Nutrition supports including meal preparation

Quick summary: Everybody needs food and drink to stay healthy. Your disability may mean you have trouble preparing food for yourself, eating enough, or understanding the nutrition you need. This could be because of physical, cognitive, or psychosocial disability. We may fund nutrition supports to help with this.

Nutrition supports might include nutritional supplements or a dietitian to create a meal plan for you. It might also include someone to help you follow a meal plan. Or it may be someone to help you plan, shop for, and prepare meals if your disability means you have trouble doing this yourself. In some situations, nutrition supports may include you getting meals prepared and delivered.

If you can't take all your food in through your mouth, you might use home enteral nutrition which goes through a tube straight into your stomach. Home enteral nutrition is often called HEN. Nutrition supports may include products and equipment for HEN. It could also include help to give you HEN and look after any equipment for it.

Note: When we say 'your plan' we mean your NDIS plan. If you're looking for information about Community Connections, go to Our Guideline – Community Connections.

If you're looking for information about your child's early connections, go to Our Guideline – Early Connections.

What's on this page?

This page covers:

- What do we mean by nutrition supports?
- What help can you get to manage nutrition supports through the health system or other services?
- How do we decide what nutrition supports we fund?
- What types of nutrition supports do we fund?
- What if you need help to prepare meals?

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- How do you get nutrition supports in your plan?
- What happens once you have nutrition supports in your plan?

You might also be interested in:

- Disability-related health supports
- Mainstream and community supports
- Would we fund it guide – food and meal preparation

What do we mean by nutrition supports?

Nutrition supports are supports which can help you get nutrition if your disability affects the type of nutrition you need and how you eat. It can be help from someone to understand the types of food you need to stay healthy. You may also need help to prepare meals and follow a meal plan. Nutrition supports can also include equipment and products to help you get the nutrition you need. For example, your disability may mean you need nutritional supplements to get enough nutrition.

There are many ways you can get the nutrition you need to stay healthy. Like most people you may take in food orally, which means through your mouth. If you can't get enough nutrition in through your mouth, your medical team may decide you need home enteral nutrition or HEN. HEN gives your body nutrition, through a feeding tube into your stomach.

A feeding tube can go through your nose into your stomach, called a nasogastric tube or NGT. Or the tube could go through your skin straight into your stomach. This type of feeding tube is called a percutaneous endoscopic gastrostomy or PEG. You may have a PEG if you have dysphagia, which is difficulty chewing or swallowing.

You may use a combination of ways to get the food and drink you need. How you eat will affect the nutrition supports you use.

Disability-related nutrition supports may include:

- a dietitian to work with you to create a disability-related meal plan
- support to help you follow a meal plan
- HEN and PEG equipment

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- products to help you eat safely and get the nutrition you need like food thickeners
- support to manage your HEN or PEG.

Learn more about what types of nutrition supports we may fund.

What help can you get to manage nutrition supports through the health system or other services?

You may be able to get nutrition supports from the Australian health system or another provider.

The health system helps support everyone to eat well through a wide range of healthy eating programs and information.[1] This means there are nutrition supports for healthy eating which are available to everyone, whether they have a disability or not. For example, you may want advice on general healthy eating to improve your diet and be healthier. You could use information from the Australian Government like Eat for Health. Or you may be able to get this support through the health system. For example, from your doctor. If another service is best to fund your nutrition supports, we can't fund them.[2]

We may fund nutrition supports for you if you need them because they are related to your disability. For example, if you have cerebral palsy you may struggle to maintain your weight and eat enough due to your disability. Because the nutrition support is related to your disability, we may fund a dietitian to create a meal plan to help you maintain your weight. Learn more in Our Guideline – Disability related health supports.

What help can you get through Medicare?

Medicare helps all Australians with the costs of their health care.

If you are worried about your nutrition, you should talk to your doctor first. They can check your overall health and for any medical issues. They may refer you for tests in the health system and other health services.

Medicare funds some allied health professional services for short term nutrition supports. However, if you need ongoing nutrition supports because of your disability, we may be able to fund them. We will need evidence that you need these supports, such as reports or assessments from your doctor or dietitian.

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If you need HEN, your medical team will decide this when you are in hospital or another clinical health setting. The dietitian in your medical team will work out the HEN you need. This includes the type, how much and how often. If you have a PEG, your medical team will work out the supports you need to look after it. This includes the area where the PEG enters your body. Medicare is responsible for funding nutrition supports while you are in hospital or in a clinical setting.[3]

Medicare is also responsible for your nutrition supports if you go back into hospital. For example, if you need your PEG removed or replaced.

You can continue accessing health care supports and services from Medicare, even when you're a NDIS participant.

Learn more about Medicare.

What help can you get through the Pharmaceutical Benefits Scheme?

The Pharmaceutical Benefits Scheme funds a few nutritional supplements and HEN formulas. If you can get what you need through the Pharmaceutical Benefits Scheme, we won't fund it.

Learn more about the Pharmaceutical Benefits Scheme.

How do we decide what nutrition supports we fund?

All NDIS funded supports must meet the NDIS funding criteria.

Nutrition supports are one type of disability-related health supports we may fund.

Learn more about how we decide what disability-related health supports we fund.

You can also learn more in our Would we fund it guide – food and meal preparation.

What types of nutrition supports do we fund?

If you need help to manage your nutrition because of your disability, we may be able to fund:

- products you use like nutritional supplements, thickener products and HEN formula

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- a support worker to help manage your HEN or PEG, if you, your family, or carers can't do this
- support to make sure you stay healthy if you have a PEG or use HEN.

We may also fund a dietitian to create and review a nutritional meal plan for you. Your family, friends or carers may be able to help you prepare meals according to the meal plan. If you don't have family, friends or carers help or they can't help you to prepare meals, we may fund support to help you. We will only do this if your disability affects your ability to understand healthy eating or to eat, cook or prepare meals on your own.

We'll generally fund training for the people who help you with your nutrition support needs if your disability means you have trouble looking after your nutrition yourself. Training could be for a family member, carer, or support worker. The training may include how to help you follow a nutritional meal plan. Or it could be a nurse to train a support worker in how to help with a HEN plan.

If you use HEN or a PEG, we may fund equipment for this including:

- enteral feeding tubes and pumps
- feed bags or bottles
- syringes and giving sets to get the formula into the feeding tube.

If we fund HEN products in your plan, we'll tell you how much funding you have for this in your plan. HEN products will be included in your Core: Consumables budget.

To include funding for nutrition supports, we need evidence from your dietitian or another suitably qualified health professional. Evidence could be your nutrition plan which shows how the supports will meet your individual nutrition needs. Your dietitian can also use our Nutrition and dysphagia assistive technology assessment template or write their own report.

Your nutrition supports will need to be regularly reviewed to make sure they continue to meet your individual nutrition needs. Your dietitian will recommend how often they will review your nutrition. For each review, we may fund a dietitian to reassess and update your nutrition plan.

We won't fund nutrition supports for health issues that are not related to your disability. This includes:

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- weight loss
- eating disorders
- food allergies
- diabetes
- cardiovascular disease
- renal disease
- polycystic ovarian syndrome
- irritable bowel syndrome.

You can get support for these health issues through health and other systems.

What if you need nutritional supplements or home enteral nutrition?

Food is an everyday cost which most Australians pay for, whether they have a disability or not.[4] However, your disability may mean you have trouble getting everything you need to stay healthy from food or drink.

To help you get the nutrition you need, you may be prescribed nutritional supplements that you eat or drink by a suitably qualified health professional. These supplements increase the amount of nutrition you get in your diet. We may be able to include funding for the prescribed nutritional supplements in your plan. The supplements need to be related to your disability.

You may use HEN instead of eating food and drink orally. This could be the only way you get the nutrition you need. Or you could also eat some of your food and drink orally. We may include funding for HEN formula in your plan. We may do this if you get all or part of your nutrition from HEN. Your dietitian and medical team will work out the best way for you to get the nutrition you need.

We'll use reports from a suitably qualified health professional to work out if nutritional supplements or HEN meet the NDIS funding criteria for you. A suitably qualified health professional will most likely be your dietitian. They can use our Nutrition and dysphagia assistive technology assessment template or write their own report.

You can learn more in our Would we fund it guide – home enteral nutrition.

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If you have trouble swallowing because of your disability, you may need thickener products. Thickener products thicken food or fluids to help you to swallow, eat and drink safely. A speech pathologist will recommend the type and amount of thickener you need.

What if you need help to manage your nutrition?

Your disability may mean you need help to manage your nutrition. We may be able to fund this support. This generally can include a qualified dietitian to:

- create and review a nutritional meal plan for you
- train the people who support you in your nutrition support needs, such as a family member, carer, or support worker.

If you have a PEG, we may fund a registered nurse to help with the care of it and your HEN. We would need evidence that describes why you need a registered nurse and what they will do. Where we can, we'll generally fund a nurse to train a family member or a support worker in your individual nutrition support needs.

We may be able to fund a support worker if you have trouble looking after your PEG or HEN. The support worker can help with cleaning your PEG and the area where it enters your body. We may also be able to fund a support worker to help with meal preparation if your disability means you can't do this yourself. Learn more in What if you need help to prepare meals?

We can only fund these supports if they meet the NDIS funding criteria for you.

What if you need help to prepare meals?

Some people may need support to understand healthy eating or to prepare healthy food due to their disability. Some people may need support with both. This could be because of physical, cognitive, or psychosocial disability.

When we decide support for meal preparation meets the NDIS funding criteria, you can get this support in 2 different ways.

Disability Support Worker

When you need a support worker to help you with your daily living tasks this might include meal planning, shopping, and meal preparation. This funding will be part of your core budget.

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We'll only include funding for a support worker in your plan if you can't do these tasks independently because of your disability and if it's not reasonable to expect friends and family to do this or they aren't able to.[5] A support worker can help you to build your skills so you can start to prepare more of your own meals.

Prepared and delivered meals

You may need to access prepared and delivered meals for a limited time. You can use your funding for meal preparation supports flexibly to pay for a pre-prepared and delivered meal service. Learn more about using your meal preparation supports flexibly.

For us to include funding in your plan for help to prepare meals it must meet the NDIS funding criteria. Generally, we'll fund supports that will help you learn how to do these tasks yourself over time. However, we know some participants may always need help with meal preparation. Supports for meal preparation will not be reasonable and necessary for everyone though.

To work out how much meal preparation funding to include in your plan, we'll think about:

- what supports you currently have to prepare meals
- how much time a support worker would need to help you to prepare meals. If we include this support to help you become more independent, this will usually reduce over the length of your plan.
- whether you are expecting any changes where your friends, carers or current support workers will be unable to help prepare meals for a period of time
- what participants with a similar situation to you have in their plan.

We'll also think what programs are available in the community to help you prepare meals.

If other supports in your plan already help you with meals, we generally won't include funding for help with meal preparation. Other supports which help with your meals could be supported independent living, short or medium-term accommodation or daily assistance.

When we work out how much meal preparation funding to include in your plan, we won't include the cost of food or ingredients. Food is an everyday living cost for everybody, whether they have a disability or not.[6] You'll need to pay for the food yourself.

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If we include meal preparation supports in your plan, you can choose which provider you want to help you learn how to prepare your meals. You can decide with them how they will provide the support. This funding is in your core budget and is flexible. This means that if you have a temporary change in circumstances and need to have meals prepared and delivered to you instead of using a support worker you can do this without the need for a change to your plan. Learn more about using meal preparation supports flexibly.

How can I use my meal preparation support flexibly?

You have some flexibility over how you spend your core supports budget and which providers you get your supports from. If we include meal preparation supports in your plan, we will specify this so you can see how much of your core supports you can use for meal preparation. We'll tell you how much funding you have for this in your plan. Occasionally, you may have a short-term change in your situation, like needing to isolate, which means you need to get this support differently.

