

Guide – Identify home and living solutions Appendix B – Allied health practitioners

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This article provides guidance for a planner delegate, home and living delegate, review officer and participant support officer to understand allied health practitioners to support home and living needs.

1 Recent updates

2 September 2024

Guidance updated to:

- remove retired article Understand the product catalogue
- add article support categories.

2 Before you start

You have read and understood:

- [Our Guideline – Specialist Disability Accommodation \(SDA\) \(external\)](#)
- [Our Guideline – Medium term accommodation \(MTA\) \(external\)](#)
- [Our Guideline – Individualised Living Options \(ILO\) \(external\)](#)
- [Our Guideline – Supported Independent Living \(SIL\) \(external\)](#)
- [Our Guideline – Home modifications \(external\)](#)
- [Guide – Identify home and living solutions.](#)

3 Allied health practitioners to support home and living needs

Participants may require various assessments to determine their functional abilities and the support they may need to help them transition to alternate accommodation once a home and living solution is identified. It should also be recognised that a participant may have current information from previous assessments that may be suitable to use to determine support needs.

The assessments will determine the participant's current capacity and support needs and will inform the support required to remain in their existing home or to transition to a new home. Assessments will report on any risks to the participant or others and will identify skill development and capacity building opportunities.

The different types of allied health practitioners (AHPs) who may be engaged to support the participant to determine suitable home and living supports have been described in more detail below.

3.1 Occupational therapist

An occupational therapist (OT) undertakes an assessment showing the functional capacity of an individual and recommends interventions to support the participant to achieve goals and build independence. These interventions can relate to:

- changes to the environment, for example home, work or community
- the way the task is undertaken, for example the use of assistive technology or alternative methods
- capacity building for the individual, for example, skills or knowledge.

An OT can design and coordinate individual programs to support a participant's independence in everyday activities. They can also provide strategies to maintain a safe home, work and social environment to suit the needs of the individual. For a participant, an OT can:

- develop coping strategies to help overcome mental health issues
- improve confidence and self-esteem in social situations
- monitor function and progress, prescribing assistive technology for individuals when required.

OTs with appropriate skills and experience (eligible for registration in the NDIA Specialist Behaviour Support registration group) can also provide sensory assessments for participants. Sensory assessments may be required for participants with a primary disability of autism with identified positive behaviour support needs and where intellectual disability, complex communication requirements (participant communicates indirectly or unintentionally) or major mental illness is present.

A sensory assessment provides an enhanced understanding of the way the participant with these characteristics experiences the world, such as:

- heightened reactivity to sound, touch or movement
- difficulty accepting changes in routines or transitioning between tasks
- poor sleeping patterns
- distractibility
- poor motor skills or preference for increased amounts of input to sensory systems - auditory, tactile or movement.

These characteristics may underlie observed behaviour. A behavioural assessment from a psychologist and a communication assessment from a speech pathologist, may assist in the development of appropriate management strategies including capacity building for the person and their support network.

Assessments and capacity building strategy recommendations could include, but aren't limited to:

- Activities of Daily Living (ADL) assessment (all participants requesting support with SDA)
- General Living Skills or Functional Capacity Assessment (all participants requesting support with SDA)
- balance and mobility assessment (as part of the Functional Capacity Assessment)
- assistive technology and home modifications assessment, including current and proposed needs as they relate to new home and living options, where a participant has a functional impairment or mobility support need
- sensory assessment (autism and intellectual disability)
- Behaviour Support Assessment (in conjunction with a psychologist). Focus on environmental modifications related to positive behaviour support.

3.2 Psychologist

A psychologist will undertake a functional behavioural assessment for a participant who has behaviours of concern (BoC) and will consider everyone involved in the participant's life. The assessment will inform the behavioural intervention supports required and will support the development of a Behaviour Support Plan (BSP). The BSP will provide strategies and detail supports required to develop the skills of the participant and the people around them. The aim is to promote a supportive and positive environment to reduce the frequency and intensity of BoC.

The development of a BSP requires specialised skills that can only be provided by qualified behavioural professionals, therefore funding in the participant's plan must be added in the Behaviour Supports support category of the participant's plan. A copy of the BSP and any other assessments completed need to be attached to the participant's record in PACE. For more information, go to article [Support categories](#).

If a participant has a current BSP, a review request to a psychologist should be made to make sure all identified BoC have strategies and recommendations to support the participant and carers in their new and existing environments.

3.3 Speech therapist (also known as a speech pathologist)

A speech therapist is able to assess the development and disorders of communication and swallowing. A communication assessment will provide a comprehensive assessment of a participant's communication skills and explore receptive, expressive and pragmatic language, articulation, literacy and fluency of speech. The assessment supports participants who have difficulty expressing themselves and would benefit from capacity building support to assist their communication and learning development.

Participants who have complex communication needs (those who don't appear to communicate directly in a conventional manner) can also benefit from a communication assessment. For these participants, assessments provide support with communication in daily life (including assistive technology where appropriate), provide information to psychologists involved in the

development of behavioural management strategies and can result in improved relationships and quality of life.

For participants who have a swallowing disorder, a speech therapist may recommend specific swallowing treatments and exercises to improve muscle movement to support the participant to swallow more effectively. A speech therapist may also consider specific foods and liquids that may be easier to swallow. **Note:** The assessment and diagnosis of a swallowing disorder isn't an NDIS funded support.

A speech therapist will also provide guidance to support workers or informal supports to assist in implementing and maintaining the treatment plan.

If there are concerns about the nutrition and related health of the participant who needs a modified diet related to their disability for swallowing, then a certified practicing dietitian may be asked to provide an assessment.

3.4 Physiotherapist

A physiotherapist provides an assessment which supports the mobility, transfer and equipment needs, recommending suitable self-managed exercise programs to maintain functional mobility. The focus is on the participant's general functional ability to move about over different types of ground and environments, with an emphasis on the community. A physiotherapist normally:

- considers features such as stairs, ramps, uneven ground, transfers in and out of furniture or vehicles
- identifies suitable mobility assistive technology to support maximal function in different environments
- advises safety precautions.

The assessment report should provide information about factors including balance, strength, endurance, range of movement, stability, coordination, reaction time and whether functional capacity fluctuates over the day or in certain circumstances. A physiotherapist will also consider the influence of coexisting issues such as vision, hearing and cognitive problems, for example, decreased concentration, difficulties with planning and problem-solving and inattention to left or right. This information, together with an assessment by an OT to consider the requirements for a suitable home and living solution, should be taken into account.

Assessments are aimed at those who use mobility aids and where assistance may be required due to progressive deterioration of balance and mobility.

A physiotherapist is able to review and monitor prescribed exercise programs (including hydrotherapy) and will develop support worker training to support the participant to maintain their functional mobility.

Note: The participant will require ongoing reviews with the physiotherapist to monitor their outcomes against their individual goals and the physiotherapist will implement changes to any programs or treatment needed.

Check treating professional details

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

This article provides guidance for an **access delegate** to check treating health professional details.

1 Recent updates

November 2023

- Title changed from 'Check treating health professional details to come into line with companion article 'Record treating professional details' and OG – Applying
- AHPRA URL added to 2nd instruction to check details of treating health professional.

2 Before you start

You have read and understood:

- [Our Guideline – Applying](#), in particular [How do we decide if you're eligible?](#)

3 Check treating health professional details

When assessing a person's NDIS application, you **must** check that evidence regarding a person's disability is provided from a suitably accredited and/or registered treating professional. To check and confirm their details, use the [Australian Health Practitioner Regulation Agency \(AHPRA\)](#) website.

For all evidence of disability documents:

1. Obtain the treating health practitioner details
2. Refer to the [AHPRA website](#)
3. Navigate to the **Look up a practitioner** section in the top right-hand corner of the page
4. Review the list of professions that can be confirmed in AHPRA
5. Search for each treating health professional via **Name** or **Registration Number**
6. Use the filters if you need to refine the search results
7. Select the relevant treating professional
8. Review to check they have current qualifications and registration.

Note: All evidence from a treating professional with a profession listed in AHPRA must be checked to make sure they are currently registered. For a list of AHPRA regulated professions visit the [AHPRA website](#).

If you have any concerns about the evidence of the treating professional details, you should escalate as an integrity issue.

4 Next steps

1. To learn more about integrity issues, refer to article [Escalate application integrity issue](#).
2. To record the AHPRA registration number of a treating professional refer to article [Record treating professional details](#).

Complete checks for vehicle modifications

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This article provides guidance for a planner delegate, planner (non-partnered area) and review officer to:

- check you have the necessary evidence to include vehicle modifications
- check you've received mandatory Technical Advisory and Practice Improvement Branch (TAPIB) advice using a PACE internal referral, if required.

Note: For low-cost vehicle modifications, you'll need to include low-cost assistive technology in a plan approval case. Examples include manual spinner knobs, swivel boards and handy bars for passenger access.

1 Recent updates

28 July 2025

Technical Advice and Improvement Branch (TAPIB) links updated to the TAPIB Confluence space.

2 Before you start

You have:

- received a request to include funding for vehicle modifications in the participant's plan
- understood the evidence you need before you include funding in the participant's plan
- read and understood [Our Guideline - Vehicle modifications and specialised driver training \(external\)](#)
- read and understood [Our Guideline – Reasonable and necessary supports \(external\)](#)
- read and understood article [Support categories](#)
- made a decision to include funding for vehicle modifications in the participant's plan.

3 Check you have the necessary evidence

Make sure you have the necessary evidence to support your decision before you include funding in the participant's plan. There's different evidence depending on the type and cost of the modification.

For modifications:

- to be made to a vehicle up to 5 years old or under warranty, go to **Modifications to be made to a vehicle up to 5 years old or under warranty** in this article
- already made to a new imported vehicle, go to **Modifications already made to a new imported vehicle** in this article
- to a vehicle over 5 years old and no longer under warranty, go to **Modifications to be made to a vehicle over 5 years old and no longer under warranty** in this article
- already made to a second hand vehicle, go to **Modifications already made to a second hand vehicle** in this article.

If you're unsure about the evidence requirements, go to [Our Guideline - Vehicle modifications and specialised driver training \(external\)](#). For more information about the evidence you need for low, mid, and high cost assistive technology, refer to:

- [Our Guideline – Assistive technology \(external\)](#)
- [Factsheet – Understand assistive technology evidence, advice, assessments and quotes \(DOCX 67KB\)](#).

3.1 Modifications to be made to a vehicle up to 5 years old or under warranty

Complete the following checks for modifications to be made to a vehicle up to 5 years old or under warranty.

1. Check you have:
 - o evidence or an assessment from either the participant's:
 - - occupational therapist, or driver trained occupational therapist if the participant is the driver
 - suitably qualified assessor.
 - o a completed [Assessment Template - Vehicle modifications \(DOCX 92KB\)](#) (recommended)
 - o evidence from a licensed vehicle modifier or certifier that tells you:
 - - the vehicle is suitable to have modifications completed on it

- the modifications meet the Australian standards and rules relevant in the participant's state or territory
 - the need for certification has been noted or itemised on the quote
 - the vehicle is up to 5 years old or under warranty.
- o uploaded all evidence to **Documents**
 - o advised the participant they:
 - - need to give us an engineering certificate or authorisation report once the modifications have been completed
 - shouldn't make a final payment until they receive the certificate or report.
2. Go to **Check you've received mandatory TAPIB advice** in this article, if required.

3.2 Modifications already made to a new imported vehicle

Complete the following checks for factory fitted modifications made to a new imported vehicle.

1. Check you have:
- o evidence or an assessment from either the participant's:
 - - occupational therapist, or driver trained occupational therapist if the participant is the driver
 - suitably qualified assessor.
 - o a completed [Assessment Template - Vehicle modifications \(DOCX 92KB\)](#) (recommended)
 - o an engineering certificate or authorisation report that confirms the modifications meet the [Australian standards and rules \(external\)](#) relevant in the participant's state or territory.

3.3 Modifications to be made to a vehicle over 5 years old and no longer under warranty

Complete the following checks for modifications to be made to a vehicle over 5 years old and no longer under warranty.

1. Check you have:
- o evidence or an assessment from either the participant's:

- - occupational therapist, or driver trained occupational therapist if the participant is the driver
 - suitably qualified assessor.
- o a completed [Assessment Template - Vehicle modifications \(DOCX 92KB\)](#) (recommended)
- - evidence from a licensed vehicle modifier or certifier that tells us:
 - the vehicle is suitable to have modifications completed on it
 - the modifications meet the [Australian standards and rules \(external\)](#) relevant in the participant's state or territory
 - details of all the proposed modifications
 - the need for certification has been noted or itemised on the quote.
- o a vehicle condition report that confirms:
 - - the vehicle is legal and safe to be on the road for the participant's needs
 - how long the vehicle is likely to be a reliable form of transport.
- o uploaded all evidence to **Documents**.

2. Go to **Check you've received mandatory Technical Advisory and Practice Improvement Branch (TAPIB) advice** in this article, if required.

3.4 Modifications already made to a second hand vehicle

You need to complete the following checks for modifications already made to a second-hand vehicle the participant is buying or plans to buy.

1. Check you have:
 - o evidence or an assessment from either the participant's:
 - - occupational therapist, or driver trained occupational therapist if the participant is the driver
 - suitably qualified assessor.
 - o a completed [Assessment Template - Vehicle modifications \(DOCX 92KB\)](#) (recommended)

- o evidence from a licensed vehicle modifier or certifier that tells us:
 - - about the condition of the modifications that have been made
 - the modifications are safe, legal and in good working order
 - the modifications meet the [Australian standards and rules \(external\)](#) relevant in the participant's state or territory.
 - o a vehicle condition report if the vehicle is older than 5 years and out of warranty that confirms:
 - - the vehicle is legal and safe to be on the road for the participant's needs
 - how long the vehicle is likely to be a reliable form of transport.
 - o evidence of the original cost and the age (in years) of the modifications, where possible
 - o uploaded all evidence to **Documents**.
2. Go to **Check you've received mandatory Technical Advisory and Practice Improvement Branch (TAPIB) advice** in this article, if required.
 3. Calculate depreciated modification value for modifications that have already been made to a second-hand vehicle. Go to article [Calculate vehicle depreciation](#).

