerebral palsy
- Diplegia
- Hemiplegia
- Monoplegia
- Paraplegia
- Quadriplegia
- Tetraplegia.

Conditions resulting in Sensory and/or Speech impairment

Disorders of the choroid and retina where permanent blindness diagnostic and severity criteria on List A are not met

- Behr's syndrome
- Kearns-Sayre syndrome
- Optic atrophy
- Retinitis pigmentosa
- Retinoschisis (degenerative and hereditary types/juvenile retinoschisis)
- Stargardt disease
- Usher syndrome.

Disorders resulting in hearing loss

- Cortical deafness
- Pendred syndrome
- Sensorineural hearing loss
- Stickler syndrome
- Usher syndrome

- Waardenburg syndrome.

Conditions resulting in multiple types of impairment

- Aceruloplasminemia
- Addison-Schilder disease /Adrenoleukodystrophy
- Albinism
- Arginosuccinic aciduria
- Aspartylglucosaminuria
- Cerebrotendinous xanthomatosis /cerebral cholesterosis
- Congenital cytomegalovirus infection
- Congenital iodine-deficiency syndrome /cretinism
- Congenital rubella syndrome
- Glycine encephalopathy /non-ketotic hyperglycinaemia
- GM1 gangliosidosis
- Hartnup disease
- Homocystinuria
- Lowe syndrome/ Oculocerebrorenal syndrome
- Mannosidosis
- Menkes disease
- Mucopolidosis II /I-cell disease
- Mucopolidosis III /pseudo-Hurler polydystrophy
- Mucopolidosis IV
- Neuronal ceroid lipofuscinosis (NCL)/ Adult type (Kuf's or Parry's disease)/ Juvenile (Batten disease)/ Late infantile (Jansky-Bielschowsky)
- Niemann-Pick disease
- Pyruvate carboxylase deficiency
- Pyruvate dehydrogenase deficiency
- Sialidosis

- Sulfite oxidase deficiency.

The following mucopolysaccharidoses

- Scheie syndrome /MPS 1-H
- Hurler-Scheie syndrome /MPS 1 H-S
- Hunter syndrome /MPS II
- Morquio syndrome /MPS IVA
- Maroteaux-Lamy syndrome /MPS VI
- Sly syndrome /MPS VII.

Congenital conditions – cases where malformations cannot be corrected by surgery or other treatment and result in permanent impairment but with variable severity

- Arnold-Chiari Types 2 and 3/Chiari malformation
- Microcephaly
- Fetal alcohol spectrum disorder
- Fetal hydantoin syndrome
- Spina bifida
- VATER syndrome /VACTERL association.

List C: What if you're receiving disability support in Western Australia?

Please note: the transition of people formerly in Western Australian government disability programs is now complete and List C is no longer in operation.

If you were a participant in a WA defined program and are in the process of applying to the NDIS before 3 October 2024, please contact 1800 800 110 or enquiries@ndis.gov.au to discuss whether List C arrangements still apply.

We have an agreement with the Western Australian government to bring Western Australians onto the NDIS. If you're receiving disability supports in Western Australia, you might already meet most of the eligibility criteria. We'll send you a letter with all the details on how to apply.

The Western Australian government will let us know if you're on a program for faster access to the NDIS. This is called a [defined program](#).

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If you're on one of these programs, you need to show us that you:

- are younger than 65 on the day you apply
- live in Australia permanently
- are an Australian citizen or permanent resident.

We'll let you know what evidence you need to give us when you apply.

If you show us you meet the above requirements, we'll decide you're eligible under the **disability requirements**.

Which Western Australian defined programs are eligible for the NDIS?

- WA state-administered National Disability Insurance Scheme
- Supported Community Living
- Community Residential
- Day Options
- Disability Professional Services
- Emergency Accommodation
- Respite
- LAC Coordination
- Recreation.

List D: Permanent impairment/Early intervention, under 7 years. No further assessment required.

Synonyms for conditions are also shown (e.g. condition / synonym / synonym).

Conditions primarily resulting in Intellectual/ learning impairment

Chromosomal abnormalities resulting in permanent impairment

- Global Developmental Delay
- Aicardi syndrome
- Aicardi-Goutières syndrome
- Angelman syndrome

- CHARGE syndrome
- Cockayne syndrome/ Types I and Type II / Cerebro-oculo-facio-skeletal (COFS) syndrome/ Pena Shokeir syndrome Type II / Weber-Cockayne syndrome/ Neill-Dingwall syndrome
- Coffin-Lowry syndrome
- Cohen syndrome
- Cornelia de Lange syndrome
- Cri du Chat syndrome
- Dandy-Walker syndrome
- DiGeorge syndrome/ 22q11.2 deletion syndrome/ Velocardiofacial syndrome/ Shprintzen syndrome/ Conotruncal anomaly face syndrome
- Down syndrome/ Trisomy 21
- Edwards syndrome/ Trisomy 18
- Fragile X syndrome
- Kabuki syndrome
- Lesch-Nyhan syndrome/ Nyhan's syndrome/ Kelley-Seegmiller syndrome/ Juvenile gout
- Leigh syndrome/ Leigh's disease/ subacute necrotizing encephalomyelopathy
- Menkes disease
- Patau syndrome/ Trisomy 13
- Prader-Willi syndrome
- Rett syndrome
- Seckel syndrome/ microcephalic primordial dwarfism/ Harper's syndrome/ Virchow-Seckel dwarfism
- Smith-Lemli-Optiz syndrome
- Smith-Magenis syndrome
- Sturge-Weber syndrome
- Trisomy 9

- Tuberous sclerosis
- Williams syndrome
- Wolf-Hirschhorn syndrome.

Conditions primarily resulting in Neurological impairment

Systemic atrophies primarily affecting the central nervous system

- Friedrich's ataxia
- Hereditary spastic paraplegia/ Infantile-onset ascending hereditary spastic paralysis/ L1 syndrome/ spastic paraplegias types 2 and 11
- Louis-Bar syndrome/ Ataxia-telangiectasia
- Niemann-Pick disease (Types A and C)
- Progressive bulbar palsy of childhood/ Fazio-Londe disease.

The following spinal muscular atrophies

- Spinal muscular atrophy Type I/ Werdnig Hoffmann disease/ infantile SMA
- Spinal muscular atrophy Type II/ Dubowitz disease
- Spinal muscular atrophy Type III Kugelberg-Welander disease/ juvenile SMA
- Spinal muscular atrophy lower extremity dominant/ SMA-LED
- X-linked spinal muscular atrophy.

Extrapyramidal and movement disorders

- Hallervorden-Spatz syndrome / Pantothenate kinase-associated neurodegeneration (PKAN)/ neurodegeneration with brain iron accumulation 1 (NBIA 1)
- Alpers disease/ Alpers syndrome/ Grey-matter degeneration/ Progressive sclerosing poliodystrophy/ Progressive infantile poliodystrophy
- Demyelinating diseases of the central nervous system
- Adrenoleukodystrophy / X-linked childhood cerebral form
- Alexander disease
- Canavan disease
- Krabbe disease/ Globoid cell leukodystrophy

- Pelizaeus-Merzbacher disease.

Episodic and paroxysmal disorders

- Lennox-Gastaut syndrome/ Lennox syndrome
- West's syndrome.

Polyneuropathies and other disorders of the peripheral nervous system

- Dejerine-Sottas disease/ Dejerine-Sottas syndrome/ Dejerine-Sottas neuropathy/ progressive hypertrophic interstitial polyneuropathy of childhood/onion bulb neuropathy
- Infantile Refsum disease.

Conditions primarily resulting in physical impairment

- Amputation
- Diamond-Blackfan anaemia
- Epidermolysis bullosa
- Harlequin type ichthyosis
- Hay Wells syndrome/ ankyloblepharon/ ectodermal dysplasia/ clefting [AEC] syndrome
- Joint or limb deformities resulting in impaired mobility
- Juvenile arthritis/ Stills Disease
- Osteogenesis imperfecta
- Sjogren Larsson syndrome.

Diseases of myoneural junction and muscle

- Congenital muscular dystrophy
- Congenital myotonia / Thomsens disease/ Becker myotonia
- Distal muscular dystrophy
- Duchenne muscular dystrophy
- Emery-Dreifuss muscular dystrophy
- Facioscapulohumeral muscular dystrophy

- Myotubular myopathy
- Oculopharyngeal muscular dystrophy
- Paramyotonia Congenita.

Cerebral palsy and other paralytic syndromes

- Cerebral palsy
- Diplegia
- Hemiplegia
- Monoplegia
- Paraplegia
- Quadriplegia
- Tetraplegia.

Conditions resulting in sensory and/or speech impairment

- Permanent blindness in both eyes, diagnosed and assessed by an ophthalmologist as follows either:
 - o Corrected visual acuity (extent to which an object can be brought into focus) on the Snellen Scale must be less than or equal to 6/60 in both eyes
 - o Constriction to within 10 degrees or less of arc of central fixation in the better eye, irrespective of corrected visual acuity (i.e. visual fields are reduced to a measured arc of 10 degrees or less)
 - o A combination of visual defects resulting in the same degree of visual impairment as that occurring in the above points.

(An optometrist report is not sufficient for NDIS purposes.)

- Deafblindness confirmed by ophthalmologist and audiologist and assessed as resulting in permanent and severe to total impairment of visual function and hearing.

Conditions resulting in multiple types of impairment

- Aceruloplasminemia
- Addison-Schilder disease/ Adrenoleukodystrophy /

- Albinism
- Arginosuccinic aciduria
- Aspartylglucosaminuria
- Cerebrotendinous xanthomatosis/ cerebral cholesterosis
- Congenital cytomegalovirus infection
- Congenital hypothyroidism
- Congenital iodine-deficiency syndrome /cretinism
- Congenital rubella syndrome
- Galactosaemia with long term learning disabilities and neurological impairment
- Glycine encephalopathy/ non-ketotic hyperglycinaemia
- GM1 gangliosidosis
- Hartnup disease
- Homocystinuria
- Lowe syndrome/ Oculocerebrorenal syndrome
- Mannosidosis
- Menkes disease
- Mucopolidosis II / I-cell disease
- Mucopolidosis III / pseudo-Hurler polydystrophy
- Mucopolidosis IV
- Neuronal ceroid lipofuscinosis
- Niemann-Pick disease
- Phenylketonuria
- Pyruvate carboxylase deficiency
- Pyruvate dehydrogenase deficiency
- Sialidosis
- Sulfite oxidase deficiency.

The following mucopolysaccharidoses

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- Hurler syndrome/MPS1-H
- Scheie syndrome/ MPS 1-S
- Hurler-Scheie syndrome/ MPS 1 H-S
- Hunter syndrome/ MPS II
- San Fillipo syndrome/ MPS III
- Morquio syndrome/ MPS IVA
- Maroteaux-Lamy syndrome/ MPS VI
- Sly syndrome/ MPS VII.

The following lysosomal storage disorders

- Gaucher disease Types 2 and 3
- Niemann-Pick disease (Types A and C)
- Pompe disease
- Sandhoff disease (infantile form)
- Schindler disease (Type 1)
- Tay-Sachs disease (infantile form).

Congenital conditions – cases where malformations cannot be corrected by surgery or other treatment and result in permanent impairment

- Chiari malformation/Arnold-Chiari malformation
- Congenital absence of limb(s)
- Congenital hydrocephalus
- Fetal alcohol spectrum disorder
- Fetal hydantoin syndrome
- Microcephaly
- Spina bifida
- VATER syndrome (VACTERL association).

When do we make priority eligibility decisions?

If you're in one of the following situations, we'll decide if you're eligible within **2 to 5 business days**.

- Child younger than 7 years with a hearing impairment, either:
 - o Identified as Hearing Australia or Early Childhood Partner Priority
 - o Identified as 'newly diagnosed'.
- A child is identified as having a developmental delay and is turning 6 years old within 30 days of a valid NDIS application.
- **Immediate risk** to self, others, community or agency where appropriate disability or informal supports are not in place.
- **Unexpected, significant deterioration** of disability-related functional capacity where appropriate disability or informal supports are not in place.
- **Rapid deterioration** in functional capacity of a person with one of the following permanent disabilities:
 - o Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease)
 - o Brain Cancer
 - o Motor Neurone Disease (MND)
 - o Progressive Bulbar Palsy (PBP)
 - o Primary Lateral Sclerosis (PLS)
 - o Progressive Muscular Atrophy (PMA).
- A **terminal illness** and disability
- **Imminent risk** (within 1–14 days) of breakdown of either:
 - o Accommodation – risk of homelessness
 - o Caring arrangements, including informal supports, due to death, serious illness or injury of informal supports, or significant and unexpected deterioration of disability-related functional capacity.
- Appropriate disability supports are not in place and are re-entering the community after a long-term residence or hospital stay (specific release date not required):
 - o A person with a **newly acquired, significant disability**, such as spinal cord injury, being discharged from hospital
 - o A **younger person living in residential aged care**

- o A person being **discharged from an inpatient mental health facility**
- o A person due to be **released from correctional facility**.

How do we weigh evidence of disability?

We understand that you may have evidence of your disability from different health professionals at different times. When we're deciding if you're eligible for the NDIS, we look at:

- how old your evidence is
- who provided your evidence.

We weigh evidence based on what we consider best practice, or highest quality. We consider this evidence most strongly when we make a decision.

What type of evidence should you provide?

We need evidence to help us consider if you meet the disability or early intervention requirements.

For the disability requirements, we need evidence to confirm your permanent impairment and evidence about how this impacts your functional capacity.

For the early intervention requirements, we need evidence to confirm your permanent impairment and evidence that confirms you need early intervention.

It's important to understand the type of evidence that you are providing us. You may have evidence from a doctor or specialist confirming your **permanent impairment** or you may have evidence from an allied health professional or other medical professional that tells us about **impacts to your functional capacity** (your ability to do daily life activities). These are different types of evidence which will often be provided by different health professionals based on their qualifications.

How old should your evidence be?

How old should your evidence be to confirm your permanent impairment?

We need evidence from your doctor or specialist to confirm your permanent impairment. You can give us evidence confirming this **from any age**. However, evidence about how your impairment impacts your functional capacity should be from the last 12 months.

How old should your evidence be to confirm your functional capacity?

Generally, we need evidence about how your impairment impacts your functional capacity from **the last 12 months**. This is because your functional capacity may change over time, even if your impairment doesn't. It's important that we have evidence of your current circumstances to ensure we understand your support needs.

If you give us more than one type of evidence, we might weigh the newer evidence over the older evidence. If you give us older evidence, we will generally give this less weighting when we make our decision. In these cases, we will generally ask for more information. If this is not provided, we may decide you are not eligible for the NDIS.

How old should your evidence be to confirm you need early intervention?

We need evidence from your doctor or specialist to confirm your permanent impairment and that you need early intervention.

Generally, we need evidence about that confirms you need early intervention from **the last 12 months**. This is because your functional capacity may change over time – even if your impairment does not. It's important that we have evidence of your current circumstances to ensure we understand your support needs.

Who should provide evidence?

We generally prefer evidence that comes from a treating professional who:

- is the most **appropriately qualified** person to provide evidence of your primary disability
- has treated you for a significant period of time (at least six months)
- [is registered to practise in Australia or New Zealand](#)
- provides disability evidence (such as a medical report) that is original, genuine and specific to you.

Depending on your situation, you might get your evidence of **permanent impairment** from a different treating professional than your **evidence of functional capacity**.

If you need help to get your evidence together, your [local area coordinator](#) or [early childhood partner](#) can help you.

Who should provide evidence of your permanent impairment?

We generally prefer evidence from your doctor or specialist to confirm your permanent impairment.

Examples of common doctors or specialists include:

- General Practitioner (GP)
- Paediatrician
- Orthopaedic surgeon
- Neurologist
- Psychiatrist.

Who should provide evidence of your functional capacity?

We generally prefer evidence from a doctor, specialist, allied health or other medical professional for confirm how your permanent impairment impacts your functional capacity.

In addition to doctors and specialists, examples of common allied health or other medical professionals include:

- Occupational Therapist
- Speech Pathologist (Therapist)
- Psychologist
- Physiotherapist.

Who should provide evidence that you need for early intervention?

We generally prefer evidence from your doctor or specialist to confirm your permanent impairment.

Whereas a doctor, specialist, allied health or other medical professional can give us evidence to confirm you need early intervention.

In addition to doctors and specialists, examples of common allied health or other medical professionals include:

- Occupational Therapist
- Speech Pathologist (Therapist)
- Psychologist
- Physiotherapist.

Health professionals registered to practise in Australia and New Zealand

We strongly prefer evidence of your disability to come from a registered Australian or New Zealand health professional. Most Australian health professionals are registered with the [Australian Health Practitioner Regulation Agency \(AHPRA\)](https://www.ahpra.gov.au).

We will still consider evidence from non-Australian or New Zealand health professionals, or unregistered health professionals. However, this evidence will be given less weight.

If we cannot confirm the registration of your health professional, we will ask you (and your health professional) for more information in the first instance. If we still cannot confirm their registration, we will likely decide that you are not eligible for the NDIS.

Reference list

-
- ¹ NDIS Act s 24(1)(e).
 - ² NDIS Act ss 22-23.
 - ³ NDIS Act s 24.
 - ⁴ NDIS Act s 25.
 - ⁵ NDIS Act s 28(1).
 - ⁶ NDIS Act s 22.
 - ⁷ NDIS Act s 23(1)(b)(i).
 - ⁸ NDIS Act s 23(1)(b)(ii).
 - ⁹ NDIS Act s 23(1)(b)(iii).
 - ¹⁰ NDIS Act s 23(1)(a).
 - ¹¹ NDIS Act s 23(2).
 - ¹² NDIS Act s 23(2)(f).
 - ¹³ NDIS Act s 23(2)(a).
 - ¹⁴ NDIS Act s 23(2)(b).
 - ¹⁵ NDIS Act s 23(2)(c).
 - ¹⁶ NDIS Act s 23(2)(d).
 - ¹⁷ NDIS Act s 23(2)(e).
 - ¹⁸ NDIS Act s 24.
 - ¹⁹ NDIS Act ss 24(1)(a); 25(1)(a).
 - ²⁰ NDIS Act ss 24(1)(a); 25(1)(a)(ii).
 - ²¹ NDIS Act ss 24(3)
 - ²² NDIS (Becoming a Participant) Rules rr 5.4, 6.4.
 - ²³ NDIS (Becoming a Participant) Rules rr 5.6, 6.6.
 - ²⁴ NDIS (Becoming a Participant) Rules rr 5.5, 6.5.
 - ²⁵ NDIS Act s 25(3). NDIS (Becoming a Participant) Rules r 6.8.
 - ²⁶ NDIS Act s 24(1)(d).
 - ²⁷ NDIS Act s 24(1)(e).
 - ²⁸ NDIS Act s24(3)
 - ²⁹ NDIS Act s 24(2).
 - ³⁰ NDIS Act ss 25(1)(a)(i)-(ii).
 - ³¹ NDIS Act s 25(1)(a)(i).
 - ³² NDIS Act ss 25(1)(a)(i)-(ii).
 - ³³ NDIS Act s 25(1)(a)(ii).
 - ³⁴ NDIS Act s 25(1)(b).
 - ³⁵ NDIS Act s 25(1)(c).
 - ³⁶ NDIS (Becoming a Participant) Rules r 6.9.
 - ³⁷ NDIS Act s 25(1)(d)
 - ³⁸ NDIS Act s 25.
 - ³⁹ NDIS Act ss 9 (definition of 'developmental delay'), 21(1)(c), 25(1)(a)(iii).
 - ⁴⁰ NDIS Act s 23(1)(a).

-
- ⁴¹ NDIS Act s 23(1)(b).
 - ⁴² NDIS Act ss 9 (definition of 'developmental delay'), 25(1)(a)(iii).
 - ⁴³ NDIS Act ss 9 (definition of 'developmental delay'), 25(1)(a)(iii).
 - ⁴⁴ NDIS Act s 9 (definition of 'developmental delay' para (a)).
 - ⁴⁵ NDIS Act s 9 (definition of 'developmental delay' para (b)).
 - ⁴⁶ NDIS Act s 9 (definition of 'developmental delay' para (c)).
 - ⁴⁷ NDIS Act s 25(1)(d); NDIS (Becoming a Participant) Rules rr 6.1, 8.4.
 - ⁴⁸ NDIS Act s 19(1)(a).
 - ⁴⁹ NDIS Act s 19(1)(b).
 - ⁵⁰ NDIS Act s 19(1)(c).
 - ⁵¹ NDIS Act s 197(1).
 - ⁵² NDIS Act s 74(1)(a).
 - ⁵³ NDIS Act s 74(1)(b).
 - ⁵⁴ NDIS Act s 20.
 - ⁵⁵ NDIS Act s 26(2)(d).
 - ⁵⁶ NDIS Act s 26.
 - ⁵⁷ NDIS Act s 26(3).
 - ⁵⁸ NDIS Act s 26(2).
 - ⁵⁹ NDIS Act s 21(3).
 - ⁶⁰ NDIS Act s 100(5)(b).
 - ⁶¹ NDIS Act s 28(1).
 - ⁶² NDIS Act s 28(2).
 - ⁶³ NDIS Act s 7(2).
 - ⁶⁴ NDIS Act s 100(2).
 - ⁶⁵ NDIS Act s 100(2).
 - ⁶⁶ NDIS Act s 19(2).
 - ⁶⁷ NDIS Act s 19(2)(c).
 - ⁶⁸ NDIS Act s 102.
 - ⁶⁹ NDIS Act s 19(2)(d).



Leaving the NDIS

Quick summary: There are different reasons you might leave the NDIS. For most participants, it's a choice to leave and you might not want to be a participant anymore because you've met your goals. Or you might not meet the eligibility requirements anymore. There are different processes for leaving the NDIS depending on the reason you're leaving. If you leave, you're no longer a participant, and won't be able to get NDIS supports. But we can still help you connect to other government and community services. If things change, you can always apply again, and we'll let you know if you're eligible.

What's on this page?

This page covers:

- [What do we mean by leaving the NDIS?](#)
- [What if you don't want to be an NDIS participant anymore?](#)
- [What if you start getting supports from aged care services?](#)
- [Are you still eligible for the NDIS?](#)
- [What happens after you leave the NDIS?](#)
- [What happens when a participant dies?](#)

You might also be interested in:

- [Applying to the NDIS](#)
- [Younger people in residential aged care](#)
- [Your plan](#)
- [Reviewing our decisions](#)

What do we mean by leaving the NDIS?

When you leave the NDIS, you won't be an NDIS participant anymore. You won't have an NDIS plan or get any NDIS supports.

You can choose to leave the NDIS any time. You'll also leave the NDIS if you're no longer eligible.



Some participants will stay with the NDIS for their whole life. Other participants may need the NDIS for a shorter period. The length of time that you stay eligible for the NDIS depends on your individual situation and disability support needs.

There are a number of situations where you might leave the NDIS:

- [You don't want to be a participant any more.](#)¹
- [You move into residential aged care permanently for the first time after you've turned 65.](#)²
- [You start getting home care services provided by aged care permanently for the first time after you've turned 65.](#)³
- [You're no longer eligible for the NDIS.](#)⁴ This includes when children with developmental delay turn 6 years old and no longer meet the early intervention requirements or the disability requirements.

Participants also leave NDIS when they die.⁵ Learn more about [what happens with NDIS supports when a participant dies.](#)

What if you don't want to be an NDIS participant anymore?

You can choose to leave the NDIS at any time, if you no longer want to be a participant.

This might be because you have met your goals or have developed your skills and independence and don't need the NDIS anymore.

You can always [contact us](#) if you want to talk about whether leaving the NDIS is the best option for you.

If your situation changes after you leave, you can always apply again, and we'll let you know if you're eligible.

How do you let us know you want to leave the NDIS?

If you want to leave the NDIS, you'll need to let us know in writing.⁶

You can fill in the [Leaving the NDIS](#) form. You can also email or send a letter to let us know that you want to leave the NDIS. You can also [contact us](#) if you'd like some help.

There are services in the community you can contact if you need supports after you leave. A [local area coordinator](#) or [early childhood partner](#) can help you find local supports that aren't funded by the NDIS. They can still help you even if you're not a participant anymore.



If you choose to leave, just remember:

- Your plan ends on the day you let us know in writing that you wish to leave.⁷
- You can't use your NDIS funding once you let us know in writing that you wish to leave.⁸
- You'll no longer be an NDIS participant.⁹

If you want to become a participant again, you'll need to reapply. If you reapply, there's no guarantee you'll become a participant again. You'll need to meet all the eligibility requirements.

Remember, to be eligible for the NDIS, you must be younger than 65 on the day you apply. If you're turning 65 soon and want to apply again after you leave, [contact us](#) so we can help you apply on time.

Learn more about the [eligibility requirements](#).

If we stop your NDIS plan because you ask to leave, you can't ask for an internal review. This is because when you write to us and ask to leave the NDIS, the law says we need to:

- remove you from the NDIS, and
- end your plan, without us needing to make a reviewable decision.

Learn more about [what decisions can be reviewed](#).

What if you start getting supports from aged care services?

Aged care services are funded by the [Department of Health Aged Care system](#)¹⁰ and include residential aged care services and home care services.

Home care services are supports you can get to help with your daily life. They include things like personal care for you in your home. When we say home care services, we mean services funded by the [Department of Health Aged Care system](#).

What if you move into residential aged care?

You'll leave the NDIS if you move into a residential aged care service permanently for the first time after you turn 65.¹¹ When we say residential aged care services, we mean services funded by the [Department of Health and Aged Care system](#).¹²



The supports you get in residential aged care can be different from NDIS supports outside aged care facilities. Find out more about residential aged care services on the [Department of Health and Aged Care website](#).

If you leave the NDIS because you move into residential aged care permanently, you can't ask for an internal review. This is because the law says we must remove you from the NDIS, without us needing to make a reviewable decision.¹³ Learn more about [what decisions can be reviewed](#).

Example

Vish is 66 and is an NDIS participant. Vish was living by himself but decides to permanently move into residential aged care for the first time. The law says Vish then stops being a participant and he leaves the NDIS.¹⁴

The aged care system is now responsible for all Vish's support needs. Vish can't ask for an internal review of this decision. Vish also can't become a participant again, as he is older than 65.

What if you were already in residential aged care before you turned 65?

If you were already living in residential aged care before you turn 65, you can still be an NDIS participant after you turn 65.

Learn more about [younger people in residential aged care](#).

Once you turn 65, you can also choose to leave and get support from the aged care system instead. If you want to leave the NDIS, you'll need to let us know in writing.

If you choose to leave the NDIS, you can't ask for an internal review. This is because if you ask in writing to leave the NDIS, then the law says we must remove you from the NDIS, without us needing to make a reviewable decision. Learn more about [what decisions can be reviewed](#).

Example

At age 50, Jane permanently moved into an aged care facility.

She was found eligible for the NDIS when she was 64.

Jane is now 66. She can choose to stay in residential aged care, but she decides to move out and live with her children.

Jane is still an NDIS participant, so she talks to her planner about her goal of moving out of residential aged care. Jane gives assessments and reports from her treating health professionals, so we understand her capabilities and support needs.



Jane and her planner create a plan which includes the reasonable and necessary supports Jane needs. She uses her NDIS funding to support her to live with her children.

What if you start getting home care services from the aged care system?

Home care services are supports you can get to help with daily life. They include things like personal care for you in your home. When we say home care services, we mean services funded by the Department of Health and Aged Care system.

You must leave the NDIS if you start getting home care services permanently for the first time after you turn 65.¹⁵ You can't ask for an internal review. This is because the law says you must leave the NDIS when this occurs, without us needing to make a reviewable decision.

Learn more about [what decisions can be reviewed](#).

Home care services can be different from the supports you get with your NDIS funding. Find out more about home care services on the [Department of Health and Aged Care website](#).

Example

Kirsty just turned 65 and is an NDIS participant. She has an NDIS plan and currently gets 10 hours a week of personal care supports for her disability support needs.

Since she turned 65, she's now eligible for home care services with aged care funding. She must decide if she'll start using these aged care services.

If she starts getting home care services with aged care funding permanently, she must leave the NDIS.

She can keep getting NDIS supports that meet the NDIS funding criteria for her disability support needs until she gets aged care home care services permanently. Or if she moves into residential aged care permanently.¹⁶

Are you still eligible for the NDIS?

There are different reasons for leaving the NDIS. This might happen if you're no longer eligible. You're no longer eligible for the NDIS if you:

- [don't live in Australia anymore](#)¹⁷
- [are no longer an Australian citizen or permanent resident](#)¹⁸
- [no longer meet the disability requirements](#) or [early intervention requirements](#).¹⁹



If we have information that tells us you might not be eligible for the NDIS anymore, we will explain this to you. You'll then have an opportunity to give us evidence to show that you are still eligible. If, after this, we believe you are no longer eligible, we'll send you a letter that will let you know:²⁰

- your status as a participant has been revoked
- the date when you'll leave the NDIS.

This is a reviewable decision. Learn more about [reviewable decisions](#).

Learn more about the [eligibility requirements](#).

Do you still live in Australia?

You'll need to live in Australia to stay an NDIS participant.²¹ If you leave Australia permanently, you won't be eligible anymore, and we may decide to revoke your participant status.²²

You'll probably still meet the residence requirements if you leave Australia for a short time. If you're temporarily outside Australia for more than 6 weeks in a row, you'll usually still be an NDIS participant but may not be able to use your NDIS funding.²³ Learn more about [when we suspend your plan](#).

Are you still an Australian citizen or permanent resident?

To remain a participant, you'll need to either:²⁴

- be an Australian citizen
- have a [permanent residency visa](#)
- have a [protected special category visa](#) – this is only for some New Zealand citizens

For example, we may decide to revoke your participant status if your permanent residency visa is cancelled.

If you joined the NDIS from a [New South Wales prescribed program](#) and your residency or citizenship status changes, you'll remain eligible for the NDIS.

Do you still meet the early intervention requirements?

If you're eligible under the **early intervention requirements**, your support needs are more likely to change. We'll check each time we reassess your plan whether you still meet the early intervention requirements.

If you've benefitted from early intervention supports, you might have built your skills and increased your capacity so you may no longer need NDIS supports.



If you no longer meet the early intervention requirements, we'll check if you meet the [disability requirements](#).

What happens when a child with developmental delay turns 6 years old?

If we decided a child met the early intervention requirements for their developmental delay, they're usually no longer eligible after they turn 6.

This is because they will no longer meet the eligibility criteria under developmental delay. To remain an NDIS participant after they turn 6, the child will need to have an impairment that's likely to be permanent. They will also need to meet either the disability requirements or the early intervention requirements.

We'll talk to families or carers before a child turns 6 and explain what information we need to decide if the child is still eligible.

Learn more about the [disability requirements](#) and the [early intervention requirements](#).

Example

Sarah is 6 years old. Sarah was eligible for the NDIS under the early intervention requirements for developmental delay and has been receiving early childhood supports since age 4.

At age 4, Sarah had problems with her speech. Her parents and other children couldn't understand her, and Sarah found it hard to manage her frustration. At age 5, Sarah's early childhood partner explained to her parents that Sarah would most likely leave the NDIS after she turns 6.

By age 6, Sarah had achieved many of the goals her parents had set for her, including improved speech, communication, social and cognitive skills. Sarah's therapy provider reports that she no longer needs early childhood intervention supports.

Sarah's early childhood partner talks to her parents about the NDIS early intervention eligibility requirements, and explains that Sarah no longer needs NDIS supports. Sarah leaves the NDIS.

Sarah can still get mainstream and community supports. For example, her teacher can help set up the supports she needs at school. Sarah also joins a gymnastic and dancing class.

If Sarah's situation changes and she needs NDIS supports in the future, her parents can apply for the NDIS again.



Do you still meet the disability requirements?

If you were eligible under the **disability requirements**, it's likely you'll need the NDIS for a long time. This means you won't have to prove your disability every time we change your plan.

If at any time your disability support needs or situation changes, we may need to check your supports or NDIS eligibility. We'll contact you if this happens.

What happens if we check your NDIS eligibility?

We may check your eligibility if evidence shows you may no longer be eligible. This could mean you no longer meet one or more of the residence, disability or early intervention requirements.

When you became an NDIS participant, you would have met either the disability requirements or the early intervention requirements.

If you're not sure which requirements you met, check the access decision letter we sent you when we decided you were eligible. You can also [contact us](#).

If we check and it looks like you no longer meet the eligibility requirements, we may reassess your eligibility. We call this an **eligibility reassessment**. If we decide to start an eligibility reassessment, we'll let you know and you will be given the chance to give evidence that you continue to meet the eligibility requirements.

After the eligibility reassessment process has finished, we may decide that you're still eligible. Or we may revoke your status as a participant if the evidence shows you don't meet:

- the residency requirements, and/or
- the disability requirements or the early intervention requirements.²⁵

If you're still eligible, you'll remain a participant. You can keep using your supports.

If we revoke your status, you'll leave the NDIS.

How do we let you know we're doing an eligibility reassessment?

We'll send you a letter to let you know we're doing an eligibility reassessment. We'll also contact you by your preferred contact method, such as by phone or email, to let you know.

You can still use the supports in your plan during the eligibility reassessment.

If your plan is being reassessed at the same time as the eligibility reassessment, you might get a new plan while we're doing the eligibility reassessment.



If we start doing an eligibility reassessment, we'll let you know we're thinking about whether we should revoke your status as a participant. We'll also let you know what specific eligibility requirements we don't think you meet.

We'll then give you an opportunity to explain if you think you still meet the requirements. You can also give us any relevant information or evidence that shows this.

We'll tell you what information and evidence we might use to make our decision. We'll also tell you any areas we think there's not enough evidence to show us you're still eligible.

How much time will you have to give us more information?

We will usually give you **28 days** from the date of our first letter, so you can explain if you think you meet the requirements. This gives you an opportunity to give us any extra information or evidence to help us make the right decision.

If you don't respond or if it looks like you might not be eligible, we'll send you a reminder to gather any relevant information or documents. Then we'll decide if you're still eligible.

If you're having trouble getting the information we need within the timeframe, [let us know](#). If you think this timeframe is not reasonable because of your particular situation, we may be able to give you more time.

You'll need to tell us why you need more time, and how much extra time you need. For example, there could be a delay in getting information from your treating professional. If so, we could give you more time so you can get the information and send it to us.

Generally, we'll only give you one extension of time. This is because the first extension should give you a reasonable opportunity to give us the evidence. You'll need to talk to us about your situation. If you need another extension, you'll need to explain why you need more time again and how much extra time you need.

Example 1

Pai is 14 years old. We decided she was eligible for the NDIS under the early intervention requirements.

A recent report from her occupational therapist shows us that Pai has significantly improved her skills and achieved her goals over the last few years. The report also told us Pai can now manage her day-to-day tasks independently.

We contact Pai and her family to let them know we have started an eligibility reassessment, and to explain why we're checking whether she's still eligible. We also give them the opportunity to give us more information to help us make the right decision.



Pai and her family will have 56 days to give us more information before we decide whether she's still eligible.

The next day, Pai's parents call her occupational therapist to book an appointment. The occupational therapist is currently on holiday. The earliest time they can book an appointment and send us a report is 60 days away.

Pai's family asks if they could have 60 days to give us the report. Pai's family let us know this was the first appointment they could get, and why they need the report from the occupational therapist and not another professional.

It's reasonable to give Pai's family more time. We decide to give Pai's family 60 days to get the information to us.

Example 2

Nathan is 35 years old. We decided he was eligible for the NDIS under the disability requirements.

A recent report from Nathan's physiotherapist shows us that his functional capacity has improved. Based on this information, we think Nathan might not be eligible anymore, and start an eligibility reassessment to check whether he's still eligible. Nathan has 56 days to give us more information before we make a decision.

Nathan doesn't call his physiotherapist to book an appointment until 20 days after we let him know about the eligibility reassessment. There's an appointment available in the next few days. But Nathan decides to book an appointment 6 weeks after that, because he'll be visiting friends near his physiotherapist that day.

Nathan asks if he could have 62 days to give us the report. We don't think it's reasonable to give Nathan more time. There was an appointment available within the time we gave him, and Nathan could have tried to book an appointment much sooner.

After 28 days, we send Nathan another letter because it seems like he might not be eligible.

If Nathan doesn't give us more information by the end of the 56 days, we'll decide whether he's still eligible based on the information we have. If we don't have enough evidence to show us he's still eligible, we may decide to revoke his status as a participant.

We let Nathan know we can't give him more time. Nathan decides to make an earlier appointment with his physiotherapist.

What if you don't give us more information or ask for more time?

If you don't respond to our letter or ask for more time, we will then make our decision based on the information we have.



If we don't have enough evidence that you're eligible, we'll generally decide to revoke your status as a participant. This means you'll leave the NDIS.

Example

Jim is 40 years old. We decided he was eligible for the NDIS under the disability requirements. He transitioned from state government disability services under a [defined program](#). We don't have enough evidence that he's still eligible for the NDIS.

We start doing an eligibility assessment to check whether Jim is still eligible for the NDIS. We contact Jim to let him know that we started an eligibility reassessment and explain why we're checking whether he's still eligible.

We also give Jim the opportunity to give us more information to show us he's still eligible. Jim will have 56 days to give us the information before we decide whether he's still eligible.

After 28 days, we contact Jim to tell him which requirements he might not meet and ask him to give us more information.

Jim doesn't ask for more time and doesn't give us more information within the remaining 28 days. We'll then need to make a decision based on the information we have. If we don't have enough evidence to show us he's still eligible, we may decide to revoke his status as a participant.

How do we decide if you're still eligible for the NDIS?

We'll look at all relevant information against the eligibility requirements to decide if you're still eligible for the NDIS. We'll do this after:

- we let you know that we're reassessing your eligibility, and what specific eligibility requirements we're looking at
- we let you know what information and evidence we might use to make our decision
- you've had a reasonable opportunity to explain why you still meet the requirements and to give us more information
- we look at any extra information or evidence you give us about why you think you're still eligible.

The person who reassesses your eligibility and decides if you're still eligible will be one of our staff. They will be different from the people who first decided that you're eligible, and the people who approved your plans. They will also be someone who doesn't have a personal interest in whether you're a participant or know you, other than through the NDIS.



If the information and evidence shows us you're still eligible, you'll remain a participant. You can keep using your supports.

You may have been eligible under the early intervention requirements but give us evidence you now meet the disability requirements. If so, we'll change our records to show you now meet the disability requirements. This means we won't revoke your status as a participant, and you will remain an NDIS participant.

If we believe based on the evidence that you're not eligible, we'll revoke your status as a participant. This means you won't be a participant anymore and you'll leave the NDIS.

We'll contact you by your preferred contact method to explain our decision. We'll also send you a letter with our decision and our reasons, and the date your participant status will be revoked.

Example

Ayesha is 6 years old. She has just started school. Ayesha was eligible for the NDIS under the early intervention requirements for developmental delay and has been receiving early childhood supports since age 3. There is no evidence to indicate that Ayesha has a condition that is likely to be permanent.

Ayesha's parents are happy with Ayesha's progress but would like her to be more confident when playing with her peers and interacting with adults. They think Ayesha needs ongoing support for her speech and communication.

At her plan reassessment, the information and evidence we have makes us think Ayesha no longer meets the early intervention requirements. Before we make the decision, we give Ayesha's family the opportunity to give us more information about Ayesha's functional capacity. We tell Ayesha's family what we need and allow 56 days for them to give us the information.

The report from Ayesha's therapy provider confirms that Ayesha still needs some help with her communication but that her school and parents can continue to support this. There are no other concerns with Ayesha's development.

We decide Ayesha has made progress towards her goals and the early supports she has received have reduced her need for funded supports. Because Ayesha's functional capacity has improved, she no longer needs NDIS supports to pursue her goals. We talk to Ayesha's parents about the NDIS early intervention eligibility requirements and explain that Ayesha no longer needs NDIS supports as the support she is receiving through her mainstream and community supports are meeting Ayesha's needs. Ayesha leaves the NDIS and gets ongoing support for her speech and communication from her school and her parents. They use the strategies Ayesha's early childhood partner helped them put into place.



What if you don't agree with our decision?

If you don't agree with our decision to revoke your status as a participant of the NDIS, you should talk to us. Your planner, local area coordinator or early childhood partner can help explain our decision, answer any questions and explore next steps.

You can also ask for an internal review of our decision to revoke your status as a participant.²⁶ This means one of our staff, who wasn't involved in the original decision, will decide if we made the correct decision.

You'll need to ask for an internal review within 3 months after we tell you in writing that we revoked your status as a participant.²⁷

If you don't agree with the internal review decision, you can then ask for an external review. This means the Administrative Appeals Tribunal will decide if we made the right decision.

Learn more about [internal and external reviews](#).

What if you become a participant again because of an internal or external review?

If an internal or external reviewer decides you're eligible for the NDIS, you'll become a participant again. You'll become a participant again from the date you stopped being a participant.

This means we'll identify the plan you had when you stopped being a participant and put that plan back in place. This plan will continue until we reassess your next plan.

In some situations, you can claim the cost of the reasonable and necessary supports you purchased during the period your participant status was revoked. This is the period between:

- the day you stopped being an NDIS participant
- the day you became a participant again because of the internal or external review decision.

You can only claim funding for reasonable and necessary supports if:

- the reasonable and necessary supports you're claiming were in your plan – the plan that was in place when we revoked your status as a participant²⁸
- there is enough funding remaining in that plan
- you have proof of buying and using the supports, such as a receipt
- you claim the reasonable and necessary supports within **60 days** after you become a participant again.



If your supports are self-managed or plan-managed, you or your plan manager can claim the funding for supports as usual. If your supports are agency-managed, [contact us](#) so we can help you claim the funding for supports. Learn more about [ways to manage your funding](#).

Example

Sharna is a participant and was eligible for the NDIS under the early intervention requirements.

On 1 July, we decide she isn't eligible for the NDIS anymore and revoke her status as a participant. We have evidence she no longer meets either the disability requirements or the early intervention requirements. She can no longer use her plan funding.

Sharna asks for an internal review of this decision. She also gives us more evidence from her doctor and specialists about her impairments, functional capacity and support needs.

On 1 September, the internal reviewer decides to set aside the decision to revoke Sharna from the NDIS. This means Sharna is eligible for the NDIS and becomes a participant again.

We treat Sharna as if she was a participant the whole time. This means we put back the plan that existed when her status as a participant was revoked. Her reinstated plan will remain until it's replaced by a new plan at her next plan reassessment.

Sharna had kept using her disability supports in July and August after her participant status had been revoked. She paid for these supports with her own money and kept the receipts. Sharna can't claim every support, but she can claim reasonable and necessary supports that were included in her NDIS plan before her participant status was revoked.

Sharna self-manages her funding, so she claims the amount she paid for reasonable and necessary supports included in her old plan on the [myplace portal](#).

What happens after you leave the NDIS?

When you leave the NDIS, you're no longer a participant and your plan will stop.²⁹ We can't fund any reasonable and necessary supports after you leave.³⁰

We can help you sort out your final payment requests. If you want help, talk to your local area coordinator, early childhood partner or planner. You can also [contact us](#).

If you leave the NDIS, we'll help you transition by connecting you with other services in your community if you need them. You can also ask your [local area coordinator](#) or [early childhood partner](#) about the supports available in your community.

Under the law, we must keep your information on our records. Learn more about [your privacy and information](#).



What happens when a participant dies?

We recognise the importance of supporting family, carers and support networks when a participant dies.

To give the best support we can during this difficult time, we have specialist staff who can help you work through any remaining NDIS matters. Learn more about [how we can help after a participant dies](#).

When we say 'you' in this section, we mean someone who is a verified contact of the participant in our system and is looking after the participant's matters after they've died.

You might be a:

- spouse
- nominee
- parent or child representative
- court appointed trustee or guardian.

It's important you tell us when a person dies, as they're no longer an NDIS participant, and we'll need to finalise their NDIS record.³¹

You can [contact us](#) in person, or by phone, email or letter when the participant dies. Or you can fill in the [Leaving the NDIS](#) form.

We'll ask for the participant's date of death. We'll also ask who the executor of the estate is if you have this information. This is the person who will be managing the participant's estate. We use this information to help us finalise the participant's NDIS record. This means we'll end the plan and stop their funded supports.

We know this is a difficult time. Where appropriate, we'll offer support to help you work out what you need to do to finalise matters relating to the participant's plan after they die. You can reach out to a local area coordinator, early childhood partner or planner. You can also [contact us](#).

Learn more about [what to do when someone dies](#).

What happens to a participant's NDIS funded supports when they die?

The participant's plan ends the day they die. We can't fund any supports or services purchased or supplied after this date. If the participant's plan manager uses NDIS funds to purchase supports after this date, the plan manager will need to repay us.³²



Also, an NDIS provider will need to repay us if they receive a payment they are not entitled to after the participant's death.³³

For example, the participant may have funding for cleaning services in their NDIS plan. A provider can't claim this funding to purchase cleaning services after the participant dies. If the provider claims the funding, it will need to be repaid to the NDIS.

Sometimes we can pay for supports that were arranged or ordered in writing before the participant died that haven't been paid yet. For example:

- return and payment for rented assistive technology, where the costs are covered by a service agreement entered before the participant died
- assistive technology that has been purchased by the participant but not paid for or delivered – when it fits with the pre-payments guidance of the [Pricing Arrangements and Price Limits](#)
- home or vehicle modifications that were started but haven't been finished
- services that were purchased and provided before the participant died
- cancellation fees covered by a service agreement.

We will make sure that access to the portal is available for a period of **90 days** from the participant's date of death. This is so that reasonable and necessary supports purchased before the participant's death can be claimed. When you contact us, we will talk to you about who the most appropriate person is to have access to the portal to make these claims.

The information in this section is general information only. You should always check the terms of the [service agreement](#) made with the provider. The service agreement can help you work out whether you need to pay providers, and who owns assistive technology, home or vehicle modifications, after a participant dies.

What happens to a participant's assistive technology?

The person managing the estate will need to work with providers to manage the participant's assistive technology in line with the [service agreement](#) that is in place.

Generally, when we have funded assistive technology for the participant, the participant owns it, unless there is an arrangement in place where the participant must give it back to the provider. For example, the participant has a rental or leasing arrangement with an NDIS provider.

If the participant owns the item, the equipment becomes part of their estate when they die. The person managing the estate can choose what to do with the assistive technology.



If the participant was renting assistive technology with NDIS funding, you must return the equipment to the provider. This is because the provider still owns it. This includes if the participant rented a group of assistive technology items, such as through a loan pool or equipment library.

If the participant had a service agreement that includes the costs of returning equipment early, we'll cover costs such as:

- early return fees
- shipment or delivery costs.

What happens when assistive technology has been ordered but not delivered?

If the participant dies before getting assistive technology that was in their plan, we'll pay any pre-payment fees that haven't been paid if:

- the fees are in line with our pre-payment's guidance in the [Pricing Arrangements and Price Limits](#), and
- the item was ordered before the participant died.

If full payment is made, the assistive technology is the property of the estate.

What if the participant had an assistance animal or dog guide?

The person managing the estate may need to look at any service agreement and may wish to talk to the participant's provider. They can discuss with them what options are available for the assistance animal or dog guide.

What happens to a participant's home and vehicle modifications?

The person managing the estate will need to work with the provider to manage the participant's home or vehicle modifications in line with the [service agreement](#) that's in place.

After the participant dies, you can usually still claim funding for home modifications or vehicle modifications if the modifications were purchased before the participant died. This is if the provider hasn't been paid the final payment.

If the participant dies before approved home or vehicle modifications are finished, the provider should discuss options with the nominee or executor within the scope of the [service agreement](#).

This may mean completing modifications to make the building or vehicle safe and suitable for more general use. But if the modifications continue, they shouldn't include specific features required by the participant who died.



Remember, we can help you work out what to do about the participant's plan after they die. You can reach out to a local area coordinator, early childhood partner or planner. You can also [contact us](#).

What can service providers claim?

Service providers can claim for reasonable and necessary supports purchased before the participant's death under a service agreement. They have **90 days** from the participant's date of death to make a claim.

If the funding was [plan managed](#), the plan manager will need to claim any funding for supports purchased before the participant's death. Plan managers can claim the plan management fee for the month of the participant's death for this purpose, if this forms part of their service agreement.

When can providers claim cancellation fees?

In some situations, providers can claim a cancellation fee if they had short notice of the participant's death. Providers can claim the fee according to the conditions in the [service agreement](#) and the [Pricing Arrangements and Price Limits](#).

If the participant lived in Specialist Disability Accommodation, the Specialist Disability Accommodation provider can claim vacancy costs in some situations. We have more information in the [SDA Pricing Arrangements and Price Limits](#).

Do we disclose information about a participant's death?

There are some situations where we may disclose information about the participant's death. For example, we may need to disclose this information to:

- finalise outstanding service bookings
- help arrange removal or disposal of assistive technology
- stop delivery services.

We can only disclose information about the deceased participant in certain situations, where it's in the public interest to do so.³⁴

We may disclose information when:

- there is no reason to think the deceased participant wouldn't want their information disclosed
- the information is needed for a genuine reason, such as to help administer the deceased participant's estate



- the information isn't available from another source.

The people we may talk to include:

- a family member, guardian or support person
- a correspondence nominee, plan nominee or child representative
- a service provider that was providing supports to the participant – they will need to know as soon as possible since they can't claim funding after the participant dies
- an executor administering the estate
- a Commonwealth, State or Territory department or authority
- a lawyer or legal representative that was supporting the participant.

If you have any questions about why we've disclosed details about the participant's death, you can always [contact us](#).



Appendix A: New South Wales prescribed programs

We may have decided you were eligible because you had support from one of the following programs in New South Wales. If so, you will remain eligible for the NDIS even if your residency or citizenship status changes. This also includes if you were eligible under one of these programs, but now live in a different state or territory.

These programs were provided to residents of New South Wales, and were administered by the New South Wales Department of Family and Community Services for people younger than 65.

New South Wales programs:

Large Residential Centres

- Large Residential Centre/Institution.

Group Home

- Small Residential Centre/Institution
- Group Homes.

Community High

- Hostels
- Attendant Care
- In-home Accommodation Support
- Alternative Family Placement
- Other Accommodation Support.

Community Support

- Therapy Services for Individuals
- Early Childhood Intervention
- Behaviour/Specialist Intervention
- Counselling
- Regional Resource and Support Teams
- Case Management, Local Coordination and Development
- Other Community Support.



Community Access

- Learning and Life Skills Development
- Recreation/Holiday Programs
- Other Community Access.

Respite

- Own Home Respite
- Centre-based Respite/Respite Homes
- Host Family Respite/Peer Support Respite
- Flexible/Combination Respite
- Other Respite.

Community Care

- Domestic assistance
- Social support
- Nursing care received at home or at centre/other
- Allied health care received at home or at centre/other by intervention type
- Personal care
- Centre-based day care
- Other food services
- Respite care
- Assessment including screening (client)
- Assessment including screening (carer)
- Case management
- Client care coordination (client)
- Client care coordination (carer)
- Home maintenance
- Counselling/support, information and advocacy (client)
- Counselling/support, information and advocacy (carer)



- Meals received at home or at centre/other
- Goods and equipment (self-care aids, support and mobility aids, communication aids, aids for reading, medical care aids, car modifications, other goods/equipment)
- Formal linen services
- Transport - Client – number of one-way individual or group trips by purpose
- Home modification.

Commonwealth programs

- Better Start for Children with Disability
- Disability Employment Assistance: Australian Disability Enterprises
- Helping Children with Autism
- Younger Onset Dementia Key Worker Program
- Outside School Hours Care for Teenagers with Disability
- Remote Vision and Hearing Services.



Reference list

- ¹ NDIS Act s 29(1)(d).
- ² NDIS Act s 29(1)(b).
- ³ NDIS Act s 29(1)(b).
- ⁴ NDIS Act ss 29(1)(c), 30.
- ⁵ NDIS Act s 29(1)(a).
- ⁶ NDIS Act s 29(1)(d).
- ⁷ NDIS Act ss 29(1)(d), 37(3)(b).
- ⁸ NDIS Act ss 30(1)(d), (2).
- ⁹ NDIS Act s 29(1)(d).
- ¹⁰ NDIS Act s 29(1)(b); Residential care service has the same meaning as in the Aged Care Act 1997.
- ¹¹ NDIS Act s 29(1)(b).
- ¹² NDIS Act s 29(1)(b); Residential care service has the same meaning as in the Aged Care Act 1997.
- ¹³ NDIS Act ss 29(1)(b), 99, 100.
- ¹⁴ NDIS Act s 29(1)(b).
- ¹⁵ NDIS Act s 29(1)(b).
- ¹⁶ NDIS Act s 29(1)(b).
- ¹⁷ NDIS Act ss 23(1)(a), 30(1)(a).
- ¹⁸ NDIS Act ss 23(1)(b), 30(1)(a).
- ¹⁹ NDIS Act ss 24, 25, 30(1)(b)(i)-(ii).
- ²⁰ NDIS Act s 30(2).
- ²¹ NDIS Act ss 23(1)(a), 23(2), 30(1)(a).
- ²² NDIS Act ss 23(1)(a), 23(2), 30(1)(a).
- ²³ NDIS Act s 40.
- ²⁴ NDIS Act s 23(1)(b).
- ²⁵ NDIS Act s 30(1)(b).
- ²⁶ NDIS Act s 100.
- ²⁷ NDIS Act s 100(2).
- ²⁸ NDIS Act s 46(1).
- ²⁹ NDIS Act ss 29, 37(3)(b).
- ³⁰ NDIS Act s 29(2).
- ³¹ NDIS Act s 29(1)(a).
- ³² NDIS Act ss 46(1), 182(3).
- ³³ NDIS Act ss 182(1)-(2).
- ³⁴ NDIS Act s 66(1)(a) – Public Interest Certification For The Release Of Protected Agency Information Relating To Deceased Participants dated 28 April 2020.



Leaving the NDIS

Quick summary: There are different reasons you might leave the NDIS. For most participants, it's a choice to leave. You might not want to be a participant anymore because you've met your goals. Or you might not meet the eligibility requirements anymore. There are different processes for leaving the NDIS depending on the reason you're leaving. If you leave, you're no longer a participant, and won't be able to get NDIS supports. [NDIS supports](#) are the services, items and equipment that can be funded by the NDIS. If you leave, we can still help you connect to other government and community services and if things change, you can apply again.

What's on this page?

This page covers:

- [What do we mean by leaving the NDIS?](#)
- [What if you don't want to be an NDIS participant anymore?](#)
- [What if you start getting supports from aged care services?](#)
- [Are you still eligible for the NDIS?](#)
- [What happens if we check your NDIS eligibility?¹](#)
- [What happens after you leave the NDIS?](#)
- [What happens when a participant dies?](#)

You might also be interested in:

- [Applying to the NDIS](#)
- [Younger people in residential aged care](#)
- [Your plan](#)
- [Reviewing our decisions](#)

What do we mean by leaving the NDIS?

When you leave the NDIS, you won't be an NDIS participant anymore. You won't have an NDIS plan or get NDIS supports.

You can choose to leave the NDIS any time. You'll also leave the NDIS if you're no longer eligible or if your NDIS status is revoked. Learn more about [when you can be revoked as a participant](#).

Some participants will stay with the NDIS for their lifetime. Other participants may need the NDIS for a shorter period. The length of time you stay eligible for the NDIS depends on your individual situation and the NDIS supports you need for your disability.

There are a number of situations where you might leave the NDIS:

- [You don't want to be a participant any more.](#)²
- [You move into residential aged care permanently for the first time after you've turned 65.](#)³
- [You start getting home care services provided by aged care permanently for the first time after you've turned 65.](#)⁴
- [You're no longer eligible for the NDIS.](#)⁵ This includes when children with developmental delay turn 6 and no longer meet the requirements for early intervention, disability, or both.
- [Your NDIS status is revoked.](#)

Participants also leave NDIS when they die.⁶ Learn more about [what happens with NDIS supports when a participant dies.](#)

What if you don't want to be an NDIS participant anymore?

You can choose to leave the NDIS at any time, if you no longer want to be a participant.

This might be because you have met your goals or have developed your skills and independence and don't need the NDIS anymore.

You can always [contact us](#) if you want to talk about whether leaving the NDIS is the best option for you.

If your situation changes after you leave, you can always apply again, and we'll let you know if you're eligible.

How do you let us know you want to leave the NDIS?

If you want to leave the NDIS, you'll need to let us know in writing.⁷

You can fill in the [Leaving the NDIS](#) form. You can also email or send a letter to let us know that you want to leave the NDIS. You can also [contact us](#) if you'd like some help.

There are services in the community you can contact if you need supports after you leave. A [local area coordinator](#) or [early childhood partner](#) can help you find local supports that aren't NDIS supports. This includes mainstream and community services available outside the NDIS. Learn more about [mainstream and community supports.](#)

If you choose to leave, remember:

- Your plan ends on the day you let us know in writing that you wish to leave.⁸
- You can't use your NDIS funding once you let us know in writing that you wish to leave.⁹
- You'll no longer be an NDIS participant.¹⁰

If you want to become a participant again, you'll need to reapply. If you reapply, there's no guarantee you'll become a participant again. You'll need to meet all the eligibility requirements. This includes the requirement that you must be younger than 65 on the day you apply.¹¹

Learn more about the [eligibility requirements](#).

If we stop your NDIS plan because you ask to leave, you can't ask for an internal review. This is because when you write to us and ask to leave the NDIS, the law says we need to:

- remove you from the NDIS¹², and
- end your plan, without us needing to make a reviewable decision.¹³

Learn more about [what decisions can be reviewed](#).

What if you start getting supports from aged care services?

Aged care services are funded by the [Department of Health Aged Care system](#)¹⁴ and include residential aged care services and home care services.

Home care services are supports you can get to help with your daily life. They include things like personal care for you in your home. When we say home care services, we mean services funded by the [Department of Health Aged Care system](#).

What if you move into residential aged care?

You'll leave the NDIS if you move into a residential aged care service permanently for the first time after you turn 65.¹⁵ When we say residential aged care services, we mean services funded by the [Department of Health and Aged Care system](#).¹⁶

The supports you get in residential aged care can be different from NDIS supports outside aged care facilities. Find out more about residential aged care services on the [Department of Health and Aged Care website](#).

If you leave the NDIS because you move into residential aged care permanently, you can't ask for an internal review. This is because the law says we must remove you from the NDIS,

without us needing to make a reviewable decision.¹⁷ Learn more about [what decisions can be reviewed](#).

Example

Vish is 66 and is an NDIS participant. Vish was living by himself but decides to permanently move into residential aged care for the first time. The law says Vish then stops being a participant and he leaves the NDIS.¹⁸

The aged care system is now responsible for all Vish's support needs. Vish can't ask for an internal review of this decision. Vish also can't become a participant again, as he is older than 65.

What if you were already in residential aged care before you turned 65?

If you were already living in residential aged care before you turn 65, you can still be an NDIS participant after you turn 65.

Learn more about [younger people in residential aged care](#).

Once you turn 65, you can also choose to leave and get support from the aged care system instead. If you want to leave the NDIS, you'll need to let us know in writing.

If you choose to leave the NDIS, you can't ask for an internal review. This is because if you ask in writing to leave the NDIS, then the law says we must remove you from the NDIS, without us needing to make a reviewable decision¹⁹. Learn more about [what decisions can be reviewed](#).

Example

At age 50, Jane permanently moved into an aged care facility.

She was found eligible for the NDIS when she was 64.

Jane is now 66. She can choose to stay in residential aged care, but she decides to move out and live with her children.

Jane is still an NDIS participant, so she talks to her planner about her goal of moving out of residential aged care. Jane gives assessments and reports from her treating health professionals, so we understand her capabilities and support needs.

Jane and her planner create a plan. Jane's plan includes the NDIS supports Jane needs. She uses her NDIS supports to work towards her goal of living with her children.

What if you start getting home care services from the aged care system?

Home care services are supports you can get to help with daily life. They include things like personal care for you in your home. When we say home care services, we mean services funded by the Department of Health and Aged Care system.

You must leave the NDIS if you start getting home care services permanently for the first time after you turn 65.²⁰ You can't ask for an internal review. This is because the law says you must leave the NDIS when this occurs, without us needing to make a reviewable decision.²¹

Learn more about [what decisions can be reviewed](#).

Home care services can be different from NDIS supports. Find out more about home care services on the [Department of Health and Aged Care website](#).

Example

Kirsty just turned 65 and is an NDIS participant. She uses her NDIS supports to fund 10 hours a week of personal care.

Since she turned 65, she's now eligible for home care services with aged care funding. She must decide if she'll start using these aged care services.

If she starts getting home care services with aged care funding permanently, she must leave the NDIS.

She can keep getting NDIS supports until she permanently gets aged care home care services or moves into residential aged care permanently.²²

Are you still eligible for the NDIS?

There are different reasons for leaving the NDIS. This might happen if you're no longer eligible.

You're no longer eligible for the NDIS if you:

- [don't live in Australia anymore](#)²³
- [are no longer an Australian citizen or permanent resident](#)²⁴
- [no longer meet the disability requirements](#) or [early intervention requirements](#).²⁵
- If we have information that tells us you might not be eligible for the NDIS anymore, we may check your eligibility.

Learn more about [What happens if we check your NDIS eligibility?](#)

Do you still live in Australia?

You'll need to live in Australia to stay an NDIS participant.²⁶ If you leave Australia permanently, you won't be eligible anymore, and we may decide to revoke your participant status.²⁷ Learn more about [when you can be revoked as a participant](#).

You'll probably still meet the residence requirements if you leave Australia for a short time. If you're temporarily outside Australia for more than 6 weeks in a row, you'll usually still be an NDIS participant but may not be able to use your NDIS funding.²⁸ Learn more about [when we suspend your plan](#).

Are you still an Australian citizen or permanent resident?

To remain a participant, you'll need to either:²⁹

- be an Australian citizen.
- have a [permanent residency visa](#)
- have a [protected special category visa](#) – this is only for some New Zealand citizens.

For example, you may have to leave the NDIS if your permanent residency visa is cancelled.

If you joined the NDIS from a [New South Wales prescribed program](#) and your residency or citizenship status changes, you'll remain eligible for the NDIS.

Do you still meet the early intervention requirements?

If you're eligible under the **early intervention requirements**, your support needs are more likely to change. We'll check each time we reassess your plan whether you still meet the early intervention requirements.

If you've benefitted from early intervention NDIS supports, you might have built your skills and increased your capacity. You may no longer need NDIS supports.

If you no longer meet the early intervention requirements, we'll check if you meet the [disability requirements](#).

What happens when a child with developmental delay turns 6 years old?

If we decided a child met the early intervention requirements because of their developmental delay, they're usually no longer eligible after they turn 6.

This is because they will no longer meet the eligibility criteria under developmental delay. To remain a NDIS participant after they turn 6, the child will need to meet the requirements for disability, early intervention, or both. This requires the child to have an impairment that's likely to be permanent.

We'll talk to families or carers before a child turns 6. We'll explain what information we need to decide if the child is still eligible.

Learn more about the [disability requirements](#) and the [early intervention requirements](#).

Example 1

Sarah is 6 years old. Sarah was eligible for the NDIS under the early intervention requirements for developmental delay and has been receiving NDIS supports since age 4.

At age 4, Sarah had problems with her speech. Her parents and other children couldn't understand her, and Sarah found it hard to manage her frustration. At age 5, Sarah's early childhood partner explained to her parents that Sarah would most likely leave the NDIS after she turns 6.

By age 6, Sarah achieved many of the goals her parents set for her, including improved speech, communication, social and cognitive skills. Sarah's therapy provider reports she no longer needs early intervention supports.

Sarah's early childhood partner talks to her parents about the NDIS eligibility requirements and explains that Sarah no longer needs NDIS supports. Sarah let us know in writing they want Sarah to leave the NDIS.

Sarah leaves the NDIS, she continues to receive mainstream, and community supports. For example, her teacher can help set up the supports she needs at school. Sarah also joins a gymnastic and dancing class.

If Sarah's situation changes and she needs NDIS supports in the future, her parents understand they apply for the NDIS again.

Example 2

Ayesha was eligible for the NDIS under the early intervention requirements for developmental delay and has been receiving early intervention supports since she was 3.

During check-ins, we have discussed Ayesha's progress and reminded the family that Ayesha's eligibility will be reassessed at age 6, this is because Ayesha will no longer meet the early intervention requirements under developmental delay once she turns 6.

For Ayesha to remain a NDIS participant after she turns 6, she will need to meet the requirements for disability, early intervention, or both. This requires Ayesha to have an impairment that's likely to be permanent.

Ayesha is now 6 years old and has just started school. Ayesha's parents are happy with her progress but would like her to be more confident when playing with her peers and interacting with adults. They think Ayesha needs ongoing support for her speech and communication.

At her plan reassessment, the evidence we have makes us think Ayesha is no longer eligible for the NDIS as there is no evidence to indicate that Ayesha has a condition that is likely to be permanent.

We start an eligibility reassessment.

We send Ayesha's family a letter. The letter explains that based on the information we have Ayesha may no longer meet the eligibility requirements. It explains, that if Ayesha's family

thinks she is still eligible, they need to provide us with evidence. The evidence needs to show that Ayesha meets the requirements for disability, early intervention, or both. Ayesha's family is asked to respond within 28 days from the date of the letter.

Ayesha's family send us a report from Ayesha's therapy provider which confirms she has made progress towards her goals and Ayesha's functional capacity has improved. It indicates that Ayesha still needs some help with her communication but that her school and parents can continue to support this. There are no other concerns with Ayesha's development.

Based on the evidence we have we decided Ayesha no longer meets the requirements for disability, early intervention, or both. We talk to Ayesha's parents about the NDIS eligibility requirements and explain that we have decided Ayesha is no longer eligible.

We send Ayesha's family a letter explaining we have revoked Ayesha's status as a participant. This means Ayesha will no longer be eligible and will leave the NDIS.

Ayesha is supported to leave the NDIS and gets ongoing support for her speech and communication from her school and her parents. They use the strategies Ayesha's early childhood partner helped them put into place.

Do you still meet the disability requirements?

If you were eligible under the **disability requirements**, you'll likely need NDIS supports for your lifetime. This means you won't have to prove your NDIS support needs every time we change your plan.

If at any time your disability support needs or situation changes, we may need to check your NDIS supports or eligibility. We'll contact you if this happens.

What happens if we check your NDIS eligibility?

We may check your eligibility if evidence suggests you may no longer be eligible. This could mean you no longer meet one or more of the residence, disability, or early intervention requirements.

When you became a NDIS participant, you would have met the requirements for disability, early intervention, or from 3 October 2024, you may meet requirements for both disability and early intervention.

If you're not sure which requirements you met, check the access decision letter we sent you when we decided you were eligible. If you have been through an eligibility reassessment before and this was updated, you can find it in the eligibility reassessment outcome letter we sent you. You can also [contact us](#).

If we check, and it looks like you may no longer meet the eligibility requirements, we may reassess your eligibility. We call this an **eligibility reassessment**. If we decide to start an eligibility reassessment, we'll let you know. We'll give you the opportunity to give us more evidence about your NDIS eligibility. Learn more about [How we let you know we're doing an eligibility reassessment](#).

After the eligibility reassessment process has finished, we'll consider the information and decide if you're still eligible. Learn more about [How we decide if you're still eligible for the NDIS](#).

You may have to leave the NDIS if you don't provide us with the specific information, or the evidence shows you don't meet one or more of:

- the residency requirements.
- the disability or early intervention requirements.³⁰

If you're still eligible, you'll remain a participant. You can keep using your NDIS supports.

If we revoke your status, you'll leave the NDIS. Learn more about [when you can be revoked as a participant](#).

How do we let you know we're doing an eligibility reassessment?

We'll send you a letter to let you know we're doing an eligibility reassessment. We'll also contact you by your preferred contact method, such as by phone or email, to let you know.

You can still use the NDIS supports during the eligibility reassessment.

If your plan is being reassessed at the same time as the eligibility reassessment, you might get a new plan while we're doing the eligibility reassessment.

If we start doing an eligibility reassessment, we'll let you know that based on the evidence we have, we're thinking about whether we should revoke your status as a participant. We'll also let you know what eligibility requirements we don't think you meet.

Will we ask you to provide evidence for an eligibility reassessment?

We'll give you an opportunity to explain if you think you still meet these eligibility requirements. You can also give us any relevant information or evidence that shows this.

Sometimes if we don't have enough evidence to make a decision, we will ask you for **specific information or a report** in a format that helps us to make a decision about your eligibility.³¹ We must tell you in writing when you need to provide this.³² We'll only ask you to provide this specific information or report if we can't reasonably get it in a different way³³.

How much time will you have to give us more evidence?

The amount of time you will have to give us more information depends on the type of information we ask for. We will write to you to explain what we need and how much time you have.

Eligibility reassessment - 28 days

If we have evidence which indicates you're no longer eligible, an eligibility reassessment will commence. We will send you a letter to explain why we think you are no longer eligible and give you **28 days to respond**, if you think you still meet the NDIS eligibility requirements. If you don't respond within 28 days, we'll make the decision based on the evidence that we have.

Example: Eligibility reassessment – potential revocation of status as a participant

Pai is 6 years old. When she was 4 we decided she was eligible for the NDIS under the early intervention requirements for developmental delay. We developed a plan with Pai's family with early intervention supports that are likely to benefit Pai. The early intervention supports Pai, and her family receive are NDIS supports.

We have regular check ins with Pai and her family. This helps us understand Pai's progress and the outcomes Pai has achieved. When Pai turns 5, we talk to Pai's parents about the eligibility requirements. We remind them Pai's eligibility will be reassessed once she turns 6. This is because Pai will no longer meet the eligibility requirements under developmental delay. To remain a NDIS participant after she turns 6, Pai will need to have an impairment that's likely to be permanent. Pai will need to meet the requirements for disability, early intervention, or both.

Because Pai is now 6 we start an eligibility reassessment.

We send Pai's parents a letter. The letter explains that based on the information we have, Pai may no longer meet the eligibility requirements. If Pai's family think Pai continues to meet the requirements, they need to provide us with evidence. The evidence needs to show that Pai meets the requirements for disability, early intervention, or both. Pai's parents are asked to respond within **28 days from the date of the letter**.

The next day, Pai's parents call her paediatrician to book an appointment. The paediatrician is currently on holiday. The earliest time they can book an appointment and send us the evidence is 2 months away. Pai's family send us the booking confirmation for Pai's paediatrician appointment.

We think about Pai's current situation. We decide it's reasonable to give Pai's family 2 months to provide more evidence.

Pai's parents provide the evidence in 2 months. We review the evidence. It has the evidence we need to make our decision. We don't need to request further evidence or a report.

Eligibility reassessment – at least 90 days

If we need **specific evidence** to make a decision about your eligibility, we'll ask for this information or a report in a format that helps us to make a decision. We'll give you at least **90 days** to respond.³⁴ We will support you to get this information.

Example: Eligibility reassessment – continuing to meet NDIS eligibility requirements

Jo is 40 years old and lives with cognitive and physical impairments from stroke. We decided Jo was eligible for the NDIS under the early intervention requirements. Jo has been getting NDIS supports for 14 months. We need to understand if early intervention supports have helped Jo, and if Jo will continue to benefit from early intervention supports that are NDIS supports.

We start an eligibility reassessment.

We send Jo a letter. The letter explains that based on the information we have Jo may no longer meet the eligibility requirements. If Jo thinks they continue to meet the eligibility requirements, they need to provide us with evidence. The evidence needs to show that Jo meets the requirements for disability, early intervention, or both. Jo is asked to respond within 28 days from the date of the letter.

Jo responds by giving us notes from a visit with their general practitioner. The note mentions an assessment by Jo's neurologist. It's not enough evidence to decide if Jo meets the requirements for disability, early intervention, or both.

We want to make the right decision. To make the right decision we need evidence from the right treating professional. We send Jo a second letter. The letter helps Jo understand the evidence we need from their treating neurologist. We only request reasonably necessary evidence from Jo. We don't ask Jo to give us their whole medical record, or reports from every neurology appointment they've been to. Jo has **at least 90 days from the date of the letter** to provide us with the report from their neurologist.

We support Jo to get the evidence we need in an approved form. We contact Jo to make sure they understand our letter and the evidence they need to provide. We also ask Jo to let us know if they need more time to send us the report. We may be able to give Jo more time if their request is reasonable. We won't make a decision if Jo explains why, it is reasonable to not provide the report in 90 days.

Jo provides a neurology report within the 90 days. The report explains that while Jo has benefited from early intervention, they continue to have substantially reduced functional capacity and will require NDIS supports for their lifetime. We use this report to decide Jo is

now eligible for the NDIS under the disability requirements. We update Jo's eligibility and help Jo build a new plan with NDIS supports for their current situation.

What if you need more time to give us evidence?

If you think you need more time to provide the evidence or send us the report, [let us know](#). We may be able to give you more time if your request is reasonable. You'll need to tell us why you need more time, and how much time you need. For example, there could be a delay in getting information from your treating professional. If so, we could give you more time so you can get the information and send it to us.

Generally, we'll only give you one extension of time each time we ask you for more information. This is because the first extension should give you reasonable opportunity to give us the information. If you need another extension, you'll need to explain why you need more time again and how much extra time you need.

If you give us the information we have asked for, we'll consider it and decide if you're still eligible. We will ask you for more information if we need more to make a decision about your eligibility.³⁵

How do we decide if you're still eligible for the NDIS?

We'll look at all relevant information against the eligibility requirements to decide if you're still eligible for the NDIS. We'll do this after:

- we let you know we're reassessing your eligibility, and what specific eligibility requirements we're looking at
- we let you know what information we need to make our decision. We'll only ask you to provide this specific information or report if we can't reasonably get it in a different way.
- you've had a reasonable opportunity to give us the information we asked for
- we look at the information you give us.

The person who reassesses your eligibility and decides if you're still eligible will be one of our staff. They will be different from the people who first decided that you're eligible, and the people who approved your plans. They will also be someone who doesn't have a personal interest in whether you're a participant or know you, other than through the NDIS.

If there's information and evidence that shows us you're still eligible, you'll remain a participant. You can keep using your NDIS supports.

You may have been eligible under the early intervention requirements but give us evidence that shows you now meet the disability requirements. If so, we'll change our records to show

you now meet the disability requirements. This means we won't revoke your status as a participant, and you will remain an NDIS participant.

When can you be revoked as a participant?

After we have assessed your eligibility, there are some situations where you can be revoked as a participant, this includes where you have not provided the information we need.³⁶ This means you won't be a participant anymore and you'll leave the NDIS.

We won't make a decision to revoke your status as a participant if it was reasonable for you not to have provided the information in the agreed timeframe.³⁷ We'll consider:

- the timeframe we gave you³⁸
- the timeframe since we were last given relevant information about your eligibility³⁹
- if you or someone representing you has not complied with our requests before⁴⁰
- if there were things outside your control which meant you couldn't get the information to give it to us on time⁴¹
- any other information that may be relevant⁴².

We'll contact you by your preferred contact method to explain our decision. We'll also send you a letter with our decision and our reasons, and the date your participant status will be revoked.⁴³ This date will usually be 28 days from the date the eligibility reassessment decision was made.

Revoking - when you've had an opportunity to respond

If we check your eligibility, and evidence suggests that you may no longer meet the eligibility requirements, we will start an eligibility reassessment. We'll let you know and give you the opportunity to provide us with more evidence about your NDIS eligibility. You'll have an opportunity to respond in 28 days with the necessary information or request an extension of time to obtain the evidence. We will look at the evidence you provide us⁴⁴. If, based on the evidence we believe you're not eligible, we will revoke your status as a participant.⁴⁵

Example

Johan is 7 years old. When he was 3, we decided he was eligible under the early intervention requirements for developmental delay. Marita is Johan's mother and child representative. We haven't completed a check in or plan reassessment in two years. This is because Marita won't respond to us.

Marita self-manages Johan's plan and can see the NDIS funding in Johan's plan is being utilised. Because Johan is now older than 6 his eligibility needs to be reassessed. To remain a NDIS participant after he turns 6, we need to have evidence that Johan has an impairment

that's likely to be permanent, and he meets the requirements for disability, early intervention, or both.

We send Marita a letter. The letter explains that based on the information we have Johan may no longer meet the eligibility requirements. If Marita thinks Johan is still eligible for the NDIS, they need to provide us with evidence. The evidence needs to show that Johan meets the requirements for disability, early intervention, or both. Marita is asked to respond within 28 days from the date of the letter. We try to contact Marita using her preferred contact details several times. We don't hear back within the 28 days. Marita hasn't asked for more time to provide the evidence we need.

We make the decision based on the evidence already available and decide to revoke Johan's status as a participant. We send Marita a letter explaining we have revoked Johan's status as a participant. This means Johan will no longer be eligible and will leave the NDIS.

Revoking - when we've asked for specific information or a report

When we ask you for specific information or a report within 90 days, we will consider whether the information or report was sent to us on time, or within an agreed timeframe. If you don't send us any information within 90 days, or within an agreed timeframe, we will revoke your access to the Scheme⁴⁶.

We will also look at whether the information is in an approved format and an appropriately qualified person completed the assessment or examination.⁴⁷

If you send us the information or report on time and in the correct format, we will use it to decide:

- if we think you're still eligible⁴⁸
- if we need more information to make a decision.⁴⁹

What if you don't agree with our decision?

If you don't agree with our decision to revoke your status as an NDIS participant, you should talk to us. Your planner, local area coordinator or early childhood partner can help explain our decision, answer any questions and explore next steps.

You can also ask for an internal review of our decision to revoke your status as a participant.⁵⁰ This means one of our staff, who wasn't involved in the original decision, will decide if we made the correct decision.

You'll need to ask for an internal review within 3 months after we tell you in writing that we revoked your status as a participant.⁵¹ You can ask us to stop our internal review at any time.⁵²

If you don't agree with the internal review decision, you can then ask for an external review. This means the Administrative Appeals Tribunal will decide if we made the right decision.

If we decide you're not eligible, you can apply again, unless you have requested a review of that decision and are waiting for a decision to be made.⁵³

Learn more about [internal and external reviews](#).

What if you become a participant again because of an internal or external review?

If an internal or external reviewer decides you're eligible for the NDIS, you'll become a participant again. You'll become a participant again from the date you stopped being a participant.

This means we'll identify the plan you had when you stopped being a participant and put that plan back in place. This plan will continue until we reassess your next plan.

In some situations, you can claim the cost of the NDIS supports you purchased during the period your participant status was revoked. This is the period between the day:

- you stopped being an NDIS participant
- you became a participant again because of the internal or external review decision.

You can only claim funding for NDIS supports purchased when you stopped being an NDIS participant if:

- they were in your plan – the plan that was in place when we revoked your status as a participant⁵⁴
- there is enough funding remaining in that plan
- you have proof of buying and using the supports, such as a receipt
- you claim them within **60 days** after you become a participant again.

If your NDIS supports are self-managed or plan-managed, you or your plan manager can claim the funding for NDIS supports as usual. If your NDIS supports are agency-managed, [contact us](#) so we can help you claim the funding for NDIS supports. Learn more about [ways to manage your funding](#).

Example

Charlie is a participant and was eligible for the NDIS under the early intervention requirements.

On 1 July, we decide Charlie isn't eligible for the NDIS anymore and revoke their status as a participant. We have information that shows Charlie no longer meets requirements for disability or early intervention. Once Charlie's status as a participant ends they can no longer use their NDIS supports.

Charlie asks for an internal review of this decision. They also give us new evidence from their doctor and specialists about their impairments, functional capacity and support needs.

On 1 September, the internal reviewer decides to set aside the decision to revoke Charlie from the NDIS. This means Charlie is eligible for the NDIS and becomes a participant again.

We treat Charlie as if they were a participant the whole time. This means we put back the plan that existed when their status as a participant was revoked. Charlie's reinstated plan will remain until it's replaced by a new plan at their next plan reassessment.

Charlie kept using their supports in July and August after their participant status had been revoked. Charlie paid for these supports with their own money and kept the receipts. Charlie can't claim every support but can claim NDIS supports that were in the NDIS plan before their participant status was revoked.

Charlie self-manages their funding, so they claim the amount they paid for NDIS supports included in their plan on the [my place portal](#).

What happens after you leave the NDIS?

When you leave the NDIS, you're no longer a participant and your plan will stop.⁵⁵ We can't fund any NDIS supports after you leave.⁵⁶

We can help you sort out your final payment requests. If you want help, talk to your local area coordinator, early childhood partner or planner. You can also [contact us](#).

Before you leave the NDIS, we'll help you transition by connecting you with other services in your community if you need them. You can also ask your [local area coordinator](#) or [early childhood partner](#) about the supports available in your community.

Under the law, we must keep your information on our records. Learn more about [your privacy and information](#).

What happens when a participant dies?

We recognise the importance of supporting family, carers and support networks when a participant dies.

To give the best support we can during this difficult time, we have specialist staff who can help you work through any remaining NDIS matters. Learn more about [how we can help after a participant dies](#).

When we say 'you' in this section, we mean someone who is a verified contact of the participant in our system and is looking after the participant's matters after they've died.

You might be a:

- spouse
- nominee
- parent or child representative
- court appointed trustee or guardian.

It's important you tell us when a person dies, as they're no longer an NDIS participant, and we'll need to finalise their NDIS record.⁵⁷

You can [contact us](#) in person, or by phone, email or letter when the participant dies. Or you can fill in the [Leaving the NDIS](#) form.

We'll ask for the participant's date of death. We'll also ask who the executor of the estate is if you have this information. This is the person who will be managing the participant's estate. We use this information to help us finalise the participant's NDIS record. This means we'll end the plan and stop their NDIS supports.

We know this is a difficult time. Where appropriate, we'll offer support to help you work out what you need to do to finalise matters relating to the participant's plan after they die. You can reach out to a local area coordinator, early childhood partner or planner. You can also [contact us](#).

Learn more about [what to do when someone dies](#).

What happens to a participant's NDIS funded supports when they die?