You may have funding in your core budget for a support worker to help you prepare meals or shop for groceries. If you do, you may decide to use this funding to have meals prepared and delivered for a limited time instead.

You'll need to think about the best way to use the funding in your plan. You need to spend your NDIS funding as described in your plan.[7] This means if we haven't specified meal preparation in your plan then you won't be able to purchase this support. If we include funding for meal preparation so you can build your skills in planning and preparing healthy meals, you will need to buy supports that help you do this. If you only buy meal delivery this won't help you build your skills. We'll talk to you about how your supports have helped you build your skills when we reassess your plan.

You can only use funding from your core budget for support with meal preparation if we agree it meets the NDIS funding criteria and we include it in your plan. You may not have funding for meal preparation in your plan. If you don't and use your core funding for a support worker to help prepare meals or for meal delivery, it's likely you'll run out of funding. We won't add extra funding to your plan if this happens. To learn more about how to get the most out of your plan, go to Our Guideline – Your Plan.

You may decide to use your support flexibly in different ways and have meals prepared and delivered to you, if:

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- you are diagnosed with an infectious disease which means you need to isolate or reduce your contact with others.
- the people who usually support you to prepare meals are unavailable for a short period of time - for example, if family members who help you go into hospital.
- you have been recently discharged from hospital or are recovering from an illness and need temporary nutrition support while you arrange for help from support workers.
- you have been unable to find someone else to help you prepare meals during these periods.

We don't need a quote for you to use funding from your core budget like this. But you can't use your funding to cover the cost of food, only to have the meals prepared and delivered. Remember food is an everyday living cost for everybody, whether they have a disability or not, so we won't fund the cost of food or ingredients.[8] We can only fund the preparation and delivery supports you need due to your disability support needs.

Providers may ask you to pay for the food and ingredients before the meals are prepared and delivered. You can ask providers to separate the cost of food from the total cost when you discuss the total cost for meal preparation and delivery. If you use the funds in your core budget flexibly to purchase meal preparation and delivery, you can claim:

- 100 percent of the invoice if the provider has removed the cost of food
- 70 percent of the invoice if the provider includes the cost of food in the total cost.

If your plan is managed by us, you will only be able to use a registered provider to arrange a support worker to help you at home, or to have meals prepared and delivered. If your plan is self-managed or plan-managed, you can choose to use either a registered or unregistered provider to deliver this support.

When considering a provider, you should ask whether the meals provided are meeting the standards of the Australian Dietary Guidelines.

To learn more, speak to your my NDIS contact or support coordinator.

If your nutrition support needs change significantly, you should contact us. Let us know about new reports or assessments you have. If we decide your plan isn't meeting your needs, we can do a plan reassessment.

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Learn more about changing your plan.

How do you get nutrition supports in your plan?

Do you need to give us evidence for nutrition supports?

Yes. To get nutrition supports in your plan, you need to give us evidence which helps us understand the disability related support you need. Talk to your my NDIS contact or support coordinator to work out what evidence we need. Learn more about the evidence we need before we create your plan.

You can give us any new information or evidence about your support needs when you get it or anytime we talk with you.

This could be a detailed report from your dietitian which includes any nutritional meal plans for you. Or it could be a report from another suitably qualified health professional which explains why you need a nutrition support.

Along with other evidence we will also ask you about your nutrition support needs. We'll want to know what supports you currently use and how often you use them. We'll also want to know who provides the supports. For example, family and friends, a support worker or dietitian. We may also ask if you are expecting any change in who provides your supports.

You can tell us about any disability-related nutrition supports you may need but are not using. For example, if you expect there will be a change in your carer arrangements.

We use all of this information to decide if nutrition supports meet the NDIS funding criteria. If they do, we'll work out the amount of disability-related nutrition support to include in your plan.

Some supports you request may be better funded by another service system. Where we can, we will link you to other services for these supports, including the health system.

What if you don't agree with our decision?

If we decide nutrition supports don't meet our NDIS funding criteria, we can't include them in your plan. We'll explain our decision and give you written reasons why we made the decision.[9]

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If you don't agree with a decision we make about nutrition supports, you can ask for an internal review of our decision.[10] You'll need to ask for an internal review within 3 months of getting your plan.[11] Learn more about reviewing our decisions.

What happens once you have nutrition supports in your plan?

Once you have nutrition support funding in your plan you can use it to get the nutrition products or help you need. Your plan will describe how you can use your funding to get nutrition supports. We will also talk to you at your plan meeting.

If you need help to use the funding, talk to your my NDIS contact or, support coordinator. Learn more in Our Guideline - Your Plan or the Using Your Plan webpage. You can also go to What happens once you have Disability-related health support funding in your plan?

Reference list

[1] NDIS (Supports for Participants) Rules 2013 r 7.5(b).
[2] NDIS Act 2013 s 34(1)(f).
[3] NDIS (Supports for Participants) Rules r 7.5(b).
[4] NDIS (Supports for Participants) Rules r 5.1(d).
[5] NDIS Act 2013 s 34(1)(e).
[6] NDIS (Supports for Participants) Rules r 5.1(d).
[7] NDIS Act 2013 s 46(1).
[8] NDIS (Supports for Participants) Rules r 5.1(d).
[9] NDIS Act s100(1).
[10] NDIS Act s 100.
[11] NDIS Act s 100(2).

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The contents of this document are OFFICIAL: SENSITIVE.

Disability-related health supports

Quick summary: Disability-related health supports are health supports that relate to the things you can and can't do because of your disability. If you need help to manage a health condition because of your disability, we may fund disability-related health supports to help you manage that condition. This could include expert training for you or your support providers. NDIS supports could also include someone to provide some disability-related health supports for you and some specific types of equipment. We can't fund supports to treat your health condition. The Australian health system provides health services to everyone for illnesses or chronic health conditions.

Note:

- When we say 'your plan', we mean your NDIS plan.
- If you're aged between 9 and 65 years and are looking for information about community connections, go to Our Guideline – Community Connections.
- If your child is younger than 9 and you're looking for information about early connections, go to Our Guideline – Early Connections.
- As part of the recent changes to the NDIS laws we are moving towards a new framework for planning. Rules need to be developed for this new framework. We're working on how and when we'll introduce these changes.

  Until then, the information in this Our Guideline is about our 'old framework' for planning, which include the legislative changes that became operational when the law commenced. All current plans will be known as 'old framework' plans, and we will continue to develop these until all participants have transitioned to the new framework.

What's on this page?

This page covers:

- What do we mean by disability-related health supports?
- What help can you get through the health system or other services?
- How do we decide what disability-related health supports we fund?

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- What if you need someone with specific training to provide the NDIS support you need?
- How can you get disability-related health supports if you already have a plan?
- What happens once you have disability-related health supports in your plan?
- What if you don't agree with our decision?

You might also be interested in:

- What principles do we follow to create your plan?
- Continence supports
- Diabetes management supports
- Dysphagia supports
- Nutrition supports including meal preparation
- Podiatry and foot care supports
- Wound and pressure care supports
- Assistive technology
- Mainstream and community supports

What do we mean by disability-related health supports?

All Australians have an equal right to access the health system, whether or not they have a disability. The Australian health system provides health services to treat illnesses or health conditions.

You might need a disability-related health support if your disability:

- causes one of the health conditions listed in this Our Guideline, or
- you need help to manage one of the health conditions listed in this Our Guideline.

We'll only fund a disability-related health support if it's an NDIS support that relates to your disability. NDIS supports are the services, items and equipment we can fund or provide under the NDIS.[1]

When we make decisions about what disability-related health supports we fund, we consider the principles we follow to create your plan. These principles explain how we make sure you get the reasonable and necessary supports you need. These are the NDIS supports we can

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fund based on NDIS laws. You can use the funding in your plan to buy NDIS supports if they are related to your disability and are in-line with your plan.[2]

Disability-related health supports may be funded for:

- someone, such as a support worker, to provide your disability-related health supports
- training for your support workers or other people who support you such as family or friends, where appropriate
- consumables – the things you use to manage your condition. For example, continence products, dressings, or food products for your PEG.

We may also fund some assistive technology as a disability-related health support. When we talk about assistive technology, we mean equipment, technology and devices that help you do things you can't do because of your disability. This could include:

- pressure care cushions or a mattress, if you need regular care to prevent wounds or pressure sores because of your disability
- a cough assist machine, if you need support to maintain your respiratory health because of your disability.

Learn more about What does NDIS fund?

What are the disability-related health support areas?

The types of disability-related health supports we may fund are[3]:

- **Dysphagia supports:** if you have trouble eating, drinking, or swallowing.
- **Diabetes management supports:** if you need extra help to manage your diabetes. For example, testing your blood sugar level because you can't do this on your own.
- **Continence supports:** if you need products to manage your incontinence or someone to help you with toileting.
- **Wound and pressure care supports:** if you have slow to heal wounds. This happens when you have a condition that results in swollen arms or legs, or ongoing loss of feeling in your body and you need skin, wound and pressure care.
- **Respiratory supports:** if you need support, care and planning to help you breathe properly.
- **Nutrition supports including meal preparation:** if you need help with the way you eat. Or, understanding the food you need to look after your health.

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- **Podiatry and foot care supports:** if you need assessment and development of a care plan to help look after your feet, ankles and lower limbs.
- **Seizure supports:** if you need help to monitor and manage seizures when they occur.
- **Supports for accessing health or mental health services:** if you have complex communication needs or behaviours.
- **Specialist services and supports:** if you have a recently acquired severe condition, like a spinal cord or severe acquired brain injury.
- **Training for support workers, family and friends:** to provide support where appropriate.

You may need other disability-related health supports not covered in this list. Talk to your my NDIS contact, support coordinator or recovery coach about what you need. If it's not an NDIS support, we can help find a service to support you.

What help can you get through the health system or other services?

What services are provided through the Australian health system?

The Australian health system provides services to anyone who needs help to manage their health. These services are called mainstream services. They are available to everyone, whether or not they have a disability.

Under NDIS laws, there are things we can't fund or provide.[4] These include supports related to health, such as:

- the diagnosis, early intervention and clinical treatment of health and dental health conditions, including ongoing or chronic health conditions[5]
- diagnostic assessments and screening services
- time-limited, recovery-oriented services and therapies
- medicines, including prescription and non-prescription medicines
- equipment and assistive products needed as part of clinical care and unrelated to a person's disability
- services or supports to manage a health condition that isn't related to your disability

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- surgical services or procedures related to aids and equipment
- clinical services delivered through public or private hospitals
- ambulance and health transport services
- nursing services related to the treatment of a health event
- hospital in the home services
- child and maternal health services provided by the health system
- end-of-life and palliative care.

Learn more about supports that are not NDIS supports.

There may also be other specialist health services that are available to manage your health or treat a health condition. You may need private health insurance to pay for these things yourself.

If you need help to manage your health or a health condition you should talk to your doctor first. If you need help to link to a doctor in your area, talk to your my NDIS contact, support coordinator or recovery coach.

What services can you get through Medicare?

Medicare helps all Australians with the costs of their health care. You may be able to access Medicare to help pay for services to manage your health and chronic health conditions, such as diabetes, heart disease or arthritis.

If you have a health condition you should talk to your doctor first. They can link you to health services that are paid for through Medicare. You can continue to access health services from Medicare, even when you're an NDIS participant.

If you have a long-term health condition you should get treatment and services you need through Medicare. For example, if you have asthma you would need to see your doctor for treatment. Your doctor would tell you what medications you may need and give you information about living with asthma.

What services can you get through the Pharmaceutical Benefits Scheme?

The Pharmaceutical Benefits Scheme provides access to necessary medicines for Australians. It covers the costs of medicine for most medical conditions. If you need medicines the Pharmaceutical Benefits Scheme provides you should see your doctor, who will prescribe what you need.

