Knowledge Article

For Internal Use Only

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Understand therapy supports

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

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

- understand 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.

Recent updates

07 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.

Before you start

You have read and understood:

- Our Guideline – Therapy supports (external)

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

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.

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

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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.

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.

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Learn more about plan reassessment reports.

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:
    - review other types of evidence provided by the participant

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- consider if you need to add funding to pay for more or different types of assessments or reports. Before you do this:

- 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
- think about the type of assessment that will likely produce the information you need
- 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:

   - how the therapy support will build or maintain the participant's skills and independence
   - the functional area to be assessed for example, mobility and movement or language and communication
   - how the participant's informal, mainstream and community supports will help them achieve their therapy goals
   - 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.

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.

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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.

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).

Case study – Arnold's story

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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'

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- 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.

Article labels

PACE user role names

No change.

Topics

No change.

Case names

No change.

Ownership

No change.

Version control

Version	Amended by	Brief Description of Change	Status	Date
6.0	CS0074	Class 3 approval Guidance updated to change article name from Guide – Therapy supports, add link to OG – Therapy supports and add specific guidance on how to add art and music therapy.	APPROVED	2025-11-19

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7.0	TDL262	Class 1 approval. Linked article name change	APPROVED	2026-03-24

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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.

Recent updates

2 September 2024

Guidance updated to:

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

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)
- article Guide – Identify home and living solutions.

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

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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.

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.

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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.

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

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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.

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.

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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.

Article labels – internal use only

PACE user role names

Add:

- dc_users_reviewofficer

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Topics

No changes.

Case names

No changes.

Ownership

No changes.

Version control

Version	Amended by	Brief Description of Change	Status	Date
1.1	SGH107	Guidance updated to remove retired article.	DRAFT	2024-08-01
1.2	BTM847	Peer review	DRAFT	2024-08-02
1.3	SGH107	Action peer review feedback	DRAFT	2024-08-02
1.4	EJW711	EL1 review	DRAFT	2024-08-05
2.0	JS0082	Class 1 Approval Guidance updated to remove retired article.	APPROVED	2024-08-06

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What evidence of disability is required

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

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

Recent updates

7 July 2025

Updates to guidance include:

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

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?**

Who can provide evidence of disability?

A person's treating professional must provide disability evidence.

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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.

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.

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.

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

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.

Next steps

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

Article labels

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PACE user role names

No change.

Topics

Add: t_noticeofimpairment

Case names

Add: dc_case_varyimpairmentcategories

Ownership

No change.

Version control

Version	Amended by	Brief Description of Change	Status	Date
1.0	EMN960	Draft approved by Publishing Approver (EL2)	APPROVED	2022-09-07
3.0	EMN960	EL2 Review and approval	APPROVED	2023-10-13
4.0	EMN960	EL2 review and approval to QA and Publish	APPROVED	2024-02-06
5.0	IIW664	Class 1 (SG EL2) approved Updates to improve accessibility and consistency with related articles. Linked article title changed from 'How to complete the access request case form' to 'Complete form in the access request case.'	APPROVED	2024-09-25
6.0	VFK746	EL2 review and class 1 approval to QA and publish	APPROVED	2024-12-10
7.0	VFK746	Class 1 (SG EL1) approved	APPROVED	2025-06-17

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		New draft to include updates for FB703A.		

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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

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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.

Recent updates

28 July 2025

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

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.

Check you have the necessary evidence

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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).

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:
    - 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.
    - a completed Assessment Template - Vehicle modifications (DOCX 92KB) (recommended)
    - evidence from a licensed vehicle modifier or certifier that tells you:

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- 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.
  - uploaded all evidence to **Documents**
  - 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.

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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:
   - 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.
   - a completed Assessment Template - Vehicle modifications (DOCX 92KB) (recommended)
   - 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.

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:
   - evidence or an assessment from either the participant's:

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- occupational therapist, or driver trained occupational therapist if the participant is the driver
- suitably qualified assessor.
  - 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.
  - 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.
  - uploaded all evidence to **Documents**.

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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:
   - 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.
     - a completed Assessment Template - Vehicle modifications (DOCX 92KB) (recommended)
     - evidence from a licensed vehicle modifier or certifier that tells us:
   - about the condition of the modifications that have been made

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- 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.
  - 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.
  - evidence of the original cost and the age (in years) of the modifications, where possible
  - uploaded all evidence to **Documents**.

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3. Calculate depreciated modification value for modifications that have already been made to a second-hand vehicle. Go to article Calculate vehicle depreciation.

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Next steps

1. For a:
   - **Plan Approval** case, you'll need to use the plan conversation support tool to calculate the funded supports. To add or update this support in a draft budget go to article Change the draft budget
   - **Plan Change** or **Participant Budget Update** case where the plan was approved before 9 October 2024, go to article Action a budget update.

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- **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.

Article labels

PACE user role names

No change.

Topics

No change.

Case names

No change.

Ownership

No change.