The participant's plan ends the day they die. We can't fund any NDIS supports purchased or supplied after this date. If the participant's plan manager uses NDIS funds to purchase supports after this date, the plan manager will need to repay us.⁵⁸

Also, an NDIS provider will need to repay us if they receive a payment they are not entitled to after the participant's death.⁵⁹

For example, the participant may have funding for cleaning services in their NDIS plan. A provider can't claim this funding to purchase cleaning services after the participant dies. If the provider claims the funding, it will need to be repaid to the NDIS.

Sometimes we can pay for NDIS supports that were arranged or ordered in writing before the participant died that haven't been paid yet. For example:

- return and payment for rented assistive technology, where the costs are covered by a service agreement entered before the participant died.
- assistive technology that has been purchased by the participant but not paid for or delivered – when it fits with the pre-payments guidance of the [Pricing Arrangements and Price Limits](#)

- home or vehicle modifications that were started but haven't been finished.
- services that were purchased and provided before the participant died.
- cancellation fees covered by a service agreement.

We will make sure access to the portal is available for a period of **90 days** from the participant's date of death. This is so that NDIS supports purchased before the participant's death can be claimed. When you contact us, we will talk to you about who the most appropriate person is to have access to the portal to make these claims.

The information in this section is general information only. You should always check the terms of the [service agreement](#) made with the provider. The service agreement can help you work out whether you need to pay providers, and who owns assistive technology, home or vehicle modifications, after a participant dies.

What happens to a participant's assistive technology?

The person managing the estate will need to work with providers to manage the participant's assistive technology in line with the [service agreement](#) that is in place.

Generally, when we have funded assistive technology for the participant, the participant owns it, unless there is an arrangement in place where the participant must give it back to the provider. For example, the participant has a rental or leasing arrangement with an NDIS provider.

If the participant owns the item, the equipment becomes part of their estate when they die. The person managing the estate can choose what to do with the assistive technology.

If the participant was renting assistive technology with NDIS funding, you must return the equipment to the provider. This is because the provider still owns it. This includes if the participant rented a group of assistive technology items, such as through a loan pool or equipment library.

If the participant had a service agreement that includes the costs of returning equipment early, we'll cover costs such as:

- early return fees
- shipment or delivery costs.

What happens when assistive technology has been ordered but not delivered?

If the participant dies before getting assistive technology that was in their plan, we'll pay any pre-payment fees that haven't been paid if:

- the fees are in line with our pre-payment's guidance in the [Pricing Arrangements and Price Limits](#), and

- the item was ordered before the participant died.

If full payment is made, the assistive technology is the property of the estate.

What if the participant had an assistance animal or dog guide?

The person managing the estate may need to look at any service agreement and may wish to talk to the participant's provider. They can discuss with them what options are available for the assistance animal or dog guide.

What happens to a participant's home and vehicle modifications?

The person managing the estate will need to work with the provider to manage the participant's home or vehicle modifications in line with the [service agreement](#) that's in place.

After the participant dies, you can usually still claim NDIS funding for home modifications or vehicle modifications if the modifications were purchased before the participant died. This is if the provider hasn't been paid the final payment.

If the participant dies before approved home or vehicle modifications are finished, the provider should discuss options with the nominee or executor within the scope of the [service agreement](#).

This may mean completing modifications to make the building or vehicle safe and suitable for more general use. But if the modifications continue, they shouldn't include specific features required by the participant who died.

Remember, we can help you work out what to do about the participant's plan after they die. You can reach out to a local area coordinator, early childhood partner or planner. You can also [contact us](#).

What can service providers claim?

Service providers can claim for NDIS supports purchased before the participant's death under a service agreement. They have **90 days** from the participant's date of death to make a claim.

If the funding was [plan managed](#), the plan manager will need to claim any funding for NDIS supports purchased before the participant's death. Plan managers can claim the plan management fee for the month of the participant's death for this purpose, if this forms part of their service agreement.

When can providers claim cancellation fees?

In some situations, providers can claim a cancellation fee if they had short notice of the participant's death. Providers can claim the fee according to the conditions in the [service agreement](#) and the [Pricing Arrangements and Price Limits](#).

If the participant lived in Specialist Disability Accommodation, the Specialist Disability Accommodation provider can claim vacancy costs in some situations. We have more information in the [SDA Pricing Arrangements and Price Limits](#).

Do we disclose information about a participant's death?

There are some situations where we may disclose information about the participant's death. For example, we may need to disclose this information to:

- finalise outstanding service bookings.
- help arrange removal or disposal of assistive technology.
- stop delivery services.

We can only disclose information about the deceased participant in certain situations, where it's in the public interest to do so.⁶⁰

We may disclose information when:

- there is no reason to think the deceased participant wouldn't want their information disclosed.
- the information is needed for a genuine reason, such as to help administer the deceased participant's estate.
- the information isn't available from another source.

The people we may talk to include:

- a family member, guardian or support person.
- a correspondence nominee, plan nominee or child representative.
- a service provider that was providing NDIS supports to the participant – they will need to know as soon as possible since they can't claim funding after the participant dies.
- an executor administering the estate.
- a Commonwealth, State or Territory department or authority.
- a lawyer or legal representative that was supporting the participant.

If you have any questions about why we've disclosed details about the participant's death, you can always [contact us](#).

Appendix A: New South Wales prescribed programs

We may have decided you were eligible because you had support from one of the following programs in New South Wales. If so, you will remain eligible for the NDIS even if your residency or citizenship status changes. This also includes if you were eligible under one of these programs, but now live in a different state or territory.

These programs were provided to residents of New South Wales and were administered by the New South Wales Department of Family and Community Services for people younger than 65.

New South Wales programs:

Large Residential Centres

- Large Residential Centre/Institution.

Group Home

- Small Residential Centre/Institution.
- Group Homes.

Community High

- Hostels.
- Attendant Care.
- In-home Accommodation Support.
- Alternative Family Placement.
- Other Accommodation Support.

Community Support

- Therapy Services for Individuals.
- Early Childhood Intervention.
- Behaviour/Specialist Intervention.
- Counselling.
- Regional Resource and Support Teams.
- Case Management, Local Coordination and Development.
- Other Community Support.

Community Access

- Learning and Life Skills Development.
- Recreation/Holiday Programs.
- Other Community Access.

Respite

- Own Home Respite.
- Centre-based Respite/Respite Homes.
- Host Family Respite/Peer Support Respite.
- Flexible/Combination Respite.
- Other Respite.

Community Care

- Domestic assistance.
- Social support.
- Nursing care received at home or at centre/other.
- Allied health care received at home or at centre/other by intervention type.
- Personal care.
- Centre-based day care.
- Other food services.
- Respite care.
- Assessment including screening (client).
- Assessment including screening (carer).
- Case management.
- Client care coordination (client).
- Client care coordination (carer).
- Home maintenance.
- Counselling/support, information and advocacy (client).
- Counselling/support, information and advocacy (carer).
- Meals received at home or at centre/other.



- Goods and equipment (self-care aids, support and mobility aids, communication aids, aids for reading, medical care aids, car modifications, other goods/equipment).
- Formal linen services.
- Transport - Client – number of one-way individual or group trips by purpose.
- Home modification.

Commonwealth programs

- Better Start for Children with Disability.
- Disability Employment Assistance: Australian Disability Enterprises.
- Helping Children with Autism.
- Younger Onset Dementia Key Worker Program.
- Outside School Hours Care for Teenagers with Disability.
- Remote Vision and Hearing Services.

Reference list

- 11
- 12 NDIS Act s 29(1)(d).
- 13 NDIS Act s 29(1)(b).
- 14 NDIS Act s 29(1)(b).
- 15 NDIS Act ss 29(1)(c), 30, 30A
- 16 NDIS Act s 29(1)(a).
- 17 NDIS Act s 29(1)(d).
- 18 NDIS Act ss 29(1)(d), 37(3)(c).
- 19 NDIS Act ss 29(1)(d), (2).
- 20 NDIS Act s 29(1)(d).
- 21 NDIS Act s 22.
- 22 NDIS Act s 29(1)(d).
- 23 NDIS Act ss 99, 100.
- 24 NDIS Act s 29(1)(b); Residential care service has the same meaning as in the Aged Care Act 1997.
- 25 NDIS Act s 29(1)(b).
- 26 NDIS Act s 29(1)(b); Residential care service has the same meaning as in the Aged Care Act 1997.
- 27 NDIS Act ss 29(1)(b), 99, 100.
- 28 NDIS Act s 29(1)(b).
- 29 NDIS Act ss 29(1)(d), 99, 100.
- 30 NDIS Act s 29(1)(b).
- 31 NDIS Act ss 29(1)(b), 99, 100.
- 32 NDIS Act s 29(1)(b).
- 33 NDIS Act ss 23(1)(a), 30(1)(a).
- 34 NDIS Act ss 23(1)(b), 30(1)(a).
- 35 NDIS Act ss 24, 25, 27, 30(1)(b)(i)-(ii).
- 36 NDIS Act ss 23(1)(a), 23(2), 30(1)(a).
- 37 NDIS Act ss 23(1)(a), 23(2), 30(1)(a).
- 38 NDIS Act s 40.
- 39 NDIS Act s 23(1)(b).
- 40 NDIS Act ss 30(1)(b), 30A(1)(a)(b).
- 41 NDIS Act s 30(3)(b)
- 42 NDIS Act ss 30(3AA), 30A(5AA)
- 43 NDIS Act ss 30(3A), 30A(5A)
- 44 NDIS Act ss 30(4)(b), 30A(6)(b)
- 45 NDIS Act s 30(4)(c)
- 46 NDIS Act s 29(1)(c)
- 47 NDIS Act s 30(6)
- 48 NDIS Act ss 30(6A)(a), 30A(7A)(a)
- 49 NDIS Act ss 30(6A)(d), 30A(7A)(d)
- 50 NDIS Act ss 30(6A)(b)(c), 30A(7A)(b)(c)
- 51 NDIS Act ss 30(6A)(e), 30A(7A)(e)
- 52 NDIS Act ss 30(6A)(f)(g), 30A(7A)(f)(g)
- NDIS Act ss 30(7)(8), 30A(8)(9)
- NDIS Act s 30(3)(a)
- NDIS Act ss 30(1), 30A(1)
- NDIS Act ss 30(5), 30A(7)
- NDIS ss 30(3)(b)(i)(ii)
- NDIS Act ss 30(4)(a)(b)
- NDIS Act s 30(4)(d)
- NDIS Act s 100.
- NDIS Act s 100(2).
- NDIS Act s 102.

⁵³ NDIS Act s 19(2)

⁵⁴ NDIS Act s 46(1).

⁵⁵ NDIS Act ss 29, 37(3)(c).

⁵⁶ NDIS Act s 29(2).

⁵⁷ NDIS Act s 29(1)(a).

⁵⁸ NDIS Act ss 46(1), 182(3).

⁵⁹ NDIS Act ss 182(1)-(2).

⁶⁰ NDIS Act s 66(1)(a) – Public Interest Certification For The Release Of Protected Agency Information Relating To Deceased Participants dated 28 April 2020.



Leaving the NDIS

Quick summary: There are different reasons you might leave the NDIS. For most participants, it's a choice to leave. You might not want to be a participant anymore because you've met your goals. Or you might not meet the eligibility requirements anymore. There are different processes for leaving the NDIS depending on the reason you're leaving. If you leave, you're no longer a participant, and won't be able to get NDIS supports. [NDIS supports](#) are the services, items and equipment that can be funded by the NDIS. If you leave, we can still help you connect to other government and community services and if things change, you can apply again.

What's on this page?

This page covers:

- [What do we mean by leaving the NDIS?](#)
- [What if you don't want to be an NDIS participant anymore?](#)
- [What if you start getting supports from aged care services?](#)
- [Are you still eligible for the NDIS?](#)
- [What happens if we check your NDIS eligibility?¹](#)
- [What happens after you leave the NDIS?](#)
- [What happens when a participant dies?](#)

You might also be interested in:

- [Applying to the NDIS](#)
- [Younger people in residential aged care](#)
- [Your plan](#)
- [Reviewing our decisions](#)

What do we mean by leaving the NDIS?

You can choose to leave the NDIS any time. When you leave the NDIS, you won't be an NDIS participant anymore. You won't have an NDIS plan or get NDIS supports.

Some participants will stay with the NDIS for their lifetime. Other participants may need the NDIS for a shorter period. The length of time you stay eligible for the NDIS depends on your individual situation and the NDIS supports you need for your disability.

There are a number of situations where you might leave the NDIS:

- [You don't want to be a participant any more.](#)²
- [You move into residential aged care permanently for the first time after you've turned 65.](#)³
- [You start getting home care services provided by aged care permanently for the first time after you've turned 65.](#)⁴
- [You're no longer eligible for the NDIS.](#)⁵ This includes when children with developmental delay turn 6 and no longer meet the requirements for early intervention, disability, or both.
- [Your NDIS status is revoked.](#)

Participants also leave NDIS when they die.⁶ Learn more about [what happens with NDIS supports when a participant dies.](#)

What if you don't want to be an NDIS participant anymore?

You can choose to leave the NDIS at any time, if you no longer want to be a participant.

This might be because you've met your goals or have developed your skills and independence and don't need the NDIS anymore.

You can always [contact us](#) if you want to talk about whether leaving the NDIS is the best option for you.

If your situation changes after you leave, you can always apply again, and we'll let you know if you're eligible.

How do you let us know you want to leave the NDIS?

If you want to leave the NDIS, you'll need to let us know in writing.⁷

You can fill in the [Leaving the NDIS](#) form. You can also email or send a letter to let us know you want to leave the NDIS. You can also [contact us](#) if you'd like some help.

There are services in the community you can contact if you need supports after you leave. A [local area coordinator](#) or [early childhood partner](#) can help you find local supports that aren't

NDIS supports. This includes mainstream and community services available outside the NDIS. Learn more about [mainstream and community supports](#).

If you choose to leave, remember:

- Your plan ends on the day you let us know in writing that you wish to leave.⁸
- You can't use your NDIS funding once you let us know in writing that you wish to leave.⁹
- You'll no longer be an NDIS participant.¹⁰

If you want to become a participant again, you'll need to reapply. If you reapply, there's no guarantee you'll become a participant again. You'll need to meet all the eligibility requirements. This includes the requirement that you must be younger than 65 on the day you apply.¹¹

Learn more about the [eligibility requirements](#).

If we stop your NDIS plan because you ask to leave, you can't ask for an internal review. This is because when you write to us and ask to leave the NDIS, the law says we need to:

- remove you from the NDIS,¹² and
- end your plan, without us needing to make a reviewable decision.¹³

Learn more about [what decisions can be reviewed](#).

What if you start getting supports from aged care services?

Aged care services are funded by the [Department of Health Aged Care system](#)¹⁴ and include residential aged care services and home care services.

Home care services are supports you can get to help with your daily life. They include things like personal care for you in your home. When we say home care services, we mean services funded by the [Department of Health Aged Care system](#).

What if you move into residential aged care?

You'll leave the NDIS if you move into a residential aged care service permanently for the first time after you turn 65.¹⁵ When we say residential aged care services, we mean services funded by the [Department of Health and Aged Care system](#).¹⁶

The supports you get in residential aged care can be different from NDIS supports outside aged care facilities. Find out more about residential aged care services on the [Department of Health and Aged Care website](#).

If you leave the NDIS because you move into residential aged care permanently, you can't ask for an internal review. This is because the law says we must remove you from the NDIS, without us needing to make a reviewable decision.¹⁷ Learn more about [what decisions can be reviewed](#).

Example

Vish is 66 and is an NDIS participant. Vish was living by himself but decides to permanently move into residential aged care for the first time. The law says Vish then stops being a participant and he leaves the NDIS.¹⁸

The aged care system is now responsible for all Vish's support needs. Vish can't ask for an internal review of this decision. Vish also can't become a participant again, as he is older than 65.

What if you were already in residential aged care before you turned 65?

If you were already living in residential aged care before you turn 65, you can still be an NDIS participant after you turn 65.

Learn more about [younger people in residential aged care](#).

Once you turn 65, you can also choose to leave and get support from the aged care system instead. If you want to leave the NDIS, you'll need to let us know in writing.

If you choose to leave the NDIS, you can't ask for an internal review. This is because if you ask in writing to leave the NDIS, then the law says we must remove you from the NDIS, without us needing to make a reviewable decision.¹⁹ Learn more about [what decisions can be reviewed](#).

Example

At age 50, Jane permanently moved into an aged care facility.

She was found eligible for the NDIS when she was 64.

Jane is now 66. She can choose to stay in residential aged care, but she would like to move out and live with her children.

Jane is still an NDIS participant, so she talks to her planner about her goal of moving out of residential aged care. Jane gives assessments and reports from an appropriately qualified person, so we understand her capabilities and support needs.

Jane and her planner create a plan. Jane's plan includes the NDIS supports Jane needs. She uses her NDIS supports to work towards her goal of living with her children.

What if you start getting home care services from the aged care system?

Home care services are supports you can get to help with daily life. They include things like personal care for you in your home. When we say home care services, we mean services funded by the [Department of Health and Aged Care system](#).

You must leave the NDIS if you start getting home care services permanently for the first time after you turn 65.²⁰ You can't ask for an internal review. This is because the law says you must leave the NDIS when this occurs, without us needing to make a reviewable decision.²¹ Learn more about [what decisions can be reviewed](#).

Home care services can be different from NDIS supports. Find out more about home care services on the [Department of Health and Aged Care website](#).

Example

Kirsty just turned 65 and is an NDIS participant. She uses her NDIS supports to fund 10 hours a week of personal care.

Since she turned 65, she's now eligible for home care services with aged care funding. She must decide if she'll start using these aged care services.

If she starts getting home care services with aged care funding permanently, she must leave the NDIS.

She can keep getting NDIS supports until she permanently gets aged care home care services or moves into residential aged care permanently.²²

Are you still eligible for the NDIS?

There are different reasons for leaving the NDIS. This might happen if you're no longer eligible.

You're no longer eligible for the NDIS if you:

- [don't live in Australia anymore](#)²³
- [are no longer an Australian citizen or permanent resident](#)²⁴
- [no longer meet the early intervention requirements](#) or [disability requirements](#).²⁵

If we have information that tells us you may not be eligible for the NDIS anymore, we may check your eligibility.

Learn more about [What happens if we check your NDIS eligibility?](#)

Do you still live in Australia?

You'll need to live in Australia to stay an NDIS participant.²⁶ If you leave Australia permanently, you won't be eligible anymore, and we may decide to revoke your participant status.²⁷ Learn more about [when you can be revoked as a participant](#).

You'll probably still meet the residence requirements if you leave Australia for a short time. If you're temporarily outside Australia for more than 6 weeks in a row, you'll usually still be an NDIS participant but may not be able to use your NDIS funding.²⁸ Learn more about [when we suspend your plan](#).

Are you still an Australian citizen or permanent resident?

To remain a participant, you'll need to either:²⁹

- be an Australian citizen
- have a [permanent residency visa](#)
- have a [protected special category visa](#) – this is only for some New Zealand citizens.

For example, you may have to leave the NDIS if your permanent residency visa is cancelled.

If you joined the NDIS from a [New South Wales prescribed program](#) and your residency or citizenship status changes, you'll remain eligible for the NDIS.

Do you still meet the early intervention requirements?

If you're eligible under the **early intervention requirements**, your support needs are more likely to change. We'll check each time we reassess your plan whether you still meet the early intervention requirements.

If you've benefitted from early intervention NDIS supports, you might have built your skills and increased your capacity. You may no longer need NDIS supports.

If you no longer meet the early intervention requirements, we'll check if you meet the [disability requirements](#).

What happens when a child with developmental delay turns 6 years old?

If we decided a child met the early intervention requirements because of their developmental delay, they're usually no longer eligible after they turn 6.

This is because they'll no longer meet the eligibility criteria under developmental delay. To remain an NDIS participant after they turn 6, the child will need to meet the requirements for

disability, early intervention, or both. These requirements include the child to have an impairment that's likely to be permanent.

We'll talk to families or carers before a child turns 6. We'll explain what information we need to decide if the child is still eligible.

Learn more about the [disability requirements](#) and the [early intervention requirements](#).

Example

Sarah is 6 years old. Sarah was eligible for the NDIS under the early intervention requirements for developmental delay and has been receiving NDIS supports since age 4.

At age 4, Sarah had a delay with how her speech was developing. Her parents and other children couldn't understand her, and Sarah found it hard to manage her frustration. Sarah's parents used her NDIS supports to help them support Sarah to work towards her goals. At age 5, Sarah's early childhood partner explained to her parents that Sarah would most likely leave the NDIS after she turns 6.

By age 6, Sarah achieved many of the goals her parents set for her, including improved communication, social skills and managing her emotions. Sarah's early childhood intervention professional reports she no longer needs early intervention supports.

Sarah's early childhood partner talks to her parents about the NDIS eligibility requirements and explains that Sarah no longer needs NDIS supports. Sarah's parents let us know in writing they want Sarah to leave the NDIS.

Sarah leaves the NDIS and continues to receive mainstream and community supports. For example, her teacher can help set up the supports she needs at school. Sarah also joins a gymnastic and dancing class.

If Sarah's situation changes and she needs NDIS supports in the future, her parents understand they can apply for the NDIS again.

Example

Ayesha was eligible for the NDIS under the early intervention requirements for developmental delay and has been receiving early intervention supports since she was 3.

During check-ins, we discussed Ayesha's progress and reminded the family that Ayesha's eligibility will be reassessed at age 6. This is because Ayesha will no longer meet the early intervention requirements under developmental delay once she turns 6.

For Ayesha to remain an NDIS participant after she turns 6, she'll need to meet the requirements for disability, early intervention, or both. These requirements include Ayesha to have an impairment that's likely to be permanent.

Ayesha is now 6 years old and has just started school. Ayesha's parents are happy with her progress but would like her to be more confident when playing with her peers and interacting with adults. They think Ayesha needs ongoing support for her speech and communication.

The evidence we have makes us think Ayesha is no longer eligible for the NDIS as there's no evidence to indicate that Ayesha has a condition that is likely to be permanent.

We start an eligibility reassessment.

We contact Ayesha's family by phone, which is their preferred contact method. We also send them a letter. The letter explains that based on the information we have, Ayesha may no longer meet the eligibility requirements. It explains if Ayesha's family thinks she's still eligible, they can give us new evidence to show Ayesha meets the requirements for disability, early intervention, or both. Ayesha's family is asked to respond **within 90 days from the date of the letter**. The letter also explains that if Ayesha's family don't provide new information and evidence, we'll make a decision based on the information and evidence we have.

Ayesha's family send us a report from Ayesha's early childhood intervention professional which confirms she has made progress towards her goals and Ayesha's functional capacity has improved. It indicates that Ayesha still needs some help with her communication but that her school and parents can continue to support this. There are no other concerns with Ayesha's development.

Based on the evidence we have, we decide Ayesha no longer meets the requirements for disability, early intervention, or both. We talk to Ayesha's parents about the NDIS eligibility requirements and explain that we've decided Ayesha is no longer eligible.

We send Ayesha's family a letter explaining Ayesha's status as a participant will end. This means Ayesha will no longer be eligible and will leave the NDIS.

Ayesha gets ongoing support for her speech and communication from her school and her parents. They use the strategies Ayesha's early childhood intervention professionals helped them put into place.

Do you still meet the disability requirements?

If you were eligible under the **disability requirements**, you'll likely need NDIS supports for your lifetime. This means you won't have to prove your NDIS support needs every time we change your plan.

If at any time your disability support needs or situation changes, we may need to check your NDIS supports or eligibility. We'll contact you if this happens.

What happens if we check your NDIS eligibility?

We may check your eligibility if evidence suggests you may no longer be eligible. This could mean you no longer meet one or more of the residence, disability, or early intervention requirements.

When you became an NDIS participant, you met the requirements for disability or early intervention, or from 3 October 2024, you may meet requirements for both disability and early intervention.

If you're not sure which requirements you met, check the access decision letter we sent you when we decided you were eligible. If you've been through an eligibility reassessment before and this was updated, you can find it in the eligibility reassessment outcome letter we sent you. You can also [contact us](#).

If we check, and it looks like you may no longer meet the eligibility requirements, we may reassess your eligibility. We call this an **eligibility reassessment**. If we decide to start an eligibility reassessment, we'll let you know. We'll give you the opportunity to give us more evidence about your NDIS eligibility. Learn more about [How we let you know we're doing an eligibility reassessment](#).

After the eligibility reassessment process has finished, we'll consider the information and decide if you're still eligible. Learn more about [How we decide if you're still eligible for the NDIS](#).

You may have to leave the NDIS if you don't provide us with the specific information, or the evidence shows you don't meet one or more of:

- the residency requirements
- the disability or early intervention requirements.³⁰

If you're still eligible, you'll remain a participant. You can keep using your NDIS supports.

If we revoke your status, you'll leave the NDIS. Learn more about [when you can be revoked as a participant](#).

How do we let you know we're doing an eligibility reassessment?

We'll send you a letter to let you know we're doing an eligibility reassessment. We'll also contact you by your preferred contact method, such as by phone or email, to let you know.

If your plan is being reassessed at the same time as the eligibility reassessment, you might get a new plan while we're doing the eligibility reassessment. **You remain an NDIS**

participant and can continue to use your funding to access NDIS supports while your eligibility is being reassessed.

If we start doing an eligibility reassessment, we'll let you know that based on the evidence we have, we're thinking about whether we should revoke your status as a participant. We'll also let you know what eligibility requirements we don't think you meet.

Will we ask you to provide evidence for an eligibility reassessment?

We'll write to you and give you an opportunity to provide relevant information or evidence you would like considered when we make the eligibility reassessment decision. The letter will explain what evidence we have and the eligibility requirements we think you don't meet.

Sometimes if we don't have enough evidence to make a decision, we'll ask you for **specific information or a report** in a format that helps us to make a decision about your eligibility. We must tell you in writing when you need to provide this.³¹ We'll only ask you to provide this specific information or report if we can't reasonably get it in a different way³².

How much time will you have to give us evidence?

We'll give you **90 days from the date of the letter** to respond if you think you still meet the NDIS eligibility requirements. You can send us information and evidence you want us to consider when making the eligibility reassessment decision. If you don't respond within 90 days, we'll make the decision based on the information and evidence we have.

What if you need more time to give us information and evidence?

If you need more time to provide information or evidence, [contact us](#). We may be able to give you more time if your request is reasonable. You'll need to tell us why you need more time, and how much time you need. For example, there could be a delay in getting [information](#) from an appropriately qualified person. If so, we could give you more time so you can get the information and send it to us.

Generally, we'll only consider giving you one extension of time. This is because the first extension should give you reasonable opportunity to give us the evidence. If you need another extension, you'll need to explain why you need more time again and how much extra time you need.

We'll consider all relevant information and evidence provided against the eligibility requirements to decide if you're still eligible.

Example

Pai is 6 years old. When she was 4 we decided she was eligible for the NDIS under the early intervention requirements for developmental delay. We developed a plan with Pai's family

with early intervention supports that are likely to benefit Pai. The early intervention supports Pai and her family receive are NDIS supports.

We have regular check-ins with Pai and her family. This helps us understand Pai's progress and the outcomes Pai has achieved. When Pai turns 5, we talk to Pai's parents about the eligibility requirements. We remind them Pai's eligibility will be reassessed once she turns 6. This is because Pai will no longer meet the eligibility requirements under developmental delay. To remain an NDIS participant after she turns 6, Pai will need to have an impairment that's likely to be permanent. Pai will need to meet the requirements for disability, early intervention, or both.

Because Pai is now 6 we start an eligibility reassessment.

We send Pai's parents a letter. The letter explains that based on the evidence we have, Pai may no longer meet the eligibility requirements. If Pai's family think Pai continues to meet the requirements, they need to provide us with evidence. The evidence needs to show that Pai meets the requirements for disability, early intervention, or both. Pai's parents are asked to respond within **90 days from the date of the letter**.

The next day, Pai's parents call her paediatrician to book an appointment. The earliest time they can book an appointment and send us the evidence is 4 months away. Pai's family send us the booking confirmation for Pai's paediatrician appointment and ask for more time.

We think about Pai's current situation. We decide it's reasonable to give Pai's family additional time to provide more evidence.

Pai's parents provide the evidence in 4 months. We review the evidence. We now have enough evidence to make the eligibility reassessment decision.

Example

Jo is 40 years old and lives with cognitive and physical impairments from stroke. We decided Jo was eligible for the NDIS under the early intervention requirements. Jo's been getting NDIS supports for 14 months and we need to understand if those supports have helped Jo.

We start an eligibility reassessment.

We send Jo a letter. The letter explains that based on the information we have, they may no longer meet the eligibility requirements. If Jo thinks they continue to meet the eligibility requirements, they can provide us with new information and evidence. The information and evidence needs to support our decision on whether Jo meets the requirements for disability, early intervention, or both.

Jo has **90 days from the date of the letter** to provide us with the information.

We may be able to give Jo more time if their request is reasonable. If Jo needs more time, they can [contact us](#) to explain why it's reasonable not to provide the information within 90 days.

Jo provides a neurology report within the 90 days. The report explains that while Jo has benefited from early intervention, they continue to have substantially reduced functional capacity and will require NDIS supports for their lifetime. We use this report to decide Jo is now eligible for the NDIS under the disability requirements. We update Jo's eligibility and help Jo build a new plan with NDIS supports for their current situation.

How do we decide if you're still eligible for the NDIS?

We'll look at all relevant information against the eligibility requirements to decide if you're still eligible for the NDIS. We'll do this after:

- we let you know we're reassessing your eligibility, and what specific eligibility requirements we're looking at
- we let you know what information we need to make our decision. We'll only ask you to provide this specific information or report if we can't reasonably get it in a different way
- you've had a reasonable opportunity to give us the information we asked for
- we look at the information you give us.

The person who reassesses your eligibility and decides if you're still eligible will be one of our staff. They'll be different from the people who first decided that you're eligible, and the people who approved your plans. They'll also be someone who doesn't have a personal interest in whether you're a participant or know you, other than through the NDIS.

If there's information and evidence that shows us you're still eligible, you'll remain a participant. You can keep using your NDIS supports.

You may have been eligible under the early intervention requirements but give us evidence that shows you now meet the disability requirements. If so, we'll change our records to show you now meet the disability requirements. This means we won't revoke your status as a participant, and you'll remain an NDIS participant.

When can you be revoked as a participant?

After we've assessed your eligibility, there are some situations where we may revoke your status as a participant. This includes where you haven't provided the information we need.³³ This means you won't be a participant anymore and you'll leave the NDIS.

We won't make a decision to revoke your status as a participant if it was reasonable for you not to have provided the information in the agreed timeframe.³⁴ We'll consider:

- the timeframe we gave you³⁵
- the timeframe since we were last given relevant information about your eligibility³⁶
- if you or someone representing you has not complied with our requests before³⁷
- if there were things outside your control which meant you couldn't get the information to give it to us on time³⁸
- any other information that may be relevant.³⁹

We'll contact you by your preferred contact method to explain our decision. We'll also send you a letter with our decision and our reasons, and the date your participant status will be revoked.⁴⁰ This date will usually be 28 days from the date the eligibility reassessment decision was made.

Revoking - when you've had an opportunity to respond

If we check your eligibility, and evidence suggests you may no longer meet the eligibility requirements, we'll start an eligibility reassessment. We'll let you know and give you the opportunity to provide us with more evidence about your NDIS eligibility. You'll have an opportunity to respond within 90 days with the necessary information or request an extension of time to obtain the evidence. We'll look at the evidence you provide us.⁴¹ If, based on the evidence we believe you're not eligible, we'll revoke your status as a participant.⁴²

Example

Johan is 7 years old. When he was 3, we decided he was eligible under the early intervention requirements for developmental delay. Marita is Johan's mother and child representative. We haven't completed a check-in or plan reassessment in two years. This is because Marita won't respond to us.

Marita self-manages Johan's plan and we can see the NDIS funding in Johan's plan is being used. Because Johan is now older than 6 his eligibility needs to be reassessed. To remain an NDIS participant after he turns 6, we need to have evidence that Johan has an impairment that's likely to be permanent, and he meets the requirements for disability, early intervention, or both.

We send Marita a letter. The letter explains that based on the information we have Johan may no longer meet the eligibility requirements. If Marita thinks Johan is still eligible for the NDIS, they can choose to provide us with evidence. The evidence needs to show that Johan meets the requirements for disability, early intervention, or both. Marita is asked to respond

within 90 days from the date of the letter. We try to contact Marita using her preferred contact details several times. We don't hear back within the 90 days. Marita hasn't asked for more time to provide information and evidence.

We make the decision based on the information and evidence already available and decide to revoke Johan's status as a participant. We send Marita a letter explaining Johan is no longer eligible to be a participant. This means Johan will stop being a participant and will leave the NDIS.

If Marita [disagrees with our decision](#), she can ask for an internal review within 3 months of us telling her in writing that we revoked Johan's status as a participant.

Revoking - when we've asked for an assessment or examination report

When we ask you for a report of an assessment or examination, we'll give you 90 days, or a longer period as requested, to send this to us. We'll consider whether the report:

- was sent to us on time, or within an agreed timeframe
- is in an approved format
- shows an appropriately qualified person completed the assessment or examination.

If you **don't** send the information or report on time, we'll revoke your access to the Scheme⁴³.

If you **do** send us the information or report on time and in the correct form, we'll use it to decide if we:

- think you're still eligible⁴⁴
- need more information to make a decision.⁴⁵

What if you don't agree with our decision?

If you don't agree with our decision to revoke your status as an NDIS participant, you should talk to us. Your planner, local area coordinator or early childhood partner can help explain our decision, answer any questions and explore next steps.

You can also ask for an internal review of our decision to revoke your status as a participant.⁴⁶ This means one of our staff, who wasn't involved in the original decision, will decide if we made the correct decision.

You'll need to ask for an internal review within 3 months after we tell you in writing that we revoked your status as a participant.⁴⁷ You can ask us to stop our internal review at any time.⁴⁸

If you don't agree with the internal review decision, you can then ask for an external review. This means the Administrative Review Tribunal will decide if we made the right decision. Learn more on the [Administrative Review Tribunal website](#).

If we decide you're not eligible, you can apply again, unless you've requested a review of that decision and are waiting for a decision to be made.⁴⁹

Learn more about [internal and external reviews](#).

What if you become a participant again because of an internal or external review?

If an internal or external reviewer decides you're eligible for the NDIS, you'll become a participant again. You'll become a participant again from the date you stopped being a participant.

This means we'll identify the plan you had when you stopped being a participant and put that plan back in place. This plan will continue until we reassess your next plan.

In some situations, you can claim the cost of the NDIS supports you purchased during the period your participant status was revoked. This is the period between the day:

- you stopped being an NDIS participant
- you became a participant again because of the internal or external review decision.

You can only claim funding for NDIS supports purchased when you stopped being an NDIS participant if:

- they were in your plan – the plan that was in place when we revoked your status as a participant⁵⁰
- there's enough funding remaining in that plan
- you have proof of buying and using the supports, such as a receipt
- you claim them within **2 years** after you become a participant again.

If your NDIS supports are self-managed or plan-managed, you or your registered plan manager can claim the funding for NDIS supports as usual. If your NDIS supports are agency-managed, [contact us](#) so we can help you claim the funding for NDIS supports. Learn more about [ways to manage your funding](#).

Example

Charlie is a participant and was eligible for the NDIS under the early intervention requirements.

On 1 July, we decide Charlie isn't eligible for the NDIS anymore and revoke their status as a participant. We have information that shows Charlie no longer meets requirements for

disability or early intervention. Once Charlie's status as a participant ends they can no longer use their NDIS supports.

Charlie asks for an internal review of this decision. They also give us new evidence from their doctor and specialists about their impairments, functional capacity and support needs.

On 1 September, the internal reviewer decides to set aside the decision to revoke Charlie from the NDIS. This means Charlie is eligible for the NDIS and becomes a participant again.

We treat Charlie as if they were a participant the whole time. This means we put back the plan that existed when their status as a participant was revoked. Charlie's reinstated plan will remain until it's replaced by a new plan at their next plan reassessment.

Charlie kept using their supports in July and August after their participant status had been revoked. Charlie paid for these supports with their own money and kept the receipts. Charlie can't claim every support but can claim NDIS supports that were in the NDIS plan before their participant status was revoked.

Charlie self-manages their funding, so they claim the amount they paid for NDIS supports included in their plan on the [myplace portal](#).

What happens after you leave the NDIS?

When you leave the NDIS, you're no longer a participant and your plan will stop.⁵¹ We can't fund any NDIS supports after you leave.⁵²

We can help you sort out your final payment requests. If you want help, talk to your local area coordinator, early childhood partner or planner. You can also [contact us](#).

If you would like to connect with services in your community, you can ask your [local area coordinator](#) or [early childhood partner](#) about available supports.

Under the law, we must keep your information on our records. Learn more about [your privacy and information](#).

What happens when a participant dies?

We recognise the importance of supporting family, carers and support networks when a participant dies.

To give the best support we can during this difficult time, we have specialist staff who can help you work through any remaining NDIS matters. Learn more about [how we can help after a participant dies](#).

When we say 'you' in this section, we mean someone who is a verified contact of the participant in our system and is looking after the participant's matters after they've died.

You might be a:

- spouse
- nominee
- parent or child representative
- court appointed trustee or guardian.

It's important you tell us when a person dies, as they're no longer an NDIS participant, and we'll need to finalise their NDIS record.⁵³

You can [contact us](#) in person, or by phone, email or letter when the participant dies. Or you can fill in the [Leaving the NDIS](#) form.

We'll ask for the participant's date of death. We'll also ask who the executor of the estate is if you have this information. This is the person who'll be managing the participant's estate. We use this information to help us finalise the participant's NDIS record. This means their plan ends and NDIS supports will stop.

We know this is a difficult time. Where appropriate, we'll offer support to help you work out what you need to do to finalise matters relating to the participant's plan after they die. You can reach out to a local area coordinator, early childhood partner or planner. You can also [contact us](#).

Learn more about [what to do when someone dies](#).

What happens to a participant's NDIS funded supports when they die?

The participant's plan ends the day they die. We can't fund any NDIS supports purchased or supplied after this date. If the participant's registered plan manager uses NDIS funds to purchase supports after this date, the registered plan manager will need to repay us.⁵⁴

Also, an NDIS provider will need to repay us if they receive a payment they're not entitled to after the participant's death.⁵⁵

For example, the participant may have funding for cleaning services in their NDIS plan. A provider can't claim this funding to purchase cleaning services after the participant dies. If the provider claims the funding, it will need to be repaid to the NDIS.

Sometimes we can pay for NDIS supports that were arranged or ordered in writing before the participant died that haven't been paid yet. For example:

- return and payment for rented assistive technology, where the costs are covered by a service agreement entered before the participant died.
- assistive technology that has been purchased by the participant but not paid for or delivered – when it fits with the pre-payments guidance of the [Pricing Arrangements and Price Limits](#).
- home or vehicle modifications that were started but haven't been finished.
- services that were purchased and provided before the participant died.
- cancellation fees covered by a service agreement.

We'll make sure access to the portal is available for a period of **90 days** from the participant's date of death. This is so that NDIS supports purchased before the participant's death can be claimed. When you contact us, we'll talk to you about who the most appropriate person is to have access to the portal to make these claims.

The information in this section is general information only. You should always check the terms of the [service agreement](#) made with the provider. The service agreement can help you work out whether you need to pay providers, and who owns assistive technology, home or vehicle modifications, after a participant dies.

What happens to a participant's assistive technology?

The person managing the estate will need to work with providers to manage the participant's assistive technology in line with the [service agreement](#) that's in place.

Generally, when we have funded assistive technology for the participant, the participant owns it, unless there's an arrangement in place where the participant must give it back to the provider. For example, the participant has a rental or leasing arrangement with an NDIS provider.

If the participant owns the item, the equipment becomes part of their estate when they die. The person managing the estate can choose what to do with the assistive technology.

If the participant was renting assistive technology with NDIS funding, you must return the equipment to the provider. This is because the provider still owns it. This includes if the participant rented a group of assistive technology items, such as through a loan pool or equipment library.

If the participant had a service agreement that includes the costs of returning equipment early, we'll cover costs such as:

- early return fees

- shipment or delivery costs.

What happens when assistive technology has been ordered but not delivered?

If the participant dies before getting assistive technology that was in their plan, we'll pay any pre-payment fees that haven't been paid if:

- the fees are in line with our pre-payment's guidance in the [Pricing Arrangements and Price Limits](#), and
- the item was ordered before the participant died.

If full payment is made, the assistive technology is the property of the estate.

What if the participant had an assistance animal or dog guide?

The person managing the estate may need to look at any service agreement and may wish to talk to the participant's provider. They can discuss with them what options are available for the assistance animal or dog guide.

What happens to a participant's home and vehicle modifications?

The person managing the estate will need to work with the provider to manage the participant's home or vehicle modifications in line with the [service agreement](#) that's in place.

After the participant dies, you can usually still claim NDIS funding for home modifications or vehicle modifications if the modifications were purchased before the participant died. This is if the provider hasn't been paid the final payment.

If the participant dies before approved home or vehicle modifications are finished, the provider should discuss options with the nominee or executor within the scope of the [service agreement](#).

This may mean completing modifications to make the building or vehicle safe and suitable for more general use. But if the modifications continue, they shouldn't include specific features required by the participant who died.

Remember, we can help you work out what to do about the participant's plan after they die. You can reach out to a local area coordinator, early childhood partner or planner. You can also [contact us](#).

What can service providers claim?

Service providers can claim for NDIS supports purchased before the participant's death under a service agreement. They have **2 years** from the participant's date of death to make a claim.

If the funding was [plan managed](#), the registered plan manager will need to claim any funding for NDIS supports purchased before the participant's death. Registered plan managers can claim the plan management fee for the month of the participant's death for this purpose, if this forms part of their service agreement.

When can providers claim cancellation fees?

In some situations, providers can claim a cancellation fee if they had short notice of the participant's death. Providers can claim the fee according to the conditions in the [service agreement](#) and the [Pricing Arrangements and Price Limits](#).

If the participant lived in Specialist Disability Accommodation (SDA), the SDA provider can claim vacancy costs in some situations. We have more information in the [SDA Pricing Arrangements and Price Limits](#).

Do we disclose information about a participant's death?

There are some situations where we may disclose information about the participant's death. For example, we may need to disclose this information to:

- finalise outstanding service bookings
- help arrange removal or disposal of assistive technology
- stop delivery services.

We can only disclose information about the deceased participant in certain situations, where it's in the public interest to do so.⁵⁶

We may disclose information when:

- there's no reason to think the deceased participant wouldn't want their information disclosed
- the information is needed for a genuine reason, such as to help administer the deceased participant's estate
- the information isn't available from another source.

The people we may talk to include:

- a family member, guardian or support person
- a correspondence nominee, plan nominee or child representative
- a service provider that was providing NDIS supports to the participant – they'll need to know as soon as possible since they can't claim funding after the participant dies
- an executor administering the estate



- a Commonwealth, State or Territory department or authority
- a lawyer or legal representative that was supporting the participant.

If you have any questions about why we've disclosed details about the participant's death, you can always [contact us](#).

Appendix A: New South Wales prescribed programs

We may have decided you were eligible because you had support from one of the following programs in New South Wales. If so, you'll remain eligible for the NDIS even if your residency or citizenship status changes. This also includes if you were eligible under one of these programs, but now live in a different state or territory.

These programs were provided to residents of New South Wales and were administered by the New South Wales Department of Family and Community Services for people younger than 65.

New South Wales programs:

Large Residential Centres

- Large Residential Centre/Institution.

Group Home

- Small Residential Centre/Institution.
- Group Homes.

Community High

- Hostels.
- Attendant Care.
- In-home Accommodation Support.
- Alternative Family Placement.
- Other Accommodation Support.

Community Support

- Therapy Services for Individuals.
- Early Childhood Intervention.
- Behaviour/Specialist Intervention.
- Counselling.
- Regional Resource and Support Teams.
- Case Management, Local Coordination and Development.
- Other Community Support.

Community Access

- Learning and Life Skills Development.
- Recreation/Holiday Programs.
- Other Community Access.

Respite

- Own Home Respite.
- Centre-based Respite/Respite Homes.
- Host Family Respite/Peer Support Respite.
- Flexible/Combination Respite.
- Other Respite.

Community Care

- Domestic assistance.
- Social support.
- Nursing care received at home or at centre/other.
- Allied health care received at home or at centre/other by intervention type.
- Personal care.
- Centre-based day care.
- Other food services.
- Respite care.
- Assessment including screening (client).
- Assessment including screening (carer).
- Case management.
- Client care coordination (client).
- Client care coordination (carer).
- Home maintenance.
- Counselling/support, information and advocacy (client).
- Counselling/support, information and advocacy (carer).



- Meals received at home or at centre/other.
- Goods and equipment (self-care aids, support and mobility aids, communication aids, aids for reading, medical care aids, car modifications, other goods/equipment).
- Formal linen services.
- Transport - Client – number of one-way individual or group trips by purpose.
- Home modification.

Commonwealth programs

- Better Start for Children with Disability.
- Disability Employment Assistance: Australian Disability Enterprises.
- Helping Children with Autism.
- Younger Onset Dementia Key Worker Program.
- Outside School Hours Care for Teenagers with Disability.
- Remote Vision and Hearing Services.

Reference list

- ¹ NDIS Act s 30A.
- ² NDIS Act s 29(1)(d).
- ³ NDIS Act s 29(1)(b).
- ⁴ NDIS Act s 29(1)(b).
- ⁵ NDIS Act ss 29(1)(c), 30, 30A
- ⁶ NDIS Act s 29(1)(a).
- ⁷ NDIS Act s 29(1)(d).
- ⁸ NDIS Act ss 29(1)(d), 37(3)(c).
- ⁹ NDIS Act ss 29(1)(d), 29(2).
- ¹⁰ NDIS Act s 29(1)(d).
- ¹¹ NDIS Act s 22.
- ¹² NDIS Act s29(1)(d).
- ¹³ NDIS Act ss 99, 100.
- ¹⁴ NDIS Act s 29(1)(b); Residential care service has the same meaning as in the Aged Care Act 1997.
- ¹⁵ NDIS Act s 29(1)(b).
- ¹⁶ NDIS Act s 29(1)(b); Residential care service has the same meaning as in the Aged Care Act 1997.
- ¹⁷ NDIS Act ss 29(1)(b), 99, 100.
- ¹⁸ NDIS Act s 29(1)(b).
- ¹⁹ NDIS Act ss 29(1)(d), 99, 100.
- ²⁰ NDIS Act s 29(1)(b).
- ²¹ NDIS Act ss 29(1)(b), 99, 100.
- ²² NDIS Act s 29(1)(b).
- ²³ NDIS Act ss 23(1)(a), 30(1)(a).
- ²⁴ NDIS Act ss 23(1)(b), 30(1)(a).
- ²⁵ NDIS Act ss 24, 25, 27, 30(1)(b).
- ²⁶ NDIS Act ss 23(1)(a), 23(2), 30(1)(a).
- ²⁷ NDIS Act ss 23(1)(a), 23(2), 30(1)(a).
- ²⁸ NDIS Act s 40.
- ²⁹ NDIS Act s 23(1)(b).
- ³⁰ NDIS Act ss 30(1)(b), 30A(1)(a)(b).
- ³¹ NDIS Act ss 30(3AA), 30A(5AA).
- ³² NDIS Act ss 30(3A), 30A(5A).
- ³³ NDIS Act s 30(5).
- ³⁴ NDIS Act s 30(6).
- ³⁵ NDIS Act ss 30(6A)(a), 30A(7A)(a).
- ³⁶ NDIS Act ss 30(6A)(d), 30A(7A)(d).
- ³⁷ NDIS Act ss 30(6A)(b)(c), 30A(7A)(b)(c).
- ³⁸ NDIS Act ss 30(6A)(e), 30A(7A)(e).
- ³⁹ NDIS Act ss 30(6A)(f)(g), 30A(7A)(f)(g).
- ⁴⁰ NDIS Act ss 30(7)(8), 30A(8)(9).
- ⁴¹ NDIS Act s 30(3)(a).
- ⁴² NDIS Act ss 30(1), 30A(1).
- ⁴³ NDIS Act ss 30(5), 30A(7).
- ⁴⁴ NDIS Act ss 30(4)(a)-(c).
- ⁴⁵ NDIS Act s 30(4)(d)
- ⁴⁶ NDIS Act s 100.
- ⁴⁷ NDIS Act s 100(2).
- ⁴⁸ NDIS Act s 102.
- ⁴⁹ NDIS Act s 19(2)
- ⁵⁰ NDIS Act s 46(1).

⁵¹ NDIS Act ss 29, 37(3)(c).

⁵² NDIS Act s 29(2).

⁵³ NDIS Act s 29(1)(a).

⁵⁴ NDIS Act ss 46(1), 182(3).

⁵⁵ NDIS Act ss 182(1)-(2).

⁵⁶ NDIS Act s 66(1)(a) – Public Interest Certification For The Release Of Protected Agency Information Relating To Deceased Participants dated 28 April 2020.

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Leaving the NDIS

Quick summary: There are different reasons you might leave the NDIS. For most participants, it's a choice to leave and you might not want to be a participant anymore because you have met your goals. Or you might not meet the eligibility requirements anymore. There are different processes for leaving the NDIS depending on the reason you're leaving. If you leave, you're no longer a participant, and won't be able to get NDIS supports. But we can still help you connect to other government and community services. If things change, you can always apply again and we'll let you know if you're eligible.

What's on this page?

This page covers:

- [What do we mean by leaving the NDIS?](#)
- [What if you don't want to be an NDIS participant anymore?](#)
- [What if I start getting supports from aged care services?](#)
- [Are you still eligible for the NDIS?](#)
- [What happens after you leave the NDIS?](#)
- [What happens when a participant dies?](#)

You might also be interested in:

- [Applying to the NDIS](#)
- [Younger people in residential aged care](#)
- [Your plan](#)
- [Reviewing our decisions](#)

What do we mean by leaving the NDIS?

When you leave the NDIS, you won't be an NDIS participant anymore. You won't have an NDIS plan or get any NDIS supports.

You can choose to leave the NDIS any time. You'll also leave the NDIS if you're no longer eligible.

Some participants will stay with the NDIS for their whole life. Other participants may need the NDIS for a shorter period of time. The length of time that you stay eligible for the NDIS depends on your individual situation and disability support needs.

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There are a number of situations where you might leave the NDIS:

- [You don't want to be a participant any more.](#)¹
- [You move into residential aged care permanently for the first time after you've turned 65.](#)²
- [You start getting home care services provided by aged care permanently for the first time after you've turned 65.](#)³
- [You're no longer eligible for the NDIS.](#)⁴ This includes when children with developmental delay turn 6 years old and no longer meet the early intervention requirements, or the disability requirements.

Participants also leave NDIS when they die.⁵ Learn more about [what happens with NDIS supports when a participant dies.](#)

What if you don't want to be an NDIS participant anymore?

You can choose to leave the NDIS at any time, if you no longer want to be a participant.

This might be because you have met your goals or have developed your skills and independence and don't need the NDIS anymore.

You can always [contact us](#) if you want to talk about whether leaving the NDIS is the best option for you.

If your situation changes after you leave, you can always apply again, and we'll let you know if you're eligible.

How do you let us know you want to leave the NDIS?

If you want to leave the NDIS, you'll need to let us know in writing.⁶

We have a [form](#) you can fill in. You can also email or send a letter to let us know that you want to leave the NDIS. You can also [contact us](#) if you'd like some help.

There are many services in the community you can contact if you need supports after you leave. A [local area coordinator](#) or [early childhood partner](#) can help you find local supports that aren't funded by the NDIS. They can still help you even if you're not a participant anymore.

If you choose to leave, just remember:

- Your plan ends on the day you let us know in writing that you wish to leave.⁷
- You can't use your NDIS funding once you let us know in writing that you wish to leave.⁸
- You'll no longer be an NDIS participant.⁹

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If you want to become a participant again, you'll need to apply again. If you reapply, there's no guarantee you'll become a participant again. You'll need to meet all the eligibility requirements.

Remember, to be eligible for the NDIS, you must be younger than 65 on the day you apply. If you're turning 65 soon and want to apply again after you leave, [contact us](#) so we can help you apply on time.

Learn more about the [eligibility requirements](#).

If we stop your NDIS plan because you ask to leave, you can't ask for an internal review. This is because when you write to us and ask to leave the NDIS, the law says we need to both:

- remove you from the NDIS
- end your plan, without us needing to make a reviewable decision.

Learn more about [what decisions can be reviewed](#).

What if you start getting supports from aged care services?

Aged care services are services funded by the [Department of Health Aged Care system](#)¹⁰ and include residential aged care services and home care services.

Home care services are supports you can get to help with your daily life. They include things like personal care for you in your home. When we say home care services, we mean services funded by the [Department of Health Aged Care system](#).

What if you move into residential aged care?

You'll leave the NDIS if you move into a residential aged care service permanently for the first time after you turn 65.¹¹ When we say residential aged care services, we mean services funded by the [Department of Health Aged Care system](#).¹²

The supports you get in residential aged care can be different from NDIS supports outside aged care facilities. Find out more about residential aged care services on the [Department of Health website](#).

If you leave the NDIS because you move into residential aged care permanently, you can't ask for an internal review. This is because the law says we must remove you from the NDIS, without us needing to make a reviewable decision.¹³ Learn more about [what decisions can be reviewed](#).

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Example

Vish is 66 and is an NDIS participant. Vish was living by himself but decides to permanently move into residential aged care for the first time. The law says Vish then ceases to be a participant and he leaves the NDIS.¹⁴

The aged care system is now responsible for all Vish's support needs. Vish can't ask for an internal review of this decision. Vish also can't become a participant again, as he is older than 65.

What if you were already in residential aged care before you turned 65?

If you were already living in residential aged care before you turn 65, you can still be an NDIS participant after you turn 65.

Learn more about [younger people in residential aged care](#).

Once you turn 65, you can also choose to leave and get support from the aged care system instead. If you want to leave the NDIS, you'll need to let us know in writing.

If you choose to leave the NDIS, you can't ask for an internal review. This is because if you ask in writing to leave the NDIS, then the law says we must remove you from the NDIS, without us needing to make a reviewable decision. Learn more about [what decisions can be reviewed](#).

Example

At age 50, Jane moved into an aged care facility permanently.

She was found eligible for the NDIS when she was 64.

Jane is now 66. She can choose to stay in residential aged care, but she decides to move out and live with her children.

Jane is still an NDIS participant, so she talks to her planner about her goal of moving out of residential aged care. Jane provides assessments and reports from her treating health professionals so we understand her capabilities and support needs.

Jane and her planner create a plan which includes the reasonable and necessary supports Jane needs. She uses her NDIS funding to support her to live with her children.

What if you start getting home care services from the aged care system?

Home care services are supports you can get to help with your daily life. They include things like personal care for you in your home. When we say home care services, we mean services funded by the [Department of Health Aged Care system](#).

You must leave the NDIS if you start getting home care services permanently for the first time after you turn 65.¹⁵ You can't ask for an internal review. This is because the law says you must leave the NDIS when this occurs, without us needing to make a reviewable decision.

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Learn more about [what decisions can be reviewed](#).

Home care services can be different from the supports you get with your NDIS funding. Find out more about home care services on the [Department of Health website](#).

Example

Kirsty just turned 65 and is an NDIS participant. She has an NDIS plan and currently gets 10 hours a week of personal care supports for her disability support needs.

Since she turned 65, she's now eligible for home care services with aged care funding. She must decide if she'll start using these aged care services.

If she starts getting home care services with aged care funding permanently, she must leave the NDIS.

She can keep getting NDIS supports that meet the NDIS funding criteria for her disability support needs until she gets aged care home care services permanently. Or if she moves into residential aged care permanently.¹⁶

Are you still eligible for the NDIS?

There are different reasons for leaving the NDIS. This might happen if you're no longer eligible. You're no longer eligible for the NDIS if you:

- [don't live in Australia anymore](#)¹⁷
- [are no longer an Australian citizen or permanent resident](#)¹⁸
- [no longer meet the disability requirements or early intervention requirements](#).¹⁹

If we have information that tells us you might not be eligible for the NDIS anymore, we will explain this to you. You'll then have an opportunity to give us evidence to show that you are still eligible. If, after this, we believe you are no longer eligible, we'll send you a letter that will let you know:²⁰

- your status as a participant has been revoked
- the date when you'll leave the NDIS.

This is a reviewable decision. Learn more about [reviewable decisions](#).

Learn more about the [eligibility requirements](#).

Do you still live in Australia?

You'll need to live in Australia to stay an NDIS participant.²¹ If you leave Australia permanently, you won't be eligible anymore, and we may decide to revoke your participant status.²²

You'll probably still meet the residence requirements if you leave Australia for a short time. If you're temporarily outside Australia for more than 6 weeks in a row, you'll usually still be an

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NDIS participant but may not be able to use your NDIS funding.²³ Learn more about [when we suspend your plan](#).

Are you still an Australian citizen or permanent resident?

To remain a participant, you'll need to either:²⁴

- be an Australian citizen
- have a [permanent residency visa](#)
- have a [protected special category visa](#) – this is only for some New Zealand citizens.

For example, we may decide to revoke your participant status if your permanent residency visa is cancelled.

If you joined the NDIS from a [New South Wales prescribed program and your residency or citizenship status changes](#), you remain eligible for the NDIS.

Do you still meet the early intervention requirements?

If you're eligible under the **early intervention requirements**, your support needs are more likely to change. We'll check each time we reassess your plan whether you still meet the early intervention requirements.

If you've benefitted from early intervention supports, you might have built your skills and increased your capacity so that you may no longer need NDIS supports.

If you no longer meet the early intervention requirements, we'll check if you meet the disability requirements.

What happens when a child with developmental delay turns 6 years old?

If we decided a child met the early intervention requirements for their developmental delay, they're usually no longer eligible after they turn 6.

This is because they will no longer meet the eligibility criteria under developmental delay. To remain an NDIS participant after they turn 6, the child will need to have an impairment that's likely to be permanent. They will also need to meet either the disability requirements or the early intervention requirements.

We'll talk to families or carers before a child turns 6 and explain what information we need to decide if the child is still eligible.

Learn more about the [disability requirements and the early intervention requirements](#).

Example

Sarah is 6 years old. Sarah was eligible for the NDIS under the early intervention requirements for developmental delay and has been receiving early childhood intervention supports since age 4.

At age 4, Sarah's speech was unclear. Her parents and other children couldn't understand her and Sarah found it hard to manage her frustration. At age 5, Sarah's early childhood

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partner explained to her parents that Sarah would most likely leave the NDIS after she turns 6.

By age 6, Sarah had achieved many of the goals her parents had set for her, including improved speech, communication, social and cognitive skills. Sarah's therapy provider reports that she no longer needs early childhood intervention supports.

Sarah's early childhood partner talks to her parents about the NDIS early intervention eligibility requirements and explains that Sarah no longer needs NDIS supports. Sarah leaves the NDIS.

Sarah can still get mainstream and community supports. For example, her teacher can help set up the supports she needs at school. Sarah also joins a gymnastic and dance class.

If Sarah's situation changes and she needs NDIS supports in the future, her parents can apply for the NDIS again.

Do you still meet the disability requirements?

If you were eligible under the **disability requirements**, it's likely you'll need the NDIS for a long time. This means you won't have to prove your disability every time we change your plan.

If at any time your disability support needs or circumstances change, we may need to check your supports or NDIS eligibility. We'll talk with you if this happens.

What happens if we check your NDIS eligibility?

We may check your eligibility if evidence shows you may no longer be eligible. This could mean you no longer meet one or more of the residence, disability, or early intervention requirements.

When you became an NDIS participant, you would have met either the disability requirements or the early intervention requirements.

If you're not sure which requirements you met, have a look at the access decision letter we sent you when we decided you were eligible. You can also [contact us](#).

If we check and it looks like you no longer meet the eligibility requirements, we may reassess your eligibility. We call this an **eligibility reassessment**. If we decide to start an eligibility reassessment, we'll let you know and you will be given the chance to provide evidence that you do continue to meet the eligibility requirements.

After the eligibility reassessment process has finished, we may decide that you're still eligible. Or we may revoke your status as a participant, if the evidence shows you don't meet:

- the residency requirements
- the disability requirements or the early intervention requirements.²⁵

If you're still eligible, you'll remain a participant. You can keep using your supports.

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If we revoke your status, you will leave the NDIS.

How do we let you know we're doing an eligibility reassessment?

We'll send you a letter to let you know we're doing an eligibility reassessment. We'll also contact you by your preferred contact method, such as by phone or email, to let you know.

You can still use the supports in your plan during the eligibility reassessment.

If your plan is being reassessed at the same time as the eligibility reassessment, you might get a new plan while we are doing the eligibility reassessment.

If we start doing an eligibility reassessment, we'll let you know we're thinking about whether we should revoke your status as a participant. We'll also let you know what specific eligibility requirements we don't think you meet.

We'll then give you an opportunity to explain if you think you still meet the requirements. You can also give us any relevant information or evidence that shows this.

If it still looks like you may not be eligible, we'll give you another opportunity to respond. We'll tell you what information and evidence we might use to make our decision. We'll also tell you any areas we think there's not enough evidence to show us you're still eligible.

How much time will you have to give us more information?

We will usually give you **28 days** from the date of our first letter, so you can explain if you think you meet the requirements. This will give you an opportunity to give us any extra information or evidence to help us make the right decision.

If you don't respond or if it looks like you might not be eligible, we will send you a reminder to gather any relevant information or documents. Then we will decide if you're still eligible.

If you're having trouble getting the information we need within the timeframe, [let us know](#). If you think this timeframe is not reasonable because of your particular situation, we may be able to give you more time.

You'll need to tell us why you need more time, and how much extra time you need. For example, there could be a delay in getting information from your treating professional. If so, we could give you more time so you can get the information and send it to us.

Generally, we'll only give you one extension of time. This is because the first extension should give you a reasonable opportunity to give us the evidence you want to. You'll need to talk to us about your circumstances. If you need another extension, you'll need to explain why you need more time again and how much extra time you need.

Example 1

Pai is 14 years old. We decided she was eligible for the NDIS under the early intervention requirements.

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A recent report from her occupational therapist shows us that Pai has significantly improved her skills and achieved her goals over the last few years. The report also told us Pai can now manage her day-to-day tasks independently.

We contact Pai and her family to let them know we have started an eligibility reassessment, and to explain why we're checking whether she's still eligible. We also give them the opportunity to give us more information to help us make the right decision.

Pai and her family will have 56 days to give us more information before we decide whether she's still eligible.

The next day, Pai's parents call her occupational therapist to book an appointment. The occupational therapist is currently on holiday. The earliest time they can book an appointment and send us a report is 60 days away.

Pai's family asks if they could have 60 days to give us the report. Pai's family let us know this was the first appointment they could get, and why they need the report from the occupational therapist and not another professional.

It's reasonable to give Pai's family more time. We decide to give Pai's family 60 days to get the information to us.

Example 2

Nathan is 35 years old. We decided he was eligible for the NDIS under the disability requirements.

A recent report from Nathan's physiotherapist shows us that his functional capacity has improved. Based on this information, we think Nathan might not be eligible anymore, and start an eligibility reassessment to check whether he's still eligible. Nathan has 56 days to give us more information before we make a decision.

Nathan doesn't call his physiotherapist to book an appointment until 20 days after we let him know about the eligibility reassessment. There's an appointment available in the next few days. But Nathan decides to book an appointment 6 weeks after that, because he'll be visiting friends near his physiotherapist that day.

Nathan asks if he could have 62 days to give us the report. We don't think it's reasonable to give Nathan more time. There was an appointment available within the time we gave him, and Nathan could have tried to book an appointment much sooner.

After 28 days, we send Nathan another letter because it seems like he might not be eligible.

If Nathan doesn't give us more information by the end of the 56 days, we'll decide whether he's still eligible based on the information we have. If we don't have enough evidence to show us he's still eligible, we may decide to revoke his status as a participant.

We let Nathan know we can't give him more time. Nathan decides to make an earlier appointment with his physiotherapist.

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What if you don't give us more information or ask for more time?

If you don't respond to our letter or ask for more time, we will then make our decision based on the information we have.

If we don't have enough evidence that you're eligible, we'll generally decide to revoke your status as a participant. This means you'll leave the NDIS.

Example

Jim is 40 years old. We decided he was eligible for the NDIS under the disability requirements. He transitioned from state government disability services under a [defined program](#). We don't have enough evidence that he's still eligible for the NDIS.

We start doing an eligibility assessment to check whether Jim is still eligible for the NDIS. We contact Jim to let him know that we started an eligibility reassessment, and explain why we're checking whether he's still eligible.

We also give Jim the opportunity to give us more information to show us he's still eligible. Jim will have 56 days to give us the information before we decide whether he's still eligible.

After 28 days, we contact Jim to tell him which requirements he might not meet, and ask him to give us more information.

Jim doesn't ask for more time and doesn't give us more information within the remaining 28 days. We'll then need to make a decision based on the information we have. If we don't have enough evidence to show us he's still eligible, we may decide to revoke his status as a participant.

How do we decide if you're still eligible for the NDIS?

We'll consider all relevant information against the eligibility requirements to decide if you're still eligible for the NDIS. We'll do this after:

- we let you know that we're reassessing your eligibility, and what specific eligibility requirements we're looking at
- we let you know what information and evidence we might use to make our decision
- you've had a reasonable opportunity to explain why you still meet the requirements and to give us more information
- we look at any extra information or evidence you give us about why you think you're still eligible.

The person who reassesses your eligibility and decides if you're still eligible will be one of our staff. They will be different from the people who first decided if you're eligible, and the people who approved your plans. They will also be someone who doesn't have a personal interest in whether you're a participant, or know you other than through the NDIS.

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If the information and evidence show us you're still eligible, you'll remain a participant. You can keep using your supports.

You may have been eligible under the early intervention requirements, but give us evidence you now meet the disability requirements. If so, we'll change our records to show you now meet the disability requirements. This means we won't revoke your status as a participant and you will remain an NDIS participant.

If we believe based on the evidence that you're not eligible, we'll revoke your status as a participant. This means you won't be a participant anymore and you'll leave the NDIS.

We'll contact you by your preferred contact method to explain our decision. We'll also send you a letter with our decision and our reasons, and the date your participant status will be revoked.

Example

Ayesha is 6 years old. She has just started school. Ayesha was eligible for the NDIS under the early intervention requirements for developmental delay and has been receiving early childhood intervention supports since age 3. There is no evidence to indicate that Ayesha has a condition that is likely to be permanent.

Ayesha's parents are happy with Ayesha's progress, but would like her to be more confident when playing with her peers and interacting with adults. They think Ayesha needs ongoing support for her speech and communication.

At her plan reassessment, the information and evidence we have makes us think Ayesha no longer meets the early intervention requirements. Before we make the decision, we give Ayesha's family the opportunity to give us more information about Ayesha's functional capacity. We tell Ayesha's family what we need and allow 56 days for them to give us the information.

The report from Ayesha's therapy provider confirms that Ayesha still needs some help with her communication but that her school and parents can continue to support this. There are no other concerns with Ayesha's development.

We decide Ayesha no longer meets either the disability requirements or the early intervention requirements. Her functional capacity has improved, so she no longer needs NDIS support to pursue her goals. We talk to her parents about the NDIS early intervention eligibility requirements and explain that Ayesha no longer needs NDIS supports. Ayesha leaves the NDIS.

What if you don't agree with our decision?

If you don't agree with our decision to revoke your status as a participant of the NDIS, you should talk to us. Your planner, local area coordinator or early childhood partner can help explain our decision, answer any questions, and explore next steps.

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You can also ask for an internal review of our decision to revoke your status as a participant.²⁶ This means one of our staff, who wasn't involved in the original decision, will decide if we made the correct decision.

You'll need to ask for an internal review within 3 months after we tell you in writing that we revoked your status as a participant.²⁷

If you don't agree with the internal review decision, you can then ask for an external review. This means the Administrative Appeals Tribunal will decide if we made the right decision.

Learn more about [internal and external reviews](#).

What if you become a participant again because of an internal or external review?

If an internal or external reviewer decides you're eligible for the NDIS, you'll become a participant again. You'll become a participant again from the date you stopped being a participant.

This means we will identify the plan you had when you stopped being a participant and put that plan back in place. This plan will continue until we reassess your next plan.

In some situations, you can claim the cost of the reasonable and necessary supports you purchased during the period your participant status was revoked. This is the period between:

- the day you stopped being an NDIS participant
- the day you became a participant again because of the internal or external review decision.

You can only claim funding for reasonable and necessary supports if:

- the reasonable and necessary supports you're claiming were in your plan – the plan that was in place when we revoked your status as a participant²⁸
- there is enough funding remaining in that plan
- you have proof of buying and using the supports, such as a receipt
- you claim the reasonable and necessary supports within **60 days** after you become a participant again.

If your supports are self-managed or plan-managed, you or your plan manager can claim the funding for supports as usual. If your supports are agency-managed, [contact us](#) so we can help you claim the funding for supports. Learn more about [ways to manage your funding](#).

Example

Sharna is a participant, and was eligible for the NDIS under the early intervention requirements.

On 1 July, we decide she isn't eligible for the NDIS anymore and revoke her status as a participant. We have evidence she no longer meets either the disability requirements or the early intervention requirements. She can no longer use her plan funding.

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Sharna asks for an internal review of this decision. She also gives us more evidence from her doctor and specialists about her impairments, functional capacity and support needs.

On 1 September, the internal reviewer decides to set aside the decision to revoke Sharna from the NDIS. This means Sharna is eligible for the NDIS. She becomes a participant again.

We treat Sharna as if she was a participant the whole time. This means we reinstate the plan that existed when her status as a participant was revoked. Her reinstated plan will remain until it's replaced by a new plan at her next plan reassessment.

Sharna had kept using her disability supports in July and August after her participant status had been revoked. She paid for these supports with her own money and kept the receipts. Sharna can't claim every support, but she can claim reasonable and necessary supports that were included in her NDIS plan before her participant status was revoked.

Sharna self-manages her funding, so she claims the amount she paid for reasonable and necessary supports included in her old plan on the [myplace portal](#).

What happens after you leave the NDIS?

When you leave the NDIS, you're no longer a participant and your plan will stop.²⁹ We can't fund any reasonable and necessary supports after you leave.³⁰

We can help you sort out your final payment requests. If you want help, talk to your local area coordinator, early childhood partner or planner. You can also [contact us](#).

If you leave the NDIS, we'll help you transition by connecting you with other services in your community if you need them. You can also ask your [local area coordinator](#) or [early childhood partner](#) about the supports available in your community.

Under the law, we must keep your information on our records. Learn more about [your privacy and information](#).

What happens when a participant dies?

We recognise the importance of supporting family, carers and support networks when a participant dies.

To provide the best support we can during this difficult time, we have specialist staff who can help you work through any remaining NDIS matters. Learn more about [how we can help after a participant dies](#).

When we say 'you' in this section, we mean someone who is a verified contact of the participant in our system and is looking after the participant's matters after they've died.

You might be a:

- spouse

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- nominee
- parent or child representative
- court appointed trustee or guardian.

It's important you tell us when a person dies, as they're no longer an NDIS participant, and we'll need to finalise their NDIS record.³¹

You can [tell us](#) in person, or by phone, email or letter, when the participant dies. We also have a [form](#) you can fill in.

We'll ask for the participant's date of death. We'll also ask who the executor of the estate is, if you know this. This is the person who will be managing the participant's estate. We use this information to help us finalise the participant's NDIS record. This means we'll end the plan and stop their funded supports.

We know this is a difficult time. Where appropriate, we'll offer support to help you work out what you need to do to finalise matters relating to the participant's plan after they die. You can reach out to a local area coordinator, early childhood partner or planner. You can also [contact us](#).

Learn more about [what to do when someone dies](#).

What happens to a participant's NDIS funded supports when they die?

The participant's plan ends the day they die. We can't fund any supports or services purchased or supplied after this date. If the participant's plan manager uses NDIS funds to purchase supports after this date, the plan manager will need to repay us.³²

Also, an NDIS provider will need to repay us if they receive a payment they are not entitled to after the participant's death.³³

For example, the participant may have funding for cleaning services in their NDIS plan. A provider can't claim this funding to purchase cleaning services after the participant dies. If the provider claims the funding, it will need to be repaid to the NDIS.

Sometimes we can pay for supports that were arranged or ordered in writing before the participant died that haven't been paid yet. For example:

- return and payment for rented assistive technology, where the costs are covered by a service agreement entered before the participant died
- assistive technology that has been purchased by the participant but not paid for or delivered – when it fits with the pre-payments guidance of the [Pricing Arrangements and Price Limits](#)
- home or vehicle modifications that have started but haven't finished
- services that were purchased and provided before the participant died

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- cancellation fees covered by a service agreement.

We will make sure that access to the portal is available for a period of **90 days** from the participant's date of death. This is so that reasonable and necessary supports purchased before the participant's death can be claimed. When you contact us, we will talk to you about who the most appropriate person is to have access to the portal in order to make these claims.

The information in this section is general information only. You should always check the terms of the [service agreement](#) made with the provider. The service agreement can help you work out whether you need to pay providers, and who owns assistive technology, home or vehicle modifications, after a participant dies.

What happens to a participant's assistive technology?

The person managing the estate will need to work with providers to manage the participant's assistive technology in line with the [service agreement](#) that is in place.

Generally, when we have funded assistive technology for the participant, the participant owns it, unless there is an arrangement in place where the participant must give it back to the provider. For example, the participant has a rental or leasing arrangement with a NDIS provider.

If the participant owns the item, the equipment becomes part of their estate when they die. The person managing the estate can choose what to do with the assistive technology.

If the participant was renting assistive technology with NDIS funding, you must return the equipment to the provider. This is because the provider still owns it. This includes if the participant rented a group of assistive technology items, such as through a loan pool or equipment library.

If the participant had a service agreement that includes the costs of returning equipment early, we'll cover costs such as:

- early return fees
- shipment or delivery costs.

What happens when assistive technology has been ordered but not delivered?

If the participant dies before getting assistive technology that was in their plan, we'll pay any pre-payment fees that haven't been paid if:

- the fees are in line with our pre-payment's guidance in the [Pricing Arrangements and Price Limits](#), and
- the item was ordered before the participant died.

If full payment is made, the assistive technology is the property of the estate.

What if the participant had an assistance animal or dog guide?

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The person managing the estate may need to consider any service agreement and may wish to talk to the participant's provider. They can discuss with them what options are available for the assistance animal or dog guide.

What happens to a participant's home and vehicle modifications?

The person managing the estate will need to work with the provider to manage the participant's home or vehicle modifications in line with the [service agreement](#) that is in place.

After the participant dies, you can usually still claim funding for home modifications or vehicle modifications if the modifications were purchased before the participant died. This is if the provider hasn't been paid the final payment.

If the participant dies before approved home or vehicle modifications are finished, the provider should discuss options with the nominee or executor within the scope of the [service agreement](#).

This may mean completing modifications to make the building or vehicle safe and suitable for more general use. But if the modifications continue, they shouldn't include specific features required by the participant who died.

Remember, we can help you work out what to do about the participant's plan after they die. You can reach out to a local area coordinator, early childhood partner or planner. You can also [contact us](#).

What can service providers claim?

Service providers can claim for reasonable and necessary supports purchased before the participant's death under a service agreement. They have **90 days** from the participant's date of death to make a claim.

If the funding was [plan managed](#), the plan manager will need to claim any funding for supports purchased before the participant's death. Plan managers can claim the plan management fee for the month of the participant's death for this purpose, if this forms part of their service agreement.

When can providers claim cancellation fees?

In some situations, providers can claim a cancellation fee if they had short notice of the participant's death. Providers can claim the fee according to the conditions in the [service agreement](#) and the [Pricing Arrangements and Price Limits](#).

If the participant lived in Specialist Disability Accommodation, the Specialist Disability Accommodation provider can claim vacancy costs in some circumstances. We have more information in the [SDA Pricing Arrangements and Price Limits](#).

Do we disclose information about a participant's death?

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There are some situations where we may disclose information about the participant's death. For example, we may need to disclose this information to:

- finalise outstanding service bookings
- help arrange removal or disposal of assistive technology
- stop delivery services.

We can only disclose information about the deceased participant in certain situations, where it's in the public interest to do so.³⁴

We may disclose information when:

- there is no reason to think the deceased participant wouldn't want their information disclosed
- the information is needed for a genuine reason, such as to help administer the deceased participant's estate
- the information isn't available from another source.

The people we may talk to include:

- a family member, guardian or support person
- a correspondence nominee, plan nominee or child representative
- a service provider that was providing supports to the participant – they will need to know as soon as possible since they can't claim funding after the participant dies
- an executor administering the estate
- a Commonwealth, State or Territory department or authority
- a lawyer or legal representative that was supporting the participant.

If you have any questions about why we've disclosed details about the participant's death, you can always [contact us](#).

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Appendix A: New South Wales prescribed programs

We may have decided you were eligible because you had support from one of the following programs in New South Wales. If so, you will remain eligible for the NDIS even if your residency or citizenship status changes. This also includes if you were eligible under one of these programs, but now live in a different state or territory.

These programs were provided to residents of New South Wales, and were administered by the New South Wales Department of Family and Community Services for people younger than 65.

New South Wales programs:

Large Residential Centres

- Large Residential Centre/Institution

Group Home

- Small Residential Centre/Institution
- Group Homes

Community High

- Hostels
- Attendant Care
- In-home Accommodation Support
- Alternative Family Placement
- Other Accommodation Support

Community Support

- Therapy Services for Individuals
- Early Childhood Intervention
- Behaviour/Specialist Intervention
- Counselling
- Regional Resource and Support Teams
- Case Management, Local Coordination and Development
- Other Community Support

Community Access

- Learning and Life Skills Development
- Recreation/Holiday Programs

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- Other Community Access

Respite

- Own Home Respite
- Centre-based Respite/Respite Homes
- Host Family Respite/Peer Support Respite
- Flexible/Combination Respite
- Other Respite

Community Care

- Domestic assistance
- Social support
- Nursing care received at home or at centre/other
- Allied health care received at home or at centre/other by intervention type
- Personal care
- Centre-based day care
- Other food services
- Respite care
- Assessment including screening (client)
- Assessment including screening (carer)
- Case management
- Client care coordination (client)
- Client care coordination (carer)
- Home maintenance
- Counselling/support, information and advocacy (client)
- Counselling/support, information and advocacy (carer)
- Meals received at home or at centre/other
- Goods and equipment (self-care aids, support and mobility aids, communication aids, aids for reading, medical care aids, car modifications, other goods/equipment)
- Formal linen services
- Transport - Client – number of one-way individual or group trips by purpose
- Home modification

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Commonwealth programs

- Better Start for Children with Disability
- Disability Employment Assistance: Australian Disability Enterprises
- Helping Children with Autism
- Younger Onset Dementia Key Worker Program
- Outside School Hours Care for Teenagers with Disability
- Remote Vision and Hearing Services

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Version Control Table

Version	Amended by (login ID)	Brief Description of Change	Status	Date
1.0	MHM598	CEO approval	APPROVED	2022-05-31
2.0	CW0032	Class 1 approval Legislative amendments per: National Disability Insurance Scheme Amendment (Participant Service Guarantee and Other Measures) Act 2022 No. 27, 2022	APPROVED	2022-06-20
3.0	SM0075 GO0002	Class 2 approval Independent Advisory Council updates, including additional aged care services content and clarification of residence requirements.	APPROVED	2022-09-05

Reference list

- ¹ NDIS Act s 29(1)(d).
- ² NDIS Act s 29(1)(b).
- ³ NDIS Act s 29(1)(b).
- ⁴ NDIS Act ss 29(1)(c), 30.
- ⁵ NDIS Act s 29(1)(a).
- ⁶ NDIS Act s 29(1)(d).
- ⁷ NDIS Act ss 29(1)(d), 37(3)(b).
- ⁸ NDIS Act ss 30(1)(d), (2).
- ⁹ NDIS Act s 29(1)(d).
- ¹⁰ NDIS Act s 29(1)(b); Residential care service has the same meaning as in the Aged Care Act 1997.
- ¹¹ NDIS Act s 29(1)(b).
- ¹² NDIS Act s 29(1)(b); Residential care service has the same meaning as in the Aged Care Act 1997.
- ¹³ NDIS Act ss 29(1)(b), 99, 100.
- ¹⁴ NDIS Act s 29(1)(b).
- ¹⁵ NDIS Act s 29(1)(b).
- ¹⁶ NDIS Act s 29(1)(b).
- ¹⁷ NDIS Act ss 23(1)(a), 30(1)(a).
- ¹⁸ NDIS Act ss 23(1)(b), 30(1)(a).
- ¹⁹ NDIS Act ss 24, 25, 30(1)(b)(i)-(ii).
- ²⁰ NDIS Act s 30(2).
- ²¹ NDIS Act ss 23(1)(a), 23(2), 30(1)(a).
- ²² NDIS Act ss 23(1)(a), 23(2), 30(1)(a).

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²³ NDIS Act s 40.

²⁴ NDIS Act s 23(1)(b).

²⁵ NDIS Act s 30(1)(b).

²⁶ NDIS Act s 100.

²⁷ NDIS Act s 100(2).

²⁸ NDIS Act s 46(1).

²⁹ NDIS Act ss 29, 37(3)(b).

³⁰ NDIS Act s 29(2).

³¹ NDIS Act s 29(1)(a).

³² NDIS Act ss 46(1), 182(3).

³³ NDIS Act ss 182(1)-(2).

³⁴ NDIS Act s 66(1)(a) – Public Interest Certification For The Release Of Protected Agency Information Relating To Deceased Participants dated 28 April 2020.