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You can't use your NDIS funds to buy any medicines or pay the gap for medicines covered under the Pharmaceutical Benefits Scheme. If a medicine isn't covered under the Pharmaceutical Benefits Scheme, you will need to pay for this yourself.

Talk to your doctor or pharmacist to find out more about the Pharmaceutical Benefits Scheme.

What if you go into hospital?

While you're in hospital, hospital staff are responsible for providing your care.[6] For example, helping you with personal care or to take your medication.

If you have a support worker who visits you at home, you can't use your NDIS funds to pay for them to visit you or care for you while you're in hospital. If you have a care plan that sets out your personal care needs, you can give this plan to hospital staff. They can then adapt and follow these plans while you're in hospital to provide this support.

If you have a disability, you have the right to the same health care as all Australians. The health system needs to adapt its services to meet your disability needs. For example, if you go into hospital, then it's the hospital's responsibility to meet your disability-related support needs during your hospital stay.

In some cases, if you have complex communication needs or challenging behaviours, we may fund supports for you while you're accessing health services or in hospital.

If you have funding for a support coordinator or recovery coach, this support can continue while you're in hospital. Your support coordinator or recovery coach can help you prepare for discharge from hospital. They can also help set up any supports you may need when you leave hospital.

Your my NDIS contact, support coordinator or recovery coach will work with the hospital as part of the discharge summary the hospital provides.

Example

Abdul has autism. He had severe pain in his stomach and went to the emergency department at his local hospital. The doctor said the pain was from appendicitis. Abdul stayed in hospital to get his appendix removed.

Abdul's support worker took Abdul's communication and behaviour support plan to the hospital. The support worker helped to get Abdul settled and explained Abdul's communication and support needs to the hospital staff. The hospital staff followed Abdul's care plans and provided his personal care while he was in hospital.

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After the surgery Abdul stayed overnight and left hospital the next day. Over the next few days Abdul had a check-up with his doctor. A nurse also visited him at home to check his wound and give him antibiotics. Abdul's local health system provided these services.

Are you an NDIS participant living in residential aged care?

If you're an NDIS participant living in residential aged care, your aged care provider is responsible for your disability-related health supports.

Learn more about supports we fund for people living in residential aged care.

Do you have high electricity costs from running medical equipment?

Some disability-related medical equipment we fund may use more than the average amount of electricity. You can't use your NDIS funds to pay for your electricity costs.

Talk to your my NDIS contact, support coordinator or recovery coach if you need help to access another government scheme to help pay for your high electricity costs.

Do you need oxygen?

Oxygen support and related equipment are not the responsibility of the NDIS to fund. Your state or territory is responsible for providing you with oxygen supply and related equipment.

Talk to your my NDIS contact, support coordinator or recovery coach if you need help to link to your state or territory oxygen scheme listed below.

Australian Capital Territory Oxygen Scheme

New South Wales Health Oxygen Scheme

Northern Territory Oxygen Scheme

Queensland Health Oxygen Scheme

South Australia Oxygen Scheme

Tasmanian Health Oxygen Scheme

Victorian Health Oxygen Scheme

Western Australian Health Oxygen Scheme

What if you are in custody?

If you're in custody, for example in prison, a youth detention centre or other setting ordered by the court, the justice system provides your day-to-day care and support needs. This

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includes your health support needs.[7] Any disability-related health supports and personal care you need should be provided by the facility you're in.

Talk to your my NDIS contact, support coordinator or recovery coach if you're about to be released from custody. We can support your disability-related needs for your transition back into the community.

Learn more about supports when you're in the justice system.

How do we decide what disability-related health supports we fund?

We can only include NDIS supports in your plan if they meet all the NDIS funding criteria.[8]

The following questions are a good starting point to work out if we can fund a disability-related health support:

- Is the support related to your disability?[9]
- Is the support value for money?[10]
- Is the support effective and beneficial for you? [11]

When we think about what NDIS supports to include in your plan, we'll also look at what other supports you get through the health system and other mainstream and community supports. Your my NDIS contact, support coordinator or recovery coach will work with you and other services to help you get the support you need.

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

Learn more about how we include the reasonable and necessary supports in your plan.

Is the support related to your disability?

We'll only fund disability-related health supports if you need them because your disability:

- causes the health condition, or
- you need help to manage the health condition.

The NDIS supports we fund should help you to manage or reduce the impact your disability has on your day-to-day life. They should help you be more independent and do things like see your friends or go to work.

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You can ask yourself, 'If I didn't have my disability, would I need this health support?' If the answer is 'No', then it's probably disability related. If the answer is 'Yes, I would need this even if I didn't have a disability', then it's unlikely to be disability related.

Example

Clive falls over and cuts his hand. He goes to the emergency department of his local hospital to get stitches. The hospital tells him to see his local doctor to get the dressing changed. This must be done every 2 days, and the stitches need to be removed after 4 weeks when it's fully healed.

Clive wants the NDIS to fund a nurse to come to his home to change the dressing and remove the stitches. This is not an NDIS support because the wound care is not related to Clive's disability. The health system will provide for all medical and health care needs for this injury.

Example

Maria had a stroke 5 years ago and is now an NDIS participant. Maria needs support to move around at home and carry out her personal care by herself. She also needs support from a speech pathologist so she can swallow and eat safely.

Maria uses a walking stick, grab rails or chair arms to move around at home by herself. She uses a shower chair to shower and dress by herself. She also gets support and exercises to do from a speech pathologist. This helps her reduce the risk of food or fluids entering her airway when eating and helps her maintain her swallowing. We fund these supports for Maria because they are NDIS supports that relate to her disability.

Maria then becomes unwell with an infection in her lungs. She goes into hospital for 3 weeks for treatment. Maria recovers from the infection. But while she is sick and in hospital, she loses some of her ability to move around, shower and care for herself.

After hospital, Maria moves to her local rehabilitation service to get physiotherapy and occupational therapy for 2 weeks. The rehabilitation service helps Maria to move around and care for herself again. After her stay at the rehabilitation service, Maria goes home and has visits from her community health rehabilitation service for another 4 weeks. These services are provided by Maria's local health system. After Maria's 4-week rehabilitation at home, her occupational therapist recommends a new support so she can continue to move around her house and carry out her personal care by herself. We'll fund this support as it's an NDIS support related to her disability.

Is the support value for money?

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All supports we fund under the NDIS need to be value for money.[12] This means the cost of the support is reasonable when we consider the benefits of the support and the cost of other supports.

When we decide if a support is value for money, we think about:

- whether it's cheaper to buy or rent the equipment
- who is the most appropriate person to deliver the support, for example a family member, support worker or nurse
- whether there is another lower-cost support that would get the same result.

We'll also look at whether the support will benefit you in the long-term. We'll also look at if it will allow you to be more independent and reduce your supports in the future.[13]

Example

Hannah is 28 years old and lives with Down syndrome and diabetes. She needs to test her blood sugar level daily with a finger prick test but due to her disability, she is unable to do this herself. She is about to move into her own home and will have some help each day from a support worker.

Hannah would like her support worker to be able to help her safely test her blood sugar level. Hannah has funding included in her plan so that her support worker can be trained to safely test her blood sugar level instead of a nurse.

This is value for money because Hannah's support worker is already visiting each day. It isn't reasonable and necessary to fund a nurse to come each day as well. This is because Hannah's support worker can safely help with testing Hannah's blood sugar level.

Is the support effective and beneficial for you?

We have to make sure the disability-related health support is effective.[14] This means it'll do what you need it to do. We also have to think about whether it's beneficial.[15] This means it will work and make things better for you, or it will help you do more things by yourself.

We also think about your experience. For example, we look at whether you've used the disability-related health support before and how it worked for you in the past. Or, how effective the supports have been for other people with similar needs to you.

Learn more about reasonable and necessary supports.

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What if you need someone with specific training to provide the NDIS support you need?

For some disability-related health supports, you might need someone who is trained to deliver the support you need. For example, you might need someone who is trained to help you to eat safely or re-position you to prevent pressure areas and wounds. This may be someone such as a support worker or a physiotherapist.

Who will we fund to provide your NDIS supports?

There are some types of disability-related health supports only an appropriately qualified practitioner can provide. This could be a nurse or a qualified therapist.

For example, only a nurse can change a urinary catheter or teach a support worker to provide a feed safely using a percutaneous endoscopic gastrostomy (PEG). If you need a specific person to deliver a support, we'll fund the person who has the most appropriate skills to do this.

Do we fund training for someone else to provide your NDIS supports?

Yes. For some disability-related health supports, a support worker, family member or friend may be able to provide your supports. If someone else can support you with your disability-related health support needs, we may provide funding for a qualified practitioner to train them.

For example, a registered nurse can train your support worker, family member or friend to prevent pressure sores and wounds.

We'll fund training for the person who has the most appropriate skills to provide your supports. The person should:

- be trained for that task specifically for you
- have experience in that task
- be competent to provide the support.

Think about who you would like to provide your disability-related health supports. We can fund their training, but this will depend on:

- your individual needs and the type of support to be delivered
- where the support is provided
- any rules your state or territory has about who can provide the support

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- whether the support you need requires someone who has specific skills and qualifications
- whether the support is value for money compared to other options.

What is registered nurse delegation and supervision of care?

For many disability-related health supports, a registered nurse may be able to train and delegate key tasks. This training could be given to a support worker or enrolled nurse if a family member, friend or carer can't do it. This trained worker would directly provide you with the disability-related health support when they are competent in the task. This is called 'delegation and supervision of care'. It means that a trained person, such as a support worked or enrolled nurse will complete the task for you, instead of a registered nurse.

How do we know what tasks can be delegated?

First, we'll need to know if the disability-related health support you need can be done by a family member, friend, or carer. If not, it might need to be delegated to another person. If you're about to leave hospital, we'll get this information from your discharge summary or your most recent nurse care plan. These are completed by your treating clinician or a registered nurse.

The discharge summary or nurse care plan should outline:

- what tasks need to be provided
- who has the most appropriate skills to provide the care
- your individual needs
- the complexity of tasks
- any risks associated with the tasks.

It is the registered nurse who must decide if a task can be delegated or not, as they remain responsible for the care being provided.

A registered nurse can't delegate a task if your health needs are inconsistent or likely to change. Also, some tasks can't be delegated and will need to be done by a registered nurse. For example, daily tracheostomy tie and dressing changes.

What remains the responsibility of the registered nurse?

When a registered nurse delegates a task, they retain responsibility for the tasks being provided. Before a registered nurse can delegate a task to someone else, they must make sure the person is trained specifically to meet your support needs and competent to do that

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task. They must also be available for direct and indirect supervision of the person doing the task.

It is the responsibility of your NDIS provider to make sure support workers have the current skills and knowledge to support your needs. Any training provided must be documented and regularly audited.

We'll include enough funding in your plan for a registered nurse to complete the following delegation of care and supervision tasks:

- create a health assessment
- create a care plan and update as needed
- deliver training to support workers
- complete an assessment at different locations, such as a school or workplace, if needed
- ongoing supervision.

The registered nurse must also decide who has the most appropriate skills to do a task. The nurse care plan should outline this. We'll fund the person with the most appropriate skills to do the task, as outlined in the nurse care plan, or discharge summary.

What level of support do you need?

Once we know the task can be delegated, we'll need to decide what level of support you need. This is to make sure we include enough funding in your plan for the registered nurse to assess, train and supervise the worker doing the delegated task.

There are two levels of support:

- Standard
- High intensity

Standard supports

If your disability-related health support needs are not identified by the NDIS Practice Standards and Quality Indicators as 'High Intensity Daily Personal Activities' you would generally have a support worker with standard support skills.