Version control

Version	Amended by	Brief Description of Change	Status	Date
4.0	GCP654	Class 1 approval. Update to the section Next steps to include new participant budget update pathway and link to new article Action a budget update with funding periods.	APPROVED	2025-05-15
5.0	MG0023	Class 1 approval Technical Advice and Improvement Branch (TAPIB) intranet page links updated to the TAPIB Confluence space.	APPROVED	2025-07-18

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Create and submit a home and living application

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

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.

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.

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)

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- Our Guideline – Home modifications (external).

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

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.

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.

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.

Understand when to create and submit a home and living application

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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.

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.

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

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- explain the changes to the participant's functional capacity and the impact on their daily life and housing needs.

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.

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**.

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**

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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.

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**.

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**:

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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.

   - If **Yes**, go to steps 4 and 5.
   - 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.

   - If **The participant is currently in hospital, soon to be discharged** is selected, go to step 7.
   - If **The participant is currently in a justice facility, soon to be released** is selected, go to step 7.
   - 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

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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**.

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**.

Complete Additional Information and Supporting Documents information

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At **Additional Information and Supporting Documents**:

1. Select the relevant option from the drop-down at **TAB Advice**.
   - If you're waiting for or have received advice from Technical Advice and Practice Improvement Branch (TAPIB), select the option that reflects the status.
   - 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:
   - If **Yes**, select the option that reflects the reason for the prioritisation. Go to step 5.
   - 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.
   - If **Accepted Change of Circumstances (s48)** is selected, go to step 7.
   - If **Accepted Review of Reviewable Decision (s100)** is selected, go to step 7.
   - If **Agency Initiated Plan Review (AIPR)** is selected, go to step 8.
   - If **Scheduled Plan Review** is selected, go to step 8.

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7. Complete the **Review Request Date**. Enter the:
    - Review Request date day (DD)
    - Review Request date month (MM)
    - 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:
    - Functional Capacity Assessment. Learn more in article Understand functional capacity assessments.
    - Positive Behaviour Support Plan. Learn more in Our Guideline – Behaviour support (external).

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.

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.

Add documents

1. Select **Add Documents**.
2. Select the relevant option from the **Please select a Document Category** drop-down.

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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.

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:
    - the home and living supports the participant is requesting
    - the participant's current supports
    - 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.

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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.

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**.

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.

Article labels

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Knowledge Article

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PACE user role names

No change.

Topics

No change.

Case names

No change.

Ownership

No change.

Version control

Version	Amended by	Brief Description of Change	Status	Date
9.0	POM825	Class 1 approved - YP request to update links to retiring plan reassessment and variation KAs with new CEO initiated (Id: 568635689) and participant (Id: 390927971).	APPROVED	2025-05-21
10.0	POM825	Class 1 approved Update to remove mention of Supporting evidence form – Home and living due to be retired in June	APPROVED	2025-06-03
11.0	GCP654	Class 1 approved - language updated to align with new OG STR. • Short term accommodation (STA) link name changed to Short term respite (STR) • minor grammar and formatting updates	APPROVED	2025-09-22

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Knowledge Article

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The contents of this document are OFFICIAL.

Understand personal care for younger people in residential aged care (YPIRAC)

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

This article provides guidance for a planner delegate to:

- understand the Australian National Aged Care Classification (AN-ACC) assessment tool
- consider funding for personal care in aged care
- request approval to fund Additional Disability Personal Care and Support (ADPCS).

Recent updates

3 October 2024

Updated guidance to reflect legislation changes from 3 October 2024. Added references to NDIS supports.

Before you start

You have read and understood:

- Our Guideline - YPIRAC (external).

Understand the Australian National Aged Care Classification (AN-ACC) assessment tool

To make decisions about NDIS-funded supports for younger people living in residential aged care, you'll need to understand the AN-ACC.

The AN-ACC funding model provides subsidies to approved aged care providers under the Aged Care Act 1997. This is based on service type, and the resident's care needs. When a participant enters a residential aged care facility (RACF), an independent AN-ACC assessor will assess their care needs. To do this they'll use the AN-ACC assessment tool.

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The AN-ACC tool will sort participants' residential care needs into 13 classes. Each class has a number from 1-13. Residents with similar support needs and costs will be in the same class. To learn more about each class, go to The Australian National Aged Care Classification (AN-ACC) funding guide (external).

The RACF will receive funding based on the resident's class. To work out the class, the assessor considers the following areas:

- **Physical ability** including nutrition, mobility, personal hygiene, pain, toileting, and continence.
- **Cognitive ability** including social interaction, problem-solving, memory, and the ability to communicate.
- **Behaviour** including wandering, verbal behaviour, and the ability to cooperate.
- **Mental health** including depression and anxiety.

The RACF is responsible for all personal care supports. However, the AN-ACC funding is based on maintenance support for older people. This means the funding may not be enough to meet the level of disability-related support the participant needs.

Learn more about AN-ACC assessments (external).