3.5 Check you've received mandatory Technical Advisory and Practice Improvement Branch (TAPIB) advice, if required

You may need to request mandatory TAPIB advice when adding this support to a participants plan. To check if you need a mandatory referral, go to [TAPIB Mandatory and Non-Mandatory Advice Requests](#). If you do, you'll need to create a **Technical Advice** case. Go to article [Create a technical advice case](#).

1. Check you've received mandatory TAPIB advice. Go to article [Review and action returned technical advice case](#).

4 Next steps

1. For a:
 - o **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](#)
 - o **Plan Change** or **Participant Budget Update** case where the plan was approved before 9 October 2024, go to article [Action a budget update](#).
 - o **Plan Change** or **Participant Budget Update** case where the plan was on or after 9 October 2024, go to article [Action a budget update with funding periods](#).

Create and submit a home and living application

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This article provides guidance for a planner delegate, review officer, national reassessment delegate or participant support officer to:

- understand when not to create a home and living application
- understand when to create and submit a home and living application
- understand evidence to support a home and living application
- create and submit a home and living application
- notify planning the home and living application is complete.

Note: on some screens in PACE a home and living application is also called a housing application.

1 Recent updates

20 October 2025

Removed link to Our Guideline – Short term respite (STR), previously Short term accommodation (STA), as this is no longer part of home and living supports.

2 Before you start

You have read and understood:

- [Requesting home and living supports \(external\)](#)
- Mandatory Home and Living Referral Criteria on the [Home and Living](#) intranet page
- [Our Guideline – Individualised living options \(external\)](#)
- [Our Guideline – Behaviour support \(external\)](#)
- [Our Guideline – Specialist disability accommodation \(external\)](#)
- [Our Guideline – Medium term accommodation \(external\)](#)
- [Our Guideline – Supported Independent Living \(external\)](#)
- [Our Guideline – Home modifications \(external\)](#).

2.1 For a change of circumstances or request for internal review

- check if the participant needs to change their home and living supports
- check if they've submitted a [change of details or change of situation form \(external\)](#) or they've requested a review of a home and living outcome

2.2 National Access and Reassessment Branch reassessment officers or Reviews Branch review officers

- review either the change of details or change of situation form, or request for internal review form
- create the home and living application when you accept the request.

2.3 For plan reassessments

- talk to the participant and the people who support them about their home and living situation
- include the participant's home and living goal in their plan.

3 Understand when not to create a home and living application

Don't create a home and living application if the participant:

- doesn't meet the [mandatory referral criteria](#) for home and living supports
- hasn't given us the correct evidence
- can have their home and living support needs met without a home and living application
- doesn't understand a home and living recommendation we have made. Go to article [Record sending explanation of decision letter in an enquiry case](#)
- requests a recalculation of home and living supports. Go to article [Create a participant plan change request](#).

4 Understand when to create and submit a home and living application

Before you create a home and living application, talk to the participant about their home and living options. Learn more about [home and living supports \(external\)](#).

If the participant does want to make a home and living application, they'll need to meet one or more of the Mandatory Home and Living Referral Criteria. The Mandatory Home and Living Referral Criteria are on the [home and living](#) intranet page.

The [home and living](#) intranet page will help you understand the evidence they need to give us. You should also look at the article [Support a participant requesting home and living supports](#).

Look at any previous home and living supports and recommendations. This includes any previous specialist disability accommodation (SDA) amount and recommendation.

To learn more about evidence when requesting home and living supports for the first time and to change current home and living supports, go to [Requesting home and living supports \(external\)](#).

You'll need to upload supporting evidence to the participant's record.

5 Understand evidence to support a home and living application

Evidence to support an application should be from an allied health professional and be recent and relevant.

If the participant is requesting home and living supports for the first time, the evidence needs to explain:

- the participant's daily support and housing needs
- how often and when they need the support each day
- the participant's functional capacity and the impact on their daily life and housing needs
- the other home and living options the participant has explored and why they don't meet their disability-related support needs.

5.1 Understand evidence to support a change to current home and living supports

To change the home and living supports already in a participant's plan, the evidence needs to:

- be dated since the last NDIS plan was approved
- explain the significant changes to the participant's daily support and housing needs
- explain any new things the participant can and can't do for themselves
- explain the changes to the participant's functional capacity and the impact on their daily life and housing needs.

6 Create and submit a home and living application

When you receive a home and living application from a participant or their authorised representative, you need to create and submit a housing application case in PACE.

The home and living team will look at the information you provide in the home and living application. They'll use this information to make the home and living recommendation.

It's important to provide accurate information and details in the home and living application. This will help to avoid delays when we decide on a home and living recommendation for the participant.

6.1 Create a housing application case

1. From the **Person Account**, select **Cases**.

Note: for review officers, don't create the case from the **Person Account**. From the **Internal Review** case, at the **Case Action Bar**, select **Housing Application Case**. Then select **Create Case**.

2. From the **Cases** tab, select **New**.
3. At the **New Case**, select **Housing Application**.
4. Select **Next**.
5. At **New Case: Housing Application**, use the default settings that have been prepopulated.
6. Select **Save**.

6.2 Complete the Before you Start information

1. Select the **Assessment** tab.
2. At **Before you Start**, select **Yes** at **Is a Home and Living Application required?** If you select **No**, you won't be able to continue with the home and living application.
3. Select **Yes** at **Notify planning of Home and Living Application?** The planner delegate assigned to the plan approval case will receive a notification that says **Home and Living application in progress**. Please don't work on the plan approval case until the home and living application is complete. A banner will also appear on the plan approval case with the same message.
4. Add key information to the **Application Summary** free text field. This provides important information for the home and living team to consider when they assess the application. You should include all information about supports the participant is requesting and what their current supports and living situation looks like.
5. Select **Next**.

Note: if you need to change the **Notify Planning** selection later, you can edit this in the **Application** record. You can open the application from the **Assessment** tab in the **Housing Application** case.

6.3 Complete the Housing Goal Confirmation information

At **Housing Goal Confirmation**:

1. Select **Yes** or **No** at **Does the participant have an urgent housing need?** For example, select **Yes** if the participant is at risk of homelessness or losing the support of a parent due to them entering age care.
2. Select **Yes** or **No** at **To meet their housing goal, does the participant need to relocate?**
3. Select **Yes** or **No** at **Can the participant remain in their current home?** For example, the participant wants to remain living in their own home but needs an increase of support.
4. Select **Next**.

6.4 Complete the Participant's Application Information

To avoid any issues with the application, make sure you consider all questions carefully. Only select the options relevant to the participant's situation. We use this information to decide the outcome of the application.

At **Participant's Application Information**:

1. Select **Yes** or **No** at **Has the participant's current living situation and future needs been discussed and recorded in CRM?** **Note:** in SAP CRM look at interactions or planning notes to find this information. In PACE check the plan conversation support tool or the **Details** tab.
2. Select **Yes** or **No** at **Is the participant automatically eligible for SDA due to their living status when they transitioned into NDIS?**
3. Select **Yes** or **No** at **Has the participant been previously assessed for SDA by the Panel?**
Note: this can also be called a complex assessment meeting. To find this in PACE, look at the **Decision** tab and the **Housing** tab. You can also check the inbound documents and interactions in SAP CRM for a home and living outcome.
 - o If **Yes**, go to steps 4 and 5.
 - o If **No**, go to step 6.
4. At **Current SDA amount** add the funding amount in the free text field. You can find the current SDA funding amount in the approved plan details. Please make sure you use the SDA calculator to apply indexation.
5. At **Current SDA decision** add relevant recommendation details in the free text field. For example, add why the recommendation was approved or denied.
6. At **What is the reason for submitting this application?** select the relevant option.
 - o If **The participant is currently in hospital, soon to be discharged** is selected, go to step 7.
 - o If **The participant is currently in a justice facility, soon to be released** is selected, go to step 7.

- o If no option or any of the other relevant options are selected, go to step 8.
- 7. At **What is the participant's discharge status?** select the relevant option.

Note: a release plan from the justice facility or a discharge letter will be provided by the participant. The discharge letter will provide relevant information to help you understand their hospital discharge status. For example, the discharge date. You can check inbound documents in SAP CRM or **Documents** in PACE for this letter.
- 8. At **Which Home and Living Support/s would the participant like to be considered for in this application?** select the relevant options.
- 9. At **What are the participant's preferred living arrangements?** select the relevant option.
- 10. At **What is the participant's preferred home location?** select the location area from the drop-down options. Ask the participant where they would like to live. The participant can tell you a location that's different to their current home. It's important to get this information right as it could change the home and living amount. For example, the SDA amount.
- 11. Select **Next**.

6.5 Complete the Participant's Care and Support Requirements

Note: if you select **Yes** in the below steps, you must provide supporting documents. For example, assessments, reports or other documents. These must clearly show how they relate to the statements in this section of the application.

Use the information from the participant's functional capacity assessment or positive behaviour support plan. This will help you to select the relevant options.

At **Participant's Care and Support Requirements:**

1. At **Mobility**, select **Yes** or **No** for each statement.
2. At **Self care**, select **Yes** or **No** for each statement.
3. At **Social interaction / Community access**, select **Yes** or **No** for each statement.
4. At **Communication**, select **Yes** or **No** for each statement.
5. At **Self management**, select **Yes** or **No** for each statement.
6. At **Behaviours of Concern**, select **Yes** or **No** for each statement.
7. Select **Next**.

6.6 Complete Additional Information and Supporting Documents information

At **Additional Information and Supporting Documents:**

1. Select the relevant option from the drop-down at **TAB Advice**.

- o If you're waiting for or have received advice from Technical Advice and Practice Improvement Branch (TAPIB), select the option that reflects the status.
- o If you're not waiting on TAPIB advice, select **TAB advice not required or requested**.

2. At **Will this application require or likely require Delegation Level 5 plan approval (Annualised plan value greater than \$1M)?** select **Yes** or **No**.

Look at the previous approved plan and note the amount that was approved. Add the approved funding with the new supports, to work out if the value will be greater than \$1M. If the plan is for more than one year, remember to calculate per year, not the whole plan amount.

3. At **Is the participant identified in CRM (or in PACE) as a current CSN participant?** select **Yes** or **No**. Select **Yes** if they're assigned to a complex planner.

Note: this step is for participants transferring from SAP CRM to PACE.

4. At **Is there a reason for prioritisation?** select the relevant option from the drop-down. Consider if there's a reason for prioritisation:

- o If **Yes**, select the option that reflects the reason for the prioritisation. Go to step 5.
- o If **No**, select **None**. Go to step 6.

5. At **Prioritisation Comment**, record reasons why the application should be prioritised. For example, the participant is at risk of losing the support of an informal carer.

6. At **Application Source**, select the relevant option. This will record the pathway the application was received from.

- o If **Accepted Change of Circumstances (s48)** is selected, go to step 7.
- o If **Accepted Review of Reviewable Decision (s100)** is selected, go to step 7.
- o If **Agency Initiated Plan Review (AIPR)** is selected, go to step 8.
- o If **Scheduled Plan Review** is selected, go to step 8.

7. Complete the **Review Request Date**. Enter the:

- o Review Request date day (DD)
- o Review Request date month (MM)
- o Review request date year (YYYY).

8. At **Required Supporting Evidence**, record all relevant information in the free text field. Include a list of the evidence documents you'll upload and the reason they were requested. **Note:** the following supporting evidence is needed for this application:

- o Functional Capacity Assessment. Learn more in article [Understand functional capacity assessments](#).
- o Positive Behaviour Support Plan. Learn more in [Our Guideline – Behaviour support \(external\)](#).

6.7 Add or link documents

To add or link supporting evidence for this application:

- go to **Link documents** if they've already been uploaded to a person account
- go to **Add documents** if they aren't on the person account.

6.7.1 Link documents

1. Select **Link Documents**.
2. Select the checkbox next to the **Document Name** you want to link to the home and living case.
3. Select **Link**. Check the document you want to link to the case is correct.
4. Select **Close**.
5. Select **Finish** when you have linked all the relevant documents.

6.7.2 Add documents

1. Select **Add Documents**.
2. Select the relevant option from the **Please select a Document Category** drop-down.
3. Select the relevant option from the **Please select a Document SubCategory** drop-down.
4. Select the relevant option from the **Does the document contain any Personal identifiable information (PII)?** drop-down.
5. At **Description**, add information about the document you're uploading.
6. Select **Next**.
7. Select **Upload Files**. Select the relevant file from the saved documents in your personal computer (PC).
8. Select **Open**.
9. Select **Save**.
10. Select **Close** to return to the case.

6.8 Submit a home and living application

1. At **Additional Information and Supporting Documents** review the housing application. Make sure the information is correct. Check all relevant evidence or documents are uploaded.
2. Select the **Details** tab.
3. In the **Additional Information** section, add key information to the **Description** free text field. The Home and Living team will review this information to help them decide the supports the participant needs and the escalation priority. Include a summary of:
 - o the home and living supports the participant is requesting
 - o the participant's current supports

- o the participant's current living situation for example, discharging from hospital, breakdown of critical supports.
- 4. The **Prioritisation Comment** and **Prioritisation Reason** will automatically populate when you submit the case, if you entered this information in the **Additional Information and Supporting Documents** step.

Note: you can also update this by selecting the **Edit Prioritisation Comment** (pencil) or **Edit Prioritisation Reason** (pencil) in the **Details** tab of the **Housing Application** case.

- 5. Select the **Assessment** tab.
- 6. Select **Submit**. **Application submitted** will display. Select **Done**.

Note: for review officers, assign the **Housing Application** case to yourself and continue with the review. Use article [View and update a home and living application](#).

7 Notify planning the home and living application is complete

Once you select **Notify Planning**, the **Draft Budget** tab in the **Plan Approval** case will show a banner. The banner will say **The participant has a home and living application in progress. Please don't work on the plan approval case until the home and living application is complete.**

When the home and living application is completed, the banner will automatically be removed.

You can remove the banner manually in an active housing application without notifying planning. For example, if the planner delegate doesn't need to know about the outcome. Then follow these steps:

1. Open the **Housing Application** case.
2. From the **Assessment** tab, open the **Application**.
3. From the **Details** tab, deselect the **Notify Planning** checkbox.
4. Select **Save**.