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Leaving the NDIS

Quick summary: There are different reasons you might leave the NDIS. For most participants, it's a choice to leave. You might not want to be a participant anymore because you've met your goals. Or you might not meet the eligibility requirements anymore. There are different processes for leaving the NDIS depending on the reason you're leaving. If you leave, you're no longer a participant, and won't be able to get NDIS supports. [NDIS supports](#) are the services, items and equipment that can be funded by the NDIS. If you leave, we can still help you connect to other government and community services and if things change, you can apply again.

What's on this page?

This page covers:

- [What do we mean by leaving the NDIS?](#)
- [What if you don't want to be an NDIS participant anymore?](#)
- [What if you start getting supports from aged care services?](#)
- [Are you still eligible for the NDIS?](#)
- [What happens if we check your NDIS eligibility?¹](#)
- [What happens after you leave the NDIS?](#)
- [What happens when a participant dies?](#)

You might also be interested in:

- [Applying to the NDIS](#)
- [Younger people in residential aged care](#)
- [Your plan](#)
- [Reviewing our decisions](#)

What do we mean by leaving the NDIS?

When you leave the NDIS, you won't be an NDIS participant anymore. You won't have an NDIS plan or get NDIS supports.

You can choose to leave the NDIS any time. You'll also leave the NDIS if you're no longer eligible or if your NDIS status is revoked. Learn more about [when you can be revoked as a participant](#).

Some participants will stay with the NDIS for their lifetime. Other participants may need the NDIS for a shorter period. The length of time you stay eligible for the NDIS depends on your individual situation and the NDIS supports you need for your disability.

There are a number of situations where you might leave the NDIS:

- [You don't want to be a participant any more](#).²
- [You move into residential aged care permanently for the first time after you've turned 65](#).³
- [You start getting home care services provided by aged care permanently for the first time after you've turned 65](#).⁴
- [You're no longer eligible for the NDIS](#).⁵ This includes when children with developmental delay turn 6 and no longer meet the requirements for early intervention, disability, or both.
- [Your NDIS status is revoked](#).

Participants also leave NDIS when they die.⁶ Learn more about [what happens with NDIS supports when a participant dies](#).

What if you don't want to be an NDIS participant anymore?

You can choose to leave the NDIS at any time, if you no longer want to be a participant.

This might be because you have met your goals or have developed your skills and independence and don't need the NDIS anymore.

You can always [contact us](#) if you want to talk about whether leaving the NDIS is the best option for you.

If your situation changes after you leave, you can always apply again, and we'll let you know if you're eligible.

How do you let us know you want to leave the NDIS?

If you want to leave the NDIS, you'll need to let us know in writing.⁷



You can fill in the [Leaving the NDIS](#) form. You can also email or send a letter to let us know that you want to leave the NDIS. You can also [contact us](#) if you'd like some help.

There are services in the community you can contact if you need supports after you leave. A [local area coordinator](#) or [early childhood partner](#) can help you find local supports that aren't NDIS supports. This includes mainstream and community services available outside the NDIS. Learn more about [mainstream and community supports](#).

If you choose to leave, remember:

- Your plan ends on the day you let us know in writing that you wish to leave.⁸
- You can't use your NDIS funding once you let us know in writing that you wish to leave.⁹
- You'll no longer be an NDIS participant.¹⁰

If you want to become a participant again, you'll need to reapply. If you reapply, there's no guarantee you'll become a participant again. You'll need to meet all the eligibility requirements. This includes the requirement that you must be younger than 65 on the day you apply.¹¹

Learn more about the [eligibility requirements](#).

If we stop your NDIS plan because you ask to leave, you can't ask for an internal review. This is because when you write to us and ask to leave the NDIS, the law says we need to:

- remove you from the NDIS¹², and
- end your plan, without us needing to make a reviewable decision.¹³

Learn more about [what decisions can be reviewed](#).

What if you start getting supports from aged care services?

Aged care services are funded by the [Department of Health Aged Care system](#)¹⁴ and include residential aged care services and home care services.

Home care services are supports you can get to help with your daily life. They include things like personal care for you in your home. When we say home care services, we mean services funded by the [Department of Health Aged Care system](#).

What if you move into residential aged care?

You'll leave the NDIS if you move into a residential aged care service permanently for the first time after you turn 65.¹⁵ When we say residential aged care services, we mean services funded by the [Department of Health and Aged Care system](#).¹⁶

The supports you get in residential aged care can be different from NDIS supports outside aged care facilities. Find out more about residential aged care services on the [Department of Health and Aged Care website](#).

If you leave the NDIS because you move into residential aged care permanently, you can't ask for an internal review. This is because the law says we must remove you from the NDIS, without us needing to make a reviewable decision.¹⁷ Learn more about [what decisions can be reviewed](#).

Example

Vish is 66 and is an NDIS participant. Vish was living by himself but decides to permanently move into residential aged care for the first time. The law says Vish then stops being a participant and he leaves the NDIS.¹⁸

The aged care system is now responsible for all Vish's support needs. Vish can't ask for an internal review of this decision. Vish also can't become a participant again, as he is older than 65.

What if you were already in residential aged care before you turned 65?

If you were already living in residential aged care before you turn 65, you can still be an NDIS participant after you turn 65.

Learn more about [younger people in residential aged care](#).

Once you turn 65, you can also choose to leave and get support from the aged care system instead. If you want to leave the NDIS, you'll need to let us know in writing.

If you choose to leave the NDIS, you can't ask for an internal review. This is because if you ask in writing to leave the NDIS, then the law says we must remove you from the NDIS, without us needing to make a reviewable decision¹⁹. Learn more about [what decisions can be reviewed](#).

Example

At age 50, Jane permanently moved into an aged care facility.

She was found eligible for the NDIS when she was 64.

Jane is now 66. She can choose to stay in residential aged care, but she decides to move out and live with her children.

Jane is still an NDIS participant, so she talks to her planner about her goal of moving out of residential aged care. Jane gives assessments and reports from her treating health professionals, so we understand her capabilities and support needs.

Jane and her planner create a plan. Jane's plan includes the NDIS supports Jane needs. She uses her NDIS supports to work towards her goal of living with her children.

What if you start getting home care services from the aged care system?

Home care services are supports you can get to help with daily life. They include things like personal care for you in your home. When we say home care services, we mean services funded by the Department of Health and Aged Care system.

You must leave the NDIS if you start getting home care services permanently for the first time after you turn 65.²⁰ You can't ask for an internal review. This is because the law says you must leave the NDIS when this occurs, without us needing to make a reviewable decision.²¹

Learn more about [what decisions can be reviewed](#).

Home care services can be different from NDIS supports. Find out more about home care services on the [Department of Health and Aged Care website](#).

Example

Kirsty just turned 65 and is an NDIS participant. She uses her NDIS supports to fund 10 hours a week of personal care.

Since she turned 65, she's now eligible for home care services with aged care funding. She must decide if she'll start using these aged care services.

If she starts getting home care services with aged care funding permanently, she must leave the NDIS.

She can keep getting NDIS supports until she permanently gets aged care home care services or moves into residential aged care permanently.²²

Are you still eligible for the NDIS?

There are different reasons for leaving the NDIS. This might happen if you're no longer eligible.

You're no longer eligible for the NDIS if you:

- [don't live in Australia anymore](#)²³
- [are no longer an Australian citizen or permanent resident](#)²⁴

- [no longer meet the disability requirements](#) or [early intervention requirements](#).²⁵
- If we have information that tells us you might not be eligible for the NDIS anymore, we may check your eligibility.

Learn more about [What happens if we check your NDIS eligibility?](#)

Do you still live in Australia?

You'll need to live in Australia to stay an NDIS participant.²⁶ If you leave Australia permanently, you won't be eligible anymore, and we may decide to revoke your participant status.²⁷ Learn more about [when you can be revoked as a participant](#).

You'll probably still meet the residence requirements if you leave Australia for a short time. If you're temporarily outside Australia for more than 6 weeks in a row, you'll usually still be an NDIS participant but may not be able to use your NDIS funding.²⁸ Learn more about [when we suspend your plan](#).

Are you still an Australian citizen or permanent resident?

To remain a participant, you'll need to either:²⁹

- be an Australian citizen.
- have a [permanent residency visa](#)
- have a [protected special category visa](#) – this is only for some New Zealand citizens.

For example, you may have to leave the NDIS if your permanent residency visa is cancelled.

If you joined the NDIS from a [New South Wales prescribed program](#) and your residency or citizenship status changes, you'll remain eligible for the NDIS.

Do you still meet the early intervention requirements?

If you're eligible under the **early intervention requirements**, your support needs are more likely to change. We'll check each time we reassess your plan whether you still meet the early intervention requirements.

If you've benefitted from early intervention NDIS supports, you might have built your skills and increased your capacity. You may no longer need NDIS supports.

If you no longer meet the early intervention requirements, we'll check if you meet the [disability requirements](#).

What happens when a child with developmental delay turns 6 years old?

If we decided a child met the early intervention requirements because of their developmental delay, they're usually no longer eligible after they turn 6.

This is because they will no longer meet the eligibility criteria under developmental delay. To remain a NDIS participant after they turn 6, the child will need to meet the requirements for disability, early intervention, or both. This requires the child to have an impairment that's likely to be permanent.

We'll talk to families or carers before a child turns 6. We'll explain what information we need to decide if the child is still eligible.

Learn more about the [disability requirements](#) and the [early intervention requirements](#).

Example 1

Sarah is 6 years old. Sarah was eligible for the NDIS under the early intervention requirements for developmental delay and has been receiving NDIS supports since age 4.

At age 4, Sarah had problems with her speech. Her parents and other children couldn't understand her, and Sarah found it hard to manage her frustration. At age 5, Sarah's early childhood partner explained to her parents that Sarah would most likely leave the NDIS after she turns 6.

By age 6, Sarah achieved many of the goals her parents set for her, including improved speech, communication, social and cognitive skills. Sarah's therapy provider reports she no longer needs early intervention supports.

Sarah's early childhood partner talks to her parents about the NDIS eligibility requirements and explains that Sarah no longer needs NDIS supports. Sarah let us know in writing they want Sarah to leave the NDIS.

Sarah leaves the NDIS, she continues to receive mainstream, and community supports. For example, her teacher can help set up the supports she needs at school. Sarah also joins a gymnastic and dancing class.

If Sarah's situation changes and she needs NDIS supports in the future, her parents understand they apply for the NDIS again.

Example 2

Ayesha was eligible for the NDIS under the early intervention requirements for developmental delay and has been receiving early intervention supports since she was 3.

During check-ins, we have discussed Ayesha's progress and reminded the family that Ayesha's eligibility will be reassessed at age 6, this is because Ayesha will no longer meet the early intervention requirements under developmental delay once she turns 6.

For Ayesha to remain a NDIS participant after she turns 6, she will need to meet the requirements for disability, early intervention, or both. This requires Ayesha to have an impairment that's likely to be permanent.

Ayesha is now 6 years old and has just started school. Ayesha's parents are happy with her progress but would like her to be more confident when playing with her peers and interacting with adults. They think Ayesha needs ongoing support for her speech and communication.

At her plan reassessment, the evidence we have makes us think Ayesha is no longer eligible for the NDIS as there is no evidence to indicate that Ayesha has a condition that is likely to be permanent.

We start an eligibility reassessment.

We send Ayesha's family a letter. The letter explains that based on the information we have Ayesha may no longer meet the eligibility requirements. It explains, that if Ayesha's family thinks she is still eligible, they need to provide us with evidence. The evidence needs to show that Ayesha meets the requirements for disability, early intervention, or both. Ayesha's family is asked to respond within 28 days from the date of the letter.

Ayesha's family send us a report from Ayesha's therapy provider which confirms she has made progress towards her goals and Ayesha's functional capacity has improved. It indicates that Ayesha still needs some help with her communication but that her school and parents can continue to support this. There are no other concerns with Ayesha's development.

Based on the evidence we have we decided Ayesha no longer meets the requirements for disability, early intervention, or both. We talk to Ayesha's parents about the NDIS eligibility requirements and explain that we have decided Ayesha is no longer eligible.

We send Ayesha's family a letter explaining we have revoked Ayesha's status as a participant. This means Ayesha will no longer be eligible and will leave the NDIS.

Ayesha is supported to leave the NDIS and gets ongoing support for her speech and communication from her school and her parents. They use the strategies Ayesha's early childhood partner helped them put into place.

Do you still meet the disability requirements?

If you were eligible under the **disability requirements**, you'll likely need NDIS supports for your lifetime. This means you won't have to prove your NDIS support needs every time we change your plan.

If at any time your disability support needs or situation changes, we may need to check your NDIS supports or eligibility. We'll contact you if this happens.

What happens if we check your NDIS eligibility?

We may check your eligibility if evidence suggests you may no longer be eligible. This could mean you no longer meet one or more of the residence, disability, or early intervention requirements.

When you became a NDIS participant, you would have met the requirements for disability, early intervention, or from 3 October 2024, you may meet requirements for both disability and early intervention.

If you're not sure which requirements you met, check the access decision letter we sent you when we decided you were eligible. If you have been through an eligibility reassessment before and this was updated, you can find it in the eligibility reassessment outcome letter we sent you. You can also [contact us](#).

If we check, and it looks like you may no longer meet the eligibility requirements, we may reassess your eligibility. We call this an **eligibility reassessment**. If we decide to start an eligibility reassessment, we'll let you know. We'll give you the opportunity to give us more evidence about your NDIS eligibility. Learn more about [How we let you know we're doing an eligibility reassessment](#).

After the eligibility reassessment process has finished, we'll consider the information and decide if you're still eligible. Learn more about [How we decide if you're still eligible for the NDIS](#).

You may have to leave the NDIS if you don't provide us with the specific information, or the evidence shows you don't meet one or more of:

- the residency requirements.
- the disability or early intervention requirements.³⁰

If you're still eligible, you'll remain a participant. You can keep using your NDIS supports.

If we revoke your status, you'll leave the NDIS. Learn more about [when you can be revoked as a participant](#).

How do we let you know we're doing an eligibility reassessment?

We'll send you a letter to let you know we're doing an eligibility reassessment. We'll also contact you by your preferred contact method, such as by phone or email, to let you know.

You can still use the NDIS supports during the eligibility reassessment.

If your plan is being reassessed at the same time as the eligibility reassessment, you might get a new plan while we're doing the eligibility reassessment.

If we start doing an eligibility reassessment, we'll let you know that based on the evidence we have, we're thinking about whether we should revoke your status as a participant. We'll also let you know what eligibility requirements we don't think you meet.

Will we ask you to provide evidence for an eligibility reassessment?

We'll give you an opportunity to explain if you think you still meet these eligibility requirements. You can also give us any relevant information or evidence that shows this.

Sometimes if we don't have enough evidence to make a decision, we will ask you for **specific information or a report** in a format that helps us to make a decision about your eligibility.³¹ We must tell you in writing when you need to provide this.³² We'll only ask you to provide this specific information or report if we can't reasonably get it in a different way³³.

How much time will you have to give us more evidence?

The amount of time you will have to give us more information depends on the type of information we ask for. We will write to you to explain what we need and how much time you have.

Eligibility reassessment - 28 days

If we have evidence which indicates you're no longer eligible, an eligibility reassessment will commence. We will send you a letter to explain why we think you are no longer eligible and give you **28 days to respond**, if you think you still meet the NDIS eligibility requirements. If you don't respond within 28 days, we'll make the decision based on the evidence that we have.

Example: Eligibility reassessment – potential revocation of status as a participant

Pai is 6 years old. When she was 4 we decided she was eligible for the NDIS under the early intervention requirements for developmental delay. We developed a plan with Pai's family with early intervention supports that are likely to benefit Pai. The early intervention supports Pai, and her family receive are NDIS supports.

We have regular check ins with Pai and her family. This helps us understand Pai's progress and the outcomes Pai has achieved. When Pai turns 5, we talk to Pai's parents about the eligibility requirements. We remind them Pai's eligibility will be reassessed once she turns 6. This is because Pai will no longer meet the eligibility requirements under developmental delay. To remain a NDIS participant after she turns 6, Pai will need to have an impairment that's likely to be permanent. Pai will need to meet the requirements for disability, early intervention, or both.

Because Pai is now 6 we start an eligibility reassessment.

We send Pai's parents a letter. The letter explains that based on the information we have, Pai may no longer meet the eligibility requirements. If Pai's family think Pai continues to meet the requirements, they need to provide us with evidence. The evidence needs to show that Pai meets the requirements for disability, early intervention, or both. Pai's parents are asked to respond within **28 days from the date of the letter**.

The next day, Pai's parents call her paediatrician to book an appointment. The paediatrician is currently on holiday. The earliest time they can book an appointment and send us the evidence is 2 months away. Pai's family send us the booking confirmation for Pai's paediatrician appointment.

We think about Pai's current situation. We decide it's reasonable to give Pai's family 2 months to provide more evidence.

Pai's parents provide the evidence in 2 months. We review the evidence. It has the evidence we need to make our decision. We don't need to request further evidence or a report.

Eligibility reassessment – at least 90 days

If we need **specific evidence** to make a decision about your eligibility, we'll ask for this information or a report in a format that helps us to make a decision. We'll give you at least **90 days** to respond.³⁴ We will support you to get this information.

Example: Eligibility reassessment – continuing to meet NDIS eligibility requirements

Jo is 40 years old and lives with cognitive and physical impairments from stroke. We decided Jo was eligible for the NDIS under the early intervention requirements. Jo has been getting NDIS supports for 14 months. We need to understand if early intervention supports have helped Jo, and if Jo will continue to benefit from early intervention supports that are NDIS supports.

We start an eligibility reassessment.

We send Jo a letter. The letter explains that based on the information we have Jo may no longer meet the eligibility requirements. If Jo thinks they continue to meet the eligibility requirements, they need to provide us with evidence. The evidence needs to show that Jo meets the requirements for disability, early intervention, or both. Jo is asked to respond within 28 days from the date of the letter.

Jo responds by giving us notes from a visit with their general practitioner. The note mentions an assessment by Jo's neurologist. It's not enough evidence to decide if Jo meets the requirements for disability, early intervention, or both.

We want to make the right decision. To make the right decision we need evidence from the right treating professional. We send Jo a second letter. The letter helps Jo understand the

evidence we need from their treating neurologist. We only request reasonably necessary evidence from Jo. We don't ask Jo to give us their whole medical record, or reports from every neurology appointment they've been to. Jo has **at least 90 days from the date of the letter** to provide us with the report from their neurologist.

We support Jo to get the evidence we need in an approved form. We contact Jo to make sure they understand our letter and the evidence they need to provide. We also ask Jo to let us know if they need more time to send us the report. We may be able to give Jo more time if their request is reasonable. We won't make a decision if Jo explains why, it is reasonable to not provide the report in 90 days.

Jo provides a neurology report within the 90 days. The report explains that while Jo has benefited from early intervention, they continue to have substantially reduced functional capacity and will require NDIS supports for their lifetime. We use this report to decide Jo is now eligible for the NDIS under the disability requirements. We update Jo's eligibility and help Jo build a new plan with NDIS supports for their current situation.

What if you need more time to give us evidence?

If you think you need more time to provide the evidence or send us the report, [let us know](#). We may be able to give you more time if your request is reasonable. You'll need to tell us why you need more time, and how much time you need. For example, there could be a delay in getting information from your treating professional. If so, we could give you more time so you can get the information and send it to us.

Generally, we'll only give you one extension of time each time we ask you for more information. This is because the first extension should give you reasonable opportunity to give us the information. If you need another extension, you'll need to explain why you need more time again and how much extra time you need.

If you give us the information we have asked for, we'll consider it and decide if you're still eligible. We will ask you for more information if we need more to make a decision about your eligibility.³⁵

How do we decide if you're still eligible for the NDIS?

We'll look at all relevant information against the eligibility requirements to decide if you're still eligible for the NDIS. We'll do this after:

- we let you know we're reassessing your eligibility, and what specific eligibility requirements we're looking at

- we let you know what information we need to make our decision. We'll only ask you to provide this specific information or report if we can't reasonably get it in a different way.
- you've had a reasonable opportunity to give us the information we asked for
- we look at the information you give us.

The person who reassesses your eligibility and decides if you're still eligible will be one of our staff. They will be different from the people who first decided that you're eligible, and the people who approved your plans. They will also be someone who doesn't have a personal interest in whether you're a participant or know you, other than through the NDIS.

If there's information and evidence that shows us you're still eligible, you'll remain a participant. You can keep using your NDIS supports.

You may have been eligible under the early intervention requirements but give us evidence that shows you now meet the disability requirements. If so, we'll change our records to show you now meet the disability requirements. This means we won't revoke your status as a participant, and you will remain an NDIS participant.

When can you be revoked as a participant?

After we have assessed your eligibility, there are some situations where you can be revoked as a participant, this includes where you have not provided the information we need.³⁶ This means you won't be a participant anymore and you'll leave the NDIS.

We won't make a decision to revoke your status as a participant if it was reasonable for you not to have provided the information in the agreed timeframe.³⁷ We'll consider:

- the timeframe we gave you³⁸
- the timeframe since we were last given relevant information about your eligibility³⁹
- if you or someone representing you has not complied with our requests before⁴⁰
- if there were things outside your control which meant you couldn't get the information to give it to us on time⁴¹
- any other information that may be relevant⁴².

We'll contact you by your preferred contact method to explain our decision. We'll also send you a letter with our decision and our reasons, and the date your participant status will be revoked.⁴³ This date will usually be 28 days from the date the eligibility reassessment decision was made.

Revoking - when you've had an opportunity to respond

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This document is correct at the date of publication.

Always visit ourguidelines.ndis.gov.au for the latest version.

If we check your eligibility, and evidence suggests that you may no longer meet the eligibility requirements, we will start an eligibility reassessment. We'll let you know and give you the opportunity to provide us with more evidence about your NDIS eligibility. You'll have an opportunity to respond in 28 days with the necessary information or request an extension of time to obtain the evidence. We will look at the evidence you provide us⁴⁴. If, based on the evidence we believe you're not eligible, we will revoke your status as a participant.⁴⁵

Example

Johan is 7 years old. When he was 3, we decided he was eligible under the early intervention requirements for developmental delay. Marita is Johan's mother and child representative. We haven't completed a check in or plan reassessment in two years. This is because Marita won't respond to us.

Marita self-manages Johan's plan and can see the NDIS funding in Johan's plan is being utilised. Because Johan is now older than 6 his eligibility needs to be reassessed. To remain a NDIS participant after he turns 6, we need to have evidence that Johan has an impairment that's likely to be permanent, and he meets the requirements for disability, early intervention, or both.

We send Marita a letter. The letter explains that based on the information we have Johan may no longer meet the eligibility requirements. If Marita thinks Johan is still eligible for the NDIS, they need to provide us with evidence. The evidence needs to show that Johan meets the requirements for disability, early intervention, or both. Marita is asked to respond within 28 days from the date of the letter. We try to contact Marita using her preferred contact details several times. We don't hear back within the 28 days. Marita hasn't asked for more time to provide the evidence we need.

We make the decision based on the evidence already available and decide to revoke Johan's status as a participant. We send Marita a letter explaining we have revoked Johan's status as a participant. This means Johan will no longer be eligible and will leave the NDIS.

Revoking - when we've asked for specific information or a report

When we ask you for specific information or a report within 90 days, we will consider whether the information or report was sent to us on time, or within an agreed timeframe. If you don't send us any information within 90 days, or within an agreed timeframe, we will revoke your access to the Scheme⁴⁶.

We will also look at whether the information is in an approved format and an appropriately qualified person completed the assessment or examination.⁴⁷

If you send us the information or report on time and in the correct format, we will use it to decide:

- if we think you're still eligible⁴⁸
- if we need more information to make a decision.⁴⁹

What if you don't agree with our decision?

If you don't agree with our decision to revoke your status as an NDIS participant, you should talk to us. Your planner, local area coordinator or early childhood partner can help explain our decision, answer any questions and explore next steps.

You can also ask for an internal review of our decision to revoke your status as a participant.⁵⁰ This means one of our staff, who wasn't involved in the original decision, will decide if we made the correct decision.

You'll need to ask for an internal review within 3 months after we tell you in writing that we revoked your status as a participant.⁵¹ You can ask us to stop our internal review at any time.⁵²

If you don't agree with the internal review decision, you can then ask for an external review. This means the Administrative Review Tribunal will decide if we made the right decision. Learn more on the [Administrative Review Tribunal website](#).

If we decide you're not eligible, you can apply again, unless you have requested a review of that decision and are waiting for a decision to be made.⁵³

Learn more about [internal and external reviews](#).

What if you become a participant again because of an internal or external review?

If an internal or external reviewer decides you're eligible for the NDIS, you'll become a participant again. You'll become a participant again from the date you stopped being a participant.

This means we'll identify the plan you had when you stopped being a participant and put that plan back in place. This plan will continue until we reassess your next plan.

In some situations, you can claim the cost of the NDIS supports you purchased during the period your participant status was revoked. This is the period between the day:

- you stopped being an NDIS participant
- you became a participant again because of the internal or external review decision.

You can only claim funding for NDIS supports purchased when you stopped being an NDIS participant if:

- they were in your plan – the plan that was in place when we revoked your status as a participant⁵⁴



- there is enough funding remaining in that plan
- you have proof of buying and using the supports, such as a receipt
- you claim them within **60 days** after you become a participant again.

If your NDIS supports are self-managed or plan-managed, you or your plan manager can claim the funding for NDIS supports as usual. If your NDIS supports are agency-managed, [contact us](#) so we can help you claim the funding for NDIS supports. Learn more about [ways to manage your funding](#).

Example

Charlie is a participant and was eligible for the NDIS under the early intervention requirements.

On 1 July, we decide Charlie isn't eligible for the NDIS anymore and revoke their status as a participant. We have information that shows Charlie no longer meets requirements for disability or early intervention. Once Charlie's status as a participant ends they can no longer use their NDIS supports.

Charlie asks for an internal review of this decision. They also give us new evidence from their doctor and specialists about their impairments, functional capacity and support needs.

On 1 September, the internal reviewer decides to set aside the decision to revoke Charlie from the NDIS. This means Charlie is eligible for the NDIS and becomes a participant again.

We treat Charlie as if they were a participant the whole time. This means we put back the plan that existed when their status as a participant was revoked. Charlie's reinstated plan will remain until it's replaced by a new plan at their next plan reassessment.

Charlie kept using their supports in July and August after their participant status had been revoked. Charlie paid for these supports with their own money and kept the receipts. Charlie can't claim every support but can claim NDIS supports that were in the NDIS plan before their participant status was revoked.

Charlie self-manages their funding, so they claim the amount they paid for NDIS supports included in their plan on the [my place portal](#).

What happens after you leave the NDIS?

When you leave the NDIS, you're no longer a participant and your plan will stop.⁵⁵ We can't fund any NDIS supports after you leave.⁵⁶

We can help you sort out your final payment requests. If you want help, talk to your local area coordinator, early childhood partner or planner. You can also [contact us](#).

Before you leave the NDIS, we'll help you transition by connecting you with other services in your community if you need them. You can also ask your [local area coordinator](#) or [early childhood partner](#) about the supports available in your community.

Under the law, we must keep your information on our records. Learn more about [your privacy and information](#).

What happens when a participant dies?

We recognise the importance of supporting family, carers and support networks when a participant dies.

To give the best support we can during this difficult time, we have specialist staff who can help you work through any remaining NDIS matters. Learn more about [how we can help after a participant dies](#).

When we say 'you' in this section, we mean someone who is a verified contact of the participant in our system and is looking after the participant's matters after they've died.

You might be a:

- spouse
- nominee
- parent or child representative
- court appointed trustee or guardian.

It's important you tell us when a person dies, as they're no longer an NDIS participant, and we'll need to finalise their NDIS record.⁵⁷

You can [contact us](#) in person, or by phone, email or letter when the participant dies. Or you can fill in the [Leaving the NDIS](#) form.

We'll ask for the participant's date of death. We'll also ask who the executor of the estate is if you have this information. This is the person who will be managing the participant's estate. We use this information to help us finalise the participant's NDIS record. This means we'll end the plan and stop their NDIS supports.

We know this is a difficult time. Where appropriate, we'll offer support to help you work out what you need to do to finalise matters relating to the participant's plan after they die. You can reach out to a local area coordinator, early childhood partner or planner. You can also [contact us](#).

Learn more about [what to do when someone dies](#).

What happens to a participant's NDIS funded supports when they die?

The participant's plan ends the day they die. We can't fund any NDIS supports purchased or supplied after this date. If the participant's plan manager uses NDIS funds to purchase supports after this date, the plan manager will need to repay us.⁵⁸

Also, an NDIS provider will need to repay us if they receive a payment they are not entitled to after the participant's death.⁵⁹

For example, the participant may have funding for cleaning services in their NDIS plan. A provider can't claim this funding to purchase cleaning services after the participant dies. If the provider claims the funding, it will need to be repaid to the NDIS.

Sometimes we can pay for NDIS supports that were arranged or ordered in writing before the participant died that haven't been paid yet. For example:

- return and payment for rented assistive technology, where the costs are covered by a service agreement entered before the participant died.
- assistive technology that has been purchased by the participant but not paid for or delivered – when it fits with the pre-payments guidance of the [Pricing Arrangements and Price Limits](#)
- home or vehicle modifications that were started but haven't been finished.
- services that were purchased and provided before the participant died.
- cancellation fees covered by a service agreement.

We will make sure access to the portal is available for a period of **90 days** from the participant's date of death. This is so that NDIS supports purchased before the participant's death can be claimed. When you contact us, we will talk to you about who the most appropriate person is to have access to the portal to make these claims.

The information in this section is general information only. You should always check the terms of the [service agreement](#) made with the provider. The service agreement can help you work out whether you need to pay providers, and who owns assistive technology, home or vehicle modifications, after a participant dies.

What happens to a participant's assistive technology?

The person managing the estate will need to work with providers to manage the participant's assistive technology in line with the [service agreement](#) that is in place.

Generally, when we have funded assistive technology for the participant, the participant owns it, unless there is an arrangement in place where the participant must give it back to

the provider. For example, the participant has a rental or leasing arrangement with an NDIS provider.

If the participant owns the item, the equipment becomes part of their estate when they die. The person managing the estate can choose what to do with the assistive technology.

If the participant was renting assistive technology with NDIS funding, you must return the equipment to the provider. This is because the provider still owns it. This includes if the participant rented a group of assistive technology items, such as through a loan pool or equipment library.

If the participant had a service agreement that includes the costs of returning equipment early, we'll cover costs such as:

- early return fees
- shipment or delivery costs.

What happens when assistive technology has been ordered but not delivered?

If the participant dies before getting assistive technology that was in their plan, we'll pay any pre-payment fees that haven't been paid if:

- the fees are in line with our pre-payment's guidance in the [Pricing Arrangements and Price Limits](#), and
- the item was ordered before the participant died.

If full payment is made, the assistive technology is the property of the estate.

What if the participant had an assistance animal or dog guide?

The person managing the estate may need to look at any service agreement and may wish to talk to the participant's provider. They can discuss with them what options are available for the assistance animal or dog guide.

What happens to a participant's home and vehicle modifications?

The person managing the estate will need to work with the provider to manage the participant's home or vehicle modifications in line with the [service agreement](#) that's in place.

After the participant dies, you can usually still claim NDIS funding for home modifications or vehicle modifications if the modifications were purchased before the participant died. This is if the provider hasn't been paid the final payment.

If the participant dies before approved home or vehicle modifications are finished, the provider should discuss options with the nominee or executor within the scope of the [service agreement](#).

This may mean completing modifications to make the building or vehicle safe and suitable for more general use. But if the modifications continue, they shouldn't include specific features required by the participant who died.

Remember, we can help you work out what to do about the participant's plan after they die. You can reach out to a local area coordinator, early childhood partner or planner. You can also [contact us](#).

What can service providers claim?

Service providers can claim for NDIS supports purchased before the participant's death under a service agreement. They have **90 days** from the participant's date of death to make a claim.

If the funding was [plan managed](#), the plan manager will need to claim any funding for NDIS supports purchased before the participant's death. Plan managers can claim the plan management fee for the month of the participant's death for this purpose, if this forms part of their service agreement.

When can providers claim cancellation fees?

In some situations, providers can claim a cancellation fee if they had short notice of the participant's death. Providers can claim the fee according to the conditions in the [service agreement](#) and the [Pricing Arrangements and Price Limits](#).

If the participant lived in Specialist Disability Accommodation, the Specialist Disability Accommodation provider can claim vacancy costs in some situations. We have more information in the [SDA Pricing Arrangements and Price Limits](#).

Do we disclose information about a participant's death?

There are some situations where we may disclose information about the participant's death. For example, we may need to disclose this information to:

- finalise outstanding service bookings.
- help arrange removal or disposal of assistive technology.
- stop delivery services.

We can only disclose information about the deceased participant in certain situations, where it's in the public interest to do so.⁶⁰

We may disclose information when:



- there is no reason to think the deceased participant wouldn't want their information disclosed.
- the information is needed for a genuine reason, such as to help administer the deceased participant's estate.
- the information isn't available from another source.

The people we may talk to include:

- a family member, guardian or support person.
- a correspondence nominee, plan nominee or child representative.
- a service provider that was providing NDIS supports to the participant – they will need to know as soon as possible since they can't claim funding after the participant dies.
- an executor administering the estate.
- a Commonwealth, State or Territory department or authority.
- a lawyer or legal representative that was supporting the participant.

If you have any questions about why we've disclosed details about the participant's death, you can always [contact us](#).

Appendix A: New South Wales prescribed programs

We may have decided you were eligible because you had support from one of the following programs in New South Wales. If so, you will remain eligible for the NDIS even if your residency or citizenship status changes. This also includes if you were eligible under one of these programs, but now live in a different state or territory.

These programs were provided to residents of New South Wales and were administered by the New South Wales Department of Family and Community Services for people younger than 65.

New South Wales programs:

Large Residential Centres

- Large Residential Centre/Institution.

Group Home

- Small Residential Centre/Institution.
- Group Homes.

Community High

- Hostels.
- Attendant Care.
- In-home Accommodation Support.
- Alternative Family Placement.
- Other Accommodation Support.

Community Support

- Therapy Services for Individuals.
- Early Childhood Intervention.
- Behaviour/Specialist Intervention.
- Counselling.
- Regional Resource and Support Teams.
- Case Management, Local Coordination and Development.
- Other Community Support.



Community Access

- Learning and Life Skills Development.
- Recreation/Holiday Programs.
- Other Community Access.

Respite

- Own Home Respite.
- Centre-based Respite/Respite Homes.
- Host Family Respite/Peer Support Respite.
- Flexible/Combination Respite.
- Other Respite.

Community Care

- Domestic assistance.
- Social support.
- Nursing care received at home or at centre/other.
- Allied health care received at home or at centre/other by intervention type.
- Personal care.
- Centre-based day care.
- Other food services.
- Respite care.
- Assessment including screening (client).
- Assessment including screening (carer).
- Case management.
- Client care coordination (client).
- Client care coordination (carer).
- Home maintenance.
- Counselling/support, information and advocacy (client).
- Counselling/support, information and advocacy (carer).



- Meals received at home or at centre/other.
- Goods and equipment (self-care aids, support and mobility aids, communication aids, aids for reading, medical care aids, car modifications, other goods/equipment).
- Formal linen services.
- Transport - Client – number of one-way individual or group trips by purpose.
- Home modification.

Commonwealth programs

- Better Start for Children with Disability.
- Disability Employment Assistance: Australian Disability Enterprises.
- Helping Children with Autism.
- Younger Onset Dementia Key Worker Program.
- Outside School Hours Care for Teenagers with Disability.
- Remote Vision and Hearing Services.

Reference list

- 11
- 2 NDIS Act s 29(1)(d).
- 3 NDIS Act s 29(1)(b).
- 4 NDIS Act s 29(1)(b).
- 5 NDIS Act ss 29(1)(c), 30, 30A
- 6 NDIS Act s 29(1)(a).
- 7 NDIS Act s 29(1)(d).
- 8 NDIS Act ss 29(1)(d), 37(3)(c).
- 9 NDIS Act ss 29(1)(d), (2).
- 10 NDIS Act s 29(1)(d).
- 11 NDIS Act s 22.
- 12 NDIS Act s29(1)(d).
- 13 NDIS Act ss 99, 100.
- 14 NDIS Act s 29(1)(b); Residential care service has the same meaning as in the Aged Care Act 1997.
- 15 NDIS Act s 29(1)(b).
- 16 NDIS Act s 29(1)(b); Residential care service has the same meaning as in the Aged Care Act 1997.
- 17 NDIS Act ss 29(1)(b), 99, 100.
- 18 NDIS Act s 29(1)(b).
- 19 NDIS Act ss 29(1)(d), 99, 100.
- 20 NDIS Act s 29(1)(b).
- 21 NDIS Act ss 29(1)(b), 99, 100.
- 22 NDIS Act s 29(1)(b).
- 23 NDIS Act ss 23(1)(a), 30(1)(a).
- 24 NDIS Act ss 23(1)(b), 30(1)(a).
- 25 NDIS Act ss 24, 25, 27, 30(1)(b)(i)-(ii).
- 26 NDIS Act ss 23(1)(a), 23(2), 30(1)(a).
- 27 NDIS Act ss 23(1)(a), 23(2), 30(1)(a).
- 28 NDIS Act s 40.
- 29 NDIS Act s 23(1)(b).
- 30 NDIS Act ss 30(1)(b), 30A(1)(a)(b).
- 31 NDIS Act s 30(3)(b)
- 32 NDIS Act ss 30(3AA), 30A(5AA)
- 33 NDIS Act ss 30(3A), 30A(5A)
- 34 NDIS Act ss 30(4)(b), 30A(6)(b)
- 35 NDIS Act s30(4)(c)
- 36 NDIS Act s 29(1)(c)
- 37 NDIS Act s 30(6)
- 38 NDIS Act ss 30(6A)(a), 30A(7A)(a)
- 39 NDIS Act ss 30(6A)(d), 30A(7A)(d)
- 40 NDIS Act ss 30(6A)(b)(c), 30A(7A)(b)(c)
- 41 NDIS Act ss 30(6A)(e), 30A(7A)(e)
- 42 NDIS Act ss 30(6A)(f)(g), 30A(7A)(f)(g)
- 43 NDIS Act ss 30(7)(8), 30A(8)(9)
- 44 NDIS Act s 30(3)(a)
- 45 NDIS Act ss 30(1), 30A(1)
- 46 NDIS Act ss 30(5), 30A(7)
- 47 NDIS ss 30(3)(b)(i)(ii)
- 48 NDIS Act ss 30(4)(a)(b)
- 49 NDIS Act s 30(4)(d)
- 50 NDIS Act s 100.

⁵¹ NDIS Act s 100(2).

⁵² NDIS Act s 102.

⁵³ NDIS Act s 19(2)

⁵⁴ NDIS Act s 46(1).

⁵⁵ NDIS Act ss 29, 37(3)(c).

⁵⁶ NDIS Act s 29(2).

⁵⁷ NDIS Act s 29(1)(a).

⁵⁸ NDIS Act ss 46(1), 182(3).

⁵⁹ NDIS Act ss 182(1)-(2).

⁶⁰ NDIS Act s 66(1)(a) – Public Interest Certification For The Release Of Protected Agency Information Relating To Deceased Participants dated 28 April 2020.



Leaving the NDIS

Quick summary: There are different reasons you might leave the NDIS. You might not want to be a participant anymore because you've met your goals. Or you might not meet the eligibility requirements anymore. There are different processes for leaving the NDIS depending on the reason you're leaving. If you leave, you're no longer a participant, and won't be able to get NDIS supports. [NDIS supports](#) are the services, items and equipment that can be funded by the NDIS. If you leave, we can still help you connect to other government and community services and if things change, you can apply again.

What's on this page?

This page covers:

- [What do we mean by leaving the NDIS?](#)
- [What if you don't want to be an NDIS participant anymore?](#)
- [What if you start getting supports from aged care services?](#)
- [Are you still eligible for the NDIS?](#)
- [What happens if we check your NDIS eligibility?¹](#)
- [What happens after you leave the NDIS?](#)
- [What happens when a participant dies?](#)

You might also be interested in:

- [Applying to the NDIS](#)
- [Younger people in residential aged care](#)
- [Your plan](#)
- [Reviewing our decisions](#)

What do we mean by leaving the NDIS?

You can choose to leave the NDIS any time. When you leave the NDIS, you won't be an NDIS participant anymore. You won't have an NDIS plan or get NDIS supports.

Some participants will stay with the NDIS for their lifetime. Other participants may need the NDIS for a shorter period. The length of time you stay eligible for the NDIS depends on your individual situation and the NDIS supports you need for your disability.

There are a number of situations where you might leave the NDIS:

- [You don't want to be a participant any more.](#)²
- [You move into residential aged care permanently for the first time after you've turned 65.](#)³
- [You start getting home care services provided by aged care permanently for the first time after you've turned 65.](#)⁴
- [You're no longer eligible for the NDIS.](#)⁵ This includes when children with developmental delay turn 6 and after checking their eligibility we decide they no longer meet the requirements for disability or early intervention.
- [Your NDIS status is revoked.](#)

Participants also leave the NDIS when they die.⁶ Learn more about [what happens with NDIS supports when a participant dies.](#)

What if you don't want to be an NDIS participant anymore?

You can choose to leave the NDIS at any time, if you no longer want to be a participant.

This might be because you've met your goals or have developed your skills and independence and don't need the NDIS anymore.

You can always [contact us](#) if you want to talk about whether leaving the NDIS is the best option for you.

If your situation changes after you leave, you can always apply again, and we'll let you know if you're eligible.

How do you let us know you want to leave the NDIS?

If you want to leave the NDIS, you'll need to let us know in writing.⁷

You can either:

- fill in the [Leaving the NDIS](#) form, or
- send us an email or a letter to tell us you want to leave the NDIS.

You can also [contact us](#) if you'd like some help.

There are services in the community you can contact if you need supports after you leave the NDIS. A [local area coordinator](#) or [early childhood partner](#) can help you find local supports that aren't NDIS supports. This includes mainstream and community services available outside the NDIS. Learn more about [mainstream and community supports](#).

If you choose to leave, remember:

- Your plan ends on the day you let us know in writing that you wish to leave.⁸
- You can't use your NDIS funding once you let us know in writing that you wish to leave.⁹
- You'll no longer be an NDIS participant.¹⁰

If you want to become a participant again, you'll need to reapply. If you reapply, there's no guarantee you'll become a participant again. You'll need to meet all the eligibility requirements. This includes the requirement that you must be younger than 65 on the day you apply.¹¹ The application must be fully complete and include any relevant documents we need to assess your eligibility.

Learn more about the [eligibility requirements](#).

If we stop your NDIS plan because you ask to leave, you can't ask for an internal review. This is because when you write to us and ask to leave the NDIS, the law says we need to:

- remove your status as a participant of the NDIS,¹² and
- end your plan, without us needing to make a reviewable decision.¹³

Learn more about [what decisions can be reviewed](#).

What if you start getting supports from aged care services?

Aged care services are funded by the [Department of Health, Disability and Ageing](#).¹⁴ This includes residential aged care services and home care services.

Home care services are supports you can get to help with your daily life. They include things like personal care for you in your home. When we say home care services, we mean services funded by the [Department of Health, Disability and Ageing](#).

What if you move into residential aged care?

You'll leave the NDIS if you move into a residential aged care service permanently for the first time after you turn 65.¹⁵ When we say residential aged care services, we mean services funded by the [Department of Health, Disability and Ageing](#).¹⁶

The supports you get in residential aged care can be different from NDIS supports outside aged care facilities. Find out more about residential aged care services on the [Department of Health, Disability and Ageing website](#).

If you leave the NDIS because you move into residential aged care permanently, you can't ask for an internal review. This is because the law says we must remove you from the NDIS, without us needing to make a reviewable decision.¹⁷ Learn more about [what decisions can be reviewed](#).

Example

Vish is 66 and is an NDIS participant. Vish was living by himself but decides to permanently move into residential aged care for the first time. The law says Vish will stop being a participant and he will leave the NDIS.¹⁸

The [Department of Health, Disability and Ageing](#) is now responsible for all Vish's aged care services and support needs. Vish can't ask for an internal review of this decision. Vish also can't become a participant again, as he is older than 65.

What if you are already in residential aged care before you turn 65?

If you are already living in residential aged care before you turn 65, you can choose to remain an NDIS participant and continue to receive NDIS support after you turn 65.

Learn more about [younger people in residential aged care](#).

Once you turn 65, you can also choose to leave and get support from aged care services instead. If you want to leave the NDIS, you'll need to let us know in writing.

If you choose to leave the NDIS, you can't ask for an internal review. This is because if you ask in writing to leave the NDIS, then the law says we must remove you from the NDIS, without us needing to make a reviewable decision.¹⁹ Learn more about [what decisions can be reviewed](#).

Example

At age 50, Jane permanently moved into an aged care facility.

She was found eligible for the NDIS when she was 64.

Jane is now 66. She can choose to stay in residential aged care, but she would like to move out and live with her children.

Jane is still an NDIS participant, so she talks to her planner about her goal of moving out of residential aged care. Jane gives assessments and reports from an appropriate treating health professional, so we understand her capabilities and support needs.

Jane and her planner create a plan. Jane's plan includes her home and living goals and the NDIS supports Jane needs. She uses her NDIS supports to work towards her goal of living with her children.

What if you start getting home care services from aged care services?

Home care services are supports you can get to help with daily life. They include things like personal care for you in your home. When we say home care services, we mean services funded by the [Department of Health, Disability and Ageing](#).

You must leave the NDIS if you start getting home care services permanently for the first time after you turn 65.²⁰ You can't ask for an internal review. This is because the law says you must leave the NDIS when this occurs, without us needing to make a reviewable decision.²¹ Learn more about [what decisions can be reviewed](#).

Home care services can be different from NDIS supports. Find out more about home care services on the [Department of Health, Disability and Ageing website](#).

Example

Kirsty just turned 65 and is an NDIS participant. She uses her NDIS supports to fund 10 hours a week of personal care.

Since she turned 65, she's now eligible for home care services with aged care funding. Kirsty can decide if she'll start using these aged care services.

If she starts getting home care services with aged care funding permanently, she must leave the NDIS.

Kirsty can keep getting NDIS supports until she permanently gets aged care home care services or moves into residential aged care permanently.²²

Are you still eligible for the NDIS?

There are different reasons for leaving the NDIS. This might happen if you're no longer eligible.

You're no longer eligible for the NDIS if you:

- [don't live in Australia anymore](#)²³
- [are no longer an Australian citizen or permanent resident](#)²⁴
- [no longer meet the disability requirements](#) or [early intervention requirements](#).²⁵

We may check your eligibility where there is evidence that you may no longer meet the eligibility requirements.

Learn more about [What happens if we check your NDIS eligibility?](#).

Do you still live in Australia?

You'll need to live in Australia to stay an NDIS participant.²⁶ If you leave Australia permanently, you won't be eligible anymore, and we may decide to revoke your participant status.²⁷ Learn more about [when your status as a participant can be revoked](#).

You'll probably still meet the residence requirements if you leave Australia for a short time. If you're temporarily outside Australia for more than 6 weeks in a row, you'll usually still be an NDIS participant but may not be able to use your NDIS funding.²⁸ Learn more about [when we may suspend your plan](#).

Are you still an Australian citizen or permanent resident?

To remain a participant, in addition to living in Australia, you'll need to either:²⁹

- be an Australian citizen
- have a [permanent residency visa](#)
- have a [protected Special Category visa](#) – this is only for some New Zealand citizens.

For example, you may have to leave the NDIS if your permanent residency visa is cancelled.

Do you still meet the disability requirements?

If you were eligible under the **disability requirements**, you'll likely need NDIS supports for your lifetime. This means we don't need to check if you're still eligible for the NDIS, unless evidence suggests you may no longer be eligible. If at any time your disability support needs or situation changes, we may need to check your NDIS eligibility. We'll contact you if this happens.

Do you still meet the early intervention requirements?

If you're eligible under the **early intervention requirements**, your support needs are more likely to reduce over time. Early intervention supports are intended to increase your capacity and independence.

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Our Guideline – Leaving the NDIS

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This document is correct at the date of publication.

Always visit ourguidelines.ndis.gov.au for the latest version.

We may check if you're still eligible for the NDIS if we have evidence your early intervention supports have benefited you. For example, building your skills and increasing your capacity, so you may no longer need NDIS supports.

If you no longer meet the early intervention requirements, we'll check if you meet the [disability requirements](#).

What happens when a child with developmental delay turns 6 years old?

If we decided a child met the early intervention requirements because of their developmental delay, they're usually no longer eligible after they turn 6.

This is because they'll no longer meet the eligibility requirements under developmental delay. To remain an NDIS participant after they turn 6, the child will need to meet the requirements for disability or early intervention. Part of these requirements is that the child must have an impairment that's likely to be permanent.

We'll talk to families or carers before a child turns 6. We'll explain what information we need to decide if the child is still eligible, under the disability or early intervention requirements.

Learn more about the [disability requirements](#) and the [early intervention requirements](#).

Example – choosing to leave the NDIS

Sarah is 6 years old. Sarah became eligible for the NDIS under the early intervention requirements for developmental delay and has been receiving NDIS supports since age 4.

At age 4, Sarah had a substantial delay with how her speech was developing, compared with other children the same age. Her parents and other children couldn't understand her, and Sarah found it hard to manage her frustration. Sarah's parents used her NDIS supports to help them support Sarah to work towards her goals. At age 5, Sarah's early childhood partner explained to her parents that Sarah would most likely leave the NDIS after she turns 6.

By age 6, Sarah achieved many of the goals her parents set for her, including improved communication, social skills and managing her emotions. Sarah's early childhood intervention professional reports she no longer needs early intervention supports.

The early childhood partner and Sarah's parents talk about Sarah's progress. They also talk about the recommendation from Sarah's early childhood intervention professional that Sarah no longer needs NDIS early intervention supports. Sarah's parents decide they want Sarah to leave the NDIS and they tell us this in writing.

Sarah leaves the NDIS and continues to receive mainstream and community supports. For example, her teacher can help set up the supports she needs at school. Sarah also joins a gymnastic and dancing class.

If Sarah's situation changes and she needs NDIS supports in the future, her parents understand they can apply for the NDIS again.

Example – revoking a participant's status after they have had an opportunity to respond

Ayesha became eligible for the NDIS under the early intervention requirements for developmental delay and has been receiving early intervention supports since she was 3.

During check-ins, we discussed Ayesha's progress and reminded her family that Ayesha's eligibility will be reassessed at age 6. This is because Ayesha will no longer meet the early intervention requirements under developmental delay once she turns 6.

For Ayesha to remain an NDIS participant after she turns 6, she'll need to meet the requirements for disability or early intervention. Part of these requirements include that Ayesha has an impairment that's likely to be permanent.

Ayesha is now 6 years old and has just started school. Ayesha's parents are happy with her progress but would like her to be more confident when playing with her peers and interacting with adults. They think Ayesha needs ongoing support for her speech and communication.

As Ayesha has turned 6 we start an eligibility reassessment.

The evidence we have makes us think Ayesha is no longer eligible for the NDIS as there's no evidence to indicate that Ayesha has an impairment that is likely to be permanent.

We contact Ayesha's family by phone, which is their preferred contact method. We also send them a letter. The letter explains that based on the information we have, Ayesha may no longer meet the eligibility requirements. It explains if Ayesha's family thinks she's still eligible, they can give us new evidence to show Ayesha meets the requirements for disability, early intervention, or both. Ayesha's family is asked to respond **within 90 days from the date of the letter**. The letter also explains that if Ayesha's family don't provide new information and evidence, we'll make a decision based on the information and evidence we have.

Ayesha's family send us a report from Ayesha's early childhood intervention professional which confirms she has made progress towards her goals and Ayesha's functional capacity has improved. It indicates that Ayesha still needs some help with her communication, and strategies that are already in place can continue to be used by her parents and school to support this. There are no other concerns with Ayesha's development.

Based on the evidence we have, we decide Ayesha no longer meets the requirements for disability or early intervention. We talk to Ayesha's parents about the NDIS eligibility requirements and explain that we've decided Ayesha is no longer eligible.

We send Ayesha's family a letter explaining Ayesha's status as a participant will end. This means Ayesha will no longer be eligible for NDIS supports and will leave the NDIS.

Ayesha gets ongoing support for her speech and communication from her school and her parents. They use the strategies Ayesha's early childhood intervention professionals helped them put into place.

What happens if we check your NDIS eligibility?

We may check your eligibility if evidence suggests you may no longer be eligible. This could mean you no longer meet one or more of the residence, disability or early intervention requirements.

When you became an NDIS participant, you met the requirements for disability or early intervention, or from 3 October 2024, you may have met the requirements for both disability and early intervention.

If you're not sure which requirements you met, you can check the access decision letter we sent you when we decided you were eligible. If you've been through an eligibility reassessment before and this was updated, you can find it in the eligibility reassessment outcome letter we sent you. You can also [contact us](#).

If we check, and it looks like you may no longer meet the eligibility requirements, we may reassess your eligibility. We call this an **eligibility reassessment**. If we decide to start an eligibility reassessment, we'll let you know. We'll give you at least 90 days to give us more evidence about your NDIS eligibility. Learn more on our website about [how we let you know we're doing an eligibility reassessment](#) and [how much time you'll have to give us evidence](#).

Once the timeframe to provide information and evidence has ended, we'll consider whether the evidence shows that you remain eligible. Learn more about [how do we decide if you're still eligible for the NDIS](#).

Your status as an NDIS participant may be revoked, and you may have to leave the NDIS, if the evidence shows you don't meet one or more of:

- the residency requirements
- the disability or early intervention requirements.³⁰

If you're still eligible, you'll remain a participant and you can keep using your NDIS supports.

If we revoke your status as a participant, you'll leave the NDIS. Learn more on our website about [when your status as a participant can be revoked](#).

Example – updating eligibility after the participant has had an opportunity to respond

Jo is 40 years old and lives with cognitive and physical impairments from stroke. We decided Jo was eligible for the NDIS under the early intervention requirements. Jo's been getting

NDIS supports for 14 months. The recent progress report from Jo's appropriate treating health professional shows the early intervention supports have helped build Jo's skills and increased their capacity. However, we need to understand if Jo's support needs are more substantial and ongoing.

We start an eligibility reassessment.

We send Jo a letter. The letter explains that based on the information and evidence we have, they may no longer meet the eligibility requirements. If Jo thinks they continue to meet the eligibility requirements, they can provide us with new information and evidence. The information and evidence needs to support our decision on whether Jo meets the requirements for disability, early intervention, or both.

Jo has **90 days from the date of the letter** to provide us with the information.

Jo provides a neurology report within the 90 days. The report explains that while Jo has benefited from early intervention NDIS supports, they continue to have substantially reduced functional capacity and will require NDIS supports for their lifetime. We use this report to decide Jo is now eligible for the NDIS under the disability requirements. We update Jo's eligibility and send them a letter to explain this. We help Jo build a new plan with NDIS supports that meets their current situation.

How do we let you know we're doing an eligibility reassessment?

We'll contact you by your preferred contact method to let you know we're doing an eligibility reassessment. We'll explain:

- the eligibility requirements and why we're doing an eligibility reassessment
- what you need to do, including how you can provide information and evidence
- the eligibility requirements we think you don't meet
- what information you might want to give us
- the date we should receive your information by
- what we'll do
- what happens when we make an eligibility reassessment decision.

We'll also send you a letter to explain this too.



What happens if your plan is due for a reassessment during an eligibility reassessment?

If your [current plan](#) is about to be reassessed while we're doing the eligibility reassessment, we'll either continue your current plan or work with you to put a new plan in place. This means **you remain an NDIS participant and can continue to use your funding to get NDIS supports** while we complete the eligibility reassessment. You'll get separate letters to explain our decisions for either your plan continuation or plan reassessment, and your eligibility reassessment.

Until we complete the eligibility reassessment, nothing changes for you. You'll stay a participant and can still use the NDIS supports in your plan.

Will we ask you to provide evidence for an eligibility reassessment?

We'll write to you and give you an opportunity to provide relevant information or evidence you would like considered when we make the eligibility reassessment decision. The letter will explain the eligibility requirements we think you don't meet and the information we need to make a decision.

Sometimes we don't have enough evidence to make a decision. Instead of writing to you to give you an opportunity to respond, we may write to you to ask for **specific information or a report**. For example we may ask you to have an assessment and then provide us with a report of the assessment in a format that helps us to make a decision about your eligibility.³¹ We'll only ask you to provide this specific information or report if we can't reasonably get it in a different way³².

How much time will you have to give us evidence?

We'll give you **at least 90 days from the date of the letter** to respond if you think you still meet the NDIS eligibility requirements.

If we sent you a letter giving you an opportunity to provide information or evidence for us to consider when making the eligibility reassessment decision, we need to receive this by the due date. If you don't respond by the due date, we'll make the decision based on the information and evidence we have.

If we sent you a letter asking you for **specific information or a report**, and you don't provide this information or evidence by the due date, we may revoke your status as a participant.³³

What if you need more time to give us information and evidence?

If you need more time to provide information or evidence, [contact us](#). We may be able to give you more time if your request is reasonable. You'll need to tell us why you need more time, and how much time you need. For example, there could be a delay in getting [information](#) from an appropriate treating health professional.

We'll consider your individual circumstances and the amount of extra time you've requested. We may also request evidence as to why a longer period is required. For example, we may request confirmation of the appointment booking. If so, we could give you more time so you can get the information and send it to us.

Generally, we'll only consider giving you one extension of time. This is because the first extension should give you reasonable opportunity to give us the evidence. If you need another extension, you'll need to explain why you need more time again and how much extra time you need. We may also request evidence as to why you need more time.

Example – requesting more time to give us information

Pai is 6 years old. When she was 4 we decided she was eligible for the NDIS under the early intervention requirements for developmental delay. We developed a plan with Pai's family with early intervention supports that are NDIS supports, and are likely to benefit Pai and her family.

We have regular check-ins with Pai and her family. This helps us understand Pai's progress and the outcomes Pai has achieved. When Pai turns 5, we talk to Pai's parents again about the eligibility requirements. We remind them Pai's eligibility will be reassessed once she turns 6. This is because Pai will no longer meet the eligibility requirements under developmental delay. To remain an NDIS participant after she turns 6, Pai will need to have an impairment that's likely to be permanent. Pai will need to meet the requirements for disability or early intervention.

Because Pai is now 6 we start an eligibility reassessment.

We try to contact Pai's parents using their preferred contact method. We also send them a letter. The letter explains that as Pai has now turned 6, we need evidence to understand if she meets the requirements for disability or early intervention and still needs NDIS supports. If Pai's family think Pai meets the disability or early intervention requirements, they will need to provide us with evidence. The evidence needs to show that Pai meets the requirements for disability or early intervention. Pai's parents are asked to respond within **90 days from the date of the letter**.

The next day, Pai's parents call her paediatrician to book an appointment. The earliest time they can book an appointment and send us the evidence is 4 months away. Pai's family send us the booking confirmation for Pai's paediatrician appointment as evidence and ask for more time.

We consider Pai's current situation. We decide it's reasonable to give Pai's family additional time to provide more evidence.

Pai's parents provide the evidence in 4 months. We review the evidence. We now have enough evidence to make the eligibility reassessment decision.

How do we decide if you're still eligible for the NDIS?

We'll look at all relevant information against the eligibility requirements to decide if you're still eligible for the NDIS. We'll do this after:

- we let you know we're reassessing your eligibility, and what eligibility requirements we're looking at
- we let you know what information we need to make our decision. We'll only ask you to provide specific information or a report if we can't reasonably get it in a different way
- you've had a reasonable opportunity to give us the information we asked for
- we look at the information you give us.

The person who reassesses your eligibility and decides if you're still eligible will be one of our staff. They'll be different from the people who first decided that you're eligible, and the people who approved your plans. They'll also be someone who doesn't have a personal interest in whether you're a participant or know you, other than through the NDIS.

If there's information and evidence that shows us that you're still eligible, you'll remain a participant. You can keep using your NDIS supports.

You may have been eligible under the early intervention requirements but give us evidence that shows you now meet the disability requirements. If so, we'll change our records to show you now meet the disability requirements. This means we won't revoke your status as a participant, and you'll remain an NDIS participant.

When can your status as a participant be revoked?

After we've assessed your eligibility, we may revoke your status as a participant if the evidence shows you don't meet one or more of the:

- residency requirements

- disability or early intervention requirements.³⁴

This means you won't be a participant anymore and you'll leave the NDIS.

If we sent you a letter that asked you to provide us with specific information or a report and you haven't provided this to us by the due date, we may revoke your status as an NDIS participant.³⁵

We'll contact you by your preferred contact method to explain our decision. We'll also send you a letter with our decision and our reasons, and the date your status as a participant will be revoked.³⁶ This date will usually be 28 days after the eligibility reassessment decision date, or your plan reassessment date, whichever is earlier.

Example – revoking the participant's status after they have had an opportunity to respond

Johan is 7 years old. When he was 3, we decided he was eligible for the NDIS under the early intervention requirements for developmental delay. Marita is Johan's mother and child representative. We haven't completed a check-in or plan reassessment in two years as we've been unable to contact Marita.

Marita self-manages Johan's plan and we can see the NDIS funding in Johan's plan is being used. Because Johan is now older than 6, his eligibility needs to be reassessed. To remain an NDIS participant after he turns 6, we need to have evidence that shows Johan has an impairment that's likely to be permanent, and that he meets the requirements for disability or early intervention.

We send Marita a letter. The letter explains that based on the information we have Johan may no longer meet the eligibility requirements. If Marita thinks Johan is still eligible for the NDIS, she can choose to provide us with evidence. The evidence needs to show that Johan meets the requirements for disability, early intervention, or both. Marita is asked to respond within 90 days from the date of the letter. We try to contact Marita using her preferred contact details several times. We don't hear back from Marita within the 90 days and she hasn't asked for more time to provide information and evidence.

We make the decision based on the information and evidence already available and decide to revoke Johan's status as a participant. We send Marita a letter explaining Johan is no longer eligible to be a participant. This means Johan will stop being a participant and will leave the NDIS.

If Marita [disagrees with our decision](#), she can ask for an internal review within 3 months of us telling her in writing that we revoked Johan's status as an NDIS participant.

What if you don't agree with our decision?

If you don't agree with our decision to revoke your status as an NDIS participant, you should talk to us. Your planner, local area coordinator or early childhood partner can help explain our decision, answer any questions and explore next steps.

You can also ask for an internal review of our decision to revoke your status as a participant.³⁷ This means one of our staff, who wasn't involved in the original decision, will decide if we made the correct decision.

You'll need to ask for an internal review within 3 months after we tell you in writing that we revoked your status as a participant.³⁸ You can ask us to stop our internal review at any time.³⁹

If you don't agree with the internal review decision, you can then ask for an external review. This means the Administrative Review Tribunal will decide if we made the right decision. Learn more on the [Administrative Review Tribunal website](#).

If we decide you're not eligible, you can apply again, unless you've requested a review of that decision and are waiting for a decision to be made.⁴⁰

Learn more about [internal and external reviews](#).

What if you become a participant again because of an internal or external review?

If an internal or external reviewer decides you're eligible for the NDIS, you'll become a participant again. You'll become a participant again from the date you stopped being a participant.

This means we'll identify the plan you had when you stopped being a participant and put that plan back in place. This plan will continue until we reassess your next plan.

In some situations, you can claim the cost of the NDIS supports you purchased during the period your participant status was revoked. This is the period between the day:

- you stopped being an NDIS participant
- you became a participant again because of the internal or external review decision.

You can only claim funding for NDIS supports purchased when you stopped being an NDIS participant if:

- they were in your plan – the plan that was in place when we revoked your status as a participant⁴¹
- there's enough funding remaining in that plan
- you have proof of buying and using the supports, such as a receipt

- you claim them within **2 years** after you become a participant again.

If your NDIS supports are self-managed or plan-managed, you or your registered plan manager can claim the funding for NDIS supports as usual. If your NDIS supports are NDIA-managed, [contact us](#) so we can help you claim the funding for NDIS supports. Learn more about [ways to manage your funding](#).

Example – internal review of the decision

Charlie is a participant and was eligible for the NDIS under the early intervention requirements.

We now have evidence and information that shows Charlie no longer meets the requirements for disability or early intervention. On July 1, as Charlie isn't eligible for the NDIS anymore, we revoke their status as a participant. This means Charlie can no longer use their NDIS supports.

Charlie asks for an internal review of this decision. They also give us new evidence from their doctor and specialists about their impairments, functional capacity and support needs.

On 1 September, the internal reviewer decides to set aside the decision to revoke Charlie from the NDIS. This means Charlie is eligible for the NDIS and becomes a participant again.

We put back the plan that existed when Charlie's status as a participant was revoked. Charlie's reinstated plan will remain until it's replaced by a new plan at their next plan reassessment.

Charlie kept using their supports in July and August after their participant status had been revoked. They paid for these supports with their own money and kept the receipts. As the supports Charlie used were in their NDIS plan before their status as a participant was revoked, Charlie can claim for these supports.

Charlie self-manages their funding, so they claim the amount they paid for NDIS supports included in their plan on the [myplace portal](#).

What happens after you leave the NDIS?

When you leave the NDIS, you're no longer a participant and your plan will stop.⁴² We can't fund any NDIS supports after you leave.⁴³

We can help you sort out your final payment requests. If you want help, talk to your local area coordinator, early childhood partner or planner. You can also [contact us](#).

If you would like to connect with services in your community, you can ask your [local area coordinator](#) or [early childhood partner](#) about available supports.

Under the law, we must keep your information on our records. Learn more about [your privacy and information](#).

What happens when a participant dies?

We recognise the importance of supporting family, carers and support networks when a participant dies.

To give the best support we can during this difficult time, we have specialist staff who can help you work through any remaining NDIS matters. Learn more about [how we can help after a participant dies](#).

When we say 'you' in this section, we mean someone who is a verified contact of the participant in our system and is looking after the participant's matters once they've died.

You might be a:

- spouse
- nominee
- parent or child representative
- court appointed trustee or guardian.

It's important you tell us when a person dies, as they're no longer an NDIS participant, and we'll need to finalise their NDIS record.⁴⁴

You can [contact us](#) in person, by phone, email, or letter when the participant dies. Or you can fill in the [Notify the NDIA when a participant dies](#) form.

We'll ask for the participant's date of death. We'll also ask who the executor of the estate is if you have this information. This is the person who'll be managing the participant's estate. We use this information to help us finalise the participant's NDIS record. This means their plan ends and NDIS supports will stop.

We know this is a difficult time. Where appropriate, we'll offer support to help you work out what you need to do to finalise matters relating to the participant's plan after they die. You can reach out to a local area coordinator, early childhood partner or planner. You can also [contact us](#).

Learn more about [what to do when someone dies](#).

What happens to a participant's NDIS funded supports when they die?

The participant's plan ends the day they die. We can't fund any NDIS supports purchased or supplied after this date. If the participant's registered plan manager uses NDIS funds to purchase supports after this date, the registered plan manager will need to repay us.⁴⁵

An NDIS provider will need to repay us if they receive a payment they're not entitled to after the participant's death.⁴⁶

For example, the participant may have funding for cleaning services in their NDIS plan. A provider can't claim this funding to purchase cleaning services after the participant dies. If the provider claims the funding, it will need to be repaid to the NDIS.

Sometimes we can pay for NDIS supports that were arranged or ordered in writing before the participant died, that haven't been paid yet. For example:

- return and payment for rented assistive technology, where the costs are covered by a service agreement entered into before the participant died
- assistive technology that has been purchased by the participant but not paid for or delivered – when it fits with the pre-payments guidance of the [NDIS Pricing Arrangements and Price Limits](#)
- home or vehicle modifications that were started but haven't been finished
- services that were purchased and provided before the participant died
- cancellation fees covered by a service agreement.

We'll make sure access to the portal is available for a period of **90 days** from the participant's date of death. This is so that NDIS supports purchased before the participant's death can be claimed. When you contact us, we'll talk to you about who the most appropriate person is to have access to the portal to make these claims.

The information in this section is general information only. You should always check the terms of the [service agreement](#) made with the provider. The service agreement can help you work out whether you need to pay providers, and who owns assistive technology, home or vehicle modifications, after a participant dies.

What happens to a participant's assistive technology?

The person managing the estate will need to work with providers to manage the participant's assistive technology in line with the [service agreement](#) that's in place.

Generally, when we have funded assistive technology for the participant, the participant owns it, unless there's an arrangement in place where the participant must give it back to the

provider. For example, the participant has a rental or leasing arrangement with an NDIS provider.

If the participant owns the item, the equipment becomes part of their estate when they die. The person managing the estate can choose what to do with the assistive technology.

If the participant was renting assistive technology with NDIS funding, you must return the equipment to the provider. This is because the provider still owns it. This includes if the participant rented a group of assistive technology items, such as through a loan pool or equipment library.

If the participant had a service agreement that includes the costs of returning equipment early, we'll cover costs such as:

- early return fees
- shipment or delivery costs.

What happens when assistive technology has been ordered but not delivered?

If the participant dies before getting assistive technology that was in their plan, we'll pay any pre-payment fees that haven't been paid if:

- the fees are in line with our pre-payment's guidance in the [NDIS Pricing Arrangements and Price Limits](#), and
- the item was ordered before the participant died.

If full payment is made, the assistive technology is the property of the estate.

What if the participant had an assistance animal or dog guide?

The person managing the estate may need to look at any [service agreement](#) and may wish to talk to the participant's provider. They can discuss with them what options are available for the assistance animal or dog guide.

What happens to a participant's home and vehicle modifications?

The person managing the estate will need to work with the provider to manage the participant's home or vehicle modifications in line with the [service agreement](#) that's in place.

After the participant dies, you can usually still claim NDIS funding for home modifications or vehicle modifications if the modifications were purchased before the participant died. This is if the provider hasn't been paid the final payment.

If the participant dies before approved home or vehicle modifications are finished, the provider should discuss options with the nominee or executor within the scope of the [service agreement](#).

This may mean completing modifications to make the building or vehicle safe and suitable for more general use. But if the modifications continue, they shouldn't include specific features required by the participant who died.

Remember, we can help you work out what to do about the participant's plan after they die. You can reach out to a local area coordinator, early childhood partner or planner. You can also [contact us](#).

What can service providers claim?

Service providers can claim for NDIS supports purchased before the participant's death under a service agreement. They have **2 years** from the participant's date of death to make a claim.

If the funding was [plan managed](#), the registered plan manager will need to claim any funding for NDIS supports purchased before the participant's death. Registered plan managers can claim the plan management fee for the month of the participant's death for this purpose, if this forms part of their service agreement.

When can providers claim cancellation fees?

In some situations, providers could claim a cancellation fee if they had short notice of the participant's death. Providers can claim the fee according to the conditions in the [service agreement](#) and the [NDIS Pricing Arrangements and Price Limits](#).

If the participant lived in Specialist Disability Accommodation (SDA), the SDA provider can claim vacancy costs in some situations. We have more information in the [SDA Pricing Arrangements and Price Limits](#).

Do we disclose information about a participant's death?

There are some situations where we may disclose information about the participant's death. For example, we may need to disclose this information to:

- finalise outstanding service bookings
- help arrange removal or disposal of assistive technology
- stop delivery of services.



We can only disclose information about the deceased participant in certain situations, where it's in the public interest to do so.⁴⁷

We may disclose information when:

- there's no reason to think the deceased participant wouldn't want their information disclosed
- the information is needed for a genuine reason, such as to help administer the deceased participant's estate
- the information isn't available from another source.

The people we may talk to include:

- a family member, guardian or support person
- a correspondence nominee, plan nominee or child representative
- a service provider that was providing NDIS supports to the participant – they'll need to know as soon as possible since they can't claim funding after the participant dies
- an executor administering the estate
- a Commonwealth, State or Territory department or authority
- a lawyer or legal representative that was supporting the participant.

If you have any questions about why we've disclosed details about the participant's death, you can always [contact us](#).

Reference list

- ¹ NDIS Act s 30A.
- ² NDIS Act s 29(1)(d).
- ³ NDIS Act s 29(1)(b).
- ⁴ NDIS Act s 29(1)(b).
- ⁵ NDIS Act ss 29(1)(c), 30, 30A
- ⁶ NDIS Act s 29(1)(a).
- ⁷ NDIS Act s 29(1)(d).
- ⁸ NDIS Act ss 29(1)(d), 37(3)(c).
- ⁹ NDIS Act ss 29(1)(d), 29(2).
- ¹⁰ NDIS Act s 29(1)(d).
- ¹¹ NDIS Act s 22.
- ¹² NDIS Act s 29(1)(d).
- ¹³ NDIS Act ss 99, 100.
- ¹⁴ NDIS Act s 29(1)(b); Residential care service has the same meaning as in the Aged Care Act 1997.
- ¹⁵ NDIS Act s 29(1)(b).
- ¹⁶ NDIS Act s 29(1)(b); Residential care service has the same meaning as in the Aged Care Act 1997.
- ¹⁷ NDIS Act ss 29(1)(b), 99, 100.
- ¹⁸ NDIS Act s 29(1)(b).
- ¹⁹ NDIS Act ss 29(1)(d), 99, 100.
- ²⁰ NDIS Act s 29(1)(b).
- ²¹ NDIS Act ss 29(1)(b), 99, 100.
- ²² NDIS Act s 29(1)(b).
- ²³ NDIS Act ss 23(1)(a), 30(1)(a).
- ²⁴ NDIS Act ss 23(1)(b), 30(1)(a).
- ²⁵ NDIS Act ss 24, 25, 30(1)(b).
- ²⁶ NDIS Act ss 23(1)(a), 23(2), 30(1)(a).
- ²⁷ NDIS Act ss 23(1)(a), 23(2), 30(1)(a).
- ²⁸ NDIS Act s 40.
- ²⁹ NDIS Act s 23(1)(b).
- ³⁰ NDIS Act ss 30(1)(b), 30A(1)(a)-(c).
- ³¹ NDIS Act ss 30(3), 30(3AA).
- ³² NDIS Act s 30(3A).
- ³³ NDIS Act s 30(5)
- ³⁴ NDIS Act s30(1).
- ³⁵ NDIS Act s30(5).
- ³⁶ NDIS Act s 30(7).
- ³⁷ NDIS Act s 100.
- ³⁸ NDIS Act s 100(2).
- ³⁹ NDIS Act s 102.
- ⁴⁰ NDIS Act s 19(2)
- ⁴¹ NDIS Act s 46(1).
- ⁴² NDIS Act ss 29, 37(3)(c).
- ⁴³ NDIS Act s 29(2).
- ⁴⁴ NDIS Act s 29(1)(a).
- ⁴⁵ NDIS Act ss 46(1), 182(3).
- ⁴⁶ NDIS Act ss 182(1)-(2).
- ⁴⁷ NDIS Act s 66(1)(a) – Public Interest Certification For The Release Of Protected Agency Information Relating To Deceased Participants dated 28 April 2020.



Applying to the NDIS

Quick summary: If you want to become an NDIS participant and get supports through an NDIS plan, you'll need to apply to the NDIS. There are some requirements you need to meet to be eligible for the NDIS.

First, you need to be younger than 65 when you apply, be an Australian citizen or permanent resident, and live in Australia. Then, you'll need to meet the disability or early intervention requirements.

You may be eligible under the disability requirements if you have one or more impairments that are likely to be permanent and this substantially impacts your ability to do daily life activities. Your impairment must also affect your social life, or your ability to work and study and you must be likely to need support under the NDIS for your whole life¹.

Or, you may be eligible under the early intervention requirements if you have one or more impairments that are likely to be permanent, and supports would help you by reducing your need for supports in the future. We will also consider if these needs could best be met by the NDIS, or by other government and community services.

If you think you might be eligible, we can help you apply to the NDIS. We'll look at all the information you give us to decide if you're eligible. If you're eligible for the NDIS, you'll become a participant and we'll work with you to start creating your plan. If you're not eligible, we can help you connect to other government and community services available to you.

What's on this page?

- [What do we mean by applying to the NDIS?](#)
- [Do you meet the age requirements?](#)
- [Do you meet the residence requirements?](#)
- [Do you meet the disability requirements?](#)
- [Do you need early intervention?](#)
- [What about children younger than 6 with developmental delay?](#)
- [How do you apply to the NDIS?](#)
- [How do we decide if you're eligible?](#)
- [What happens after we decide?](#)



What do we mean by applying to the NDIS?

Applying to the NDIS means doing things to find out if you can become a participant and start getting supports under the NDIS. There is a [process to follow](#) when you apply to the NDIS. After you apply, we'll look at all the information you provide and decide if you're eligible.

If we decide you're eligible, you'll become a participant in the NDIS. We'll then work with you to create your first plan, which will include funding for any [reasonable and necessary supports](#).

If you're not eligible, there are other services available to you, such as other government and community services. We can help you connect to these other services.

For children younger than 7, we encourage families to talk to an [early childhood partner](#) before applying to the NDIS. They can provide supports to children before they apply, and let families know if the NDIS is right for their child. Learn more about our [early childhood approach](#).

Are you eligible for the NDIS?

To be eligible for the NDIS, you first need to meet the [age and residence requirements](#). This means you need to be younger than 65 when you apply, live in Australia, and be an Australian citizen or permanent resident.²

You also need to have a disability caused by an impairment.

When we say impairment in this guideline, we mean a loss or significant change in your body's function, structure, or in how you think and learn. Under the law for the NDIS, we check if you're eligible based on your impairments, not your type of disability or diagnosis.

You will need to meet either the disability requirements³ or the early intervention requirements.⁴

Disability requirements

To meet the disability requirements, we must have evidence of **all** of the following:

- You have a disability caused by an impairment.
- Your impairment is likely to be permanent.
- Your impairment means you have a substantially reduced functional capacity to do one or more daily life activities. These activities include moving around, communicating, socialising, learning, undertaking self-care, or self-management tasks.



- Your impairment affects your ability to work, study or take part in social life.
- You'll likely need NDIS supports your whole life.

Early intervention requirements

To meet the early intervention requirements, we must have evidence of **all** of the following:

- You have an impairment that's likely to be permanent, or that you are a [child younger than 6 has developmental delay](#).⁵
- Early intervention will help you by reducing your need for supports in the future
- Early intervention will help you by either reducing the impact your impairment has on your functional capacity, or support your informal supports to build their skills to help you
- The early intervention you need is most appropriately funded by the NDIS.

If you're receiving [disability supports from the Western Australian government](#), you might already meet most of the eligibility criteria.

We'll use information in your application to [decide if you're eligible for the NDIS](#).

If you're eligible, you become an NDIS participant.⁶ The length of time you'll be an NDIS participant will depend on your situation and disability support needs. For more information, check out our information on [leaving the NDIS](#).

This guideline has detailed information on how we decide if you're eligible for the NDIS. For general information about who's eligible, read [Am I Eligible](#) and [Booklet 1](#). For information about children younger than 7, go to [Help for children under 7](#).

We also have information on [Mental Health and the NDIS](#). If you have a psychosocial disability, this webpage has information on whether the NDIS is right for you, and what information we need if you apply.

A psychosocial disability isn't a mental health condition or diagnosis. A psychosocial disability means you have reduced capacity to undertake tasks and activities of daily living due to your mental health.

Do you meet the age requirements?

To be eligible for the NDIS, you must first meet the age requirements. This means:

- [You are younger than 65 on the day you apply](#).



How old are you?

You must be younger than 65 on the day you make your NDIS application.⁷

This means your application needs to be complete, in the format we ask for, and received by the NDIA before you turn 65. Learn more about [how to complete your NDIS application](#).

If you're turning 65 soon and want to apply, [contact us](#) so we can help you apply on time.

Do you meet the residence requirements?

Then you must meet the residence requirements. This means:

- [You are an Australian citizen or permanent resident](#).
- [You live in Australia](#).

Are you an Australian citizen or permanent resident?

You must be an Australian citizen,⁸ or have one of two visa types that means you can live here.

- A [permanent visa](#)⁹
- A [protected special category visa](#)¹⁰ – this is only for some citizens of New Zealand

Do you live in Australia?

You must live in Australia.¹¹ This means Australia is your home and you spend most of your time here.

To help us decide, you need to give us evidence to show us you live here. If you give us consent to use your Centrelink record, that usually gives us enough evidence to decide if you live in Australia.

If you don't give us consent, you need to give us enough information to help us decide that you live in Australia. You'll need to answer these questions:

- [Where do you live?](#)
- [Where is your family?](#)
- [Do you work in Australia?](#)
- [Do you own property in Australia?](#)
- [How much time do you spend outside Australia?](#)



Some of these questions might not apply to you, but we must consider them when we decide whether you live in Australia.¹²

We may also ask you other questions to determine whether you live in Australia.¹³ For example, your family might be deployed overseas in the Defence Force, meaning you need to leave Australia for a while. In these situations, we'll ask you for more information about why you're leaving and can't return.

If you apply, we look at your whole situation when we decide if there's enough evidence to show that you live here. This will be a simple decision for us in most situations. But sometimes we may need to look at the questions below.

Where do you live?

We consider where you live, and your living situation.¹⁴ We'll look at whether you have more permanent accommodation in Australia than any other country.

For example, you might own a home or have a formal rental agreement in Australia. This is a good sign to us that you live in Australia.

Where is your family?

We also consider where your immediate family lives.¹⁵

We look at where you spend most of your time with them, face-to-face. We don't consider how you connect with your family on the phone or internet.

Do you work in Australia?

If you work, we look at where you normally work or make money.¹⁶ If you work or make money in Australia, that's a good sign you live here. If you don't work or are unemployed we'll consider the other questions to determine whether you live in Australia.

Do you own property in Australia?

We consider what assets or property you own in Australia.¹⁷ We also see if you have an Australian bank account.

If you own assets or property here, it doesn't always mean you live in Australia. Your assets or property will need to show you have an ongoing connection to Australia. You don't live in Australia just because you own assets or property here. Your assets or property will need to show you have an ongoing connection to Australia.

How much time do you spend outside Australia?