If the participant doesn't agree with the level of funding and care, they can either:

- request an AN-ACC reclassification through the My Aged Care portal (external)
- make a complaint about their care plan to the Aged Care Quality and Safety Commission (external) or the NDIS Quality and Safeguards Commission (external).

Consider funding for personal care in aged care

In some situations, funding for Additional Disability Personal Care and Support (ADPCS) may be provided as an NDIS support for the participant. You'll need to check the available evidence and talk to the participant about their situation and support needs. This could be during their check-in.

You may find the participant has support needs higher than what the RACF can provide. s47E(d) - certain o

You'll need to consider the level of:

- disability-related personal care support the participant needs

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- personal care the RACF currently provides
- care the participant has requested
- care the RACF is responsible for.

You'll also need to think about:

- any risk to the safety and wellbeing of the participant. This includes where the participant has made a request to the RACF, Aged Care or NDIS Quality and Safeguards Commission to increase the level of support, and the request outcome is pending
- any support the participant's informal support network provids, and if this is reasonable or sustainable
- evidence from the participant's mainstream support providers, for example medical practitioners
- assessments or evidence from suitably qualified allied health professionals.

Any ADPCS in the participant's plan must not replace or duplicate the services the RACF is to provide. To learn more, go to the Technical Advice and Practice Improvement Branch.

Review evidence

You'll need to review available evidence to decide if a support meets the requirements to be an NDIS support (external) for the participant.

This evidence can include:

- the participant's nursing or care plan. This provides information about the participant's disability support needs and identifies the supports and services the RACF provides
- any available assessment from an allied health professional, preferably with experience in completing AN-ACC assessments. This can give you information about the participant's current functional capacity and disability-related support needs. It can also give information about additional supports to maintain or increase their current functional capacity, and any behaviours of concern.

If there's no available evidence:

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- consider including capacity building funding in the participant's plan for a suitable assessment. This is to assess the participant's current personal care support needs and indicate the level of support the RACF is providing
- consider requesting the RACF provides details of the care they currently provide to the participant.

Case example: Blake

s47E(d) - certain operations of agencies

Case example: Ivana

s47E(d) - certain operations of agencies

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Request approval to fund Additional Disability Personal Care and Support (ADPCS)

If you have determined that ADPCS can be funded for the participant, you'll need to request approval from your EL1 via email.

In the email subject, include the participant's:

- name
- date of birth
- NDIS number.

In the email body, explain you're seeking approval for the participant to be provided with ADPCS. Include the number of hours per day, and the reason. s47E(d) - certain operations of agencies [redacted]

Include the participant's:

- disability
- RACF
- date of entry into the RACF
- accommodation goal.

Explain what additional supports the participant needs and include evidence to support your justification. Include information about:

- the outcome of the participant's AN-ACC tool
- any activities of daily living support the participant needs above the level usually provided by the RACF. s47E(d) - certain operations of agencies [redacted]
- any behaviour support needs and any supporting evidence. s47E(d) - certain operations of agencies [redacted]
- any complex health care supports required and any supporting evidence.

You don't need to upload this approval into PACE.

Next steps

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If you need to add ADPCS in the participant's plan, go to article Add funding for younger people in residential aged care (YPIRAC).

Article labels – internal use only

PACE user role names

Add:

User role name label

Delete:

User role name label

Topics

Add:

Topic label

Delete:

Topic label

Case names

Add:

Case name label

Delete:

Case name label

Ownership

Add:

Ownership label

Delete:

Ownership label

Version control

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Knowledge Article

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Version	Amended by	Brief Description of Change	Status	Date
1.0	ED0024	Class 1 approved. New article moving and existing SOP across to PACE. Plain English updates and extra information added.	APPROVED	2023-09-07
2.0	CW0032	Class 2 approval Transitioned outstanding content from SOP – Develop a plan for younger people in residential aged care. Added guidance about what to consider and what evidence to review to determine if funding for personal care is reasonable and necessary. Added section to request EL1 approval, and what information to include in email.	APPROVED	2024-02-23
2.1	DHN921	Class 1 update to align with legislation changes.	DRAFT	2024-07-02
2.2	LPK509 POM825	Peer review	DRAFT	2024-07-09
2.3	DHN921	Action peer review	DRAFT	2024-07-09
2.4	AJG505	AD review	DRAFT	2024-07-12
2.5	DHN921	Action AD feedback	DRAFT	2024-07-15
2.6	ED0024	Director review	DRAFT	2024-07-16
2.7	DHN921	Minor language updates based on updated Key Terms Guide	DRAFT	2024-08-29

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Knowledge Article

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Version	Amended by	Brief Description of Change	Status	Date
2.8	AJG505	AD review	DRAFT	2024-09-17
2.9	ED0024	Director review	DRAFT	2024-09-19
2.10	POM825	Actioned SME feedback	DRAFT	2024-09-24
3.0	JC0088	Class 2 approval Updates in line with legislative amendments – Getting the NDIS Back on Track No. 1 Bill 2024 Key update includes: • Requirement to spend on NDIS supports.	APPROVED	2024-09-26

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