A notification will also be sent to the plan approval case owner that says **Home and Living application is complete. Please review before proceeding with a plan approval case.**

8 Next steps

For information on how to view a home and living application or recommendation, go to article [View and update a home and living application](#).

Determine disability-related health supports and meal preparation supports

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This article provides guidance for a planner delegate, review officer, and planner (non-partnered area) to:

- determine disability-related health supports
- understand registered nurse hours
- understand training for delegated disability-related health support tasks
- understand hours for assessments, developing care plans and supervision of staff.

1 Recent updates

28 July 2025

Technical Advice and Improvement Branch (TAPIB) links updated to the TAPIB Confluence space.

2 Before you start

You have read and understood relevant guidance from:

- [Our Guideline – Disability-related health supports \(external\)](#)
- [Our Guideline – Continence supports \(external\)](#)
- [Our Guideline – Diabetes management supports \(external\)](#)
- [Our Guideline – Dysphagia supports \(external\)](#)
- [Our Guideline – Nutrition supports including meal preparation \(external\)](#)
- [Our Guideline – Podiatry and foot care supports \(external\)](#)
- [Our Guideline – Wound and pressure care supports \(external\)](#)
- [Our Guideline – Creating your plan \(external\)](#)
- [Our Guideline – Justice system \(external\)](#)
- [Our Guideline – Changing your plan \(external\)](#)
- article [Guide – Respiratory supports](#).

You have also read and understood articles:

- [Understand disability-related health supports – core supports](#)
- [Understand disability-related health supports – capacity building supports](#)
- [Understand disability-related health supports – capital supports](#).

You have:

- checked if the disability-related health support needs advice from the Technical Advice and Practice Improvement Branch (TAPIB) or Children's Taskforce
- received technical advice, if needed, before you include the disability-related health support in the participant's plan.

Refer to [TAPIB - Requesting Advice](#).

3 Determine disability-related health supports

When including disability-related health supports (DRHS) you should use evidence to guide your decision. Evidence can include assessments or health-related plans and will vary based on the type of DRHS the participant is asking for.

For example:

- continence assessment
- nurse developed care plan
- mealtime management plan
- hospital discharge summary
- epilepsy management plan
- diabetes management plan
- respiratory care plan
- manual handling plan
- wound care plan.

For help making a reasonable and necessary decision, talk to your team leader or technical lead. If the support is complex and your team leader or technical lead needs you to get advice, they need to endorse your non-mandatory technical advice case.

For children younger than 9, you can also ask for support from the Children's Taskforce. Go to article [Create a technical advice case](#).

1. Review any available evidence. If:
 - o you decide the supports recommended in the assessments meet the [NDIS funding criteria \(external\)](#), go to step 2
 - o you decide the supports recommended don't meet the NDIS funding criteria, or the participant doesn't give you evidence for their DRHS needs, go to article [Record a declined support](#).
2. Refer to the assessment or allied health-related plan (AHP) in your justification for the supports.
3. Determine the DRHS to include in the plan using:
 - o section **Guide to registered nurse hours** in this article to understand recommended hours to develop and implement a registered nurse delegation of care plan
 - o the resources listed in the **Before you start** section in this article
 - o the plan conversation support tool (PCST) to help develop a budget that meets the participant's disability-related support needs. 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](#).

4. Go to section **Determine supports for shadow shifts** in this article.

4 Determine supports for shadow shifts

If the participant has complex support needs including DRHS, they may need shadow shifts to introduce new workers before they provide support independently. For example:

- very limited communication
- behaviour support needs
- complex supports such as ventilation needs and equipment.

Shadow shifts:

- allow the participant to become familiar with new staff
- help new staff understand the participant's complex support needs
- give the participant DRHS in a safe way.

Shadow shifts **don't** replace formal training. An employer is expected to give formal training to their workforce. Formal training includes shadowing or buddying less experienced staff or new staff with experienced workers or informal supports.

1. Does the participant need shadow shifts for DRHS? If:
 - o yes, go to step 2
 - o no, go to step 3.
2. The number of shadow shifts should be based on the complexity of the participant's needs and how many workers they have. For help working out the number of shadow shifts, you can create a technical advice case. Go to article [Create a technical advice case](#).
3. If the participant needs disability-related:
 - o consumables, go to section **Determine consumable DRHS** in this article
 - o personal care or meal preparation, go to section **Determine personal care hours and meal preparation for DRHS** in this article
 - o nurse or allied health support, go to section **Determine capacity building DRHS** in this article.

5 Determine consumable DRHS

Health consumables include continence, dysphagia, wound care, nutrition, and respiratory support.

1. Determine what consumable DRHS meet the NDIS funding criteria using article [Understand disability-related health supports – core supports](#).

Note: if you've completed a technical advice case from TAPIB, follow any directions about how to record the support in the plan.
2. Use the plan conversation support tool to help develop a budget that meets the participant's disability-related support needs. You **must** use the PCST for all new plans and plan reassessments. Go to article [Understand and update the plan conversation support tool](#).
3. Add funding for delivery, repairs and maintenance of disability-related health consumables and equipment, if needed. Go to article [Understand assistive technology \(AT\) maintenance, repairs, rentals and trials funding](#).
4. Add disability-related **Core Supports**.

6 Determine personal care hours and meal preparation for DRHS

1. Determine what personal care or meal preparation for DRHS meet the NDIS funding criteria using information from:
 - o the participant
 - o the nurse developed care or hospital discharge plan
 - o guidance in the **Before you start** section in this article.
2. Determine the amount of support the participant needs for:
 - o personal care hours from different types of workers, including support workers and allied health professionals
 - o direct care hours from a nurse. For example, for a nurse to change a catheter.

Note: nurse direct care hours are separate to delegation of care and supervision hours. To learn more about how to determine hours for delegation of care, go to section **Guide to registered nurse hours** in this article.
3. See if you can combine support workers hours so the participant gets value for money. For example, the participant may need support with multiple tasks which require 10 -15 minutes each to complete. Examples include support administering insulin, skin and pressure area checks and application of pressure garments. In this case, 1 hour would be enough to cover multiple tasks.
4. Think about additional time the participant's support workers may need to travel to give assistance with daily activities. This may include nurses, supports workers and other staff. Go to [NDIS funding criteria \(external\)](#) and the [NDIS Pricing Arrangements and Price Limits \(external\)](#).
5. Use the plan conversation support tool to help develop a budget that meets the participant's disability-related support needs. You **must** use the PCST for all new plans and plan reassessments. Go to article [Understand and update the plan conversation support tool](#).
6. Add disability-related **Core Supports**.

7 Determine capacity building DRHS

1. Does the participant need support which can be delegated from a registered nurse to a support worker to deliver? If:

- o yes, go to step 2
- o no, go to step 3.

If you aren't sure if the participant needs support which can be delegated from a registered nurse, talk to your team leader or technical lead. If you need advice, you can create a technical advice case. Go to article [Create a technical advice case](#).

2. Can the participant give you a report or assessment recommending the supports needed? If:

- o yes, go to step 3
- o no, go to section **Guide to registered nurse hours** in this article. That section can help you determine the amount of registered nurse support hours for a nurse to develop a delegation of care or nursing care plan.

3. Determine the capacity building DRHS the participant needs. Use the NDIS funding criteria and information from:

- o the participant
- o the nurse developed care or hospital discharge plan
- o guidance in the **Before you start** section in this article.

4. Check all of the support hours the participant needs across the different health support categories.

5. Where possible, combine similar disability-related health support hours from different health support categories to reduce duplication of hours for therapy supports. For example, if the participant asks for support from a speech pathologist for swallowing difficulties and verbal language, think about if the hours can be combined. Make sure there are enough hours to cover both needs.

6. Use the plan conversation support tool to help develop a budget that meets the participant's disability-related support needs. 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](#).

7. Add disability-related **Capacity Building** supports.

8 Guide to registered nurse hours

Use the lists below to guide you on the amount of registered nurse support to include in the participant's plan. This support is to develop and implement a registered nurse delegation of care plan. It doesn't include the hours for a nurse to complete specific DRHS tasks. For example, changing catheters.

1. Determine the tasks the registered nurse will need to complete.
 - o Determine the level of support using [Our Guideline – Disability-related health supports \(external\)](#).
 - o **Note:** only use these lists when the participant can't give you a nurse developed care plan or hospital discharge plan.

If you need help calculating hours for delegated care tasks or supervision of those tasks, you can create a technical advice case. Go to article [Create a technical advice case](#).

9 Guide of hours for training for delegated disability-related health support tasks

Include training and assessment in tasks to make sure support workers are competent in the participant's individual support needs. A registered nurse can train support workers in small groups or individually if suitable. Providers are responsible for making sure workers have current skills and knowledge, and that the training of workers is documented and regularly audited.

- Up to 2 high intensity supports delivered to 2 to 4 support staff: 3 hours per year.
- Up to 2 high intensity supports delivered to 5 or more support staff: 6 hours per year.
- 3 high intensity supports delivered to 2 to 4 support staff: 10 hours per year.
- 3 high intensity supports delivered to 5 or more support staff: 20 hours per year.
- 4 high intensity supports delivered to 2 to 4 support staff: 17 hours per year.
- 4 high intensity supports delivered to 5 or more support staff: 34 hours per year.
- 5 high intensity supports delivered to 2 to 4 support staff: 25 hours per year.
- 5 high intensity supports delivered to 5 or more support staff: 50 hours per year.
- 6 high intensity supports delivered to 2 to 4 support staff: 33 hours per year.
- 6 high intensity supports delivered to 5 or more support staff: 66 hours per year.
- 7 high intensity supports delivered to 2 to 4 support staff: 41 hours per year.
- 7 high intensity supports delivered to 5 or more support staff: 82 hours per year.
- 8 high intensity supports delivered to 2 to 4 support staff: 49 hours per year.
- 8 high intensity supports delivered to 5 or more support staff: 98 hours per year.

10 Guide of hours for assessments, developing care plans and supervision of staff

10.1 Health assessment

Preparation, initial assessment, reassessment and reporting on health assessment.

- Up to 2 high intensity supports: 6 hours per year.
- 3 high intensity supports: 6 hours per year.
- 4 or more high intensity supports: 12 hours per year.

10.2 Environmental assessment

- Up to 2 high intensity supports: 1 hour per year.
- 3 high intensity supports: 4 hours per year.
- 4 or more high intensity supports: 4 hours per year.

10.3 Care plan

Developing new care plans, a variation, or an update to a care plan.

- Up to 2 high intensity supports: 4 hours per year.
- 3 high intensity supports: 4 hours per year.
- 4 or more high intensity supports: 7.5 hours per year.

10.4 Supervision of staff delivering tasks delegated by registered nurse, direct and indirect

These hours have been determined based on the estimated weekly need for indirect support by a registered nurse.

- Up to 2 high intensity supports: 1 hour per month, 12 hours per year.
- 3 high intensity supports: 2 hours per month, 24 hours per year.
- 4 or more high intensity supports: 1 to 2 hours per week, 52 to 104 hours per year.

11 Next steps

1. For a:
 - o **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](#)
 - o **Plan Change** or **Participant Budget Update** case where the plan was approved before 9 October 2024, go to article [Action a budget update](#)
 - o **Plan Change** or **Participant Budget Update** case where the plan was approved on or after 9 October 2024, go to article [Action a budget update with funding periods](#).

Discuss a participant plan change request

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This article provides guidance for all NDIA staff and partners to:

- contact the participant or their authorised representative
- discuss a plan change request
- discuss information and evidence to support a plan change request
- discuss a plan change request without any evidence.

1 Recent updates

18 May 2026 Guidance updated to support staff to understand how to respond to call screening technology.

2 Before you start

You have received a plan change request from a participant or their authorised representative, and you have read and understood:

- [Prepare to submit a plan change request](#)
- [Our Guideline – Changing your plan \(external\)](#)
- [Consider a request for personal information](#)
- [Our Guideline – Your privacy and information \(external\)](#)
- [Guide – Conversation style guide.](#)

Use the discussion points below when you've received a plan change request from a participant or their authorised representative. If you need to explain a decision or action a formal explanation of a decision, go to article [Explain a plan change decision](#) or [Action a request to explain a decision](#).

3 Contact the participant or their authorised representative

If the call recipient is using call screening technology, follow the steps in **Call screening** for details on how to proceed.

Introduce yourself. If the participant or their authorised representative can't continue with the conversation:

1. Discuss a suitable time for you to contact them
2. Record your contact attempt in the log activity panel in the plan change case
3. Use article [Log an activity or internal note](#).

If the participant or their authorised representative can continue with the conversation, continue to section **Check identity**.

3.1 Call screening

Call screening is a feature available on most phones. When turned on, callers from unknown numbers will be asked state their name and where they are calling from. This information is available to the phone owner, allowing them to decide whether to answer the call.

If you contact a participant and you're asked to give information because they are using call screening technology:

1. State your first name and that you are calling from the NDIS.
2. Explain to them that you're calling to speak with them after sending an SMS.
3. Give a general reason for the call. The general reason should be detailed through the use of the name of the type of case you are responding to. For example, a plan change request.

Note: When completing call screening, you haven't identified the participant yet. This means you can't mention any personal information.

4. Wait 30 seconds to allow the participant to answer the call, for the call to disconnect or to be transferred to a message bank. If you are transferred to message bank, follow the steps in **Left message**.

If you can't leave a message, make sure you record the contact attempt as **No answer** in the **Log Activity** tab.

3.2 Check identity

You **must** check the identity of the person asking for the plan change:

1. Tell the person you need to confirm their details before proceeding.
2. Complete a security check by requesting 3 pieces of personal or unique information about themselves over the phone. For example, date of birth, home address, mobile

phone number or email address. Use section **How to complete a security check** in article [Consider a request for personal information](#).

3. Check the person has the right authority. Use article [Check consent, nominee, child representative or self-representation authorities](#).

3.3 Check consent and authority to request a plan change

If the participant hasn't made the request:

1. Check the person who made the request has permission to **Submit a request for a Plan Change**. You should check with the participant or their authorised representative that they understand and consent to the specific plan change request being made. Go to article [Check consent, nominee, child representative or self-representation authorities](#).