We consider how often you go overseas, and how long you're outside Australia when you travel.¹⁸ We also consider why you travel overseas, such as for work, holiday or to live with family.



This is usually the most important point to help us decide if you live in Australia. You need to show us that you have a long-term and meaningful connection to living in Australia.

You don't need to stay in Australia all the time. You can still work overseas or go on a holiday.

You will need to show a stronger connection to Australia than other countries if you spend a lot of time overseas.

If we decide you're eligible and create your plan, there may be times you can't use your NDIS funding overseas. This is usually after you're overseas for more than 6 weeks, unless we give you more time. Learn more about [when you can't use your plan](#).

Do you meet the disability requirements?

You meet the disability requirements if we have evidence of all of the following:¹⁹

- [Your disability is caused by an impairment](#).
- [Your impairment is likely to be permanent](#).
- [Your permanent impairment substantially reduces your functional capacity](#) to undertake one or more of the following activities: moving around, communicating, socialising, learning, or undertaking self-care or self-management tasks.
- [Your permanent impairment affects your ability to work, study or take part in social life](#).
- [You'll likely need support under the NDIS for your whole life](#).

If you give us evidence you have been diagnosed with one or more conditions on [List A](#), we'll likely decide you meet the disability requirements.

If you meet the disability requirements, it's likely you'll need the NDIS for a long time. But we'll still check this at each plan review, or if we get evidence that shows this may have changed.

We only ask you for more information about your eligibility if there is evidence that you may no longer meet the disability requirements.

Learn more about how we check if you are still eligible for the NDIS.

Is your disability caused by an impairment?

When we consider your disability we think about whether any reduction or loss in your ability to do things, across all life domains, is because of an impairment.



An impairment is a loss or significant change in at least one of:

- your body's functions
- your body structure
- how you think and learn.

To meet the disability requirements, we must have evidence your disability is caused by at least one of the impairments below²⁰

- **intellectual** – such as how you speak and listen, read and write, solve problems, and process and remember information
- **cognitive** – such as how you think, learn new things, use judgment to make decisions, and pay attention
- **neurological** – such as how your body functions
- **sensory** – such as how you see or hear
- **physical** – such as the ability to move parts of your body.

You may also be eligible for the NDIS if you have a psychosocial disability.²¹ This means you have reduced capacity to do daily life activities and tasks due to your mental health.

It doesn't matter what caused your impairment, for example if you've had it from birth, or acquired it from an injury, accident or health condition.

It also doesn't matter if you have one impairment, or more than one impairment.

Is your impairment likely to be permanent?

We need evidence that you'll likely have your impairment for your whole life.

Even when your condition or diagnosis is permanent, we'll check if your impairment is permanent too. For example, you may not be eligible if your impairment is temporary, still being treated, or if there are remaining treatment options.

Generally, we'll consider whether your impairment is likely to be permanent after all available and appropriate treatment options have been pursued.

If you give us evidence you have been diagnosed with a condition on [List B](#), we'll likely decide your disability is from an impairment that's likely to be permanent.



Is there any medical treatment for your impairment?

We don't fund supports to treat your impairment.

Instead, the supports we fund can help you reduce or overcome the impact your impairment has on your daily life. They can also help you increase your functional capacity, independence, and your ability to work, study or take part in social life.

Your impairment will likely be permanent if your treating professional gives us evidence that indicates there are no further treatments that could relieve or cure it.

Your treating professional will tell us or be asked to certify if there are medical, clinical or other treatments that are likely to remedy your impairment. We need to understand whether there are treatments which are:²²

- known and available
- appropriate for you and your impairment
- evidence-based – that is, there's proof they are likely to be effective.

The word treatment should be understood in a broadest sense, and may include changes to your diet and lifestyle. So for example, conditions such as obesity are unlikely to be found to be permanent.

If you're still undergoing or have recently had treatment, we'll need to wait until you know the outcome of the treatment before we can decide your impairment is likely to be permanent.²³

In some situations, it may be clear your impairment is likely to be permanent while you're still undergoing treatment or rehabilitation. For example, you may still need treatment and rehabilitation for a spinal cord injury, but it's clear you'll have a permanent impairment.

You might still have a permanent impairment, even if its effects may change over time.²⁴

For degenerative impairments, or those that get worse over time, we consider them permanent if treatment isn't likely to help or improve the impairment's effects.²⁵

Does your impairment substantially reduce your functional capacity?

Your permanent impairments needs **to substantially reduce your functional capacity or ability** to undertake activities in one of the following areas:

- **Communicating** – how you speak, write, or use sign language and gestures, to express yourself compared to other people your age. We also look at how well you understand people, and how others understand you.



- **Socialising** – how you make and keep friends, or interact with the community, or how a young child plays with other children. We also look at your behaviour, and how you cope with feelings and emotions in social situations.
- **Learning** – how you learn, understand and remember new things, and practise and use new skills.
- **Mobility, or moving around** – how easily you move around your home and community, and how you get in and out of bed or a chair. We consider how you get out and about, and use your arms or legs.
- **Self-care** – personal care, hygiene, grooming, eating and drinking, and health. We consider how you get dressed, shower or bathe, eat or go to the toilet.
- **Self-management (if older than 6)** – how you organise your life. We consider how you plan, make decisions, and look after yourself. This might include day-to-day tasks at home, how you solve problems, or manage your money. We consider your mental or cognitive ability to manage your life, not your physical ability to do these tasks.

Your impairment substantially reduces your functional capacity if you usually need disability-specific supports to participate in or complete the above tasks.²⁶

These disability-specific supports include:

- a high level of support from other people, such as physical assistance, guidance, supervision or prompting²⁷
- assistive technology, equipment or home modifications that are prescribed by your doctor, allied health professional or other medical professional.²⁸

To help us decide if you're eligible, we need to know your capacity and where you need more help. We get this information from your NDIS application.

If you have more than one permanent impairment we will consider them together, to see if they substantially reduce your functional capacity.

We consider how you're involved in different areas of life like home, school, work and the community, and how you carry out tasks and actions. We also consider any other factors that may impact your day to day life.

Your needs might go up and down each day or each month. Progressive Multiple Sclerosis (MS) can be a good example of this. We consider your ability over time, taking into account your ups and downs.



How does a child's impairment affect their daily life?

To help us decide if a child's ability is substantially reduced, we compare their abilities with other children of the same age.

If a child's ability is much less than most other children the same age, they may meet the disability requirements. For example, if they:

- need assistive technology, equipment or home modifications to participate in daily activities – except for common items like glasses
- usually need more assistance to join activities, or they can't join in.

Sometimes when a child's impairment doesn't substantially reduce their ability right now, but might in the future, we will look at the early intervention requirements. Similarly, if a child's impairment currently substantially reduces their ability, but may not after receiving supports, we will look at the early intervention requirements. Early intervention can be for children of any age.

Learn more about the [early intervention requirements](#).

What if you have a hearing impairment?

Some hearing impairments may lead to a substantially reduced functional capacity.

We'll generally decide you have a substantially reduced functional capacity if your hearing loss is at least 65 decibels in your better ear. This is based on a pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz.

We may also decide you have a substantially reduced functional capacity if your hearing loss is less than 65 decibels in your better ear. We may decide this if either:

- you also have another permanent impairment, such as a vision or cognitive impairment
- you give us evidence your speech detection and speech discrimination outcomes are significantly poorer than expected.

Does your impairment affect your social, work or study life?

Then, we look at how your impairments affect your ability to work, study or take part in social life.²⁹ This means your permanent impairments affect how you can find and keep a job, contribute to your community, or join social activities. We get this information from your NDIS application.

We look at your ability to do things like:

- find and keep a job, or start your own business



- study
- spend and save money
- play sport
- go to the movies
- volunteer
- travel.

It doesn't matter how much your ability to work, study or socialise is affected by your impairment. It only needs to affect your social or work life in some way for you to meet the criteria.

Will you likely need support under the NDIS for your whole life?

You must be likely to need support under the NDIS for your whole life.³⁰

NDIS supports are investments that help you build or maintain your functional capacity and independence, and help you work, study or take part in social life.

Even if your needs go up and down over time, we may still consider it's likely you'll need lifetime support under the NDIS.³¹

We consider your overall situation to answer this question.

When we decide if you'll likely need support under the NDIS for your whole life, we consider:

- your life circumstances
- the nature of your long-term support needs
- whether your needs could be best met by the NDIS, or by other government and community services.

For example, you may have an impairment which is caused by a chronic health condition. Many chronic health conditions are most effectively managed or remedied through medical management through the health system. If this is the case, we may decide that you don't have a lifetime need for support under the NDIS.

Do you need early intervention?

If you don't meet the disability requirements, you may be eligible for the NDIS under the early intervention requirements. Early intervention is usually early access to support, to help reduce the functional impacts of your impairment.



Early intervention can be for both children and adults. You won't need these supports for your lifetime, so your treating professional or your early childhood partner will tell us how early intervention support could benefit you or your child.

You will meet the early intervention requirements if you meet all of the following:

- You have an [impairment that's likely to be permanent](#).
- [Early intervention supports will help you](#), for example if it means you'll need less disability support in the future and your functional capacity will improve.
- [The early intervention you need is most appropriately funded by us](#).

There are different requirements for [children younger than 6 with developmental delay](#) to meet the early intervention requirements.

If we have evidence a child younger than 7 has been diagnosed with a condition on [List D](#), we'll decide they meet the early intervention requirements.

You may also meet the early intervention requirements if you're [aged between 0 and 25 with a hearing impairment](#).

If you meet the early intervention requirements when you join the NDIS, we'll regularly check your eligibility. We'll check this at plan reviews, and at other times too. Learn more about [leaving the NDIS](#).

Do you have an impairment that's likely to be permanent?

To meet the early intervention requirements, there must be enough evidence that you have at least one of the impairments below and your impairment is likely to be permanent.³²

An impairment is a loss or significant change in at least one of:

- your body's functions
- your body structure
- how you think and learn.

An impairment could be:³³

- **intellectual** – such as how you speak and listen, read and write, solve problems, and process and remember information
- **cognitive** – such as how you think, learn new things, use judgment to make decisions, and pay attention
- **neurological** – such as how your body functions
- **sensory** – such as how you see or hear



- **physical** – such as the ability to move parts of your body.

We also need evidence at least one of your impairments will be permanent, or likely to be permanent.³⁴ In other words, you'll likely have your impairment for your whole life.

When we decide if your impairment is likely to be permanent, we consider the same things as in the [disability requirements](#).

You may also be eligible for the NDIS if you have a psychosocial disability.³⁵ This means you have reduced capacity to do daily life activities and tasks due to your mental health. Your psychosocial disability might vary at different times in how much it impacts your daily life. Even if it fluctuates and you have some periods where there is a smaller impact on your daily life, you might have this impairment for your whole life.

If you give us evidence you have been diagnosed with a condition on [List B](#), we'll decide you have an impairment that's likely to be permanent.

How will early intervention help you?

We need to decide that getting early intervention supports means you'll likely need less disability supports in the future.³⁶

We need to know that early intervention supports will help you with at least one of the following:³⁷

- addressing the impact of your impairment on your ability to move around, communicate, socialise, learn, look after yourself and organise your life.
- preventing your functional capacity from getting worse.
- improving your functional capacity.
- supporting your informal supports, which includes building their skills to help you.

To help us decide if the early intervention will help you in these ways, we look at:³⁸

- how your impairment might change over time
- how long you've had your impairment
- if there's been a significant change to your impairment
- if your needs are likely to change soon, such as if you're finishing school.

Is your early intervention most appropriately funded by the NDIS?

The support you need must be most appropriately funded or provided by us.³⁹



You won't be eligible if we decide the support you need is more appropriately funded or provided:

- by other general systems of service delivery or support services, such as a workers compensation scheme
- under a universal service obligation that other government services must provide to all Australians, such as schools and public hospitals
- as a reasonable adjustment under discrimination law, such as making places or venues accessible for you.

For example, you usually won't be eligible if you only need the following supports. These are more appropriately provided by other government and community services:

- medical services,⁴⁰ and treatments for health conditions, including ongoing or chronic health conditions⁴¹
- clinical early intervention mental health supports, such as services to help children, teenagers and young people grow and develop⁴²
- clinical acute and crisis mental health supports⁴³ – such as care in a hospital or similar setting
- [inclusion supports](#) to help young children join early childhood learning and care settings⁴⁴
- [Disability Employment Services](#),⁴⁵ and reasonable adjustments in the workplace to make your job suit your needs.⁴⁶

For more information on when early intervention supports are most appropriately funded by us or by other services, check out:

- [Our mainstream and community supports guideline](#)
- [Schedule 1 of the NDIS \(Supports for Participants\) Rules](#)
- [Applied Principles and Tables of Support](#).

What about people aged between 0 and 25 with a hearing impairment?

If you're aged between 0 and 25 with a hearing impairment, you may meet the early intervention requirements. We'll decide you meet the early intervention requirements if you give us evidence of all of the following:

- You're aged between 0 and 25.



- You have auditory neuropathy or hearing loss of at least 25 decibels in either ear at 2 or more adjacent frequencies – see below.

We need evidence of your auditory neuropathy or hearing loss from a specialist audiological assessment. The assessment might include electrophysiological testing when required. The evidence must show your hearing loss is likely to be permanent.

If you're aged 26 or older with hearing loss, we'll check if you're eligible in the same way we consider all other impairments. You may be eligible under the [disability requirements](#).

What about children younger than 6 with developmental delay?

Children younger than 6 with a developmental delay may be eligible for the NDIS under the early intervention requirements.⁴⁷

Developmental delay is a term used to describe a delay in a child's development. It means that a child finds it much harder to do everyday things that other children their age can do, for example dress themselves, talk or walk. A child with developmental delay needs lots of extra help to do everyday things compared to children of the same age.

First, we need to know the child:

- is younger than 6 on the day we decide whether they're eligible⁴⁸
- [lives in Australia](#)⁴⁹
- is an [Australian citizen or permanent resident](#).⁵⁰

Then, we need to know the child has a [developmental delay](#).⁵¹

Finally, we need to know the child's supports are [most appropriately funded or provided under the NDIS](#).⁵²

An early childhood partner can also provide supports to children who aren't eligible for the NDIS.

Learn more about the [early childhood approach](#).

Does the child have a developmental delay?

When we decide if a child has developmental delay, we use the definition in the law for the NDIS.⁵³

We need to know the delay:

- is [due to mental or physical impairments](#)



- [substantially reduces the child's functional capacity](#) compared with other children the same age
- means [the child needs specialist services](#) from more than one professional working as a team to support the child and for longer than 12 months.

Is the delay due to mental or physical impairments?

We first need to know the developmental delay is due to a mental or physical impairment, or a combination of mental or physical impairments.⁵⁴

An impairment is a loss or significant change in at least one of:

- the child's body's functions
- the child's body structure
- how the child thinks and learns.

Families, early childhood partners and other professionals can understand the child's body function by:

- observing their activities during play and daily tasks
- comparing their activities to other children of the same age.

For some very young children, problems in body function can't be easily measured. If so, the child may be eligible if there is significant risk of a future disability diagnosis or developmental delay. We need evidence of this from a health or allied health professional's judgment or informed clinical opinion.

Does the delay substantially reduce the child's functional capacity?

We need to know the delay substantially reduces the child's functional capacity compared to other children their age.⁵⁵

This means the child has a significantly lower ability to do everyday activities, when compared to children of the same age. Or, the child does things in a significantly different way to other children their age because of their reduced capacity.

The child would also need much more support to do the activity, compared to other children the same age.

The substantial reduction in functional capacity must be in at least one of the following areas of major life activity:

- **Self-care** – how children take care of themselves, shower, bathe, dress, eat, drink, toilet, groom, and sleep.

- **Receptive and expressive language** – this involves skills such as gesture, sign language, listening, giving and receiving information, communicating wants and needs through facial expressions, vocalisations or speech, and interaction with others. A substantial reduction in functional capacity for either receptive language or expressive language will meet the criteria – it doesn't need to be both.
- **Cognitive development** – learning and applying knowledge. This includes areas such as:
 - understanding and remembering information
 - attention
 - learning new things
 - practising and using new skills
 - planning and making decisions
 - problem solving
 - developing pretend play skills
 - developing play interests
 - emotional and sensory regulation
 - developing emotional intelligence
 - social awareness
 - safety awareness.
- **Motor development** – this includes participation in everyday activities like moving around the home and community, and manipulating objects.

We need evidence from a health, allied health or early childhood professional, who uses multiple sources of information about the child's ability to do everyday activities.

This will include information that parents or carers report about their child. It will also include a mix of standardised assessments of developmental and functional capacity, both in everyday activities and natural settings.

It should also include observations in everyday play, learning, activities or routines to better understand how the child participates in these everyday activities.

For very young children where functional capacity can't be measured, the child may be eligible if there is significant risk of a future disability diagnosis or developmental delay. We need evidence of this from a health or allied health professional's informed clinical opinion.



Does the child need specialist services from more than one type of professional and for longer than 12 months?

We need to know that the child needs a mix of specialist care, treatment or other services, due to their developmental delay. The child must also need these services for an extended duration – that is, longer than 12 months.⁵⁶

We need to know the child needs all of the following:

- **A service response that involves more than one professional working as a team to support the child.**

This means the child needs support for multiple activities, and across multiple natural settings such as the home, community and early childhood centres. The child must need more support than what's expected for a child the same age.

- **A team that works collaboratively, by communicating and sharing information, knowledge and skills.**

The support must be individually planned and coordinated. The team will build the capacity of the child's family and other important people in the child's life, such as carers, educators and professionals, about the child's individual needs. This support should be embedded in everyday play, learning, activities and routines.

- **More support than an individual discipline providing a unilateral response to a single problem.**

This means the child needs support from more than from one professional supporting one area of delay. This is known as interdisciplinary care. For example, a child is unlikely to be eligible if a speech pathologist alone can help their language delay, without needing support or consultation from other professionals.

- **Supports for an extended duration.**

This means a health, allied health or early childhood professional who knows the child determines they need support for more than 12 months. A child will likely meet this criteria if there is clear evidence that they'll need early intervention support for more than 12 months.

We need evidence from a health, allied health or early childhood professional who knows the child. They need to recommend that the child needs support for multiple activities and across multiple natural settings, from a team working together.

Some children in remote areas might not have access to a team of professionals. If so, they may still be eligible if the one professional needs to provide the supports to the child across multiple activities and across multiple natural settings.



We also need evidence from a health, allied health or early childhood professional that the child needs support for more than 12 months. The professional should consider multiple sources of information, including:

- parent or carer reports
- a mix of standardised and culturally appropriate developmental or functional assessments in everyday activities and natural settings
- observations in everyday play, learning, activities, and routines.

How do we work out if the child meets the criteria for developmental delay?

We'll need a range of information about the child, observed in everyday activities and settings they usually participate in. This should include parent or carer reports and standardised assessments of developmental and or functional capacity.

Early childhood partners are early childhood professionals who give us evidence of developmental delay to help us decide if the child is eligible. An early childhood partner will meet with children and families to better understand the child's day to day life, and any concerns about their development.

Early childhood partners will observe a child in familiar places like home and childcare and may complete assessments using screening tools. This information helps us decide if a child meets the early intervention requirements for developmental delay.

Families and carers can also provide copies of existing reports, assessments or letters about the delay with our application form.

We may also ask for evidence from a variety of sources, including mainstream services. For example, we may also ask for evidence from your doctor, child health nurse, or other health professional.

Learn more about [providing evidence of developmental delay](#).

What if there are no early childhood partners in your area?

If there are no early childhood partners in the child's area, a mainstream, community or health service can give us a report for evidence of developmental delay.

If you're in one of these areas, learn more about what [evidence](#) we need for developmental delay.



Is the child's early intervention most appropriately funded by the NDIS?

To meet the early intervention requirements, the support must be most appropriately funded or provided by us.⁵⁷

A child won't be eligible if the support they need is more appropriately funded or provided:

- by other general systems of service delivery or support services, such as a transport accident compensation scheme
- under a universal service obligation that other government services must provide to all Australians, such as schools and public hospitals
- as a reasonable adjustment under discrimination law, such as making places or venues accessible.

For example, children usually won't be eligible if they only need the following supports. These are more appropriately provided by other government and community services:

- medical services,⁵⁸ and treatments for health conditions⁵⁹
- [inclusion supports](#) to help young children join early childhood learning and care settings⁶⁰
- school readiness programs to help children prepare for school⁶¹
 - newborn follow-up, such as child and maternal health services.⁶²

For more information on when early intervention supports are most appropriately funded by us or by other services, check out:

- [Our mainstream and community supports guideline](#)
- [Schedule 1 of the NDIS \(Supports for Participants\) Rules](#)
- [Applied Principles and Tables of Support](#).

What happens if a child with developmental delay is eligible?

If we decide a child with developmental delay is eligible for the NDIS, they'll become a participant. But they're usually no longer eligible after they turn 6.

This is because they will no longer meet the eligibility criteria under developmental delay. To remain an NDIS participant after they turn 6, the child will need to have an impairment that's likely to be permanent, and meet either the [disability requirements](#) or the [early intervention requirements](#).

We'll talk to families or carers before a child turns 6, and explain what information we need to decide if the child is still eligible. Learn more about [leaving the NDIS](#).



Example

Hunter is 5 years old, and became a participant under the early intervention requirements for developmental delay.

We give him a new 12-month NDIS plan in August. We also talk to Hunter's family about Hunter leaving the NDIS after he is 6 years old.

Hunter's family will be able to use his NDIS funding for the full 12 months, until August the next year. By then, he'll be aged 6 years.

At the end of the 12 months, we will talk to Hunter's family about his progress. If there's no evidence that Hunter meets either the early intervention requirements or the disability requirements, we'll decide Hunter will leave the NDIS. Learn more about [leaving the NDIS](#).

What if a child doesn't meet our criteria for developmental delay?

Early childhood partners can still provide supports to children who don't meet our criteria for developmental delay.

A child may have developmental concerns. This means a child younger than 6 is developing slower compared to other children their age, but the delay doesn't meet our definition for developmental delay.

For example, a child's functional capacity may be substantially reduced in one or more areas. But it's unclear if the child needs support from a team of professionals for more than 12 months.

An early childhood partner can provide early supports to children with developmental concerns. They can also help the child's family connect to other government and community supports.

Learn more about [early connections](#).

How do you apply to the NDIS?

Applying to the NDIS is how you let us know you want to become an NDIS participant.

If you're aged 7 and older, there are a few ways you can apply:⁶³

- Your local area coordinator or local NDIS office can help you apply. They can help you through the application process and be your point of contact. [Find your nearest location](#).
- You can apply over the phone on 1800 800 110.
- You can complete an [NDIS application form](#).



For children younger than 7, we encourage families to talk to an [early childhood partner](#) before applying to the NDIS. They can provide supports to children before they apply, and let families know if the NDIS is right for their child.

When you apply, you or your authorised representative will need to:

- give us the information and any documents we need to verify your identity. Learn more about [proof of identity](#) and [privacy](#).
- give us the information and any documents we need to decide if you're eligible⁶⁴
- sign or certify the NDIS application.⁶⁵

Other people can help you apply if you want them to. Sometimes they can apply on your behalf. Learn more about [who can help you apply](#).

Learn more about [how to apply to the NDIS](#).

What information do we need in your application?

The [Proof of Identity Factsheet](#) shows what information we need to verify your identity. When you apply for the NDIS, you'll need to give us copies of these documents. If you can't do this, let us know so we can work out what to do depending on your situation. We will still need to check your identity before progressing your application.

Your [NDIS application form](#) shows what information we need to work out if you're eligible.

To show us you're younger than 65 when you apply, live in Australia, and that you're an Australian citizen or permanent resident, you can give us either of the following:

- consent to access and use your Centrelink record
- copies of documents or other evidence listed on your NDIS application form, or that we ask for if you apply in person or over the phone.

In most cases we can just use your identity documents.

Who can give us evidence of your impairments?

We need evidence of your impairments, to help us work out if you're eligible. To provide this, ask your [treating professional](#) to complete their part of the application form. For children younger than 6 with developmental delay, an [early childhood partner](#) can provide evidence of developmental delay.

Your treating professional might be your doctor, specialist, or allied health service provider. You should use a professional who:

- has worked with you for a long time, usually for at least 6 months



- is the [most appropriate type of professional](#) to give evidence about your impairment
- is qualified and registered in their area of practice with the [Australian Health Practitioner Regulation Agency](#) or relevant professional authority

If your treating professional does not meet these requirements we may not be able to verify the information in your access request, and may need to request further information.

When we check if you're eligible for the NDIS, we mainly consider the information you give us when you apply.

Learn more about who can give us evidence of your disability or impairment on the following pages:

- [Providing evidence of your disability](#)
- [Providing evidence of disability for children](#)
- [Information for GPs and health professionals.](#)

You can also learn more about [how we use, collect and store your personal information](#).

What if you're in a remote or very remote area?

We understand it might be hard to get your treating professional to complete their part of the application form in a remote or very remote area. If it's hard to get your treating professional to do this, let us know.

You might not need to give us as much evidence about your impairment as people in big cities, depending on what services are available in your area. We use a technical definition for remote and very remote. You will need to live in an area that's classified as MM6 or MM7 on the [Modified Monash Model](#) to be considered remote or very remote.

How do we check your application?

Before we can accept your application, we make sure it's been made by the right person. That is, the application is from you, or [someone who can apply for you](#).

We then check all the sections are complete. Finally, we check it has all the right information.⁶⁶

If your application isn't complete, we'll let you know and help you work out what to do. You can also let us know if there is a mistake, or you don't have all the information. We can work with you to help complete the application properly. We can't decide if you're eligible until we have a complete application.

We'll also let you know if we need more information and, if so, what you need to give us.



Once you have completed your application with all the right information, we'll check whether you're eligible. That is, we'll check that:

- You meet the age and residence requirements
- You meet either the disability requirements or the early intervention requirements.

Learn more in [Booklet 1 – Understanding the NDIS](#).

Who can help you apply?

You can ask someone to help you apply if you want to. They can help you:

- make your decision to apply to the NDIS
- gather the information we need
- fill out the form or call us to apply.

You can choose who helps you. For example, you could ask for help from:

- a family member
- a friend
- a carer
- a local area coordinator
- a support worker or service provider
- staff in a residential aged care facility
- your treating health professional
- hospital staff.

With your permission, we can share information with these people during your application. For example, they could call us to check how your application is progressing. You can let us know on your application form, or you can tell us in person or over the phone.

Can someone else apply for you?

If someone else has legal authority to make decisions for you, they can apply to the NDIS on your behalf.

If you're younger than 18, the people with parental responsibility for you will apply for you.⁶⁷ This is often your parents or legal guardian. In some situations, we can decide someone else has parental responsibility.⁶⁸ Learn more about [child representatives](#).



If you're an adult, these people may be able to apply to the NDIS on your behalf:

- a person you give consent to act as your authorised representative – this means you give them permission to apply for you
- your guardian
- a person with power of attorney who can make personal and health decisions for you
- a person with advance care health directive.

If you're an adult and want someone else to apply for you, [we have a form you can complete](#). You can also tell us in person, or over the phone.

When do we contact you to help you apply?

Sometimes, we'll reach out to you to help you apply. This might be if you live in a:

- group home or supported accommodation
- large residential facility
- residential aged care facility – also read our page on [younger people in residential aged care](#)
- rural or remote area.

How do we decide if you're eligible?

Once we have your application, we review all the information we have in your application.

This will help us decide if you're eligible for the NDIS. As part of the process, we will also need to check your identity.

You are eligible for the NDIS if you meet:

- the age and residence requirements
- either the [disability requirements](#) or the [early intervention requirements](#).

If you're 7 or older, the first thing we decide is whether you meet the disability requirements. If you don't we will then decide whether you meet the early intervention requirements.

For children younger than 7, it's the other way around. First we'll decide whether they meet the early intervention requirements. If they don't then we decide whether they meet the disability requirements.

It's likely children younger than 6 with developmental delay will not meet the disability requirements. So they may only be eligible under the early intervention requirements.



If you don't meet either the disability requirements or the early intervention requirements, you won't be eligible for the NDIS. But an [early childhood partner](#) or [local area coordinator](#) can help you connect with other government and community supports.

When will we decide if you're eligible?

Once we have your application, we have **21 days** to decide one of the following:⁶⁹

- [you're eligible for the NDIS](#)
- [you're not eligible for the NDIS](#)
- [we need more information](#).

We can make a decision quicker in urgent circumstances. Let us know if your situation is urgent, for example if you're about to leave a hospital or custodial setting. Learn more about our [participant service guarantee](#) and [timeframes for urgent decisions](#).

How do we consider your evidence of disability?

When we're deciding if you're eligible, we may look at things like:

- how old your evidence is
- who provided your evidence.

If we get more than one type of evidence from you, we might consider some evidence over others. We call this weighing evidence. Learn more about [evidence of disability](#).

What if we need more information to decide if you're eligible?

When we decide if you're eligible, we look at:

- the information in your NDIS application
- any other information we have.

We need enough information in your application to show us you're eligible for the NDIS by meeting the disability requirements or the early intervention requirements.

Sometimes we might need to ask you for more information. For example, your NDIS application form might not have enough information about your functional capacity.

First, we'll try to get this information from your application. If this doesn't help, we'll ask you for more information to make sure we have the full picture.⁷⁰

We might ask you for more information if:

- your application doesn't have all the information we need



- we need to answer a particular question.

We only ask for more information if we need it to decide if you're eligible.⁷¹ If we need more information, we'll let you know:

- what you need to do
- what information we need
- when you need to give us the information.

If we ask for more information, you'll have at least **90 days** to give it to us. We can't decide if you're eligible until we have this. You can ask for more time if you need it. We can give you more time if we think it's reasonable for your situation.⁷²

If we can't contact you within **90 days**, or you don't give us the information within the timeframe, we'll withdraw your application. This means we'll stop processing your application.

If you don't get the information to us in time, you can apply again.

What happens after we get your information?

Once you give us the information we need, we then have **14 days** to decide if:⁷³

- you're eligible for the NDIS
- you're not eligible for the NDIS
- we need more information – for example if the information you gave us isn't what we need.

What happens if we don't decide on time?

If we don't meet our decision-making timeframes, we have to treat this as if we decided you're not eligible.⁷⁴

If this happens, we'll automatically review this decision that you're not eligible.⁷⁵ We'll send you a letter to explain this. You don't need to do anything.

We'll then make sure your application is reviewed by a staff member who wasn't involved in the original application. We'll contact you to let you know the outcome.

Learn more about [reviewing our decisions](#).



What happens after we decide?

What happens if you're eligible?

On the day we decide you're eligible for the NDIS, you become an NDIS participant.⁷⁶

The time that you remain eligible for the NDIS depends on your individual circumstances and disability support needs.

You'll need to continue to be eligible for the NDIS. This means you'll need to continue to live in Australia and be an Australian citizen or permanent resident. You'll also need to continue to meet either the [disability requirements](#) or the [early intervention requirements](#). Learn more about [whether you will always be eligible](#) and [leaving the NDIS](#).

We'll send you a letter to let you know:

- you are eligible
- if you met the disability requirements or the early intervention requirements
- the next steps.

Your letter will also confirm the date you became eligible for the NDIS.⁷⁷

How will we create your first plan?

After you receive the letter confirming you're eligible, we'll contact you to organise your first planning conversation. We'll contact you within **21 days**.

You will need to bring your original [identity documents](#) from the [Proof of Identity \(POI\) Factsheet](#) to your first planning meeting so we can verify them. If you can't provide these documents, let us know so we can work out what to do depending on your situation. We will still need to check your identity before approving your plan.

We'll then work together to create a plan for your disability support needs. Your plan will include any supports we fund that meet the [NDIS funding criteria](#).

We fund supports for any impairments that meet the eligibility criteria.

For example, you may have many impairments, but only one meets our eligibility criteria. Or, you might get another impairment after we decide you're eligible. If so, we only fund supports for impairments that meet either the disability requirements, or the early intervention requirements.

If you're aged 7 or older, we must approve your first plan within **56 days** after you become a participant.



For children younger than 7, we'll approve their first plan within **90 days** after they become a participant.

For more information, check out [creating your plan](#) and [Booklet 2](#).

Will you always be eligible for the NDIS?

There are many reasons for leaving the NDIS.

Some people decide they don't want to be a participant anymore.

You'll also leave the NDIS if you're no longer eligible.

At [plan review](#), we check that all your details are correct and up to date. We also look at any new information we have received.

If you're eligible under the **early intervention requirements**, your support needs are more likely to change. We'll check each plan review whether you still meet the early intervention requirements.

For example, during a review it may show you no longer meet the early intervention requirements because you have built your skills and capacity, and will no longer benefit from early intervention supports.

If you're eligible under the disability requirements, your disability is permanent. We don't expect your disability to change, and it's likely you'll need the NDIS for a long time. We will only ask you for more information about your eligibility if there is evidence that you may no longer meet the disability requirements.

You can find out more about the eligibility requirements, and how we check these [here](#).

[Children with developmental delay](#) will usually leave the NDIS after they turn 6.

Over time, you might develop your skills and independence and not need the NDIS anymore.

If you met the early intervention requirements, you usually won't be eligible anymore after the early intervention supports have helped you. For example, if you needed early intervention supports to improve your functional capacity, you won't be eligible anymore after your functional capacity improves.

If you're no longer eligible, we'll help you transition from the NDIS and connect with other services in your community if you need them. We'll also keep your information, so you can apply again if your situation changes.

Learn more about [leaving the NDIS](#).

What happens if you're not eligible?

If you're not eligible, you can't become an NDIS participant.



We'll try and contact you by phone, or your preferred contact method,⁷⁸ to explain why you're not eligible. We will give you reasons for our decision, and also answer any questions you might have.

We'll also send you a letter with our decision, including the reasons you're not eligible and what to do next. Your letter will confirm the date we made the decision.

Even if you're not eligible for the NDIS, we can help you connect with an [early childhood partner](#) or [local area coordinator](#). They can help you access other services. For example, you might be able to access medical, mental health, disability, or community supports in your state or territory.

We also have a list of [other government and community supports](#) you can get, even if you're not eligible for the NDIS.

What if you don't agree with our decision?

If you don't agree with our decision that you're not eligible, you should [contact us](#). We can help explain our decision and what your options or next steps might be.

You can also ask for an internal review.⁷⁹ Another staff member, who wasn't involved in the original decision, will then check if we made the right decision. You need to ask for an internal review within **3 months** after receiving the decision.⁸⁰ Learn more about [reviewing our decisions](#).

But you can't ask for an internal review if:

- you withdraw your application because you don't want to apply anymore
- a decision has not been made and we ask you for more information
- we withdraw your application because you didn't give us information on time
- it's been more than 3 months since you received our decision that you're not eligible.

If you don't agree with the internal review decision, you can ask the Administrative Appeals Tribunal to review it. We call this an external review. You can't ask for an external review until after we make the internal review decision.

You can [contact us](#) to discuss any concerns you may have about the process. You can also [make a complaint](#) if you're not happy with any part of the process.

Can you apply again?

Yes. If we decide you're not eligible, you can apply again.⁸¹ You'll follow the same process to apply as you did the first time. Remember, you need to be younger than 65 on the day you make your new application. And children with developmental delay will need to be younger than 6 on the day they apply.



But if you've asked for an internal review of the decision, you can't apply to the NDIS again until we've completed that review.⁸² You can ask us to stop our internal review at any time.⁸³

Also, if your review is with the Administrative Appeals Tribunal after an internal review, you can't apply again until it's made a decision.⁸⁴ You can also ask the Tribunal at any time to withdraw your application. Learn more on the [Administrative Appeals Tribunal website](#).

Applying to the NDIS – Appendices

What's on this page?

- [List A: Conditions that are likely to meet the disability requirements](#)
- [List B: Conditions that are likely to be permanent](#)
- [List C: What if you're receiving disability support in Western Australia?](#)
- [List D: Conditions that are likely to meet the early intervention requirements for children younger than 7](#)
- [When do we make priority eligibility decisions?](#)
- [How do we weigh evidence of disability?](#)

List A: Conditions that are likely to meet the disability requirements

- **Intellectual disability** diagnosed and assessed as moderate, severe or profound in accordance with current DSM criteria.
- **Autism** diagnosed by a specialist multi-disciplinary team, paediatrician, psychiatrist or clinical psychologist experienced in the assessment of Pervasive Developmental Disorders, and assessed using the current Diagnostic and Statistical Manual of Mental Disorders (DSM-V) diagnostic criteria as having severity of Level 2 (Requiring substantial support) or Level 3 (Requiring very substantial support).
- **Cerebral palsy** diagnosed and assessed as severe (e.g. assessed as Level 3, 4 or 5 on the Gross Motor Function Classification System - GMFCS).
- **Genetic conditions** that consistently result in permanent and severe intellectual and physical impairments:
 - o Angelman syndrome
 - o Coffin-Lowry syndrome in males
 - o Cornelia de Lange syndrome
 - o Cri du Chat syndrome
 - o Edwards syndrome (Trisomy 18 – full form)
 - o Epidermolysis Bullosa (severe forms):

- YR
- Autosomal recessive dystrophic epidermolysis bullosa
- Hallopeau-Siemens type
- Herlitz Junctional Epidermolysis Dystrophica
- o Lesch-Nyhan syndrome
- o Leigh syndrome
- o Leukodystrophies:
 - Alexander disease (infantile and neonatal forms)
 - Canavan disease
 - Krabbe disease (globoid cell leukodystrophy) – Infantile form
 - Pelizaeus-Merzbacher Disease (Connatal form)
- o Lysosomal storage disorders resulting in severe intellectual and physical impairments:
 - Gaucher disease Types 2 and 3
 - Niemann-Pick disease (Types A and C)
 - Pompe disease
 - Sandhoff disease (infantile form)
 - Schindler disease (Type 1)
 - Tay-Sachs disease (infantile form)
- o Mucopolysaccharidoses – the following forms:
 - MPS 1-H (Hurler syndrome)
 - MPS III (San Fillipo syndrome)
 - Osteogenesis Imperfecta (severe forms):
 - Type II - with two or more fractures per year and significant deformities severely limiting ability to perform activities of daily living
- o Patau syndrome
- o Rett syndrome
- o Spinal Muscular Atrophies of the following types:
 - Werdnig-Hoffmann disease (SMA Type 1- Infantile form)

- Dubowitz disease (SMA Type II – Intermediate form)
- X-linked spinal muscular atrophy
- **Spinal cord injury** or **brain injury** resulting in paraplegia, quadriplegia or tetraplegia.
- **Hemiplegia** where there is severe or total loss of strength and movement in the affected limbs of the body.
- **Permanent blindness** in both eyes, diagnosed and assessed by an ophthalmologist as follows:
 - o Corrected visual acuity (extent to which an object can be brought into focus) on the Snellen Scale must be less than or equal to 6/60 in both eyes; or
 - o Constriction to within 10 degrees or less of arc of central fixation in the better eye, irrespective of corrected visual acuity (i.e. visual fields are reduced to a measured arc of 10 degrees or less); or
 - o A combination of visual defects resulting in the same degree of visual impairment as that occurring in the above points. (An optometrist report is not sufficient for NDIS purposes.)
- **Permanent bilateral hearing loss** > 90 decibels in the better ear (pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz).
- **Deafblindness** confirmed by ophthalmologist and audiologist and assessed as resulting in permanent and severe to total impairment of visual function and hearing.
- **Amputation** or congenital absence of 2 limbs – for example, 2 legs, 2 arms, or a leg and an arm (not a leg and a hand, or an arm and a foot).

List B: Conditions that are likely to result in a permanent impairment

Conditions primarily resulting in intellectual or learning impairment

- Intellectual disability
- Pervasive developmental disorders not meeting severity criteria in List A or List C, such as autism
- Asperger syndrome
- Atypical autism
- Childhood autism.

Chromosomal abnormalities resulting in permanent impairment and not specified on List A

- Aicardi-Goutières syndrome
- CHARGE syndrome
- Cockayne syndrome Types I and Type II/Cerebro-oculo-facio-skeletal (COFS) syndrome /Pena Shokeir syndrome Type II/Weber-Cockayne syndrome/Neill-Dingwall syndrome)
- Cohen syndrome
- Dandy-Walker syndrome
- DiGeorge syndrome /22q11.2 deletion syndrome/Velocardiofacial syndrome/Shprintzen syndrome/Conotruncal anomaly face syndrome
- Down syndrome/Trisomy 21
- Fragile X syndrome
- Kabuki syndrome
- Menkes disease
- Prader-Willi syndrome
- Seckel syndrome /microcephalic primordial dwarfism/Harper's syndrome/Virchow-Seckel dwarfism
- Smith-Lemli-Optiz syndrome
- Smith-Magenis syndrome
- Spinal muscular atrophy Types III and IV
- Sturge-Weber syndrome
- Trisomy 9
- Tuberous sclerosis
- Turner syndrome
- Williams syndrome
- Wolf-Hirschhorn syndrome.

Conditions primarily resulting in Neurological impairment

- Alzheimer's dementia

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This document is correct at the date of publication.

Always visit ourguidelines.ndis.gov.au for the latest version.

- Creutzfeldt-Jakob disease
- HIV dementia
- Huntington's disease
- Multi-infarct dementia
- Parkinson's disease
- Post-polio syndrome
- Vascular dementia.

Systemic atrophies primarily affecting the central nervous system

- Abetalipoproteinaemia
- Adult-onset spinal muscular atrophy/late-onset SMA type III)
- Fazio-Londe disease/Progressive bulbar palsy of childhood
- Friedrich's ataxia
- Hereditary spastic paraplegia/ Infantile-onset ascending hereditary spastic paralysis/ L1 syndrome/ spastic paraplegias types 2 and 11Huntington's disease/Huntington's chorea
- Louis-Bar syndrome/Ataxia-telangiectasia
- Motor neuron disease/Motor neurone disease/ Lou Gehrig's disease /Amyotrophic lateral sclerosis
- Primary lateral sclerosis
- Progressive bulbar palsy
- Spinal muscular atrophy – all types
- Spinocerebellar Ataxia – all types, including Machado-Joseph disease.

Extrapyramidal and movement disorders

- Hallervorden-Spatz syndrome /Pantothenate kinase-associated neurodegeneration (PKAN)/neurodegeneration with brain iron accumulation 1 (NBIA 1)
- Parkinson's disease
- Shy-Drager syndrome /Multiple System Atrophy /Striatonigral degeneration (MSA-P)/ Sporadic olivopontocerebellar atrophy (MSA-C)
- Steele-Richardson-Olszewski syndrome/Progressive supranuclear ophthalmoplegia

- Stiff-man syndrome /Stiff-person syndrome.

Other degenerative diseases of the nervous system

- Alzheimer's disease
- Alpers disease/Grey-matter degeneration/Alpers syndrome/progressive sclerosing poliodystrophy/progressive infantile poliodystrophy
- Lewy body dementia
- Pick's disease.

Demyelinating diseases of the central nervous system

- Adrenoleukodystrophy
- Multiple sclerosis
- Schilder's disease /Diffuse myelinoclastic sclerosis – non-remitting.

Episodic and paroxysmal disorders

- Brain stem stroke syndrome
- Cerebellar stroke syndrome
- Motor and sensory lacunar syndromes
- Lennox syndrome /Lennox-Gastaut syndrome
- West's syndrome.

Polyneuropathies and other disorders of the peripheral nervous system

- Adult Refsum disease
- Charcot-Marie-Tooth disease/Hereditary motor and sensory neuropathy/ peroneal muscular atrophy
- Dejerine-Sottas disease /Dejerine-Sottas syndrome/Dejerine-Sottas neuropathy/progressive hypertrophic interstitial polyneuropathy of childhood/onion bulb neuropathy
- Infantile Refsum disease.

Other disorders of the nervous system

- Hydrocephalus
- Multiple system atrophy.

Conditions resulting in Physical impairment

- Amputation
- Congenital absence of limb or part thereof
- Epidermolysis bullosa
- Harlequin type ichthyosis
- Juvenile arthritis / Stills Disease (excluding monocyclic/self-limited Adult Onset Stills disease)
- Rheumatoid arthritis.

Diseases of myoneural junction and muscle

- Andersen-Tawil syndrome/ Periodic paralysis /myoplegia paroxysmalis familiaris
- Becker muscular dystrophy
- Congenital muscular dystrophy
- Distal muscular dystrophy
- Duchenne muscular dystrophy
- Facioscapulohumeral muscular dystrophy
- Limb-girdle muscular dystrophy
- Mitochondrial myopathy
- Myotonic dystrophy /dystrophia myotonica
- Myotonic muscular dystrophy
- Myotubular myopathy
- Oculopharyngeal muscular dystrophy
- Paramyotonia Congenita
- Thomsens disease /Congenital myotonia/ Becker myotonia).

Cerebral palsy and other paralytic syndromes not meeting severity criteria on List A

- Cerebral palsy
- Diplegia
- Hemiplegia
- Monoplegia

- Paraplegia
- Quadriplegia
- Tetraplegia.

Conditions resulting in Sensory and/or Speech impairment

Disorders of the choroid and retina where permanent blindness diagnostic and severity criteria on List A are not met

- Behr's syndrome
- Kearns-Sayre syndrome
- Optic atrophy
- Retinitis pigmentosa
- Retinoschisis (degenerative and hereditary types/juvenile retinoschisis)
- Stargardt disease
- Usher syndrome.

Disorders resulting in hearing loss

- Cortical deafness
- Pendred syndrome
- Sensorineural hearing loss
- Stickler syndrome
- Usher syndrome
- Waardenburg syndrome.

Conditions resulting in multiple types of impairment

- Aceruloplasminemia
- Addison-Schilder disease /Adrenoleukodystrophy
- Albinism
- Arginosuccinic aciduria
- Aspartylglucosaminuria
- Cerebrotendinous xanthomatosis /cerebral cholesterosis

- Congenital cytomegalovirus infection
- Congenital iodine-deficiency syndrome /cretinism
- Congenital rubella syndrome
- Glycine encephalopathy /non-ketotic hyperglycinaemia
- GM1 gangliosidosis
- Hartnup disease
- Homocystinuria
- Lowe syndrome/ Oculocerebrorenal syndrome
- Mannosidosis
- Menkes disease
- Mucopolidosis II /I-cell disease
- Mucopolidosis III /pseudo-Hurler polydystrophy
- Mucopolidosis IV
- Neuronal ceroid lipofuscinosis (NCL)/ Adult type (Kuf's or Parry's disease)/ Juvenile (Batten disease)/ Late infantile (Jansky-Bielschowsky)
- Niemann-Pick disease
- Pyruvate carboxylase deficiency
- Pyruvate dehydrogenase deficiency
- Sialidosis
- Sulfite oxidase deficiency.

The following mucopolysaccharidoses

- Scheie syndrome /MPS 1-H
- Hurler-Scheie syndrome /MPS 1 H-S
- Hunter syndrome /MPS II
- Morquio syndrome /MPS IVA
- Maroteaux-Lamy syndrome /MPS VI
- Sly syndrome /MPS VII.



Congenital conditions – cases where malformations cannot be corrected by surgery or other treatment and result in permanent impairment but with variable severity

- Arnold-Chiari Types 2 and 3/Chiari malformation
- Microcephaly
- Fetal alcohol spectrum disorder
- Fetal hydantoin syndrome
- Spina bifida
- VATER syndrome /VACTERL association.

List C: What if you're receiving disability support in Western Australia?

We have an agreement with the Western Australian government to bring Western Australians onto the NDIS. If you're receiving disability supports in Western Australia, you might already meet most of the eligibility criteria. We'll send you a letter with all the details on how to apply.

The Western Australian government will let us know if you're on a program for faster access to the NDIS. This is called a [defined program](#).

If you're on one of these programs, you need to show us that you:

- are younger than 65 on the day you apply
- live in Australia permanently
- are an Australian citizen or permanent resident.

We'll let you know what evidence you need to give us when you apply.

If you show us you meet the above requirements, we'll decide you're eligible under the **disability requirements**.

Which Western Australian defined programs are eligible for the NDIS?

- WA state-administered National Disability Insurance Scheme
- Supported Community Living
- Community Residential
- Day Options
- Disability Professional Services

- Emergency Accommodation
- Respite
- LAC Coordination
- Recreation

List D: Conditions that are likely to meet the early intervention requirements for children younger than 7

Synonyms for conditions are also shown (e.g. condition / synonym / synonym)

Conditions primarily resulting in Intellectual/ learning impairment

Chromosomal abnormalities resulting in permanent impairment

- Global Developmental Delay
- Aicardi syndrome
- Aicardi-Goutières syndrome
- Angelman syndrome
- CHARGE syndrome
- Cockayne syndrome/ Types I and Type II / Cerebro-oculo-facio-skeletal (COFS) syndrome/ Pena Shokeir syndrome Type II / Weber-Cockayne syndrome/ Neill-Dingwall syndrome
- Coffin-Lowry syndrome
- Cohen syndrome
- Cornelia de Lange syndrome
- Cri du Chat syndrome
- Dandy-Walker syndrome
- DiGeorge syndrome/ 22q11.2 deletion syndrome/ Velocardiofacial syndrome/ Shprintzen syndrome/ Conotruncal anomaly face syndrome
- Down syndrome/ Trisomy 21
- Edwards syndrome/ Trisomy 18
- Fragile X syndrome

- Kabuki syndrome
- Lesch-Nyhan syndrome/ Nyhan's syndrome/ Kelley-Seegmiller syndrome/ Juvenile gout
- Leigh syndrome/ Leigh's disease/ subacute necrotizing encephalomyelopathy
- Menkes disease
- Patau syndrome/ Trisomy 13
- Prader-Willi syndrome
- Rett syndrome
- Seckel syndrome/ microcephalic primordial dwarfism/ Harper's syndrome/ Virchow-Seckel dwarfism
- Smith-Lemli-Optiz syndrome
- Smith-Magenis syndrome
- Sturge-Weber syndrome
- Trisomy 9
- Tuberous sclerosis
- Williams syndrome
- Wolf-Hirschhorn syndrome.

Conditions primarily resulting in Neurological impairment

Systemic atrophies primarily affecting the central nervous system

- Friedrich's ataxia
- Hereditary spastic paraplegia/ Infantile-onset ascending hereditary spastic paralysis/ L1 syndrome/ spastic paraplegias types 2 and 11
- Louis-Bar syndrome/ Ataxia-telangiectasia
- Niemann-Pick disease (Types A and C)
- Progressive bulbar palsy of childhood/ Fazio-Londe disease.

The following spinal muscular atrophies

- Spinal muscular atrophy Type I/ Werdnig Hoffmann disease/ infantile SMA
- Spinal muscular atrophy Type II/ Dubowitz disease

- Spinal muscular atrophy Type III Kugelberg-Welander disease/ juvenile SMA
- Spinal muscular atrophy lower extremity dominant/ SMA-LED
- X-linked spinal muscular atrophy.

Extrapyramidal and movement disorders

- Hallervorden-Spatz syndrome / Pantothenate kinase-associated neurodegeneration (PKAN)/ neurodegeneration with brain iron accumulation 1 (NBIA 1)
- Alpers disease/ Alpers syndrome/ Grey-matter degeneration/ Progressive sclerosing poliodystrophy/ Progressive infantile poliodystrophy
- Demyelinating diseases of the central nervous system
- Adrenoleukodystrophy / X-linked childhood cerebral form
- Alexander disease
- Canavan disease
- Krabbe disease/ Globoid cell leukodystrophy
- Pelizaeus-Merzbacher disease.

Episodic and paroxysmal disorders

- Lennox-Gastaut syndrome/ Lennox syndrome
- West's syndrome.

Polyneuropathies and other disorders of the peripheral nervous system

- Dejerine-Sottas disease/ Dejerine-Sottas syndrome/ Dejerine-Sottas neuropathy/ progressive hypertrophic interstitial polyneuropathy of childhood/onion bulb neuropathy
- Infantile Refsum disease.

Conditions primarily resulting in Physical impairment

- Amputation
- Diamond-Blackfan anaemia
- Epidermolysis bullosa
- Harlequin type ichthyosis
- Hay Wells syndrome/ ankyloblepharon/ ectodermal dysplasia/ clefting [AEC] syndrome

- Joint or limb deformities resulting in impaired mobility
- Juvenile arthritis/ Stills Disease
- Osteogenesis imperfecta
- Sjogren Larsson syndrome.

Diseases of myoneural junction and muscle

- Congenital muscular dystrophy
- Congenital myotonia / Thomsens disease/ Becker myotonia
- Distal muscular dystrophy
- Duchenne muscular dystrophy
- Emery-Dreifuss muscular dystrophy
- Facioscapulohumeral muscular dystrophy
- Myotubular myopathy
- Oculopharyngeal muscular dystrophy
- Paramyotonia Congenita.

Cerebral palsy and other paralytic syndromes

- Cerebral palsy
- Diplegia
- Hemiplegia
- Monoplegia
- Paraplegia
- Quadriplegia
- Tetraplegia.

Conditions resulting in Sensory and/or Speech impairment

- Permanent blindness in both eyes, diagnosed and assessed by an ophthalmologist as follows:
- Corrected visual acuity (extent to which an object can be brought into focus) on the Snellen Scale must be less than or equal to 6/60 in both eyes; or

- Constriction to within 10 degrees or less of arc of central fixation in the better eye, irrespective of corrected visual acuity (i.e. visual fields are reduced to a measured arc of 10 degrees or less); or
- A combination of visual defects resulting in the same degree of visual impairment as that occurring in the above points.
- (An optometrist report is not sufficient for NDIS purposes.)
- Deafblindness confirmed by ophthalmologist and audiologist and assessed as resulting in permanent and severe to total impairment of visual function and hearing.

Conditions resulting in multiple types of impairment

- Aceruloplasminemia
- Addison-Schilder disease/ Adrenoleukodystrophy /
- Albinism
- Arginosuccinic aciduria
- Aspartylglucosaminuria
- Cerebrotendinous xanthomatosis/ cerebral cholesterosis
- Congenital cytomegalovirus infection
- Congenital hypothyroidism
- Congenital iodine-deficiency syndrome /cretinism
- Congenital rubella syndrome
- Galactosaemia with long term learning disabilities and neurological impairment
- Glycine encephalopathy/ non-ketotic hyperglycinaemia
- GM1 gangliosidosis
- Hartnup disease
- Homocystinuria
- Lowe syndrome/ Oculocerebrorenal syndrome
- Mannosidosis
- Menkes disease
- Mucopolipidosis II / I-cell disease

- Mucopolidosis III / pseudo-Hurler polydystrophy
- Mucopolidosis IV
- Neuronal ceroid lipofuscinosis
- Niemann-Pick disease
- Phenylketonuria
- Pyruvate carboxylase deficiency
- Pyruvate dehydrogenase deficiency
- Sialidosis
- Sulfite oxidase deficiency.

The following mucopolysaccharidoses

- Hurler syndrome/MPS1-H
- Scheie syndrome/ MPS 1-S
- Hurler-Scheie syndrome/ MPS 1 H-S
- Hunter syndrome/ MPS II
- San Fillipo syndrome/ MPS III
- Morquio syndrome/ MPS IVA
- Maroteaux-Lamy syndrome/ MPS VI
- Sly syndrome/ MPS VII.

The following lysosomal storage disorders

- Gaucher disease Types 2 and 3
- Niemann-Pick disease (Types A and C)
- Pompe disease
- Sandhoff disease (infantile form)
- Schindler disease (Type 1)
- Tay-Sachs disease (infantile form).

Congenital conditions – cases where malformations cannot be corrected by surgery or other treatment and result in permanent impairment

- Chiari malformation/Arnold-Chiari malformation

- Congenital absence of limb(s)
- Congenital hydrocephalus
- Fetal alcohol spectrum disorder
- Fetal hydantoin syndrome
- Microcephaly
- Spina bifida
- VATER syndrome (VACTERL association).

When do we make priority eligibility decisions?

If you're in one of the following situations, we'll decide if you're eligible within **2 to 5 business days**.

- Child younger than 7 years with a hearing impairment, either:
 - Identified as **Hearing Australia or Early Childhood Partner Priority**
 - Identified as **'newly diagnosed'**
- A child is identified as having a developmental delay and is turning 6 years old within 30 days of a valid NDIS application.
- **Immediate risk** to self, others, community or agency where appropriate disability or informal supports are not in place.
- **Unexpected, significant deterioration** of disability-related functional capacity where appropriate disability or informal supports are not in place.
- **Rapid deterioration** in functional capacity of a person with one of the following permanent disabilities:
 - Amyotrophic Lateral Sclerosis (ALS)
 - Brain Cancer
 - Motor Neurone Disease (MND or Lou Gehrig's Disease)
 - Progressive Bulbar Palsy (PBP)
 - Primary Lateral Sclerosis (PLS)
 - Progressive Muscular Atrophy (PMA)

- **Imminent risk** (within 1–14 days) of breakdown of either:
 - Accommodation – risk of homelessness
 - Caring arrangements, including informal supports, due to death, serious illness or injury of informal supports, or significant and unexpected deterioration of disability-related functional capacity.
- Appropriate disability supports are not in place and are re-entering the community after a long-term residence or hospital stay (specific release date not required):
 - A person with a **newly acquired, significant disability**, such as spinal cord injury, being discharged from hospital
 - A **younger person living in residential aged care**
 - A person being **discharged from an inpatient mental health facility**
 - A person due to be **released from correctional facility**

How do we weigh evidence of disability?

We understand that you may have evidence of your disability from different health professionals at different times. When we're deciding if you're eligible for the NDIS, we look at:

- how old your evidence is
- who provided your evidence.

We weigh evidence based on what we consider 'best practice', or highest quality. We consider this evidence most strongly when we make a decision.

What type of evidence should you provide?

We need evidence to help us consider if you meet the disability or early intervention requirements.

For the disability requirements, we need evidence to confirm your permanent impairment and evidence about how this impacts your functional capacity.

For the early intervention requirements, we need evidence to confirm your permanent impairment and evidence that confirms you need early intervention.

It's important to understand the type of evidence that you are providing us. You may have evidence from a doctor or specialist confirming your **permanent impairment** or you may have evidence from an allied health professional or other medical professional that tells us about **impacts to your functional capacity** (your ability to do daily life activities). These are



different types of evidence which will often be provided by different health professionals based on their qualifications.

How old should your evidence be?

How old should your evidence be to confirm your permanent impairment?

We need evidence from your doctor or specialist to confirm your permanent impairment. You can give us evidence confirming this **from any age**. However, evidence about how your impairment impacts your functional capacity should be from the last 12 months.

How old should your evidence be to confirm your functional capacity?

Generally, we need evidence about how your impairment impacts your functional capacity from **the last 12 months**. This is because your functional capacity may change over time – even if your impairment does not. It's important that we have evidence of your current circumstances to ensure we understand your support needs.

If you give us more than one type of evidence, we might weigh the newer evidence over the older evidence. If you give us older evidence, we will generally give this less weighting when we make our decision. In these cases, we will generally ask for more information. If this is not provided, we may decide you are not eligible for the NDIS.

How old should your evidence be to confirm you need early intervention?

We need evidence from your doctor or specialist to confirm your permanent impairment and that you need early intervention.

Generally, we need evidence about that confirms you need early intervention from **the last 12 months**. This is because your functional capacity may change over time – even if your impairment does not. It's important that we have evidence of your current circumstances to ensure we understand your support needs.

Who should provide evidence?

We generally prefer evidence that comes from a treating professional who:

- is the most **appropriately qualified** person to provide evidence of your primary disability
- has treated you for a significant period of time (at least six months)
- [is registered to practise in Australia or New Zealand](#)
- provides disability evidence (such as a medical report) that is original, genuine and specific to you.



Depending on your situation, you might get your evidence of **permanent impairment** from a different treating professional than your **evidence of functional capacity**.

You can visit [Types of disability evidence](#) to help you decide on the most appropriate treating professional for your primary disability. If you need help to get your evidence together, your [local area coordinator](#) or [early childhood partner](#) can help you.

Who should provide evidence of your permanent impairment?

We generally prefer evidence from your doctor or specialist to confirm your permanent impairment.

Examples of common doctors or specialists include:

- General Practitioner (GP)
- Paediatrician
- Orthopaedic surgeon
- Neurologist
- Psychiatrist

Who should provide evidence of your functional capacity?

We generally prefer evidence from a doctor, specialist, allied health or other medical professional for confirm how your permanent impairment impacts your functional capacity.

In addition to doctors and specialists, examples of common allied health or other medical professionals include:

- Occupational Therapist
- Speech Pathologist (Therapist)
- Psychologist
- Physiotherapist

Who should provide evidence that you need for early intervention?

We generally prefer evidence from your doctor or specialist to confirm your permanent impairment.

Whereas a doctor, specialist, allied health or other medical professional can give us evidence to confirm you need early intervention.

In addition to doctors and specialists, examples of common allied health or other medical professionals include:

- Occupational Therapist

- Speech Pathologist (Therapist)
- Psychologist
- Physiotherapist

Health professionals registered to practise in Australia and New Zealand

We strongly prefer evidence of your disability to come from a registered Australian or New Zealand health professional. Most Australian health professionals are registered with the [Australian Health Practitioner Regulation Agency \(AHPRA\)](#).

We will still consider evidence from non-Australian or New Zealand health professionals, or unregistered health professionals. However, this evidence will be given less weight.

If we cannot confirm the registration of your health professional, we will ask you (and your health professional) for more information in the first instance. If we still cannot confirm their registration, we will likely decide that you are not eligible for the NDIS.

Reference list

-
- ¹ NDIS Act s 24(1)(e).
 - ² NDIS Act ss 22-23.
 - ³ NDIS Act s 24.
 - ⁴ NDIS Act s 25.
 - ⁵ NDIS Act s 25(1)(a)(iii).
 - ⁶ NDIS Act s 28(1).
 - ⁷ NDIS Act s 22(1)(a).
 - ⁸ NDIS Act s 23(1)(b)(i).
 - ⁹ NDIS Act s 23(1)(b)(ii).
 - ¹⁰ NDIS Act s 23(1)(b)(iii).
 - ¹¹ NDIS Act s 23(1)(a).
 - ¹² NDIS Act s 23(2).
 - ¹³ NDIS Act s 23(2)(f).
 - ¹⁴ NDIS Act s 23(2)(a).
 - ¹⁵ NDIS Act s 23(2)(b).
 - ¹⁶ NDIS Act s 23(2)(c).
 - ¹⁷ NDIS Act s 23(2)(d).
 - ¹⁸ NDIS Act s 23(2)(e).
 - ¹⁹ NDIS Act s 24.
 - ²⁰ NDIS Act ss 24(1)(a); 25(1)(a).
 - ²¹ NDIS Act ss 24(1)(a); 25(1)(a).
 - ²² NDIS (Becoming a Participant) Rules rr 5.4, 6.4.
 - ²³ NDIS (Becoming a Participant) Rules rr 5.6, 6.6.
 - ²⁴ NDIS (Becoming a Participant) Rules rr 5.5, 6.5.
 - ²⁵ NDIS (Becoming a Participant) Rules rr 5.7, 6.7.
 - ²⁶ NDIS (Becoming a Participant) Rules rr 5.8(a), (c)
 - ²⁷ NDIS (Becoming a Participant) Rules r 5.8(b).
 - ²⁸ NDIS (Becoming a Participant) Rules r 5.8(a).
 - ²⁹ NDIS Act s 24(1)(d).

- ³⁰ NDIS Act s 24(1)(e).
³¹ NDIS Act s 24(2).
³² NDIS Act ss 25(1)(a)(i)-(ii).
³³ NDIS Act s 25(1)(a)(i).
³⁴ NDIS Act ss 25(1)(a)(i)-(ii).
³⁵ NDIS Act s 25(1)(a)(ii).
³⁶ NDIS Act s 25(1)(b).
³⁷ NDIS Act s 25(1)(c).
³⁸ NDIS (Becoming a Participant) Rules r 6.9.
³⁹ NDIS Act s 25(3); NDIS (Becoming a Participant) Rules r 6.1,
⁴⁰ NDIS (Supports for Participants) Rules r 7.5(b).
⁴¹ NDIS (Supports for Participants) Rules r 7.5(a).
⁴² NDIS (Supports for Participants) Rules r 7.7(b).
⁴³ NDIS (Supports for Participants) Rules r 7.7(a).
⁴⁴ NDIS (Supports for Participants) Rules r 7.10(a).
⁴⁵ NDIS (Supports for Participants) Rules r 7.18(b).
⁴⁶ NDIS (Supports for Participants) Rules r 7.18(a).
⁴⁷ NDIS Act s 25.
⁴⁸ NDIS Act ss 9 (definition of 'developmental delay'), 21(1)(c), 25(1)(a)(iii).
⁴⁹ NDIS Act s 23(1)(a).
⁵⁰ NDIS Act s 23(1)(b).
⁵¹ NDIS Act ss 9 (definition of 'developmental delay'), 25(1)(a)(iii).
⁵² NDIS Act s 25(3). If we decide a child has a developmental delay under NDIS Act s 9 (definition of 'developmental delay'), we're satisfied they meet the requirements under NDIS Act ss 25(1)(b)-(c): see NDIS (Becoming a Participant) Rules r 6.8.
⁵³ NDIS Act ss 9 (definition of 'developmental delay'), 25(1)(a)(iii).
⁵⁴ NDIS Act s 9 (definition of 'developmental delay' para (a)).
⁵⁵ NDIS Act s 9 (definition of 'developmental delay' para (b)).
⁵⁶ NDIS Act s 9 (definition of 'developmental delay' para (c)).
⁵⁷ NDIS Act s 25(3); NDIS (Becoming a Participant) Rules rr 6.1, 8.4.
⁵⁸ NDIS (Supports for Participants) Rules r 7.5(b).
⁵⁹ NDIS (Supports for Participants) Rules r 7.5(a).
⁶⁰ NDIS (Supports for Participants) Rules r 7.10(a).
⁶¹ NDIS (Supports for Participants) Rules r 7.9(a).
⁶² NDIS (Supports for Participants) Rules r 7.10(c).
⁶³ NDIS Act s 19(1)(a).
⁶⁴ NDIS Act s 19(1)(b).
⁶⁵ NDIS Act s 19(1)(c).
⁶⁶ NDIS Act s 197(1).
⁶⁷ NDIS Act s 74(1)(a).
⁶⁸ NDIS Act s 74(1)(b).
⁶⁹ NDIS Act s 20.
⁷⁰ NDIS Act s 26(2)(d).
⁷¹ NDIS Act s 26.
⁷² NDIS Act s 26(3).
⁷³ NDIS Act s 26(2).
⁷⁴ NDIS Act s 21(3).
⁷⁵ NDIS Act s 100(5)(b).
⁷⁶ NDIS Act s 28(1).
⁷⁷ NDIS Act s 28(2).
⁷⁸ NDIS Act s 7(2).
⁷⁹ NDIS Act s 100(2).

⁸⁰ NDIS Act s 100(2)

⁸¹ NDIS Act s 19(2).

⁸² NDIS Act s 19(2)(c).

⁸³ NDIS Act s 102.

⁸⁴ NDIS Act s 19(2)(d).



Applying to the NDIS

Quick summary: If you want to become an NDIS participant and get supports through an NDIS plan, you'll need to apply to the NDIS. There are some requirements you need to meet to be eligible for the NDIS.

First, you need to be younger than 65 when you apply, be an Australian citizen or permanent resident, and live in Australia. Then, you'll need to meet the disability or early intervention requirements.

You may be eligible under the disability requirements if you have one or more impairments that are likely to be permanent and this substantially impacts your ability to do daily life activities. Your impairment must also affect your social life, or your ability to work and study, and you must be likely to need support under the NDIS for your whole life.ⁱ

Or you may be eligible under the early intervention requirements if you have one or more impairments that are likely to be permanent, and supports would help you by reducing your need for supports in the future. We will also consider if these needs could best be met by the NDIS, or by other government and community services.

If you think you might be eligible, we can help you apply to the NDIS. We will talk to you about your needs, current situation and what is important to you. We'll look at all the information you give us to decide if you're eligible. If you're eligible for the NDIS, you'll become a participant and we'll work with you to start creating your plan. If you're not eligible, an early childhood partner or local area coordinator can help you explore and access mainstream and community supports in your community. When we work with children under 9 and their families, we call this [early connections](#). When we work with people aged 9–64, we call this [community connections](#). What's on this page?

- [What do we mean by applying to the NDIS?](#)
- [Do you meet the age requirements?](#)
- [Do you meet the residence requirements?](#)
- [Do you meet the disability requirements?](#)
- [Do you need early intervention?](#)
- [What about children younger than 6 with developmental delay?](#)
- [How do you apply to the NDIS?](#)
- [How do we decide if you're eligible?](#)

- [What happens after we decide?](#)

What do we mean by applying to the NDIS?

Applying to the NDIS means doing things to find out if you can become a participant and start getting supports under the NDIS. There is a [process to follow](#) when you apply to the NDIS. After you apply, we'll look at all the information you provide and decide if you're eligible.

If we decide you're eligible, you'll become a participant in the NDIS. We'll then work with you to create your first plan, which will include funding for any [reasonable and necessary supports](#).

If you're not eligible, there are other services available to you, such as other government and community services. We can help you connect to these other services.

For children younger than 9, we encourage families to talk to an [early childhood partner](#) before applying to the NDIS. They can help families connect to the right supports and let families know if the NDIS is right for their child. Learn more about our [early childhood approach](#) and [early connections](#).

Are you eligible for the NDIS?

To be eligible for the NDIS, you first need to meet the [age and residence requirements](#). This means you need to be younger than 65 when you apply, live in Australia, and be an Australian citizen or permanent resident.ⁱⁱ

You also need to have a disability caused by an impairment.

When we say impairment in this guideline, we mean a loss or significant change in your body's function, structure, or in how you think and learn. Under the law for the NDIS, we check if you're eligible based on your impairments, not your type of disability or diagnosis.

You will need to meet either the disability requirementsⁱⁱⁱ or the early intervention requirements.^{iv}

Disability requirements

To meet the disability requirements, we must have evidence of **all** of the following:

- You have a disability caused by an impairment.
- Your impairment is likely to be permanent.
- Your impairment means you have a substantially reduced functional capacity to do one or more daily life activities. These activities include moving around,

communicating, socialising, learning, undertaking self-care, or self-management tasks.

- Your impairment affects your ability to work, study or take part in social life.
- You'll likely need NDIS supports your whole life.

Early intervention requirements

To meet the early intervention requirements, we must have evidence of **all** of the following:

- You have an impairment that's likely to be permanent, or that you are a [child younger than 6 with developmental delay](#).^v
- Early intervention will help you by reducing your need for supports in the future.
- Early intervention will help you by either reducing the impact your impairment has on your functional capacity or support your informal supports to build their skills to help you.
- The early intervention you need is most appropriately funded by the NDIS.

If you're receiving [disability supports from the Western Australian government](#), you might already meet most of the eligibility criteria.

We'll use information in your application to [decide if you're eligible for the NDIS](#).

If you're eligible, you become an NDIS participant.^{vi} The length of time you'll be an NDIS participant will depend on your situation and disability support needs. For more information, check out our information on [leaving the NDIS](#).

This guideline has detailed information on how we decide if you're eligible for the NDIS. For general information about who's eligible, read [Am I eligible](#) and [Applying to the NDIS factsheet](#). Check out our website for information about [children younger than 9](#).

We also have information on [Mental health and the NDIS](#). If you have a psychosocial disability, this webpage has information on whether the NDIS is right for you, and what information we need if you apply.

A psychosocial disability isn't a mental health condition or diagnosis. A psychosocial disability means you have reduced capacity to undertake tasks and activities of daily living due to your mental health.

Do you meet the age requirements?

To be eligible for the NDIS, you must first meet the age requirements. This means:

- [You are younger than 65 on the day you apply.](#)

How old are you?

You must be younger than 65 on the day you make your NDIS application.^{vii}

This means your application needs to be complete, in the format we ask for, and received by the NDIA before you turn 65. Learn more about [how to complete your NDIS application](#).

If you're turning 65 soon and want to apply, [contact us](#) so we can help you apply on time.

Do you meet the residence requirements?

Then you must meet the residence requirements. This means:

- [You are an Australian citizen or permanent resident.](#)
- [You live in Australia.](#)

Are you an Australian citizen or permanent resident?

You must be an Australian citizen,^{viii} or have one of two visa types that means you can live here.

- A [permanent visa](#)^{ix}
- A [protected special category visa](#)^x – this is only for some citizens of New Zealand

Do you live in Australia?

You must live in Australia.^{xi} This means Australia is your home and you spend most of your time here.

To help us decide, you need to give us evidence to show us you live here. If you give us consent to use your Centrelink record, that usually gives us enough evidence to decide if you live in Australia.

If you don't give us consent, you need to give us enough information to help us decide that you live in Australia. You'll need to answer these questions:

- [Where do you live?](#)
- [Where is your family?](#)
- [Do you work in Australia?](#)

- [Do you own property in Australia?](#)
- [How much time do you spend outside Australia?](#)

Some of these questions might not apply to you, but we must consider them when we decide whether you live in Australia.^{xii}

We may also ask you other questions to determine whether you live in Australia.^{xiii} For example, your family might be deployed overseas in the Defence Force, meaning you need to leave Australia for a while. In these situations, we'll ask you for more information about why you're leaving and can't return.

If you apply, we look at your whole situation when we decide if there's enough evidence to show that you live here. This will be a simple decision for us in most situations. But sometimes we may need to look at the questions below.

Where do you live?

We consider where you live, and your living situation.^{xiv} We'll look at whether you have more permanent accommodation in Australia than any other country.

For example, you might own a home or have a formal rental agreement in Australia. This is a good sign to us that you live in Australia.

Where is your family?

We also consider where your immediate family lives.^{xv}

We look at where you spend most of your time with them, face-to-face. We don't consider how you connect with your family on the phone or internet.

Do you work in Australia?

If you work, we look at where you normally work or make money.^{xvi} If you work or make money in Australia, that's a good sign you live here. If you don't work or are unemployed, we'll consider the other questions to determine whether you live in Australia.

Do you own property in Australia?

We consider what assets or property you own in Australia.^{xvii} We also see if you have an Australian bank account.

If you own assets or property here, it doesn't always mean you live in Australia. Your assets or property will need to show you have an ongoing connection to Australia. You don't live in Australia just because you own assets or property here.

How much time do you spend outside Australia?

We consider how often you go overseas, and how long you're outside Australia when you travel.^{xviii} We also consider why you travel overseas, such as for work, holiday or to live with family.

This is usually the most important point to help us decide if you live in Australia. You need to show us that you have a long-term and meaningful connection to living in Australia.

You don't need to stay in Australia all the time. You can still work overseas or go on a holiday.

You will need to show a stronger connection to Australia than other countries if you spend a lot of time overseas.

If we decide you're eligible and create your plan, there may be times you can't use your NDIS funding overseas. This is usually after you're overseas for more than 6 weeks, unless we give you more time. Learn more about [when you can't use your plan](#).

Do you meet the disability requirements?

You meet the disability requirements if we have evidence of all of the following:^{xix}

- [Your disability is caused by an impairment](#).
- [Your impairment is likely to be permanent](#).
- [Your permanent impairment substantially reduces your functional capacity](#) to undertake one or more of the following activities: moving around, communicating, socialising, learning, or undertaking self-care or self-management tasks.
- [Your permanent impairment affects your ability to work, study or take part in social life](#).
- [You'll likely need support under the NDIS for your whole life](#).

If you give us evidence you have been diagnosed with one or more conditions on [List A](#), we'll likely decide you meet the disability requirements.

If you meet the disability requirements, it's likely you'll need the NDIS for a long time. This means you won't have to prove your disability every time we reassess your plan.

If at any time your disability support needs or situation changes, we may need to check your supports or NDIS eligibility. We will talk with you if this happens.

Learn more about how we check [if you are still eligible for the NDIS](#).

Is your disability caused by an impairment?

When we consider your disability, we think about whether any reduction or loss in your ability to do things, across all life domains, is because of an impairment.

An impairment is a loss or significant change in at least one of:

- your body's functions
- your body structure
- how you think and learn.

To meet the disability requirements, we must have evidence your disability is caused by at least one of the impairments below:^{xx}

- **intellectual** – such as how you speak and listen, read and write, solve problems, and process and remember information
- **cognitive** – such as how you think, learn new things, use judgment to make decisions, and pay attention
- **neurological** – such as how your body functions
- **sensory** – such as how you see or hear
- **physical** – such as the ability to move parts of your body.

You may also be eligible for the NDIS if you have a psychosocial disability.^{xxi} This means you have reduced capacity to do daily life activities and tasks due to your mental health.

It doesn't matter what caused your impairment, for example if you've had it from birth, or acquired it from an injury, accident or health condition.

It also doesn't matter if you have one impairment, or more than one impairment.

Is your impairment likely to be permanent?

We need evidence that you'll likely have your impairment for your whole life.

You might have some periods in your life where there is a smaller impact on your daily life, because your impairment may be episodic or fluctuate in intensity^{xxii}. Your impairment can still be permanent due to the overall impact on your life, and the likelihood that you will be impacted across your lifetime.

Even when your condition or diagnosis is permanent, we'll check if your impairment is permanent too. For example, you may not be eligible if your impairment is temporary, still being treated, or if there are remaining treatment options.

Generally, we'll consider whether your impairment is likely to be permanent after all available and appropriate treatment options have been pursued.

If you give us evidence you have been diagnosed with a condition on [List B](#), we'll likely decide your disability is from an impairment that's likely to be permanent.

Is there any medical treatment for your impairment?

We don't fund supports to treat your impairment.

Instead, the supports we fund can help you reduce or overcome the impact your impairment has on your daily life. They can also help you increase your functional capacity, independence, and your ability to work, study or take part in social life.

Your impairment will likely be permanent if your treating professional gives us evidence that indicates there are no further treatments that could relieve or cure it.

Your treating professional will tell us or be asked to certify if there are medical, clinical or other treatments that are likely to remedy your impairment. We need to understand whether there are treatments which are:^{xxiii}

- known and available
- appropriate for you and your impairment
- evidence-based – that is, there's proof they are likely to be effective.

The word treatment should be understood in a broadest sense and may include changes to your diet and lifestyle. So, for example, conditions such as obesity are unlikely to be found to be permanent.

If you're still undergoing or have recently had treatment, we'll need to wait until you know the outcome of the treatment before we can decide your impairment is likely to be permanent.^{xxiv}

In some situations, it may be clear your impairment is likely to be permanent while you're still undergoing treatment or rehabilitation. For example, you may still need treatment and rehabilitation for a spinal cord injury, but it's clear you'll have a permanent impairment.

You might still have a permanent impairment, even if its effects may change over time.^{xxv}

For degenerative impairments, or those that get worse over time, we consider them permanent if treatment isn't likely to help or improve the impairment's effects.^{xxvi}

Does your impairment substantially reduce your functional capacity?

Your permanent impairment needs **to substantially reduce your functional capacity or ability** to undertake activities in one of the following areas:

- **Communicating** – how you speak, write, or use sign language and gestures, to express yourself compared to other people your age. We also look at how well you understand people, and how others understand you.

- **Socialising** – how you make and keep friends, or interact with the community, or how a young child plays with other children. We also look at your behaviour, and how you cope with feelings and emotions in social situations.
- **Learning** – how you learn, understand and remember new things, and practise and use new skills.
- **Mobility, or moving around** – how easily you move around your home and community, and how you get in and out of bed or a chair. We consider how you get out and about and use your arms or legs.
- **Self-care** – personal care, hygiene, grooming, eating and drinking, and health. We consider how you get dressed, shower or bathe, eat or go to the toilet.
- **Self-management (if older than 6)** – how you organise your life. We consider how you plan, make decisions, and look after yourself. This might include day-to-day tasks at home, how you solve problems, or manage your money. We consider your mental or cognitive ability to manage your life, not your physical ability to do these tasks.

Your impairment substantially reduces your functional capacity if you usually need disability-specific supports to participate in or complete the above tasks.^{xxvii}

These disability-specific supports include:

- a high level of support from other people, such as physical assistance, guidance, supervision or prompting.^{xxviii}
- assistive technology, equipment or home modifications that are prescribed by your doctor, allied health professional or other medical professional.^{xxix}

To help us decide if you're eligible, we need to know your capacity and where you need more help. We get this information from your NDIS application.

If you have more than one permanent impairment we will consider them together, to see if they substantially reduce your functional capacity.

We consider how you're involved in different areas of life like home, school, work and the community, and how you carry out tasks and actions. We also consider any other factors that may impact your day-to-day life.

Your needs might go up and down each day or each month. Progressive Multiple Sclerosis (MS) can be a good example of this. We consider your ability over time, taking into account your ups and downs.

How does a child's impairment affect their daily life?

To help us decide if a child's ability is substantially reduced, we compare their abilities with other children of the same age.

If a child's ability is much less than most other children the same age, they may meet the disability requirements. For example, if they:

- need assistive technology, equipment or home modifications to participate in daily activities – except for common items like glasses
- usually need more assistance to join activities, or they can't join in.

Sometimes when a child's impairment doesn't substantially reduce their ability right now, but might in the future, we will look at the early intervention requirements. Similarly, if a child's impairment currently substantially reduces their ability, but may not after receiving supports, we will look at the early intervention requirements. Early intervention can be for children of any age, however there are different requirements for children younger than 6 with developmental delay to meet the early intervention requirements.

Learn more about the [early intervention requirements](#).

What if you have a hearing impairment?

Some hearing impairments may lead to a substantially reduced functional capacity.

We'll generally decide you have a substantially reduced functional capacity if your hearing loss is at least 65 decibels in your better ear. This is based on a pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz.

We may also decide you have a substantially reduced functional capacity if your hearing loss is less than 65 decibels in your better ear. We may decide this if either:

- you also have another permanent impairment, such as a vision or cognitive impairment
- you give us evidence your speech detection and speech discrimination outcomes are significantly poorer than expected.

Does your impairment affect your social, work or study life?