High intensity supports

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High intensity supports are provided if your disability-related health supports are identified by the NDIS Practice Standards and Quality Indicators as 'High Intensity Daily Personal Activities'.[16] These are:

- complex bowel care
- enteral feeding and management
- severe dysphagia management
- tracheostomy care
- urinary catheter management
- ventilator management
- subcutaneous injections, for example diabetes management
- complex wound management.

We include enough funding for a support worker for the times when you receive the support. The support worker will be trained by the registered nurse and provide the delegated tasks. We decide this based on your situation, any risks identified, and the nature of support needed. Usually, we fund a mixture of high intensity and standard supports.

For the times you access supports that don't meet 'High Intensity', the support will be funded at the standard rate.

Learn more about High Intensity Supports in our NDIS Pricing Arrangements and Price Limits.

Example

Neil is 43 years old and lives with Down syndrome. Neil also has type 2 diabetes which medical reports show is stable. He requires 3 insulin injections per day to manage his diabetes. He lives in Supported Independent Living (SIL) and receives 24/7 support at a standard level for personal care, meal preparation and access to the community.

Due to his intellectual impairment Neil cannot inject insulin by himself and needs assistance with his insulin injections.

Under the registered nurse delegation of care model, we'll fund a support worker at the higher intensity support level 3 times per day to administer insulin. This high intensity support will be funded as a drop-in support, and the rest of Neil's support needs will be provided at a standard level.

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Support workers should have the right skills and knowledge to support you if you need high intensity support.

Learn more about high intensity support skills in the NDIS Practice Standards: High Intensity Support Skills Descriptors.

What about disability-related health supports for children?

Generally, families or carers are responsible for their child's daily support needs, including health needs. We may fund disability-related health supports in your child's plan if they need substantially more help with health care than a child of the same age without a disability.[17] As with adults, all disability-related health supports for children need to meet the NDIS funding criteria. If your child needs a disability-related health support, we'll think about:

- your child's individual situation
- your capacity to provide support and any risks to your wellbeing if you provide support
- what informal supports are available
- what is reasonable for family and informal supports to provide
- what mainstream and community supports are available.

The health system provides health services and check-ups for newborn babies and young children. This will often be through your midwife or a maternal and child health nurse. Talk to your my NDIS contact or support coordinator if you need help to link to your local child health services.

Example

Rita is 11 years old and lives with Spina Bifida. Rita is incontinent and requires intermittent catheterisation to manage this. Before starting high school, Rita wants to become more independent in managing her urinary incontinence through self-catheterisation.

We will fund a comprehensive continence assessment conducted by a Clinical Nurse Consultant (CNC). This will outline the supports Rita will need to support her goal of becoming independent in self-catheterisation.

In addition, we may also fund a registered nurse to support Rita to build her skills in managing her urinary incontinence.

How can you get disability-related health supports if you already have a plan?

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If your situation has changed, or you think your current plan doesn't have enough funding for the disability-related health supports you need, you can ask for a change to your plan.[18] Learn more about changing your plan.

We might be able to consider your request before the reassessment date in your plan. The information we'll need depends on the type of supports you need. If you've had an assessment, you can send this to us to start this process. For some supports, you might also need to get a quote. We'll let you know if this is the case.

Talk to your my NDIS contact, support coordinator or recovery coach who will be able to help you with the next steps.

Do you need to provide us with evidence?

Yes. To get disability-related health supports in your plan, you need to give us evidence. This helps us understand the disability-related health supports you need.[19] Talk to your my NDIS contact, support coordinator or recovery coach to work out the evidence we need.

You can also learn more in our Factsheet - What evidence you need to give us before we create or change your plan.

You can give us any new information or evidence about your support needs when you get it or any time we talk with you.

Your health care provider or allied health practitioner should give you information about:

- the type and amount of support you need
- how the support relates to your disability
- how this support is effective and beneficial for you
- who is the most appropriate person to provide the support
- where the support will be provided.

We'll let you know if we need more information, and what we need.

Your request for a disability-related health support may be for assistive technology, like equipment and technology. If this is the case, we have assistive technology assessment templates to help you or your assessor provide us with the information we need.

Learn more about completing an assistive technology assessment.

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What happens once you have disability-related health supports in your plan?

Once you have disability-related heath support funding in your plan, you can use your funding to get the NDIS supports you need, in line with your plan. If you need help to use your funding, talk to your my NDIS contact, support coordinator or recovery coach.

Learn more about using the funding in your plan in Our Guideline – Your plan.

Your provider will need to make sure they or their workers have the current skills and knowledge to provide the supports you need.

You should speak directly with your provider if you're concerned about the quality or safety of the supports you receive from them. If you're still not satisfied with the quality of the supports you're receiving, you're entitled to lodge a complaint through the NDIS Quality and Safeguards Commission.

Learn more about NDIS provider responsibilities in the NDIS Practice Standards: High Intensity Support Skills Descriptors.

What if you don't agree with our decision?

If we decide disability-related health supports don't meet the NDIS funding criteria, we can't include them in your plan.

We'll give you written reasons why we made the decision.[20] You can contact us if you'd like more detail about the reasons for our decision.

If you don't agree with a decision we make about disability-related health supports, you can ask for an internal review of our decision.[21]

You'll need to ask for an internal review within 3 months of getting your plan.[22]

Learn more about reviewing our decisions.

Version control

Version	Amended by (login ID)	Brief Description of Change	Status	Date
6.0	AT0022	EL2 Class 1 Approval	APPROVED	2024-12-05

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7.0	CS0074	Class 1 approval Update to remove the term 'impairment' and return to pre-legislation change language where we say we fund supports which relate to the participant's disability.	APPROVED	2025-04-07

Reference list

[1] NDIS Act s 10.
[2] NDIS Act s 34(1)(f).
[3] NDIS Act s 10.
[4] NDIS (Getting the NDIS Back on Track No. 1)(NDIS Supports) Transitional Rules 2024.
[5] NDIS (Getting the NDIS Back on Track No. 1)(NDIS Supports) Transitional Rules 2024 sch 2.
[6] NDIS (Supports for Participants) Rules rr 3.5, para 7.5(b).
[7] NDIS (Supports for Participants) Rules r 7.5(a).
[8] NDIS Act s 34(1).
[9] NDIS Act s 34(1)(aa).
[10] NDIS Act s 34(1)(c).
[11] NDIS Act s 34(1)(d).
[12] NDIS Act s 34(1)(c).
[13] NDIS (Supports for Participants) Rules r 3.1(d).
[14] NDIS Act s 34(1)(d).
[15] NDIS Act s 23(1)(d).
[16] NDIS Practice Standards: High Intensity Support Skills Descriptors December 2022.
[17] NDIS (Supports for Participants) Rules r 3.4(a)(ii).
[18] NDIS Act ss 47A; 48.
[19] NDIS Act s 34(1)(aa).
[20] NDIS Act s 100(1).
[21] NDIS Act s 100.
[22] NDIS Act s 100(2).

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Dysphagia supports

Quick summary: The Australian health system provides treatment for dysphagia for everyone. We can only fund dysphagia supports if they're related to your disability. We may fund these NDIS supports if you have trouble eating, drinking or swallowing due to your disability.

Dysphagia supports might include special cutlery or thickener products to help you eat. They may also include a speech pathologist to make a plan, so you can eat and drink safely. If you need someone to help you to eat or drink safely, we may be able to fund that as well.

Note:

- When we say 'your plan', we mean your NDIS plan.
- When we say 'disability support needs', we mean supports you need for the impairments that meet the disability or early intervention requirements, or both.[1]
- As part of the recent changes to the NDIS laws we are moving towards a new framework for planning. Rules need to be developed for this new framework. We're working on how and when we'll introduce these changes.
- Until then, the information in this Our Guideline is about our 'old framework' for planning, which includes the legislative changes that became operational when the law commenced. All current plans will be known as 'old framework' plans, and we will continue to develop these until all participants have transitioned to the new framework.

What's on this page?

This page covers:

- What do we mean by dysphagia supports?
- What help can you get to manage your dysphagia through the health system or other system?
- How do we decide what dysphagia supports we fund?
- What types of dysphagia supports do we fund?
- How do you get dysphagia supports in your plan?
- What happens once you have dysphagia supports in your plan?

You might also be interested in:

- Disability-related health supports

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- Nutrition supports including meal preparation
- Mainstream and community supports
- What does NDIS fund?
- Would we fund it – Enteral feeding

What do we mean by dysphagia supports?

Dysphagia is the medical term for when you find it hard to, or can't, swallow. It can mean you have trouble eating, drinking or swallowing on a daily basis.

Anyone of any age may experience dysphagia, including young children. You're more likely to experience dysphagia if your disability affects your brain, spinal cord or nervous system.

Dysphagia supports we can fund include:

- low-cost assistive technology – this means equipment, technology, or devices to help you eat and drink
- thickener products
- help to prepare specific foods which you can safely eat
- a support worker to help you eat or drink safely if you can't do this yourself because of your disability.

To help you manage dysphagia, we may also fund a speech pathologist to:

- make a mealtime management plan, sometimes called an oral eating and drinking care plan, which describes how you can eat and drink safely
- train your support workers, family or carers in your specific disability-related dysphagia support needs.

Dysphagia supports are what we call disability-related health supports. We can only fund these NDIS supports if they relate to your disability and help you do activities involved in day-to-day life.[2]

Learn more about what we mean by disability-related health supports.

If you have dysphagia you should talk to your doctor first. They can link you to health services that are paid for through Medicare. You can continue to access health services from Medicare, even if you're an NDIS participant.

Learn more about the help you can get through the health system or other services.

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What help can you get to manage your dysphagia through the health system or other services?

The Australian health system provides dysphagia support services that are available to everyone, whether or not they have a disability.

Government and community services must make sure all Australians, including people with disability, have access to their supports. We call these supports mainstream and community supports. The NDIS was set up to work alongside government and community services, not replace them. Learn more about Mainstream and community supports.

What help can you get through Medicare?

Medicare helps all Australians with the costs of their health care. Medicare will help pay for services to test and diagnose health conditions, such as dysphagia. You may also be able to get short term access to a speech pathologist through Medicare. If your dysphagia gets worse, your speech pathologist or doctor will arrange for you to have tests. The health system is responsible for this. The tests will help to work out what treatment you might need, including if you need to go to hospital. For example, if you develop pneumonia because of dysphagia. The health system will fund these tests and your supports while you're in hospital.

If you don't have dysphagia, but are at risk of developing it, your doctor or allied health professional will keep an eye on that. If they think you may have dysphagia, they'll send you for tests in the health system to confirm this.

If you, or the people that help you, notice any changes in your ability to swallow, you should tell your doctor or speech pathologist.

Learn more about Medicare.

What can you get through the Pharmaceutical Benefits Scheme?

The Pharmaceutical Benefits Scheme (PBS) funds some products you may use for dysphagia, including nutritional drinks and supplements. We may also fund nutritional supports related to your disability, if they're an NDIS support for you.

Learn more about the Pharmaceutical Benefits Scheme.

You might also like to look at Our Guideline – Nutritional supports including meal preparation.

How do we decide what dysphagia supports we fund?

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The laws for the NDIS determine what we can and can't fund. Things we can fund are called NDIS supports. You can use the funding in your plan to buy NDIS supports if they are related to your disability and are in-line with your plan.[3]

Like other NDIS supports, we can only include dysphagia supports in your plan if they meet all the NDIS funding criteria.[4]

Learn more about how we decide what disability-related health supports we fund.

What types of dysphagia supports do we fund?

If you can't manage your dysphagia because of your disability, we may fund:

- a speech pathologist. They can help prepare a mealtime management plan, provide swallowing therapy, or train people to help support you
- low-cost assistive technology
- thickener products
- training for someone to help you eat or drink.