Note: you should confirm with the participant or their authorised representative that they know about and agree to this request. You should do this even when the person making the request has consent to act on behalf of the participant.

2. If they don't have consent or the right permission, don't proceed.
3. If you're unsure about permission to make a plan change request, talk to your line manager.
4. Think about if there are any conflicts of interest with the plan change request being made. To learn more, go to article [Understand conflict of interest](#).

Note: if the person is recorded in SAP CRM and hasn't transitioned to the PACE person account, you must verify their identity and consent. Go to articles [Understand consent requirements](#) and [Understand the articles to use for the Managed Authorised Representative case](#).

To learn more, go to section **Check authority to request a plan change** in article [Prepare to submit a plan change request](#).

4 Discuss a plan change request

Ask the participant or their authorised representative to briefly describe the reason for the plan change request. If you need to clarify the reason, ask about any changes to the participant's situation, functional capacity and support needs.

You must select **Participant plan change request** for all requests unless:

- the participant or authorised representative specifically states they're requesting a plan variation (s47A) or plan reassessment (s48)
- you have delegation to make a decision.

You need to explain to the participant or their authorised representative that if the request:

- doesn't specify a legislative type, the delegate making the decision can consider both options. If they decide to change the plan, they'll choose the most suitable option to best meet the participant's needs. They can vary or reassess the plan.
- is made under a specific section of the NDIS Act, the delegate's decision is limited to that section only.

Note: due to limitations in plans with funding periods, some changes can't be completed as a plan variation. Go to section **Understand the Plan change request type** in article [Prepare to submit a plan change request](#).

- is submitted under s47A, the delegate can only decide to vary or not vary the plan. The requested changes must meet the criteria of s47A. The delegate can't consider a plan reassessment. This means their request may not be approved.

To learn more, go to article [Create a participant plan change request](#).

If the participant or authorised representative still wants to make the request under a specific section, you can't refuse.

Ask about any risks which may impact the participant's supports or how their funding is managed. To learn more about risk, go to section **How do we think about risks when we create your plan?** of [Our Guideline – Creating your plan \(external\)](#).

4.1 Confirm you understand the request

Use the following as a guide for your conversation to understand their reasons:

- They need a plan change because there's an urgent and unexpected change in their support needs. For example, the participant may need personal care supports if their informal support becomes ill, or the participant's functional capacity changes and they have trouble doing the things they used to do.
- They want to change the way their funds are managed. For example, the participant may ask for support from a registered plan manager, or they may want to switch from agency-managed to managing their own funding

- They want to change the reassessment date to an earlier or later date. For example, if a plan is working well for a participant and their support needs are stable, the reassessment date can be changed to a later date.

Note: you can't change the reassessment date if this means the plan duration would be longer than 5 years from when it started.

- They need to change who provides a support or how a support is delivered. For example, if a specific provider of NDIS supports closes down, the participant may request another specific provider be added to their plan.
- There's an error in their record or plan that they want us to fix. For example, if the participant wants us to fix spelling mistakes, add missing words or correct errors in the classification or calculation of supports.

Note: don't create a plan change request for participants who only want to change their statement of goals and aspirations. You need to action the requested updates as an s47 plan variation. Use article [Complete a s47 request to update a participant's goals, About Me and informal, community and mainstream supports](#).

- They need additional funding for a support which is needed for a specific amount of time or is a once-off support. For example, the participant may need extra funding to repair assistive technology or need employment supports before the reassessment date so they can start work.
- They need a change in funding periods. If a plan has funding periods, the participant can ask us to vary their plan to change when the funding is available or how much is provided in each funding period. We may be able to do this by adjusting how the supports are grouped. Changing the funding periods doesn't affect the total funding amount of the plan.
- There are significant changes to their situation. For example, their functional capacity or informal supports have changed in a significant way, they're leaving school or starting a new job.

5 Discuss information and evidence to support a plan change request

Ask the participant or authorised representative for any information to support their plan change request which shows their situation has changed. For reassessments and crisis or emergency funding, you'll also need to ask for evidence of a significant change to their need for NDIS supports. This includes new assessments, reports or other documents. The type of information or evidence we need depends on the reason they're asking for a plan change.

Explain that this will help us understand how their situation has changed. A delegate will use all the relevant information and evidence they send us to make a decision.

To learn more, go to [Factsheet: Evidence you need to give us before we create or change your plan \(external\)](#).

Note: we generally don't need evidence to make a change to how funds are managed if that's the only change.

5.1 Evidence is available to support the request

If the participant or their authorised representative has relevant information or evidence available, you can add these to the documents tab in the plan change case. Go to article [Add and link evidence to a case](#).

For more information, go to section **Check supporting information for a plan change request** in article [Prepare to submit a plan change request](#).

If the participant or their authorised representative doesn't have information or evidence available, continue to section **No evidence is available to support the request**.

5.2 No evidence is available to support the request

Explain to the participant or their authorised representative if they don't:

- have the relevant information or evidence now, they can take their time to gather evidence and make a request for plan change later
- provide evidence with their request, the delegate may need to ask for some to make their decision. This may delay the decision
- give us any relevant evidence, or if the evidence doesn't support their plan change request, the delegate may decide not to vary or reassess their plan.

If the participant wants to collect the relevant information and evidence and submit the plan change request later, don't create a plan change request now. You need to record this conversation by creating an enquiry case. Go to article [Create an enquiry case](#).

Note: you can't refuse to submit a plan change request if no evidence is being provided.

If the participant or their authorised representative wants to submit the plan change request first and provide the evidence or supporting information later, you need to explain:

- we need their information within 21 days because when a request is received, we only have 21 days to make a decision
- the delegate will make their decision using the information available to them at the time
- if there's not enough information, the delegate may decide not to approve the request
- they can email any additional information or evidence to enquiries@ndis.gov.au or upload it to the my NDIS participant portal
- we'll contact them to explain the decision using their preferred contact method and send a letter.

Note: you must log an activity to document this discussion. Use article [Log an activity or internal note](#).

If the participant or authorised representative isn't going to provide any information or evidence to support the plan change request, continue to section **No further information or evidence will be provided**.

5.3 No further information or evidence will be provided

Explain to the participant or authorised representative that:

- a delegate will now make a decision about their request
- we'll contact them to explain the decision using their preferred contact method and send a letter
- we'll talk to them about their review rights if they don't agree with the decision.

If you don't have delegation to make a decision, the process for you ends here.

6 Discuss a plan change request without any evidence.

If you do have delegation to make a decision, you'll need to consider a range of additional things. In your role as a delegate, you'll need to discuss these with the participant or their authorised representative.

Sometimes the participant won't be able to provide relevant information or additional evidence. When this happens, or when there's risk involved, you'll need to take this into consideration and decide if the participant's plan needs to be varied or reassessed.

It's important to check that you've reviewed all available information and evidence on the person account before contacting the participant or their authorised representative.

To learn more, go to article [Identify risks and vulnerabilities](#).

6.1 Evidence needed to understand a participant's change in situation

Explain that to make a decision, you need more information to confirm how their situation and support needs have changed.

Ask if they've got any more information which hasn't been provided yet, such as [reports from allied health professionals \(external\)](#).

Repeat the participant's answers back to them, check you've understood their request and haven't missed anything. Ask them to confirm if their plan change request is due to:

- an urgent change in their situation that's significantly impacting support needs
- their plan running out of funds
- a need or choice to change the way funding is managed
- an urgent need for a change to their supports
- a need for additional funding for assistive technology, vehicle modifications or home modification design and construction.

To learn more, go to [Factsheet: Evidence you need to give us before we create or change your plan \(external\)](#).

6.2 Loss of informal support or change beyond participant's control

When you talk to the participant about this loss of informal supports, be mindful this may be a sensitive or upsetting topic.

Ask the participant about how this change to their informal supports has impacted them. You can ask them to give us information from their allied health professional confirming the change to informal supports. For example, a letter from their occupational therapist.

If the participant or authorised representative doesn't have written confirmation, ask about:

- the impact of this change or loss of informal support
- informal supports which are no longer able to meet their support needs
- who is available to provide this support for them until a decision is made
- community and mainstream supports which may meet their needs.

Note: if the participant or their authorised representative is unsure, discuss the options available to them relevant to their individual situation.

6.3 Insufficient evidence to vary or reassess a plan

You'll need to make a delegate decision even if there's not enough information provided. You'll need to explain to the participant that the information they've given us doesn't meet the criteria to vary or reassess their plan. This means you've made the decision not to vary or not to reassess their plan at this time.

If the participant or their authorised representative is unhappy with your decision, you can guide them to section **When would we decide not to change your plan?** in [Our Guideline – Changing your plan \(external\)](#) to learn more.

However, you should make sure you have explained the decision clearly. Go to article, [Explain a plan change decision](#).

7 Next steps

If you've decided not to vary or reassess the plan, you need to book a discretionary check-in with the participant later. This is important to reduce risks and add safeguards. This will allow you to review the participant's situation and check if there's any change in the participant's risk profile and whether any further action is needed.

Make an appointment in 2 weeks, a month or a suitable time to check-in with the participant.

To learn more, go to article [Book change or cancel a check-in](#).

Understand disability-related health supports – capacity building supports

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This article provides guidance for a planner delegate, review officer, planner (non-partnered area) and local area coordinator to understand capacity building supports for disability-related health needs.

1 Recent updates

24 November 2025

Guidance updated to add link to Our Guideline – Therapy supports and article Understand therapy supports.

2 Before you start

You have read and understood relevant guidance for:

- [Our Guideline – Disability-related health supports \(external\)](#)
- [Our Guideline – Therapy supports \(external\)](#)
- [Our Guideline – Creating your plan \(external\)](#)
- [Our Guideline – Changing your plan \(external\)](#).

You have also read and understood articles:

- [Guide – Respiratory supports](#)
- [Determine disability-related health supports and meal preparation supports](#)
- [Understand disability-related health supports – core supports](#)
- [Understand disability-related health supports – capital supports](#)
- [Understand therapy supports](#).

You have:

- checked if the disability-related health support needs advice from the Technical Advice and Practice Improvement Branch (TAPIB) or National Early Childhood (NEC) Branch
- received technical advice, if needed, before you include the disability-related health support in the participant's plan.

For more information, go to [TAPIB Requesting Advice](#).

3 Capacity building supports for disability-related health needs

Use the relevant disability-related health support (DRHS) Our Guideline to work out if capacity building supports meet the [NDIS funding criteria \(external\)](#).

The list below outlines the broad type of support and the estimated hours for each of the relevant support categories to include in the participant's plan.

3.1 Nutrition

3.1.1 Improved daily living skills

- Nursing hours for a Registered Nurse (RN) to train a support worker in the individualised needs of the participant's percutaneous endoscopic gastrostomy (PEG) maintenance and care. To calculate the nursing hours, go to article [Determine disability-related health supports and meal preparation supports](#).

Note: PEG general maintenance and care is a standard competency skill expected of disability support workers. The NDIS won't fund training for staff to attain basic competency. It's the responsibility of a provider to employ suitably qualified staff with these basic level competencies.

- Nursing consultation to develop a PEG maintenance care plan. This plan will inform the daily management and care of the PEG and surrounding tissue and the enteral feeding regime by the instructing dietitian. To calculate the nursing hours, go to article [Determine disability-related health supports and meal preparation supports](#).

3.1.2 Health and Wellbeing

Dietitian hours for standard nutrition plan, including:

- initial consultation, assessment, and report: 2 hours
- development of the plan: 1 to 2 hours
- reassessment: 2 hours
- training 2 to 3 family members or support workers specific to the participant's individual nutritional needs: 1 to 2 hours of training once per year (more often if the nutritional plan is updated).

Dietitian hours for complex nutrition plan, for example, enteral feeding plan, including:

- initial consultation and assessment: 2 to 3 hours
- report and development of the plan: 2 to 5 hours

Note: 2 hours for full enteral feeding, stable nutritional status, and constant feeding regime. 5 hours for a combination of enteral feeding and oral feeding, unstable or declining nutritional status and changes to the feeding regime in terms of formula type and pattern.

- reassessment depending upon the above varying factors: 2 hours.

Create a technical advice case if the participant asks for more than 20 hours per year for assessment and development of a meal plan. To learn more, go to article [Create a technical advice case](#).

Learn more in [Our Guideline – Nutrition supports including meal preparation \(external\)](#).

3.2 Wound and pressure care

3.2.1 Health and Wellbeing

Prevention of pressure injury can be delegated by a nurse (skin integrity checks), occupational therapist or physiotherapist for positioning care.

Think about composite nursing hours for specific pressure care and wound management assessment and planning, including:

- initial consultation and assessment: 2 hours
- development of the plan: 1 to 2 hours
- ongoing clinical intervention support as identified by assessment: 3 to 7 hours per week at the RN rate, if support is provided by a nurse
- training and assessment of the support worker(s) to deliver the delegated support based on the participant's care plan, if the support is delegated by the RN: 1 hour per support worker
- reassessment: 1 hour.

Learn more in [Our Guideline – Wound and pressure care supports \(external\)](#).

3.2.2 Improved daily living skills

Look at if you need to include hours for the support worker to attend training. We can fund suitable hours for support worker training that's:

- provided by the health treatment team
- specific to the implementation of the participant's management plan
- needed to make sure the support worker can perform day-to-day monitoring, maintenance, and prevention of pressure injury.

Continence supports are typically funded for children older than 5. In rare situations, we may fund continence supports for children younger than 5 for disability-related medical conditions. Learn more in [Our Guideline – Continence supports \(external\)](#).

Look at continence assessment plans and reviews from a continence nurse (CNC level nurse) for identification of continence consumable and AT support needs, including:

- participants with changing needs: 5 hours per year
- children between 5 and 9 years of age: 3 hours per year
- participants with stable needs: 2 hours per year
- reassessments: 1 hour.

Nursing hours for catheter changes will be guided by participant experience and continence assessment. This may include:

- suprapubic catheters: estimated at 30 minutes to 1 hour per change every 4 to 8 weeks
- indwelling catheters: estimated at 30 minutes to 1 hour per change every 1 to 3 months.