Then, we look at how your impairments affect your ability to work, study or take part in social life.^{xxx} This means your permanent impairments affect how you can find and keep a job, contribute to your community, or join social activities. We get this information from your NDIS application.

We look at your ability to do things like:

- find and keep a job, or start your own business

- study
- spend and save money
- play sport
- go to the movies
- volunteer
- travel.

It doesn't matter how much your ability to work, study or socialise is affected by your impairment. It only needs to affect your social or work life in some way for you to meet the criteria.

Will you likely need support under the NDIS for your whole life?

You must be likely to need support under the NDIS for your whole life.^{xxxi}

NDIS supports are investments that help you build or maintain your functional capacity and independence, and help you work, study or take part in social life.

Even if your needs go up and down over time, or happen episodically^{xxxii}, we may still consider it's likely you'll need lifetime support under the NDIS.^{xxxiii}

We consider your overall situation to answer this question.

When we decide if you'll likely need support under the NDIS for your whole life, we consider:

- your life circumstances
- the nature of your long-term support needs
- whether your needs could be best met by the NDIS, or by other government and community services.

For example, you may have an impairment which is caused by a chronic health condition. Many chronic health conditions are most effectively managed or remedied through medical management through the health system. If this is the case, we may decide that you don't have a lifetime need for support under the NDIS.

Do you need early intervention?

If you don't meet the disability requirements, you may be eligible for the NDIS under the early intervention requirements. Early intervention is usually early access to support, to help reduce the functional impacts of your impairment.

Early intervention can be for both children and adults. You won't need these supports for your lifetime, so your treating professional or your early childhood partner will tell us how early intervention support could benefit you or your child.

You will meet the early intervention requirements if you meet all of the following:

- You have an [impairment that's likely to be permanent](#).
- [Early intervention supports will help you](#), for example if it means you'll need less disability support in the future and your functional capacity will improve.
- [The early intervention you need is most appropriately funded by us](#).

There are different requirements for [children younger than 6 with developmental delay](#) to meet the early intervention requirements.

If we have evidence a child younger than 7 has been diagnosed with a condition on [List D](#), we'll decide they meet the early intervention requirements.

You may also meet the early intervention requirements if you're [aged between 0 and 25 with a hearing impairment](#).

If you meet the early intervention requirements when you join the NDIS, your support needs are more likely to change. We'll regularly check your eligibility when we reassess your plan, and at other times too.

If you benefit from early intervention supports, you might build your skills and increase your capacity so that you may no longer need NDIS supports.

If you no longer meet the early intervention requirements, we'll check if you meet the disability requirements. Learn more about [leaving the NDIS](#).

Do you have an impairment that's likely to be permanent?

To meet the early intervention requirements, there must be enough evidence that you have at least one of the impairments below and your impairment is likely to be permanent.^{xxxiv}

An impairment is a loss or significant change in at least one of:

- your body's functions
- your body structure
- how you think and learn.

An impairment could be:^{xxxv}

- **intellectual** – such as how you speak and listen, read and write, solve problems, and process and remember information

- **cognitive** – such as how you think, learn new things, use judgment to make decisions, and pay attention
- **neurological** – such as how your body functions
- **sensory** – such as how you see or hear
- **physical** – such as the ability to move parts of your body.

We also need evidence at least one of your impairments will be permanent, or likely to be permanent.^{xxxvi} In other words, you'll likely have your impairment for your whole life.

When we decide if your impairment is likely to be permanent, we consider the same things as in the [disability requirements](#).

You may also be eligible for the NDIS if you have a psychosocial disability.^{xxxvii} This means you have reduced capacity to do daily life activities and tasks due to your mental health. Your psychosocial disability might vary at different times in how much it impacts your daily life. Even if it fluctuates and you have some periods where there is a smaller impact on your daily life, you might have this impairment for your whole life.

If you give us evidence you have been diagnosed with a condition on [List B](#), we'll decide you have an impairment that's likely to be permanent.

How will early intervention help you?

We need to decide that getting early intervention supports means you'll likely need fewer disability supports in the future.^{xxxviii}

We need to know that early intervention supports will help you with at least one of the following:^{xxxix}

- addressing the impact of your impairment on your ability to move around, communicate, socialise, learn, look after yourself and organise your life.
- preventing your functional capacity from getting worse.
- improving your functional capacity.
- supporting your informal supports, which includes building their skills to help you.

To help us decide if the early intervention will help you in these ways, we look at:^{xl}

- how your impairment might change over time
- how long you've had your impairment
- if there's been a significant change to your impairment
- if your needs are likely to change soon, such as if you're finishing school.

Is your early intervention most appropriately funded by the NDIS?

The support you need must be most appropriately funded or provided by us.^{xli}

You won't be eligible if we decide the support you need is more appropriately funded or provided:

- by other general systems of service delivery or support services, such as a workers compensation scheme
- under a universal service obligation that other government services must provide to all Australians, such as schools and public hospitals
- as a reasonable adjustment under discrimination law, such as making places or venues accessible for you.

For example, you usually won't be eligible if you only need the following supports. These are more appropriately provided by other government and community services:

- medical services,^{xlii} and treatments for health conditions, including ongoing or chronic health conditions^{xliii}
- clinical early intervention mental health supports, such as services to help children, teenagers and young people grow and develop^{xliv}
- clinical acute and crisis mental health supports^{xlv} – such as care in a hospital or similar setting
- [inclusion supports](#) to help young children join early childhood learning and care settings^{xlvi}
- [Disability Employment Services](#),^{xlvii} and reasonable adjustments in the workplace to make your job suit your needs.^{xlviii}

For more information on when early intervention supports are most appropriately funded by us or by other services, check out:

- [Our mainstream and community supports guideline](#)
- [Schedule 1 of the NDIS \(Supports for Participants\) Rules](#)
- [Applied Principles and Tables of Support](#).

What about people aged between 0 and 25 with a hearing impairment?

If you're aged between 0 and 25 with a hearing impairment, you may meet the early intervention requirements. We'll decide you meet the early intervention requirements if you give us evidence of all of the following:

- You're aged between 0 and 25.
- You have auditory neuropathy or hearing loss of at least 25 decibels in either ear at 2 or more adjacent frequencies – see below.

We need evidence of your auditory neuropathy or hearing loss from a specialist audiological assessment. The assessment might include electrophysiological testing when required. The evidence must show your hearing loss is likely to be permanent.

If you're aged 26 or older with hearing loss, we'll check if you're eligible in the same way we consider all other impairments. You may be eligible under the [disability requirements](#).

What about children younger than 6 with developmental delay?

Children younger than 6 with a developmental delay may be eligible for the NDIS under the early intervention requirements.^{xlix}

Developmental delay is a term used to describe a delay in a child's development. It means that a child finds it much harder to do everyday things that other children their age can do, for example, dress themselves, talk or walk. A child with developmental delay needs lots of extra help to do everyday things compared to children of the same age.

First, we need to know the child:

- is younger than 6 on the day we decide whether they're eligibleⁱ
- [lives in Australia](#)^{li}
- is an [Australian citizen or permanent resident](#).^{lii}

Then, we need to know the child has a [developmental delay](#).^{liii}

Finally, we need to know the child's supports are [most appropriately funded or provided under the NDIS](#).^{liv}

An early childhood partner can also provide supports to children who aren't eligible for the NDIS.

Learn more about the [early childhood approach](#).

Does the child have a developmental delay?

When we decide if a child has developmental delay, we use the definition in the law for the NDIS.^{lv}

We need to know the delay:

- is [due to mental or physical impairments](#)
- [substantially reduces the child's functional capacity](#) compared with other children the same age.
- means [the child needs specialist services](#) from more than one professional working as a team to support the child and for longer than 12 months.

Is the delay due to mental or physical impairments?

We first need to know the developmental delay is due to a mental or physical impairment, or a combination of mental or physical impairments.^{lvi}

An impairment is a loss or significant change in at least one of:

- the child's body's functions
- the child's body structure
- how the child thinks and learns.

Families, early childhood partners and other professionals can understand the child's body function by:

- observing their activities during play and daily tasks
- comparing their activities to other children of the same age.

For some very young children, problems in body function can't be easily measured. If so, the child may be eligible if there is significant risk of a future disability diagnosis or developmental delay. We need evidence of this from a health or allied health professional's judgment or informed clinical opinion.

Does the delay substantially reduce the child's functional capacity?

We need to know the delay substantially reduces the child's functional capacity compared to other children their age.^{lvii}

This means the child has a significantly lower ability to do everyday activities, when compared to children of the same age. Or the child does things in a significantly different way to other children their age because of their reduced capacity.

The child would also need much more support to do the activity, compared to other children the same age.

The substantial reduction in functional capacity must be in at least one of the following areas of major life activity:

- **Self-care** – how children take care of themselves, shower, bathe, dress, eat, drink, toilet, groom, and sleep.

- **Receptive and expressive language** – this involves skills such as gesture, sign language, listening, giving and receiving information, communicating wants and needs through facial expressions, vocalisations or speech, and interaction with others.
A substantial reduction in functional capacity for either receptive language or expressive language will meet the criteria – it doesn't need to be both.
- **Cognitive development** – learning and applying knowledge. This includes areas such as:
 - o understanding and remembering information
 - o attention
 - o learning new things
 - o practising and using new skills
 - o planning and making decisions
 - o problem solving
 - o developing pretend play skills
 - o developing play interests
 - o emotional and sensory regulation
 - o developing emotional intelligence
 - o social awareness
 - o safety awareness.
- **Motor development** – this includes participation in everyday activities like moving around the home and community and manipulating objects.

We need evidence from a health, allied health or early childhood professional, who uses multiple sources of information about the child's ability to do everyday activities.

This will include information that parents or carers report about their child. It will also include a mix of standardised assessments of developmental and functional capacity, both in everyday activities and natural settings.

It should also include observations in everyday play, learning, activities or routines to better understand how the child participates in these everyday activities.

For very young children where functional capacity can't be measured, the child may be eligible if there is significant risk of a future disability diagnosis or developmental delay. We need evidence of this from a health or allied health professional's informed clinical opinion.

Does the child need specialist services from more than one type of professional and for longer than 12 months?

We need to know that the child needs a mix of specialist care, treatment or other services, due to their developmental delay. The child must also need these services for an extended duration – that is, longer than 12 months.^{lviii}

We need to know the child needs all of the following:

- **A service response that involves more than one professional working as a team to support the child.**
This means the child needs support for multiple activities, and across multiple natural settings such as the home, community and early childhood centres. The child must need more support than what's expected for a child the same age.
- **A team that works collaboratively, by communicating and sharing information, knowledge and skills.**
The support must be individually planned and coordinated. The team will build the capacity of the child's family and other important people in the child's life, such as carers, educators and professionals, about the child's individual needs. This support should be embedded in everyday play, learning, activities and routines.
- **More support than an individual discipline providing a unilateral response to a single problem.**
This means the child needs support from more than one professional supporting one area of delay. This is known as interdisciplinary care. For example, a child is unlikely to be eligible if a speech pathologist alone can help their language delay, without needing support or consultation from other professionals.
- **Supports for an extended duration.**
This means a health, allied health or early childhood professional who knows the child determines they need support for more than 12 months. A child will likely meet this criteria if there is clear evidence that they'll need early intervention support for more than 12 months.

We need evidence from an early childhood professional, such as an early childhood teacher, educator or allied health professional who knows the child. They need to recommend that the child needs support for multiple activities and across multiple natural settings, from a team working together.

Some children in remote areas might not have access to a team of professionals. If so, they may still be eligible if the one professional needs to provide the supports to the child across multiple activities and across multiple natural settings.

We also need evidence from an early childhood professional, such as an early childhood teacher, educator, or allied health professional, that the child needs support for more than 12 months. The professional should consider multiple sources of information, including:

- parent or carer reports
- a mix of standardised and culturally appropriate developmental or functional assessments in everyday activities and natural settings
- observations in everyday play, learning, activities, and routines.

How do we work out if the child meets the criteria for developmental delay?

We'll need a range of information about the child, observed in everyday activities and settings they usually participate in. This should include parent or carer reports and standardised assessments of developmental and or functional capacity.

Early childhood partners are early childhood professionals who give us evidence of developmental delay to help us decide if the child is eligible. An early childhood partner will meet with children and families to better understand the child's day to day life, and any concerns about their development.

Early childhood partners will observe a child in familiar places like home and childcare and may complete assessments using screening tools. This information helps us decide if a child meets the early intervention requirements for developmental delay.

Families and carers can also provide copies of existing reports, assessments or letters about the developmental delay.

We may also ask for evidence from a variety of sources, including mainstream services. For example, we may also ask for evidence from your doctor, child health nurse, or other health professional.

Learn more about [providing evidence of developmental delay](#).

What if there are no early childhood partners in your area?

If there are no early childhood partners in the child's area, a mainstream, community or health service can give us a report for evidence of developmental delay.

If you're in one of these areas, learn more about what [evidence](#) we need for developmental delay.

Is the child's early intervention most appropriately funded by the NDIS?

To meet the early intervention requirements, the support must be most appropriately funded or provided by us.^{lix}

A child won't be eligible if the support they need is more appropriately funded or provided:

- by other general systems of service delivery or support services, such as a transport accident compensation scheme
- under a universal service obligation that other government services must provide to all Australians, such as schools and public hospitals
- as a reasonable adjustment under discrimination law, such as making places or venues accessible.

For example, children usually won't be eligible if they only need the following supports. These are more appropriately provided by other government and community services:

- medical services,^{lx} and treatments for health conditions^{lxi}
- [inclusion supports](#) to help young children join early childhood learning and care settings^{lxii}
- school readiness programs to help children prepare for school^{lxiii}
- newborn follow-up, such as child and maternal health services.^{lxiv}

For more information on when early intervention supports are most appropriately funded by us or by other services, check out:

- [Our mainstream and community supports guideline](#)
- [Schedule 1 of the NDIS \(Supports for Participants\) Rules](#)
- [Applied Principles and Tables of Support](#).

What happens if a child with developmental delay is eligible?

If we decide a child with developmental delay is eligible for the NDIS, they'll become a participant. But they're usually no longer eligible after they turn 6.

This is because they will no longer meet the eligibility criteria under developmental delay. To remain an NDIS participant after they turn 6, the child will need to have an impairment that's likely to be permanent, and meet either the [disability requirements](#) or the [early intervention requirements](#).

We'll talk to families or carers before a child turns 6 and explain what information we need to decide if the child is still eligible. Learn more about [leaving the NDIS](#).

Example

Hunter is 5 years old and became a participant under the early intervention requirements for developmental delay.

We give him a new 12-month NDIS plan in August. We also talk to Hunter's family about Hunter leaving the NDIS after he is 6 years old.

Hunter's family will be able to use his NDIS funding for the full 12 months, until August the next year. By then, he'll be aged 6 years.

At the end of the 12 months, we'll talk to Hunter's family about his progress. We'll listen to understand if he built capacity to work towards his goals. If there's evidence that Hunter does not need NDIS funded early intervention or disability supports, we'll decide Hunter will leave the NDIS. We'll help his family stay connected to government and community services.

Learn more about [leaving the NDIS](#) and [mainstream and community supports](#).

What if a child doesn't meet our criteria for developmental delay?

Early childhood partners can still provide supports to children younger than 6 who don't meet our criteria for developmental delay.

A child may have developmental concerns. This means a child younger than 6 is developing slower compared to other children their age, but the delay doesn't meet our definition for developmental delay.

For example, a child's functional capacity may be substantially reduced in one or more areas. But it's unclear if the child needs support from a team of professionals for more than 12 months.

An early childhood partner can provide early supports to children younger than 6 with developmental concerns. They can also help the child's family connect to other government and community supports.

Learn more about [early connections](#).

How do you apply to the NDIS?

Applying to the NDIS is how you let us know you want to become an NDIS participant.

If you're aged 9 and older, there are a few ways you can apply:^{lxv}

- Your local area coordinator can help you apply. They can help you through the application process and be your point of contact. If you become an NDIS participant, they will support you to prepare for creating your NDIS plan. [Find your nearest location](#).



- Sometimes you may not have a local area coordinator in your area. You can contact us on 1800 800 110 to discuss other options available to you.

For children younger than 9, we encourage families to talk to an [early childhood partner](#) before applying to the NDIS. They can provide supports to children before they apply, and let families know if the NDIS is right for their child.

When you apply, you or your authorised representative will need to:

- give us the information and any documents we need to confirm your identity. Learn more about [evidence of identity](#) and [privacy](#).
- give us the information and any documents we need to decide if you're eligible^{lxvi}
- sign or certify the NDIS application^{lxvii}
- talk to you about your needs and current situation.

When we talk to you, we'll listen to understand what is important to you. We'll also ask questions to make sure we know all the ways we can help.

We can use this information to help you make community connections if you want us to. Learn more about [community connections](#).

Other people can help you apply if you want them to. Sometimes they can apply on your behalf. Learn more about [who can help you apply](#).

Learn more about [how to apply to the NDIS](#).

What information do we need in your application?

The [Evidence of Identity Factsheet](#) shows what information we need to verify your identity. When you apply for the NDIS, you'll need to give us copies of these documents. If you can't do this, let us know so we can work out what to do depending on your situation. We will still need to check your identity before progressing your application.

To show us you're younger than 65 when you apply, live in Australia, and that you're an Australian citizen or permanent resident, you can give us either of the following:

- consent to access and use your Centrelink record
- copies of documents or other evidence that we ask for if you apply in person or over the phone.

In most cases, we can just use your identity documents.

Who can give us evidence of your impairments?

We need evidence of your impairments, to help us work out if you're eligible. To provide this, ask your [treating professional](#). For children younger than 6 with developmental delay, an [early childhood partner](#) can provide evidence of developmental delay. Your treating professional or early childhood partner can contact us if they need to discuss what evidence to provide.

Your treating professional might be your doctor, specialist, or allied health service provider. You should use a professional who:

- has worked with you for a long time, usually for at least 6 months
- is the [most appropriate type of professional](#) to give evidence about your impairment
- is qualified and registered in their area of practice with the [Australian Health Practitioner Regulation Agency](#) or relevant professional authority.

If your treating professional does not meet these requirements, we may not be able to confirm the information in your access request and may need to request further information.

When we check if you're eligible for the NDIS, we mainly consider the information you give us when you apply.

Learn more about who can give us evidence of your disability or impairment on the following pages:

- [Providing evidence of your disability](#)
- [Providing evidence of disability for children](#)
- [Information for GPs and health professionals](#).

You can also learn more about [how we use, collect and store your personal information](#).

What if you're in a remote or very remote area?

We understand it might be hard to get your treating professional to provide evidence of your impairments in a remote or very remote area. If it's hard to get your treating professional to do this, let us know.

You might not need to give us as much evidence about your impairment as people in big cities, depending on what services are available in your area. We use a technical definition for remote and very remote. You will need to live in an area that's classified as MM6 or MM7 on the [Modified Monash Model](#) to be considered remote or very remote.

How do we check your application?

Before we can accept your application, we make sure it's been made by the right person. That is, the application is from you, or [someone who can apply for you](#).

We then check all the answers we need have been provided, and that it is the correct information.^{lxviii}

If you don't have all the answers at the meeting, we'll help you work out what to do. You can also let us know if there is a mistake. We can work with you to help complete the application properly. We can't decide if you're eligible until we have a complete application.

We'll also let you know if we need more information and, if so, what you need to give us.

Once you have completed your application with all the right information, we'll check whether you're eligible. That is, we'll check that:

- you meet the age and residence requirements
- you meet either the disability requirements or the early intervention requirements.

Learn more in the [Applying to the NDIS factsheet](#).

Who can help you apply?

You can ask someone to help you apply if you want to. They can help you:

- make your decision to apply to the NDIS
- gather the information we need.

You can choose who helps you. For example, you could ask for help from:

- a family member
- a friend
- a carer
- a partner
- a support worker or service provider
- staff in a residential aged care facility
- your treating health professional
- hospital staff.

With your permission, we can share information with these people during your application. For example, they could call us to check how your application is progressing. You can let us know if you would like us to share information.

Can someone else apply for you?

If someone else has legal authority to make decisions for you, they can apply to the NDIS on your behalf.

If you're younger than 18, the people with parental responsibility for you will apply for you.^{ix} This is often your parents or legal guardian. In some situations, we can decide someone else has parental responsibility.^{ix} Learn more about [child representatives](#).

If you're an adult, these people may be able to apply to the NDIS on your behalf:

- a person you give consent to act as your authorised representative – this means you give them permission to apply for you
- your guardian
- a person with power of attorney who can make personal and health decisions for you
- a person with advance care health directive.

If you're an adult and want someone else to apply for you, you can tell us in person, or over the phone.

When do we contact you to help you apply?

Sometimes, we'll reach out to you to help you apply. This might be if you live in a:

- group home or supported accommodation
- large residential facility
- residential aged care facility – also read our page on [younger people in residential aged care](#)
- rural or remote area.

How do we decide if you're eligible?

Once we have your application, we review all the information we have in your application.

This will help us decide if you're eligible for the NDIS. As part of the process, we will also need to check your identity.

You are eligible for the NDIS if you meet:

- the age and residence requirements
- either the [disability requirements](#) or the [early intervention requirements](#).

If you're 7 or older, the first thing we decide is whether you meet the disability requirements. If you don't, we will then decide whether you meet the early intervention requirements.

For children younger than 7, it's the other way around. First, we'll decide whether they meet the early intervention requirements. If they don't, then we will decide whether they meet the disability requirements.

It's likely children younger than 6 with developmental delay will not meet the disability requirements. So, they may only be eligible under the early intervention requirements.

If you don't meet either the disability requirements or the early intervention requirements, you won't be eligible for the NDIS. But an [early childhood partner](#) or [local area coordinator](#) can help you connect with other government and community supports.

When will we decide if you're eligible?

Once we have your application, we have **21 days** to decide one of the following:^{lxxi}

- [you're eligible for the NDIS](#)
- [you're not eligible for the NDIS](#)
- [we need more information](#).

We can make a decision quicker in urgent circumstances. Let us know if your situation is urgent, for example, if you're about to leave a hospital or custodial setting. Learn more about our [timeframes for urgent decisions](#).

How do we consider your evidence of disability?

When we're deciding if you're eligible, we may look at things like:

- how old your evidence is
- who provided your evidence.

If we get more than one type of evidence from you, we might consider some evidence over others. We call this weighing evidence.

What if we need more information to decide if you're eligible?

When we decide if you're eligible, we look at:

- the information in your NDIS application

- any other information we have.

We need enough information in your application to show us you're eligible for the NDIS by meeting the disability requirements or the early intervention requirements.

Sometimes we might need to ask you for more information. For example, we may not have enough information about your functional capacity.

We'll ask you for more information if we need it to make sure we have the full picture.^{lxxii}

We might ask you for more information if:

- your application doesn't have all the information we need
- we need to answer a particular question.

We only ask for more information if we need it to decide if you're eligible.^{lxxiii} If we need more information, we'll let you know:

- what you need to do
- what information we need
- when you need to give us the information.

If we ask for more information, you'll have at least **90 days** to give it to us. We can't decide if you're eligible until we have this. You can ask for more time if you need it. We can give you more time if we think it's reasonable for your situation.^{lxxiv}

If we can't contact you within **90 days**, or you don't give us the information within the timeframe, we'll withdraw your application. This means we'll stop processing your application.

If you don't get the information to us in time, you can apply again.

What happens after we get your information?

Once you give us the information we need, we then have **14 days** to decide if:^{lxxv}

- you're eligible for the NDIS
- you're not eligible for the NDIS
- we need more information – for example, if the information you gave us isn't what we need.

What happens if we don't decide on time?

If we don't meet our decision-making timeframes, we have to treat this as if we decided you're not eligible.^{lxxvi}

If this happens, we'll automatically review this decision that you're not eligible.^{lxxvii} We'll send you a letter to explain this. You don't need to do anything.

We'll then make sure your application is reviewed by a staff member who wasn't involved in the original application. We'll contact you to let you know the outcome.

Learn more about [reviewing our decisions](#).

What happens after we decide?

What happens if you're eligible?

On the day we decide you're eligible for the NDIS, you become an NDIS participant.^{lxxviii}

The time that you remain eligible for the NDIS depends on your individual circumstances and disability support needs.

You'll need to continue to be eligible for the NDIS. This means you'll need to continue to live in Australia and be an Australian citizen or permanent resident. You'll also need to continue to meet either the [disability requirements](#) or the [early intervention requirements](#). Learn more about [whether you will always be eligible](#) and [leaving the NDIS](#).

We'll send you a letter to let you know:

- you are eligible
- if you met the disability requirements or the early intervention requirements
- the next steps.

Your letter will also confirm the date you became eligible for the NDIS.^{lxxix}

How will we create your first plan?

After you receive the letter confirming you're eligible, we'll contact you to organise your first planning conversation. We'll contact you within **21 days**.

You will need to bring your original identity documents from the [Evidence of Identity \(POI\) Factsheet](#) to your first planning meeting so we can confirm them. If you can't provide these documents, let us know so we can work out what to do depending on your situation. We will still need to check your identity before approving your plan.

We'll then work together to create a plan for your disability support needs. If you received help to make community connections, we can build on the information and goals we talked about and include these supports in your plan. Learn more about [community connections](#).

Your plan will include any supports we fund that meet the NDIS funding criteria.

We fund supports for any impairments that meet the eligibility criteria.



For example, you may have many impairments, but only one meets our eligibility criteria. Or you might get another impairment after we decide you're eligible. If so, we only fund supports for impairments that meet either the disability requirements, or the early intervention requirements.

If you're aged 7 or older, we must approve your first plan within **56 days** after you become a participant.

For children younger than 7, we'll approve their first plan within **90 days** after they become a participant.

For more information, check out [creating your plan](#).

Will you always be eligible for the NDIS?

There are many reasons for leaving the NDIS.

Some people decide they don't want to be a participant anymore.

You'll also leave the NDIS if you're no longer eligible.

When we reassess your [plan](#), we check that all your details are correct and up to date. We also look at any new information we have received.

If you're eligible under the **early intervention requirements**, your support needs are more likely to change. We'll check at each plan reassessment whether you still meet the early intervention requirements.

For example, during a reassessment it may show you no longer meet the early intervention requirements because you have built your skills and capacity and will no longer benefit from early intervention supports.

If you're eligible under the disability requirements, your disability is permanent. We don't expect your disability to change, and it's likely you'll need the NDIS for a long time. We will only ask you for more information about your eligibility if there is evidence that you may no longer meet the disability requirements.

You can find out more about the eligibility requirements, and how we check these, at [Am I eligible](#). [Children with developmental delay](#) will usually leave the NDIS after they turn 6.

Over time, you might develop your skills and independence and not need the NDIS anymore.

If you met the early intervention requirements, you usually won't be eligible anymore after the early intervention supports have helped you. For example, if you needed early intervention supports to improve your functional capacity, you won't be eligible anymore after your functional capacity improves.

If you're no longer eligible, we'll help you transition from the NDIS and connect with other services in your community if you need them. We'll also keep your information, so you can apply again if your situation changes.

Learn more about [leaving the NDIS](#).

What happens if you're not eligible?

If you're not eligible, you can't become an NDIS participant.

We'll try and contact you by phone, or your preferred contact method,^{lxxx} to explain why you're not eligible. We will give you reasons for our decision, and also answer any questions you might have.

We'll also send you a letter with our decision, including the reasons you're not eligible and what to do next. Your letter will confirm the date we made the decision.

Even if you're not eligible for the NDIS, your [early childhood partner](#) or [local area coordinator](#) can help you explore and access mainstream and community supports in your community. When we work with children under 9 and their families, we call this early connections. When we work with people aged 9–64, we call this community connections.

Your early childhood partner or local area coordinator will use the information you shared to suggest mainstream and community supports in your community. They will work with you to see how these supports may help you with what is important to you. We also have a list of [other government and community supports](#) you can get, even if you're not eligible for the NDIS.

What if you don't agree with our decision?

If you don't agree with our decision that you're not eligible, you should [contact us](#). We can help explain our decision and what your options or next steps might be.

You can also ask for an internal review.^{lxxxi} Another staff member, who wasn't involved in the original decision, will then check if we made the right decision. You need to ask for an internal review within **3 months** after receiving the decision.^{lxxxii} Learn more about [reviewing our decisions](#).

But you can't ask for an internal review if:

- you withdraw your application because you don't want to apply anymore
- a decision has not been made and we ask you for more information
- we withdraw your application because you didn't give us information on time

- it's been more than 3 months since you received our decision that you're not eligible.

If you don't agree with the internal review decision, you can ask the Administrative Appeals Tribunal to review it. We call this an external review. You can't ask for an external review until after we make the internal review decision.

You can [contact us](#) to discuss any concerns you may have about the process. You can also [make a complaint](#) if you're not happy with any part of the process.

Can you apply again?

Yes. If we decide you're not eligible, you can apply again.^{lxxxiii} You'll follow the same process to apply as you did the first time. Remember, you need to be younger than 65 on the day you make your new application. And children with developmental delay will need to be younger than 6 on the day they apply.

But if you've asked for an internal review of the decision, you can't apply to the NDIS again until we've completed that review.^{lxxxiv} You can ask us to stop our internal review at any time.^{lxxxv}

Also, if your review is with the Administrative Appeals Tribunal after an internal review, you can't apply again until it has made a decision.^{lxxxvi} You can also ask the Tribunal at any time to withdraw your application. Learn more on the [Administrative Appeals Tribunal website](#).

Applying to the NDIS – Appendices

What's on this page?

- [List A: Conditions that are likely to meet the disability requirements](#)
- [List B: Conditions that are likely to be permanent](#)
- [List C: What if you're receiving disability support in Western Australia?](#)
- [List D: Conditions that are likely to meet the early intervention requirements for children younger than 7](#)
- [When do we make priority eligibility decisions?](#)
- [How do we weigh evidence of disability?](#)

List A: Conditions that are likely to meet the disability requirements

1. **Intellectual disability** diagnosed and assessed as moderate, severe or profound in accordance with current DSM criteria.
2. **Autism** diagnosed by a specialist multi-disciplinary team, paediatrician, psychiatrist or clinical psychologist experienced in the assessment of Pervasive Developmental Disorders and assessed using the current Diagnostic and Statistical Manual of Mental Disorders (DSM-V) diagnostic criteria as having severity of Level 2 (Requiring substantial support) or Level 3 (Requiring very substantial support).
3. **Cerebral palsy** diagnosed and assessed as severe (e.g. assessed as Level 3, 4 or 5 on the Gross Motor Function Classification System - GMFCS).
4. **Genetic conditions** that consistently result in permanent and severe intellectual and physical impairments:
 - o Angelman syndrome
 - o Coffin-Lowry syndrome in males
 - o Cornelia de Lange syndrome
 - o Cri du Chat syndrome
 - o Edwards syndrome (Trisomy 18 – full form)
 - o Epidermolysis Bullosa (severe forms):

- YR
- Autosomal recessive dystrophic epidermolysis bullosa
- Hallopeau-Siemens type
- Herlitz Junctional Epidermolysis Dystrophica
- o Lesch-Nyhan syndrome
- o Leigh syndrome
- o Leukodystrophies:
 - Alexander disease (infantile and neonatal forms)
 - Canavan disease
 - Krabbe disease (globoid cell leukodystrophy) – Infantile form
 - Pelizaeus-Merzbacher Disease (Connatal form)
- o Lysosomal storage disorders resulting in severe intellectual and physical impairments:
 - Gaucher disease Types 2 and 3
 - Niemann-Pick disease (Types A and C)
 - Pompe disease
 - Sandhoff disease (infantile form)
 - Schindler disease (Type 1)
 - Tay-Sachs disease (infantile form)
- o Mucopolysaccharidoses – the following forms:
 - MPS 1-H (Hurler syndrome)
 - MPS III (San Fillipo syndrome)
 - Osteogenesis Imperfecta (severe forms):
 - Type II - with two or more fractures per year and significant deformities severely limiting ability to perform activities of daily living
- o Patau syndrome
- o Rett syndrome
- o Spinal Muscular Atrophies of the following types:
 - Werdnig-Hoffmann disease (SMA Type 1- Infantile form)

- Dubowitz disease (SMA Type II – Intermediate form)
 - X-linked spinal muscular atrophy
5. **Spinal cord injury** or **brain injury** resulting in paraplegia, quadriplegia or tetraplegia.
 6. **Hemiplegia** where there is severe or total loss of strength and movement in the affected limbs of the body.
 7. **Permanent blindness** in both eyes, diagnosed and assessed by an ophthalmologist as follows:
 - o Corrected visual acuity (extent to which an object can be brought into focus) on the Snellen Scale must be less than or equal to 6/60 in both eyes; or
 - o Constriction to within 10 degrees or less of arc of central fixation in the better eye, irrespective of corrected visual acuity (i.e. visual fields are reduced to a measured arc of 10 degrees or less); or
 - o A combination of visual defects resulting in the same degree of visual impairment as that occurring in the above points. (An optometrist report is not sufficient for NDIS purposes.)
 8. **Permanent bilateral hearing loss** > 90 decibels in the better ear (pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz).
 9. **Deafblindness** confirmed by ophthalmologist and audiologist and assessed as resulting in permanent and severe to total impairment of visual function and hearing.
 10. **Amputation** or congenital absence of 2 limbs – for example, 2 legs, 2 arms, or a leg and an arm (not a leg and a hand, or an arm and a foot).

List B: Conditions that are likely to result in a permanent impairment

Conditions primarily resulting in intellectual or learning impairment

- Intellectual disability
- Pervasive developmental disorders not meeting severity criteria in List A or List C, such as autism
- Asperger syndrome
- Atypical autism
- Childhood autism.

Chromosomal abnormalities resulting in permanent impairment and not specified on List A

- Aicardi-Goutières syndrome
- CHARGE syndrome
- Cockayne syndrome Types I and Type II/Cerebro-oculo-facio-skeletal (COFS) syndrome /Pena Shokeir syndrome Type II/Weber-Cockayne syndrome/Neill-Dingwall syndrome)
- Cohen syndrome
- Dandy-Walker syndrome
- DiGeorge syndrome /22q11.2 deletion syndrome/Velocardiofacial syndrome/Shprintzen syndrome/Conotruncal anomaly face syndrome
- Down syndrome/Trisomy 21
- Fragile X syndrome
- Kabuki syndrome
- Menkes disease
- Prader-Willi syndrome
- Seckel syndrome /microcephalic primordial dwarfism/Harper's syndrome/Virchow-Seckel dwarfism
- Smith-Lemli-Optiz syndrome
- Smith-Magenis syndrome
- Spinal muscular atrophy Types III and IV
- Sturge-Weber syndrome
- Trisomy 9
- Tuberous sclerosis
- Turner syndrome
- Williams syndrome
- Wolf-Hirschhorn syndrome.

Conditions primarily resulting in Neurological impairment

- Alzheimer's dementia

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This document is correct at the date of publication.

Always visit ourguidelines.ndis.gov.au for the latest version.

- Creutzfeldt-Jakob disease
- HIV dementia
- Huntington's disease
- Multi-infarct dementia
- Parkinson's disease
- Post-polio syndrome
- Vascular dementia.

Systemic atrophies primarily affecting the central nervous system

- Abetalipoproteinaemia
- Adult-onset spinal muscular atrophy/late-onset SMA type III)
- Fazio-Londe disease/Progressive bulbar palsy of childhood
- Friedrich's ataxia
- Hereditary spastic paraplegia/ Infantile-onset ascending hereditary spastic paralysis/ L1 syndrome/ spastic paraplegias types 2 and 11Huntington's disease/Huntington's chorea
- Louis-Bar syndrome/Ataxia-telangiectasia
- Motor neuron disease/Motor neurone disease/ Lou Gehrig's disease /Amyotrophic lateral sclerosis
- Primary lateral sclerosis
- Progressive bulbar palsy
- Spinal muscular atrophy – all types
- Spinocerebellar Ataxia – all types, including Machado-Joseph disease.

Extrapyramidal and movement disorders

- Hallervorden-Spatz syndrome /Pantothenate kinase-associated neurodegeneration (PKAN)/neurodegeneration with brain iron accumulation 1 (NBIA 1)
- Parkinson's disease
- Shy-Drager syndrome /Multiple System Atrophy /Striatonigral degeneration (MSA-P)/ Sporadic olivopontocerebellar atrophy (MSA-C)
- Steele-Richardson-Olszewski syndrome/Progressive supranuclear ophthalmoplegia

- Stiff-man syndrome /Stiff-person syndrome.

Other degenerative diseases of the nervous system

- Alzheimer's disease
- Alpers disease/Grey-matter degeneration/Alpers syndrome/progressive sclerosing poliodystrophy/progressive infantile poliodystrophy
- Lewy body dementia
- Pick's disease.

Demyelinating diseases of the central nervous system

- Adrenoleukodystrophy
- Multiple sclerosis
- Schilder's disease /Diffuse myelinoclastic sclerosis – non-remitting.

Episodic and paroxysmal disorders

- Brain stem stroke syndrome
- Cerebellar stroke syndrome
- Motor and sensory lacunar syndromes
- Lennox syndrome /Lennox-Gastaut syndrome
- West's syndrome.

Polyneuropathies and other disorders of the peripheral nervous system

- Adult Refsum disease
- Charcot-Marie-Tooth disease/Hereditary motor and sensory neuropathy/ peroneal muscular atrophy
- Dejerine-Sottas disease /Dejerine-Sottas syndrome/Dejerine-Sottas neuropathy/progressive hypertrophic interstitial polyneuropathy of childhood/onion bulb neuropathy
- Infantile Refsum disease.

Other disorders of the nervous system

- Hydrocephalus
- Multiple system atrophy.

Conditions resulting in Physical impairment

- Amputation
- Congenital absence of limb or part thereof
- Epidermolysis bullosa
- Harlequin type ichthyosis
- Juvenile arthritis / Stills Disease (excluding monocyclic/self-limited Adult Onset Stills disease)
- Rheumatoid arthritis.

Diseases of myoneural junction and muscle

- Andersen-Tawil syndrome/ Periodic paralysis /myoplegia paroxysmalis familiaris
- Becker muscular dystrophy
- Congenital muscular dystrophy
- Distal muscular dystrophy
- Duchenne muscular dystrophy
- Facioscapulohumeral muscular dystrophy
- Limb-girdle muscular dystrophy
- Mitochondrial myopathy
- Myotonic dystrophy /dystrophia myotonica
- Myotonic muscular dystrophy
- Myotubular myopathy
- Oculopharyngeal muscular dystrophy
- Paramyotonia Congenita
- Thomsens disease /Congenital myotonia/ Becker myotonia).

Cerebral palsy and other paralytic syndromes not meeting severity criteria on List A

- Cerebral palsy
- Diplegia
- Hemiplegia
- Monoplegia

- Paraplegia
- Quadriplegia
- Tetraplegia.

Conditions resulting in Sensory and/or Speech impairment

Disorders of the choroid and retina where permanent blindness diagnostic and severity criteria on List A are not met

- Behr's syndrome
- Kearns-Sayre syndrome
- Optic atrophy
- Retinitis pigmentosa
- Retinoschisis (degenerative and hereditary types/juvenile retinoschisis)
- Stargardt disease
- Usher syndrome.

Disorders resulting in hearing loss

- Cortical deafness
- Pendred syndrome
- Sensorineural hearing loss
- Stickler syndrome
- Usher syndrome
- Waardenburg syndrome.

Conditions resulting in multiple types of impairment

- Aceruloplasminemia
- Addison-Schilder disease /Adrenoleukodystrophy
- Albinism
- Arginosuccinic aciduria
- Aspartylglucosaminuria
- Cerebrotendinous xanthomatosis /cerebral cholesterosis

- Congenital cytomegalovirus infection
- Congenital iodine-deficiency syndrome /cretinism
- Congenital rubella syndrome
- Glycine encephalopathy /non-ketotic hyperglycinaemia
- GM1 gangliosidosis
- Hartnup disease
- Homocystinuria
- Lowe syndrome/ Oculocerebrorenal syndrome
- Mannosidosis
- Menkes disease
- Mucopolidosis II /I-cell disease
- Mucopolidosis III /pseudo-Hurler polydystrophy
- Mucopolidosis IV
- Neuronal ceroid lipofuscinosis (NCL)/ Adult type (Kuf's or Parry's disease)/ Juvenile (Batten disease)/ Late infantile (Jansky-Bielschowsky)
- Niemann-Pick disease
- Pyruvate carboxylase deficiency
- Pyruvate dehydrogenase deficiency
- Sialidosis
- Sulfite oxidase deficiency.

The following mucopolysaccharidoses

- Scheie syndrome /MPS 1-H
- Hurler-Scheie syndrome /MPS 1 H-S
- Hunter syndrome /MPS II
- Morquio syndrome /MPS IVA
- Maroteaux-Lamy syndrome /MPS VI
- Sly syndrome /MPS VII.

Congenital conditions – cases where malformations cannot be corrected by surgery or other treatment and result in permanent impairment but with variable severity

- Arnold-Chiari Types 2 and 3/Chiari malformation
- Microcephaly
- Fetal alcohol spectrum disorder
- Fetal hydantoin syndrome
- Spina bifida
- VATER syndrome /VACTERL association.

List C: What if you're receiving disability support in Western Australia?

We have an agreement with the Western Australian government to bring Western Australians onto the NDIS. If you're receiving disability supports in Western Australia, you might already meet most of the eligibility criteria. We'll send you a letter with all the details on how to apply.

The Western Australian government will let us know if you're on a program for faster access to the NDIS. This is called a [defined program](#).

If you're on one of these programs, you need to show us that you:

- are younger than 65 on the day you apply
- live in Australia permanently
- are an Australian citizen or permanent resident.

We'll let you know what evidence you need to give us when you apply.

If you show us you meet the above requirements, we'll decide you're eligible under the **disability requirements**.

Which Western Australian defined programs are eligible for the NDIS?

- WA state-administered National Disability Insurance Scheme
- Supported Community Living
- Community Residential
- Day Options
- Disability Professional Services

- Emergency Accommodation
- Respite
- LAC Coordination
- Recreation.

List D: Permanent impairment/Early intervention, under 7 years. No further assessment required.

Synonyms for conditions are also shown (e.g. condition / synonym / synonym)

Conditions primarily resulting in Intellectual/ learning impairment

Chromosomal abnormalities resulting in permanent impairment

- Global Developmental Delay
- Aicardi syndrome
- Aicardi-Goutières syndrome
- Angelman syndrome
- CHARGE syndrome
- Cockayne syndrome/ Types I and Type II / Cerebro-oculo-facio-skeletal (COFS) syndrome/ Pena Shokeir syndrome Type II / Weber-Cockayne syndrome/ Neill-Dingwall syndrome
- Coffin-Lowry syndrome
- Cohen syndrome
- Cornelia de Lange syndrome
- Cri du Chat syndrome
- Dandy-Walker syndrome
- DiGeorge syndrome/ 22q11.2 deletion syndrome/ Velocardiofacial syndrome/ Shprintzen syndrome/ Conotruncal anomaly face syndrome
- Down syndrome/ Trisomy 21
- Edwards syndrome/ Trisomy 18
- Fragile X syndrome

- Kabuki syndrome
- Lesch-Nyhan syndrome/ Nyhan's syndrome/ Kelley-Seegmiller syndrome/ Juvenile gout
- Leigh syndrome/ Leigh's disease/ subacute necrotizing encephalomyelopathy
- Menkes disease
- Patau syndrome/ Trisomy 13
- Prader-Willi syndrome
- Rett syndrome
- Seckel syndrome/ microcephalic primordial dwarfism/ Harper's syndrome/ Virchow-Seckel dwarfism
- Smith-Lemli-Optiz syndrome
- Smith-Magenis syndrome
- Sturge-Weber syndrome
- Trisomy 9
- Tuberous sclerosis
- Williams syndrome
- Wolf-Hirschhorn syndrome.

Conditions primarily resulting in Neurological impairment

Systemic atrophies primarily affecting the central nervous system

- Friedrich's ataxia
- Hereditary spastic paraplegia/ Infantile-onset ascending hereditary spastic paralysis/ L1 syndrome/ spastic paraplegias types 2 and 11
- Louis-Bar syndrome/ Ataxia-telangiectasia
- Niemann-Pick disease (Types A and C)
- Progressive bulbar palsy of childhood/ Fazio-Londe disease.

The following spinal muscular atrophies

- Spinal muscular atrophy Type I/ Werdnig Hoffmann disease/ infantile SMA
- Spinal muscular atrophy Type II/ Dubowitz disease

- Spinal muscular atrophy Type III Kugelberg-Welander disease/ juvenile SMA
- Spinal muscular atrophy lower extremity dominant/ SMA-LED
- X-linked spinal muscular atrophy.

Extrapyramidal and movement disorders

- Hallervorden-Spatz syndrome / Pantothenate kinase-associated neurodegeneration (PKAN)/ neurodegeneration with brain iron accumulation 1 (NBIA 1)
- Alpers disease/ Alpers syndrome/ Grey-matter degeneration/ Progressive sclerosing poliodystrophy/ Progressive infantile poliodystrophy
- Demyelinating diseases of the central nervous system
- Adrenoleukodystrophy / X-linked childhood cerebral form
- Alexander disease
- Canavan disease
- Krabbe disease/ Globoid cell leukodystrophy
- Pelizaeus-Merzbacher disease.

Episodic and paroxysmal disorders

- Lennox-Gastaut syndrome/ Lennox syndrome
- West's syndrome.

Polyneuropathies and other disorders of the peripheral nervous system

- Dejerine-Sottas disease/ Dejerine-Sottas syndrome/ Dejerine-Sottas neuropathy/ progressive hypertrophic interstitial polyneuropathy of childhood/onion bulb neuropathy
- Infantile Refsum disease.

Conditions primarily resulting in physical impairment

- Amputation
- Diamond-Blackfan anaemia
- Epidermolysis bullosa
- Harlequin type ichthyosis
- Hay Wells syndrome/ ankyloblepharon/ ectodermal dysplasia/ clefting [AEC] syndrome

- Joint or limb deformities resulting in impaired mobility
- Juvenile arthritis/ Stills Disease
- Osteogenesis imperfecta
- Sjogren Larsson syndrome.

Diseases of myoneural junction and muscle

- Congenital muscular dystrophy
- Congenital myotonia / Thomsens disease/ Becker myotonia
- Distal muscular dystrophy
- Duchenne muscular dystrophy
- Emery-Dreifuss muscular dystrophy
- Facioscapulohumeral muscular dystrophy
- Myotubular myopathy
- Oculopharyngeal muscular dystrophy
- Paramyotonia Congenita.

Cerebral palsy and other paralytic syndromes

- Cerebral palsy
- Diplegia
- Hemiplegia
- Monoplegia
- Paraplegia
- Quadriplegia
- Tetraplegia.

Conditions resulting in sensory and/or speech impairment

- Permanent blindness in both eyes, diagnosed and assessed by an ophthalmologist as follows:
- Corrected visual acuity (extent to which an object can be brought into focus) on the Snellen Scale must be less than or equal to 6/60 in both eyes; or

- Constriction to within 10 degrees or less of arc of central fixation in the better eye, irrespective of corrected visual acuity (i.e. visual fields are reduced to a measured arc of 10 degrees or less); or
- A combination of visual defects resulting in the same degree of visual impairment as that occurring in the above points.
- (An optometrist report is not sufficient for NDIS purposes.)
- Deafblindness confirmed by ophthalmologist and audiologist and assessed as resulting in permanent and severe to total impairment of visual function and hearing.

Conditions resulting in multiple types of impairment

- Aceruloplasminemia
- Addison-Schilder disease/ Adrenoleukodystrophy /
- Albinism
- Arginosuccinic aciduria
- Aspartylglucosaminuria
- Cerebrotendinous xanthomatosis/ cerebral cholesterosis
- Congenital cytomegalovirus infection
- Congenital hypothyroidism
- Congenital iodine-deficiency syndrome /cretinism
- Congenital rubella syndrome
- Galactosaemia with long term learning disabilities and neurological impairment
- Glycine encephalopathy/ non-ketotic hyperglycinaemia
- GM1 gangliosidosis
- Hartnup disease
- Homocystinuria
- Lowe syndrome/ Oculocerebrorenal syndrome
- Mannosidosis
- Menkes disease
- Mucopolysaccharidosis II / I-cell disease

- Mucopolidosis III / pseudo-Hurler polydystrophy
- Mucopolidosis IV
- Neuronal ceroid lipofuscinosis
- Niemann-Pick disease
- Phenylketonuria
- Pyruvate carboxylase deficiency
- Pyruvate dehydrogenase deficiency
- Sialidosis
- Sulfite oxidase deficiency.

The following mucopolysaccharidoses

- Hurler syndrome/MPS1-H
- Scheie syndrome/ MPS 1-S
- Hurler-Scheie syndrome/ MPS 1 H-S
- Hunter syndrome/ MPS II
- San Fillipo syndrome/ MPS III
- Morquio syndrome/ MPS IVA
- Maroteaux-Lamy syndrome/ MPS VI
- Sly syndrome/ MPS VII.

The following lysosomal storage disorders

- Gaucher disease Types 2 and 3
- Niemann-Pick disease (Types A and C)
- Pompe disease
- Sandhoff disease (infantile form)
- Schindler disease (Type 1)
- Tay-Sachs disease (infantile form).

Congenital conditions – cases where malformations cannot be corrected by surgery or other treatment and result in permanent impairment

- Chiari malformation/Arnold-Chiari malformation

- Congenital absence of limb(s)
- Congenital hydrocephalus
- Fetal alcohol spectrum disorder
- Fetal hydantoin syndrome
- Microcephaly
- Spina bifida
- VATER syndrome (VACTERL association).

When do we make priority eligibility decisions?

If you're in one of the following situations, we'll decide if you're eligible within **2 to 5 business days**.

- Child younger than 7 years with a hearing impairment, either:
 - Identified as **Hearing Australia or Early Childhood Partner Priority**
 - Identified as '**newly diagnosed**'.
- A child is identified as having a developmental delay and is turning 6 years old within 30 days of a valid NDIS application.
- **Immediate risk** to self, others, community or agency where appropriate disability or informal supports are not in place.
- **Unexpected, significant deterioration** of disability-related functional capacity where appropriate disability or informal supports are not in place.
- **Rapid deterioration** in functional capacity of a person with one of the following permanent disabilities:
 - Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease)
 - Brain Cancer
 - Motor Neurone Disease (MND)
 - Progressive Bulbar Palsy (PBP)
 - Primary Lateral Sclerosis (PLS)
 - Progressive Muscular Atrophy (PMA).
- **Imminent risk** (within 1–14 days) of breakdown of either:
 - Accommodation – risk of homelessness

- Caring arrangements, including informal supports, due to death, serious illness or injury of informal supports, or significant and unexpected deterioration of disability-related functional capacity.
- Appropriate disability supports are not in place and are re-entering the community after a long-term residence or hospital stay (specific release date not required):
 - o A person with a **newly acquired, significant disability**, such as spinal cord injury, being discharged from hospital
 - o A **younger person living in residential aged care**
 - o A person being **discharged from an inpatient mental health facility**
 - o A person due to be **released from correctional facility**.

How do we weigh evidence of disability?

We understand that you may have evidence of your disability from different health professionals at different times. When we're deciding if you're eligible for the NDIS, we look at:

- how old your evidence is
- who provided your evidence.

We weigh evidence based on what we consider 'best practice', or highest quality. We consider this evidence most strongly when we make a decision.

What type of evidence should you provide?

We need evidence to help us consider if you meet the disability or early intervention requirements.

For the disability requirements, we need evidence to confirm your permanent impairment and evidence about how this impacts your functional capacity.

For the early intervention requirements, we need evidence to confirm your permanent impairment and evidence that confirms you need early intervention.

It's important to understand the type of evidence that you are providing us. You may have evidence from a doctor or specialist confirming your **permanent impairment** or you may have evidence from an allied health professional or other medical professional that tells us about **impacts to your functional capacity** (your ability to do daily life activities). These are different types of evidence which will often be provided by different health professionals based on their qualifications.

How old should your evidence be?

How old should your evidence be to confirm your permanent impairment?

We need evidence from your doctor or specialist to confirm your permanent impairment. You can give us evidence confirming this **from any age**. However, evidence about how your impairment impacts your functional capacity should be from the last 12 months.

How old should your evidence be to confirm your functional capacity?

Generally, we need evidence about how your impairment impacts your functional capacity from **the last 12 months**. This is because your functional capacity may change over time – even if your impairment does not. It's important that we have evidence of your current circumstances to ensure we understand your support needs.

If you give us more than one type of evidence, we might weigh the newer evidence over the older evidence. If you give us older evidence, we will generally give this less weighting when we make our decision. In these cases, we will generally ask for more information. If this is not provided, we may decide you are not eligible for the NDIS.

How old should your evidence be to confirm you need early intervention?

We need evidence from your doctor or specialist to confirm your permanent impairment and that you need early intervention.

Generally, we need evidence about that confirms you need early intervention from **the last 12 months**. This is because your functional capacity may change over time – even if your impairment does not. It's important that we have evidence of your current circumstances to ensure we understand your support needs.

Who should provide evidence?

We generally prefer evidence that comes from a treating professional who:

- is the most **appropriately qualified** person to provide evidence of your primary disability
- has treated you for a significant period of time (at least six months)
- [is registered to practise in Australia or New Zealand](#)
- provides disability evidence (such as a medical report) that is original, genuine and specific to you.

Depending on your situation, you might get your evidence of **permanent impairment** from a different treating professional than your **evidence of functional capacity**.

If you need help to get your evidence together, your [local area coordinator](#) or [early childhood partner](#) can help you.

Who should provide evidence of your permanent impairment?

We generally prefer evidence from your doctor or specialist to confirm your permanent impairment.

Examples of common doctors or specialists include:

- General Practitioner (GP)
- Paediatrician
- Orthopaedic surgeon
- Neurologist
- Psychiatrist.

Who should provide evidence of your functional capacity?

We generally prefer evidence from a doctor, specialist, allied health or other medical professional for confirm how your permanent impairment impacts your functional capacity.

In addition to doctors and specialists, examples of common allied health or other medical professionals include:

- Occupational Therapist
- Speech Pathologist (Therapist)
- Psychologist
- Physiotherapist.

Who should provide evidence that you need for early intervention?

We generally prefer evidence from your doctor or specialist to confirm your permanent impairment.

Whereas a doctor, specialist, allied health or other medical professional can give us evidence to confirm you need early intervention.

In addition to doctors and specialists, examples of common allied health or other medical professionals include:

- Occupational Therapist
- Speech Pathologist (Therapist)
- Psychologist



- Physiotherapist.

Health professionals registered to practise in Australia and New Zealand

We strongly prefer evidence of your disability to come from a registered Australian or New Zealand health professional. Most Australian health professionals are registered with the [Australian Health Practitioner Regulation Agency \(AHPRA\)](#).

We will still consider evidence from non-Australian or New Zealand health professionals, or unregistered health professionals. However, this evidence will be given less weight.

If we cannot confirm the registration of your health professional, we will ask you (and your health professional) for more information in the first instance. If we still cannot confirm their



Applying to the NDIS

Quick summary: If you want to become an NDIS participant you'll need to apply to the NDIS. There are some requirements you need to meet to be eligible for the NDIS.

First, you need to be younger than 65 when you apply, be an Australian citizen or permanent resident, and live in Australia. Then, you'll need to meet the requirements for disability, early intervention, or both.

You may be eligible under the disability requirements if you have one or more impairments that are or are likely to be permanent. And this substantially impacts your ability to do daily life activities. Your impairment must also affect your social life, or your ability to work and study. And, you must be likely to need NDIS supports for your lifetime.¹ [NDIS Supports](#) are the services, items and equipment that can be funded by the NDIS.

Or you may be eligible under the early intervention requirements if you have one or more impairments that are likely to be permanent or you have developmental delay and supports are likely to benefit you by reducing your need for supports in the future. We will also consider if these supports are NDIS supports.

Or you may be eligible under both the disability and early intervention requirements.

If you think you might be eligible, we can help you apply to the NDIS. We'll talk to you about your needs, current situation and what is important to you. We'll look at all the information you give us to decide if you're eligible. If you're eligible for the NDIS, you'll become a participant, and we'll work with you to start [creating your plan](#). If you're not eligible, an early childhood partner or local area coordinator can help you explore and access government and community services. When we work with children younger than 9 and their families, we call this [early connections](#). When we work with people aged 9–64, we call this [community connections](#).

What's on this page?

- [What do we mean by applying to the NDIS?](#)
- [Do you meet the age requirements?](#)
- [Do you meet the residence requirements?](#)
- [Do you meet the disability requirements?](#)
- [Do you need early intervention?](#)

- [What about children younger than 6 with developmental delay?](#)
- [How do you apply to the NDIS?](#)
- [How do we decide if you're eligible?](#)
- [What happens after we decide?](#)

What do we mean by applying to the NDIS?

Applying to the NDIS means doing things to find out if you can become a participant and start getting supports under the NDIS. There is a [process to follow](#) when you apply to the NDIS. After you apply, we'll look at all the information you provide and decide if you're eligible.

If we decide you're eligible, you'll become a participant in the NDIS. We'll then work with you to create your first plan, which will include funding for any [reasonable and necessary supports](#).

If you're not eligible, there are other services available to you, such as other government and community services. We can help you connect to these other services.

For children younger than 9, we encourage families to talk to an [early childhood partner](#) before applying to the NDIS. They can help families connect to the right supports and let families know if the NDIS is right for their child. Learn more about our [early childhood approach](#) and [early connections](#).

Are you eligible for the NDIS?

To be eligible for the NDIS, you first need to meet the [age requirements](#) and [residence requirements](#). This means you need to be younger than 65 when you apply, live in Australia, and be an Australian citizen or permanent resident.²

You will need to meet the requirements for disability³, early intervention⁴, or both.

When we say impairment in this guideline, we mean a loss of, or damage to your body's function. Under the law for the NDIS, we check if you're eligible based on your impairments, not your type of disability or diagnosis.

Disability requirements

To meet the disability requirements, we must have evidence of **all** of the following:

- You have a disability attributable to one or more impairments. This means your disability and impairments are linked.
- Your impairment is likely to be permanent.

- Your impairment means you have a substantially reduced functional capacity to do one or more daily life activities. These activities include moving around, communicating, socialising, learning, undertaking self-care, or self-management tasks.
- Your impairment affects your ability to work, study or take part in social life.
- You'll likely need NDIS supports for your lifetime.

Early intervention requirements

To meet the early intervention requirements, we must have evidence of **all** of the following:

- You have an impairment that's likely to be permanent, or that you are a [child younger than 6 with developmental delay](#).
- Early intervention will benefit you by reducing your need for supports in the future.
- Early intervention will benefit you by either reducing the impact your impairment has on your functional capacity or support your informal supports to build their skills to help you. Or the early intervention will prevent the deterioration of your functional capacity or improve it.
- The early intervention supports you need are NDIS supports.

We'll use information in your application to [decide if you're eligible for the NDIS](#).

If you're eligible, you become a NDIS participant.⁵ The length of time you'll be a participant will depend on your situation and NDIS support needs. Learn more about [leaving the NDIS](#).

This guideline has detailed information on how we decide if you're eligible for the NDIS. For general information about who's eligible, read [Am I eligible](#) and [Applying to the NDIS factsheet](#). Check out our website for information about [children younger than 9](#).

We also have information on [psychosocial disability](#). If you have a psychosocial disability, this webpage has information on whether the NDIS is right for you, and what information we need if you apply.

A psychosocial disability isn't a mental health condition or diagnosis. A psychosocial disability means you have reduced capacity to undertake tasks and activities of daily living due to your mental health.

Do you meet the age requirements?

To be eligible for the NDIS, you must first meet the age requirements. This means [you are younger than 65 on the day you apply](#).

How old are you?

You must be younger than 65 on the day you make your NDIS application.⁶

This means your application needs to be complete, in the format we ask for, and received by the NDIA before you turn 65. Learn more about [how to complete your NDIS application](#).

If you're turning 65 soon and want to apply, [contact us](#) so we can help you apply on time.

Do you meet the residence requirements?

Then you must meet the residence requirements. This means:

- [You are an Australian citizen or permanent resident](#).
- [You live in Australia](#).

Are you an Australian citizen or permanent resident?

You must be an Australian citizen,⁷ or have one of two visa types that means you can live here:

- A [permanent visa](#)⁸
- A [protected special category visa](#)⁹ – this is only for some citizens of New Zealand.

Do you live in Australia?

You must live in Australia.¹⁰ This means Australia is your home and you spend most of your time here.

To help us decide, you need to give us evidence to show us you live here. If you give us consent to use your Centrelink record, that usually gives us enough evidence to decide if you live in Australia.

If you don't give us consent, you need to give us enough information to help us decide that you live in Australia. You'll need to answer these questions:

- [Where do you live?](#)
- [Where is your family?](#)
- [Do you work in Australia?](#)
- [Do you own property in Australia?](#)
- [How much time do you spend outside Australia?](#)

Some of these questions might not apply to you, but we must consider them when we decide whether you live in Australia.¹¹

We may also ask you other questions to determine whether you live in Australia.¹² For example, your family might be deployed overseas in the Defence Force, meaning you need to leave Australia for a while. In these situations, we'll ask you for more information about why you're leaving and can't return.

If you apply, we look at your whole situation when we decide if there's enough evidence to show that you live here. This will be a simple decision for us in most situations. But sometimes we may need to look at the questions below.

Where do you live?

We consider where you live, and your living situation.¹³ We'll look at whether you have more permanent accommodation in Australia than any other country.

For example, you might own a home or have a formal rental agreement in Australia. This is a good sign to us that you live in Australia.

Where is your family?

We also consider where your immediate family lives.¹⁴

We look at where you spend most of your time with them, face-to-face. We don't consider how you connect with your family on the phone or internet.

Do you work in Australia?

If you work, we look at where you normally work or make money.¹⁵ If you work or make money in Australia, that's a good sign you live here. If you don't work or are unemployed, we'll consider the other questions to determine whether you live in Australia.

Do you own property in Australia?

We consider what assets or property you own in Australia.¹⁶ We also see if you have an Australian bank account.

If you own assets or property here, it doesn't always mean you live in Australia. Your assets or property will need to show you have an ongoing connection to Australia. You don't live in Australia just because you own assets or property here.

How much time do you spend outside Australia?

We consider how often you go overseas, and how long you're outside Australia when you travel.¹⁷ We also consider why you travel overseas, such as for work, holiday or to live with family.

This is usually the most important point to help us decide if you live in Australia. You need to show us that you have a long-term and meaningful connection to living in Australia.

You don't need to stay in Australia all the time. You can still work overseas or go on holiday.

You will need to show a stronger connection to Australia than other countries if you spend a lot of time overseas.

If we decide you're eligible and create your plan, there may be times you can't use your NDIS funding overseas. This is usually after you're overseas for more than 6 weeks unless we give you more time. Learn more about [when you can't use your plan](#).

Do you meet the disability requirements?

You meet the disability requirements if we have evidence of all of the following:¹⁸

- [Your disability is caused by an impairment](#).
- [Your impairment is likely to be permanent](#).
- [Your permanent impairment substantially reduces your functional capacity](#) to undertake one or more of the following activities: moving around, communicating, socialising, learning, or undertaking self-care or self-management tasks.
- [Your permanent impairment affects your ability to work, study or take part in social life](#).
- [You'll likely need NDIS support for your lifetime](#).

If you give us evidence you have been diagnosed with one or more conditions on [List A](#), we'll likely decide you meet the disability requirements.

If you meet the disability requirements, it's likely you'll need NDIS supports for your lifetime. This means you won't have to prove your disability every time we reassess your plan.

If at any time your NDIS support needs or situation changes, we may need to check your NDIS eligibility. We will talk with you if this happens.

Learn more about how we check [if you are still eligible for the NDIS](#).

Is your disability related to an impairment?

When we consider your disability, we think about whether any reduction or loss in your ability to do things, across all life domains, is because of an impairment.

An impairment is a loss of or damage to your body's function.

We will look at:

- your body's functions
- your body structure
- how you think and learn.

To meet the disability requirements, we must have evidence your disability is attributable by at least one of the impairments below:¹⁹

- **intellectual** – how you speak and listen, read and write, solve problems, and process and remember information
- **cognitive** – how you think, learn new things, use judgment to make decisions, and pay attention
- **neurological** – how your body functions
- **sensory** – how you see or hear
- **physical** – the ability to move parts of your body.

You may also be eligible for the NDIS if you have a psychosocial disability.²⁰ This means you have reduced capacity to do daily life activities and tasks due to your mental health.

It doesn't matter what caused your impairment, for example if you've had it from birth, or acquired it from an injury, accident or health condition.

It also doesn't matter if you have one impairment, or more than one impairment.

Is your impairment likely to be permanent?

To meet the disability requirements, we need to know that your impairment is permanent, or likely to be permanent. Permanent under the law for the NDIS means enduring. This means we need to know whether your impairments are enduring so that you require NDIS supports on an ongoing basis.

We will focus on your impairments, and not on the cause of your impairments, or your diagnoses.

You might have some periods in your life where there is a smaller impact on your daily life, because your impairment may be episodic or fluctuate in intensity²¹. Your impairment can still be permanent due to the overall impact on your life, and the likelihood that you will be impacted across your lifetime.

Even when your condition or diagnosis is permanent, we'll check if your impairment is permanent too. For example, you may not be eligible if your impairment is temporary, or if

there are known, available and appropriate evidence-based clinical, medical or other remaining treatments options that are likely to remedy the impairment.

Generally, we'll consider whether your impairment is likely to be permanent if all available and appropriate treatment options are pursued.

If you give us evidence you have been diagnosed with a condition on [List B](#), we'll likely decide your disability is from an impairment that's likely to be permanent.

Is there any medical treatment for your impairment?

We don't fund supports to treat your impairment. The Australian health system provides health services to treat illnesses or health conditions.

Your impairment will likely be permanent if your treating professional tells us there are no further treatments that could remedy it.

Your treating professional will tell us or be asked to certify if there are medical, clinical or other treatments that are likely to remedy your impairment. We need to understand whether there are treatments that are:²²

- **known** – the treatment can be identified by an Australian medical practitioner as a suitable treatment for your impairment
- **available to you** – we need to take account of whether there are genuine barriers that prevent you from accessing treatment including, but not limited to, the nature of your impairment and your ability to access treatment
- **appropriate for you and your impairment** – we need to consider whether the treatment could remedy your impairment and is suitable and safe for you to undergo. Your ability to undergo treatment will be assessed according to your capabilities, your health and other personal circumstances, including your living arrangements
- **evidence-based** – there's proof the treatment is likely to be effective.

When we look at what treatments are available to you, we think about whether the treatment is suitable for your personal situation. The word treatment should be understood in a broadest sense and may include changes to your diet and lifestyle.

If you're still undergoing or have recently had treatment, we may not be sure you have a permanent impairment if that treatment could remedy the impairment.²³

In some situations, it may be clear your impairment is likely to be permanent while you're still undergoing treatment or rehabilitation. For example, you may still need treatment and rehabilitation for a spinal cord injury, but it's clear you are likely to have a permanent impairment.

You might still have a permanent impairment, even if its effects may change over time.²⁴

For degenerative impairments, or those that get worse over time, we consider them permanent if treatment isn't likely to remedy the impairment. That is, the treatment won't cure the impairment or come close to removing its effects.

Does your impairment substantially reduce your functional capacity?

Your permanent impairment needs **to substantially reduce your functional capacity or ability** to undertake activities in one of the following areas:

- **Communicating** – how you speak, write, or use sign language and gestures, to express yourself compared to other people your age. We also look at how well you understand people, and how others understand you.
- **Socialising** – how you make and keep friends, or interact with the community, or how a young child plays with other children. We also look at your behaviour, and how you cope with feelings and emotions in social situations.
- **Learning** – how you learn, understand and remember new things, and practise and use new skills.
- **Mobility, or moving around** – how easily you move around your home and community, and how you get in and out of bed or a chair. We consider how you get out and about and use your arms or legs.
- **Self-care** – personal care, hygiene, grooming, eating and drinking, and health. We consider how you get dressed, shower or bathe, eat or go to the toilet.
- **Self-management (if older than 6)** – how you organise your life. We consider how you plan, make decisions, and look after yourself. This might include day-to-day tasks at home, how you solve problems, or manage your money. We consider your mental or cognitive ability to manage your life, not your physical ability to do these tasks.

Your impairment substantially reduces your functional capacity if you usually need disability-specific supports to participate in or complete the above tasks.²⁵

These disability-specific supports include:

- a high level of support from other people, such as physical assistance, guidance, supervision or prompting.
- assistive technology, equipment or home modifications that are prescribed by your doctor, allied health professional or other medical professional.

To help us decide if you're eligible, we need to know your capacity and where you need more help. We get this information from you when you apply to the NDIS.

If you have more than one permanent impairment, we will consider them together, to see if they substantially reduce your functional capacity.

We consider how you're involved in different areas of life like home, school, work and the community, and how you carry out tasks and actions. We also consider any other factors that may impact your day-to-day life.

Your needs might go up and down each day or each month. Progressive Multiple Sclerosis (MS) can be a good example of this. We consider your ability over time, taking into account your ups and downs.

How does a child's impairment affect their daily life?

To help us decide if a child's ability is substantially reduced, we compare their abilities with other children of the same age.

If a child's ability is much less than most other children the same age, they may meet the disability requirements. For example, if they:

- need assistive technology, equipment or home modifications to participate in daily activities – except for common items like glasses
- usually need more assistance to join activities, or they can't join in.

Sometimes when a child's impairment doesn't substantially reduce their ability right now, but might in the future, we will look at the early intervention requirements. Similarly, if a child's impairment currently substantially reduces their ability, but may not after receiving supports, we will look at the early intervention requirements. Early intervention can be for children of any age, however there are different requirements for children younger than 6 with developmental delay to meet the early intervention requirements.

Learn more about the [early intervention requirements](#).

What if you have a hearing impairment?

Some hearing impairments may lead to a substantially reduced functional capacity.

We'll generally decide you have a substantially reduced functional capacity if your hearing loss is at least 65 decibels in your better ear. This is based on a pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz.

We may also decide you have a substantially reduced functional capacity if your hearing loss is less than 65 decibels in your better ear. We may decide this if either:

- you also have another permanent impairment, such as a vision or cognitive impairment
- you give us evidence your speech detection and speech discrimination outcomes are significantly poorer than expected.

Does your impairment affect your social, work or study life?

Then, we look at how your impairments affect your ability to work, study or take part in social life.²⁶ This means your permanent impairments affect how you can find and keep a job, contribute to your community, or join social activities. We get this information from you when you apply to the NDIS.

We look at your ability to do things like:

- find and keep a job, or start your own business
- study
- spend and save money
- play sport
- go to the movies
- volunteer
- travel.

It doesn't matter how much your ability to work, study or socialise is affected by your impairment. It only needs to affect your social or work life in some way for you to meet the criteria.

Will you likely need NDIS supports for your lifetime?

You must be likely to need NDIS supports for your lifetime.²⁷ [NDIS Supports](#) are the services, items and equipment that can be funded by the NDIS.

NDIS supports are investments that help you build or maintain your functional capacity and independence, and help you work, study or take part in social life.

Even if your needs go up and down over time, or happen episodically²⁸, we may still consider it's likely you'll need NDIS supports for your lifetime.²⁹

We consider your overall situation to answer this question.

When we decide if you'll likely need NDIS supports for your lifetime, we consider:

- your life circumstances
- the nature of your long-term support needs
- whether your needs could be best met by the NDIS, or by other government and community services.

For example, you may have an impairment that is caused by a chronic health condition. Many chronic health conditions are most effectively managed or remedied through medical management through the health system. If this is the case, we may decide that you don't need NDIS supports for your lifetime.

Learn more about [reasonable and necessary supports](#) and [NDIS supports](#).

Do you need early intervention?

Early intervention is usually early access to support, to help reduce the functional impacts of your impairment.

Early intervention can be for both children or adults and may only be needed for a short time. You won't need these supports for your lifetime, so your treating professional or your early childhood partner will tell us how early intervention support could benefit you or your child.

You will meet the early intervention requirements if you meet all of the following:

- You have an [impairment that's likely to be permanent](#).
- [Early intervention supports will likely benefit you](#), for example if it means you'll need less disability support in the future and your functional capacity will improve.
- [The early intervention supports you need are NDIS supports](#).

There are different requirements for [children younger than 6 with developmental delay](#) to meet the early intervention requirements.

If we have evidence a child younger than 7 has been diagnosed with a condition on [List D](#), we'll decide they meet the early intervention requirements.

You may also meet the early intervention requirements if you're [aged between 0 and 25 with a hearing impairment](#).

We also need to understand how NDIS supports benefit you, like building your skills and increasing your capacity, so that you may no longer need NDIS supports. If you meet the early intervention requirements, your support needs are more likely to change and you may

only need NDIS supports for a short time. We'll regularly check your eligibility when we reassess your plan, and at other times too.

If you no longer meet the early intervention requirements, we'll check if you meet the disability requirements. Learn more about [leaving the NDIS](#).

Do you have an impairment that's likely to be permanent?

To meet the early intervention requirements, there must be enough evidence that you have at least one of the impairments below and your impairment is likely to be permanent.³⁰

An impairment is a loss of or damage to your body's function.

We will look at:

- your body's functions
- your body structure
- how you think and learn.

An impairment could be:³¹

- **intellectual** – how you speak and listen, read and write, solve problems, and process and remember information
- **cognitive** – as how you think, learn new things, use judgment to make decisions, and pay attention
- **neurological** – how your body functions
- **sensory** – how you see or hear
- **physical** – the ability to move parts of your body.

We also need evidence at least one of your impairments will be permanent, or likely to be permanent.³²

When we decide if your impairment is likely to be permanent, we consider the same things as in the [disability requirements](#).

You may also be eligible for the NDIS if you have a psychosocial disability.³³ This means you have reduced capacity to do daily life activities and tasks due to your mental health. Your psychosocial disability might vary at different times in how much it impacts your daily life. Even if it fluctuates and you have some periods where there is a smaller impact on your daily life, you might have this impairment for your lifetime.

If you give us evidence you have been diagnosed with a condition on [List B](#), we'll decide you have an impairment that's likely to be permanent.

How will early intervention benefit you?

We need to decide that getting early intervention supports means you'll likely need fewer supports in the future.³⁴

We need to know that early intervention supports will help you with at least one of the following:³⁵

- addressing the impact of your impairment on your ability to move around, communicate, socialise, learn, look after yourself and organise your life
- preventing your functional capacity from getting worse
- improving your functional capacity
- supporting your informal supports, which includes building their skills to help you.

To help us decide if the early intervention will help you in these ways, we look at:³⁶

- how your impairment might change over time
- how long you've had your impairment
- if there's been a significant change to your impairment
- if your needs are likely to change soon, such as if you're finishing school.

Will the early intervention supports you need be NDIS supports?

The early intervention support that you would likely benefit from must be NDIS supports.³⁷ NDIS supports are the services, items and equipment that can be funded by the NDIS.

Learn more about [reasonable and necessary supports](#) and [NDIS supports](#).

What about people aged between 0 and 25 with a hearing impairment?

If you're aged between 0 and 25 with a hearing impairment, you may meet the early intervention requirements. We'll decide you meet the early intervention requirements if you give us evidence of all of the following:

- You're aged between 0 and 25.
- You have auditory neuropathy or hearing loss of at least 25 decibels in either ear at 2 or more adjacent frequencies – see below.

We need evidence of your auditory neuropathy or hearing loss from a specialist audiological assessment. The assessment might include electrophysiological testing when required. The evidence must show your hearing loss is likely to be permanent.

If you're aged 26 or older with hearing loss, we'll check if you're eligible in the same way we consider all other impairments. You may be eligible under the [disability requirements](#).

What about children younger than 6 with developmental delay?

Children younger than 6 with a developmental delay may be eligible for the NDIS under the early intervention requirements.³⁸

Developmental delay is a term used to describe a delay in a child's development. It means that a child finds it much harder to do everyday things that other children their age can do, for example, dress themselves, talk or walk. A child with developmental delay needs lots of extra help to do everyday things compared to children of the same age.

First, we need to know the child:

- is younger than 6 on the day we decide whether they're eligible³⁹
- [lives in Australia](#)⁴⁰
- is an [Australian citizen or permanent resident](#).⁴¹

Then, we need to know the child has a [developmental delay](#).⁴²

Finally, we need to know the child's supports [will be NDIS supports](#). NDIS supports are the services, items and equipment that can be funded by the NDIS.

An early childhood partner can also provide supports to children who aren't eligible for the NDIS.

Learn more about the [early childhood approach](#) and [early connections](#).

Does the child have a developmental delay?

When we decide if a child has developmental delay, we use the definition in the law for the NDIS.⁴³

We need to know the delay:

- is [due to mental or physical impairments](#)
- [substantially reduces the child's functional capacity](#) compared with other children the same age.
- means [the child needs specialist services](#) from more than one professional working as a team to support the child and for longer than 12 months.

Is the delay due to mental or physical impairments?

First, we need to know the developmental delay is due to a mental or physical impairment, or a combination of mental or physical impairments.⁴⁴

An impairment is a loss or significant change in at least one of:

- the child's body functions
- the child's body structure
- how the child thinks and learns.

Families, early childhood partners and other professionals can understand the child's body function by:

- observing their activities during play and daily tasks
- comparing their activities to other children of the same age.

For some very young children, problems in body function can't be easily measured. If so, the child may be eligible if there is significant risk of a future disability diagnosis or developmental delay. We need evidence of this from a health or allied health professional's judgment or informed clinical opinion.

Does the delay substantially reduce the child's functional capacity?

We need to know the delay substantially reduces the child's functional capacity compared to other children their age.⁴⁵

This means the child has a significantly lower ability to do everyday activities, when compared to children of the same age. Or the child does things in a significantly different way to other children their age because of their reduced capacity.

The child would also need much more support to do the activity, compared to other children the same age.

The substantial reduction in functional capacity must be in at least one of the following areas of major life activity:

- **Self-care** – how children take care of themselves, shower, bathe, dress, eat, drink, toilet, groom, and sleep.
- **Receptive and expressive language** – this involves skills such as gesture, sign language, listening, giving and receiving information, communicating wants and needs through facial expressions, vocalisations or speech, and interaction with others.

A substantial reduction in functional capacity for either receptive language or expressive language will meet the criteria – it doesn't need to be both.

- **Cognitive development** – learning and applying knowledge. This includes areas such as:
 - o understanding and remembering information
 - o attention
 - o learning new things
 - o practising and using new skills
 - o planning and making decisions
 - o problem solving
 - o developing pretend play skills
 - o developing play interests
 - o emotional and sensory regulation
 - o developing emotional intelligence
 - o social awareness
 - o safety awareness.
- **Motor development** – this includes participation in everyday activities like moving around the home and community and manipulating objects.

We need evidence from a health, allied health or early childhood professional, who uses multiple sources of information about the child's ability to do everyday activities.

This will include information that parents or carers report about their child. It will also include a mix of standardised assessments of developmental and functional capacity, both in everyday activities and natural settings.

It should also include observations in everyday play, learning, activities or routines to better understand how the child participates in these everyday activities.

For very young children where functional capacity can't be measured, the child may be eligible if there is significant risk of a future disability diagnosis or developmental delay. We need evidence of this from a health or allied health professional's informed clinical opinion.

Does the child need specialist services from more than one type of professional and for longer than 12 months?

We need to know that the child needs a mix of specialist care, treatment or other services, due to their developmental delay. The child must also need these services for an extended duration – that is, longer than 12 months.⁴⁶

We need to know the child needs all of the following:

- **A service response that involves more than one professional working as a team to support the child.** This means the child needs support for multiple activities, and across multiple natural settings such as the home, community and early childhood centres. The child must need more support than what's expected for a child the same age.
- **A team that works collaboratively, by communicating and sharing information, knowledge and skills.** The support must be individually planned and coordinated. The team will build the capacity of the child's family and other important people in the child's life, such as carers, educators and professionals, about the child's individual needs. This support should be embedded in everyday play, learning, activities and routines.
- **More support than an individual discipline providing a unilateral response to a single problem.** This means the child needs support from more than one professional supporting one area of delay. This is known as interdisciplinary care. For example, a child is unlikely to be eligible if a speech pathologist alone can help their language delay, without needing support or consultation from other professionals.
- **Supports for an extended duration.** This means a health, allied health or early childhood professional who knows the child determines they need support for more than 12 months. A child will likely meet this criteria if there is clear evidence that they'll need early intervention support for more than 12 months.

We need evidence from an early childhood professional, such as an early childhood teacher, educator or allied health professional who knows the child. They need to recommend that the child needs support for multiple activities and across multiple natural settings, from a team working together.

Some children in remote areas might not have access to a team of professionals. If so, they may still be eligible if the one professional needs to provide the supports to the child across multiple activities and across multiple natural settings.

We also need evidence from an early childhood professional, such as an early childhood teacher, educator, or allied health professional, that the child needs support for more than 12 months. The professional should consider multiple sources of information, including:

- parent or carer reports
- a mix of standardised and culturally appropriate developmental or functional assessments in everyday activities and natural settings
- observations in everyday play, learning, activities, and routines.

How do we work out if the child meets the criteria for developmental delay?

We'll need a range of information about the child, observed in everyday activities and settings they usually participate in. This should include parent or carer reports and standardised assessments of developmental and or functional capacity.

Early childhood partners are early childhood professionals who give us evidence of developmental delay to help us decide if the child is eligible. An early childhood partner will meet with children and families to better understand the child's day to day life, and any concerns about their development.

Early childhood partners will observe a child in familiar places like home and childcare and may complete assessments using screening tools. This information helps us decide if a child meets the early intervention requirements for developmental delay.

Families and carers can also provide copies of existing reports, assessments or letters about the developmental delay.

We may also ask for evidence from a variety of sources, including mainstream services. For example, we may also ask for evidence from your doctor, child health nurse, or other health professional.

Learn more about [providing evidence of developmental delay](#).

What if there are no early childhood partners in your area?