Under NDIS laws, there are things we can't fund or provide.[5] We don't fund:

- supports that aren't related to your disability support needs. For example, temporary dysphagia caused by a short-term illness or surgery, not your disability
- supports you get through the education system, like a teacher who supervises you to eat and drink safely while at school
- supports for dysphagia while you're in hospital. The health system is responsible for providing these.

The health system is also responsible for any tests to diagnose dysphagia.

Learn more about Supports that are not NDIS supports.

What if you need a speech pathologist for your dysphagia support needs?

A qualified speech pathologist must provide some dysphagia supports. You may be able to get short-term help from a speech pathologist through Medicare. We may fund a qualified speech pathologist if you need:

- a mealtime management plan to be prepared or reassessed for you
- swallowing therapy intervention
- a speech pathologist to train the people who support you, such as a support worker, family member or carer.

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A speech pathologist can train the people who support you in places you usually go to. For example, your home, work, day program or school. Learn more in What if you need someone to help you eat or drink?

Your speech pathologist may also recommend low-cost assistive technology or thickener products to help you eat and drink.

What if you need a mealtime management plan?

You may need a mealtime management plan to help manage your dysphagia due to your disability. This may also be called an oral eating and drinking care plan.

A mealtime management plan describes how you can safely eat and drink during mealtimes. This may include recommendations on how to sit and hold cutlery to improve how you eat. Or you may need extra support to make sure food is the right texture to reduce the risk of aspiration or choking. Aspiration happens when you breathe things into your airway, such as food or saliva.

A speech pathologist creates a mealtime management plan for you. They should assess you in the places where you usually eat. For example, your home, school, daycare, work, a family member, or carer's house, or at a day program.

Your speech pathologist should recommend how long it will take to complete these assessments, create the plan, and write any reports you need. We'll use this information to work out how much funding to include in your plan for the creation of a mealtime management plan.

Your mealtime management plan will need to be regularly reviewed and updated if your dysphagia support needs change. This will depend on how much your dysphagia affects you and if it's likely to get better or worse over time. Your mealtime management plan will say how often it needs to be updated. For each review of your mealtime management plan, we can fund a speech pathologist to reassess and update your plan.

You may be at risk of not getting the nutrition you need due to your disability. In this case, you may also need a dietitian to contribute to your mealtime management plan. A dietitian can recommend the foods you need to keep you healthy. If your speech pathologist recommends a dietitian, we may be able to include funding for a dietitian to assess you. We may also include funding for them to write any plans and reports you need.

Learn more about dietitian supports in Our Guideline - Nutrition supports including meal preparation.

What if you need swallowing therapy?

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A speech pathologist may recommend swallowing therapy to help you improve your ability to swallow. Swallowing therapy aims to help you chew food, move food to the back of the throat, and strengthen the swallowing muscles.

Your mealtime management plan should include your swallowing therapy. This will include:

- the specific swallowing strategies or therapy techniques you need to use during mealtimes
- how often you need to use the swallowing strategies or therapy techniques
- whether you need a support worker, carer, family member or friend to help you with the swallowing therapies.

Most people will be able to manage their dysphagia with a mealtime management plan. A speech pathologist will only recommend additional swallowing therapy for you if you need extra help.

You may need a swallowing therapy program when you're gradually changing from enteral feeding to oral feeding. This is called a tube weaning program. The health system provides most tube weaning program supports.

To learn more about enteral feeding, go to What if you need thickener products?

You can also learn more in our Would we fund it – Enteral feeding

What if you need low-cost assistive technology?

Your disability may mean you need low-cost assistive technology to help you eat and drink as independently as possible. Low-cost assistive technology for dysphagia includes things like adaptive cutlery, plate guards, sticky mats and plugs to attach plates to a table.

Low-cost items are easy to set up and use. They are available from local suppliers or non-disability specific retailers.

If low-cost assistive technology meets the NDIS funding criteria for you, we can include it in your plan.

Learn more about low cost assistive technology.

What if you need thickener products?

A speech pathologist might recommend thickener products which thicken food or fluids to help you to swallow, eat and drink safely. Thickener products can be added to most foods and drinks, so you can have a range of food and drink choices. They're the most cost-effective way to thicken food and fluids.

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The amount of thickener you need will depend on the thickness of food or fluid your speech pathologist recommends. Your speech pathologist will assess how thick you need your food and drink to be. The International Dysphagia Diet Standardization Initiative Framework includes four levels of thickness for fluids. These are:

- slightly thick
- mildly thick
- moderately thick
- extremely thick.

The amount of thickener you need will also depend on whether you can take in food orally, which means through your mouth. Or if you feed through enteral feeding.

Enteral feeding is a different way of getting your food and drink at home. It's used when you can't eat or drink through your mouth. It can be a nutritional supplement drink, thickened fluids or a special formula given by a tube into the stomach or bowel.

You may also use a combination of oral and enteral feeding. If you have a combination, you'll generally need smaller amounts of thickener. Your speech pathologist will describe this in the assessment report they develop for you.

We'll use reports from your speech pathologist to work out how much funding for thickeners to include in your plan. Your speech pathologist can use our Nutrition and dysphagia assistive technology supports assessment template or write their own report. This will include the amount of thickener product you need.

Learn more about enteral feeding in Our Guideline - Nutrition supports including meal preparation.

What if you need someone to help you to eat or drink?

You might need someone to help you to eat or drink if you can't do this yourself because of your disability. This could be a family member, carer, friend, or a support worker. If you need support from someone else, we may include funding for:

- a support worker to attend training for up to 2 hours per year on the specific dysphagia support needs described in your mealtime management plan
- training for the people who help you with your day-to-day dysphagia support and care.

We may also include funding for a support worker to help you with:

- your mealtime management plan
- swallowing therapies as recommended by a speech pathologist.

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How do you get dysphagia supports in your plan?

When we think about what dysphagia supports to include in your plan, we'll also look at what other supports you get through the health system and other mainstream and community supports. Your my NDIS contact, support coordinator or recovery coach will work with you and other services to help you get the support you need.

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

Learn more about how we include the reasonable and necessary supports in your plan.

If your situation changes or you think your current plan doesn't have enough funding for the dysphagia supports you need, you can ask for a change to your plan.[6] Learn more about changing your plan.

Do you need to provide us with evidence?

Yes. To get dysphagia supports in your plan, you need to give us evidence that helps us understand the disability-related health supports you need. Talk to your my NDIS contact, support coordinator or recovery coach to work out what evidence we need.

Learn more in our Factsheet - What evidence do you need to give us before we create or change your plan?

You can give us any new information or evidence about your disability support needs when you get it or anytime we talk with you.

We'll ask for your mealtime management plan or other reports or assessments prepared by your speech pathologist, if you have them. These plans or reports should explain how much support you need for your dysphagia. We'll also ask you what dysphagia supports you currently get. We'll want to know who you get the supports from, and how often you use them.

We'll use this information to decide if dysphagia supports meet the NDIS funding criteria for you. If they do, we'll work out the amount of disability-related dysphagia support to include in your plan.

What happens once you have dysphagia supports in your plan?

Once you have the disability-related health support funding in your plan, you can use it to get the dysphagia supports you need. Your plan will describe how you can use your funding to get dysphagia supports. Remember, you can only use your funds on NDIS supports, in-line with your plan.[7] We'll also talk to you at your plan meeting.

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If you need help to use the funding, talk to your my NDIS contact, support coordinator or recovery coach.

You might also like to look at Our Guideline - Your plan.

You can also go to What happens once you have disability-related health support funding in your plan?

What if you don’t agree with our decision?

If we decide dysphagia supports don’t meet the NDIS funding criteria, we can’t include them in your plan.

We’ll give you written reasons why we made the decision.[8] You can contact us if you’d like more detail about the reasons for our decision.

If you don't agree with a decision we make about dysphagia supports, you can ask for an internal review of our decision.[9] You’ll need to ask for an internal review within 3 months of getting your plan.[10]

Learn more about reviewing our decisions.

Reference List

[1] NDIS Act s 34(1)(aa).
[2] NDIS (Supports for Participants) Rules r 7.4.
[3] NDIS Act s 34(1)(f).
[4] NDIS Act s 34(1).
[5] NDIS (Getting the NDIS Back on Track No. 1)(NDIS Supports) Transitional Rules 2024.
[6] NDIS Act ss 47A;48.
[7] NDIS Act s 46.
[8] NDIS Act s100(1).
[9] NDIS Act s 100.
[10] NDIS Act s 100(2).

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Knowledge Article

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Understand disability-related health supports – core supports

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, planner (non-partnered area), local area coordinator and early childhood partner to understand core supports for disability-related health needs.

Recent updates

28 July 2025

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

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)
- Factsheet: Evidence you need to give us before we create or change your plan (external).

You have also read and understood articles:

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- Determine disability-related health supports and meal preparation supports
- Understand disability-related health supports – capacity building supports
- Understand disability-related health supports – capital supports
- Guide – Respiratory supports.

You have:

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

Core supports for disability-related health needs

Use the relevant Our Guideline to work out if core supports for a disability-related health need meet the NDIS funding criteria (external).

This article outlines the broad support types of DRHS we may include in a participant's plan as core supports. You'll see estimated amounts of funding you need to consider for the **Consumables** and **Assistance with daily life** support categories. When you consider support hours to deliver DRHS, make sure you also think about including funding for support workers to attend specific training for delegated DRHS tasks.

For personal care hours where tasks are delegated by a registered nurse, use Our Guideline – Disability-related health supports (external) to determine the skill level needed in a support worker.

Nutrition

Consumables

Consumables for a participant who uses Home enteral nutrition (HEN) includes feeding equipment and products to help deliver their nutrition by percutaneous endoscopic gastrostomy (PEG) or a nasogastric tube (NGT). This can include enteral feeding tubes and pumps, feed bags or bottles, syringes and giving sets. Health consumables can be included using high-cost or low-cost consumables.

You'll also need to consider funding for enteral feeding formula – up to s47E(d) - certain operations of agencies for participants who need full or partial enteral feeding. Check if the Pharmaceutical Benefits

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Scheme (PBS) funds the formula the participant has been prescribed. If the PBS doesn't fund this, you can add funding for this support at the category level. To learn more, go to Would we fund it – Consumables (external).

Note: mandatory TAPIB advice for requests of more than s47E(d) - certain operations of agencies for enteral feeding costs are no longer needed.

Assistance with daily life – for enteral feeding

Personal care hours can be considered for:

- support to administer enteral feeding and help with PEG maintenance and care. You can consider this when a participant or their informal support is unable to do this because of their disability
- training for support workers, conducted by a nurse to implement the participant's specific enteral feeding plan under delegation of care. You can add up to s47E(d) - certain operations of agencies. The frequency will depend on the participant's individual circumstances and needs.