3.3 Podiatry and foot care

3.3.1 Health and Wellbeing

Podiatrist hours including:

- podiatry assessment: 2 hours
- prepare a podiatry care plan: 1 hour
- conduct a reassessment: 1 to 3 hours per year
- provide subsequent plans: 2 hours to conduct the assessment, and a further 1 hour to prepare the podiatry care plan
- training support workers in the individual needs of the participant: 1 hour per support worker
- cutting toenails and other foot care: 20 minutes to 1 hour per visit, every 6 to 8 weeks.

Note: where the complex health and disability care needs of the participant exceed the skillset of a trained support worker, podiatrist hours may be included to implement the podiatry care plan.

Learn more in [Our Guideline – Podiatry and foot care supports \(external\)](#).

3.4 Dysphagia

3.4.1 Assistance with daily living skills

Delivery of health supports by a speech pathologist including:

- assessment for mealtime management plan: 3 to 5 hours per location
- development of plan and report: 2 hours
- reassessment of plan, including update of plan: 2 hours
- swallowing therapy intervention: usually included as part of the mealtime management plan
- training of support workers, family, carers, and informal supports by the speech pathologist at the therapist rate: 1 to 2 hours, twice per year in each environmental setting.

Learn more in [Our Guideline – Dysphagia supports \(external\)](#).

3.5 Diabetes

3.5.1 Assistance with daily living skills

Look at RN hours if the participant has unstable diabetes and needs support from someone who is more skilled than a trained support worker with medication competencies. The RN will assess blood glucose levels and administer insulin until evidence about the complex disability support needs is provided. As a general guide, the task to administer insulin will take 15 minutes per administration and the total time needed will depend on the:

- number of insulin injections, for example, 1 to 5 times per day
- equipment used by the participant, for example, to measure blood glucose levels
- participant's functional capacity. When we say functional capacity, we mean the things they can and can't do because of their disability.

Note: create a technical advice case if a participant asks for RN supports for direct management of diabetes when there is evidence that the diabetes is stable. To learn more, go to article [Create a technical advice case](#) and the [TAPIB Requesting Advice](#) page.

Learn more in [Our Guideline – Diabetes management supports \(external\)](#).

4 Next steps

1. Determine what disability-related health supports to include using article [Determine disability-related health supports and meal preparation supports](#).
2. To add a funded support in a:
 - o **Plan Approval** case, go to article [Change the draft budget](#).
 - o **Plan Change** or **Participant Budget Update** case:
 - go to article [Action a budget update with funding periods](#), if the plan has funding periods
 - go to article [Action a budget update](#), if the plan doesn't have funding periods.

Understand mid cost assistive technology (AT) funding

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This article provides guidance for a planner delegate to:

- understand the importance of assistive technology
- understand what mid cost assistive technology is
- understand when to include mid cost assistive technology in the participant's plan.

1 Recent updates

15 December 2025

Link updated to article Understand, create and action a request for a replacement support.

10 November 2025

New guidance created to provide delegates with information about mid cost assistive technology and how to include it in the participant's plan.

2 Before you start

You have:

- read and understood [Our Guideline – Reasonable and necessary supports \(external\)](#)
- read and understood [Our Guideline – Assistive technology \(external\)](#)
- read and understood the relevant assistive technology [Would we fund it \(external\)](#)
- read and understood article [Support Categories](#)
- discussed the participant's assistive technology (AT) needs with them or reviewed their request. An AT advisor sometimes submits this on the participant's behalf with their consent
- checked what AT the participant already has, and when it was funded
- checked the Technical Advice and Practice Improvement Branch (TAPIB) [Mandatory and Non-Mandatory Advice Requests](#) to see if the AT request needs mandatory TAPIB advice. If you need to request this advice, go to article [Create a technical advice case](#).

Note: in the technical advice case, you should add the relevant subject, if applicable. For example, if:

- the participant has a diagnosis of Motor Neurone Disease (MND) and needs AT supports
- the request for AT relates to a review of a reviewable decision (s100 request) or a complaint about AT supports.

The request will be triaged and sent to the relevant team.

Other resources

- The [Assistive Technology, Home Modifications and Consumables Code Guide \(external\)](#) contains current claiming codes and descriptions of the most common assistive technology items.
- **The Plan Conversation Support Tool (PCST)** is used to record the budget for mid cost assistive technology items, repairs and maintenance.
- The **AT Item Budget Tool** in **PANDA** offers a quick look up for comments to use in the participant's plan.

3 Understand the importance of Assistive Technology

More than 70% of participants use assistive technology (AT) to support their day-to-day activities. Some AT, including shower chairs, transfer hoists and wheelchairs, is essential to enable participants to perform everyday activities. This may include getting out of bed and going to the toilet. Other AT, such as communication, vision or cognitive support AT, enables participants to maintain their independence and manage other supports. For example, organising personal care or work and study supports. Sometimes, the participant's disability, for example autism, doesn't indicate a clear link to the need for AT supports. Consider if the AT advisor's evidence shows the need for AT is linked to the participant's impairment.

AT should be a key priority during all conversations with the participant about their support needs. If the participant doesn't have the AT they need, they or their carers may be at risk of injury, social or economic isolation. The participant may not be able to perform a task, which could result in an increase in other support costs. There are similar risks if AT is poorly maintained or broken. It's important supports are available to make sure the participant can use AT effectively for the duration of their plan.

4 Understand what mid cost AT is

Mid cost assistive technology:

- costs between \$1,500 and \$15,000 per item
- is more specialised than low cost assistive technology and likely to be disability specific
- needs written evidence from an AT advisor
- often needs training or support to set up and use
- is added to the participant's capital budget.

Note: everyday items, including iPads, smart watches, smartphones, tablet devices and standard commercially available household items, like a washing machine or dishwasher, are not NDIS supports. They can only be requested as replacement supports and need approval from TAPIB. Go to article [Understand, create and action a request for a replacement support](#).

5 Understand when to include mid cost assistive technology in the participant's plan

New participants may need funding for AT items in their plan. Or the participant's needs may change and they may request AT they haven't needed before.

Before you include funding for mid cost AT in the participant's plan, you should:

- confirm the AT item is reasonable and necessary. To do this, review the written evidence from the participant's AT advisor. This can be a letter, email or report. You don't need a quote for mid cost assistive technology, but an estimate should be provided by the AT advisor. If you don't receive an estimate, contact the participant to let them know you can't include the funding until you have one.
- if you've asked for TAPIB mandatory advice for the AT item, find out from them if more information is needed to make a decision. You should contact the participant and other relevant parties, like the support coordinator or AT advisor. Let them know what they need to provide and ask them to email it to you.

Note: the participant can also bring information to a planning meeting or check-in, upload it to the NDIS participant portal or email it to enquiries@ndis.gov.au.

- consider if it would be more cost-effective for the participant to purchase, rent, or take out a subscription for the AT item. Advice from the participant's AT advisor can help you decide the most suitable option.

Note: rental may be a suitable option if the participant needs the AT item while they wait for a custom item. Or if the participant's condition is rapidly changing and they're unlikely to need the AT item long term.

- consider capacity building supports for the AT item, including set-up, training for the participant, their family and carers, and annual review. Advice from the participant's AT advisor will give you an accurate estimate of how many hours to add. Go to article [Add or update capacity building assistive technology \(AT\) supports in a plan approval case](#).

If you decide the mid cost AT is an NDIS support for the participant, you'll need to determine a budget and add funding in the participant's plan. Go to section **How to work out a reasonable and necessary budget for mid cost AT** and section **How to fund new and replacement mid cost AT in the participant's plan** in this article.

5.1 What if the participant needs to replace AT they already use?

Some participants have used AT for many years, and it supports them to achieve their goals. All AT needs maintenance, sometimes repair, and eventually to be replaced. To decide if it's reasonable and necessary to replace AT, consider the following:

- Some AT components need to be replaced or adjusted regularly. For example, prostheses sockets often need to be replaced every 2 to 3 years, and more frequently

for children. Other items can last 5 or more years if well maintained, particularly vehicle modifications.

- The lifespan of AT varies depending on the type, frequency and intensity of use and the participant's environment. For example, participants who use their AT every day and live in rural and remote areas may need their AT replaced more frequently. Participants who use their AT once a day, indoors, may not need replacements as often.
- You should consider evidence from suitably qualified AT advisors before making a decision about replacing an item instead of repairing it. You can't decide to replace an item based only on its age.
- If AT is at the end of its serviceable life, or has been damaged beyond economic repair, replacement can be fairly simple. To review the request, you'll need evidence from the participant's AT advisor, such as a letter or report, and an indication of the required budget. You should also consider if previous use of similar AT by the participant has been effective and shown value for money. This reflects continuity of support. You don't need a quote for mid cost AT, but an estimate should be provided by the participant's AT advisor. If you don't receive an estimate, contact the participant to let them know you can't include the funding until you have one.
- An AT advisor may recommend an AT upgrade or state that the participant's existing AT is no longer suitable. The AT advisor will need to provide sufficient evidence to justify the recommended upgrade or replacement.

If you decide the replacement AT is an NDIS support for the participant, you'll need to determine a budget and add funding in the participant's plan. Go to section **How to work out a reasonable and necessary budget for mid cost AT** and section **How to fund new and replacement mid cost AT in the participant's plan** in this article.

5.2 What if mid cost AT has been supplied that is damaged, faulty or doesn't meet the participant's needs?

5.2.1 If the item is damaged on receipt or faulty and still under warranty

The participant should contact the provider, who should refund or replace the item.

5.2.2 If the item is faulty and not under warranty

You could consider funding a replacement as soon as possible. You could also consider funding for rental of a suitable item if the participant needs to wait for a replacement. You don't need evidence that the item isn't under warranty, but you should consider:

- contacting the participant to discuss what they've done to get the fault resolved
- asking the participant if they have any photos of the condition of AT item, or a written description
- checking CRM or PACE to find out when the item was claimed for and if there are any claims for repairs and maintenance
- checking the warranty section in the Google user manual for the AT item.

Go to section **How to work out a reasonable and necessary budget for mid cost AT** and section **How to fund new and replacement mid cost AT in the participant's plan** in this article.

5.2.3 If the item needs maintenance or repair

Go to section **How to fund AT repairs and maintenance in the participant's plan** in this article.

5.2.4 If the item doesn't meet the participant's needs

First, the participant should discuss their concerns with their AT advisor and provider.

If the participant can't resolve their concerns with the AT provider for items that are damaged, faulty or don't meet their needs, they can contact the [Australian Competition and Consumer Commission \(external\)](#).

5.3 How to work out a reasonable and necessary budget for mid cost AT

Use the PCST to search for the relevant mid cost AT support item and budget amount.

Go to article [Understand and update the plan conversation support tool](#).

Note: the amount will be an increment of \$5,000, \$10,000 or \$15,000. You must use increments of \$5,000 when adding funding to the participant's plan instead of the exact amount. This allows for inflation, quotes changing over time and other changes. It can also help avoid plan variations if the participant needs extra funding in their plan to purchase an AT item.

If the estimate for the AT item is higher than the line item in the PCST, you should round up to the higher increment. For example, if the line item is \$4,900 and the estimate is \$9,000, you should round up the funding to \$10,000.

A high cost AT process must be followed if:

- the participant provides you with a quote and the item costs more than \$15,000
- an item is typically valued as mid cost, but the participant needs an item that is quoted above \$15,000.

Go to article [Understand high-cost assistive technology \(AT\) funding](#).

Learn more in section **How can you get assistive technology in your plan?** in [Our Guideline – Assistive technology \(external\)](#).

5.4 How to fund new and replacement mid cost AT in the participant's plan

When you decide the AT item is reasonable and necessary, you should:

1. For purchase or subscription, add funding to the AT Capital Budget.

For rental, add funding to the AT Maintenance, Repair and Rental Budget. You must make sure the allowance covers the total period of time the participant needs to rent the

AT item for. Go to article [Understand assistive technology \(AT\), maintenance, repairs, rentals and trials funding](#).

2. Complete the plan comment in PACE using the range of costs for the item from the **AT Item Budget Tool** in **PANDA**, and not the exact cost. This helps the participant understand the likely cost of the AT item. Go to article [Understand and check plan comments](#).
3. Add capacity building supports to the plan to cover AT set-up and training and future review. You should review advice from the participant's AT advisor on the supports that will be needed for each AT item. This will give you an accurate estimate of how many hours of capacity building to add. Go to article [Add or update capacity building assistive technology \(AT\) supports in a plan approval case](#).

Note: if the participant's plan has funding periods, funding for purchase, rental, subscription and capacity building should be front-loaded into the first funding period.

5.5 How to fund AT repairs and maintenance in the participant's plan

All mid and high cost AT items should have an annual budget for repairs and maintenance. Even new AT may require some maintenance in the first 12 months. Warranties don't always cover all repairs and maintenance. For example, if the participant accidentally damages their wheelchair footplate, this will need a funded repair and won't be covered by a warranty.

Go to [The Assistive technology – Guide for funding of annual repairs and maintenance funding \(external\)](#) to find out how much to add for each AT item.

You should multiply the annual amount by the plan length. For example, if the annual amount for repairs and maintenance for the item is \$400 and the plan goes for 5 years, you would add a total of \$2,000.

You should add funding to the AT Maintenance, Repair and Rental Budget. Go to article [Understand assistive technology \(AT\) maintenance, repairs, rentals and trials funding](#).

Note: if the participant's plan has funding periods, funding for repairs and maintenance should be front-loaded into the first funding period so it can be accessed when they need it.

In your handover notes and letter to the participant, you should make it clear they need:

- a regular AT maintenance plan
- arrangements for after-hours repair. This should include a contingency plan if the AT item fails and cannot be used.

6 Next steps

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 where the plan was approved before 9 October 2024, go to article [Action a budget update](#)
- **Plan Change** or **Participant Budget Update** case where the plan was approved on or after 9 October 2024, go to article [Action a budget update with funding periods](#).

Understand therapy supports

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This article provides guidance for all NDIA staff and partners to:

- understand therapy supports
- add funding for a new therapy support
- add funding when the participant has accessed therapy supports before
- ask for more or the right type of information
- understand when and how to request TAPIB advice
- understand any additional considerations
- support self-managed participants to make a claim for art or music therapy.

Note: this guidance is for participants aged 9 and older. To learn more about capacity building supports for children younger than 9, go to article [EC Early childhood intervention supports overview](#).