If there are no early childhood partners in the child's area, a mainstream, community, or health service can give us a report for evidence of developmental delay.

If you're in one of these areas, learn more about what [evidence](#) we need for developmental delay.

Will the child's early intervention supports be NDIS supports?

To meet the early intervention requirements, the supports must be NDIS supports.⁴⁷ NDIS supports are the services, items and equipment that can be funded by the NDIS.

Learn more about [reasonable and necessary supports](#) and [NDIS supports](#).

What happens if a child with developmental delay is eligible?

If we decide a child with developmental delay is eligible for the NDIS, they'll become a participant. But they're usually no longer eligible after they turn 6.

This is because they will no longer meet the early intervention requirements under developmental delay. To remain an NDIS participant after they turn 6, the child will need to have an impairment that's likely to be permanent and meet the requirements for [disability](#), [early intervention](#), or both.

We'll talk to families or carers before a child turns 6 and explain what information we need to decide if the child is still eligible. Learn more about [leaving the NDIS](#).

Example

Hunter is 5 years old and became a participant under the early intervention requirements for developmental delay.

We give him a new 12-month NDIS plan in August. We also talk to Hunter's family about Hunter leaving the NDIS after he is 6 years old.

Hunter's family will be able to use his NDIS funding for the full 12 months, until August the next year. By then, he'll be aged 6 years.

At the end of the 12 months, we'll talk to Hunter's family about his progress and what outcomes have been achieved. We'll listen to understand if he built capacity to work towards his goals. If there's evidence that Hunter does not have an impairment that is likely to be permanent and he no longer meets the requirements for disability, early intervention, or both, we'll decide Hunter is no longer eligible. He will be supported to leave the NDIS. We'll help his family continue to stay connected to government and community services.

Learn more about [leaving the NDIS](#) and [mainstream and community supports](#).

What if a child doesn't meet our criteria for developmental delay?

Early childhood partners provide supports to children younger than 6 who don't meet our criteria for developmental delay.



A child may have developmental concerns. This means a child younger than 6 is developing slower compared to other children their age, but the delay doesn't meet our definition for developmental delay.

For example, a child's functional capacity may be substantially reduced in one or more areas. But it's unclear if the child needs support from a team of professionals for more than 12 months.

An early childhood partner can provide **early supports** to children younger than 6 with developmental concerns. They can also help the child's family connect to other government and community supports.

Learn more about [early connections](#).

How do you apply to the NDIS?

Applying to the NDIS is how you let us know you want to become an NDIS participant.

If you're aged 9 and older, there are a few ways you can apply:⁴⁸

- Your local area coordinator can help you apply. They can help you through the application process and be your point of contact. [Find your nearest location](#).
- Sometimes you may not have a local area coordinator in your area. You can contact us on 1800 800 110 to discuss other options available to you.

For children younger than 9, we encourage families to talk to an [early childhood partner](#) before applying to the NDIS. They can provide supports to children before they apply, and let families know if the NDIS is right for their child.

When you apply, you or your authorised representative will need to:

- give us the information and any documents we need to confirm your identity. Learn more about [evidence of identity](#) and [privacy](#).
- give us the information and any documents we need to decide if you're eligible⁴⁹
- sign or certify the NDIS application⁵⁰
- talk to you about your needs and current situation.

When we talk to you, we'll listen to understand what is important to you. We'll also ask questions to make sure we know all the ways we can help.

We can use this information to help you make community connections if you want us to. Learn more about [community connections](#) and [early connections](#).

Other people can help you apply if you want them to. Sometimes they can apply on your behalf. Learn more about [who can help you apply](#).

Learn more about [how to apply to the NDIS](#) and in the [Applying to the NDIS factsheet](#).

What information do we need in your application?

The [Evidence of Identity factsheet](#) shows what information we need to confirm your identity. When you apply for the NDIS, you'll need to give us copies of these documents. If you can't do this, let us know so we can work out what to do depending on your situation. We'll still need to check your identity before progressing your application.

To show us you're younger than 65 when you apply, live in Australia, and that you're an Australian citizen or permanent resident, you can give us either of the following:

- consent to access and use your Centrelink record
- copies of documents or other evidence that we ask for if you apply in person or over the phone.

In most cases, we can just use your identity documents.

Who can give us evidence of your impairments?

We need evidence of your impairments, to help us work out if you're eligible. To provide this, ask your [treating professional](#). For children younger than 6 with developmental delay, an [early childhood partner](#) can provide evidence of developmental delay. Your treating professional or early childhood partner can contact us if they need to discuss what evidence to provide.

Your treating professional might be your doctor, specialist, or allied health service provider. You should use a professional who:

- has worked with you for a long time, usually for at least 6 months
- is the [most appropriate type of professional](#) to give evidence about your impairment
- is qualified and registered in their area of practice with the [Australian Health Practitioner Regulation Agency](#) or relevant professional authority.

If your treating professional doesn't meet these requirements, we may not be able to confirm the information in your application and may need to request further information.

When we check if you're eligible for the NDIS, we mainly consider the information you give us when you apply.

Learn more about who can give us evidence of your disability or impairment on the following pages:

- [Providing evidence of your disability](#)
- [Providing evidence of disability for children](#)
- [Information for GPs and health professionals.](#)

You can also learn more about [how we use, collect and store your personal information](#).

What if you're in a remote or very remote area?

We understand it might be hard to get your treating professional to provide evidence of your impairments in a remote or very remote area. If it's hard to get your treating professional to do this, let us know.

You might not need to give us as much evidence about your impairment as people in big cities, depending on what services are available in your area. We use a technical definition for remote and very remote. You will need to live in an area that's classified as MM6 or MM7 on the [Modified Monash Model](#) to be considered remote or very remote.

How do we check your application?

Before we can accept your application, we make sure it's been made by the right person. That is, the application is from you, or [someone who can apply for you](#).

We then check all the answers we need have been provided, and that it is the correct information.⁵¹

If you don't have all the answers at the meeting, we'll help you work out what to do. You can also let us know if there is a mistake. We can work with you to help complete the application properly. We can't decide if you're eligible until we have a complete application.

We'll also let you know if we need more information and, if so, what you need to give us.

Once you have completed your application with all the right information, we'll check whether you're eligible. That is, we'll check that:

- you meet the age and residence requirements
- you meet the requirements for disability, early intervention, or both.

Learn more in the [Applying to the NDIS factsheet](#).

Who can help you apply?

You can ask someone to help you apply if you want to. They can help you:

- make your decision to apply to the NDIS
- gather the information we need.

You can choose who helps you. For example, you could ask for help from:

- a family member
- a friend
- a carer
- a partner
- a support worker or service provider
- staff in a residential aged care facility
- your treating health professional
- hospital staff.

With your permission, we can share information with these people during your application. For example, they could call us to check how your application is progressing. You can let us know if you would like us to share information.

Can someone else apply for you?

If someone else has legal authority to make decisions for you, they can apply to the NDIS on your behalf.

If you're younger than 18, the people with parental responsibility for you will apply for you.⁵² This is often your parents or legal guardian. In some situations, we can decide someone else has parental responsibility.⁵³ Learn more about [child representatives](#).

If you're an adult, these people may be able to apply to the NDIS on your behalf:

- a person you give consent to act as your authorised representative – this means you give them permission to apply for you
- your guardian
- a person with power of attorney who can make personal and health decisions for you
- a person with advance care health directive.

If you're an adult and want someone else to apply for you, you can tell us in person, or over the phone.

When do we contact you to help you apply?

Sometimes, we'll reach out to you to help you apply. This might be if you live in a:

- group home or supported accommodation
- large residential facility
- residential aged care facility – also read our page on [younger people in residential aged care](#)
- rural or remote area.

How do we decide if you're eligible?

Once we have your application, we review all the information we have in your application.

This will help us decide if you're eligible for the NDIS. As part of the process, we will also need to check your identity.

You are eligible for the NDIS if you meet the requirements for:

- age
- residence
- [disability](#), [early intervention](#), or both.

It's likely children younger than 6 with developmental delay won't meet the disability requirements. So, they may only be eligible under the early intervention requirements.

If you don't meet either the disability requirements or the early intervention requirements, you won't be eligible for the NDIS. But an [early childhood partner](#) or [local area coordinator](#) can help you connect with other government and community supports.

When will we decide if you're eligible?

Once we have your application, we have **21 days** to decide one of the following:⁵⁴

- [you're eligible for the NDIS](#)
- [you're not eligible for the NDIS](#)
- [we need more information](#).

We can make a decision quicker in urgent circumstances. Let us know if your situation is urgent, for example, if you're about to leave a hospital or custodial setting. Learn more about our [timeframes for urgent decisions](#).

How do we consider your evidence of disability?

When we're deciding if you're eligible, we may look at things like:

- how old your evidence is
- who provided your evidence.

If we get more than one type of evidence from you, we might consider some evidence over others. We call this weighing evidence.

What if we need more information to decide if you're eligible?

When we decide if you're eligible, we look at:

- the information in your NDIS application
- any other information we have.

We need enough information in your application to show us you're eligible for the NDIS by meeting the requirements for disability, early intervention, or both.

Sometimes we might need to ask you for more information. For example, we may not have enough information about your functional capacity.

We'll ask you for more information if we need it to make sure we have the full picture.⁵⁵

We might ask you for more information if:

- your application doesn't have all the information we need
- we need to answer a particular question.

We only ask for more information if we need it to decide if you're eligible.⁵⁶ If we need more information, we'll let you know:

- what you need to do
- what information we need
- when you need to give us the information.

If we ask for more information, you'll have at least **90 days** to give it to us. We can't decide if you're eligible until we have this. You can ask for more time if you need it. We can give you more time if we think it's reasonable for your situation.⁵⁷

If we can't contact you within **90 days**, or you don't give us the information within the timeframe, we'll withdraw your application. This means we'll stop processing your application.

If you don't get the information to us in time, you can apply again.

What happens after we get your information?

Once you give us the information we need, we then have **14 days** to decide if:⁵⁸

- you're eligible for the NDIS
- you're not eligible for the NDIS
- we need more information – for example, if the information you gave us isn't what we need.

What happens if we don't decide on time?

If we don't meet our decision-making timeframes, we have to treat this as if we decided you're not eligible.⁵⁹

If this happens, we'll automatically review this decision that you're not eligible.⁶⁰ We'll send you a letter to explain this. You don't need to do anything.

We'll then make sure your application is reviewed by a staff member who wasn't involved in the original application. We'll contact you to let you know the outcome.

Learn more about [reviewing our decisions](#).

What happens after we decide?

What happens if you're eligible?

On the day we decide you're eligible for the NDIS, you become a NDIS participant.⁶¹

The time that you remain eligible for the NDIS depends on your individual circumstances and NDIS support needs.

You'll need to continue to be eligible for the NDIS. This means you'll need to continue to live in Australia and be an Australian citizen or permanent resident. You'll also need to continue to meet requirements for [disability](#), [early intervention](#), or both. Learn more about [whether you will always be eligible](#) and [leaving the NDIS](#).

We'll send you a letter to let you know:

- you are eligible



- if you met the requirements for disability, early intervention, or both
- the next steps.

Your letter will also confirm the date you became eligible for the NDIS.⁶²

How will we create your first plan?

After you receive the letter confirming you're eligible, we'll contact you to organise your first planning conversation. We'll contact you within **21 days**.

We'll then work together to create your plan. If you received help to make community connections, we can build on the information and goals we talked about and include these supports in your plan. Learn more about [community connections](#) and [early connections](#).

You'll receive a plan that sets out your NDIS supports. NDIS supports are the services, items and equipment that can be funded by the NDIS.

Your plan will include NDIS supports for the impairments that meet the disability or early intervention requirements.

For example, you may have many impairments, but only one meets our eligibility criteria. Or you might get another impairment after we decide you're eligible. If so, we only fund NDIS supports for impairments that meet the requirements for disability, early intervention, or both.

If you're aged 7 or older, we must approve your first plan within **56 days** after you become a participant.

For children younger than 7, we'll approve their first plan within **90 days** after they become a participant.

For more information, check out [creating your plan](#).

Will you always be eligible for the NDIS?

There are many reasons for leaving the NDIS.

Some people decide they don't want to be a participant anymore.

You'll also leave the NDIS if you're no longer eligible.

When we reassess your [plan](#), we check that all your details are correct and up to date. We also look at any new information we have received.

If you're eligible under the **early intervention requirements**, your support needs are more likely to change. We'll check at each plan reassessment and at other times, whether you still meet the early intervention requirements.



For example, during a plan reassessment it may show you no longer meet the early intervention requirements because you have built your skills and capacity and will no longer benefit from NDIS supports.

If you're eligible under the disability requirements, your disability is permanent. We don't expect your disability to change, and it's likely you'll need NDIS supports for your lifetime. We will only ask you for more information about your eligibility if there is evidence that you may no longer meet the disability requirements.

You can find out more about the eligibility requirements, and how we check these, at [Am I eligible](#). [Children with developmental delay](#) will usually leave the NDIS after they turn 6.

Over time, you might develop your skills and independence and not need NDIS supports anymore.

If you met the requirements for early intervention and not disability, you usually won't be eligible after the early intervention supports, which are NDIS supports have benefitted you. For example, if you needed early intervention supports to achieve your goal to improve your functional capacity, and your functional capacity improves, you may no longer meet the early intervention requirements anymore.

If you're no longer eligible, we'll help you transition from the NDIS and make sure you are connected with other services in your community, if you need them. We'll also keep your information, so you can apply again if your situation changes.

Learn more about [leaving the NDIS](#).

What happens if you're not eligible?

If you're not eligible, you can't become an NDIS participant.

We'll try and contact you by phone, or your preferred contact method,⁶³ to explain why you're not eligible. We'll give you reasons for our decision, and answer any questions you might have.

We'll also send you a letter with our decision, including the reasons you're not eligible and what to do next. Your letter will confirm the date we made the decision.

Even if you're not eligible for the NDIS, your [early childhood partner](#) or [local area coordinator](#) can help you explore and access government and community supports. When we work with children under 9 and their families, we call this early connections. When we work with people aged 9–64, we call this community connections.

Your early childhood partner or local area coordinator will use the information you shared to suggest supports in your community. They will work with you to see how these supports may

help you with what is important to you. We also have a list of [other government and community supports](#) you can get, even if you're not eligible for the NDIS.

What if you don't agree with our decision?

If you don't agree with our decision that you're not eligible, you should [contact us](#). We can help explain our decision and what your options or next steps might be.

You can also ask for an internal review.⁶⁴ Another staff member, who wasn't involved in the original decision, will then check if we made the right decision. You need to ask for an internal review within **3 months** after receiving the decision.⁶⁵ Learn more about [reviewing our decisions](#).

But you can't ask for an internal review if:

- you withdraw your application because you don't want to apply anymore
- a decision has not been made and we ask you for more information
- we withdraw your application because you didn't give us information on time
- it's been more than 3 months since you received our decision that you're not eligible.

If you don't agree with the internal review decision, you can ask the Administrative Appeals Tribunal to review it. We call this an external review. You can't ask for an external review until after we make the internal review decision.

You can [contact us](#) to discuss any concerns you may have about the process. You can also [make a complaint](#) if you're not happy with any part of the process.

Can you apply again?

Yes. If we decide you're not eligible, or you're no longer eligible, you can apply again, unless you have requested a review of that decision and are waiting for a decision to be made on the outcome of your review. This includes when you apply for the NDIS or leave the NDIS after your status as a participant has been revoked. Learn more about [leaving the NDIS](#).⁶⁶

You'll follow the same process to apply as you did the first time. Remember, you need to be younger than 65 on the day you make your new application. And children with developmental delay will need to be younger than 6 on the day they apply.

If you've asked for an internal review of the decision, you can't apply to the NDIS again until we've completed that review.⁶⁷ You can ask us to stop our internal review at any time.⁶⁸

Also, if your review is with the Administrative Appeals Tribunal after an internal review, you can't apply again until it has made a decision.⁶⁹ You can also ask the Tribunal at any time to withdraw your application. Learn more on the [Administrative Appeals Tribunal website](#).

Applying to the NDIS – Appendices

What's on this page?

- [List A: Conditions that are likely to meet the disability requirements](#)
- [List B: Conditions that are likely to result in a permanent impairment](#)
- [List C: What if you're receiving disability support in Western Australia?](#)
- [List D: Permanent impairment/Early intervention, under 7 years. No further assessment required](#)
- [When do we make priority eligibility decisions?](#)
- [How do we weigh evidence of disability?](#)

List A: Conditions that are likely to meet the disability requirements

1. **Intellectual disability** diagnosed and assessed as moderate, severe or profound in accordance with current DSM criteria.
2. **Autism** diagnosed by a specialist multi-disciplinary team, paediatrician, psychiatrist or clinical psychologist experienced in the assessment of Pervasive Developmental Disorders and assessed using the current Diagnostic and Statistical Manual of Mental Disorders (DSM-V) diagnostic criteria as having severity of Level 2 (Requiring substantial support) or Level 3 (Requiring very substantial support).
3. **Cerebral palsy** diagnosed and assessed as severe (e.g. assessed as Level 3, 4 or 5 on the Gross Motor Function Classification System - GMFCS).
4. **Genetic conditions** that consistently result in permanent and severe intellectual and physical impairments:
 - Angelman syndrome
 - Coffin-Lowry syndrome in males
 - Cornelia de Lange syndrome
 - Cri du Chat syndrome
 - Edwards syndrome (Trisomy 18 – full form)
 - Epidermolysis Bullosa (severe forms):

- o YR
- o Autosomal recessive dystrophic epidermolysis bullosa
- o Hallopeau-Siemens type
- o Herlitz Junctional Epidermolysis Dystrophica
- Lesch-Nyhan syndrome
- Leigh syndrome
- Leukodystrophies:
 - o Alexander disease (infantile and neonatal forms)
 - o Canavan disease
 - o Krabbe disease (globoid cell leukodystrophy) – Infantile form
 - o Pelizaeus-Merzbacher Disease (Connatal form)
- Lysosomal storage disorders resulting in severe intellectual and physical impairments:
 - o Gaucher disease Types 2 and 3
 - o Niemann-Pick disease (Types A and C)
 - o Pompe disease
 - o Sandhoff disease (infantile form)
 - o Schindler disease (Type 1)
 - o Tay-Sachs disease (infantile form)
- Mucopolysaccharidoses – the following forms:
 - o MPS 1-H (Hurler syndrome)
 - o MPS III (San Fillipo syndrome)
 - o Osteogenesis Imperfecta (severe forms):
 - o Type II - with two or more fractures per year and significant deformities severely limiting ability to perform activities of daily living
- Patau syndrome
- Rett syndrome
- Spinal Muscular Atrophies of the following types:

- o Werdnig-Hoffmann disease (SMA Type 1- Infantile form)
 - o Dubowitz disease (SMA Type II – Intermediate form)
 - o X-linked spinal muscular atrophy
5. **Spinal cord injury** or **brain injury** resulting in paraplegia, quadriplegia or tetraplegia.
 6. **Hemiplegia** where there is severe or total loss of strength and movement in the affected limbs of the body.
 7. **Permanent blindness** in both eyes, diagnosed and assessed by an ophthalmologist as follows:
 - Corrected visual acuity (extent to which an object can be brought into focus) on the Snellen Scale must be less than or equal to 6/60 in both eyes; or
 - Constriction to within 10 degrees or less of arc of central fixation in the better eye, irrespective of corrected visual acuity (i.e. visual fields are reduced to a measured arc of 10 degrees or less); or
 - A combination of visual defects resulting in the same degree of visual impairment as that occurring in the above points. (An optometrist report is not sufficient for NDIS purposes.)
 8. **Permanent bilateral hearing loss** > 90 decibels in the better ear (pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz).
 9. **Deafblindness** confirmed by ophthalmologist and audiologist and assessed as resulting in permanent and severe to total impairment of visual function and hearing.
 10. **Amputation** or congenital absence of 2 limbs – for example, 2 legs, 2 arms, or a leg and an arm (not a leg and a hand, or an arm and a foot).

List B: Conditions that are likely to result in a permanent impairment

Conditions primarily resulting in intellectual or learning impairment

- Intellectual disability
- Pervasive developmental disorders not meeting severity criteria in List A or List C, such as autism
- Asperger syndrome
- Atypical autism

- Childhood autism.

Chromosomal abnormalities resulting in permanent impairment and not specified on List A

- Aicardi-Goutières syndrome
- CHARGE syndrome
- Cockayne syndrome Types I and Type II/Cerebro-oculo-facio-skeletal (COFS) syndrome /Pena Shokeir syndrome Type II/Weber-Cockayne syndrome/Neill-Dingwall syndrome)
- Cohen syndrome
- Dandy-Walker syndrome
- DiGeorge syndrome /22q11.2 deletion syndrome/Velocardiofacial syndrome/Shprintzen syndrome/Conotruncal anomaly face syndrome
- Down syndrome/Trisomy 21
- Fragile X syndrome
- Kabuki syndrome
- Menkes disease
- Prader-Willi syndrome
- Seckel syndrome /microcephalic primordial dwarfism/Harper's syndrome/Virchow-Seckel dwarfism
- Smith-Lemli-Optiz syndrome
- Smith-Magenis syndrome
- Spinal muscular atrophy Types III and IV
- Sturge-Weber syndrome
- Trisomy 9
- Tuberous sclerosis
- Turner syndrome
- Williams syndrome
- Wolf-Hirschhorn syndrome.

Conditions primarily resulting in Neurological impairment

- Alzheimer's dementia
- Creutzfeldt-Jakob disease
- HIV dementia
- Huntington's disease
- Multi-infarct dementia
- Parkinson's disease
- Post-polio syndrome
- Vascular dementia.

Systemic atrophies primarily affecting the central nervous system

- Abetalipoproteinaemia
- Adult-onset spinal muscular atrophy/late-onset SMA type III)
- Fazio-Londe disease/Progressive bulbar palsy of childhood
- Friedrich's ataxia
- Hereditary spastic paraplegia/ Infantile-onset ascending hereditary spastic paralysis/ L1 syndrome/ spastic paraplegias types 2 and 11Huntington's disease/Huntington's chorea
- Louis-Bar syndrome/Ataxia-telangiectasia
- Motor neuron disease/Motor neurone disease/ Lou Gehrig's disease /Amyotrophic lateral sclerosis
- Primary lateral sclerosis
- Progressive bulbar palsy
- Spinal muscular atrophy – all types
- Spinocerebellar Ataxia – all types, including Machado-Joseph disease.

Extrapyramidal and movement disorders

- Hallervorden-Spatz syndrome /Pantothenate kinase-associated neurodegeneration (PKAN)/neurodegeneration with brain iron accumulation 1 (NBIA 1)
- Parkinson's disease

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- Shy-Drager syndrome /Multiple System Atrophy /Striatonigral degeneration (MSA-P)/ Sporadic olivopontocerebellar atrophy (MSA-C)
- Steele-Richardson-Olszewski syndrome/Progressive supranuclear ophthalmoplegia
- Stiff-man syndrome /Stiff-person syndrome.

Other degenerative diseases of the nervous system

- Alzheimer's disease
- Alpers disease/Grey-matter degeneration/Alpers syndrome/progressive sclerosing poliodystrophy/progressive infantile poliodystrophy
- Lewy body dementia
- Pick's disease.

Demyelinating diseases of the central nervous system

- Adrenoleukodystrophy
- Multiple sclerosis
- Schilder's disease /Diffuse myelinoclastic sclerosis – non-remitting.

Episodic and paroxysmal disorders

- Brain stem stroke syndrome
- Cerebellar stroke syndrome
- Motor and sensory lacunar syndromes
- Lennox syndrome /Lennox-Gastaut syndrome
- West's syndrome.

Polyneuropathies and other disorders of the peripheral nervous system

- Adult Refsum disease
- Charcot-Marie-Tooth disease/Hereditary motor and sensory neuropathy/ peroneal muscular atrophy
- Dejerine-Sottas disease /Dejerine-Sottas syndrome/Dejerine-Sottas neuropathy/progressive hypertrophic interstitial polyneuropathy of childhood/onion bulb neuropathy
- Infantile Refsum disease.

Other disorders of the nervous system

- Hydrocephalus
- Multiple system atrophy.

Conditions resulting in Physical impairment

- Amputation
- Congenital absence of limb or part thereof
- Epidermolysis bullosa
- Harlequin type ichthyosis
- Juvenile arthritis / Stills Disease (excluding monocyclic/self-limited Adult Onset Stills disease)
- Rheumatoid arthritis.

Diseases of myoneural junction and muscle

- Andersen-Tawil syndrome/ Periodic paralysis /myoplegia paroxysmalis familiaris
- Becker muscular dystrophy
- Congenital muscular dystrophy
- Distal muscular dystrophy
- Duchenne muscular dystrophy
- Facioscapulohumeral muscular dystrophy
- Limb-girdle muscular dystrophy
- Mitochondrial myopathy
- Myotonic dystrophy /dystrophia myotonica
- Myotonic muscular dystrophy
- Myotubular myopathy
- Oculopharyngeal muscular dystrophy
- Paramyotonia Congenita
- Thomsens disease /Congenital myotonia/ Becker myotonia).

Cerebral palsy and other paralytic syndromes not meeting severity criteria on List A

- Cerebral palsy
- Diplegia
- Hemiplegia
- Monoplegia
- Paraplegia
- Quadriplegia
- Tetraplegia.

Conditions resulting in Sensory and/or Speech impairment

Disorders of the choroid and retina where permanent blindness diagnostic and severity criteria on List A are not met

- Behr's syndrome
- Kearns-Sayre syndrome
- Optic atrophy
- Retinitis pigmentosa
- Retinoschisis (degenerative and hereditary types/juvenile retinoschisis)
- Stargardt disease
- Usher syndrome.

Disorders resulting in hearing loss

- Cortical deafness
- Pendred syndrome
- Sensorineural hearing loss
- Stickler syndrome
- Usher syndrome
- Waardenburg syndrome.

Conditions resulting in multiple types of impairment

- Aceruloplasminemia

- Addison-Schilder disease /Adrenoleukodystrophy
- Albinism
- Arginosuccinic aciduria
- Aspartylglucosaminuria
- Cerebrotendinous xanthomatosis /cerebral cholesterosis
- Congenital cytomegalovirus infection
- Congenital iodine-deficiency syndrome /cretinism
- Congenital rubella syndrome
- Glycine encephalopathy /non-ketotic hyperglycinaemia
- GM1 gangliosidosis
- Hartnup disease
- Homocystinuria
- Lowe syndrome/ Oculocerebrorenal syndrome
- Mannosidosis
- Menkes disease
- Mucopolidosis II /I-cell disease
- Mucopolidosis III /pseudo-Hurler polydystrophy
- Mucopolidosis IV
- Neuronal ceroid lipofuscinosis (NCL)/ Adult type (Kuf's or Parry's disease)/ Juvenile (Batten disease)/ Late infantile (Jansky-Bielschowsky)
- Niemann-Pick disease
- Pyruvate carboxylase deficiency
- Pyruvate dehydrogenase deficiency
- Sialidosis
- Sulfite oxidase deficiency.

The following mucopolysaccharidoses

- Scheie syndrome /MPS 1-H
- Hurler-Scheie syndrome /MPS 1 H-S

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- Hunter syndrome /MPS II
- Morquio syndrome /MPS IVA
- Maroteaux-Lamy syndrome /MPS VI
- Sly syndrome /MPS VII.

Congenital conditions – cases where malformations cannot be corrected by surgery or other treatment and result in permanent impairment but with variable severity

- Arnold-Chiari Types 2 and 3/Chiari malformation
- Microcephaly
- Fetal alcohol spectrum disorder
- Fetal hydantoin syndrome
- Spina bifida
- VATER syndrome /VACTERL association.

List C: What if you're receiving disability support in Western Australia?

Please note: the transition of people formerly in Western Australian government disability programs is now complete and List C is no longer in operation.

If you were a participant in a WA defined program and are in the process of applying to the NDIS before 3 October 2024, please contact 1800 800 110 or enquiries@ndis.gov.au to discuss whether List C arrangements still apply.

We have an agreement with the Western Australian government to bring Western Australians onto the NDIS. If you're receiving disability supports in Western Australia, you might already meet most of the eligibility criteria. We'll send you a letter with all the details on how to apply.

The Western Australian government will let us know if you're on a program for faster access to the NDIS. This is called a [defined program](#).

If you're on one of these programs, you need to show us that you:

- are younger than 65 on the day you apply
- live in Australia permanently
- are an Australian citizen or permanent resident.

We'll let you know what evidence you need to give us when you apply.

If you show us you meet the above requirements, we'll decide you're eligible under the **disability requirements**.

Which Western Australian defined programs are eligible for the NDIS?

- WA state-administered National Disability Insurance Scheme
- Supported Community Living
- Community Residential
- Day Options
- Disability Professional Services
- Emergency Accommodation
- Respite
- LAC Coordination
- Recreation.

List D: Permanent impairment/Early intervention, under 7 years. No further assessment required.

Synonyms for conditions are also shown (e.g. condition / synonym / synonym).

Conditions primarily resulting in Intellectual/ learning impairment

Chromosomal abnormalities resulting in permanent impairment

- Global Developmental Delay
- Aicardi syndrome
- Aicardi-Goutières syndrome
- Angelman syndrome
- CHARGE syndrome
- Cockayne syndrome/ Types I and Type II / Cerebro-oculo-facio-skeletal (COFS) syndrome/ Pena Shokeir syndrome Type II / Weber-Cockayne syndrome/ Neill-Dingwall syndrome
- Coffin-Lowry syndrome

- Cohen syndrome
- Cornelia de Lange syndrome
- Cri du Chat syndrome
- Dandy-Walker syndrome
- DiGeorge syndrome/ 22q11.2 deletion syndrome/ Velocardiofacial syndrome/ Shprintzen syndrome/ Conotruncal anomaly face syndrome
- Down syndrome/ Trisomy 21
- Edwards syndrome/ Trisomy 18
- Fragile X syndrome
- Kabuki syndrome
- Lesch-Nyhan syndrome/ Nyhan's syndrome/ Kelley-Seegmiller syndrome/ Juvenile gout
- Leigh syndrome/ Leigh's disease/ subacute necrotizing encephalomyelopathy
- Menkes disease
- Patau syndrome/ Trisomy 13
- Prader-Willi syndrome
- Rett syndrome
- Seckel syndrome/ microcephalic primordial dwarfism/ Harper's syndrome/ Virchow-Seckel dwarfism
- Smith-Lemli-Optiz syndrome
- Smith-Magenis syndrome
- Sturge-Weber syndrome
- Trisomy 9
- Tuberous sclerosis
- Williams syndrome
- Wolf-Hirschhorn syndrome.

Conditions primarily resulting in Neurological impairment

Systemic atrophies primarily affecting the central nervous system

- Friedrich's ataxia
- Hereditary spastic paraplegia/ Infantile-onset ascending hereditary spastic paralysis/ L1 syndrome/ spastic paraplegias types 2 and 11
- Louis-Bar syndrome/ Ataxia-telangiectasia
- Niemann-Pick disease (Types A and C)
- Progressive bulbar palsy of childhood/ Fazio-Londe disease.

The following spinal muscular atrophies

- Spinal muscular atrophy Type I/ Werdnig Hoffmann disease/ infantile SMA
- Spinal muscular atrophy Type II/ Dubowitz disease
- Spinal muscular atrophy Type III Kugelberg-Welander disease/ juvenile SMA
- Spinal muscular atrophy lower extremity dominant/ SMA-LED
- X-linked spinal muscular atrophy.

Extrapyramidal and movement disorders

- Hallervorden-Spatz syndrome / Pantothenate kinase-associated neurodegeneration (PKAN)/ neurodegeneration with brain iron accumulation 1 (NBIA 1)
- Alpers disease/ Alpers syndrome/ Grey-matter degeneration/ Progressive sclerosing poliodystrophy/ Progressive infantile poliodystrophy
- Demyelinating diseases of the central nervous system
- Adrenoleukodystrophy / X-linked childhood cerebral form
- Alexander disease
- Canavan disease
- Krabbe disease/ Globoid cell leukodystrophy
- Pelizaeus-Merzbacher disease.

Episodic and paroxysmal disorders

- Lennox-Gastaut syndrome/ Lennox syndrome

- West's syndrome.

Polyneuropathies and other disorders of the peripheral nervous system

- Dejerine-Sottas disease/ Dejerine-Sottas syndrome/ Dejerine-Sottas neuropathy/ progressive hypertrophic interstitial polyneuropathy of childhood/onion bulb neuropathy
- Infantile Refsum disease.

Conditions primarily resulting in physical impairment

- Amputation
- Diamond-Blackfan anaemia
- Epidermolysis bullosa
- Harlequin type ichthyosis
- Hay Wells syndrome/ ankyloblepharon/ ectodermal dysplasia/ clefting [AEC] syndrome
- Joint or limb deformities resulting in impaired mobility
- Juvenile arthritis/ Stills Disease
- Osteogenesis imperfecta
- Sjogren Larsson syndrome.

Diseases of myoneural junction and muscle

- Congenital muscular dystrophy
- Congenital myotonia / Thomsens disease/ Becker myotonia
- Distal muscular dystrophy
- Duchenne muscular dystrophy
- Emery-Dreifuss muscular dystrophy
- Facioscapulohumeral muscular dystrophy
- Myotubular myopathy
- Oculopharyngeal muscular dystrophy
- Paramyotonia Congenita.

Cerebral palsy and other paralytic syndromes

- Cerebral palsy
- Diplegia
- Hemiplegia
- Monoplegia
- Paraplegia
- Quadriplegia
- Tetraplegia.

Conditions resulting in sensory and/or speech impairment

- Permanent blindness in both eyes, diagnosed and assessed by an ophthalmologist as follows either:
 - o Corrected visual acuity (extent to which an object can be brought into focus) on the Snellen Scale must be less than or equal to 6/60 in both eyes
 - o Constriction to within 10 degrees or less of arc of central fixation in the better eye, irrespective of corrected visual acuity (i.e. visual fields are reduced to a measured arc of 10 degrees or less)
 - o A combination of visual defects resulting in the same degree of visual impairment as that occurring in the above points.

(An optometrist report is not sufficient for NDIS purposes.)

- Deafblindness confirmed by ophthalmologist and audiologist and assessed as resulting in permanent and severe to total impairment of visual function and hearing.

Conditions resulting in multiple types of impairment

- Aceruloplasminemia
- Addison-Schilder disease/ Adrenoleukodystrophy /
- Albinism
- Arginosuccinic aciduria
- Aspartylglucosaminuria
- Cerebrotendinous xanthomatosis/ cerebral cholesterosis

- Congenital cytomegalovirus infection
- Congenital hypothyroidism
- Congenital iodine-deficiency syndrome /cretinism
- Congenital rubella syndrome
- Galactosaemia with long term learning disabilities and neurological impairment
- Glycine encephalopathy/ non-ketotic hyperglycinaemia
- GM1 gangliosidosis
- Hartnup disease
- Homocystinuria
- Lowe syndrome/ Oculocerebrorenal syndrome
- Mannosidosis
- Menkes disease
- Mucopolipidosis II / I-cell disease
- Mucopolipidosis III / pseudo-Hurler polydystrophy
- Mucopolipidosis IV
- Neuronal ceroid lipofuscinosis
- Niemann-Pick disease
- Phenylketonuria
- Pyruvate carboxylase deficiency
- Pyruvate dehydrogenase deficiency
- Sialidosis
- Sulfite oxidase deficiency.

The following mucopolysaccharidoses

- Hurler syndrome/MPS1-H
- Scheie syndrome/ MPS 1-S
- Hurler-Scheie syndrome/ MPS 1 H-S
- Hunter syndrome/ MPS II

- San Fillipo syndrome/ MPS III
- Morquio syndrome/ MPS IVA
- Maroteaux-Lamy syndrome/ MPS VI
- Sly syndrome/ MPS VII.

The following lysosomal storage disorders

- Gaucher disease Types 2 and 3
- Niemann-Pick disease (Types A and C)
- Pompe disease
- Sandhoff disease (infantile form)
- Schindler disease (Type 1)
- Tay-Sachs disease (infantile form).

Congenital conditions – cases where malformations cannot be corrected by surgery or other treatment and result in permanent impairment

- Chiari malformation/Arnold-Chiari malformation
- Congenital absence of limb(s)
- Congenital hydrocephalus
- Fetal alcohol spectrum disorder
- Fetal hydantoin syndrome
- Microcephaly
- Spina bifida
- VATER syndrome (VACTERL association).

When do we make priority eligibility decisions?

If you're in one of the following situations, we'll decide if you're eligible within **2 to 5 business days**.

- Child younger than 7 years with a hearing impairment, either:
 - o Identified as Hearing Australia or Early Childhood Partner Priority
 - o Identified as 'newly diagnosed'.

- A child is identified as having a developmental delay and is turning 6 years old within 30 days of a valid NDIS application.
- **Immediate risk** to self, others, community or agency where appropriate disability or informal supports are not in place.
- **Unexpected, significant deterioration** of disability-related functional capacity where appropriate disability or informal supports are not in place.
- **Rapid deterioration** in functional capacity of a person with one of the following permanent disabilities:
 - o Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease)
 - o Brain Cancer
 - o Motor Neurone Disease (MND)
 - o Progressive Bulbar Palsy (PBP)
 - o Primary Lateral Sclerosis (PLS)
 - o Progressive Muscular Atrophy (PMA).
- A **terminal illness** and disability
- **Imminent risk** (within 1–14 days) of breakdown of either:
 - o Accommodation – risk of homelessness
 - o Caring arrangements, including informal supports, due to death, serious illness or injury of informal supports, or significant and unexpected deterioration of disability-related functional capacity.
- Appropriate disability supports are not in place and are re-entering the community after a long-term residence or hospital stay (specific release date not required):
 - o A person with a **newly acquired, significant disability**, such as spinal cord injury, being discharged from hospital
 - o A **younger person living in residential aged care**
 - o A person being **discharged from an inpatient mental health facility**
 - o A person due to be **released from correctional facility**.

How do we weigh evidence of disability?

We understand that you may have evidence of your disability from different health professionals at different times. When we're deciding if you're eligible for the NDIS, we look at:

- how old your evidence is
- who provided your evidence.

We weigh evidence based on what we consider best practice, or highest quality. We consider this evidence most strongly when we make a decision.

What type of evidence should you provide?

We need evidence to help us consider if you meet the disability or early intervention requirements.

For the disability requirements, we need evidence to confirm your permanent impairment and evidence about how this impacts your functional capacity.

For the early intervention requirements, we need evidence to confirm your permanent impairment and evidence that confirms you need early intervention.

It's important to understand the type of evidence that you are providing us. You may have evidence from a doctor or specialist confirming your **permanent impairment** or you may have evidence from an allied health professional or other medical professional that tells us about **impacts to your functional capacity** (your ability to do daily life activities). These are different types of evidence which will often be provided by different health professionals based on their qualifications.

How old should your evidence be?

How old should your evidence be to confirm your permanent impairment?

We need evidence from your doctor or specialist to confirm your permanent impairment. You can give us evidence confirming this **from any age**. However, evidence about how your impairment impacts your functional capacity should be from the last 12 months.

How old should your evidence be to confirm your functional capacity?

Generally, we need evidence about how your impairment impacts your functional capacity from **the last 12 months**. This is because your functional capacity may change over time, even if your impairment doesn't. It's important that we have evidence of your current circumstances to ensure we understand your support needs.

If you give us more than one type of evidence, we might weigh the newer evidence over the older evidence. If you give us older evidence, we will generally give this less weighting when we make our decision. In these cases, we will generally ask for more information. If this is not provided, we may decide you are not eligible for the NDIS.

How old should your evidence be to confirm you need early intervention?

We need evidence from your doctor or specialist to confirm your permanent impairment and that you need early intervention.

Generally, we need evidence about that confirms you need early intervention from **the last 12 months**. This is because your functional capacity may change over time – even if your impairment does not. It's important that we have evidence of your current circumstances to ensure we understand your support needs.

Who should provide evidence?

We generally prefer evidence that comes from a treating professional who:

- is the most **appropriately qualified** person to provide evidence of your primary disability
- has treated you for a significant period of time (at least six months)
- [is registered to practise in Australia or New Zealand](#)
- provides disability evidence (such as a medical report) that is original, genuine and specific to you.

Depending on your situation, you might get your evidence of **permanent impairment** from a different treating professional than your **evidence of functional capacity**.

If you need help to get your evidence together, your [local area coordinator](#) or [early childhood partner](#) can help you.

Who should provide evidence of your permanent impairment?

We generally prefer evidence from your doctor or specialist to confirm your permanent impairment.

Examples of common doctors or specialists include:

- General Practitioner (GP)
- Paediatrician
- Orthopaedic surgeon
- Neurologist

- Psychiatrist.

Who should provide evidence of your functional capacity?

We generally prefer evidence from a doctor, specialist, allied health or other medical professional for confirm how your permanent impairment impacts your functional capacity.

In addition to doctors and specialists, examples of common allied health or other medical professionals include:

- Occupational Therapist
- Speech Pathologist (Therapist)
- Psychologist
- Physiotherapist.

Who should provide evidence that you need for early intervention?

We generally prefer evidence from your doctor or specialist to confirm your permanent impairment.

Whereas a doctor, specialist, allied health or other medical professional can give us evidence to confirm you need early intervention.

In addition to doctors and specialists, examples of common allied health or other medical professionals include:

- Occupational Therapist
- Speech Pathologist (Therapist)
- Psychologist
- Physiotherapist.

Health professionals registered to practise in Australia and New Zealand

We strongly prefer evidence of your disability to come from a registered Australian or New Zealand health professional. Most Australian health professionals are registered with the [Australian Health Practitioner Regulation Agency \(AHPRA\)](#).

We will still consider evidence from non-Australian or New Zealand health professionals, or unregistered health professionals. However, this evidence will be given less weight.

If we cannot confirm the registration of your health professional, we will ask you (and your health professional) for more information in the first instance. If we still cannot confirm their registration, we will likely decide that you are not eligible for the NDIS.

Reference list

- ¹ NDIS Act s 24(1)(e).
- ² NDIS Act ss 22-23.
- ³ NDIS Act s 24.
- ⁴ NDIS Act s 25.
- ⁵ NDIS Act s 28(1).
- ⁶ NDIS Act s 22.
- ⁷ NDIS Act s 23(1)(b)(i).
- ⁸ NDIS Act s 23(1)(b)(ii).
- ⁹ NDIS Act s 23(1)(b)(iii).
- ¹⁰ NDIS Act s 23(1)(a).
- ¹¹ NDIS Act s 23(2).
- ¹² NDIS Act s 23(2)(f).
- ¹³ NDIS Act s 23(2)(a).
- ¹⁴ NDIS Act s 23(2)(b).
- ¹⁵ NDIS Act s 23(2)(c).
- ¹⁶ NDIS Act s 23(2)(d).
- ¹⁷ NDIS Act s 23(2)(e).
- ¹⁸ NDIS Act s 24.
- ¹⁹ NDIS Act ss 24(1)(a); 25(1)(a).
- ²⁰ NDIS Act ss 24(1)(a); 25(1)(a)(ii).
- ²¹ NDIS Act ss 24(3)
- ²² NDIS (Becoming a Participant) Rules rr 5.4, 6.4.
- ²³ NDIS (Becoming a Participant) Rules rr 5.6, 6.6.
- ²⁴ NDIS (Becoming a Participant) Rules rr 5.5, 6.5.
- ²⁵ NDIS Act s 25(3). NDIS (Becoming a Participant) Rules r 6.8.
- ²⁶ NDIS Act s 24(1)(d).
- ²⁷ NDIS Act s 24(1)(e).
- ²⁸ NDIS Act s 24(3)
- ²⁹ NDIS Act s 24(2).
- ³⁰ NDIS Act ss 25(1)(a)(i)-(ii).
- ³¹ NDIS Act s 25(1)(a)(i).
- ³² NDIS Act ss 25(1)(a)(i)-(ii).
- ³³ NDIS Act s 25(1)(a)(ii).
- ³⁴ NDIS Act s 25(1)(b).
- ³⁵ NDIS Act s 25(1)(c).
- ³⁶ NDIS (Becoming a Participant) Rules r 6.9.
- ³⁷ NDIS Act s 25(1)(d)
- ³⁸ NDIS Act s 25.
- ³⁹ NDIS Act ss 9 (definition of 'developmental delay'), 21(1)(c), 25(1)(a)(iii).
- ⁴⁰ NDIS Act s 23(1)(a).
- ⁴¹ NDIS Act s 23(1)(b).
- ⁴² NDIS Act ss 9 (definition of 'developmental delay'), 25(1)(a)(iii).
- ⁴³ NDIS Act ss 9 (definition of 'developmental delay'), 25(1)(a)(iii).
- ⁴⁴ NDIS Act s 9 (definition of 'developmental delay' para (a)).
- ⁴⁵ NDIS Act s 9 (definition of 'developmental delay' para (b)).
- ⁴⁶ NDIS Act s 9 (definition of 'developmental delay' para (c)).
- ⁴⁷ NDIS Act s 25(1)(d); NDIS (Becoming a Participant) Rules rr 6.1, 8.4.
- ⁴⁸ NDIS Act s 19(1)(a).
- ⁴⁹ NDIS Act s 19(1)(b).
- ⁵⁰ NDIS Act s 19(1)(c).

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- ⁵¹ NDIS Act s 197(1).
⁵² NDIS Act s 74(1)(a).
⁵³ NDIS Act s 74(1)(b).
⁵⁴ NDIS Act s 20.
⁵⁵ NDIS Act s 26(2)(d).
⁵⁶ NDIS Act s 26.
⁵⁷ NDIS Act s 26(3).
⁵⁸ NDIS Act s 26(2).
⁵⁹ NDIS Act s 21(3).
⁶⁰ NDIS Act s 100(5)(b).
⁶¹ NDIS Act s 28(1).
⁶² NDIS Act s 28(2).
⁶³ NDIS Act s 7(2).
⁶⁴ NDIS Act s 100(2).
⁶⁵ NDIS Act s 100(2).
⁶⁶ NDIS Act s 19(2).
⁶⁷ NDIS Act s 19(2)(c).
⁶⁸ NDIS Act s 102.
⁶⁹ NDIS Act s 19(2)(d).



Reasonable and Necessary Supports

Quick summary: The Australian Government made laws about what we can fund under the NDIS. All supports need to meet the criteria in these laws before we can fund them in your plan. We call these the NDIS funding criteria. For example, supports need to be related to your disability, value for money, effective and beneficial, and most appropriately funded or provided by us. Each support must meet these criteria individually, but the supports must also meet the criteria when considered as a package.

What's on this page?

This page covers:

- [What supports can you get?](#)
- [What principles do we consider when we decide what supports to include in your plan?](#)
- [How do we decide what reasonable and necessary supports to include in your plan?](#)
- [Step 1: How do we identify and describe a support in your plan?](#)
- [Step 2: How do we work out if an identified and described support meets the NDIS funding criteria?](#)
- [Step 3: How do we include the reasonable and necessary supports in your plan?](#)

You may also be interested in:

- [Mainstream Supports](#)
- [Creating Your Plan](#)
- [Reviewing Your Plan](#)
- [Reviews of Decisions](#)
- [Would we fund it?](#)

What supports can you get?

When we create your plan with you, we'll discuss what supports you need for your disability. We want to help you pursue your goals, increase your independence, and help you work, study and join social activities.

There are many supports you can get outside the NDIS. Other government and community services provide supports to all Australians, including people with disability. And your friends, family, and other people you know can often be your best supports.

We can fund supports you need for your disability, if they meet certain criteria. These are called 'reasonable and necessary supports'. Your plan and supports will be just for you, so you have more choice and control over how you use them.

This guideline explains how we decide what reasonable and necessary supports we'll include in your plan. There are lots of things we have to consider, which we'll explain in detail.

We also have a [Would we fund it](#) guide. It has examples of how we decide whether we fund different types of NDIS supports.

What supports can you get outside the NDIS?

Before we decide what reasonable and necessary supports to fund in your NDIS plan, we'll first discuss what other supports may be available outside the NDIS. This is an important information-gathering step. For example, there may be mainstream, community and informal supports that suit you.

Mainstream supports are other government services such as employment, education, health and family support services. They are often really helpful, and are available to everyone including people without disability. There are many ways they can help you learn new skills or live as independently as possible.

Community services offer a wide range of supports that may help with your disability support needs. Community supports are things open to everyone in the community, like sporting clubs, community colleges, activity groups, libraries or community gardens. They are often a great way to get involved in your local community, meet new people and learn new skills.

Informal supports, like your family, friends and other people you know in your community, can sometimes be your best supports. They know you and can often help in ways other supports can't.

Your planner, Local Area Coordinator or Early Childhood Partner will talk with you about what services are available for you outside the NDIS. We can also help link you with these supports, so you don't have to do it all on your own.

Accessing these supports is a good way to work toward your goals. You get to do it with other people and be involved in your community. Using these supports is part of life for most of us. It's important you get to access them the same as everyone else.

When it comes time to talk about what reasonable and necessary supports we can fund, you'll know how mainstream, community and informal supports can help you.

It's important we gather this information and help you access these services before we consider what reasonable and necessary supports we can fund. That way, we can help make sure you're able to access mainstream, community and informal supports wherever possible. This can help you become as independent as possible.

What are reasonable and necessary supports?

An NDIS support is the practical description of how you will be assisted under the NDIS.¹ Supports are the things we provide or fund to help to meet your disability support needs.

NDIS supports are the services, items and equipment we can fund or provide under the NDIS.

There are two types of NDIS supports. We call them 'general supports' and 'reasonable and necessary supports'.²

General supports

General supports are the coordination, strategic or referral services and activities we provide, or arrange to be provided, for you.³ They're how we help you develop your NDIS plan and connect with supports and activities in your community. This includes your mainstream, community and informal supports. Learn more in [Creating Your Plan](#).

Reasonable and necessary supports

Reasonable and necessary supports are the supports we fund in your plan to meet your disability support needs.⁴ You can use this funding to buy supports from [service providers](#).

The Australian Government made laws about what we can fund under the NDIS.⁵ All supports we fund in a plan need to meet the criteria set out in these laws. We call these the [NDIS funding criteria](#).⁶

To meet the NDIS funding criteria, a support must meet both the following criteria:⁷

- It must not be a [type of support the law says we can't fund or provide](#).⁸
- It must meet the [reasonable and necessary criteria](#).⁹

We call supports that meet the NDIS funding criteria 'reasonable and necessary supports'.

Each individual reasonable and necessary support in your plan must meet the NDIS funding criteria. Your whole plan as a package of supports must also meet the NDIS funding criteria.

We check your overall plan to make sure all your supports make sense together. This means we check that your supports and the amount of supports will complement each other to help you fulfil an ordinary life.¹⁰

If you need a new support, which now means your overall package of supports doesn't meet the NDIS funding criteria anymore, we may either:

- not include the new support in your plan
- include the new support in your plan, but also reduce the other supports in your plan.

For example, a home modification may reduce your need for other supports. If we plan to fund a home modification, we will need to take that home modification into account when considering what other supports are reasonable and necessary, such as the amount of care you need at home.

What principles do we consider when we decide what supports to include in your plan?

As far as possible, we have to act according to principles set out in the [law for the NDIS](#).¹¹ These are the things that guide us when we make decisions about what we fund.

These principles don't override or replace the [NDIS funding criteria](#) under the law for the NDIS. They can help us apply the funding criteria, by giving us additional guidance when we decide what supports to approve in your plan.

The principles include the following:

- You have the same right as other Australians to realise your potential for physical, social, emotional and intellectual development.¹²
- You should be supported to take part in and contribute to social and economic life as much as you can.¹³
- You should be supported to make choices about planning and how your supports will be delivered. This includes taking reasonable risks, so that you can pursue your goals.¹⁴
- You have the same right as other Australians to decide your own best interests. You have the right to be an equal partner in decisions that affect your life to the full extent of your ability.¹⁵
- Your privacy and dignity should be respected.¹⁶
- We must make sure the NDIS is financially sustainable.¹⁷

The principles also tell us that the reasonable and necessary supports we fund should:¹⁸

- support you to pursue your goals and maximise your independence

- support you to live independently and to be included in the community as a fully participating citizen
- develop and support your capacity to do things that help you participate in the community and in employment.

Just because a support helps you do these things doesn't mean we'll fund it in your plan. All supports we fund need to meet **all** the NDIS funding criteria.

How do we think about an ordinary life when deciding what supports to include in your plan?

To help guide us in our decision making about reasonable and necessary supports, we took advice from the [NDIS Independent Advisory Council](#).

The Council represents people with disability and carers, bringing their own lived experience and expertise of disability. They give us advice on how the NDIS should work.

The Council advised us that all Australians, including people with disability, should have an '[ordinary life](#)'. They also told us we should think about the idea of an ordinary life when we apply our principles and use the NDIS funding criteria.

An ordinary life is a life where you have the same opportunities as people without a disability. An ordinary life is one that is typical or usual for everyone in modern day Australia. It's a life where you can pursue your potential and participate in society on an equal basis with others.

An ordinary life will be different for different people. We are all different, and come from different cultures and backgrounds. We each have our own values, experiences, beliefs and goals.

But there are some common things that can improve the quality of our lives and help us participate equally. These are the things, such as the following, that make up an ordinary life:

- Positive relationships – with families and informal support networks.
- Individual autonomy – being free and independent, and having the same opportunities as people without disability.
- Active involvement in decision-making – including the ability to make meaningful decisions, and exercise choice and control.
- Using your strengths in ways that provide a challenge and enjoyment.
- A sense of belonging – to our families, friendship networks, communities, workplaces and society.
- Active involvement and contribution to society and your community.

An 'ordinary life' in the context of the NDIS involves supporting you to:

- have and maintain good relationships
- belong and participate in your community
- be involved in making choices about your own life.

One way we can help you have an ordinary life is to support you to access mainstream, community or informal supports wherever possible. These are the usual supports that everyone in the community uses.

When we fund reasonable and necessary supports under the NDIS, we need to make sure they meet the [NDIS funding criteria](#).

When we apply the NDIS funding criteria and make decisions about reasonable and necessary supports, we're guided by the principles in the law for the NDIS. We also consider how the supports will best help you to live an ordinary life.

How do we decide what reasonable and necessary supports to include in your plan?

What information do we consider to work out what reasonable and necessary supports to fund in your plan?

The most important information we gather about what supports to include in your plan comes from you.

When we create your plan, we will talk with you about:

- your goals and aspirations¹⁹
- your strengths, capacity and individual circumstances²⁰
- any barriers, limitations and restrictions you face in undertaking activities or things that stop you from living an 'ordinary life'²¹
- your disability support needs²²
- any risks and safeguards we may need to think about when considering your support needs.²³

We want to get a good understanding of your disability support needs. We encourage you to involve anyone in the planning process you want to help you.

Learn more about what information we ask for when we [create Your Plan](#).

We also consider other information we have such as medical or therapy reports, or assessments that you have had.²⁴

We may also ask for further information and assessments, if we need them to help us work out your support needs.²⁵

To help us work out what supports to consider for people aged 7 years and older, we also use a 'Typical Support Package'.²⁶ We worked with people with disability, professionals and subject matter experts to develop the Typical Support Package.

It helps us work out the types of supports we'd usually expect to include in your plan. It's based on your situation and support needs.

We then amend the supports suggested by the Typical Support Package to include more, less or different supports if we need to. We may adjust the funding for those supports up or down based on our discussion with you, any reports or other information we have, and when we apply the [NDIS funding criteria](#).

For children younger than 7, we consider the child's current functioning across development areas when we work out the reasonable and necessary supports that should be funded in a child's NDIS plan. Learn more about the [Early Childhood Early Intervention approach](#).

How do we consider your goals when we work out your reasonable and necessary supports?

When we create your plan, you set your goals and tell us what information about your life you want in your plan.²⁷ Your goals are your own personal desires about what you'd like to do.

You can set any goals you like, even if they're about things we won't fund supports for. You can also change your goals at any time.²⁸ We consider how your funded supports will help you pursue your goals when we decide to approve your plan.²⁹

Reasonable and necessary supports should help you pursue your goals,³⁰ but you don't need a specific goal for every support in your plan. When we decide if a support will help you pursue your goals, we consider your whole situation.

We look at the disability specific barriers that prevent you from pursuing your goals, and how the support will address your disability support needs.

There are some things to remember when setting goals:

- Setting more and bigger goals doesn't mean we'll fund more and bigger funded supports.
- Setting a goal doesn't mean we have an obligation to fund supports that help you pursue that goal.

- Setting a goal about an explicit type or amount of support you might want doesn't mean we have an obligation to fund that support or in that amount.

This is because helping you pursue your goals is only one of the NDIS funding criteria.³¹ A support must meet all of the NDIS funding criteria to be funded under the NDIS. So not all supports that help you to pursue your goals will be reasonable and necessary supports.

Learn more about [setting your goals](#) and [how we consider your goals under the NDIS funding criteria](#).

What if your plan is being reviewed?

If it's not your first plan, we also consider how well the supports funded in your previous plans worked for you.³² This means we'll ask about how your current plan has worked for you.

This will help us decide whether these supports continue to meet your needs and the [NDIS funding criteria](#). Learn more about [plan reviews](#).

How do we use the information we have to work out what reasonable and necessary supports to fund?

We consider all the [information we have gathered](#) to decide what reasonable and necessary supports to fund in your plan.

We use the information you give us and follow the steps below:

- **Step 1:** Identify and describe the supports to be considered. The support will be described either generally (known as 'flexible' funding for supports) or specifically (known as 'stated supports' or 'fixed' supports).³³
- **Step 2:** Work out if the support identified and described meets the [NDIS funding criteria](#).
- **Step 3:** We include the supports that meet the NDIS funding criteria in your plan.

When we approve your plan we make sure all your supports meet the NDIS funding criteria individually and as a package of supports.³⁴

Step 1: How do we identify and describe a support in your plan?

The first step in deciding what reasonable and necessary supports we can fund is to properly identify and describe the support.³⁵ This is an important step. We need to be clear on exactly what support we're considering, before we can decide if the support meets the [NDIS funding criteria](#) in Step 2.

When we assess your support needs and identify what supports to consider in your plan, we use:

- the information you give us at your planning meeting
- any assessments or other information we have
- the Typical Support Package for people aged 7 years and older.

We identify a support as the service, item or equipment you need to help with your disability support needs. We think about:

- what the outcome of the support will be
- how the support helps with your disability
- whether the support meets the NDIS funding criteria.

How do we describe supports?

We can describe the supports in your plan as one of the following:

- **Flexible:** Under the law for the NDIS, this is when we describe the support generally. You have greater flexibility over what disability supports you can buy within the description of the support.³⁶
- **Fixed:** Under the law for the NDIS, this is when we describe the support specifically. It means you must buy the support in the way we have described in your plan.³⁷ We sometimes call this a 'stated support'.³⁸

You must act according to your plan, and buy supports according to how we described them in your plan. This means you can't use the funding in your plan to buy supports that fall outside the description of the support in your plan.³⁹

So if we describe the support as fixed, you must comply with how we describe it. This includes how the support is provided. For example, we will sometimes require the support to be provided:

- by a particular service provider

- by a particular qualified person
- through a particular delivery mode or method, or in a special way.

We describe most supports as flexible when we can. When supports are described as flexible, you will have greater flexibility over the support you can buy that falls within the description of the support in the plan. When supports are described as fixed, you will have less flexibility.

We divide your supports into 3 different budgets:

- **Core Supports** – supports for everyday activities
- **Capacity Building Supports** – supports to help you build your skills and increase your independence
- **Capital Supports** – supports such as assistive technology, vehicle modifications, home modifications and Specialist Disability Accommodation.

Each budget is divided into a number of support categories. Support categories have more detail about what supports you can buy with your funding. When we describe your supports as flexible, you can usually choose what supports you buy within the [descriptions for each support category](#).

Your Core Supports budget is the most flexible. You can usually use your funding across all the support categories except transport in the Core Supports budget if:

- we described the supports as flexible
- you have the same plan management options for your Core Supports.

Learn more about the [support budgets and support categories in your plan](#).

When we decide whether to describe supports as fixed or flexible, we consider:

- how much the support costs⁴⁰
- if the support will help reduce the cost of supports over time,⁴¹ for example providing more supports early so you don't need as many supports later in life
- any risks with supplying the support, for example if the support would create risks to your health and safety or if it doesn't comply with state or territory laws⁴²
- if you need a particular support to pursue your goals or to use other supports in your plan effectively⁴³
- if you need a specialist support, for example if your support must be delivered by a qualified person, or in a special way⁴⁴
- if you were eligible for the NDIS under the early intervention criteria.⁴⁵

When do we describe supports as fixed?

We usually describe high-cost supports, or supports with more risk, as fixed. For example, we might describe supports as fixed if you need to use those particular supports to ensure your health and safety. This includes supports such as:

- high-cost assistive technology
- high-cost home modifications
- behaviour support, or supports that involve [restrictive practices](#) such as restraint
- Specialist Disability Accommodation.

We will also check if you were eligible for the NDIS through the early intervention criteria.⁴⁶ If so, we might decide to describe the supports as fixed for some types of early intervention supports.⁴⁷ If you're not sure whether you met the disability criteria or the early intervention criteria, check the letter we sent you when we decided you're eligible.

Example

John just received his first plan. His plan describes support for assistive technology as flexible, including \$2,000 of funding. John can choose what assistive technology to buy with this funding. John talks to his occupational therapist about what assistive technology he should buy with this funding. For example, he could buy a shower chair, or low-cost items like a slip-resistant bathmat.

John's plan also has a fixed support for a wheelchair with special features, and funding of \$8,000. John will need to use this funding for the specific wheelchair we listed on his plan. He can't use this funding for another support, like a shower chair, instead.

What if you need a specific provider to provide the support?

Sometimes your plan may say who must provide the support. We do this when you need a certain provider to make sure the supports are delivered safely, or to achieve a certain outcome.

For some supports, you must use an [NDIS registered provider](#). These include:

- [Specialist Behaviour Supports](#), if the provider will undertake a behaviour support assessment or develop a behaviour support plan⁴⁸
- supports where it's likely a provider will need to use a [regulated restricted practice](#),⁴⁹ either interim or ongoing
- Plan Management⁵⁰
- [Specialist Disability Accommodation](#).⁵¹

You must use registered providers for these supports even if your plan doesn't say you need to. You must also use registered providers for these supports, even if you self-manage or plan-manage your funding. Learn more about the [different plan management options](#).

For other supports, we'll decide that the support must be provided by a particular person, provider, or delivered in a certain way.⁵² We'll do this if it's the most efficient and effective way to provide the support. This only happens when:

- we have an agreement with a particular provider to provide the support⁵³
- we decide you must use an NDIS registered provider due to the risks, for example complex home modifications⁵⁴
- you need support from a particular person with specialist qualifications, for example a health professional⁵⁵
- you need support delivered in a certain way.⁵⁶

Sometimes, we'll arrange the support ourselves, if it's more cost effective than getting another provider to deliver the support. For example, we may bulk buy a support.⁵⁷ If so, we will state this in your plan.

What about in-kind supports?

We agreed that state and territory governments will keep providing some supports for a period of time. We call these 'in-kind supports'.

If we fund in-kind supports like [specialist school transport](#) or [personal care in schools](#), you will need to use state or territory government providers for these supports. These supports are most efficiently and effectively provided by state and territory government providers.⁵⁸ Learn more about [Work and study supports](#).

For most other in-kind supports, you can choose your provider if you don't want to use your in-kind provider anymore. We can let you choose another provider if we consider that the support isn't most effectively and efficiently provided by the in-kind provider.

We usually let you choose another provider if:

- another provider can give you the same support or level of support as the in-kind provider
- the supports with the new provider still meet the [NDIS funding criteria](#), including that they're value for money compared to the in-kind support
- there are no serious risks with changing providers.

[Learn more about in-kind supports](#).

Step 2: How do we work out if an identified and described support meets the NDIS funding criteria?

To meet the NDIS funding criteria, a support must meet both the following criteria:

- It must not be a [type of support the law says we can't fund or provide](#).⁵⁹
- It must meet the [reasonable and necessary criteria](#).⁶⁰

Each support must be reasonable and necessary individually, but the supports must also be reasonable and necessary when considered as a package of supports.

What types of supports can't be funded or provided under the NDIS?

Under the law for the NDIS, there are things we can't fund or provide.⁶¹ We can't fund or provide supports that:

- are not legal⁶²
- are income replacement⁶³
- are likely to cause harm to you, or pose a risk to other people⁶⁴
- are not related to your disability⁶⁵
- relate to a 'day-to-day living cost', such as groceries, rent or utilities, that are not attributable to your disability support needs. These are costs that are not caused by or as a result of your disability support needs.⁶⁶
- duplicate other supports provided by the NDIS under alternative funding.⁶⁷

Is the support legal?

We can't fund a support if it does not comply with the law.⁶⁸ This includes both:

- **an Australian government law:** a law that applies to all of Australia
- **a State or Territory government law:** a law that only applies in your state or territory.

For example, we won't be able to fund supports involving:

- a [restrictive practice](#) where it's not authorised in your state or territory
- [assistive technology](#) or home modifications that don't meet Australian laws, such as State and Territory Acts and Regulations, the National Construction Code, and relevant Australian Standards
- supports for illegal activities, such as support for criminal behaviour or illegal drugs.

While this is one of the NDIS funding criteria, we're not responsible for ensuring your supports are legal. We're not responsible to ensure that all supports in your plan comply with all the relevant legal and administrative requirements. This is your responsibility and your provider's responsibility.

For example, if a support is likely to require the use of a restrictive practice, the provider must be registered with the [NDIS Quality and Safeguards Commission](#).⁶⁹ It's the provider's responsibility to ensure they are registered and comply with the conditions of their registration. This includes complying with all laws and seeking the necessary authorisations.⁷⁰

We're not responsible for ensuring the provider is registered and complies with their conditions of registration. You can contact the [NDIS Quality and Safeguards Commission](#) if you're concerned about a provider's compliance with legal obligations.

Is the support 'income replacement'?

We don't fund income support or income replacement.⁷¹ This means NDIS funding can't replace or add to money you'd usually earn from working, or income payments you get from Centrelink.

For more information and resources on income support, check out [income support payments](#) such as the Disability Support Pension.

If you are interested in getting help to find a job, check out [Disability Employment Services](#) or NDIS-funded [Work and study supports](#).

Is the support likely to cause harm?

We can't fund any supports that are likely to either:⁷²

- cause harm to you
- be a risk to other people.

We need to consider this for all supports, such as support workers, therapies or equipment. It also means we won't fund supports that involve a [regulated restricted practice](#), such as restraint, unless it follows the requirements of the [NDIS Quality and Safeguards Commission](#).

To help us decide if the support is likely to cause harm, we may need information from a professional. For example, you may need high cost [assistive technology](#), like a powered wheelchair. If so, we would need a report from an occupational therapist to show that it'll be safe for you to use.

Of course everything we do in life comes with some risk. We all make our own choices about how much risk we want to take in our lives. You should also be able to choose how much risk you want to take in your life.

So we try to balance this when we decide what we can and can't fund. We can't fund things that are likely to cause harm. But we will try and balance this with enabling you to make your own choices wherever possible.

While this is one of the NDIS funding criteria, you also have some responsibilities. It's still your responsibility and your provider's responsibility to ensure the supports we fund are:

- used correctly
- safe for you
- safe for other people.

You and your provider will also need to manage any risks of harm that arise. For more information, contact the [NDIS Quality and Safeguards Commission](#).

Is the support related to your disability?

We can't fund a support if it's not related to your disability.⁷³ This means there must be a direct link or a connection between your disability and the supports we fund.

We look at whether the support addresses your disability support needs. Your disability support needs are those that arise from, or are caused by, your disability.

For example, we wouldn't usually fund things like:

- standard televisions
- standard household furniture such as dining chairs
- upgrades to assistive technology and home modifications that are not related to disability needs, such as marble tiling or leather materials
- flights to go on a holiday
- a car to get to work because there are no public transport options
- a gym membership to get fit
- a swimming pool to relax in summer.

This is because you're unlikely to need these supports as a result of your disability support needs. They are things that all people, with or without disability, might want or need.

Usually, there won't be a direct link or connection between these things and your disability support needs. Having a disability doesn't usually affect whether someone needs or wants these types of things.

Example

Alan needs some changes to his house, so he can use his bathroom and kitchen in his wheelchair. He also wants to set up an outdoor entertainment area for when his friends visit.

We may be able to fund [home modifications](#) so he can access areas of his home such as his bathroom or kitchen. He needs the home modifications because he can't access those areas due to his disability and needing to use a wheelchair. Alan needs the support because of his specific disability support needs.

Alan will need to pay for the outdoor entertainment area, as it's not related to his disability. He doesn't need the entertainment area because of his disability, it's just something he would like so he can have his friends over for a barbecue.

Is the support related to a 'day-to-day living cost'?

We can't fund supports related to day-to-day living costs that everyone has to pay, and aren't caused by or result from your disability support needs.⁷⁴ This means we don't fund things like:

- rent
- groceries
- utilities such as electricity, water, gas and internet bills
- the general cost of owning a home, like renovations, mortgage repayments, repairs and maintenance.

In some situations, we can fund supports related to your day-to-day living costs. We can do this if the costs are attributable to, or caused by, your disability support needs.⁷⁵ This means we may fund supports that relate to day-to-day living costs where either:

- you have additional living costs that are solely and directly as a result of your disability support needs⁷⁶
- the living costs are connected to another support that is funded or provided in your plan, and you wouldn't incur that cost if it wasn't in your plan.⁷⁷

Example

Nigel has a goal to do his grocery shopping on his own. He needs a shopping basket to attach to his wheelchair to help him carry the items in the supermarket.

Shopping bags and baskets are things we all pay for, whether or not we have a disability. But Nigel only needs this specialised basket for his wheelchair because of his disability support needs.

If it meets the other NDIS funding criteria, we may fund the shopping basket attachment in his plan.

Does the support duplicate other supports funded through the NDIS?

We can't fund a support if it duplicates other supports delivered under alternative funding through the NDIS.⁷⁸

For example, if we're providing support through your Early Childhood Partner or Local Area Coordinator, we usually won't fund Support Coordination in your plan.

This is because your Early Childhood Partner or Local Area Coordinator is already funded to provide similar supports. If we funded the same Support Coordination, we would be duplicating a support we're already providing you as general supports.

However if you need extra support, we may be able to fund additional Support Coordination in your plan. We may do this if it's above the amount of support your Early Childhood Partner or Local Area Coordinator are able to provide. Your Early Childhood Partner or Local Area Coordinator will work together with the Support Coordinator to help you connect with supports in your community.

Does the support meet the reasonable and necessary criteria?

All NDIS supports need to meet **all** the reasonable and necessary criteria.⁷⁹

This means that before we can include an NDIS support in your plan, we need to be satisfied it meets all the following criteria:

- The support will assist you to [pursue your goals in your plan](#).⁸⁰
- The support will [assist you to undertake activities, to facilitate your social and economic participation](#).⁸¹ This means the support will help you to undertake activities, by reducing the disability-related barriers that prevent you from participating in things such as social outings, recreation, work and study.
- The support represents [value for money](#) in that the costs of the support are reasonable relative to both the benefits achieved and the cost of alternative supports.⁸² This means we need to consider the costs and benefits of the support, as well as the costs and benefits of alternative supports.
- The support will be, or is likely to be, [effective and beneficial](#) for you, having regard to current good practice.⁸³ This means we consider if there is evidence the support works for someone with similar disability support needs. We won't need an expert report for every support, as we can often rely on other information or evidence. For example, we may have information already about whether the support is widely

accepted to suit someone with your disability support needs.⁸⁴ We also consider your lived experience.

- The funding of the support takes account of what it is reasonable to expect families, carers, informal networks and the community to provide.⁸⁵ This means we need to consider what support is reasonable for your family, friends and community to provide.
- The support is most appropriately funded or provided through the NDIS, and is not more appropriately funded or provided through:⁸⁶
 - other general systems of service delivery, or support services offered by a person, agency or body (for example, a State or Territory Statutory Scheme)
 - systems of service delivery or support services offered as part of a universal service obligation (for example, the health or education system)
 - systems of service delivery or support services offered in accordance with reasonable adjustments required under discrimination laws (for example, your employer, or the health or education system).

The law for the NDIS sets out things that we need to consider when we apply the reasonable and necessary criteria.⁸⁷

We must be satisfied that each support is reasonable and necessary individually, but we must also be satisfied that the supports are reasonable and necessary as a package of supports.⁸⁸

For example, a home modification may reduce your need for other supports. If we plan to fund a home modification, we will need to take that home modification into account when considering what other supports are reasonable and necessary, such as the amount of care you need at home.

If the home modification will reduce your care needs, we may need to reduce the amount of care we fund, as a higher amount may not be reasonable and necessary when the whole package of supports is considered.

Does the support help you pursue your goals?

We need to be satisfied that the support will help you pursue the goals, objectives and aspirations in your NDIS plan.⁸⁹ This helps us determine if the support is necessary.⁹⁰

While we only fund supports that help you pursue your goals, objectives and aspirations, we understand that different people express themselves in different ways.

You are free to choose your own goals and express them in your own words.

Your goals can be big or small, short term or long term, simple or complex. They can be about anything you want to work towards.

You may express your goals broadly, or you may have specific goals. For example, you may express one of your goals as 'living independently'. Someone else may express their goal as 'to have an accessible bathroom'.

Learn more about setting your goals in [Creating Your Plan](#) and the [Setting Goals fact sheet](#).

Reasonable and necessary supports should help you pursue your goals,⁹¹ but you don't need a specific goal for every support in your plan. When we decide if a support will help you pursue your goals, we consider your whole situation.

We look at how a support will address your disability support needs, and the disability specific barriers that prevent you from pursuing your goals.

A support that addresses your disability related support needs is most likely to help you pursue your goals, objectives and aspirations in your plan.

Setting a goal in your plan doesn't mean we'll provide funding to pursue it. For example:

- setting more and bigger goals doesn't mean we have an obligation to fund more and bigger funded supports in your plan
- setting a goal doesn't mean we have an obligation to fund supports that help you pursue that goal
- setting a goal about an explicit type or amount of support you might want doesn't mean we'll fund that support or in that amount.

This is because helping you pursue your goals is only one of the NDIS funding criteria. A support must meet all of the NDIS funding criteria to be funded under the NDIS. So not all supports that help you to pursue your goals will be reasonable and necessary supports.

For example, we only fund reasonable and necessary supports that are value for money,⁹² effective and beneficial⁹³ and relate to disability support needs.⁹⁴

This means that if your goal is to 'live independently', we **may** fund home modifications that address your disability related needs. However, we won't fund supports related to day-to-day-living costs like rent or utilities. These costs aren't incurred solely and directly as a result of your disability support needs, so they don't meet other funding criteria.⁹⁵

Also, choosing a different goal 'to have a more accessible home' won't change the supports we could fund in your plan.

Achieving goals usually takes many different kinds of supports. NDIS supports will most likely be just one kind of support that helps you work toward your goals.

[Learn more about setting goals.](#)

Example

Morgan is ready to look for work and she has a goal in her plan to get a job. She has built up her skills and knows what she wants to do. Disability Employment Services are helping Morgan to find work, so we can't fund this support for Morgan.

However, because of her disability, Morgan will need personal care supports to help her get up and ready for work in the morning. We will consider:

- how Morgan's disability support needs relate to her goals
- whether funding supports that address these disability support needs will help Morgan pursue her goals.

Morgan's planner believes the personal care supports meet this criteria. The supports that address her personal care needs will help Morgan to pursue her employment goals.

However, Morgan's planner then needs to look at whether the support meets the other NDIS funding criteria.

We don't fund all the supports that relate to Morgan's employment goals. We only fund the supports we consider are reasonable and necessary – that is, when they meet all the NDIS funding criteria.

Does the support help you do activities that will help your social and economic participation?

We need to be satisfied that the support will help you to do activities, which make it easier for you to participate socially and economically.⁹⁶

Social participation means doing things you enjoy, like going out with friends, playing sport or going on holiday. It also means doing the things you need to do, like going to school or medical appointments.

Economic participation usually means being involved in things that help you work towards getting and keeping a job. This might be things like volunteering, study, learning new skills or trying work experience. Research tells us that work can lead to health benefits and improve our quality of life. Learn more about the [Health Benefits of Good Work](#).

Social and economic participation are important to most people. They are critical to living an ordinary life.

To work out if a support meets this requirement, we look at the purpose of the support and how it will help you.

We fund reasonable and necessary supports that reduce the barriers that prevent you from undertaking activities. This will help you increase your social and economic participation.

Some supports help economic and social participation directly. There are lots of supports we can fund to directly help with social and economic participation. Learn more about [Social and recreation supports](#) and [Work and study supports](#).

Other supports help you to undertake activities like self-care, which indirectly help your economic and social participation.

Example

Sue is going to university next year. She has a vision impairment, and has been working with her Guide Dog Mobility Instructor to decide if a dog guide is right for her. A dog guide can help her leave her home safely and independently, and travel to and from university.

A dog guide could also help her go out with friends and join in other community activities. As long as it meets the other funding criteria, we could fund a dog guide for Sue. It will help her to undertake activities of daily living.

As a result, it'll increase her social and economic participation. For example, the support will help her get to her university so she can study, and will help her social life.

Is the support value for money?

All supports we fund under the NDIS need to be value for money.⁹⁷ This means the cost of the support is reasonable, when we consider the benefits of the support and the cost of other supports.

Making sure that your supports are value for money is one of the ways we keep the NDIS financially sustainable. This means we make careful decisions about funding so that we make sure the NDIS exists for future generations. It's also one of [our principles](#).⁹⁸

When we decide if the support is value for money, we consider:

- if other supports would achieve the same result at a substantially lower cost⁹⁹ – this means there should be a real or material difference in cost
- if there's evidence that the support will substantially improve your life stage outcomes and benefit you in the long term¹⁰⁰
- if the support will likely reduce the cost of other supports over time¹⁰¹
- how the cost compares to other supports of the same kind in your area¹⁰²
- if the support will make you more independent, and mean you won't need as many supports in future,¹⁰³ for example, in some circumstances home modifications may reduce the need for home care.

When we consider the likely cost of supports, we consider the cost over the long term. We consider if the support will help you to achieve milestones at different ages or stages of your life, and have long term benefits.

For example, some supports such as home modifications may be expensive now, compared to other supports. But getting these supports now may mean you need much less support in a few years, or later in life. Or, it may delay the need for other more costly supports.¹⁰⁴

When we determine the cost of the support, we consider:

- the prices for NDIS supports in the [NDIS Price Guide](#)
- supports suggested by the Typical Support Package
- quotes for specific or high risk supports.

It's important we consider the cost of the support. This will be the level of funding we include in your plan, if we decide the support is reasonable and necessary.

When we fund equipment or modifications, we also need to consider:¹⁰⁵

- how the cost of buying the equipment or modifications compares against the cost of renting them
- if it's appropriate to fund the equipment or modifications you want, based on your circumstances and any expected changes in technology.

Learn more about how we consider value for money when we fund [assistive technology](#), [home modifications](#) and [vehicle modifications](#).

Example

Elias needs a shower commode.

He got an assessment and sent us a quote for one that will suit his needs. As part of the process to work out if we can fund it, his planner considers other similar shower commodes.

There's a second commode that's \$5,000 cheaper than the one Elias has asked for. But it won't meet Elias' needs, as it won't provide enough back support. That is, it won't achieve the same result as the one Elias has asked for.

Finally, there's a third commode that's \$1,000 cheaper. The planner contacts his occupational therapist who confirms the cheaper commode will meet Elias' needs.

Elias' planner decides to fund the commode that's \$1,000 cheaper. It'll deliver the same result at a substantially lower cost.

Is the support effective and beneficial?

We need to be satisfied that the support will be, or is likely to be, effective and beneficial, when we consider current good practice.

We need to work out if the support is likely to be both:

- **effective** – it will do what you need it to do¹⁰⁶
- **beneficial** – the support will help you do things you can't otherwise do and meets your support needs.¹⁰⁷

It can also be effective and beneficial if it will help you maintain your current level of functioning. That is, it will help you keep doing the things you can currently do. And, it'll help you maintain your work, study and social life as much as you can.¹⁰⁸

When we decide if a support is effective and beneficial, we look at what is current good practice. This means we look at whether there is evidence that the support works for someone with similar disability support needs to you. We won't need an expert opinion or report for every support, as we can often rely on other evidence.

For example:

- We may have information already about whether the support is widely accepted to suit someone with your disability support needs.¹⁰⁹ For example, we could rely on academic research and other literature. This could include university studies on therapies that have been published and [refereed](#) in academic journals, evidence based practice resources, or clinical practice guidelines.
- If you or other participants have used the support before, we can consider your experience using the support and the experience of your family members and carers.¹¹⁰
- We may consider things we have learnt from other participants in the NDIS with similar support needs to you.¹¹¹

We know you're the expert in your own life, and we use your own experience as much as we can.

For example, we will talk to you about any supports that have helped you do things you can't otherwise do. Or, some supports may have helped maintain your ability to be as independent as possible.

If it's a new support such as new assistive technology, we might fund a trial. This is so we can learn from your experience of using the support, to check if it's likely to do what you need it to.

Your evidence can be particularly useful when it's consistent with other evidence, or if we don't have expert evidence.

We will look at the opinions held by the majority of experts and what they generally agree on.¹¹² Sometimes we will have to seek expert opinion or report to make a decision.¹¹³

For example, we may need the views of doctors or health professionals who may be specialists in managing your disability.

Example

Vivek is 12 and has a goal to improve his communication skills. He and his family want him to improve his social skills with the kids in his class.

When he was younger, Vivek's family tried speech therapy, and believe it really helped him improve his communication. His family told his planner about how it helped Vivek learn how to respond to different social settings.

Vivek's speech therapist also believes it could work well for him now, and help him interact with his classmates.