These hours will vary depending on the participant's other disability-related support needs.

s47E(d) - certain operations of agencies

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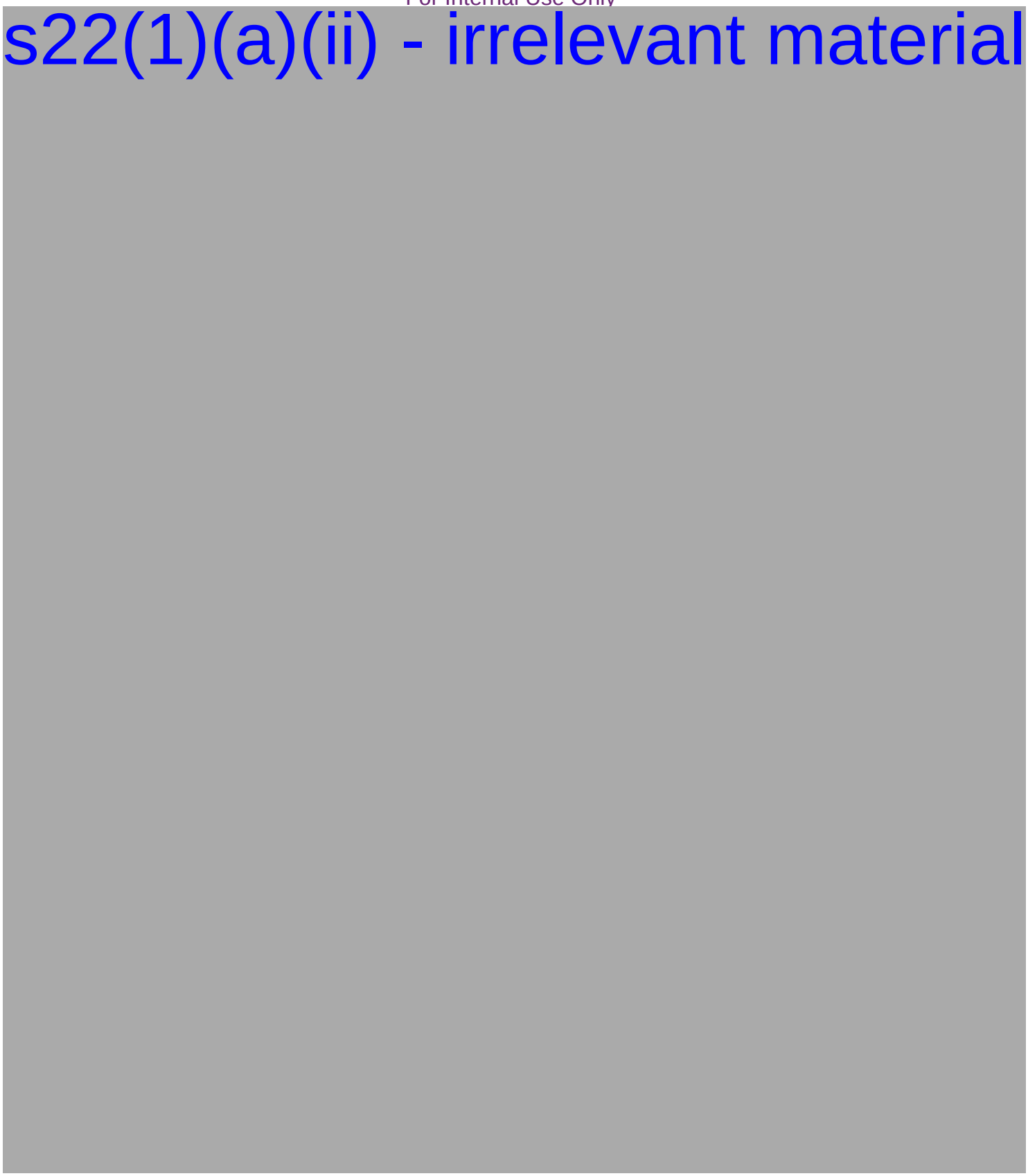

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Article labels

PACE user role names

No change.

Topics

No change.

Case names

No change.

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Ownership

No change.

Version control

Version	Amended by	Brief Description of Change	Status	Date
7.0	s47F - personal privacy	Class 1 Approved Guidance updated to reflect changes in mandatory Technical Advice and Practice Improvement Branch (TAPIB) advice for Nutrition and Dysphagia – Consumables.	APPROVED	2025-06-04
8.0	s47F - personal privacy	Technical Advice and Improvement Branch (TAPIB) intranet page links updated to the TAPIB Confluence space.	APPROVED	2025-07-18

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Add or update disability-related health supports Appendix A – Guide to core supports

This article provides guidance for a **planner** to understand:

- core supports for disability-related health needs.

Recent updates

October 2023

Current guidance.

Before you start

You have read and understood relevant guidance from:

- Our Guideline – Disability-related health supports (external)
- Our Guideline – Continence (external)
- Our Guideline – Diabetes management supports (external)
- Our Guideline – Dysphagia supports (external)
- Our Guideline – Epilepsy 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 – Plan reviews (external)
- article Guide – Respiratory supports.

You have also read and understood articles:

- Add or update disability-related health supports and meal preparation supports
- Calculate disability-related health supports and meal preparation supports

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- Add or update disability-related health supports Appendix B – Guide to capacity building supports
- Add or update disability-related health supports Appendix C – Guide to capital supports.

You have:

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

Refer to TAB intranet page Requesting Advice.

Core supports for disability-related health needs

Use the relevant disability-related health support (DRHS) Our Guideline and article Add or update disability-related health supports and meal preparation supports to work out if core supports meet the NDIS funding criteria.

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.

For any personal care hours where tasks are delegated from a Registered Nurse, determine the skill level of the personal care worker using Our Guideline – Disability-related health supports (external). Think about the hours included for training in delegated DRHS tasks. Make sure there's no duplication when including funding for Core supports, refer to article Calculate disability-related health supports and meal preparation supports.

Nutrition

Consumables

- Percutaneous Endoscopic Gastrostomy (PEG) and Home Enteral Nutrition (HEN) equipment and consumables. This includes enteral feeding tube, administration reservoir such as a feed bag or bottle, giving set, syringes, and enteral pump.
- Health consumables can be included using high cost and low cost consumables.
- HEN formula up to s47E(d) - certain operations of agencies can be included at the budget level for full or partial HEN feeds if not covered by the Pharmaceutical Benefits Scheme.

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Note: For requests for more than s47E(d) - certain operations of agencies for HEN formula, contact the Technical Advisory Phone Services (TAPS) for further guidance.

Assistance with daily life

Personal care hours to:

- administer HEN and help with PEG maintenance and care when a participant or their child representative is unable to independently manage. For example, due to the things they can and can't do because of their disability.

s47E(d) - certain operations of agencies

- Attend individualised training conducted by a nurse to implement the HEN regime under delegation of care – up to s47E(d) - certain operations of agencies. The frequency will depend on the participant's individual circumstances and needs.

Note: Hours will vary depending on the participant's other disability related support needs.

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Dysphagia

Consumables

Low-cost AT:

- up to s47E(d) - certain op. For example, adaptive cutlery, plate guards or sticky mats.

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- thickeners for participants who have a full oral feeding diet: slightly thick fluids s47E(d) - certai, mildly thick fluids s47E(d) - certai, moderately thick fluids s47E(d) - certain op and extremely thick fluids s47E(d) - certain op.
- thickeners for participants who have a combination of oral and HEN feeding: Up to s47E(d) - certain operations of agencies. Create a technical advice case to get advice from TAB for the amount of funding for thickeners to include in the plan.

Think about all the participant's disability-related health consumable needs when you include funding in the plan.

Note: Calculations have been determined using Thicken Up Clear ® 900 gram tin BrightSky thickeners (external).

Assistance with daily life

Personal care hours to:

- support the implementation of a participant's mealtime management plan with any recommended swallowing therapy strategies, where informal supports are unable to provide
- attend participant specific training: up to s47E(d) - certain operations of agencies r per support worker
- support participant needs in other areas. For example, other health-related supports, morning and evening routines and social participation.

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Version control

Version	Amended by	Brief Description of Change	Status	Date
1.1	s47F - personal privacy	Article aligned to SOP Create or update a knowledge article during CI. Changes also applied following consultation with TAB during amendments of SOP. Including: • update to guidance for training for delegated disability-related health support tasks to cover all skill areas and support staff. • new before you start and next steps sections. • Aligning to PACE system steps and language • renamed from Add disability-related health supports Appendix A - Find state and territory help for electricity and oxygen costs to Add or update disability-related health supports Appendix A – Core supports.	APPROVED	2022-12-12
1.2	s47F - personal privacy	Peer review	DRAFT	2023-09-21
1.3	s47F - personal privacy	Action peer review	DRAFT	2023-09-22
1.4	s47F - personal privacy	EL1 review	DRAFT	2023-09-22
1.5	s47F - personal privacy	Class 1 review to progress to BiLs for endorsement	DRAFT	2023-09-25

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Version	Amended by	Brief Description of Change	Status	Date
1.6	s47F - personal privacy	Collate BIL feedback	DRAFT	2023-10-06
1.7	s47F - personal privacy	Action feedback	DRAFT	2023-10-06
2.0	s47F - personal privacy	Class 1 Approval	APPROVED	2023-10-09

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Add or update disability-related health supports Appendix B – Guide to capacity building supports

This article provides guidance for a **planner** to understand:

- capacity building supports for disability-related health needs.

Recent updates

October 2023

Current guidance.

Before you start

You have read and understood relevant guidance for:

- Our Guideline – Disability-related health supports (external)
- Our Guideline – Continence (external)
- Our Guideline – Diabetes management supports (external)
- Our Guideline – Dysphagia supports (external)
- Our Guideline – Epilepsy 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 – Plan reviews (external)
- article Guide – Respiratory supports.

You have also read and understood articles:

- Add or update disability-related health supports and meal preparation supports
- Calculate disability-related health supports and meal preparation supports

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- Add or update disability-related health supports Appendix A – Guide to core supports
- Add or update disability-related health supports Appendix C – Guide to capital supports.

You have:

- checked if the disability-related health support needs advice from the Technical Advisory Branch (TAB) or Childrens Taskforce (CT)
- received TAB or CT advice, if needed, before you include the disability-related health support in the participant's plan.

Refer to TAB intranet page Requesting Advice.

Capacity building supports for disability-related health needs

Use the relevant disability-related health support (DRHS) Our Guideline and article Add or update disability-related health supports and meal preparation supports to work out if core supports meet the NDIS funding criteria.

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.

Nutrition

Improved daily living skills

- Nursing hours for a Registered Nurse (RN) to train a support worker in the individualised needs of the participant in relation to their percutaneous endoscopic gastrostomy (PEG) maintenance and care. To calculate the nursing hours, refer to article Calculate disability-related health supports and meal preparation supports.

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

- Nursing consultation to develop a PEG maintenance care plan, which informs the daily management and care of the PEG and surrounding tissue and the home enteral nutrition (HEN) regime by the instructing dietitian. To calculate the nursing

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hours, refer to article Calculate disability-related health supports and meal preparation supports.

Health and Wellbeing

Dietitian hours for standard nutrition plan, including:

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

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

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

Note: 2 hours for fully HEN fed, stable nutritional status and constant feeding regime. 5 hours for a combination of HEN 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.

You need to create a technical advice case for requests of more than 20 hours per year for assessment and development of a meal plan. Refer to article Create a technical advice case.

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1.1	s47F - personal privacy	Article aligned to SOP Create or update a knowledge article during CI. Changes also applied following consultation with TAB during amendments of SOP. Including: • update to guidance for training for delegated disability-related health support tasks to cover all skill areas and support staff. • new before you start and next steps sections. • Aligning to PACE system steps and language • renamed from Add disability-related health supports Appendix B – Guide to registered nurse hours to Add or update disability-related health supports Appendix B – Guide to capacity building supports. • Guidance for registered nurse hours moved to KA – Calculate disability-related health supports.	DRAFT	2023-09-14
1.2	s47F - personal privacy	Peer review	DRAFT	2023-09-21
1.3	s47F - personal privacy	Action peer review	DRAFT	2023-09-22
1.4	s47F - personal privacy	EL1 review	DRAFT	2023-09-22

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1.5	s47F - personal privacy	Class 1 review to progress to BiLs for endorsement	DRAFT	2023-09-25
1.6	s47F - personal privacy	Collate BIL feedback	DRAFT	2023-10-06
1.7	s47F - personal privacy	Action feedback	DRAFT	2023-10-06
2.0	s47F - personal privacy	Class 1 Approval	APPROVED	2023-10-09

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Knowledge Article

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Understand supports for participants who need help to move around in shared living arrangements

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

- participants who need support to move around
- shared supports
- individual supports in a shared arrangement
- level of support
- support to transfer and move around
- personal care tasks.