1 Recent updates

7 April 2026

Linked article name update

24 November 2025

Guidance updated to:

- change article name from Guide – Therapy supports
- link to Our Guideline – Therapy supports
- include content from, and retire, Guide – Therapy supports Appendix B
- remove link to, and retire, Guide – Therapy supports Appendix A
- let planner delegates know how to apply art and music therapy.

2 Before you start

You have read and understood:

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

3 Understand therapy supports

Therapy supports are sometimes known as therapeutic supports. They are:

- to build or maintain the participant's skills and independence in their home or community, at school or their place of work
- evidence-based supports
- delivered by qualified [allied health professionals](#).

You can review the list of evidence-based therapy supports we can and can't fund and who can deliver them in [Our Guideline – Therapy supports](#).

4 Add funding for a new therapy support

This section is for planner delegates only

Review the information on the participant's record to decide whether to add funding for a new therapy support. This information could be an assessment or a letter from an allied health professional. It should give you details of:

- the requested therapy support. This includes the reason the participant needs it, the amount and how often they need
- how the therapy support will build or maintain the participant's skills and independence. This includes what the outcomes will be, how they'll be measured and how long it will take to achieve them
- how the therapy support will be best delivered, such as at home, in their community or a clinical setting. This includes how often and for how long they need it. This also includes how the therapist works with the participant's informal supports to build their skills and capability to implement these supports in different settings over the long term.

Note: if the information you have doesn't show how the therapy support will be delivered, you can talk to the participant about this. For example, is the therapy support best delivered individually or in group sessions, as intensive blocks of therapy at regular intervals or a particular therapy or combination of therapies over a certain time. It could also be delivered as part of a multidisciplinary team approach. Think about the participant's situation, their preferences and what is a reasonable and necessary support for them.

5 Add funding when the participant has accessed therapy supports before

This section is for planner delegates only

Review the information on the participant's record, which might have been collected and recorded at the reassessment check-in. The information could be:

- a summary of the supports provided
- a progress report
- a record of the conversation you, or their my NDIS contact, have had with the participant, like at a reassessment check-in.

Review the information to understand what therapy supports the participant has accessed and:

- how they've helped to improve their skills and independence
- how they've helped the participant pursue their goals
- any measurable gains they've achieved or barriers they've faced
- if they've linked in with any informal, community or mainstream supports to help them continue to build these skills at home or in their community.

This will help you decide whether or not you add funding for this type of therapy support in the participant's next plan. It will also help you decide whether you fund it at the same level or an increased level.

Learn more about [plan reassessment reports](#).

6 Ask for more or the right type of information

This section is for planner delegates only

There may be times when the information you have on the participant's record is incomplete or inconsistent. This means you can't make a decision to approve the requested support.

1. If there isn't enough, or the right type of information to make a decision, you can:
 - o review other types of evidence provided by the participant
 - o consider if you need to add funding to pay for more or different types of assessments or reports. Before you do this:
 - o think about the costs and benefits of the request and how it will help you decide whether or not to include funding for the therapy support
 - o think about the type of assessment that will likely produce the information you need
 - o make sure the request aligns with the general principles in the [NDIS Act 2013 \(external\)](#).
2. If you need to ask the participant to provide more information from their allied health professional, be clear about what you need. The information should include:
 - o how the therapy support will build or maintain the participant's skills and independence
 - o the functional area to be assessed for example, mobility and movement or language and communication
 - o how the participant's informal, mainstream and community supports will help them achieve their therapy goals
 - o how the outcomes will be measured and how long it will take to achieve these outcomes.
3. If you're still unsure whether you have enough or the right information to make a decision, talk to your line manager or ask a practice lead.
4. If you still can't resolve the query, follow the process to request Technical Advice and Practice Improvement Branch (TAPIB) advice. Go to [mandatory and non-mandatory advice requests](#).

7 Understand when and how to request TAPIB advice

This section is for planner delegates only

For some therapy supports, you **must** request mandatory TAPIB advice before you decide to include this in the participant's plan as a funded support. This includes all requests for art and music therapy. Learn more about supports that need mandatory TAPIB advice on the [Technical Advice and Practice Improvement Branch](#) confluence page.

You can also choose to request non-mandatory TAPIB advice. This could be for a query about funding for a specific therapy support.

For all TAPIB advice requests, you'll need to:

1. Create a **Technical Advice** case, using article [Create a technical advice case](#).
2. When advice is back from the TAPIB advisor in the **Technical Advice** case, review and action using article [Review and action returned technical advice case](#).

8 Understand any additional considerations

This section is for planner delegates only

As part of the usual planning process, you may need to think about the following general considerations. These include:

- Does the therapy support meet all the NDIS funding criteria, including that it's a support we can fund?
- Is the therapy support they've requested for capacity building or maintenance and how it will be delivered?
- Is there a specific reason why you'd need to add or edit plan comments? Before you do this, you **must** check guidance in article [Understand and check plan comments](#).
- How to apply funding to the first funding period. Learn more in articles [Apply custom distribution of funds in a budget update](#) or [Apply custom distribution of funds in a plan approval case](#).
- How to record justifications for approved or declined therapy supports using articles [Understand support justifications](#) and [Record a declined support](#). This will help you explain your decision.

Learn more about therapy supports in the [NDIS Pricing Arrangements and Price Limits \(external\)](#).

8.1 Case study – Arnold's story

Arnold is 10 years old and has Down Syndrome. He lives at home with his parents and wants to build his verbal communication and mobility skills.

Arnold's allied health providers recommend a multidisciplinary approach of capacity building therapy support funding as follows:

- 16 hours in total of occupational therapy to develop strategies to help him build his motor skills. This also includes building his parents' skills to practice these exercises and games at home.
- 12 hours in total of speech therapy to build his verbal communication using 1-2 word phrases. This includes support to build his parents' skills to implement these strategies at home.
- 7 hours in total of music therapy to build his verbal communication skills and use rhythm of the music to build his motor skills.
- Additional recommendations include \$300 of low cost assistive technology (AT) to develop communication supports, travel associated with delivery of supports in Arnold's natural environments and 10 hours of report writing.

As music therapy is a mandatory TAPIB referral, the planner delegate completes a request for mandatory advice and submits it to TAPIB. After a few days, the planner delegate receives the TAPIB advice. TAPIB advises that music therapy is a duplicate of other supports. The therapy goals identified by the music therapist are already included in his other allied health supports.

Based on this advice, Arnold's planner delegate approves funding for 36 hours of therapy supports, including 16 hours of occupational therapy, 12 hours for speech therapy, 8 hours of report writing and all the additional recommendations. Funding for music therapy is not included as it would duplicate other supports in his plan.

9 Support self-managed participants to make a claim for art or music therapy

This section is for all NDIA staff

When the participant submits a claim for art or music therapy under the **Capacity Building - Improved Daily Living Skills** support category, they'll need to know that:

- they can claim art or music therapy against their own separate line item numbers, at a national price limit outlined in the [NDIA Pricing Arrangements and Price Limits](#). Any equipment or supplies used to deliver the therapy should be included in the cost of the therapy session
- they can't claim art or music therapy against line item 'Other Professional'
- when submitting a claim, they'll need to write a clear description that this support is art or music therapy. They'll also need to give us evidence, such as an invoice from their provider. To learn more go to article [Support the participant to submit a self-managed claim](#).

Remember that art or music therapy is different to the participant taking part in art or music classes. If the participant needs support to get ready for, or take part in social and community activities, this can be claimed from their core budget. We can't fund the cost of the activity or the class.

What evidence of disability is required

SGP KP Publishing

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This article provides guidance for all NDIA staff and partners to understand:

- who can provide evidence of disability
- what evidence the NDIA requires
- how to check evidence
- what to do if the person lives in a remote region.

1 Recent updates

7 July 2025

Updates to guidance include:

- case name Update Impairment case is now Vary Impairment Categories case.
- article Make an access decision - pre-legislation changes is archived.
- article Make an access decision - post legislation renamed Make an access decision.
- article Submit an application to change the participant's Notice of impairments changed to Submit an application to change the participant's impairment categories information.
- article Decide whether to change the participant's Notice of Impairments updated to Decide whether to change the participant's impairment categories information.

2 Before you start

You have read and understood [Our Guideline – Applying to the NDIS \(external\)](#) including sections **Do you meet the disability requirements?** and **Do you need early intervention?**

3 Who can provide evidence of disability?

A person's treating professional must provide disability evidence.

Evidence provided by treating professionals – such as medical reports – needs to consist of genuine, original documents. The information must also be specific to the person applying or the participant updating their categories of impairments.

Before accepting evidence from a treating professional, you should read the article [Check treating professional details](#).

4 What evidence does the NDIA require?

Anyone applying for the NDIS needs to have evidence of disability, regardless of what NDIS support they are asking for. A person's evidence needs to show they meet all of the disability requirements.

We ask for this evidence from the person:

- when they first apply to the NDIS
- when making an access decision
- if they apply to vary their impairment categories in their impairment category information
- during an eligibility reassessment.

You can't submit the access request case until you have evidence of disability from the person.

5 How to check evidence

Before you make a decision about the person's NDIS eligibility, you need to check the person's disability evidence:

- is from a treating professional registered with AHPRA (the Australian Health Practitioner Regulation Agency). Use article [Check treating professional details](#).
- provides enough information to show if the person is eligible for priority application decision. Use article [Request priority eligibility decision](#).
- demonstrates that the person has a condition from [List A \(external\)](#), [List B \(external\)](#) or [List D \(external\)](#).
- shows if the person meets the requirements for disability, early intervention or both. Use article [Understand disability requirements](#) and [Understand early intervention requirements](#).

If the evidence does not show **each** of the above, the person may need to provide additional evidence.

6 What if the person lives in a remote region?

The NDIA makes some exceptions to the evidence requirements for people living in remote regions of Australia. People living in these regions may find it difficult to provide or obtain evidence.

When you support people who live in **very remote** communities, you must record information about their:

- local health service
- consent for the NDIA to talk to the local health service
- local community connection contact
- Council and/or Department of Social Services contact in the area.

The person lives in a remote region if they live in a MM6 or MM7 region, under the [Modified Monash Model \(external\)](#).

If this is the case, you should talk with your team leader. They can help you consider options and alternatives for the person's circumstances.

7 Next steps

1. If you are completing an:
 - o **Access Request** case: continue with article [Complete form in the access request case](#).
 - o **Access Decision** case: continue with article [Make an access decision](#).
 - o **Vary Impairment Categories** case: continue with articles [Submit an application to change the participant's impairment categories information](#) or [Decide whether to change the participant's impairment categories information](#).
 - o **Eligibility Reassessment** case: continue with articles [Complete an eligibility reassessment referral](#), [Review the referral information and complete the eligibility reassessment check](#) or [Finalise eligibility reassessment decision](#).

Session Plan

Session title	Understanding Evidence for Planning Decisions
Session length	1 hour
Preparation requirement	• Presenter to familiarise themselves with the content • Slides are NOT to be modified, however work areas may choose to discuss alternate case studies to reflect the participants they support. • Set up any polls that will be utilised
Session delivery method	Online could be adapted to face-to-face
Resources required	• 1-2 Presenter/s with knowledge on the topic • Administrative support x1 to share screen, run polls etc • Online platform such as MS Teams



Understanding Evidence for Planning Decisions

Developed by Technical Advice and Practice Improvement Branch

[ndis.gov.au](https://www.ndis.gov.au) | June 2026

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Acknowledgement of Country

Before we begin, I would like to acknowledge the Traditional Owners and Custodians of the Country on which we meet today, and their continuing connection to land, sea, and community. I pay my respects to their Elders, past present and emerging.

I would like to extend that acknowledgement and respect to any Aboriginal and Torres Strait Islander peoples here today.

Housekeeping

- Keep yourself on mute when not talking
- Raise your hand, then state your name before speaking
- Be considerate with chat
- Include a caption when posting images or memes explaining the content.

Overview

- This presentation is designed to provide a general overview of understanding key evidence for reasonable and necessary (s34) planning decisions.
- Viewing this presentation does not replace the need to obtain support from a Team Leader, Practice Lead, Early Childhood advice or Legal advice (if applicable). Please continue to use existing Agency resources or seek Mandatory Technical Advice as required.
- This presentation is not for distribution outside of the Agency.

Prerequisite Knowledge

Prior to viewing this presentation, it is expected that the staff member has current knowledge of the following:

- [National Disability Insurance Scheme Act 2013](#)
- [National Disability Insurance Scheme \(Getting the NDIS Back on Track No. 1\) \(NDIS Supports\) Transitional Rules 2024](#)
- [Operational guideline - Principles we follow to create your plan](#)
- [Operational guideline - Reasonable and Necessary Supports](#)
- [Pricing arrangements | NDIS](#)

Presentation Objectives

- Understand how to analyse evidence and identify if requests for support are substantiated with good evidence, including reports written by clinicians
- Navigate when information that supports a request is limited.
- Identify where to go for resources to further understand allied health professional reports.

Outside of the scope of this presentation

- Applying the evidence to available planning guidance to make a funding decision
- Making reasonable and necessary decisions against the full s34 criteria
- Communicating the reasonable and necessary decision to the participant and writing justifications.

What is evidence?

- Evidence is factual information used to support a claim or belief. It is information and research selected from the best available sources to support a decision.
- Evidence is used to inform decision making to achieve the most effective outcomes.

Why do we need evidence to support all funding decisions?

Public Service Responsibilities

- The NDIA requires us to act as delegates and make decisions in line with the NDIS Act 2013.
- Public Service Act 1999: Delegates must exercise their own discretion, verify their authorisation limits, and document decisions thoroughly.
- APS Values: Accountable and Stewardship
- APS Code of Conduct: Employees are expected to act in the right way, as well as the technically and legally correct way.

NDIS Operational Guideline

- [Principles we follow to create your plan](#)
- Primary source we rely on and give greatest weight to is evidence from sources that are reliable and recognised.
- Includes published and reviewed literature and consensus of expert opinions.
- If there is no evidence to show a NDIS support is reasonable and necessary, we won't fund the NDIS support.

What types of evidence do we receive to inform planning decisions?

What guidance does the Agency provide to support good evidence?