When deciding whether the therapy is effective and beneficial, Vivek's planner will consider:

- how speech therapy has assisted Vivek in the past, including first-hand information from Vivek, his family members and carers
- the views of his speech therapist on the effectiveness and benefits of speech therapy for Vivek
- other information or expert evidence about the effectiveness and benefits of speech therapy, including for a child of the same age, and with the same impairments and functional capacity.

Based on this information and evidence, Vivek's planner decides the speech therapy is effective and beneficial. If it meets the other funding criteria, we will be able to fund speech therapy in Vivek's plan.

Is the support something we would reasonably expect your informal supports, like family or friends, to provide?

We need to be satisfied that funding the support takes into account what is reasonable to expect families, carers, informal networks and the community to provide.¹¹⁴

To make sure we understand how disability supports might work for you, we consider:

- the things you're able to do for yourself
- any support you have from others in your network – including family members, relatives, friends and local community services.

When we fund supports under the NDIS, we have to think about whether it's reasonable to expect your informal supports to provide that support. We can't fund supports that an ordinary person would think is reasonable to expect friends, family or the community to provide for you.¹¹⁵

Informal supports are the help and support you get from friends, family and the community. They are called 'informal' because you don't pay for them, and they're not part of a formal agreement. They are the usual things friends and family do for us, and with us.

Most of us get some kind of help and support from friends and family. In our society, we expect that friends, family and our community will support each other and help each other out when they need it.

A good example is families who have young children. In our community, we expect families will provide most of the support a young child needs.¹¹⁶ They will change a child's nappy, make sure they are safe and drive them around places.

Grandparents, uncles and aunties often have a role to play in supporting young children as well. Neighbours and friends might also help care for the child.

As a child gets older, our society's expectations of the role of the family and community in caring for the child changes. For example, we expect schools to help support the child's learning needs.

We also usually expect the role of family in providing personal care for a child would reduce as they get older and develop new skills and independence. But families are usually still responsible for things like food, emotional support, decision-making and providing a safe home.

It's a similar idea for adults. Our society expects that adults – like family, friends and neighbours – will provide some support to each other. This might be things like taking a friend with you to the football game, or providing emotional support if someone is upset.

NDIS supports won't ever replace the support people like your friends and family provide to you. This support is given freely because people care, and is often quite different to supports bought with NDIS funding.

You have a special bond with your friends and family that's different from your relationship with paid carers. And there are potential risks and problems for you if your friends and families become your paid carers.

To make sure we understand how disability supports might complement your circumstances, we consider:

- the things you are able to do for yourself

- any support you have from others in your network including family members, relatives, friends and local community services.

We also have to consider the benefits you may get from your informal supports. For example, your family and friends may be more effective at helping you meet other people, or helping to build your social skills, than paid supports can.

We consider if we can help these relationships so that you get the support you need.¹¹⁷ For example, we may be able to fund training for your informal supports, so they can help you build your skills.

We also think about the capacity of your informal supports to continue caring for you, for example if they're ageing or sick.

There are different things the law for the NDIS says we need to consider for adults and children.

If you're under 18, we consider what support is reasonable to expect parents to provide at your age. It's normal for parents to provide substantial care and support for children.¹¹⁸ We consider that it's usual for parents to provide almost all the care and support that young children need.

For example, it's reasonable to expect parents to provide transport to and from their child's after-school activities. Of course, the amount of care and support for a child without a disability would typically reduce as they get older.

For children under 18, we consider:

- if your needs are 'substantially greater' because of your disability, compared to other children the same age¹¹⁹ – that is, you need much more disability support
- any risks to the wellbeing of people providing informal support to you¹²⁰
- if including funding for the support will help build your skills and capacity in the future, or reduce any risks to you.¹²¹

For example, we consider any health, safety or other impacts resulting from what's involved in meeting your disability support needs.

If you're over 18, we consider:

- if there are any risks to you or your informal supports if you rely on them to provide the support you need¹²²
- how much your informal supports would help improve or reduce your independence and other outcomes¹²³

We also consider the suitability of informal supports to provide the supports you need,¹²⁴ including:

- how old your carers are and their capacity to provide the support¹²⁵
- if other family members and the community can help your informal supports in their caring role¹²⁶
- the intensity and type of support you need, and if it's appropriate for your informal supports to provide this, based on their age and gender¹²⁷
- any long-term risks to the wellbeing of your informal supports.¹²⁸

When we consider the risks for people over 18, we consider if the supports are sustainable for your informal supports. We consider the health, safety and other impacts on family and carers in the long term.

For example, we wouldn't expect a child to have their schooling affected because they need to provide care. We also wouldn't expect an elderly parent to be responsible for physical activities, if it may result in injury.¹²⁹

We generally don't fund family members to provide supports funded under the NDIS. There are very limited situations where we can consider this. Learn more about [Sustaining Informal Supports](#).

Example 1

Simon is getting his first NDIS plan. For the last 15 years, Simon and his wife Jan's preference was that Jan provide all the physical support he needs at home, such as toileting and showering.

But as Jan is getting older, it's not safe for her to keep lifting Simon. It's becoming risky for her to keep providing this support.

Jan and Simon think it might be best for someone else to provide the personal care support that Simon needs. Their children have moved out of home, and it's not reasonable to expect them to help Simon with personal care.

Based on this information and other evidence, Simon's planner decides that the personal care support meets this criteria. It takes into account what is reasonable for his family and others to provide. If the personal care support meets the other funding criteria, we may fund the personal care support for Simon.

Simon and Jan still prefer Jan to do the other support Simon needs though, such as helping Simon eat his meals. At this time, we wouldn't fund a support worker in Simon's plan to help him eat his meals. It's reasonable to expect Jan to help Simon with this, as it's what they want to do and it's not a safety risk for Jan.

Example 2

Qing is 14 and wants to join a local footy club. Like most 14 year olds in this situation, she needs someone to drop her off and pick her up from the Saturday matches and the weeknight training sessions.

But unlike most 14 year olds, she needs someone to help her get dressed before she can go to the match. Her parents have been doing this, but as Qing is getting older she no longer wants her family to help her get dressed.

It's reasonable to expect her family or other informal supports to drop Qing to and from the match and training sessions. So we wouldn't fund transport in Qing's plan.

But at age 14, it's not reasonable to expect her family to help her get dressed.

Based on this information and other evidence, Qing's planner finds that the personal care support takes into account what is reasonable for family and others to provide. If it meets the other funding criteria, we may fund personal care support in her plan.

Is the support more appropriately funded or provided through the NDIS, and not through other service systems or support services?

We have to be satisfied that the support is most appropriately funded or provided through the NDIS. This means it's not more appropriately funded or provided through:

- other general systems of service delivery, or support services offered by a person, agency or body (such as a State or Territory Statutory Scheme)
- systems of service delivery or support services offered as part of a universal service obligation (such as the health or education system)
- systems of service delivery or support services offered in accordance with reasonable adjustments required under discrimination laws (such as your employer, or the health or education system).¹³⁰

In short, we won't fund the support if it should be provided by someone else.

We won't fund the support if the support should be provided by someone else, even if the other service system doesn't actually provide it. We're not the funder of last resort, so we don't make up for other organisations and systems that don't provide the supports they should.

The law for the NDIS sets out a number of things we need to consider, when we decide who is most appropriate to fund or provide of the support.¹³¹ There are different things we consider for the following service systems:

- (a) Health
- (b) Mental health

- (c) Child protection and family support
- (d) Early childhood development
- (e) School education
- (f) Higher education and vocational education and training
- (g) Employment
- (h) Housing and community infrastructure
- (i) Transport
- (j) Justice.

How does the NDIS work with other government services?

We call supports provided by other government services, including those provided as part of a universal service obligation, 'mainstream supports'. When we talk about mainstream supports, we mean supports available to everyone in your state or territory, or across Australia, regardless of whether or not you have a disability.

This includes services provided by state and federal governments, like health care, education and mental health services.

You have the same right as all Australians to access these services. There are certain things that mainstream services have to do to make their services accessible for people with disability. Using mainstream supports can also help you be part of your community, or to work or study.

When we fund NDIS supports, we need to check that the support is not more appropriately funded or provided by a mainstream service or system, such as the education system or health system.¹³² Under the law for the NDIS, we can't fund supports that should be provided by a mainstream service.

The Australian federal, state and territory governments agreed on responsibilities for funding different types of supports. The law for the NDIS has an outline of funding responsibilities and were developed with the agreement of each State and Territory.¹³³

We can only fund supports that are the responsibility of the NDIS. We can't fund supports that are the responsibility of other government services, even if they don't actually fund or provide the support. The law for the NDIS sets out the matters we should consider when we decide who is more appropriate to provide or fund a support.¹³⁴

Learn more about [how we decide if the support is best funded or provided by us or another part of government](#).

The [Applied Principles and Tables of Support](#) also has information on what the governments agreed are the responsibilities of the NDIS and other government services. However, it doesn't override what we consider when we decide if the support is most appropriately funded by the NDIS.¹³⁵

What is reasonable adjustment and why is it important?

People with a disability can sometimes face barriers that make it harder to do the same things as people who don't have a disability. For example, it might be harder to find and keep a job. Or it might be harder to get in and around places, or to get the same services as other people.

It's against the law to discriminate against people with a disability in many areas.¹³⁶ This includes in employment, when providing goods and services, and when accessing public places.

This means organisations or people who are responsible for providing these services have to make what are called 'reasonable adjustments'. They have to make sure people with a disability have equal access to the services they provide, as far as is reasonable.

They have to do reasonable things that will make their services equally available to everyone, whether or not you have a disability.

Reasonable adjustments do not mean they have to provide everything you need because of your disability. It means they have to do what's reasonable to make sure you have equal access to employment, public spaces or services. This takes into account what they can afford to do and what is reasonable to expect them to provide in the circumstances.

When we decide what supports to include in your plan, we need to consider what should be provided through reasonable adjustments. Under the law for the NDIS, we can't fund a support if it should be provided by someone else through reasonable adjustments.

What if you're transitioning to the NDIS in Western Australia?

The federal and Western Australian governments made a commitment for people receiving supports before becoming a participant in the NDIS.

They committed that you shouldn't be disadvantaged by your transition to the NDIS. We call this the 'principle of no disadvantage'.

When we create your plan, we must use our best endeavours to follow government agreements.¹³⁷ This doesn't mean you'll always have the same level of funding, or that you'll get supports in the same way.

All supports we fund must meet all the NDIS funding criteria. So we may not be able to fund supports you received before the NDIS, if they don't meet the funding criteria.

If we can't fund those supports, we'll see how we can help you meet the same outcomes as you did before the NDIS.

This may mean we include other supports in your plan that address your disability support needs and help you pursue your goals. Or, we could help you connect with other government services that can provide the supports you received before the NDIS.

When we create your plan, we consider whether or not you're disadvantaged overall by joining the NDIS.

What else do you need to know about working out if supports meet the NDIS funding criteria?

From our experience, we learned there are some common misunderstandings about how we work out what supports meet the NDIS funding criteria.

Why don't we always fund what your health professionals recommend?

Although we take expert opinions into account, we can't and don't always fund everything your health professional might recommend. This is because every support we fund needs to meet all the NDIS funding criteria.

For example, your therapist might recommend a piece of equipment on the basis that it will be 'effective and beneficial' for you. But if there is something cheaper that will achieve the same outcome, we won't be able to fund what the therapist recommended.

This is because it won't be [value for money](#). We may be able to fund the cheaper option instead if it meets all the [NDIS funding criteria](#).

Why don't we fund the same supports as your last plan?

We might fund different supports in your next plan. This is because we will fund supports in your plan based on how we use the NDIS funding criteria at that point in time.

Your needs and situation will most likely change over time. This means it's likely your NDIS supports and funding for those supports will change over time.

For example, we may have funded supports to help you build your skills in a particular area. Once you have built those skills, you won't need funding for that any more. So, we probably won't include that funding for those supports in your next plan.

Supports to build your skills may have met the NDIS funding criteria before, but the same supports might not meet the criteria in future.

Or, your disability support needs might increase or decrease over time. This may mean we consider funding more or less supports as a result.

What happens if you don't use all your funding in your NDIS plan?

We will consider how you have used your NDIS funding to help us work out what supports meet the NDIS funding criteria in your next plans.

If you haven't used all the funding by the end of your plan, it doesn't mean we'll reduce the funding in your next plan. There may be very good reasons why you weren't able to buy the supports we funded.

When we review your plan, we'll talk about any problems you had buying the supports funded in your plan. We'll also see how we can help you use your funding if we need to.

But if you consistently don't buy all the supports we fund and use all of your NDIS funding, we need to think about whether the supports really do meet the NDIS funding criteria. For example, they may not be 'effective and beneficial' for you if you're not actually using them. We will talk to you about this when we review your plan.

Learn more about [plan reviews](#).

Step 3: How do we include the reasonable and necessary supports in your plan?

Once we've identified the supports, and decided they meet the NDIS funding criteria, we can include the description and funding for the support in your plan.

If the support doesn't meet the NDIS funding criteria, we can't include the support in your plan. We may consider if a differently described support meets the NDIS funding criteria instead.

When we approve your plan we will also make sure all your supports are reasonable and necessary when considered as a package of supports.¹³⁸

Sometimes you might not need any supports under the NDIS. For example, your informal supports may meet all your disability support needs. If so, we'll approve a plan with no funded supports.

Learn more about how we [create and approve your plan](#).

Learn more about [using the funding in your plan](#).

What happens if we don't include the supports you want?

If we decide a support doesn't meet the [NDIS funding criteria](#), we can't include the support in your plan. Also, if the amount of support you want doesn't meet the criteria, we can't include that amount in your plan.

But, we're committed to [our principles](#) and helping you live an [ordinary life](#). Even if we can't fund a particular support we may still be able to help.

If the support doesn't meet the NDIS funding criteria, we can consider if a different support meets the NDIS funding criteria. We might be able to consider describing the support differently, or funding a different type of support.

Or, we may be able to connect you to mainstream or community supports that can help. Mainstream and community supports are available to everyone. They can be a good way to connect with your local community, learn new skills and gain independence.

There are lots of ways we might be able to help, so talk to us if you're in this situation. We can do this at any time. We may be able to help before we approve your plan.

We can also give you reasons for our decision to approve your plan. We can put these reasons in writing. You can always [contact us](#).

If you don't agree with the supports we approve in your plan, you can also request an internal review of our decision. Learn more about [internal and external review of decisions](#).

Reference list

¹ *McGarrigle v National Disability Insurance Agency* (2017) 252 FCR 121 at [88].

² NDIS Act ss 33(2)(a), 33(2)(b), 33(5)(c), 34.

³ NDIS Act ss 13, 33(2)(a).

⁴ NDIS Act ss 33(2)(b), 34.

⁵ NDIS Act and delegated legislation made under the NDIS Act, especially NDIS (Supports for Participants) Rules and NDIS (Plan Management) Rules.

⁶ NDIS Act ss 33(2)(b), 34; NDIS (Supports for Participants) Rules.

⁷ NDIS Act ss 33(5)(d), 35(1)(b); NDIS (Supports for Participants) Rules r 5.3.

⁸ NDIS (Supports for Participants) Rules pt 5.

⁹ NDIS Act s 34(1).

¹⁰ NDIS (Supports for Participants) Rules r 2.4; NDIS Act s 33(5)(c).

¹¹ NDIS Act ss 4, 31.

¹² NDIS Act s 4(1).

¹³ NDIS Act s 4(2).

¹⁴ NDIS Act s 4(4).

¹⁵ NDIS Act s 4(8).

¹⁶ NDIS Act s 4(10).

¹⁷ NDIS Act s 4(17).

¹⁸ NDIS Act s 4(11).

¹⁹ NDIS Act s 33(5)(a); NDIS (Supports for Participants) Rules r 4.1(a).

²⁰ NDIS (Supports for Participants) Rules r 4.1(a).

²¹ NDIS (Supports for Participants) Rules r 4.1(b).

²² NDIS (Supports for Participants) Rules rr 4.1(b), (d).

²³ NDIS (Supports for Participants) Rules r 4.1(c).

²⁴ NDIS Act s 33(5)(b).

²⁵ NDIS Act ss 36, 50.

²⁶ NDIS (Supports for Participants) Rules rr 4.2-4.6.

²⁷ NDIS Act s 33(1).

²⁸ NDIS Act s 47(1).

- ²⁹ NDIS (Supports for Participants) Rules r 4.1(d).
³⁰ NDIS Act s 34(1)(a).
³¹ NDIS Act s 34(1)(a).
³² NDIS Act s 33(5)(f).
³³ NDIS Act s 33(3) and NDIS (Plan Management) Rules.
³⁴ NDIS Act s 33(5)(c).
³⁵ NDIS Act s 33(3).
³⁶ NDIS Act s 33(3); NDIS (Plan Management) Rules r 6.2.
³⁷ NDIS Act s 33(3); (NDIS (Plan Management) Rules r 6.3.
³⁸ NDIS (Plan Management) Rules pt 6.
³⁹ NDIS Act s 46(1).
⁴⁰ NDIS Act (Plan Management) Rules r 6.4(a).
⁴¹ NDIS (Plan Management) Rules r 6.4(b).
⁴² NDIS (Plan Management) Rules r 6.4(c).
⁴³ NDIS (Plan Management) Rules r 6.4(d).
⁴⁴ NDIS (Plan Management) Rules r 6.4(e).
⁴⁵ NDIS (Plan Management) Rules r 6.4(f).
⁴⁶ NDIS (Plan Management) Rules r 6.4(f).
⁴⁷ NDIS (Plan Management) Rules r 6.4(f).
⁴⁸ NDIS (Provider Registration and Practice Standards) Rules r 7(3).
⁴⁹ NDIS (Provider Registration and Practice Standards) Rules r 7(2).
⁵⁰ NDIS Act s 42(2)(b).
⁵¹ NDIS (Provider Registration and Practice Standards) Rules r 7(1).
⁵² NDIS (Plan Management) Rules rr 6.6-6.7.
⁵³ NDIS (Plan Management) Rules r 6.6.
⁵⁴ NDIS (Plan Management) Rules r 6.7.
⁵⁵ NDIS (Plan Management) Rules r 6.7.
⁵⁶ NDIS (Plan Management) Rules r 6.7.
⁵⁷ NDIS (Plan Management) Rules r 6.5.
⁵⁸ NDIS (Plan Management) Rules r 6.6.
⁵⁹ NDIS Act ss 33(5)(d), 35(1)(b); NDIS (Supports for Participants) Rules pt 5.
⁶⁰ NDIS Act s 34(1).
⁶¹ NDIS (Supports for Participants) Rules r 5.
⁶² NDIS Act ss 33(5)(d), 35(1)(b); NDIS (Supports for Participants) Rules r 5.3(a).
⁶³ NDIS Act ss 33(5)(d), 35(1)(b); NDIS (Supports for Participants) Rules r 5.3(b).
⁶⁴ NDIS Act ss 33(5)(d), 35(1)(a); NDIS (Supports for Participants) Rules r 5.1(a).
⁶⁵ NDIS Act ss 33(5)(d), 35(1)(a); NDIS (Supports for Participants) Rules r 5.1(b).
⁶⁶ NDIS Act ss 33(5)(d), 35(1)(a); NDIS (Supports for Participants) Rules r 5.1(d).
⁶⁷ NDIS Act ss 33(5)(d), 35(1)(a); NDIS (Supports for Participants) Rules r 5.1(c).
⁶⁸ NDIS (Supports for Participants) Rules r 5.3(a).
⁶⁹ NDIS (Provider Registration and Practice Standards) Rules 2018 r 7(2).
⁷⁰ NDIS Act s 73F(2)(a).
⁷¹ NDIS (Supports for Participants) Rules r 5.3(b).
⁷² NDIS (Supports for Participants) Rules r 5.1(a).
⁷³ NDIS (Supports for Participants) Rules r 5.1(b).
⁷⁴ NDIS (Supports for Participants) Rules r 5.1(d).
⁷⁵ NDIS (Supports for Participants) Rules r 5.1(d).
⁷⁶ NDIS (Supports for Participants) Rules r 5.2(a).
⁷⁷ NDIS (Supports for Participants) Rules r 5.2(b).
⁷⁸ NDIS (Supports for Participants) Rules r 5.1(c).
⁷⁹ NDIS Act ss 33(5)(c), 34(1).
⁸⁰ NDIS Act s 34(1)(a).
⁸¹ NDIS Act s 34(1)(b).
⁸² NDIS Act s 34(1)(c).
⁸³ NDIS Act s 34(1)(d).
⁸⁴ NDIS (Supports for Participants) Rules r 3.2(a).

- ⁸⁵ NDIS Act s 34(1)(e).
⁸⁶ NDIS Act s 34(1)(f).
⁸⁷ NDIS (Supports for Participants) Rules pts 3, 4.
⁸⁸ NDIS Act s 33(5)(c).
⁸⁹ NDIS Act s 34(1)(a).
⁹⁰ *McGarrigle v National Disability Insurance Agency* (2017) 252 FCR 121 at [91].
⁹¹ NDIS Act s 34(1)(a).
⁹² NDIS Act s 34(1)(c).
⁹³ NDIS Act s 34(1)(d).
⁹⁴ NDIS (Supports for Participants) Rules r 5.1(b).
⁹⁵ NDIS (Supports for Participants) Rules r 5.1(d).
⁹⁶ NDIS Act s 34(1)(b).
⁹⁷ NDIS Act s 34(1)(c).
⁹⁸ NDIS Act ss 3(3)(b), 4(17)(b).
⁹⁹ NDIS (Supports for Participants) Rules r 3.1(a).
¹⁰⁰ NDIS (Supports for Participants) Rules r 3.1(b).
¹⁰¹ NDIS (Supports for Participants) Rules r 3.1(c).
¹⁰² NDIS (Supports for Participants) Rules r 3.1(e).
¹⁰³ NDIS (Supports for Participants) Rules r 3.1(f).
¹⁰⁴ NDIS (Supports for Participants) Rules r 3.1(c).
¹⁰⁵ NDIS (Supports for Participants) Rules r 3.1(d).
¹⁰⁶ *McCutcheon and NDIA* [2015] AATA 624 at [34].
¹⁰⁷ *McCutcheon and NDIA* [2015] AATA 624 at [34].
¹⁰⁸ *McCutcheon and NDIA* [2015] AATA 624.
¹⁰⁹ NDIS (Supports for Participants) Rules r 3.2(a).
¹¹⁰ NDIS (Supports for Participants) Rules r 3.2(b).
¹¹¹ NDIS (Supports for Participants) Rules r 3.2(c).
¹¹² NDIS (Supports for Participants) Rules r 3.3.
¹¹³ NDIS (Supports for Participants) Rules r 3.3.
¹¹⁴ NDIS Act s 34(1)(e).
¹¹⁵ NDIS Act s 34(1)(e).
¹¹⁶ NDIS (Supports for Participants) Rules r 3.4(a)(i).
¹¹⁷ NDIS (Supports for Participants) Rules r 3.4(c).
¹¹⁸ NDIS (Supports for Participants) Rules r 3.4(a)(i).
¹¹⁹ NDIS (Supports for Participants) Rules r 3.4(a)(ii); *JQJT and National Disability Insurance Agency* [2016] AATA 478 at [39].
¹²⁰ NDIS (Supports for Participants) Rules r 3.4(a)(iii).
¹²¹ NDIS (Supports for Participants) Rules r 3.4(a)(iv).
¹²² NDIS (Supports for Participants) Rules rr 3.4(b)(i), (ii).
¹²³ NDIS (Supports for Participants) Rules r 3.4(b)(iii).
¹²⁴ NDIS (Supports for Participants) Rules r 3.4(b)(ii).
¹²⁵ NDIS (Supports for Participants) Rules r 3.4(b)(ii).
¹²⁶ NDIS (Supports for Participants) Rules r 3.4(b)(ii)(A).
¹²⁷ NDIS (Supports for Participants) Rules r 3.4(b)(ii)(B).
¹²⁸ NDIS (Supports for Participants) Rules r 3.4(b)(ii)(C).
¹²⁹ NDIS (Supports for Participants) Rules r 3.4(b)(ii)(C).
¹³⁰ NDIS Act s 34(1)(f).
¹³¹ NDIS (Supports for Participants) Rules rr 3.5-3.7 and Schedule 1.
¹³² NDIS Act s 34(1)(f).
¹³³ NDIS (Supports for Participants) Rules rr 3.5-3.7, Schedule 1; NDIS Act ss 209(4), (8) item 1.
¹³⁴ NDIS (Supports for Participants) Rules rr 3.5-3.7, Schedule 1.
¹³⁵ NDIS (Supports for Participants) Rules rr 3.5-3.7, Schedule 1.
¹³⁶ Disability Discrimination Act 1992 (Cth); Discrimination Act 1991 (ACT); Anti-Discrimination Act 1977 (NSW); Anti-Discrimination Act 1996 (NT); Anti-Discrimination Act 1991 (Qld); Equal Opportunity Act 1984 (SA); Anti-Discrimination Act 1998 (Tas); Equal Opportunity Act 2010 (Vic); Equal Opportunity Act 1984 (WA).
¹³⁷ NDIS Act s 118(2).

¹³⁸ NDIS Act s 33(5)(c).

Practice Guide - Intensive Super Intensive Participants

Guidance for Planners, LACs and delegates

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Application

- Higher Intensity (1:1 support, 24/07 Support, Community High)
- Participants with complex presentations including behaviours of concern
- Justice Participants (moderate and complex support needs)
- Determining Governance (determining jurisdictions such as Child Protection, Justice, Youth Services, Child and Family Services and Health)
- Specialist Disability Accommodation (group settings) – behaviours of concern

Supporting information

- National Disability Insurance Scheme Act 2013
- National Disability Insurance Scheme Rules
- State and Territory Operational Plans including Working Arrangements
- Transition in-kind arrangements
- Practice Guidance – First Plans & Plan Implementation Monitoring and review
- Work Practices & Task cards – all aspects of the Participant Pathway
- Quality and Safeguards

Purpose

The practice guidance will support regional staff through inclusion of –

- Considerations for planning, including suggested funded supports for each cohort;
- Range of questions that could be asked by planners to identify need, mainstream supports, risks and service preferences;
- Principles to guide individual service supports for participants while maintaining a consistent approach across the Agency;
- Determining the role and requirements of support coordination to implement the participant's plan;
- Defining clinical governance of the implementation of the participant's plan (determining jurisdictions such as Child Protection, Justice, Youth Services, Child and Family Services and Health)
- Identifying the expectations of the market in providing support to participants with complex needs

NDIA Stream definitions

Trial has taught us that participants differ in their capacity to manage NDIS processes. To ensure participants receive the right support in the participant pathway the Agency has developed 'Streaming'.

Participants are streamed according to the factors that inform the level of support they need in the Pathway. There is criteria that has been developed in agreement between the State, Territories and Commonwealth government on what individual characteristics inform Streaming. For example a participant may be involved with multiple jurisdictions such as Justice, Housing and Health due to their complex needs – they would be streamed into Super-Intensive.

Note: definitions are related to effort required to participate in the Participant pathway not just complexity of functional impairment.

Participant streams are general, supported, intensive and super-intensive.

Supported

- Requires assistance to engage in the participant pathway
- Requires/ prefers face to face assistance
- Can with help, articulate goals, needs & supports
- Reliable supports
- Solid provider market

Intensive (~ 15%)

- Requires intensive support (multiple meetings/ multiple stakeholders) to engage and be sustained in participant pathway. NB – this includes informal support context
- 1:1 supports
- Involvement (or a combination of) other service systems e.g. justice, child protection
- Insufficient supports to assist with decision making
- 1:1 supports for behaviours of concern
- Current core funding outside NDIS scope
- CALD or Indigenous and isolated &/or history of trauma
- Group Homes/ Large Residential Centres
- Immediate need requiring rapid provision of supports
- Market challenges – availability, suitability of offer, coordination

Super Intensive (~ 5%)

- Unable to engage in participant pathway
- Hard to reach
- Involved in multiple service systems/ functions (Justice, Child Protection, Public Advocates, Senior Practitioners, Multiple and Complex Needs Working Groups)
- Multiple specialist clinicians involved requiring clinical governance
- Significant behaviours of concern
- No informal support/ representative
- Current core funding outside NDIS scope
- Requires 1:1 service with multiple stakeholders
- Minimal provider market – coordination, direct service delivery, availability

All State and Territory working arrangements include definitions and requirements for working with participants with complex support needs. The NDIA has ensured that the streaming definitions are aligned with the States and Territories definitions of complex.

Overview

This practice guidance has been developed to support the development and implementation of plans for participants who are streamed into Intensive or Super-Intensive and who have complex support needs related to their service context and/or behaviours of concern. (Not complex health needs).

The approach detailed in this practice guidance has been developed and tested during the NDIS trial period in some regional trial sites and supports Positive Behaviour Support and Person Centred Practice. The Agency is committed to introducing consistent and individualised practice approaches across all Regions that builds on trial experience and industry best practice. It is expected that the model and practice guidance will be further developed as more participant's transition into the NDIS. Participants' plans including implementation of their mainstream, community and funded supports will inform the on-going development of the practice model. The implementation of the practice model will also be used to identify market successes and gaps and to guide further market stimulation activities.

The practice model will assist planning for the transition of participants from State and Territories to the NDIS ensuring that these participants continue to receive reasonable and necessary funded supports, which are evidence based and represent value for money and are also connected with mainstream and community supports.

Background

The NDIA recognizes that Behaviours of Concern are the result of a person and environment interaction. Behaviours of concern may be a reaction to a range of impacts such as an (but not limited to) inappropriate or poorly matched environment, inability to communicate needs/ wants or lack of understanding, low stimulation, overstimulation, boredom, frustration, trauma and/ or sadness. The communicative aspects of Behaviours of Concern may also include protest indicating that a person does not want to do something or be near someone. The health status of a participant must also be considered, as pain or ill health could be a contributing factor to behaviour. Positive behaviour support recognizes that all human behaviour, including behaviours of concern, serve a purpose.

Change cannot be achieved unless the Behaviours are observed and measured and the social and interactive elements are identified. There must be comprehensive analysis of the person's presentation and a full exploration of their environment to identify the factors that are contributing to the situation. Data collection and analysis enables the design and application of evidenced based positive behaviour support interventions that create a better future. Data collected must include the formal and informal systems, support practices and structures around a participant.

There must also be analysis of a Service Provider capability and capacity to meet the needs of participants with complex needs. Thin markets or market gaps may contribute to poorly matched participants and providers. NDIA is committed to enhancing the market through a range of stimulation activities such as (but not limited to) commissioning and investment in market capacity building. The NDIA is also committed to stabilizing current supports and applying risk management strategies to mitigate the risk of service breakdown.

Through the engagement of mainstream and community supports such as Health, Housing and Justice the NDIA also promotes a whole of community response to identify and treat systemic issues faced by participants and their supporters.

To ensure that participants can achieve a Quality of Life through well designed formal, informal, community and mainstream supports, the NDIA is committed to a holistic approach that includes (but is not limited to) -

- Assessments;
- Service and support design informed by evidence;
- Co-design of supports with the participant and their supporters;
- Connection with and access to mainstream and community supports;
- Strengthening the capability and capacity of informal supports;
- Building capacity and capability of the participant;
- Training and support for paid and unpaid supports to develop consistency in interactions and supports for the Participant;
- Training and supervision of paid staff to ensure that supports are being implemented consistently with Support Plans;

- Clinical governance – implementation of the Participant’s NDIA plan including connection with mainstream and community supports;
- Development of an environment that enhances the quality of life for the participant;
- Risk mitigation strategies that are the least restrictive option;
- Development of positive reputations for individuals who historically have been impacted by systems, labelling and stereotyping

Aims

The development of a consistently applied NDIA practice model that supports a Positive Behaviour Support and Person Centred Practice for participants who have complex behavioural support needs will inform and develop -

- Best practice within the National Disability Insurance Scheme framework specific to individual participant’s needs;
- Planned approach to reducing liability to scheme – ensure return on investment through inclusion of capacity building supports in plans;
- Evidence based strategies – supports are beneficial, consider best practice and are based on evidence;
- Enhancement of positive risk - capacity building to increase the participants independence, social and economic participation;
- Risk mitigation strategies while reducing use of increased staff to mitigate risk;
- Service models that are not likely to cause harm to the participant or others;
- Data capture of service gaps;
- Identification of ‘best fit provider’ – match participant need and preference to providers;
- Separation of assessment and service design from service provision which achieves better outcomes through monitoring and transparency of service provision;
- Targeted market stimulation – providing increased opportunity for a range of providers to enter the market;
- Improved governance of service provision – introduce clinical governance to implement plan and monitor progress of supports;
- Systems development – the improvement of all systems involved in supporting participants;
- Measure benefit realization of the approach – this includes the financial, social and emotional benefits to participants and their supporters of implementing a planned approach.

Anticipated Outcomes of the practice guidance

The outcomes of implementation of this practice model will be -

- More consistent decision making across NDIA;
- Ongoing development of positive business relationships with providers;
- Identified market gaps, market success and market failures;
- Market stimulation – increase in variety and availability of specialist providers;
- Development of National and local Strategic partnerships with jurisdictions (Public Advocates, Senior Practitioners, Justice, Health);
- Benefit realization – evidence based measurement of economic, social and emotional improvements for participants and their supporters;
- Return on Scheme Investment;
- Improved Quality of Life outcomes for participants;
- Cost reduction in plans – Scheme liability (documented cases with reduction of funded supports and increase in participant outcomes and improved Quality of Life)
- Increased data capture of successful interventions;
- Improved satisfaction level of participants with both Agency and service provision;
- Improved confidence and performance of service providers in supporting participant's to implement their plan.

Workflow

This workflow is to be implemented in each NDIA region. It is expected that there will be supporting activities within each region such as regional coordination meetings and/ or regional implementation meetings (State/ Territory and NDIA) that will complement this practice model.

1. As detailed in the relevant State and Territory working arrangements the State or Territory will provide information regarding the participant to the NDIA (minimum data set) and to the NDIA Planner;
2. The information provided will be used solely to inform the development and implementation of the participant's plan;
3. The NDIA will ensure that they liaise with any person nominated by a State and Territory to inform the development of the plan;
4. NDIA will forward any issues or queries that cannot be resolved at the regional coordination level, as detailed in the relevant State and Territory Working Arrangement;
5. The NDIA Planner (or Agent) will complete the First Plan or plan review with the participant and their supporters. This includes completion of all forms required in the Planning or plan review process;
6. The plan developer will then consider the individual's circumstances, all available other information including (but not limited to) Assessments, Support Plans, Orders, Legacy Supports. The plan developer will place additional funded supports by line item as per the recommendations in this Practice Guidance and as detailed in the Task Card;
7. The Planner will refer to this practice guidance to inform the inclusion of additional funded supports in the participant's plan. The additional supports must be within NDIA Guidelines including the Act, the Rules, State and Territory working arrangements especially in-kind agreements;
8. The Planner will liaise with the Regional Subject Matter Expert on plans that
 - Funded supports relate to Behaviours of concern; and/or
 - Contain 'Legacy Supports' that fall outside of NDIA Operational Guidelines; and/or
 - Involve multiple jurisdictions; and/or
 - Include in-kind supports; and/or
 - Participants are identified as a risk to themselves or others.

9. The Regional Subject Matter Expert should consult with the Technical Advisory Team on all plans that include 1:1 (or greater) support and/or 24/07 support.
10. It is recommended that capacity building supports linked to Behaviour Interventions are NOT self-managed. This ensures the use of registered providers who must adhere to quality and safeguards that minimize risk to participants and others;
11. Capacity building supports linked to Behaviour Interventions and Specialist Support Coordination will be purchased as 'Stated supports' – Stated support means the supports described as STATED must be purchased by the participant in the way described in the participant's plan. This ensures the Agency and Support Coordinator are able to monitor reporting timeframes, plan expenditure patterns and outcomes for a potential reduction of 1:1 and/or higher intensity supports;
12. The plan developer will complete the 'justification' in the plan and submit for approval.
13. Once approved, the Plan Delegate will contact the Participant and Support Coordinator and handover the plan along with a letter regarding the approval and/or decline of supports. The 'Plan Handover' meeting is where the following matters related to plan implementation should be discussed:
 - Informal Supports
 - Arranging and implementing their informal supports
 - Mainstream and Community Supports
 - Reviewing their plan requirements
 - Coordinating their mainstream and community supports
 - How the funds will be managed
 - Choosing their support providers
 - Entering into agreements with providers
 - Delivery of supports
 - Coordinating their reasonable and necessary (funded) supports
 - Understanding how to use supports that have flexible funding
 - Understanding how to check the funds that have been claimed and paid on the participant's plan
14. For participants that are streamed as Intensive and whose plans include Behaviour Intervention Supports, or participants who are Super-Intensive, the NDIA will require a Support Coordinator to obtain information from the current or prospective service providers to develop a service proposal outlining the Proposed Service. This will enable pro-active monitoring of plan implementation and identification of areas of

success and also areas requiring attention. Depending on the complexity of the participant's supports and interventions the proposal should include some of or all of the following:

- Model of support;
- Full costing of proposal;
- Program aims and objectives;
- Rationale around Model of Support;
- Rationale – Desired Outcome – Progress updates (expected timeframes);
- Capacity building goals – Inc. strategies, expected outcomes with specific timeframes
- Reduction of 1:1 supports over an agreed timeframe;
- Strategies for connection with mainstream and community supports;
- Risk matrix and management strategies;
- Reporting timeframes;
- Daily life tasks and skills – separation of core supports and capacity building supports
- General and Mental health supports;
- Supports for maintaining, establishing or re-establishing informal supports;
- Incident reporting – all incidents related to case are forwarded to planner;
- Clinical governance – roles and responsibilities of all parties;
- Legal considerations – Treatment Orders, Guardianship, Administration etc.
- Reportable Restrictive Interventions if applicable.

15. The participant's plan, will be monitored by the Support Coordinator, however, monitoring activities of a participant's plan may be conducted by the Actuarial team and/or through participant file reviews undertaken by the NDIA, and will vary depending on the individual's circumstances and could include any one or more of the following:

- Checking whether claims are being made;
- Checking the participant's funding is being drawn down at an appropriate rate (i.e. there is nothing to indicate that the participant is not receiving the funded supports or that they will run out of funding before the end of the plan)

16. For participants listed in (8), the Support Coordinator will ensure that NDIA receive copies of all assessments and reports related to the funded supports to ensure they are considered in any planning.

Recommended Supports

To ensure a participant receives the appropriate support required to implement their plan and to address any behavioural complexities in their current life situation, 2 levels of behaviour intervention support have been determined.

Please refer to [Task Card - How to include Behavioural Support intervention in a plan](#).

Reasonable & necessary supports

Before specifying any general support, or reasonable and necessary support, in a participant's plan the delegate has to:

1. Be satisfied that all the criteria set out in s.34(1) of the NDIS Act are met in respect of each funded support before it is included in a participant's plan,
2. Ensure the support:
 - Will not cause harm to the participant or pose risk to others,
 - Is due to the effect of the disability on the participant and does not duplicate supports available from other systems,

Does not relate to day to day living costs (e.g. rent, groceries, utility fees) unless directly attributable to the impact of the disability on the participant.

Recommended Supports – Behaviour Support Intervention/ 24/07 (BoC) Community High (BoC)

A behaviour of concern, or challenging behaviour refers to any behaviour/s that causes physical harm to the participant or another person in their home or in the community. It can often result in the destruction of property, self-injurious behaviour, and engagement in unsafe social participation.

Families can have difficulty in sustaining caring responsibilities due to the potential risk of harm to the participant or other family members in the home. A participant displaying behaviours of concern may be prevented or limited to pursue social, education, economic or recreational activities.

Without appropriate Positive Behaviour Support, a participant will be restricted from participating in meaningful and inclusive activities due to the significant risk of harm and safety to self or others.

To assist the participant and their supporters to identify the ways to best support their presenting behaviours, it is recommended they be referred to a Psychologist, Occupational Therapist or suitably qualified professional for a Behaviour Support Plan Assessment. This

assessment is the process of collecting historic and holistic information which identifies settings, triggers, actions and results according to the behaviours displayed. Patterns of behaviour are recorded and monitored to identify successful strategies for replacement behaviour.

The BSP (Behaviour Support Plan) will include participant goals, the actions required by persons assisting the participant, how progress and actions are measured and by whom and a date for goal achievement. The BSP will also include a range of strategies used to support the person's behaviour, including proactive skill development to build on the participant's strengths and increase their capacity to participate in more meaningful life activities.

It is during the BSP Assessment that the qualified therapist will also identify whether any additional assessments might be required. For example, if a person is displaying behaviours around 'ripping off their clothes' or 'hitting or kicking people in noisy rooms', a Sensory Assessment might be appropriate, to determine the participant's response to sensory information and process to reduce the impact it has on their daily lives.

Where there are specific strategies that require intensive support to implement in the participant's environment, training in behaviour management for family, carers and direct support networks can be provided by the Behaviour Support specialist and will be included in their NDIS plan.

Usually, the BSP requires specific intervention that can only be provided by qualified specialists, therefore the funding in the participant's plan will be referred to as a 'Stated Support'. This means that the NDIS has identified a reasonable and necessary decision that only the provider 'Stated' on the participant's plan can be used for this particular assessment.

Support Item	Support Description	Description of Assessment	Hours
Specialist behavioural intervention support	Highly specialised intensive support interventions to address significantly harmful or persistent behaviours of concern. Development of behaviour support plans that temporarily use restrictive practices, with intention to minimise use of these practices.	Behavioural Assessment to create a Behaviour Support Plan.	Refer - Task Card - How to include Behavioural Support intervention in a plan
Behaviour management plan, training in behaviour management strategies	Travel for behaviour therapist. Consider hours for transport to deliver behaviour support plan and perform behaviour support assessment with current therapists, care team and support providers.	Sometimes the provision of therapeutic supports requires a provider to be engaged from outside the participant's geographical area. This travel is paid at the hourly rate, up to a maximum of \$1,000 per year, for return trips to visit participants at home/work/school beyond 10 kilometres. Remote travel will be paid in accordance with the NDIS pricing information.	Refer - Task Card - How to include Behavioural Support intervention in a plan
Behaviour management plan, training in behaviour management strategies	Training for carers and others in behaviour management strategies required due to the persons disability.	Behavioural specialist providing training as per recommendations and strategies in the Behaviour Support Plan (BSP) Short term support to implement strategies across all the participants support environments. Capacity building for carers in behaviour intervention strategies.	Refer - Task Card - How to include Behavioural Support intervention in a plan

Support Item	Support Description	Description of Assessment	Hours
Individual assessment, therapy and/or training (includes assistive technology)	Assessment completed by a psychologist/ occupational therapist.	Sensory Assessment	Apply R&N decision making
Individual social skills development	Social skills development with an individual, for participation in community and social activities.	Assistance to develop the confidence and capacity of an individual to complete tasks and activities more autonomously in the community. Aimed at being short term intensive support, to build capacity and potentially reduce the need for additional supports in the future (once skill developed)	Apply R&N decision making

Recommended Supports – Group Homes/ LRC Wraparound Model

If a participant is presenting with Behaviours of Concern and lives with other people with disabilities, it is recommended that any interventions be applied in a 'whole of house' or 'wrap around' approach. This approach ensures that there is analysis of the environment and interactions of all residents and service provision, that guides the development of person centred capacity building service delivery. This aids in 'resetting' the environment so all participants' essential needs are met. The application of funded supports in this manner also enables the application of the Insurance principles of Return on Investment and Value for Money.

The supports below provide a guide to providing 'wrap-around' behaviour support interventions. The recommended supports include environmental/ ecological assessments, communication assessments, program development, staff training and coordination that include all members of the household. This ensures that the needs of all residents can be met in their current living environment. It also aids in informing future planning and service provision by the identification of the individual participant's needs and preferences. It also provides an opportunity to monitor the performance of the provider in reducing behaviours of concern, building capacity of residents resulting in an improved quality of life. A wrap around model also provides evidence of good practice, return on investment, market success and failure.

It is expected that the assessments, training and monitoring will be provided by a provider other than the residential service. It is expected that the support coordination (plan implementation) will be provided by a provider other than the residential service.

A group wraparound model has been identified as required where (example):

- There is currently Intensive support (high level staffing ratio's) required in the home due to the dynamics of the environment and current model of support being implemented;
- High staff burnout within the home, resulting in escalated behaviours of the residents;
- Frequent incidents such as assaults, restraint or seclusion occurring in the house;

A request from the accommodation support provider to increase support hours/funding due to the significant risk some participants are placing on staff/individuals in the home;

Support Item	Support Description	Description of Assessment	Hours
Specialist behavioural intervention support	Highly specialised intensive support interventions to address significantly harmful or persistent behaviours of concern. Development of behaviour support plans that temporarily use restrictive practices, with intention to minimise use of these practices	Group home with participants presenting with significant behaviours of concern. Will include an overall Ecological Analysis of the home, taking into account the appropriateness of the physical structure for each individual participant's need. Clinical assessment of all participant behaviours and perform Functional Behavioural Analysis. Considers the capability of the client mix, the appropriateness and effectiveness of staffing within the home and current strategies used for behaviour intervention. Risk Assessment – i.e.: ARMIDLO (Assessment tool appropriate for individuals with significant behaviours of concern which have historically caused harm to themselves and others. Sensory Assessment will be completed for those participants with identified sensory needs/behaviours resulting from lack of identified sensory needs. ASK (Assessment of Sexual Knowledge) – for individuals displaying sexualized behaviours of concern.	Apply R&N decision making

Support Item	Support Description	Description of Assessment	Hours
Behaviour management plan, training in behaviour management strategies	Training for carers and others in behaviour management strategies required due to the persons disability.	Behavioural specialist providing training as per recommendations and strategies in the Behaviour Support Plan (BSP) Short term support to implement strategies across all the participants support environments. Capacity building for carers in behaviour intervention strategies across home and day support environments. Training inclusive of behaviour intervention specialist assisting care team/house support workers in working proactively with the individual and others as needed.	Apply R&N decision making

Feedback

If you have any feedback about this Practice Guide please email [Practice Implementation](#). In your email remember to include the title of the product you are referring to and to describe your suggestion or issue concisely.

Version change control

Version No	Amended by	Brief Description of Change:	Status	Date
1.00	Meg Parsons	Creation of <i>Practice Guide – Intensive Super Intensive – v1.00</i>	APPROVED	2016-10-20
1.01	SMQ398 MA0018	Removal of \$ values and quantum's to align with the revocation of the CEO directive.	DRAFT	2017-09-12
2.00	SL0048	Class 3 Approval	APPROVED	2017-09-13
2.01	RG0019	Removal of Justice information (pages 19-24) - replaced by new PG – Participants with Justice interface	DRAFT	2018-09-12
3.0	JEFFER	Class 2 Approval (acting BM)	APPROVED	2018-09-19

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- Quality and Safeguards

Purpose

The practice guidance will support regional staff through inclusion of –

- Considerations for planning, including suggested funded supports for each cohort;
- Range of questions that could be asked by planners to identify need, mainstream supports, risks and service preferences;
- Principles to guide individual service supports for participants while maintaining a consistent approach across the Agency;
- Determining the role and requirements of support coordination to implement the participant's plan;
- Defining clinical governance of the implementation of the participant's plan (determining jurisdictions such as Child Protection, Justice, Youth Services, Child and Family Services and Health)
- Identifying the expectations of the market in providing support to participants with complex needs

NDIA Stream definitions

Trial has taught us that participants differ in their capacity to manage NDIS processes. To ensure participants receive the right support in the participant pathway the Agency has developed 'Streaming'.

Participants are streamed according to the factors that inform the level of support they need in the Pathway. There is criteria that has been developed in agreement between the State, Territories and Commonwealth government on what individual characteristics inform Streaming. For example a participant may be involved with multiple jurisdictions such as Justice, Housing and Health due to their complex needs – they would be streamed into Super-Intensive.

Note: definitions are related to effort required to participate in the Participant pathway not just complexity of functional impairment.

Participant streams are general, supported, intensive and super-intensive.

Supported

- Requires assistance to engage in the participant pathway
- Requires/ prefers face to face assistance
- Can with help, articulate goals, needs & supports
- Reliable supports
- Solid provider market

Intensive (~ 15%)

- Requires intensive support (multiple meetings/ multiple stakeholders) to engage and be sustained in participant pathway. NB – this includes informal support context
- 1:1 supports
- Involvement (or a combination of) other service systems e.g. justice, child protection
- Insufficient supports to assist with decision making
- 1:1 supports for behaviours of concern
- Current core funding outside NDIS scope
- CALD or Indigenous and isolated &/or history of trauma
- Group Homes/ Large Residential Centres
- Immediate need requiring rapid provision of supports
- Market challenges – availability, suitability of offer, coordination

Super Intensive (~ 5%)

- Unable to engage in participant pathway
- Hard to reach
- Involved in multiple service systems/ functions (Justice, Child Protection, Public Advocates, Senior Practitioners, Multiple and Complex Needs Working Groups)
- Multiple specialist clinicians involved requiring clinical governance
- Significant behaviours of concern
- No informal support/ representative
- Current core funding outside NDIS scope
- Requires 1:1 service with multiple stakeholders
- Minimal provider market – coordination, direct service delivery, availability

All State and Territory working arrangements include definitions and requirements for working with participants with complex support needs. The NDIA has ensured that the streaming definitions are aligned with the States and Territories definitions of complex.

Overview

This practice guidance has been developed to support the development and implementation of plans for participants who are streamed into Intensive or Super-Intensive and who have complex support needs related to their service context and/or behaviours of concern. (Not complex health needs).

The approach detailed in this practice guidance has been developed and tested during the NDIS trial period in some regional trial sites and supports Positive Behaviour Support and Person Centred Practice. The Agency is committed to introducing consistent and individualised practice approaches across all Regions that builds on trial experience and industry best practice. It is expected that the model and practice guidance will be further developed as more participant's transition into the NDIS. Participants' plans including implementation of their mainstream, community and funded supports will inform the on-going development of the practice model. The implementation of the practice model will also be used to identify market successes and gaps and to guide further market stimulation activities.

The practice model will assist planning for the transition of participants from State and Territories to the NDIS ensuring that these participants continue to receive reasonable and necessary funded supports, which are evidence based and represent value for money and are also connected with mainstream and community supports.

Background

The NDIA recognizes that Behaviours of Concern are the result of a person and environment interaction. Behaviours of concern may be a reaction to a range of impacts such as an (but not limited to) inappropriate or poorly matched environment, inability to communicate needs/ wants or lack of understanding, low stimulation, overstimulation, boredom, frustration, trauma and/ or sadness. The communicative aspects of Behaviours of Concern may also include protest indicating that a person does not want to do something or be near someone. The health status of a participant must also be considered, as pain or ill health could be a contributing factor to behaviour. Positive behaviour support recognizes that all human behaviour, including behaviours of concern, serve a purpose.

Change cannot be achieved unless the Behaviours are observed and measured and the social and interactive elements are identified. There must be comprehensive analysis of the person's presentation and a full exploration of their environment to identify the factors that are contributing to the situation. Data collection and analysis enables the design and application of evidenced based positive behaviour support interventions that create a better future. Data collected must include the formal and informal systems, support practices and structures around a participant.

There must also be analysis of a Service Provider capability and capacity to meet the needs of participants with complex needs. Thin markets or market gaps may contribute to poorly matched participants and providers. NDIA is committed to enhancing the market through a range of stimulation activities such as (but not limited to) commissioning and investment in market capacity building. The NDIA is also committed to stabilizing current supports and applying risk management strategies to mitigate the risk of service breakdown.

Through the engagement of mainstream and community supports such as Health, Housing and Justice the NDIA also promotes a whole of community response to identify and treat systemic issues faced by participants and their supporters.

To ensure that participants can achieve a Quality of Life through well designed formal, informal, community and mainstream supports, the NDIA is committed to a holistic approach that includes (but is not limited to) -

- Assessments;
- Service and support design informed by evidence;
- Co-design of supports with the participant and their supporters;
- Connection with and access to mainstream and community supports;
- Strengthening the capability and capacity of informal supports;
- Building capacity and capability of the participant;
- Training and support for paid and unpaid supports to develop consistency in interactions and supports for the Participant;
- Training and supervision of paid staff to ensure that supports are being implemented consistently with Support Plans;

- Clinical governance – implementation of the Participant’s NDIA plan including connection with mainstream and community supports;
- Development of an environment that enhances the quality of life for the participant;
- Risk mitigation strategies that are the least restrictive option;
- Development of positive reputations for individuals who historically have been impacted by systems, labelling and stereotyping

Aims

The development of a consistently applied NDIA practice model that supports a Positive Behaviour Support and Person Centred Practice for participants who have complex behavioural support needs will inform and develop -

- Best practice within the National Disability Insurance Scheme framework specific to individual participant’s needs;
- Planned approach to reducing liability to scheme – ensure return on investment through inclusion of capacity building supports in plans;
- Evidence based strategies – supports are beneficial, consider best practice and are based on evidence;
- Enhancement of positive risk - capacity building to increase the participants independence, social and economic participation;
- Risk mitigation strategies while reducing use of increased staff to mitigate risk;
- Service models that are not likely to cause harm to the participant or others;
- Data capture of service gaps;
- Identification of ‘best fit provider’ – match participant need and preference to providers;
- Separation of assessment and service design from service provision which achieves better outcomes through monitoring and transparency of service provision;
- Targeted market stimulation – providing increased opportunity for a range of providers to enter the market;
- Improved governance of service provision – introduce clinical governance to implement plan and monitor progress of supports;
- Systems development – the improvement of all systems involved in supporting participants;
- Measure benefit realization of the approach – this includes the financial, social and emotional benefits to participants and their supporters of implementing a planned approach.

Anticipated Outcomes of the practice guidance

The outcomes of implementation of this practice model will be -

- More consistent decision making across NDIA;
- Ongoing development of positive business relationships with providers;
- Identified market gaps, market success and market failures;
- Market stimulation – increase in variety and availability of specialist providers;
- Development of National and local Strategic partnerships with jurisdictions (Public Advocates, Senior Practitioners, Justice, Health);
- Benefit realization – evidence based measurement of economic, social and emotional improvements for participants and their supporters;
- Return on Scheme Investment;
- Improved Quality of Life outcomes for participants;
- Cost reduction in plans – Scheme liability (documented cases with reduction of funded supports and increase in participant outcomes and improved Quality of Life)
- Increased data capture of successful interventions;
- Improved satisfaction level of participants with both Agency and service provision;
- Improved confidence and performance of service providers in supporting participant's to implement their plan.

Workflow

This workflow is to be implemented in each NDIA region. It is expected that there will be supporting activities within each region such as regional coordination meetings and/ or regional implementation meetings (State/ Territory and NDIA) that will complement this practice model.

1. As detailed in the relevant State and Territory working arrangements the State or Territory will provide information regarding the participant to the NDIA (minimum data set) and to the NDIA Planner;
2. The information provided will be used solely to inform the development and implementation of the participant's plan;
3. The NDIA will ensure that they liaise with any person nominated by a State and Territory to inform the development of the plan;
4. NDIA will forward any issues or queries that cannot be resolved at the regional coordination level, as detailed in the relevant State and Territory Working Arrangement;
5. The NDIA Planner (or Agent) will complete the First Plan or plan review with the participant and their supporters. This includes completion of all forms required in the Planning or plan review process;
6. The plan developer will then consider the individual's circumstances, all available other information including (but not limited to) Assessments, Support Plans, Orders, Legacy Supports. The plan developer will place additional funded supports by line item as per the recommendations in this Practice Guidance and as detailed in the Task Card;
7. The Planner will refer to this practice guidance to inform the inclusion of additional funded supports in the participant's plan. The additional supports must be within NDIA Guidelines including the Act, the Rules, State and Territory working arrangements especially in-kind agreements;
8. The Planner will liaise with the Regional Subject Matter Expert on plans that
 - Funded supports relate to Behaviours of concern; and/or
 - Contain 'Legacy Supports' that fall outside of NDIA Operational Guidelines; and/or
 - Involve multiple jurisdictions; and/or
 - Include in-kind supports; and/or
 - Participants are identified as a risk to themselves or others.

9. The Regional Subject Matter Expert should consult with the Technical Advisory Team on all plans that include 1:1 (or greater) support and/or 24/07 support.
10. It is recommended that capacity building supports linked to Behaviour Interventions are NOT self-managed. This ensures the use of registered providers who must adhere to quality and safeguards that minimize risk to participants and others;
11. Capacity building supports linked to Behaviour Interventions and Specialist Support Coordination will be purchased as 'Stated supports' – Stated support means the supports described as STATED must be purchased by the participant in the way described in the participant's plan. This ensures the Agency and Support Coordinator are able to monitor reporting timeframes, plan expenditure patterns and outcomes for a potential reduction of 1:1 and/or higher intensity supports;
12. The plan developer will complete the 'justification' in the plan and submit for approval.
13. Once approved, the Plan Delegate will contact the Participant and Support Coordinator and handover the plan along with a letter regarding the approval and/or decline of supports. The 'Plan Handover' meeting is where the following matters related to plan implementation should be discussed:
 - Informal Supports
 - Arranging and implementing their informal supports
 - Mainstream and Community Supports
 - Reviewing their plan requirements
 - Coordinating their mainstream and community supports
 - How the funds will be managed
 - Choosing their support providers
 - Entering into agreements with providers
 - Delivery of supports
 - Coordinating their reasonable and necessary (funded) supports
 - Understanding how to use supports that have flexible funding
 - Understanding how to check the funds that have been claimed and paid on the participant's plan
14. For participants that are streamed as Intensive and whose plans include Behaviour Intervention Supports, or participants who are Super-Intensive, the NDIA will require a Support Coordinator to obtain information from the current or prospective service providers to develop a service proposal outlining the Proposed Service. This will enable pro-active monitoring of plan implementation and identification of areas of

success and also areas requiring attention. Depending on the complexity of the participant's supports and interventions the proposal should include some of or all of the following:

- Model of support;
- Full costing of proposal;
- Program aims and objectives;
- Rationale around Model of Support;
- Rationale – Desired Outcome – Progress updates (expected timeframes);
- Capacity building goals – Inc. strategies, expected outcomes with specific timeframes
- Reduction of 1:1 supports over an agreed timeframe;
- Strategies for connection with mainstream and community supports;
- Risk matrix and management strategies;
- Reporting timeframes;
- Daily life tasks and skills – separation of core supports and capacity building supports
- General and Mental health supports;
- Supports for maintaining, establishing or re-establishing informal supports;
- Incident reporting – all incidents related to case are forwarded to planner;
- Clinical governance – roles and responsibilities of all parties;
- Legal considerations – Treatment Orders, Guardianship, Administration etc.
- Reportable Restrictive Interventions if applicable.

15. The participant's plan, will be monitored by the Support Coordinator, however, monitoring activities of a participant's plan may be conducted by the Actuarial team and/or through participant file reviews undertaken by the NDIA, and will vary depending on the individual's circumstances and could include any one or more of the following:

- Checking whether claims are being made;
- Checking the participant's funding is being drawn down at an appropriate rate (i.e. there is nothing to indicate that the participant is not receiving the funded supports or that they will run out of funding before the end of the plan)

16. For participants listed in (8), the Support Coordinator will ensure that NDIA receive copies of all assessments and reports related to the funded supports to ensure they are considered in any planning.

Recommended Supports

To ensure a participant receives the appropriate support required to implement their plan and to address any behavioural complexities in their current life situation, 2 levels of behaviour intervention support have been determined.

Please refer to [Task Card - How to include Behavioural Support intervention in a plan](#).

Reasonable & necessary supports

Before specifying any general support, or reasonable and necessary support, in a participant's plan the delegate has to:

1. Be satisfied that all the criteria set out in s.34(1) of the NDIS Act are met in respect of each funded support before it is included in a participant's plan,
2. Ensure the support:
 - Will not cause harm to the participant or pose risk to others,
 - Is due to the effect of the disability on the participant and does not duplicate supports available from other systems,

Does not relate to day to day living costs (e.g. rent, groceries, utility fees) unless directly attributable to the impact of the disability on the participant.

Recommended Supports – Behaviour Support Intervention/ 24/07 (BoC) Community High (BoC)

A behaviour of concern, or challenging behaviour refers to any behaviour/s that causes physical harm to the participant or another person in their home or in the community. It can often result in the destruction of property, self-injurious behaviour, and engagement in unsafe social participation.

Families can have difficulty in sustaining caring responsibilities due to the potential risk of harm to the participant or other family members in the home. A participant displaying behaviours of concern may be prevented or limited to pursue social, education, economic or recreational activities.

Without appropriate Positive Behaviour Support, a participant will be restricted from participating in meaningful and inclusive activities due to the significant risk of harm and safety to self or others.

To assist the participant and their supporters to identify the ways to best support their presenting behaviours, it is recommended they be referred to a Psychologist, Occupational Therapist or suitably qualified professional for a Behaviour Support Plan Assessment. This

assessment is the process of collecting historic and holistic information which identifies settings, triggers, actions and results according to the behaviours displayed. Patterns of behaviour are recorded and monitored to identify successful strategies for replacement behaviour.

The BSP (Behaviour Support Plan) will include participant goals, the actions required by persons assisting the participant, how progress and actions are measured and by whom and a date for goal achievement. The BSP will also include a range of strategies used to support the person's behaviour, including proactive skill development to build on the participant's strengths and increase their capacity to participate in more meaningful life activities.

It is during the BSP Assessment that the qualified therapist will also identify whether any additional assessments might be required. For example, if a person is displaying behaviours around 'ripping off their clothes' or 'hitting or kicking people in noisy rooms', a Sensory Assessment might be appropriate, to determine the participant's response to sensory information and process to reduce the impact it has on their daily lives.

Where there are specific strategies that require intensive support to implement in the participant's environment, training in behaviour management for family, carers and direct support networks can be provided by the Behaviour Support specialist and will be included in their NDIS plan.

Usually, the BSP requires specific intervention that can only be provided by qualified specialists, therefore the funding in the participant's plan will be referred to as a 'Stated Support'. This means that the NDIS has identified a reasonable and necessary decision that only the provider 'Stated' on the participant's plan can be used for this particular assessment.

Support Item	Support Description	Description of Assessment	Hours
Specialist behavioural intervention support	Highly specialised intensive support interventions to address significantly harmful or persistent behaviours of concern. Development of behaviour support plans that temporarily use restrictive practices, with intention to minimise use of these practices.	Behavioural Assessment to create a Behaviour Support Plan.	Refer - Task Card - How to include Behavioural Support intervention in a plan
Behaviour management plan, training in behaviour management strategies	Travel for behaviour therapist. Consider hours for transport to deliver behaviour support perform behaviour support assessment with current therapists, care team and support providers.	Therapy providers may claim travel costs when travelling to and from appointments and travel from the final appointment in a day. <i>For travel to a first participant appointment each day, or for travel from one participant appointment to another, therapy providers can claim up to 20 minutes of time against the appointment they are travelling to, at the hourly rate for the relevant support item. If the appointment is in a MMM4 or MMM5 area, therapy providers can claim up to 45 minutes of travel time against the appointment they are travelling to, at the hourly rate for the relevant support item.</i> Remote travel will be paid in accordance with the NDIS pricing information.	Refer - Task Card - How to include Behavioural Support intervention in a plan Refer – NDIS Price Guides and Information .

Support Item	Support Description	Description of Assessment	Hours
Behaviour management plan, training in behaviour management strategies	Training for carers and others in behaviour management strategies required due to the persons disability.	Behavioural specialist providing training as per recommendations and strategies in the Behaviour Support Plan (BSP) Short term support to implement strategies across all the participants support environments. Capacity building for carers in behaviour intervention strategies.	Refer - Task Card - How to include Behavioural Support intervention in a plan
Individual assessment, therapy and/or training (includes assistive technology)	Assessment completed by a psychologist/ occupational therapist.	Sensory Assessment	Apply R&N decision making
Individual social skills development	Social skills development with an individual, for participation in community and social activities.	Assistance to develop the confidence and capacity of an individual to complete tasks and activities more autonomously in the community. Aimed at being short term intensive support, to build capacity and potentially reduce the need for additional supports in the future (once skill developed)	Apply R&N decision making

Recommended Supports – Group Homes/ LRC Wraparound Model

If a participant is presenting with Behaviours of Concern and lives with other people with disabilities, it is recommended that any interventions be applied in a 'whole of house' or 'wrap around' approach. This approach ensures that there is analysis of the environment and interactions of all residents and service provision, that guides the development of person centred capacity building service delivery. This aids in 'resetting' the environment so all participants' essential needs are met. The application of funded supports in this manner also enables the application of the Insurance principles of Return on Investment and Value for Money.

The supports below provide a guide to providing 'wrap-around' behaviour support interventions. The recommended supports include environmental/ ecological assessments, communication assessments, program development, staff training and coordination that include all members of the household. This ensures that the needs of all residents can be met in their current living environment. It also aids in informing future planning and service provision by the identification of the individual participant's needs and preferences. It also provides an opportunity to monitor the performance of the provider in reducing behaviours of concern, building capacity of residents resulting in an improved quality of life. A wrap around model also provides evidence of good practice, return on investment, market success and failure.

It is expected that the assessments, training and monitoring will be provided by a provider other than the residential service. It is expected that the support coordination (plan implementation) will be provided by a provider other than the residential service.

A group wraparound model has been identified as required where (example):

- There is currently Intensive support (high level staffing ratio's) required in the home due to the dynamics of the environment and current model of support being implemented;
- High staff burnout within the home, resulting in escalated behaviours of the residents;
- Frequent incidents such as assaults, restraint or seclusion occurring in the house;

A request from the accommodation support provider to increase support hours/funding due to the significant risk some participants are placing on staff/individuals in the home;

Support Item	Support Description	Description of Assessment	Hours
Specialist behavioural intervention support	Highly specialised intensive support interventions to address significantly harmful or persistent behaviours of concern. Development of behaviour support plans that temporarily use restrictive practices, with intention to minimise use of these practices	Group home with participants presenting with significant behaviours of concern. Will include an overall Ecological Analysis of the home, taking into account the appropriateness of the physical structure for each individual participant's need. Clinical assessment of all participant behaviours and perform Functional Behavioural Analysis. Considers the capability of the client mix, the appropriateness and effectiveness of staffing within the home and current strategies used for behaviour intervention. Risk Assessment – i.e.: ARMIDLO (Assessment tool appropriate for individuals with significant behaviours of concern which have historically caused harm to themselves and others. Sensory Assessment will be completed for those participants with identified sensory needs/behaviours resulting from lack of identified sensory needs. ASK (Assessment of Sexual Knowledge) – for individuals displaying sexualized behaviours of concern.	Apply R&N decision making

Support Item	Support Description	Description of Assessment	Hours
Behaviour management plan, training in behaviour management strategies	Training for carers and others in behaviour management strategies required due to the persons disability.	Behavioural specialist providing training as per recommendations and strategies in the Behaviour Support Plan (BSP) Short term support to implement strategies across all the participants support environments. Capacity building for carers in behaviour intervention strategies across home and day support environments. Training inclusive of behaviour intervention specialist assisting care team/house support workers in working proactively with the individual and others as needed.	Apply R&N decision making

Feedback

If you have any feedback about this Practice Guide please email [Practice Implementation](#). In your email remember to include the title of the product you are referring to and to describe your suggestion or issue concisely.

Version change control

Version No	Amended by	Brief Description of Change:	Status	Date
1.00	Meg Parsons	Creation of <i>Practice Guide – Intensive Super Intensive – v1.00</i>	APPROVED	2016-10-20
1.01	SMQ398 MA0018	Removal of \$ values and quantum's to align with the revocation of the CEO directive.	DRAFT	2017-09-12
2.00	SL0048	Class 3 Approval	APPROVED	2017-09-13
2.01	RG0019	Removal of Justice information (pages 19-24) - replaced by new PG – Participants with Justice interface	DRAFT	2018-09-12
3.0	JEFFER	Class 2 Approval (acting BM)	APPROVED	2018-09-19
3.1	NWQ138	Updated remote travel price guide information	DRAFT	2019-01-25
4.0	SMQ398	Link inserted to NDIS Price Guide	APPROVED	2019-02-20

Practice Guide - Intensive Super Intensive Participants

Guidance for Planners, LACs and delegates

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Application

- Higher intensity (1:1 support, 24/07 Support, Community High)
- Participants with complex presentations including behaviours of concern
- Justice Participants (moderate and complex support needs)
- Determining Governance (determining jurisdictions such as Child Protection, Justice, Youth Services, Child and Family Services and Health)
- Specialist Disability Accommodation (group settings) – behaviours of concern

Supporting information

- National Disability Insurance Scheme Act 2013
- National Disability Insurance Scheme Rules
- State and Territory Operational Plans including Working Arrangements
- Transition in-kind arrangements
- Practice Guidance – First Plans & Plan Implementation Monitoring and review
- Standard Operating Procedures and Work Instructions – all aspects of the Participant Pathway
- Quality and Safeguards

Purpose

The practice guidance will support regional staff through inclusion of –

- Considerations for planning, including suggested funded supports for each cohort;
- Range of questions that could be asked by planners to identify need, mainstream supports, risks and service preferences;
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- Connection with and access to mainstream and community supports;
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- Building capacity and capability of the participant;
- Training and support for paid and unpaid supports to develop consistency in interactions and supports for the Participant;
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- Clinical governance – implementation of the Participant’s NDIA plan including connection with mainstream and community supports;
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Aims

The development of a consistently applied NDIA practice model that supports a Positive Behaviour Support and Person Centred Practice for participants who have complex behavioural support needs will inform and develop -

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- Planned approach to reducing liability to scheme – ensure return on investment through inclusion of capacity building supports in plans;
- Evidence based strategies – supports are beneficial, consider best practice and are based on evidence;
- Enhancement of positive risk - capacity building to increase the participants independence, social and economic participation;
- Risk mitigation strategies while reducing use of increased staff to mitigate risk;
- Service models that are not likely to cause harm to the participant or others;
- Data capture of service gaps;
- Identification of ‘best fit provider’ – match participant need and preference to providers;
- Separation of assessment and service design from service provision which achieves better outcomes through monitoring and transparency of service provision;
- Targeted market stimulation – providing increased opportunity for a range of providers to enter the market;
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- Systems development – the improvement of all systems involved in supporting participants;
- Measure benefit realisation of the approach – this includes the financial, social and emotional benefits to participants and their supporters of implementing a planned approach.

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The outcomes of implementation of this practice model will be -

- More consistent decision making across NDIA;
- Ongoing development of positive business relationships with providers;
- Identified market gaps, market success and market failures;
- Market stimulation – increase in variety and availability of specialist providers;
- Development of National and local Strategic partnerships with jurisdictions (Public Advocates, Senior Practitioners, Justice, Health);
- Benefit realisation – evidence based measurement of economic, social and emotional improvements for participants and their supporters;
- Return on Scheme Investment;
- Improved Quality of Life outcomes for participants;
- Cost reduction in plans – Scheme liability (documented cases with reduction of funded supports and increase in participant outcomes and improved Quality of Life);
- Increased data capture of successful interventions;
- Improved satisfaction level of participants with both Agency and service provision;
- Improved confidence and performance of service providers in supporting participant's to implement their plan.

Workflow

This workflow is to be implemented in each NDIA region. It is expected that there will be supporting activities within each region such as regional coordination meetings and/ or regional implementation meetings (State/ Territory and NDIA) that will complement this practice model.

1. As detailed in the relevant State and Territory working arrangements the State or Territory will provide information regarding the participant to the NDIA (minimum data set) and to the NDIA Planner;
2. The information provided will be used solely to inform the development and implementation of the participant's plan;
3. The NDIA will ensure that they liaise with any person nominated by a State and Territory to inform the development of the plan;
4. NDIA will forward any issues or queries that cannot be resolved at the regional coordination level, as detailed in the relevant State and Territory Working Arrangement;
5. The NDIA Planner (or Agent) will complete the first plan or plan review with the participant and their supporters. This includes completion of all forms required in the planning or plan review process;
6. The plan developer will then consider the individual's circumstances, all available other information including (but not limited to) Assessments, Support Plans, Orders, Legacy Supports. The plan developer will place additional funded supports by line item as per the recommendations in this Practice Guidance and as detailed in the Task Card;
7. The Planner will refer to this practice guidance to inform the inclusion of additional funded supports in the participant's plan. The additional supports must be within NDIA Guidelines including the Act, the Rules, State and Territory working arrangements especially in-kind agreements;
8. The Planner will liaise with the Regional Subject Matter Expert on plans that
 - Funded supports relate to Behaviours of concern; and/or
 - Contain 'Legacy Supports' that fall outside of NDIA Operational Guidelines; and/or
 - Involve multiple jurisdictions; and/or
 - Include in-kind supports; and/or
 - Participants are identified as a risk to themselves or others.

9. The Regional Subject Matter Expert should consult with the Technical Advisory Team on all plans that include 1:1 (or greater) support and/or 24/07 support.
10. It is recommended that capacity building supports linked to Behaviour Interventions are NOT self-managed. This ensures the use of registered providers who must adhere to quality and safeguards that minimise risk to participants and others;
11. Capacity building supports linked to Behaviour Interventions and Specialist Support Coordination will be purchased as 'Stated supports' – Stated support means the supports described as STATED must be purchased by the participant in the way described in the participant's plan. This ensures the Agency and Support Coordinator are able to monitor reporting timeframes, plan expenditure patterns and outcomes for a potential reduction of 1:1 and/or higher intensity supports;
12. The plan developer will complete the 'justification' in the plan and submit for approval.
13. Once approved, the Plan Delegate will contact the participant and Support Coordinator and handover the plan along with a letter regarding the approval and/or decline of supports. The 'Plan Handover' meeting is where the following matters related to plan implementation should be discussed:
 - Informal supports
 - Arranging and implementing their informal supports
 - Mainstream and community supports
 - Reviewing their plan requirements
 - Coordinating their mainstream and community supports
 - How the funds will be managed
 - Choosing their support providers
 - Entering into agreements with providers
 - Delivery of supports
 - Coordinating their reasonable and necessary (funded) supports
 - Understanding how to use supports that have flexible funding
 - Understanding how to check the funds that have been claimed and paid on the participant's plan
14. For participants that are streamed as Intensive and whose plans include Behaviour Intervention Supports, or participants who are Super-Intensive, the NDIA will require a Support Coordinator to obtain information from the current or prospective service providers to develop a service proposal outlining the Proposed Service. This will enable pro-active monitoring of plan implementation and identification of areas of

success and also areas requiring attention. Depending on the complexity of the participant's supports and interventions the proposal should include some of or all of the following:

- Model of support;
- Full costing of proposal;
- Program aims and objectives;
- Rationale around Model of Support;
- Rationale – Desired Outcome – Progress updates (expected timeframes);
- Capacity building goals – including strategies, expected outcomes with specific timeframes;
- Reduction of 1:1 supports over an agreed timeframe;
- Strategies for connection with mainstream and community supports;
- Risk matrix and management strategies;
- Reporting timeframes;
- Daily life tasks and skills – separation of core supports and capacity building supports;
- General and Mental health supports;
- Supports for maintaining, establishing or re-establishing informal supports;
- Incident reporting – all incidents related to case are forwarded to planner;
- Clinical governance – roles and responsibilities of all parties;
- Legal considerations – Treatment Orders, Guardianship, Administration etc.
- Reportable Restrictive Interventions if applicable.

15. The participant's plan, will be monitored by the Support Coordinator, however, monitoring activities of a participant's plan may be conducted by the Actuarial team and/or through participant file reviews undertaken by the NDIA, and will vary depending on the individual's circumstances and could include any one or more of the following:

- Checking whether claims are being made;
- Checking the participant's funding is being drawn down at an appropriate rate (i.e. there is nothing to indicate that the participant is not receiving the funded supports or that they will run out of funding before the end of the plan)

16. For participants listed in (8), the Support Coordinator will ensure that NDIA receive copies of all assessments and reports related to the funded supports to ensure they are considered in any planning.

Recommended Supports

To ensure a participant receives the appropriate support required to implement their plan and to address any behavioural complexities in their current life situation, two levels of behaviour intervention support have been determined.

Please refer to [Standard Operating Procedure - Include behavioural intervention support in a plan.](#)

Reasonable & necessary supports

Before specifying any general support, or reasonable and necessary support, in a participant's plan the delegate has to:

1. Be satisfied that all the criteria set out in s.34(1) of the [NDIS Act](#) are met in respect of each funded support before it is included in a participant's plan,
2. Ensure the support:
 - Will not cause harm to the participant or pose risk to others,
 - Is due to the effect of the disability on the participant and does not duplicate supports available from other systems,
 - Does not relate to day to day living costs (e.g. rent, groceries, utility fees) unless directly attributable to the impact of the disability on the participant.

Recommended Supports – Behaviour Support Intervention/ 24/07 (BoC) Community High (BoC)

A behaviour of concern, or challenging behaviour refers to any behaviour/s that causes physical harm to the participant or another person in their home or in the community. It can often result in the destruction of property, self-injurious behaviour, and engagement in unsafe social participation.

Families can have difficulty in sustaining caring responsibilities due to the potential risk of harm to the participant or other family members in the home. A participant displaying behaviours of concern may be prevented or limited to pursue social, education, economic or recreational activities.

Without appropriate Positive Behaviour Support, a participant will be restricted from participating in meaningful and inclusive activities due to the significant risk of harm and safety to self or others.

To assist the participant and their supporters to identify the ways to best support their presenting behaviours, it is recommended they be referred to a Psychologist, Occupational Therapist or suitably qualified professional for a Behaviour Support Plan Assessment. This assessment is the process of collecting historic and holistic information which identifies settings, triggers, actions and results according to the behaviours displayed. Patterns of behaviour are recorded and monitored to identify successful strategies for replacement behaviour.

The BSP (Behaviour Support Plan) will include participant goals, the actions required by persons assisting the participant, how progress and actions are measured and by whom and a date for goal achievement. The BSP will also include a range of strategies used to support the person's behaviour, including proactive skill development to build on the participant's strengths and increase their capacity to participate in more meaningful life activities.

It is during the BSP Assessment that the qualified therapist will also identify whether any additional assessments might be required. For example, if a person is displaying behaviours around 'ripping off their clothes' or 'hitting or kicking people in noisy rooms', a Sensory Assessment might be appropriate, to determine the participant's response to sensory information and process to reduce the impact it has on their daily lives.

Where there are specific strategies that require intensive support to implement in the participant's environment, training in behaviour management for family, carers and direct support networks can be provided by the Behaviour Support specialist and will be included in their NDIS plan.

Usually, the BSP requires specific intervention that can only be provided by qualified specialists, therefore the funding in the participant's plan will be referred to as a 'Stated Support'. This means that the NDIS has identified a reasonable and necessary decision that only the provider 'Stated' on the participant's plan can be used for this particular assessment.

Support Item	Support Description	Description of Assessment	Hours
Specialist behavioural intervention support	Highly specialised intensive support interventions to address significantly harmful or persistent behaviours of concern. Development of behaviour support plans that temporarily use restrictive practices, with intention to minimise use of these practices.	Behavioural Assessment to create a Behaviour Support Plan.	Refer – Standard Operating Procedure - Include behavioural intervention support in a plan
Behaviour management plan, training in behaviour management strategies	Travel for behaviour therapist. Consider hours for transport to deliver behaviour support plan and perform behaviour support assessment with current therapists, care team and support providers.	Therapy providers may claim travel costs when travelling to and from appointments and travel from the final appointment in a day. <i>For travel to a first participant appointment each day, or for travel from one participant appointment to another, therapy providers can claim up to 20 minutes of time against the appointment they are travelling to, at the hourly rate for the relevant support item. If the appointment is in a MMM4 or MMM5 area, therapy providers can claim up to 45 minutes of travel time against the appointment they are travelling to, at the hourly rate for the relevant support item.</i> Remote travel will be paid in accordance with the NDIS pricing information.	Refer – Standard Operating Procedure - Include behavioural intervention support in a plan Refer – NDIS Price guides and Information .

Support Item	Support Description	Description of Assessment	Hours
Behaviour management plan, training in behaviour management strategies	Training for carers and others in behaviour management strategies required due to the persons disability.	Behavioural specialist providing training as per recommendations and strategies in the Behaviour Support Plan (BSP) Short term support to implement strategies across all the participants support environments. Capacity building for carers in behaviour intervention strategies.	Refer – Standard Operating procedure - Include behavioural intervention support in a plan
Individual assessment, therapy and/or training (includes assistive technology)	Assessment completed by a psychologist/ occupational therapist.	Sensory Assessment.	Apply reasonable and necessary decision making
Individual social skills development	Social skills development with an individual, for participation in community and social activities.	Assistance to develop the confidence and capacity of an individual to complete tasks and activities more autonomously in the community. Aimed at being short term intensive support, to build capacity and potentially reduce the need for additional supports in the future (once skill developed).	Apply reasonable and necessary decision making

Recommended Supports – Group Homes/ LRC Wraparound Model

If a participant is presenting with Behaviours of Concern and lives with other people with disabilities, it is recommended that any interventions be applied in a 'whole of house' or 'wrap around' approach. This approach ensures that there is analysis of the environment and interactions of all residents and service provision, that guides the development of person centred capacity building service delivery. This aids in 'resetting' the environment so all participants' essential needs are met. The application of funded supports in this manner also enables the application of the Insurance principles of Return on Investment and Value for Money.

The supports below provide a guide to providing 'wrap-around' behaviour support interventions. The recommended supports include environmental/ ecological assessments, communication assessments, program development, staff training and coordination that include all members of the household. This ensures that the needs of all residents can be met in their current living environment. It also aids in informing future planning and service provision by the identification of the individual participant's needs and preferences. It also provides an opportunity to monitor the performance of the provider in reducing behaviours of concern, building capacity of residents resulting in an improved quality of life. A wrap around model also provides evidence of good practice, return on investment, market success and failure.

It is expected that the assessments, training and monitoring will be provided by a provider other than the residential service. It is expected that the support coordination (plan implementation) will be provided by a provider other than the residential service.