Recent updates

8 September 2025

Added link to the new knowledge article Understand 24-hour individual support.

Before you start

You have read and understood:

- article Understand supports for participants who can move independently in shared living arrangements
- Our Guideline – Supported Independent Living (external)
- Our Guideline – Home and living supports (external)
- Requesting home and living supports (external)
- Our Guideline – Personal care supports (external)
- article Understand disability-related health supports – core supports

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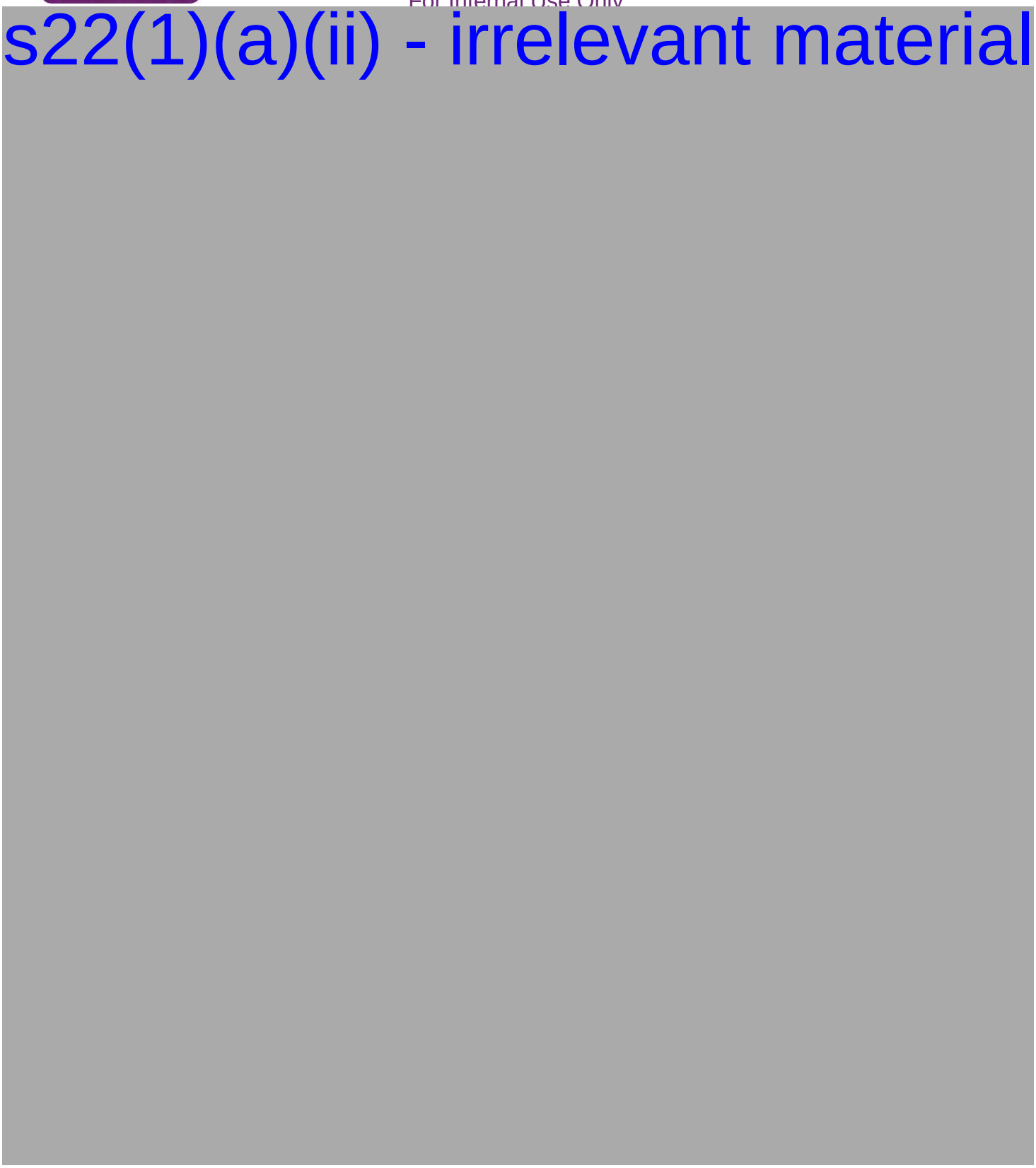

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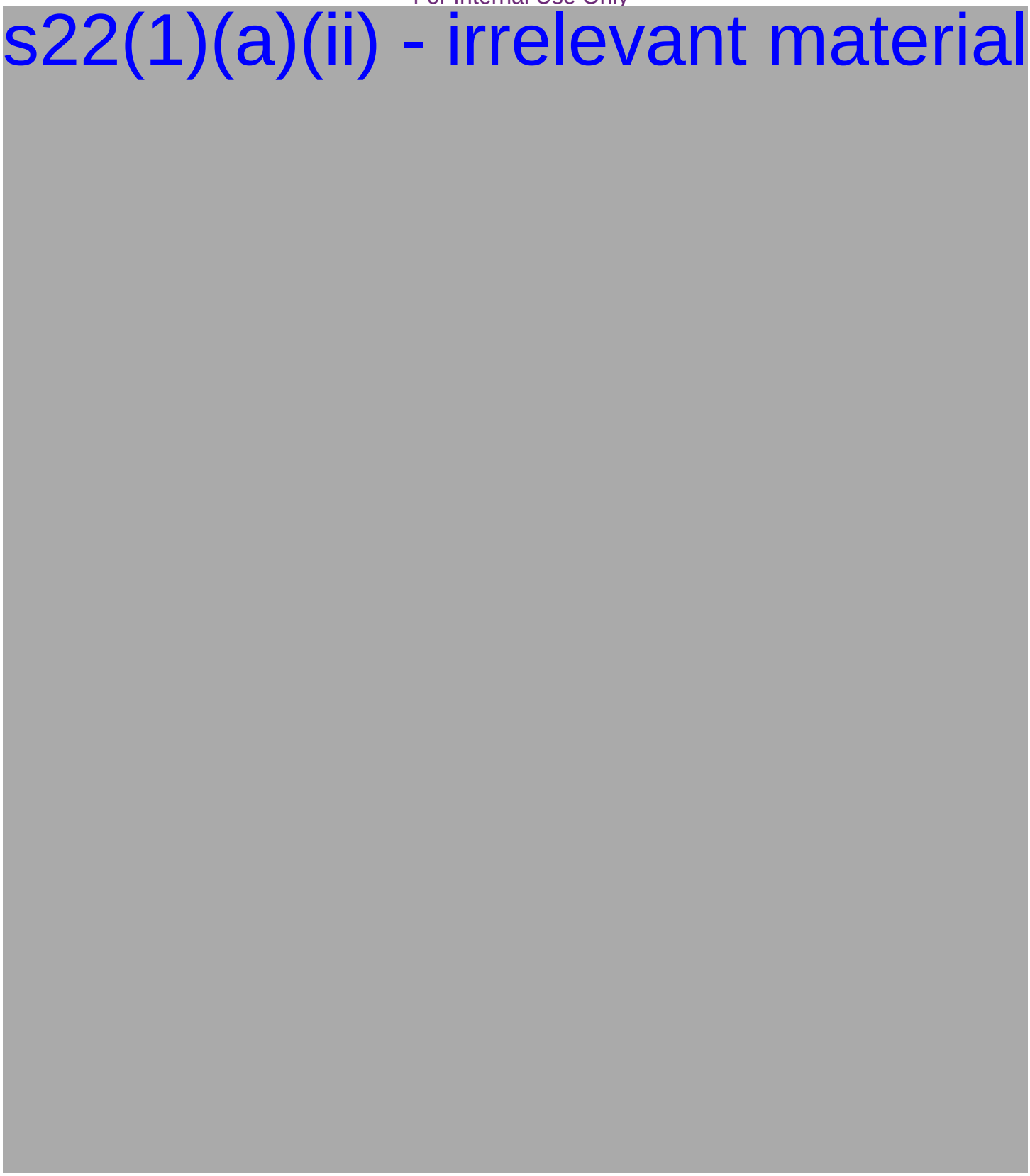

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Knowledge Article

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Eat, drink and manage a mealtime plan

Knowledge Article

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As well as information under **Eat, drink and manage a mealtime plan** in article Understand supports for participants who can move independently in shared living arrangements, also think about:

s47E(d) - certain operations of agencies

Level of support	Shared or individual	Example
Minimal level of support needed	s47E(d) - certain operations of agencies	
Partial level of support needed		
Full level of support needed		
Complex level of support needed		

Next steps

For a:

- **Plan Approval** case, you'll need to use the home and living calculator to determine the home and living amount. This is entered in the plan conversation support tool to

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develop the draft budget. 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.

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
2.0	s47F - personal privacy	Class 1 approved. Next steps section updated with new Participant Budget Update (PBU) pathway hyperlink.	APPROVED	2025-05-13
3.0	s47F - personal privacy	Class 1 updates:	APPROVED	2025-08-20

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		Added link to the new knowledge article Understand 24-hour individual support.		

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Understand supports for participants who can move independently in shared living arrangements

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

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

- shared supports
- individual supports in a shared arrangement
- level of support
- personal care tasks
- behaviours of concern and behaviour support (capacity building)
- assessments or reports to support decision-making.

Note: this article helps you identify supports for participants who live in a shared living arrangement and don't need support to move around. For example, when the participant doesn't need assistive technology to transfer in and out of furniture, like a ceiling hoist, or use a wheelchair or four-wheel walker to move around their home.

Recent updates

28 July 2025

Updated links toTechnical Advice and Improvement Branch (TAPIB) to the TAPIB Confluence space.

Before you start

You have read and understood:

- Our Guideline – Reasonable and necessary supports (external)
- Our Guideline – Supported Independent Living (external)
- Our Guideline – Creating your plan (external)

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- Our Guideline – Your plan (external)
- Requesting home and living supports (external)
- Personal care supports (external)
- article Understand disability-related health supports – core supports
- article Understand supports for participants who need help to move around in shared living arrangements
- article Apply the home and living decision in PACE
- article Add supported independent living (SIL) funding.