- Assessment templates for capital supports
- Guidance on progress reports and provider reports
- Guidance on functional capacity assessments
- Evidence requirements for specific supports
- NDIS Guidelines on how reasonable and necessary decisions are made for specific types of supports

Common Types of Evidence

Participant or Nominee	Allied health providers	Community or mainstream services	NDIS plan and NDIS resources
Goals Information about their life Carer/participant impact statement Change of circumstances	Progress reports Assessment reports Letters	GP or specialist reports Hospital discharge summary Volunteer or community organisation letters Employment information	Current funding, justifications NDIS operational guidelines, knowledge articles, other planning guidance

Common Types of Allied Health Evidence

- Functional Capacity Assessments
- Capital-Related Assessments
- Behaviour Support Reports
- Progress Reports
- Standardised Assessments: Care and needs scale, Vineland adaptive behaviour scale

What should be considered when reviewing evidence?

Good evidence should...

- Provide a clear and holistic picture of the participant
- Support recommendations with clear reasoning that links back to the participant's needs
- Clearly show what outcomes would be achieved if a support is provided
- Clearly show how the proposed support would directly improve the individual's independence and participation in activities of daily living, and/or social and economic participation

Prior to reviewing evidence documents

- Review participant's file in our system for background information including access-met disabilities
- Consider a discussion with the participant to understand their goals and aspirations and their perspective of the impact of their disability.
- What does the participant consider to be their support requirements in order to pursue their goals and aspirations?

Critical analysis

- Critical analysis is a process of deconstructing what you read, write, or listen to in a rational and logical manner.
- Ask yourself: Can I rely on the information available to me to make a legally and technically correct decision?
- Don't accept a statement as true merely because someone has said it is true.
- Don't label a statement as false unless you can produce rational evidence to support your position.

Analysing evidence: Principles A - H

A ccuracy
B ias
C onsider the facts
D iscrepancies
E valuate evidence
F uture function
G aps in evidence
H andling complexity

Analysing evidence: Accuracy

- Defined as something being correct without making any mistakes
- Consider the author's scope of practice, time they have known/treated the participant, and method of assessment
- Ensure information:
 - is consistent within the report and compared to other reports
 - aligns with a typical presentation for the reported impairment/condition
 - aligns with what is reported by the participant or their representative

Analysing evidence: Be aware of bias

- Bias: A preference for or against someone or something, usually in a way that is unfair, one-sided, or based on personal opinions rather than facts.
- Confirmation Bias: our natural, automatic mental habit of only noticing, believing, and remembering information that supports what we already think.
- Anchoring Bias: tendency to rely too heavily on the first piece of information we receive when making decisions.
- Overconfidence Bias: tendency to believe we are smarter, more capable, or more knowledgeable than objective reality justifies.

Analysing evidence: Be aware of bias (part 2)

Minimise bias in decision-making:

- Engage in a peer review and quality audit process
- Engage in reflective practice with your team/supervisor
- Talk to the participant/carer/provider to verify information
- Consider multiple sources of information

Analysing evidence: Consider the facts first

Types of allied health assessments:

- Objective / quantitative assessments
- Subjective / qualitative assessments

Analysing evidence: Consider the facts first (part 2)

Subjective vs Objective

Example 1

- Mr Z ambulated 150m independently using a 4-wheel walker without rest and completed the Timed Up and Go test in 14 seconds.
- Mr Z was observed completing a transfer from sit-stand independently with use of upper limbs and chair armrests for support, and was able to climb 10 stairs with use of two handrails.

Example 2

- Mr Z reported they are unable to mobilise longer than 5 minutes before requiring a rest break.
- Mr Z reports they avoid walking in the community due to back pain and fear of falling.
- Mr Z has difficulty completing sit-stand transfers, and needs to use their arms for support (armrests, grab rails).

Analysing evidence: Consider the facts first (part 3)

- Risk is the possibility of something bad or undesirable happening. It generally combines two factors: the **likelihood** (or probability) that a specific event will occur, and the **severity** of the resulting consequences or losses.
- **NOTE:** If you are not sure about whether the evidence for risk is sufficient to fund related supports, or where significant risk is reported please discuss with your team leader.
- Evidence you read may highlight risk as justification for why support is required, but we must still apply s34.

Analysing evidence: Deal with discrepancies

- Under-reporting: evidentiary minimisation of functional capacity and support needs
- Over-reporting: evidentiary inflation of functional capacity and support needs
- Discussion: What types of possible over or under reporting have you come across? Why do you think this has occurred?

Analysing evidence: Evaluate all the information

- Ask yourself: 'Do I have enough information to make a fair and defensible Section 34 decision?'
- Weight of evidence: High, moderate, or low
- Consistent vs inconsistent/contradictory information
- Identify if evidence is compelling and decisive (strongly supports a conclusion or something being factual)

Analysing evidence: Evaluate all the information (part 2)

- Do you have enough good evidence to form a clear and holistic picture of the participant's disability-related support needs?
- Does the evidence provide clear reasoning for support?
- What are the outcomes if support is provided?
- Is the support required in comparison to other alternative supports?
- Does the evidence align with what the participant reports as their support needs?

Analysing evidence: Functional trajectory

- A typical functional trajectory might be:
 - Might stay the same over a lifetime (relatively static)
 - May change frequently or steadily (fluctuating or degenerative)
 - Could possibly improve over time.
- Before making a funding decision, ensure that the reported functional capacity and listed disabilities align.
- Reports may recommend disability supports that do not necessarily respond to a participant's functional impairment and support needs for which they have met access for.

Analysing evidence: Gaps in the evidence

- Unclear author, date, incorrect names or pronouns
- Lack of clear recommendations, or generalised statements
- Lack of evidence we would typically expect for a request
- Requests without clear reasoning for why a support is needed, current barriers to obtaining the support, and what outcomes would be achieved
- Assessment made based on self-reported information only
- Inconsistent functional information

Analysing evidence: Handling complexity

- Complexity occurs in situations where many elements interact with each other in ways that are difficult to predict or comprehend.
- Complexity may arise for participants experiencing: health conditions, justice-related matters, parenting or family changes, housing issues
- Sometimes allied health practitioners may recommend supports that are not a NDIS support.
- Discussion: What other factors do you come across in evidence that requires a more complex consideration?

Analysing evidence: Handling complexity

- Complete your evaluation of the evidence according to steps A – G and formulate a position.
- Seek peer supervision to test your argument.
- Work within your level of delegation.
- Seek supervisor, quality or practice lead input where risk or scheme integrity issues are identified, or where a legislative decision and practice guidance don't align.
- Seek approval for TAPIB advice where a complex decision is unresolvable.

Case Studies

Analysing evidence: Principles A – H (Review)

A ccuracy
B ias
C onsider the facts
D iscrepancies
E valuate evidence
F uture function
G aps in evidence
H andling complexity

Case Study 1: Bernie (slide 1 of 2)

Bernie, a 32-year-old participant with bipolar affective disorder is seeking 52 hours of psychology.

They tell you they want psychology because they have a goal to go out to the shops alone without feeling anxious. They want to see their psychologist weekly because they have a good therapeutic relationship with them, and their mother also sees the same psychologist weekly.

Case Study 1: Bernie (slide 2 of 2)

A 4-month-old psychologist assessment report outlines an intervention plan to support Bernie to develop problem solving, community navigation skills, and social skills that can be used in the community. The psychologist estimates 15 hours of their intervention is required.

With this information, how would you navigate this request? What evidentiary standards, and analysing evidence principles would you apply?

Case Study 2: Andy (slide 1 of 2)

Andy is a 21-year-old participant with autism spectrum disorder (level 2) is seeking two hours a week for a cleaner. They have provided you an occupational therapy functional capacity assessment which is 4 months old.

The functional capacity assessment indicates that the therapist interviewed Andy in their unit with a support worker in attendance. The occupational therapist recommends they are funded for cleaning as they can find the noises from cleaning, such as vacuums distressing due to their sensory sensitivities.

Case Study 2: Andy (slide 2 of 2)

A psychology report from 3 months ago outlines that they have provided Andy some emotional regulation strategies for managing sensory overwhelm including planning ahead and calming strategies.

A month-old report from Andy's support worker indicates they assist them to bars because Andy enjoys listening to live music.

With this information, how would you navigate this request? What evidentiary standards, and analysing evidence principles would you apply?

Case study 3: Jemima (slide 1 of 3)

Jemima, a 10-year-old participant lives with her parents and is in grade 4. She has a diagnosis of cerebral palsy GMFCS level 5, communicates via gestures, vocalisations and an AAC device. She requires a PEG for nutrition, and has comorbid health concerns that are related her diagnosis.

Before the plan reassessment, her mother provides a carer impact statement, outlining that Jemima's wakeful nights, lack of sleep, and support requirements are impacting her ability to undertake her caring/mothering role and employment.

Case study 3: Jemima (slide 2 of 3)

An occupational therapy functional capacity assessment states that Jemima requires active overnight supports due to the impact of cerebral palsy and to sustain the participant's informal supports.

An assistive technology assessment recommends funding of an adjustable bed, pressure care mattress and sleep positioning system (non-mandatory TAPIB requests). These items were trialled for 2 hours in the supplier showroom.

Jemima currently has 2 hours per day of 1:1 core supports to assist with personal care.

Case study 3: Jemima (slide 3 of 3)

During the planning conversation, Jemima's mother was very emotional, describing in further detail the impact of lack of sleep and Jemima's complex support needs is having on her ability to undertake her caring role and responsibilities.

With this information, how would you navigate this request? What evidentiary standards, and analysing evidence principles would you apply?

Summary

What we've covered

- Requesting and reviewing evidence helps us adhere to role as public servants and the NDIA's requirement for evidence to support planning decisions
- There are many types of evidence pieces we can receive, and it is your analysis of the evidence that helps determine how much weight we give to them to inform reasonable and necessary decisions
- Complexity and gaps in evidence can be common – rely on general evidentiary standards, the 'ABCs' of evidence analysis and your team's support to help you make technically and legally correct decisions.

Further Guidance

Further Resources

Resource list is available for further guidance on:

- Understanding impairments
- General evidence requirements
- Reviewing evidence

Feedback and Questions

- Questions from today's presentation?
- Any feedback or questions regarding this presentation should be raised with your direct line management.



The contents of this document are OFFICIAL: SENSITIVE

Sustainability – Understanding Evidence

Delegate to determine if TAPIB mandatory advice referral is required.

Delegates should also refer to relevant guidance materials, including KA and OGs.

Document purpose

- This document assists delegates to understand how to review key evidence for planning decisions in old framework plans.
- **Note:** This document is not intended to replace available resources and guidance materials. Delegates should still review the relevant legislation (NDIS Transitional Rules 2024, NDIS Act 2013) and guidance documents (Operational Guidance, knowledge articles).

Prerequisite knowledge

It is expected that delegates will have knowledge of these documents when making planning decisions.

- National Disability Insurance Scheme Act 2013
- National Disability Insurance Scheme (Getting the NDIS Back on Track No. 1) (NDIS Supports) Transitional Rules 2024
- [Operational guideline - Principles we follow to create your plan](#)
- [Operational guideline - Reasonable and Necessary Supports](#)
- [Pricing arrangements | NDIS](#)

Document Objectives:

- Understand how to review evidence and identify if recommendations are or are not substantiated by good assessment and reasoning.
- Navigate when information that supports a request is limited.
- Identify where to go for resources to further understand allied health professional reports.



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What is evidence, and why do we need it for all funding decisions?

- Evidence is factual information used to support a claim or belief. It is information and research selected from the best available sources to support a decision. Evidence is used to inform decision making to achieve the most effective outcomes.
- The NDIS operational guideline '[Principles we follow to create your plan](#)' outlines that the primary source of evidence we rely on, and give the greatest weight to, is evidence from sources that are reliable and recognised. This includes published and reviewed literature, and any consensus of expert opinions. If there is no evidence to show an NDIS support is reasonable and necessary, we won't fund the NDIS support.
- It is also a responsibility as delegates in the public service to exercise our own discretion, verify authorisation limits, and document decisions thoroughly. This is supported by the Public Service Act 1999.
- Obtaining and reviewing evidence also honours the Australian Public Service (APS) values of accountability and stewardship. Analysis and reviewing of evidence promotes us being open and accountable to the Australian community and within the framework of Ministerial responsibility. Review of evidence allows us to consider the public interest and long-term impact of our decisions.
- Reviewing evidence also helps us adhere to the APS Code of Conduct, which outlines that employees are expected to act in the right way, as well as the technically and legally correct way.

What guidance does the Agency provide to support good evidence?

The Agency provides some guidance to providers and participants on the evidence expected for different support types, and different planning decisions as per below. It is helpful to be familiar with this information to guide expectation of evidence to review and request:

- o Assessment templates for capital supports
 - [For assistive technology providers | NDIS](#)
 - [How to provide a home modification assessment | NDIS](#)
- o Support coordination progress report template
 - [For support coordinators | NDIS](#)
- o Guidance on plan reassessment progress reports: allied health, early childhood, support coordinator
 - [How to write a plan reassessment report | NDIS](#)



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- [Guide to report writing | NDIS](#)
 - o Guidance on functional capacity assessments
 - o [What is a functional capacity assessment | NDIS](#)
- o Early Childhood Reports:
 - o [How to write an early childhood provider report | NDIS](#)
- o Evidence requirements for specific supports
 - o [Gathering evidence | NDIS](#) (primarily relates to access decisions)
 - o [Our guidelines | NDIS](#)

Common types of evidence we can receive and request to inform planning decisions:

- From the participant/their representative:
 - o information on the participant's goals and daily life
 - o Carer/participant impact statements
 - o change of circumstance requests
- From allied health providers:
 - o Functional Capacity Assessments: to understand a participant's functional ability to complete activities of daily living (such as their mobility or cognition) and also their functional performance (what are their daily tasks that they can do, and their social/vocational roles)
 - o Capital-related assessments: to provide assessment and reasoning for prescriptions of assistive technology, home modification, or vehicle modifications
 - o Behaviour Support Reports: to support a participant who displays behaviours of concern by providing positive behaviour strategies to support their safe completion of daily living tasks
 - o Progress reports: to detail participant progress with allied health interventions, identify any challenges to achieving goals, and outline future goals of intervention
 - o Support worker or day program provider reports
- From community or mainstream services:
 - o GP or specialist health reports
 - o Hospital discharge summaries
 - o Volunteering or community organisation letters



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- o Employer letters
- o School reports
- Current NDIS plan and NDIS resources
 - o Participant plan justification and evidence cited within to support current funding
 - o NDIS operational guidelines, knowledge articles, and other planning guidance

What does 'Good' Evidence look like?