A group wraparound model has been identified as required where (example):

- There is currently Intensive support (high level staffing ratio's) required in the home due to the dynamics of the environment and current model of support being implemented;
- High staff burnout within the home, resulting in escalated behaviours of the residents;
- Frequent incidents such as assaults, restraint or seclusion occurring in the house;

A request from the accommodation support provider to increase support hours/funding due to the significant risk some participants are placing on staff/individuals in the home;

Support Item	Support Description	Description of Assessment	Hours
Specialist behavioural intervention support	Highly specialised intensive support interventions to address significantly harmful or persistent behaviours of concern. Development of behaviour support plans that temporarily use restrictive practices, with intention to minimise use of these practices	Group home with participants presenting with significant behaviours of concern. Will include an overall Ecological Analysis of the home, taking into account the appropriateness of the physical structure for each individual participant's need. Clinical assessment of all participant behaviours and perform Functional Behavioural Analysis. Considers the capability of the client mix, the appropriateness and effectiveness of staffing within the home and current strategies used for behaviour intervention. Risk Assessment – i.e.: ARMIDLO (Assessment tool appropriate for individuals with significant behaviours of concern which have historically caused harm to themselves and others). Sensory Assessment will be completed for those participants with identified sensory needs/behaviours resulting from lack of identified sensory needs. ASK (Assessment of Sexual Knowledge) – for individuals displaying sexualized behaviours of concern.	Apply reasonable and necessary decision making

Support Item	Support Description	Description of Assessment	Hours
Behaviour management plan, training in behaviour management strategies	Training for carers and others in behaviour management strategies required due to the persons disability.	Behavioural specialist providing training as per recommendations and strategies in the Behaviour Support Plan (BSP) Short term support to implement strategies across all the participants support environments. Capacity building for carers in behaviour intervention strategies across home and day support environments. Training inclusive of behaviour intervention specialist assisting care team/house support workers in working proactively with the individual and others as needed.	Apply reasonable and necessary decision making

Feedback

If you have any feedback about this Practice Guide please email [Practice Implementation](#). In your email remember to include the title of the product you are referring to and to describe your suggestion or issue concisely.

Version No	Amended by	Brief Description of Change:	Status	Date
1.0	Meg Parsons	Creation of <i>Practice Guide – Intensive Super Intensive – v1.00</i>	APPROVED	2016-10-20
2.0	SL0048	Class 3 Approval	APPROVED	2017-09-13
3.0	JEFFER	Class 2 Approval (acting BM)	APPROVED	2018-09-19
4.0	SMQ398	Class 3 approval	APPROVED	2019-02-20
4.1	CSN852	Minor language edits.	DRAFT	2019-05-27
5.0	MAO018	Class 1 approval	APPROVED	2019-05-31

**Practice Guide – Participants
streamed as Intensive or Super
Intensive**

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1. Purpose

This practice guidance has been developed to support the development and implementation of NDIS plans for participants who are streamed as Intensive or Super Intensive.

2. To be used by

- Plan Developers – Planners and NDIS Partners in the Community (Early Childhood Partners (EC Partners) and Local Area Co-ordinators [LACs])
- NDIA Plan Delegates.

3. Scope

Participants entering the National Disability Insurance Scheme (NDIS) have unique circumstances and differing levels of knowledge about how the NDIS works. Some participants will need more support than others as they progress through the pathway. A service stream response (streaming) is the predicted level of support the participant is likely to require to navigate the NDIS Pathway and is not related to the level of reasonable and necessary supports they receive in their plan.

You need to ensure the correct streaming decision has been recorded in the NDIS Business System (System) and that it is reviewed and updated alongside supporting information. The term streaming is for internal use only.

Participants can be streamed as:

- General
- Supported
- Intensive
- Super Intensive

This practice guide will focus on participants streamed Intensive or Super Intensive as they progress along any of the following NDIS Pathways:

- NDIS Pathway (age 7+)
- Complex Support Needs (CSN) Pathway
- Early Childhood Early Intervention (ECEI) Pathway (aged under 7)

3.1 Complex Support Needs (CSN) Pathway

The decision to stream the participant in or out of the complex pathway is made by the Complex Support Needs (CSN) Branch. Some participants may move between the NDIS Pathway and CSN Pathway depending on the complexity of their situation. If during the

planning process you identify the participant has complex support needs refer to the [Practice Guide – Complex Support Needs Pathway](#).

3.2 Early Childhood Early Intervention (ECEI) Pathway

The Early Childhood Early Intervention (ECEI) Pathway is for children under 7 years with developmental delay or disability through timely access to early intervention supports delivered by Early Childhood Partners. The aim of the ECEI approach is to support families to assist children to gain and use functional skills to participate meaningfully in their daily activities and achieve the best possible outcomes throughout their life. Refer to the [Early Childhood Services \(ECS\) Branch intranet page](#) for further information.

4. Pre-planning

4.1 Plan duration

Plan duration should always be determined in consultation with the participant, their situational factors and upcoming life events.

For guidance on determining plan duration for participants streamed Intensive and Super Intensive refer to table 1 below and [Practice Guide – Pre-Planning](#).

Table 1 Plan duration ready reckoner

Plan Duration Risk Criteria	Plan duration 15 + years of age	Plan duration 0-14 years of age
Streamed as Intensive, both disability and life situation is stable	Up to 36 months	12 months
Streamed as Super Intensive	12 months	6 months

4.2 Planning conversation

The participant is at the centre of the planning process and their goals and needs are explored by discussing their strengths and what they would like to achieve. The planning conversation should identify goals, capacity, risks and safeguards and provide an opportunity to discuss any assessments and reports.

The following points can support you to have a high quality conversation:

- Be aware of the person's communication needs and preferences and develop a plan to tailor the meeting accordingly. This may require an additional support person such as interpreter or support worker as a known communication partner.
- Read previous planning information, interactions and inbound documents (if applicable).

- Use active listening skills by asking questions to clarify information, using verbal affirmation and recognising non-verbal cues.
- Review the Support Coordination (if previously funded) progress reports which should include information including but not limited to participant circumstances, plan utilisation details, risks and strategies and outcomes for the participant's goal progression and/or attainment.
- Use plain English and avoid jargon.
- Where the participant and/or their family have involvement with a number of service systems such as justice, child protection and family support, there may be challenging behaviour during their interactions with you. This may be due to a number of factors including but not limited to frustration, previous bad experiences and stressful personal situations. Provide them with an opportunity to talk about their concerns and where appropriate, how you may be able to address them.
- When planning with people who are culturally and linguistically diverse (CALD), be mindful that there may be different ways of communicating problems and sharing information.
- Where it is difficult to move the conversation forward use different strategies. This may include:
 - remaining silent
 - drawing attention to the time
 - acknowledge their message or repeat simple, helpful messages. The context of the discussion should determine the action taken. Some helpful messages could include 'OK, let's discuss what we can do' or 'we have 30 minutes left in this meeting and it sounds like you have a lot of questions and concerns. Let's work out what I can do now to help and find another time to discuss in more detail'.
- Due to a participant's personal or situational factors, there may be multiple stakeholders with differing input present in the planning process. In these circumstances, make sure the participant and their authorised representative are the focus of your attention. Make sure they understand that they can request other people leave the room at any time.
- Where appropriate, seek consent to follow-up with specific individuals or providers. Refer to the [Standard Operating Procedure – Consent and Authority](#) for further information.

Refer to the [Practice Guide – Pre-Planning](#) for further information.

5. Planning

The National Disability Insurance Agency (Agency) must be satisfied that the funded supports in the participant's NDIS plan meet each of the criteria outlined in section [34\(1\)\(a\)-\(f\)](#) of the NDIS Act 2013 (NDIS Act) and the NDIS (Supports for Participants Rules) 2013.

Consideration is to be given to the participant's individual circumstances, supporting information and NDIS goals. Participants streamed as Intensive or Super Intensive may also have involvement with other service systems. It is important to refer to the [Council of Australian Governments Applied Principles and Tables of Support](#) and [Practice Guide – Disability-Related Health Supports](#) to ensure you have a current understanding of the service system principles when completing planning.

5.1 Behaviours of Concern

When planning for a participant displaying behaviours of concern, review the behaviour specialist reports and any associated assessments that identify outcomes achieved, key barriers and recommendations for their NDIS plan.

In some circumstances, due to the complexity of the participant's behaviours of concern further discussion may need to take place with the participant's service provider(s) to discuss current and proposed support needs, or there may need to be a second meeting.

Where a participant is funded for 1:1 24 hour (or greater) care due to behaviours of concern, clear supporting information needs to be provided to the NDIS. Consultation with the [Technical Advisory Team](#) should also take place.

Refer to the [Practice Guide – Positive Behaviour Support and Behaviours of Concern](#) and [Standard Operating Procedure – Behaviour Intervention Supports](#) for further information.

5.2 Justice

A participant is involved with the justice system when they are:

- In custody (in a correctional facility for example, prison, remand centre, or youth detention centre), on remand, awaiting or following sentencing
- On bail, probation or parole and required by a Court order to report to a correctional or community correctional agency
- Serving a community based order
- Under forensic orders, which may include restrictions on their movements and/or other requirements, for example, drug testing, attending prescribed treatment.

Planning for participants who are involved with the justice system generally follows the same process as for other participants however additional information and consultation is typically required. Refer to the [Practice Guide – Participants with Justice Interface](#) for further information.

5.3 Child Protection

Current involvement with child protection is considered where:

- Participant at risk of harm or neglect has been removed from their primary carer(s) and have been placed under the care of the minister until 18 years of age (permanent care order), or
- There are active child protection orders (temporary assessment order/interim accommodation order/family preservation order/family reunification order/long term care order) in place.

Dependent on the order in place and individual circumstances of the participant, planning is likely to take place with multiple stakeholders.

Important: Government department involvement does not always indicate that the participant is under child protection.

5.4 Shared Supported Accommodation or Large Residential Centre

Participants living on a permanent basis in a large residential centre or in supported independent living will meet the criteria to be streamed as intensive. It is important to confirm living arrangements. This may include but is not limited to Specialist Disability Accommodation (SDA), supported residential services and residential aged care facilities (RACFs).

5.4.1 Younger People in Residential Aged Care (YPIRAC)

Younger people (aged under 65 years) who reside in a residential aged care facility (RACF) on a permanent basis, who have been approved under the Aged Care Act for residential aged care and are NDIS participants are considered to have complex support needs. YPIRAC participants are supported within the CSN Pathway due to their complex living arrangements, support needs and interface with the aged care system. Refer to the [Practice Guide - Younger People in Residential Aged Care](#) and [Standard Operating Procedure – Younger People in Residential Aged Care](#) for further information.

5.5 Neurological Conditions

As identified in the [Standard Operating Procedure – Update Participant Streaming](#), participants who have been diagnosed with a degenerative neurological condition such as Huntington's disease, Kuff's disease, early onset dementia and some progressive multiple sclerosis types (for example primary progressive multiple sclerosis) will be streamed as Intensive.

Participants who have been diagnosed with Motor Neurone Disease (MND) must be streamed as Super Intensive. Refer to the [Practice Guide – Motor Neurone Disease \(MND\)](#) for further information.

Due to the progressive nature of these neurological conditions, which will vary with each person, it may be more appropriate to complete plans for 6-12 months. Refer to the [Standard Operating Procedure – Complete the Risk Assessment](#) for further information.

5.6 Capacity Building supports

5.6.1 Support Coordination

Consider the level of support the participant will require to understand their NDIS plan, build their capacity to connect with supports and services and strengthen their ability to achieve their goals. Participants who require additional support to implement their plan may be connected with a support coordinator.

If support coordination will be required, your conversation with the participant should also include a discussion about their preferred provider for this support as this information will be required for plan implementation. The participant, their plan nominee or child representative will have to provide consent to enable the referral to be made on their behalf. Refer to [Standard Operating Procedure – Include Support Coordination in a Plan](#) for further information.

5.7 Plan management

As part of the planning meeting, you will discuss and record the participant, nominee or child representative's preferred plan management choice.

Participants should be empowered to self-manage supports and navigate risks safely, where possible. If the participant has a goal to self-manage their support funding, but does not currently have the skills to do so, supports can be included in their NDIS plan to build their capacity to self-manage in the future. Where a participant has a State Trustee/Public Guardian involvement, it is unlikely the participant would be willing to manage the NDIS funding.

Where the plan nominee or child representative will manage the support funding in the participant's plan, you will also record information about the nominee or child representative's financial capacity and interests in the risk assessment.

The NDIS supports participants to maximise their choice and control where there is not unreasonable risk or other factors impacting the participant, nominee or child representative abilities to manage NDIS funding. The determination of [unreasonable risk](#) is assessed with every plan review, having regard to the individual circumstances and considerations.

The delegate will consider the information recorded in the risk assessment and the participant's plan management request when finalising and approving the participant's plan.

For further information about the different types of plan management, who can manage NDIS funds and capacity building supports for self-management, refer to the [Standard Operating Procedure - Determine Plan Management](#).

6. Plan Implementation and Monitoring

Implementing and monitoring the plan are important steps to make sure the participant is able to utilise their supports and get the most out of their plan. Depending on individual circumstances and preferences, the participant may implement their plan independently or use a variety of support options such as Support Coordination or Early Childhood Coordinator.

The NDIS promotes a whole of community response to identify and work through systemic issues faced by participants and their informal supports. It is expected a participant's informal, mainstream and community supports will be complemented by their NDIS plan. There may also be an agreed arrangement to check in with the participant, their authorised representative and/or support coordination to discuss plan implementation, progress towards goals and work through any barriers which may have presented since the last correspondence.

Make sure the participant knows who to contact if they need support and how to contact them. All participants will have a My NDIS Contact but for those who are streamed Intensive or Super Intensive, it may also include a Support Coordinator or Specialist Support Coordinator.

Proactive monitoring of the participant's plan utilisation should take at regular intervals on PANDA Live to ensure that the NDIS plan is being utilised and drawn down at an appropriate rate (for example there is nothing to indicate that the participant is not receiving the funded supports or that they will run out of funding before the end of the plan).

Refer to [PANDA](#), [Practice Guide – Plan Implementation](#) and [Practice Guide – Monitoring](#).

7. Supporting material

- [NDIS Act 2013](#)
- [NDIS Rules](#)
- [NDIS Operational Guidelines](#)
- [Planning Operational Guideline](#)
- [Council of Australian Governments Applied Principles and Tables of Support.](#)

8. Feedback

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9. Version change control

Version No	Amended by	Brief Description of Change	Status	Date
6.0	CW0032	Class 2 Approval Content moved to updated template. Behaviour supports information moved to Practice Guide – Positive Behaviour Support and Behaviours of Concern. Additional content added from relevant Practice Guides and Standard Operating Procedures. Annual Review	APPROVED	2020-01-02

**Practice Guide – Participants
streamed as Intensive or Super
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Participants entering the National Disability Insurance Scheme (NDIS) have unique circumstances and differing levels of knowledge about how the NDIS works. Some participants will need more support than others as they progress through the pathway. A service stream response (streaming) is the predicted level of support the participant is likely to require to navigate the NDIS Pathway and is not related to the level of reasonable and necessary supports they receive in their plan.

You need to ensure the correct streaming decision has been recorded in the NDIS Business System (System) and that it is reviewed and updated alongside supporting information. The term streaming is for internal use only.

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- General
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3.1 Complex Support Needs (CSN) Pathway

The decision to stream the participant in or out of the complex pathway is made by the Complex Support Needs (CSN) Branch. Some participants may move between the NDIS Pathway and CSN Pathway depending on the complexity of their situation. If during the planning process you identify the participant has complex support needs refer to the [Practice Guide – Complex Support Needs Pathway](#).

3.2 Early Childhood Early Intervention (ECEI) Pathway

The Early Childhood Early Intervention (ECEI) Pathway is for children under 7 years with developmental delay or disability through timely access to early intervention supports delivered by Early Childhood Partners. The aim of the ECEI approach is to support families to assist children to gain and use functional skills to participate meaningfully in their daily activities and achieve the best possible outcomes throughout their life. Refer to the [Early Childhood Services \(ECS\) Branch intranet page](#) for further information.

4. Pre-planning

4.1 Plan duration

Plan duration should always be determined in consultation with the participant, their situational factors and upcoming life events.

For guidance on determining plan duration for participants streamed Intensive and Super Intensive refer to table 1 below and [Practice Guide – Pre-Planning](#).

Table 1 Plan duration ready reckoner

Plan Duration Risk Criteria	Plan duration 15 + years of age	Plan duration 0-14 years of age
Streamed as Intensive, both disability and life situation is stable	Up to 36 months	12 months
Streamed as Super Intensive	12 months	6 months

4.2 Planning conversation

The participant is at the centre of the planning process and their goals and needs are explored by discussing their strengths and what they would like to achieve. The planning conversation should identify goals, capacity, risks and safeguards and provide an opportunity to discuss any assessments and reports.

The following points can support you to have a high quality conversation:

- Be aware of the person's communication needs and preferences and develop a plan to tailor the meeting accordingly. This may require an additional support person such as interpreter or support worker as a known communication partner.
- Read previous planning information, interactions and inbound documents (if applicable).
- Use active listening skills by asking questions to clarify information, using verbal affirmation and recognising non-verbal cues.
- Review the Support Coordination (if previously funded) progress reports which should include information including but not limited to participant circumstances, plan utilisation details, risks and strategies and outcomes for the participant's goal progression and/or attainment.
- Use plain English and avoid jargon.
- Where the participant and/or their family have involvement with a number of service systems such as justice, child protection and family support, there may be challenging behaviour during their interactions with you. This may be due to a number of factors including but not limited to frustration, previous bad experiences and stressful personal situations. Provide them with an opportunity to talk about their concerns and where appropriate, how you may be able to address them.
- When planning with people who are culturally and linguistically diverse (CALD), be mindful that there may be different ways of communicating problems and sharing information.
- Where it is difficult to move the conversation forward use different strategies. This may include:
 - remaining silent
 - drawing attention to the time
 - acknowledge their message or repeat simple, helpful messages. The context of the discussion should determine the action taken. Some helpful messages could include 'OK, let's discuss what we can do' or 'we have 30 minutes left in this meeting and it sounds like you have a lot of questions and concerns. Let's work out what I can do now to help and find another time to discuss in more detail'.
- Due to a participant's personal or situational factors, there may be multiple stakeholders with differing input present in the planning process. In these circumstances, make sure the participant and their authorised representative are the focus of your attention. Make sure they understand that they can request other people leave the room at any time.

- Where appropriate, seek consent to follow-up with specific individuals or providers. Refer to the [Standard Operating Procedure – Consent and Authority](#) for further information.

Refer to the [Practice Guide – Pre-Planning](#) for further information.

5. Planning

The National Disability Insurance Agency (Agency) must be satisfied that the funded supports in the participant's NDIS plan meet each of the criteria outlined in section [34\(1\)\(a\)-\(f\)](#) of the NDIS Act 2013 (NDIS Act) and the NDIS (Supports for Participants Rules) 2013.

Consideration is to be given to the participant's individual circumstances, supporting information and NDIS goals. Participants streamed as Intensive or Super Intensive may also have involvement with other service systems. It is important to refer to the [Council of Australian Governments Applied Principles and Tables of Support](#) and [Practice Guide – Disability-Related Health Supports](#) to ensure you have a current understanding of the service system principles when completing planning.

5.1 Behaviours of Concern

When planning for a participant displaying behaviours of concern, review the behaviour specialist reports and any associated assessments that identify outcomes achieved, key barriers and recommendations for their NDIS plan.

In some circumstances, due to the complexity of the participant's behaviours of concern further discussion may need to take place with the participant's service provider(s) to discuss current and proposed support needs, or there may need to be a second meeting.

Where a participant is funded for 1:1 24 hour (or greater) care due to behaviours of concern, clear supporting information needs to be provided to the NDIS.

You must seek advice from the [Technical Advisory Branch \(TAB\)](#) if supports include:

- Continuous active 1:1 (or more than 1:1) support for core daily activities and/or social, civic and community participation either:
 - Outside of supported accommodation arrangements.
 - Without clear need for this level of support. For example extreme/complex behaviours of concern and/ or complex disability related health support needs
- Behaviours of concern involving restrictive practices

For further information refer to:

- [Practice Guide – Positive Behaviour Support and Behaviours of Concern](#)
- [Standard Operating Procedure – Behaviour Intervention Supports](#)
- [TAB Requesting Advice intranet page](#).

5.2 Justice

A participant is involved with the justice system when they are:

- In custody (in a correctional facility for example, prison, remand centre, or youth detention centre), on remand, awaiting or following sentencing
- On bail, probation or parole and required by a Court order to report to a correctional or community correctional agency
- Serving a community based order
- Under forensic orders, which may include restrictions on their movements and/or other requirements, for example, drug testing, attending prescribed treatment.

Planning for participants who are involved with the justice system generally follows the same process as for other participants however additional information and consultation is typically required. Refer to the [Practice Guide – Justice](#) for further information.

You must request advice from the TAB before including supports to implement court or tribunal orders. To check if the support requires referral to TAB and how to request advice refer to the [TAB Requesting Advice intranet page](#).

5.3 Child Protection

Current involvement with child protection is considered where:

- Participant at risk of harm or neglect has been removed from their primary carer(s) and have been placed under the care of the minister until 18 years of age (permanent care order), or
- There are active child protection orders (temporary assessment order/interim accommodation order/family preservation order/family reunification order/long term care order) in place.

Dependent on the order in place and individual circumstances of the participant, planning is likely to take place with multiple stakeholders.

Important: Government department involvement does not always indicate that the participant is under child protection.

5.4 Shared Supported Accommodation or Large Residential Centre

Participants living on a permanent basis in a large residential centre or in supported independent living will meet the criteria to be streamed as intensive. It is important to confirm living arrangements. This may include but is not limited to Specialist Disability Accommodation (SDA), supported residential services and residential aged care facilities (RACFs).

5.4.1 Younger People in Residential Aged Care (YPIRAC)

Younger people (aged under 65 years) who reside in a residential aged care facility (RACF) on a permanent basis, who have been approved under the Aged Care Act for residential aged care and are NDIS participants are considered to have complex support needs. YPIRAC participants are supported within the CSN Pathway due to their complex living arrangements, support needs and interface with the aged care system. Refer to the [Operational Guideline - Young People in Residential Aged Care](#) and [Standard Operating Procedure – Younger People in Residential Aged Care](#) for further information.

5.5 Neurological Conditions

As identified in the [Standard Operating Procedure – Update Participant Streaming](#), participants who have been diagnosed with a degenerative neurological condition such as Huntington's disease, Kuff's disease, early onset dementia and some progressive multiple sclerosis types (for example primary progressive multiple sclerosis) will be streamed as Intensive.

Participants who have been diagnosed with Motor Neurone Disease (MND) must be streamed as Super Intensive. Refer to the [Practice Guide – Motor Neurone Disease \(MND\)](#) for further information.

Due to the progressive nature of these neurological conditions, which will vary with each person, it may be more appropriate to complete plans for 6-12 months. Refer to the [Standard Operating Procedure – Complete the Risk Assessment](#) for further information.

5.6 Capacity Building supports

5.6.1 Support Coordination

Consider the level of support the participant will require to understand their NDIS plan, build their capacity to connect with supports and services and strengthen their ability to achieve their goals. Participants who require additional support to implement their plan may be connected with a support coordinator.

If support coordination will be required, your conversation with the participant should also include a discussion about their preferred provider for this support as this information will be required for plan implementation. The participant, their plan nominee or child representative will have to provide consent to enable the referral to be made on their behalf. Refer to [Standard Operating Procedure – Include Support Coordination in a Plan](#) for further information.

5.7 Plan management

As part of the planning meeting, you will discuss and record the participant, nominee or child representative's preferred plan management choice.

Participants should be empowered to self-manage supports and navigate risks safely, where possible. If the participant has a goal to self-manage their support funding, but does not currently have the skills to do so, supports can be included in their NDIS plan to build their capacity to self-manage in the future. Where a participant has a State Trustee/Public Guardian involvement, it is unlikely the participant would be willing to manage the NDIS funding.

Where the plan nominee or child representative will manage the support funding in the participant's plan, you will also record information about the nominee or child representative's financial capacity and interests in the risk assessment.

The NDIS supports participants to maximise their choice and control where there is not unreasonable risk or other factors impacting the participant, nominee or child representative abilities to manage NDIS funding. The determination of [unreasonable risk](#) is assessed with every plan review, having regard to the individual circumstances and considerations.

The delegate will consider the information recorded in the risk assessment and the participant's plan management request when finalising and approving the participant's plan.

For further information about the different types of plan management, who can manage NDIS funds and capacity building supports for self-management, refer to the [Standard Operating Procedure - Determine Plan Management](#).

6. Plan Implementation and Monitoring

Implementing and monitoring the plan are important steps to make sure the participant is able to utilise their supports and get the most out of their plan. Depending on individual circumstances and preferences, the participant may implement their plan independently or use a variety of support options such as Support Coordination or Early Childhood Coordinator.

The NDIS promotes a whole of community response to identify and work through systemic issues faced by participants and their informal supports. It is expected a participant's informal, mainstream and community supports will be complemented by their NDIS plan. There may also be an agreed arrangement to check in with the participant, their authorised representative and/or support coordination to discuss plan implementation, progress towards goals and work through any barriers which may have presented since the last correspondence.

Make sure the participant knows who to contact if they need support and how to contact them. All participants will have a My NDIS Contact but for those who are streamed Intensive or Super Intensive, it may also include a Support Coordinator or Specialist Support Coordinator.

Proactive monitoring of the participant's plan utilisation should take at regular intervals on PANDA Live to ensure that the NDIS plan is being utilised and drawn down at an appropriate rate (for example there is nothing to indicate that the participant is not receiving the funded supports or that they will run out of funding before the end of the plan).

Refer to [PANDA](#), [Practice Guide – Plan Implementation](#) and [Practice Guide – Monitoring](#).

7. Supporting material

- [NDIS Act 2013](#)
- [NDIS Rules](#)
- [NDIS Operational Guidelines](#)
- [Planning Operational Guideline](#)
- [Council of Australian Governments Applied Principles and Tables of Support.](#)

8. Feedback

If you have any feedback about this Practice Guide, please complete our [Feedback form](#).

9. Version change control

Version No	Amended by	Brief Description of Change	Status	Date
6.0	CW0032	Class 2 Approval Content moved to updated template. Behaviour supports information moved to Practice Guide – Positive Behaviour Support and Behaviours of Concern. Additional content added from relevant Practice Guides and Standard Operating Procedures. Annual Review	APPROVED	2020-01-02
7.0	JC0075	Class 2 Approval Some changes have been made to mandatory TAB referrals listed for Regulated Restrictive Practice and Core supports.	APPROVED	2020-12-04





Knowledge Article Template

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Add self-care and community access supports

This article provides guidance for a **delegate** to:

- determine if you need to include high intensity supports
- include assistance for self-care funding
- include community access funding.

Before you start

You have:

- made a decision that self-care and community access supports meet the NDIS funding criteria using Our Guideline – Social and Recreation Support
- read the guidance in appendix - High Intensity Support and determined if you need to include funding for standard or high intensity supports
- determined the funding amount for assistance with self-care or community access supports using the guidance above, evidence from the participant and referring to the [NDIS price guides and information \(external\)](#)

checked and confirmed all relevant documents have been uploaded to the participant's record.

Determine if you need to include high intensity support

Decide if you will include standard or high intensity supports. Refer to appendix - High Intensity Support in this article for information on when to consider.

Include assistance with self-care funding

1. Add funding in the **Assistance with daily life** support category with an **Additional Description** so the participant knows what the funding is for.

To add the funding and the **Additional Description**, go to article 'Change the budget'.



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Include community access funding

1. Add funding in the **Assistance with Social, Economic and Community Participation** support category with an **Additional Description** so the participant knows what the funding is for.

To add the funding and the **Additional Description**, go to article 'Change the budget'.

Appendix – High Intensity Support

You will need to make a decision on including standard or high intensity support for the participant.

High intensity support includes three levels, and these three levels include price controls.

The price controls include:

- Standard support
- High intensity support for participants with complex needs who require assistance from a support worker with additional qualifications and experience. High intensity support includes three levels.

When to consider high intensity support

You will consider high intensity supports when the participant needs:

- frequent (at least one time per shift) assistance to manage challenging behaviours that require intensive positive behaviour support; and/or
- continuous active support because of high medical support needs (such as unstable seizure activity or respiratory support).

The three levels of high intensity support price controls allow for the provider to match the skill level of support workers to the participant. The participant and the provider need to work together to find the right level of support. This will help the participant:

- best use the funding in their plan
- to be provided with an appropriate mix of support
- engage with higher skilled workers where required and get value for money supports.

The price limits for levels 1, 2 and 3 line up with the skill level of the worker who delivers the support. The support worker will deliver support in line with the Social, Community, Home Care and Disability Industry Award 2010 (SCHADS Award).



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Definition of each level of high support

Level 1

You will use Level 1 worker support items to calculate funding when the worker is classified as a Social and Community Services Employee level 2 (below the maximum pay point), if they are employed under the SCHADS Award 2010. This is SCHADS pay points 2.1 to 2.3.

Level 2

You will use Level 2 worker support items to calculate funding when the worker is classified as a:

- Social and Community Services Employee level 2 (at the maximum pay point); or
- Social and Community Services Employee level 3 (at the minimum pay point) if they are employed under the SCHADS Award.

This is level 2.4 or level 3.1.

In general, the Level 2 price limit applies to most high intensity supports with the following exceptions:

- If the worker providing the support does not have the skills and experience to deliver high intensity support. The provider should use the Level 1 price limit.
- If a more highly skilled or experienced worker will provide the support. The provider can consider charging the Level 3 price limit. The provider will need to discuss this with the participant. The participant should agree to the price before the provider charges this price.

Level 3

You will use Level 3 worker support items to calculate funding when the worker is classified as a Social and Community Services Employee level 3 (at the minimum pay point), if they were employed under the SCHADS Award. This is between level 3.2 and level 3.4.

Developing a plan with high intensity supports

The plan does not change by the three levels of price controls for high intensity support. This means you will continue to develop the plan as normal. Participants with complex needs may need some of their supports provided by higher skilled workers.

You will need to make a reasonable and necessary decision to determine if the participant's support needs are standard or high intensity. Support items are explained in the [NDIS price guides and information \(external\)](#).



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Information from the participant, their providers, functional assessments, therapy reports, behaviour reports and medical information may assist in determining if the participant has higher intensity support needs.

Standard support:

- The participant **without** high intensity support needs would generally receive a standard level support worker, which is Level 1.

High intensity support:

- The participant **with** high intensity support needs would generally receive a mix of support workers from Level 1, Level 2 and Level 3. It is important to note that Level 1 is the equivalent of the standard rate. An appropriate balance would generally be to include Level 2 support in the plan.
- In exceptional circumstances. If the participant will always need a level 3 worker to provide all of their supports, you will:
 - o make a reasonable and necessary decision about whether additional funding should be included in the plan
 - o talk to your team leader and/or the Technical Advisory Branch for very high intensity supports.

Registered nurse (RN) delegation of care

Another factor for determining support levels is to consider whether the participant meets the criteria for disability-related health supports. The use of registered nurse (RN) delegation of care may be used. This allows a RN to delegate high level care to another suitably trained person based on the level of support required. These are called tier levels:

- Tier 1 where participants will require a **very high level** of support or have a very complex health support need will likely require Level 3 support.
- Tier 2 where participants with a disability who require an **intermediate level** of support will likely require Level 2 supports.
- Tier 3 where participants with a disability who have **low level** support needs will likely require Level 1 supports.

Refer to Our Guideline - Disability-related health supports and article 'Add disability-related health supports' for further information.

Plan Changes



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The total cost of an appropriate mix of supports for the participant is not likely to increase as a result of the three levels of price controls. Plan changes should only be considered where necessary. The participant should talk to their provider first to understand their supports and the price control being claimed. The early childhood partner, local area coordinator and/or support coordinator who implemented the plan may assist to:

- Determine if there is enough funding in the plan to cover any increased costs
- Re-arrange their supports in order to better meet their needs.

You should support the participant to request a plan change if they are considerably disadvantaged and unable to purchase their supports because of the change in price controls. The prioritisation of the plan changes will be considered in line with the current prioritisation process.

Implementation

Encourage the participant to discuss with their providers how the delivery of their supports can be improved to create the most efficient use of their plan. Providers are encouraged to assist the participant to configure their supports within the available plan budget to deliver efficient service and value. This includes where higher skilled workers may be appropriate for some supports.

The early childhood partner, local area coordinator or support coordinator assists the participant to implement the plan and develop their service agreements.

Providers

The price controls are the maximum price that can be charged for each level of support. Refer to [NDIS price guides and information \(external\)](#) for more information on price controls. This enables the participant to utilise their plan budget to purchase an appropriate mix of supports, including higher skilled workers if necessary.

Claims will be subject to audit. Providers may be required to provide proof that the staff member who delivered a support was subject to the level 2 or level 3 price control, and had the relevant skills or experience.

If the participant has concerns about their provider and the use of the three levels of price controls, they should escalate these to the local provider engagement team.

Version control



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Version	Approved by	Brief Description of Change	Status	Date
0.1	JJP788	Draft	DRAFT	2022-11-09
0.2	NAN927	EL1 review	DRAFT	2022-11-17
1.0	CS0074	Class 1 approval	APPROVED	2022-11-18



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Add or update self-care and community access supports in a plan approval case

This article provides guidance for a **planner delegate** to:

- add assistance with self-care or community access funding
- update assistance with self-care or community access funding
- consider when to include high intensity supports.

Recent updates

October 2023

Current guidance

Before you start

You have:

- read and understood [Our Guideline - Reasonable and Necessary Supports \(external\)](#)
- read and understood [Our Guideline – Social and Recreation Support \(external\)](#)
- referred to the [NDIS Pricing Arrangements and Price Limits \(external\)](#)
- read and understood article [Understand the product catalogue](#)
- read and understood article [Support Categories](#).

Add assistance with self-care or community access funding

If you have received evidence the participant may need high intensity supports, refer to the section in this article **Consider when to include high intensity supports**.

To add assistance with self-care or community access funding to a draft budget, complete the following PACE steps:

1. In a **Plan Approval** case, select the **Draft Budget** tab.



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2. Select **New Support Category**.
3. Enter 'assistance' or 'community' into the **Support Category** field.
4. Select **Assistance with Daily Life** or **Assistance with Social, Economic and Community Participation** from the drop-down list.
- Note:** The **Support Budget** will be locked to **Core**.
5. Select the **Budget Type** from the drop-down list.
6. Select **Regular** in **Instalment Type**.
7. **Plan Duration** field will be locked. 36 months (3 years) is the default plan duration.

To change the plan duration, refer to article [Change plan duration](#).

8. Enter the **Amount** for this support.

Note: This is the monthly amount. PACE will calculate the frequency amount based on this figure. You can use the **Plan Conversation Support Tool** to guide your decision making. Find the **Plan Conversation Support Tool** in the [Tasmania Resource Library](#).

9. Record the **TSP Variance Reason** from the drop-down box.
10. Record **Additional Description** about why this support is needed.

Note: This comment will not display on a participant's plan. This description can be used as part of a discussion about funded supports in the plan approval meeting.

11. If the support meets all of the NDIS funding criteria under the **Justifications** heading, select the checkbox.
12. Record **Justification** in the free text field. For some supports, this might automatically populate. For more information about recording justifications, refer to article [Add budget justifications](#).

Note: This field has a character limit of 3000. Certain special characters in this field may cause an error, this is generally caused when copying justifications from SAP CRM into PACE. If you see the characters |% you will need to change these before you can select save.

13. If you're using evidence to support your justification, select the **Evidence Used** checkbox.
14. Select the **Evidence Type** from the drop-down list:
 - If you select Document, go to step 14
 - If you select Other, go to step 15.



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15. Enter the **Evidence Link** name. You can view linked evidence on the **Evidence** tab of the **Plan Approval** case. To learn more about linking evidence, refer to article [Add and link evidence to a case](#).
16. Enter the **Evidence Explanation** into the free text field.
17. If you need to add more evidence to support your justification, select the checkbox **Add further evidence links** and repeat from step 13.
18. Select **Save**.

Update assistance with self-care or community access funding

Update assistance with self-care or community access funding

If you have received evidence the participant may need high intensity supports, refer to the section in this article **Consider when to include high intensity supports**.

To update self-care and community access supports in a draft budget, complete the following PACE steps:

1. Select the **Assistance with Daily Life** or **Assistance with Social, Economic and Community Participation** support category under the **Flexible Budget** heading.
2. Enter the adjusted **Amount** for the support.
Note: The system will show the change from the original amount to the new amount. It will also show the change in the total amount over the duration of the plan. You can use the **Plan Conversation Support Tool** to guide your decision making. Find the **Plan Conversation Support Tool** in the [Tasmania Resource Library](#).
3. If the change to the amount is outside the threshold for the support category, PACE will display the **TSP Variance Reason**. Select the relevant **TSP Variance Reason** from drop-down list.
4. Record **Additional Description** about why this support is needed.
Note: These comments will not display on a participant's plan. Use these comments to discuss funded supports as part of a plan approval meeting.
5. If the support meets all of the NDIS funding criteria under the **Justifications** heading, select the checkbox.



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6. Record **Justification** in the free text field. For some supports, this might automatically populate. For more information about recording justifications, refer to article [Add budget justifications](#).

Note: This field has a character limit of 3000. Certain special characters in this field may cause an error, this is generally caused when copying justifications from SAP CRM into PACE. If you see the characters |% you will need to change these before you can select save.

7. If you're using evidence to support your justification, select the **Evidence Used** checkbox.
8. Select the **Evidence Type** from the drop-down list:
 - If you select **Document**, go to step 9
 - If you select **Other**, go to step 10.
9. Enter the **Evidence Link** name. You can view linked evidence on the **Evidence** tab of the **Plan Approval** case. To learn more about linking evidence, refer to article [Add and link evidence to a case](#).
10. Enter the **Evidence Explanation** into the free text field.
11. If you need to add more evidence to support your justification, select the checkbox **Add further evidence links** and repeat from step 8.
12. Select **Save**.

Remove assistance with self-care or community access funding

To remove assistance with self-care or community access funding, complete the following PACE steps:

1. In the **Plan Approval** case, select the **Draft Budget** tab.
2. Select the **Assistance with Daily Life** or **Assistance with Social, Economic and Community Participation** support category under the **Flexible Budget** heading.
3. You will not have the option to remove budget item. In **Amount** type \$0.00.
4. Record **Additional Description** about why this support is needed.

Note: These comments will not display on a participant's plan. Use these comments to discuss funded supports as part of a plan approval meeting.

5. If the support meets all of the NDIS funding criteria under the **Justifications** heading, select the checkbox.



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6. Record **Justification** in the free text field. For some supports, this might automatically populate. For more information about recording justifications, refer to article [Add budget justifications](#).

Note: This field has a character limit of 3000. Certain special characters in this field may cause an error, this is generally caused when copying justifications from SAP CRM into PACE. If you see the characters |% you will need to change these before you can select save.

Consider when to include high intensity support

Consider high intensity supports when the participant needs one or both of the following:

- frequent (at least once each shift) assistance to manage challenging behaviours that require intensive positive behaviour support
- assistance from a disability support worker who has one or more of the high intensity support skills specified in the NDIS Commission's [Factsheet: NDIS Practice Standards: skills descriptors \(external\)](#).

Developing a plan with high intensity supports

The plan does not change by including high intensity support. This means you will continue to develop the plan as normal. Participants with complex needs may need some or all of their supports provided by higher skilled workers.

You will need to make a decision based on the NDIS funding criteria to determine if the participant's support needs are standard or high intensity. Support items are explained in the [NDIS pricing arrangements and price limits \(external\)](#). You can use the **Plan Conversation Support Tool** to guide your decision making. Find the **Plan Conversation Support Tool** in the [Tasmania Resource Library](#).

Information from the participant, their providers, functional assessments, therapy reports, behaviour reports and medical information may help in determining if the participant has higher intensity support needs.

Standard support:

Participants **without** high intensity support needs would generally require a support worker with standard skills.

High intensity support:

Participants **with** high intensity support needs will generally require a mix of support workers with standard skills and high intensity skills to have their support needs met.



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For example, a mixture of standard and high intensity support may be required when a participant:

- only needs a support worker with high intensity skills for their disability related health supports (DRHS) that occur at a certain time of the day
- has two workers at all times, one supporting the participant and one monitoring behaviours who is also available to provide support to the other support worker if required. In these situations, it may be appropriate to provide one support worker with standard skills and one support worker with high intensity.

In some situations, the participant will always need a support worker with high intensity skills to provide all their supports. Talk to your team leader if you need help to decide what level of worker is needed.

Registered nurse (RN) delegation of care

Registered nurse (RN) delegation of care allows an RN to delegate high level care to another suitably trained person.

Participants who meet the criteria for DRHS may need a support worker who is skilled to meet this need. The provision of these supports could be delegated by the RN to a support worker who has the required high intensity support skills. The number of hours needed will depend on the tasks required. When determining the number of hours to fund for DRHS, information from the following sources will help you to make sure the support meets the [NDIS funding criteria \(external\)](#):

- the participant
- their providers
- functional assessments
- therapy reports
- behaviour reports
- medical information.

Refer to [Our Guideline - Disability-related health supports \(external\)](#) and article [Calculate disability-related health supports and meal preparation supports](#) for further information.

Plan Changes



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A plan change should only be considered where necessary. The participant should talk to their provider first to understand their supports and the price control being claimed. The My NDIS Contact or support coordinator who implemented the plan may help to:

- determine if there is enough funding in the plan to cover any increased costs
- re-arrange their supports to better meet their needs.

You should support the participant to seek a plan change if they are considerably disadvantaged and unable to purchase their supports because of the change in price controls. The prioritisation of the plan change will be considered in line with the current prioritisation process.

Implementation

Encourage the participant to discuss with their providers how the delivery of their supports can be improved to create the most efficient use of their plan. Providers are encouraged to help the participant to arrange their supports within the available plan budget to deliver efficient service and value. This includes where higher skilled workers may be appropriate for some supports.

The participant's My NDIS Contact, or support coordinator, supports the participant to implement the plan and develop their service agreements.

Providers

The price controls are the maximum price that can be charged for each support. Refer to [NDIS price guides and information \(external\)](#) for more information on price controls. This enables the participant to use their plan budget to purchase an appropriate mix of supports, including higher skilled workers if necessary.

Service bookings and claims will be subject to audit. Providers may be required to provide proof that the staff member who delivered a support was subject to the high intensity price control and had the relevant skills or experience.

If the participant has concerns about their provider and the use of the price controls, they should escalate these to the local provider engagement team.

Next steps

1. If you have added or updated assistance with self-care or community access supports, you will need to make a fund management decision. Refer to article [Make fund management decision](#).
2. If you need to add further support, refer to article [Change the draft budget](#).
3. If you're ready for the plan meeting, refer to article [Prepare for the plan meeting](#).



SGP Knowledge Article Template

For Internal Use Only

Article topics and case names – internal use only

Topics

This article relates to the following topics:

- t_createaplan
- t_planchanges
- t_reasonableandnecessary
- t_socialandrecreationsupport

Case names

You can use this guidance for the

- dc_case_planapproval
- dc_case_planchange

Version control

Version	Amended by	Brief Description of Change	Status	Date
1.0	CS0074	Class 1 approval	APPROVED	2022-11-18
1.1	THG520	Updating high intensity support levels information	DRAFT	2023-03-17
1.2	BCK161	Peer review	DRAFT	2023-03-27
1.3	THG520	Actioned peer review	DRAFT	2023-03-28
1.4	DD0014	EL1 review and edit	DRAFT	2023-03-30
1.5	JLL673	Continuous improvement update – transferred to new template and begun SGP consistency check.	DRAFT	2023-07-04
1.6	MSM312	Peer review	DRAFT	2023-07-07



SGP Knowledge Article Template

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Version	Amended by	Brief Description of Change	Status	Date
1.7	JLL673	Action peer review Clean for VT	DRAFT	2023-07-07
1.8	JLL673	Action VT feedback Number of long sentences: 20 (16.53%) Number of Passive Sentences: 14 (11.57%) Readability: 47 Grade Level: 8.9 Sent for EL1 review	DRAFT	2023-07-07
1.9	RWN540	Updates to align with DRHS resources. System steps added.	DRAFT	2023-10-06
1.10	DD0014	EL1 review	DRAFT	2023-10-10
1.11	RWN540	EL1 feedback actioned	DRAFT	2023-10-11
1.12	DD0014	EL1 review	DRAFT	2023-10-13
1.13	RWN540	BiL feedback actioned	DRAFT	2023-10-17
1.14	DD0014	EL1 review	DRAFT	2023-10-17
1.15	RWN540	EL1 feedback actioned	DRAFT	2023-10-18
2.0	JS0082	Class 1 Approval	APPROVED	2023-10-18



Knowledge Article

For Internal Use Only

The contents of this document are **OFFICIAL**.

Add or update self-care and community access supports in a plan approval case

Guidance in this document is not approved for use unless you view it in PACE.

This article provides guidance for a planner delegate to:

- add assistance with self-care or community access funding
- update assistance with self-care or community access funding
- consider when to include high intensity supports.

Recent updates

22 July 2024

Minor update to the definition of High Intensity supports based on updates in the NDIS Pricing Arrangements and Price Limits 2024-25.

Before you start

You have:

- read and understood [Our Guideline - Reasonable and Necessary Supports \(external\)](#)
- read and understood [Our Guideline – Social and Recreation Support \(external\)](#)
- referred to the [NDIS Pricing Arrangements and Price Limits \(external\)](#)
- read and understood article [Understand the product catalogue](#)
- read and understood article [Support Categories](#).

Add assistance with self-care or community access funding

If you have received evidence the participant may need high intensity supports, go to the section in this article **Consider when to include high intensity supports**.

To add assistance with self-care or community access funding to a draft budget:

V3.0 2024-07-05 Add or update self-care and community access supports in a plan approval case 192248066

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1. In a **Plan Approval case**, select the **Draft Budget** tab.
2. Select **New Support Category**.
3. Enter 'assistance' or 'community' into the **Support Category** field.
4. Select **Assistance with Daily Life** or **Assistance with Social, Economic and Community Participation** from the drop-down list.
- Note:** The **Support Budget** will be locked to **Core**.
5. Select the **Budget Type** from the drop-down list.
6. Select **Regular** in **Instalment Type**.
7. **Plan Duration** field will be locked. 36 months (3 years) is the default plan duration.
8. To change the plan duration, go to article [Change plan duration](#).
9. Enter the **Amount** for this support.

Note: This is the monthly amount. PACE will calculate the frequency amount based on this figure. Use the **Plan Conversation Support Tool** to guide your decision making. Go to article [Understand and update the plan conversation support tool](#).

10. Record the **TSP Variance Reason** from the drop-down box.
11. Record **Additional Description** about why this support is needed.
- Note:** This comment will not display on a participant's plan. This description can be used as part of a discussion about funded supports in the plan approval meeting.
12. If the support meets all of the NDIS funding criteria under the **Justifications** heading, select the checkbox.
13. Record **Justification** in the free text field. For some supports, this might automatically populate. For more information about recording justifications, go to article [Add budget justifications](#).

Note: This field has a character limit of 3000. Certain special characters in this field may cause an error, this is generally caused when copying justifications from SAP CRM into PACE. If you see the characters |% you will need to change these before you can select save.

14. If you're using evidence to support your justification, select the **Evidence Used** checkbox. Otherwise, continue from step 19.
15. Select the **Evidence Type** from the drop-down list:
 - If you select **Document**, go to step 14.



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- If you select **Other**, go to step **15**.

- Enter the **Evidence Link** name. You can view linked evidence on the **Evidence** tab of the **Plan Approval** case. To learn more about linking evidence, go to article [Add and link evidence to a case](#).
- Enter the **Evidence Explanation** into the free text field.
- If you need to add more evidence to support your justification, select the checkbox **Add further evidence links** and repeat from step **13**.
- Select **Save**.

Update assistance with self-care or community access funding

If you have received evidence the participant may need high intensity supports, go to the section in this article **Consider when to include high intensity supports**.

To update self-care and community access supports in a draft budget:

- Select the **Assistance with Daily Life** or **Assistance with Social, Economic and Community Participation** support category under the **Flexible Budget** heading.
- Enter the adjusted **Amount** for the support.
Note: The system will show the change from the original amount to the new amount. It will also show the change in the total amount over the duration of the plan. Use the **Plan Conversation Support Tool** to guide your decision making. Go to article [Understand and update the plan conversation support tool](#).
- If the change to the amount is outside the threshold for the support category, PACE will display the **TSP Variance Reason**. Select the relevant **TSP Variance Reason** from drop-down list.
- Record **Additional Description** about why this support is needed.
Note: These comments will not display on a participant's plan. Use these comments to discuss funded supports as part of a plan approval meeting.
- If the support meets all of the NDIS funding criteria under the **Justifications** heading, select the checkbox.



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6. Record **Justification** in the free text field. For some supports, this might automatically populate. For more information about recording justifications, go to article [Add budget justifications](#).

Note: This field has a character limit of 3000. Certain special characters in this field may cause an error, this is generally caused when copying justifications from SAP CRM into PACE. If you see the characters |% you will need to change these before you can select save.
7. If you're using evidence to support your justification, select the **Evidence Used** checkbox.
8. Select the **Evidence Type** from the drop-down list:
 - If you select **Document**, go to step 9.
 - If you select **Other**, go to step 10.
9. Enter the **Evidence Link** name. You can view linked evidence on the **Evidence** tab of the **Plan Approval** case. To learn more about linking evidence, go to article [Add and link evidence to a case](#)
10. Enter the **Evidence Explanation** into the free text field.
11. If you need to add more evidence to support your justification, select the checkbox **Add further evidence links** and repeat from step 8.
12. Select **Save**.

Remove assistance with self-care or community access funding

To remove assistance with self-care or community access funding:

1. In the **Plan Approval** case, select the **Draft Budget** tab.
2. Select the **Assistance with Daily Life** or **Assistance with Social, Economic and Community Participation** support category under the **Flexible Budget** heading.
3. You will not have the option to remove budget item. In **Amount**, type \$0.00.
4. Record **Additional Description** about why this support is needed.

Note: These comments will not display on a participant's plan. Use these comments to discuss funded supports as part of a plan approval meeting.



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5. If the support meets all of the NDIS funding criteria under the **Justifications** heading, select the checkbox.
6. Record **Justification** in the free text field. For some supports, this might automatically populate. For more information about recording justifications, go to article [Add budget justifications](#).

Note: This field has a character limit of 3000. Certain special characters in this field may cause an error, this is generally caused when copying justifications from SAP CRM into PACE. If you see the characters |% you will need to change these before you can select save.

Consider when to include high intensity support

A support is considered a High Intensity support if it's a support provided to a participant who requires assistance from a disability support worker who has one or more high intensity support skills. These skills are specified in the NDIS Commission's [NDIS Practice Standards: skills descriptors \(external\)](#).

Developing a plan with high intensity supports

The plan does not change by including high intensity support. This means you will continue to develop the plan as normal. Participants with complex needs may need some or all of their supports provided by a support worker with high intensity skills.

You will need to make a decision based on the NDIS funding criteria to determine if the participant's support needs are standard or high intensity. Support items are explained in the [NDIS pricing arrangements and price limits \(external\)](#). Use the **Plan Conversation Support Tool** to guide your decision making. Go to article [Understand and update the plan conversation support tool](#).

Information from the participant, their providers, functional assessments, therapy reports, behaviour reports and medical information may help in determining if the participant has higher intensity support needs.

Standard support

Participants **without** high intensity support needs would generally require a support worker with standard skills.

High intensity support

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Participants **with** high intensity support needs will generally require a mix of support workers with standard skills and high intensity skills to have their support needs met.

For example, a mixture of standard and high intensity support may be required when a participant:

- only needs a support worker with high intensity skills for their disability related health supports (DRHS) that occur at a certain time of the day.

In some situations, the participant will always need a support worker with high intensity skills to provide all their supports. Talk to your team leader if you need help to decide what level of worker is needed.

Registered nurse (RN) delegation of care

Registered nurse (RN) delegation of care allows an RN to delegate high level care to another suitably trained person.

Participants who meet the criteria for DRHS may need a support worker who is skilled to meet this need. The provision of these supports could be delegated by the RN to a support worker who has the required high intensity support skills. The number of hours needed will depend on the tasks required. When determining the number of hours to fund for DRHS, information from the following sources will help you to make sure the support meets the [NDIS funding criteria \(external\)](#):

- the participant
- their providers
- functional assessments
- therapy reports
- behaviour reports
- medical information.

Go to [Our Guideline - Disability-related health supports \(external\)](#) and article [Calculate disability-related health supports and meal preparation supports](#) for further information.

Plan Changes

A plan change should only be considered where necessary. The participant should talk to their provider first to understand their supports and the price control being claimed. The my NDIS contact or support coordinator who implemented the plan may help to:

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- determine if there is enough funding in the plan to cover any increased costs
- re-arrange their supports to better meet their needs.

You should support the participant to seek a plan change if they are considerably disadvantaged and unable to purchase their supports because of the change in price controls. The prioritisation of the plan change will be considered in line with the current prioritisation process.

Implementation

Encourage the participant to discuss with their providers how the delivery of their supports can be improved to create the most efficient use of their plan. Providers are encouraged to help the participant to arrange their supports within the available plan budget to deliver efficient service and value. This includes where a support worker with high intensity skills may be appropriate for some supports.

The participant's my NDIS contact, or support coordinator, supports the participant to implement the plan and develop their service agreements.

Providers

The price controls are the maximum prices that can be charged for each support. Go to [NDIS price guides and information \(external\)](#) for more information on price controls. This enables the participant to use their plan budget to purchase an appropriate mix of supports, including support workers with high intensity skills if necessary.

Service bookings and claims will be subject to audit. Providers may be required to provide proof that the staff member who delivered a support was subject to the high intensity price control and had the relevant skills or experience.

If the participant has concerns about their provider and the use of the price controls, they should escalate these to the local provider engagement team.

Next steps

1. If you have added or updated assistance with self-care or community access supports, you will need to make a fund management decision. Go to article [Make fund management decision](#).
2. If you need to add further support, Go to article [Change the draft budget](#).

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Knowledge Article

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Article labels – internal use only

PACE user role names

No change

Topics

No change

Case names

No change

Ownership

No change

Version control

Version	Amended by	Brief Description of Change	Status	Date
2.1	DCM308	Minor update to the definition of High Intensity supports based on updates in the NDIS Pricing Arrangements and Price Limits 2024-25 (DOCX 358KB) . Updated PCST content to direct users to the KA instead of the 3P hub.	DRAFT	2024-07-01
2.2	SGH107	Peer review	DRAFT	2024-07-03
2.3	DCM308	Action peer review. Sent for EL1 review and VT	DRAFT	2024-07-03
2.4	DD0014	EL1 review	DRAFT	2024-07-04
3.0	JS0082	Class 1 Approval	APPROVED	2024-07-05

V3.0 2024-07-05 Add or update self-care and community access supports in a plan approval case 192248066

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Knowledge Article

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Understand self-care and community access supports

Guidance in this document is not approved for use unless you view it in PACE.

This article provides guidance for a planner delegate to:

- understand self-care and community access supports
- consider when to include high intensity supports.

Recent updates

29 July 2024

- Article renamed from Add or update self-care and community access supports in a plan approval case.
- Included section Understand self-care and community access supports.
- System steps removed.
- Next steps section updated to reflect process change.

Before you start

You have:

- read and understood [Our Guideline - Reasonable and Necessary Supports \(external\)](#)
- read and understood [Our Guideline – Social and Recreation Support \(external\)](#)
- referred to the [NDIS Pricing Arrangements and Price Limits \(external\)](#)
- read and understood article [Support Categories](#).

Understand self-care and community access supports

When you include self-care or community access supports in a participant's plan, you'll need to make sure you include the appropriate support category.

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Knowledge Article

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Self-care

Self-care supports provide assistance with daily personal activities. This could include:

- personal care such as, bathing, dressing, toileting and grooming
- assistance with eating
- mobility including exercise, positioning and moving.

To include supports for self-care, you'll need to use the support category **Assistance with Daily Life**.

Community access

Community access supports provide assistance with participation in community, social and civic activities.

To include supports for community access, you'll need to use the support category **Assistance with Social, Economic and Community Participation**.

To learn more, go to article [Support Categories](#).

Consider when to include high intensity support

A support is considered a High Intensity support if it's a support provided to a participant who requires assistance from a disability support worker who has one or more high intensity support skills. These skills are specified in the NDIS Commission's [NDIS Practice Standards: skills descriptors \(external\)](#).

Developing a plan with high intensity supports

A participant's plan doesn't change by including high intensity support. This means you'll continue to develop the plan as normal. Participants with complex needs may need some or all of their supports provided by a support worker with high intensity skills.

You'll need to make a decision based on the NDIS funding criteria to determine if the participant's support needs are standard or high intensity. Support items are explained in the [NDIS pricing arrangements and price limits \(external\)](#). Use the **Plan Conversation Support Tool** to guide your decision making. Go to article [Understand and update the plan conversation support tool](#).

Information from the participant, their providers, functional assessments, therapy reports, behaviour reports and medical information may help in determining if the participant has higher intensity support needs.

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Knowledge Article

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Standard support

Participants **without** high intensity support needs would generally require a support worker with standard skills.

High intensity support

Participants **with** high intensity support needs will generally require a mix of support workers with standard skills and high intensity skills to have their support needs met.

For example, a mixture of standard and high intensity support may be required when a participant:

- only needs a support worker with high intensity skills for their disability related health supports (DRHS) that occur at a certain time of the day.

In some situations, the participant will always need a support worker with high intensity skills to provide all their supports. Talk to your team leader if you need help to decide what level of worker is needed.

Registered nurse (RN) delegation of care

Registered nurse (RN) delegation of care allows an RN to delegate high level care to another suitably trained person.

Participants who meet the criteria for DRHS may need a support worker who is skilled to meet this need. The provision of these supports could be delegated by the RN to a support worker who has the required high intensity support skills. The number of hours needed will depend on the tasks required. When determining the number of hours to fund for DRHS, information from the following sources will help you to make sure the support meets the [NDIS funding criteria \(external\)](#):

- the participant
- their providers
- functional assessments
- therapy reports
- behaviour reports
- medical information.

Go to [Our Guideline - Disability-related health supports \(external\)](#) and article [Calculate disability-related health supports and meal preparation supports](#) for further information.



Knowledge Article

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Plan Changes

A plan change should only be considered where necessary. The participant should talk to their provider first to understand their supports and the price control being claimed. The my NDIS contact or support coordinator who implemented the plan may help to:

- determine if there's enough funding in the plan to cover any increased costs
- re-arrange their supports to better meet their needs.

You should support the participant to seek a plan change if they're considerably disadvantaged and unable to purchase their supports because of the change in price controls. The prioritisation of the plan change will be considered in line with the current prioritisation process.

Implementation

Encourage the participant to discuss with their providers how the delivery of their supports can be improved to create the most efficient use of their plan. Providers are encouraged to help the participant to arrange their supports within the available plan budget to deliver efficient service and value. This includes where a support worker with high intensity skills may be appropriate for some supports.

The participant's my NDIS contact, or support coordinator, supports the participant to implement the plan and develop their service agreements.

Providers

The price controls are the maximum prices that can be charged for each support. Go to [NDIS price guides and information \(external\)](#) for more information on price controls. This enables the participant to use their plan budget to purchase an appropriate mix of supports, including support workers with high intensity skills if necessary.

Service bookings and claims will be subject to audit. Providers may be required to provide proof that the staff member who delivered a support was subject to the high intensity price control and had the relevant skills or experience.

If the participant has concerns about their provider and the use of the price controls, they should escalate these to the local provider engagement team.

Next steps

1. For a:



Knowledge Article

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- **Plan Approval** case, you'll need to use the plan conversation support tool to calculate the funded supports. To add or update this support in a draft budget go to article [Change the draft budget](#)
- **Plan Change** or **Participant Budget Update** case, go to article [Action a budget update](#).

Article labels – internal use only

PACE user role names

No change

Topics

No change

Case names

No change

Ownership

Add:

own_sgplanchangesandconnections

Delete:

own_sgyourplansupportsandimplementation

Version control

Version	Amended by	Brief Description of Change	Status	Date
3.1	BTM847	Article name updated Included section 'Understand self-care and community access supports'.	DRAFT	2024-07-17



Knowledge Article

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		'Next steps' section updated to align with July release changes		
3.2	MSM312	Peer review	DRAFT	2024-07-18
3.3	BTM847	Action peer review	DRAFT	2024-07-18
3.4	DD014	EL1 review	DRAFT	2024-07-18
3.5	JS0082	EL2 review	DRAFT	2024-07-22
4.0	EMN960	Class 2 approval Article name updated. Included section 'Understand self-care and community access supports'. 'Next steps' section updated to align with July release changes.	APPROVED	2024-07-23



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Understand self-care and community access supports

Guidance in this document is not approved for use unless you view it in PACE.

This article provides guidance for a planner delegate to:

- understand self-care and community access supports
- consider when to include high intensity supports.

Recent updates

12 August 2024

Guidance updated to:

- advise the Plan Conversation Support Tool (PCST) must be used for all new plans and plan reassessment
- change article Calculate disability-related health supports and meal preparation supports to Determine disability-related health supports and meal preparation supports.

29 July 2024

- Article renamed from Add or update self-care and community access supports in a plan approval case
- Included section Understand self-care and community access supports
- System steps removed
- Next steps section updated to reflect process change.

Before you start

You have:

- read and understood [Our Guideline – Reasonable and Necessary Supports \(external\)](#)



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- read and understood [Our Guideline – Social and Recreation Support \(external\)](#)
- referred to the [NDIS Pricing Arrangements and Price Limits \(external\)](#)
- read and understood article [Support Categories](#).

Understand self-care and community access supports

When you include self-care or community access supports in a participant's plan, you'll need to make sure you include the appropriate support category.

Self-care

Self-care supports provide assistance with daily personal activities. This could include:

- personal care such as, bathing, dressing, toileting and grooming
- assistance with eating
- mobility including exercise, positioning and moving.

To include supports for self-care, you'll need to use the support category **Assistance with Daily Life**.

Community access

Community access supports provide assistance with participation in community, social and civic activities.

To include supports for community access, you'll need to use the support category **Assistance with Social, Economic and Community Participation**.

To learn more, go to article [Support Categories](#).

Consider when to include high intensity support

A support is considered a high intensity support if it's a support provided to a participant who requires assistance from a disability support worker who has one or more high intensity support skills. These skills are specified in the NDIS Commission's [NDIS Practice Standards: skills descriptors \(external\)](#).

Developing a plan with high intensity supports

A participant's plan doesn't change by including high intensity support. This means you'll continue to develop the plan as normal. Participants with complex needs may need some or all of their supports provided by a support worker with high intensity skills.



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You'll need to make a decision based on the NDIS funding criteria to determine if the participant's support needs are standard or high intensity. Support items are explained in the [NDIS pricing arrangements and price limits \(external\)](#). Use the **Plan Conversation Support Tool** to guide your decision making. You **must** use the PCST for all new plans and plan reassessments and attach to the participant record. Go to article [Understand and update the plan conversation support tool](#).

Information from the participant, their providers, functional assessments, therapy reports, behaviour reports and medical information may help in determining if the participant has higher intensity support needs.

Standard support

Participants **without** high intensity support needs would generally require a support worker with standard skills.

High intensity support

Participants **with** high intensity support needs will generally require a mix of support workers with standard skills and high intensity skills to have their support needs met.

For example, a mixture of standard and high intensity support may be required when a participant:

- only needs a support worker with high intensity skills for their disability related health supports (DRHS) that occur at a certain time of the day.

In some situations, the participant will always need a support worker with high intensity skills to provide all their supports. Talk to your team leader if you need help to decide what level of worker is needed.

Registered nurse (RN) delegation of care

Registered nurse (RN) delegation of care allows an RN to delegate high level care to another suitably trained person.

Participants who meet the criteria for DRHS may need a support worker who is skilled to meet this need. The provision of these supports could be delegated by the RN to a support worker who has the required high intensity support skills. The number of hours needed will depend on the tasks required. When determining the number of hours to fund for DRHS, information from the following sources will help you to make sure the support meets the [NDIS funding criteria \(external\)](#):

- the participant
- their providers



Knowledge Article

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- functional assessments
- therapy reports
- behaviour reports
- medical information.

Go to [Our Guideline – Disability-related health supports \(external\)](#) and article [Determine disability-related health supports and meal preparation supports](#) for further information.

Plan Changes

A plan change should only be considered where necessary. The participant should talk to their provider first to understand their supports and the price control being claimed. The my NDIS contact or support coordinator who implemented the plan may help to:

- determine if there's enough funding in the plan to cover any increased costs
- re-arrange their supports to better meet their needs.

You should support the participant to seek a plan change if they're considerably disadvantaged and unable to purchase their supports because of the change in price controls. The prioritisation of the plan change will be considered in line with the current prioritisation process.

Implementation

Encourage the participant to discuss with their providers how the delivery of their supports can be improved to create the most efficient use of their plan. Providers are encouraged to help the participant to arrange their supports within the available plan budget to deliver efficient service and value. This includes where a support worker with high intensity skills may be appropriate for some supports.

The participant's my NDIS contact, or support coordinator, supports the participant to implement the plan and develop their service agreements.

Providers

The price controls are the maximum prices that can be charged for each support. Go to [NDIS Pricing Arrangements and Price Limits \(external\)](#) for more information on price controls. This enables the participant to use their plan budget to purchase an appropriate mix of supports, including support workers with high intensity skills if necessary.



Knowledge Article

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Service bookings and claims will be subject to audit. Providers may be required to provide proof that the staff member who delivered a support was subject to the high intensity price control and had the relevant skills or experience.

If the participant has concerns about their provider and the use of the price controls, they should escalate these to the local provider engagement team.

Next steps

1. For a:

- **Plan Approval** case, you'll need to use the plan conversation support tool to calculate the funded supports. To add or update this support in a draft budget go to article [Change the draft budget](#)
- **Plan Change** or **Participant Budget Update** case, go to article [Action a budget update](#).

Article labels – internal use only

PACE user role names

No changes.

Topics

No changes.

Case names

No changes.

Ownership

No changes.

Version control

Version	Amended by	Brief Description of Change	Status	Date



Knowledge Article

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4.1	SGH107	Guidance updated to advise PCST must be used for all new plans and plan reassessment.	DRAFT	2024-08-05
4.2	UFEX8	Peer review	DRAFT	2024-08-06
4.3	SGH107	Action peer review	DRAFT	2024-08-07
5.0	JS0082	Class 1 Approval	APPROVED	2024-08-08



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Understand self-care and community access supports

Guidance in this document is not approved for use unless you view it in PACE.

This article provides guidance for a planner delegate to:

- understand self-care and community access supports
- consider when to include high intensity supports.

Recent updates

2 September 2024

- Guidance updated to include links to new articles that will help you understand and determine levels of support for assistance with social and community participation for participants in shared living arrangements.

12 August 2024

Guidance updated to:

- advise the Plan Conversation Support Tool (PCST) must be used for all new plans and plan reassessment
- change article Calculate disability-related health supports and meal preparation supports to Determine disability-related health supports and meal preparation supports.

Before you start

You have:

- read and understood [Our Guideline – Reasonable and Necessary Supports \(external\)](#)
- read and understood [Our Guideline – Social and Recreation Support \(external\)](#)
- referred to the [NDIS Pricing Arrangements and Price Limits \(external\)](#)

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Knowledge Article

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- read and understood article [Support Categories](#)
- read and understood article [Understand social and community participation funding for participants in a shared living arrangement](#)
- read and understood article [Develop a social and community participation budget for participants in a shared living arrangement](#)
- read and understood article [Understand social and community participation funding for a participant in a shared living arrangement – Case examples](#).

Understand self-care and community access supports

When you include self-care or community access supports in a participant's plan, you'll need to make sure you include the appropriate support category.

Self-care

Self-care supports provide assistance with daily personal activities. This could include:

- personal care such as, bathing, dressing, toileting and grooming
- assistance with eating
- mobility including exercise, positioning and moving.

To include supports for self-care, you'll need to use the support category **Assistance with Daily Life**.

Community access

Community access supports provide assistance with participation in community, social and civic activities.

If the participant lives in a shared living arrangement, go to article [Understand social and community participation supports for participants in a shared living arrangement](#) for more information. To see how you can use the Plan Conversation Support Tool (PCST) to develop a social and community participation (SCP) budget for a participant in a shared living arrangement, go to article [Understand social and community participation supports for participants in a shared living arrangement – Case examples](#).

To include supports for community access, you'll need to use the support category **Assistance with Social, Economic and Community Participation**. For a participant in a



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shared living arrangement, go to article [Develop a social and community participation budget for participants in a shared living arrangement](#).

To learn more, go to article [Support Categories](#).

Consider when to include high intensity support

A support is considered a high intensity support if it's a support provided to a participant who requires assistance from a disability support worker who has one or more high intensity support skills. These skills are specified in the NDIS Commission's [NDIS Practice Standards: skills descriptors \(external\)](#).

Developing a plan with high intensity supports

A participant's plan doesn't change by including high intensity support. This means you'll continue to develop the plan as normal. Participants with complex needs may need some or all of their supports provided by a support worker with high intensity skills.

You'll need to make a decision based on the NDIS funding criteria to determine if the participant's support needs are standard or high intensity. Support items are explained in the [NDIS pricing arrangements and price limits \(external\)](#). Use the PCST to guide your decision making. You **must** use the PCST for all new plans and plan reassessments and attach to the participant record. Go to article [Understand and update the plan conversation support tool](#).

Information from the participant, their providers, functional assessments, therapy reports, behaviour reports and medical information may help to determine if the participant has higher intensity support needs.

Standard support

Participants **without** high intensity support needs would generally require a support worker with standard skills.

High intensity support

Participants **with** high intensity support needs will generally require a mix of support workers with standard skills and high intensity skills to have their support needs met.

For example, a mixture of standard and high intensity support may be required when a participant:

- only needs a support worker with high intensity skills for their disability related health supports (DRHS) that occur at a certain time of the day.



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In some situations, the participant will always need a support worker with high intensity skills to provide all their supports. Talk to your team leader if you need help to decide what level of worker is needed.

Registered nurse (RN) delegation of care

Registered nurse (RN) delegation of care allows an RN to delegate high level care to another suitably trained person.

Participants who meet the criteria for DRHS may need a support worker who is skilled to meet this need. The provision of these supports could be delegated by the RN to a support worker who has the required high intensity support skills. The number of hours needed will depend on the tasks required. When determining the number of hours to fund for DRHS, information from the following sources will help you to make sure the support meets the [NDIS funding criteria \(external\)](#):

- the participant
- their providers
- functional assessments
- therapy reports
- behaviour reports
- medical information.

Go to [Our Guideline – Disability-related health supports \(external\)](#) and article [Determine disability-related health supports and meal preparation supports](#) for further information.

Plan Changes

A plan change should only be considered where necessary. The participant should talk to their provider first to understand their supports and the price control being claimed. The my NDIS contact or support coordinator who implemented the plan may help to:

- determine if there's enough funding in the plan to cover any increased costs
- re-arrange their supports to better meet their needs.

You should support the participant to seek a plan change if they're considerably disadvantaged and unable to purchase their supports because of the change in price controls. The prioritisation of the plan change will be considered in line with the current prioritisation process.



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Implementation

Encourage the participant to discuss with their providers how the delivery of their supports can be improved to create the most efficient use of their plan. Providers are encouraged to help the participant to arrange their supports within the available plan budget to deliver efficient service and value. This includes where a support worker with high intensity skills may be appropriate for some supports.

The participant's my NDIS contact, or support coordinator, supports the participant to implement the plan and develop their service agreements.

Providers

The price controls are the maximum prices that can be charged for each support. Go to [NDIS Pricing Arrangements and Price Limits \(external\)](#) for more information on price controls. This enables the participant to use their plan budget to purchase an appropriate mix of supports, including support workers with high intensity skills if necessary.

Service bookings and claims will be subject to audit. Providers may be required to provide proof that the staff member who delivered a support was subject to the high intensity price control and had the relevant skills or experience.

If the participant has concerns about their provider and the use of the price controls, they should escalate these to the local provider engagement team.

Next steps

For a:

- **Plan Approval** case, you'll need to use the PCST to calculate the funded supports. To add or update this support in a draft budget go to article [Change the draft budget](#)
- **Plan Change** or **Participant Budget Update** case, go to article [Action a budget update](#).

Article labels

PACE user role names

No change.

Topics

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No change.

Case names

No change.

Ownership

No change.

Version control

Version	Amended by	Brief Description of Change	Status	Date
5.0	JS0082	Class 1 Approval	APPROVED	2024-08-08
5.1	REB563	Class 1 update to include links to new social and community participation articles for participants in shared living arrangement. These have been developed as part of the home and living reform branch project to improve guidance for planners to include funding for participants in shared living.	DRAFR	2024-08-26
6.0	ED0024	Class 1 Director approved	APPROVED	2024-08-27



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Understand self-care and community access supports

Guidance in this document is not approved for use unless you view it in PACE.

This article provides guidance for all NDIA staff and partners to:

- understand self-care and community access supports
- understand when to include high intensity supports
- understand when to include intensive and complex behaviour support.

Recent updates

3 October 2024

Guidance updated to include new section for understanding intensive and complex behaviour support.

2 September 2024

Guidance updated to include links to new articles that will help you understand and determine levels of support for assistance with social and community participation for participants in shared living arrangements.

12 August 2024

Guidance updated to:

- advise the Plan Conversation Support Tool (PCST) must be used for all new plans and plan reassessment
- change article Calculate disability-related health supports and meal preparation supports to Determine disability-related health supports and meal preparation supports.

Before you start

You have read and understood:

- [Our Guideline – Reasonable and Necessary Supports \(external\)](#)
- [Our Guideline – Social and Recreation Support \(external\)](#)



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- article [Support Categories](#)
- article [Understand social and community participation supports for participants in a shared living arrangement](#)
- article [Develop a social and community participation budget for participants in a shared living arrangement](#)
- article [Understand social and community participation supports for a participant in a shared living arrangement – Case examples](#).

You have also referred to the [NDIS Pricing Arrangements and Price Limits \(external\)](#).

Understand self-care and community access supports

When you include self-care or community access supports in a participant's plan, you'll need to make sure you include the appropriate support category.

Self-care

Self-care supports provide assistance with daily personal activities. This could include:

- personal care such as, bathing, dressing, toileting and grooming
- assistance with eating
- mobility including exercise, positioning and moving.

To include supports for self-care, you'll need to use support category **Assistance with Daily Life**.

Community access

Community access supports provide assistance with participation in community, social and civic activities.

If the participant lives in a shared living arrangement, go to article [Understand social and community participation supports for participants in a shared living arrangement](#) for more information. To see how you can use the Plan Conversation Support Tool (PCST) to develop a social and community participation (SCP) budget for a participant in a shared living arrangement, go to article [Understand social and community participation supports for participants in a shared living arrangement – Case examples](#).

To include supports for community access, you'll need to use support category **Assistance with Social, Economic and Community Participation**. For a participant in a shared living arrangement, go to article [Develop a social and community participation budget for participants in a shared living arrangement](#). To learn more, go to article [Support Categories](#).



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Understand when to include high intensity support

A participant may need high intensity support if they need assistance from a disability support worker who has one or more high intensity support skills. These skills are specified in the NDIS Commission's [NDIS Practice Standards: skills descriptors \(external\)](#).

Developing a plan with high intensity supports

A participant's plan doesn't change by including high intensity support. This means you'll continue to develop the plan as normal. Participants with complex needs may need some or all of their supports provided by a support worker with high intensity skills.

You'll need to make a decision to include standard or high intensity supports using [Our Guideline – Reasonable and necessary supports \(external\)](#). Information from the participant, their providers, functional assessments, therapy reports, behaviour reports and medical information may help to understand if the participant has higher intensity support needs.

You **must** use the PCST for all new plans and plan reassessments and attach to the participant record. Include standard and high intensity support using article [Understand and update the plan conversation support tool](#).

Standard support

Participants **without** high intensity support needs would generally need a support worker with standard skills.

High intensity support

Participants **with** high intensity support needs will generally need a mix of support workers with standard skills and high intensity skills to have their support needs met.

For example, the participant may need a mixture of standard and high intensity support if they only need a support worker with high intensity skills for certain times of the day. Such as supporting with their disability related health supports (DRHS) at a certain time of the day.

In some situations, the participant will always need a support worker with high intensity skills to provide all their supports. Talk to your team leader if you need help to decide what level of worker is needed.

For more information about standard and high intensity supports, go to the [NDIS pricing arrangements and price limits \(external\)](#).

Registered nurse (RN) delegation of care

Registered nurse (RN) delegation of care allows an RN to delegate high level care to another suitably trained person.



Knowledge Article

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Participants who meet the criteria for DRHS may need a support worker who is skilled to meet this need. The provision of these supports could be delegated by the RN to a support worker who has the high intensity support skills needed. The number of hours will depend on the tasks they need to complete. When determining the number of hours to fund for DRHS, information from the following sources will help you to make sure the support meets [Our Guideline – Reasonable and necessary supports \(external\)](#):

- the participant
- their providers
- functional assessments
- therapy reports
- behaviour reports
- medical information.

Go to [Our Guideline – Disability-related health supports \(external\)](#) and article [Determine disability-related health supports and meal preparation supports](#) for more information.

Plan Changes

Only complete a plan change where necessary. The participant should talk to their provider first to understand their supports and the price control being claimed. The my NDIS contact or support coordinator who implemented the plan may help to:

- understand if there's enough funding in the plan to cover any increased costs
- re-arrange their supports to better meet their needs.

You should support the participant to seek a plan change if they're considerably disadvantaged and unable to purchase their supports because of the change in price controls. The prioritisation of the plan change will be considered in line with the current prioritisation process.

Implementation

Encourage the participant to discuss with their providers how the delivery of their supports can be improved to create the most efficient use of their plan. Providers are encouraged to help the participant to arrange their supports within the available plan budget to deliver efficient service and value. This includes where a support worker with high intensity skills may be appropriate for some supports.

The participant's my NDIS contact, or support coordinator, supports the participant to implement the plan and develop their service agreements.



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Providers

The price controls are the maximum prices that can be charged for each support. Go to [NDIS Pricing Arrangements and Price Limits \(external\)](#) for more information on price controls. This enables the participant to use their plan budget to purchase an appropriate mix of supports, including support workers with high intensity skills if necessary.

Service bookings and claims will be subject to audit. Providers may need to provide proof that the staff member who delivered a support was subject to the high intensity price control and have the relevant skills or experience.

If the participant has concerns about their provider and the use of the price controls, they should escalate these to the local provider engagement team.

Understand when to include intensive and complex behaviour support

A participant may need intensive and complex behaviour support if they:

- display frequent behaviours of concern that has a significant effect on their or others wellbeing and safety
- need intensive support and frequent daily implementation of intensive proactive strategies, skill development, and response strategies. This may include the use of restrictive practices to reduce the risk of harm to themselves or others
- may or are likely to, experience other issues that further exacerbate or increase the complexity of their behaviour support needs.

Learn more about behaviour support in article [Understand behaviour support](#).

Develop a plan with intensive and complex behaviour support

You'll need to make a decision to include intensive and complex behaviour support using [Our Guideline – Reasonable and necessary supports \(external\)](#). Information from the participant, their providers, functional assessments, therapy reports, behaviour reports and medical information may help to understand if the participant needs intensive and complex behaviour support.

Intensive and complex behaviour support can be included and claimed as part of:

- assistance with daily life
- assistance with social, economic and community participation
- Supported Independent Living (SIL).



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You **must** use the PCST for all new plans and plan reassessments and attach to the participant record. Include intensive and complex behaviour support using article [Understand and update the plan conversation support tool](#).

Who can provide intensive and complex behaviour support

To provide intensive and complex behaviour support to a participant, a provider must:

- be implementing behaviour support with the participant and in accordance with their interim or comprehensive behaviour support plan, and
- be registered with the NDIS Quality and Safeguards Commission and assessed for Module 2A (Implementing Behaviour Support Plans), or
- have submitted a registration amendment application or new registration application to the NDIS Quality and Safeguards Commission. This includes a completed audit assessment against Module 2A by 30 June 2025.

Learn about the responsibilities and registration requirements for providers in fact sheet [Behaviour support and restrictive practices \(external\)](#).

Note: Plan managers should only approve claims for implementing intensive and complex behaviour supports from registered NDIS providers who meet these requirements.

Next steps

1. Use the plan conversation support tool (PCST) to include self-care and community access supports. Go to article [Understand and update the plan conversation support tool](#). You can use the PCST when completing a budget update but you must use the PCST for all new plans and plan reassessments.

Article labels

PACE user role names

Add:

dc_users_plannernonpartneredarea

dc_users_technicaladvisors

dc_users_reviewofficer

dc_users_nationalreassessmentdelegate

dc_users_localareacoordinator



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dc_users_homeandlivingdelegate
dc_users_externalreviewofficer
dc_users_earlychildhoodpartner

Topics

No change.

Case names

No change.

Ownership

No change.

Version control

Version	Amended by	Brief Description of Change	Status	Date
6.1	MGC723	Update to align with new support items added to the Pricing Arrangements and Price Limits (PAPL). This includes new items for intensive and complex behaviours to allow providers to claim for supporting participants with behaviours of concern at a rate that is equivalent to the High Intensity Supports price limits and the associated criteria.	DRAFT	2024-09-26
6.2	UFEX8	Peer review	DRAFT	2024-09-26
6.3	MGC723	Action peer review	DRAFT	2024-09-26
6.4	AT0022	EL 2 review	DRAFT	2024-09-27
6.5	MGC723	Transfer BIL feedback	DRAFT	2024-09-30
7.0	JC0088	Class 2 Approved	APPROVED	2024-09-30