A good piece, or collection of, evidence should provide a clear and holistic picture of the capabilities, needs, and potential risks to the participant.

- Recommendations should be made with clear reasoning, linking back to a review of the participant's needs. They should clearly indicate what specific outcomes would be achieved if the support is provided, and how the proposed support would directly improve an individual's participation in activities of daily living.

Prior to reviewing evidence:

- Review the participant's file in our system for background information, including their age, region, and access-met disabilities. The [impairment categories guide](#) can provide a quick look at the common impairments resulting from different disabilities.
- S34.1aa (reasonable and necessary criteria) requires you to **consider whether the support is necessary to address needs of the participant arising from an impairment in relation to which the participant meets the disability requirements (see section 24) or the early intervention requirements (see section 25). It's important to have this clear understanding before reviewing the evidence.**
- Consider having a discussion with the participant to get an understanding of their background, goals, and aspirations.

General principles for reviewing evidence:

Accuracy:

- Consider whether the report is in the author's scope of practice – for example, if they have authored a behaviour support plan, are they a registered behaviour support practitioner?
- Check the date of the report and how long the author has known and treated the person. Is it dated within the past 12 months?



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- If the report is an assessment, review how this was completed (i.e., face-to-face, telehealth, interview)
- Consider if the information provided in the report is consistent with the image of the participant from other reports

Bias

- Be aware of the different types of bias that can be common in decision making, for example:
 - o **Confirmation bias:** our natural, automatic mental habit of only noticing, believing, and remembering information that supports what we already think.
 - o **Anchoring bias:** tendency to rely too heavily on the first piece of information we receive when making decisions.
 - o **Overconfidence bias:** tendency to believe we are smarter, more capable, or more knowledgeable than objective reality justifies.
- Be aware of your own biases and how this may impact your review of the evidence.
- While we can never remove bias from the human experience, acknowledging its existence allows for critical deduction skills.
- Bias can be minimised in decision making by engaging in peer reviews of your proposed actions, quality audits, reflective practice with your team/supervisors, participant discussions and review of mainstream medical and clinical evidence to corroborate your understanding.

Consider the facts first

Subjective vs Objective information:

- Reflect on what information appears objective (fact-based, impartial) vs. Subjective (open to interpretation/a perspective).
- Objective information tends to use measurements and test results can be based on clinical observation or formal assessment.
- Subjective information may be more based on a participant's reported personal experience and perception and is not directly measured to independently verified.
- Subjective information can still be helpful to form a functional image of a participant, however other evidence to substantiate the subjective information is recommended.
- For example, if a participant is seeking a mobility device and due to a change in their mobility, a physiotherapy progress report or assistive technology report that includes



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objective measures of function or task observation can assist you to make an informed decision.

Types of assessments: Standardised vs non-standardised

- Standardised assessments are formal, scientifically validated tools with administration and scoring protocols, and ensure every clinician measures a capability the same way. It can be based on either self-reported or objective information, for example the WHODAS, Vineland 3, Care and Needs Scale, or the WISC-V assessment. Standardised assessments compare an individual's score to a normative scale or specific metric to track quantitative baselines.
- Non-standardised assessments are flexible, qualitative, or quantitative evaluations tailored to the individuals' unique situation and real-world involvement. It can be based on self-reported or objective information, for example clinical observation and activity analysis, semi-structured interviews, and natural environment assessments. These assessments are highly individualised, and focus on how and why a participant completes a specific task, rather than just assigning a numerical score.
- Often a combination of both standardised and non standardised assessments can be helpful to gain an understanding on a participant's presentation, for example, a functional capacity assessment may say the following:
 - o "To establish objective baseline data, a standardised assessment (the WHODAS 2.0) was administered to quantify the participant's overall functional capacity. This was paired with a non-standardised assessment, consisting of home-based task observations and an initial interview, to evaluate the participant's functional capacity completing activities of daily living in their own environment."
- Sometimes the scoring of a standardised assessment will result in a calculation of a specific set of hours of support required (e.g. the Care and Needs Scale (CANS) - in this case it might be necessary to check the disability type that the assessment is validated for (e.g. Acquired Brain Injury) and whether the outcome aligns with other information about the participant's functional capacity (e.g. observation).
- It is important that standardised assessment results are not relied on in isolation to make funding decisions. Other sources of data must be considered to ensure all information is consistent and points to a strong conclusion.

Identifying risks:

- Identify any reported risks – if you are not sure about whether the evidence for risk is sufficient to fund requested support, or where significant risk is reported, refer to your supervisor.



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- Remember that an allied health professional may recommend supports outside of the NDIS guidelines due to their code of ethics that guide their practice. If a request is outside what the NDIS generally funds, consider whether there are other ways to meet the participant's needs, such as informal, community or mainstream services.

Deal with Discrepancies

- Evidence reviewed may provide contradicting information. Consider the recency of these reports, and whether a change in the participant's function has been evidenced. The role of the author, as well as cultural factors may also account for varying information in reports.
- Discrepancies can be seen through under-reporting or over-reporting of functioning and may stem from a desire for independence or fear of stigma, or if a report aims to recommend support that exceeds clinical findings.

Evaluate all the information

- Consider if you have enough information to make a fair and defensive s34 decision. The reliability of your evidence informs how much 'weight' you can give it to make a decision.
- To weigh up how much importance you will apply to a piece of information or report consider the accuracy, bias, facts, and discrepancies. Consider whether you have enough weighted evidence to form a clear and holistic picture of the participant's needs.
- Evaluating the available information requires consideration of all the available information and applying a weight where there are multiple sources of information available. The weighting of evidence does not discount the expertise, experience, or qualifications of the author, rather it enables the Delegate to consider whether the information is useful, somewhat useful or not useful in making and legislative decision.
- This allows us to accept that these things can all be true at once:
 - Participants and carers are experts in their own lives
 - Clinicians are experts in their field of practice
 - NDIS Delegates are experts in making legislative decisions that align with the NDIS Act 2013
- Evaluation and weighting of evidence also assists us to determine if a support is the most reasonable and necessary option in comparison to other supports.
 - For example, we may see requests for high allocations of therapy supports, however with high ambiguity of what would be achieved and how this would increase a participant's pursuit of daily activities. When this happens, it may be possible that an



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alternative type or quantum of support is reasonable and necessary, or that it would not be reasonable and necessary to fund the support.

Functional Trajectory

- It is important to make sure that the requested supports align with the participant's listed disabilities and their functional trajectory. A typical functional trajectory might stay the same over a lifetime, may change frequently or steadily, or could possibly improve over time.
- If a participant's reported presentation is markedly different than expected from their recorded disability in PACE, then additional information may be required to ensure supports meet s34.1(aa), and/or a secondary disability application may need to be prompted.

Gaps in the evidence

- Common gaps in evidence can include:
 - o Unclear author, date, incorrect names or pronouns
 - o Lack of clear recommendations, or generalised statements
 - o Lack of evidence we would typically expect for a request
 - o Requests without clear reasoning for why a support is needed, current barriers to obtaining the support, and what outcomes would be achieved
 - o Assessment made based on self-reported information only
 - o Inconsistent functional information
- Gaps in evidence could be navigated by contacting the participant or authors of reports to clarify or corroborate information, invite further evidence from allied health clinicians, or reviewing other information available on the participant's file to see if the information is already available.

Handling Complexity

- Complexity is common and occurs because people often have multifaceted needs. A coordinated approach by the NDIS with other systems such as for health, housing, education, employment, family issues, legal and justice matters may be required.
- When encountering complexity, go through steps Accuracy (A) through to Gaps in Evidence (G) of this guide.



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- Peer reviews can assist with testing whether you are providing a technically and legislatively correct reason for your decision, whether your position makes sense to others, and if you can explain this decision to a participant or their nominee.
- To make a legally and technically correct planning decision, you need to determine from the information whether a participant has a number of different support needs that may require a coordinated approach, for example from informal, community or mainstream services.
- You must ensure that the evidence before you is sufficient to determine what can be funded by the NDIS (that is directly related to the impairment that meets the access criteria, and an NDIS Support), and what is related to dynamic personal and environmental factors that may require informal, community or mainstream service support. This is important when considering the application of s34.1(f) of the NDIS Act – whether the support is an NDIS support for the participant.
- Be mindful of working within your delegation, and seek supervisor, quality, or practice lead input where risk or scheme integrity issues are identified, or where a legislative decision and practice guidance don't align.

Case Studies

For each of these scenarios, how would you navigate the requested supports? How would you review the evidence and what ABC principles would you apply?

Case Study 1

Jemima, a 10-year-old participant lives with her parents and is in grade 4. She has a diagnosis of cerebral palsy GMFCS level 5, communicates via gestures, vocalisations and an AAC device. She requires a PEG for nutrition, and has comorbid health concerns that are related her diagnosis.

Before the plan reassessment, her mother provides a carer impact statement, outlining that Jemima's wakeful nights, lack of sleep, and support requirements are impacting her ability to undertake her caring/mothering role and employment.

An occupational therapy functional capacity assessment states that Jemima requires active overnight supports due to the impact of cerebral palsy and to sustain the participant's informal supports.

An assistive technology assessment recommends funding of an adjustable bed, pressure care mattress and sleep positioning system (non-mandatory TAPIB requests). These items were trialled for 2 hours in the supplier showroom.

Jemima currently has 2 hours per day of 1:1 core supports to assist with personal care.



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During the planning conversation, Jemima's mother was very emotional, describing in further detail the impact of lack of sleep and Jemima's complex support needs is having on her ability to undertake her caring role and responsibilities.

With this information, how would you navigate this request? What principles for reviewing evidence principles would you apply?

Principles of reviewing evidence that could apply:

- **Accuracy:** The participant has an occupational therapist engaged, and a functional capacity assessment and assistive technology review can be within their scope.
- **Functional Trajectory** – as the participant has GMFCS score of level 5, it is likely that they require daily assistive technology (AT) support
- **Consider the facts first:** review the occupational therapist's methods of assessment and then apply (e) - evaluation of information and how much weight you can give to the evidence. You could seek information on:
 - Specific information about the frequency, duration, and type of supports provided overnight. This type of data can also determine what type of intervention might assist, and provide a baseline to determine whether the intervention is successful.
 - Further information about the expected outcome of the AT – an extended trial in the home environment may assist in determining whether the AT will be successful in reducing supports required overnight, or whether there are any other AT supports that can assist.
 - Comparison of data recorded from overnight supports to the needs of children a similar age, without disability (when considering parental responsibility).
- **Handling Complexity** – the participant's mother may need to be connected with supports such as [Carer's Australia](#) to sustain her role as primary informal support to the participant. Consideration of parental responsibility, and whether there are any risks to the participant or others from continuing to provide the support (See supports for participants Rule 3.4)

Case study 2

Andy is a 21-year-old participant with autism spectrum disorder (level 2) is seeking two hours a week for a cleaner. They have provided you an occupational therapy functional capacity assessment which is 4 months old.

The functional capacity assessment indicates that the therapist interviewed Andy in their unit with a support worker in attendance. The occupational therapist recommends they are funded for cleaning



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as they can find the noises from cleaning, such as vacuums distressing due to their sensory sensitivities.

A psychology report from 3 months ago outlines that they have provided Andy some emotional regulation strategies for managing sensory overwhelm including planning ahead and calming strategies.

A month-old report from Andy's support worker indicates they assist them to bars because Andy enjoys listening to live music.

Principles of reviewing evidence that could apply:

- Accuracy and Facts: The assessment was done by interview (self-report), but consider if there was any other methods of assessment (i.e., task observation, standardised assessment)
- Accuracy: The report suggests that the cleaning could be required due to the functional impact of the participant's access-met disability (sensory impact)
- Deal with discrepancies: Consider whether the report over/under reports the participant's function.
 - o Does the functional evidence suggest that the participant can already engage in house cleaning tasks?
 - o What other barriers has the occupational therapist reported as a barrier for the participant to complete house cleaning tasks independently?
 - o The Psychology letter suggests that they have given the participant some strategies to assist them with sensory overwhelm that could potentially help them when cleaning at home too
 - o The support worker letter suggests that the participant can tolerate some loud settings as they are assisted to go to live music venues.

Case Study 3

Bernie, a 32-year-old participant with bipolar affective disorder is seeking 52 hours of psychology.

They tell you they want psychology because they have a goal to go out to the shops alone without feeling anxious. They want to see their psychologist weekly because they have a good therapeutic relationship with them, and their mother also sees the same psychologist weekly.

A 4-month-old psychologist assessment report outlines an intervention plan to support Bernie to develop problem solving, community navigation skills, and social skills that can be used in the community. The psychologist estimates 15 hours of their intervention is required.



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Principles of reviewing evidence that could apply:

- Bias: The participant's view is that they need to see their psychologist weekly because their mother also sees the psychologist weekly, and also because they themselves have a good working relationship with the psychologist. However, we need to consider the role of the proposed intervention, if this has been supported by good assessment (facts).
- Recommendations: The participant's psychologist has clearly identified what skills they shall support the participant with.
- Evaluate all information and consider functional trajectory: Review the report from the psychologist to see how they have demonstrated that their proposed intervention will likely be successful for the participant.
- It could also benefit the participant to encourage them to engage with mainstream mental health services for general mental health counselling and support.

Summary: Where to next?

- You now have a framework for reviewing evidence, before making a funding decision.
- The next step is to consider the specific type of support being requested, and applying further review based on:
 - o Understanding the type of support being requested
 - o Familiarising with available NDIS guidance materials for the specific support type, including:
 - Publicly available resources: NDIS Guidelines and website resources
 - Internal resources: knowledge articles, team-specific training resources, LEAP modules, other TAPIB Practice Improvement Sustainability training sessions, TAPIB Confluence page
 - o Applying the reasonable and necessary funding criteria (s34) to the evidence available and, making a decision.