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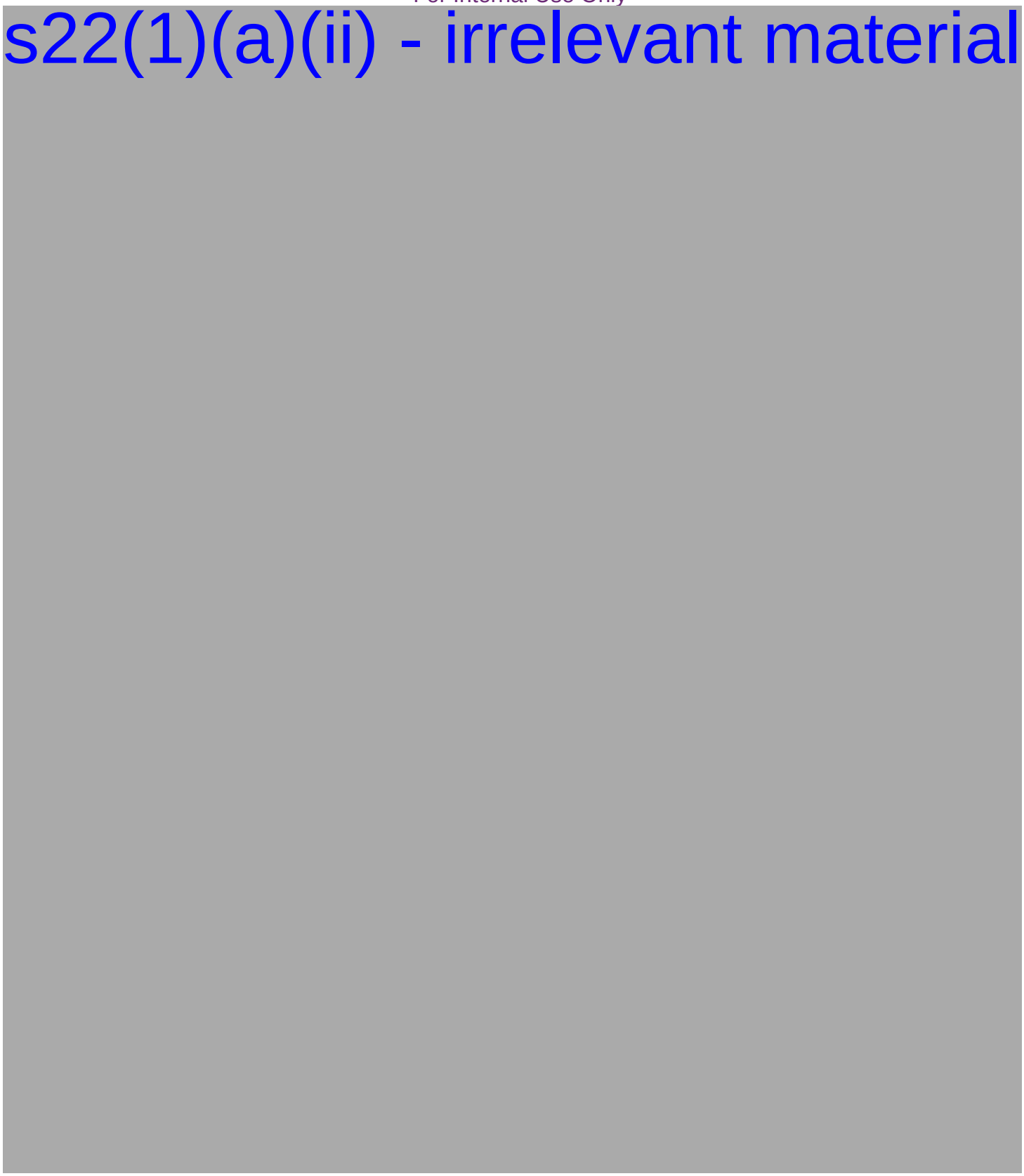

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Eat, drink and manage a mealtime plan

To help determine the time needed to support this, you can think about:

- if the participant could complete these tasks with funding for the right home modifications or assistive technology, like modified cutlery? This could increase the participant's independence and decrease their need for individual support
- if the participant requires Home Enteral Nutrition (HEN) or Percutaneous Endoscopic Gastrostomy (PEG) feeding with help from a support worker? For more information, go to article Understand disability-related health supports – core supports and Our Guideline - Nutrition supports including meal preparation (external)

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- if the participant has any dysphagia-related support needs? What level of support does the participant need to help manage their dysphagia? Is a support worker needed to help the participant eat or drink safely? For more information, go to Our Guideline – Dysphagia supports (external).

Note: if the participant has a mealtime management plan, they might need more support and time with this task. For example, when they're unable to chew or eat solid foods and need support with swallowing. A mealtime management plan will give you information about how long each day the participant needs support for this activity. For more information, go to Our Guideline – Dysphagia supports (external).

Level of support	Shared or individual	Example
No additional support needed	s47E(d) - certain operations of agencies	
Minimal level of support needed		
Partial level of support needed		
Full level of support needed		
Complex level of support needed		

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Article labels

PACE user role names

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Version control

Version	Amended by	Brief Description of Change	Status	Date
5.0	s47F - personal privacy	Class 1 approved. Next steps section updated to include link to new participant budget update pathway.	APPROVED	2025-05-13
6.0	s47F - personal privacy	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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ENTERAL/HEN/PEG CONSUMABLES

Enteral - involving or passing through the intestine, either naturally via the mouth and oesophagus, or through an artificial opening

Home Enteral Nutrition (HEN) - is a way of providing nutrition when children and adults living at home cannot eat and drink normally or get enough food or drink to keep them well and healthy

Naso Gastric Tube (NGT) – a tube placed through a nostril down into the stomach. Secured externally to the face by tape/dressings

Percutaneous Endoscopic Gastrostomy (PEG) – is a medical procedure that involves inserting a feeding tube into the stomach. Typically a balloon on the end of tube is inflated with water and this lowers the risk of the tube being dislodged. The tube allows the participant to receive nutrition directly into the stomach which is also known as enteral feeding or enteral nutrition. Special nutritional products are used for PEG feeding.

NOTE the tube may be placed in different sections of the gastric tract based on the participant's individual needs eg

Percutaneous Endoscopic Jejunostomy or Percutaneous Endoscopic Gastro-Jejunostomy (PEJ or PEG-J) – the tube allows feeding straight into the small bowel – the feeding tube has two ends one remains in the stomach and the other is passed through the stomach and through the pylorus valve into the small bowel (jejunum).

PURPLE = ENTERAL – a safety initiative referred to as EnFit ensures that all devices used with enteral feeding eg tubes, have specific EnFit ends that can only be used with tube feeding consumables and the products are coloured purple. This is to lower the risk of inadvertent administration of enteral feeding into intravenous tubing causing life threatening adverse effects.

Clean procedure – apart from the insertion of the gastrostomy tube and any required aseptic dressings that may be required all tasks associated with enteral feeding is considered a clean procedure – ie consumables are not typically sterile and hands washed in soap and water is appropriate.

PRODUCT	QUANTITY PER YEAR	REUSABLE
MIC-KEY gastrostomy feeding tube – may have a balloon or not, may be described as low profile ie flatter on the abdomen skin Often the first change after initial insertion in hospital also occurs in hospital and thereafter in the community.	X 2-5/pa depending on the evidence. If the request is for more than x 2 changes there will often be an extra one requested in case one is dislodged – this can be funded especially if you have evidence of regular dislodgement but typically dislodgement is not common. If there is a request for a Foley	 Not reusable

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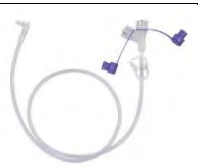
NOTE Jejunostomy is always changed in hospital because x-ray or endoscopy required to check it's position therefore the feeding tube is not funded by NDIS. Evidence should include frequency of changes required. If changed in hospital NDIS does not fund the gastrostomy tube. When inserted in the community 1hr x RN required for each change. If there is no RN request include 1hrs x RN for the number of changes in the evidence. When inserted the balloon sits within the abdomen and the top button sits externally on the skin on the abdomen. Kimberly-Clark MIC-KEY gastrostomy guide to proper care - R8201A_EN.qxd and HALYARD MIC-KEY INSTRUCTIONS FOR USE MANUAL Pdf Download | ManualsLib	Catheter this will be for if the PEG is dislodged and then in an emergency a Foley is inserted into the hole to stop the hole closing whilst awaiting for a RN or hospital to re insert the PEG later that day. If the number of changes is not apparent include x 2.	
MIC-KEY Low Profile ENFIT Extension Set with ports Extension sets provide a longer length tubing to connect to the PEG. This is attached to the button of the gastrostomy tube (as above) and the loose end is then either attached to a feeding-set for use with a pump or to syringes throughout the day for bolus feeds. Y port is usually required if medication is being administered via the PEG. Kimberly-Clark MIC-KEY gastrostomy guide to proper care - R8201A_EN.qxd and HALYARD MIC-KEY INSTRUCTIONS FOR USE MANUAL Pdf Download | ManualsLib	X 26 - 30/pa – typically changed fortnightly (as per manufacturer guidelines). If request is for more frequent changes ie weekly, evidence needed as to why it needs to be changed more frequently.	 Yes reusable changed fortnightly

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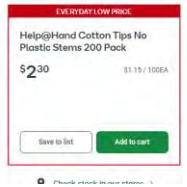
Brush for cleaning the extension set As per manufacturer guidelines these are cleaned each day and require soap and water cotton tip applicator Tissues luer slip syringe. Manufacturer guidelines do not state a brush is required however often sterile, single use, dual ended brushes are requested and are not reasonable or necessary to fund. Requests may also include Enfit Cleaning Brushes which come in both single use and reusable. Single use do not provide value for money. Though manufacturer guidelines do not include the need to clean with brushes if evidence is provided Enfit reusable cleaning brushes may be reasonable and necessary to fund. The reusable brushes are 'designed to last a minimum of 30 days' and they come in a box of x 10 so one box/pa. Kimberly-Clark MIC-KEY gastrostomy guide to proper care - R8201A_EN.qxd and HALYARD MIC-KEY INSTRUCTIONS FOR USE MANUAL Pdf Download | ManualsLib	Sterile single use brushes (approx. $7) – do not fund. Typically cleaning brushes are not required. Enfit reusable cleaning brush (box of 10) $153.68 (Jan 2025) 	 Do not fund sterile dual ended brush..    
Feed container varying sizes – brand will typically be the same as the pump brand e.g. Flocare, Infinity, Freego etc. Typically only one size required ie 500ml or 1000ml capacity depending on volume of nutrition prescription by dietician. Designed to be used to deliver decanted nutritional supplement, reconstituted powder based formula and/or water via a pump or gravity feeding set. NOTE can be used for reconstituted powder so when the	Typically 365-370 Some requests will be for less – in the community it is not uncommon for these to be washed and used again. Requests from dietician/RN may be for 2-3/wk which is R&N Cost from approximately $6.50	 Yes reusable for 24hrs then usually replaced.

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nutritional supplement is available in powder form this can be funded even when administered via a giving set – better value for money than ready-to-use bottles/tetra packs. Not all nutrition formula comes in powder form. As per manufacturer's guidelines changed daily Flocare_Accessories_AUS_May_2020-1-1.pdf		
Feed and Flush Bag – a two bag system one bag for formula and one bag for water. Typically not R&N unless evidence is very good and the cost quoted provides value for money when compared to funding a one bag system. This system includes the two bags and Feeding Set. Typically flushes are required before/after and in between feeds and depending on volume of water prescribed the flush will be administered via syringe eg 20mls or in the existing bag via the feeding set after the feed has finished eg 200ml. The Feed and Flush bag provides convenience however does not provide value for money especially when the feeding container and reusable syringes are being funded as well. Joey Feed and Flush	Typically not funded. The Feed and Flush bag approx. $18 and the one container system with Feeding set attached is approx. $11. Typically the participant will request some syringes so no additional cost is required for bolus flushes. The request has to be considered comparing the alternative products that would together, provide a feed and then a flush using separate consumables. If considered value for money the Feed and Flush bag can be funded.	 Yes reusable for 24hrs then usually replaced.
Farrell Valve System Venting bags The Farrell valve system is a closed system attached to the PEG on i's own or at the same time as the feed and is designed to continuously relieve gastric pressure (gas) and collect enteral feeding formula and gastrointestinal contents from patients if they experience pain from gas/over extension of the gastric tract. https://youtu.be/k1aVFMozHNw	Only funded if there is evidence of need and that the participant has used this before and it's been successful or fund 30 so a trial can be undertaken. If routinely used 1/24hrs or less if the dietician/RN requests less.	 Yes reusable for 24hrs then usually replaced.

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Feeding Sets - brand will typically be the same as the pump brand e.g. Flocare, Infinity, Freego etc. Connects from extension set to container. Mobile feeding sets are shorter (1580mm) than standard feeding sets (2300mm) – this is just to reduce the risk of tangling while out and about. A feeding set can have two connectors - Y-shaped connector with two cross-spike ends: which enables connection to two containers of enteral tube feed and/or water at the same time for convenience – typically not requested and not reasonable or necessary unless evidence is good. Clamp used to regulate flow or the feeding set is threaded through the pump. As per manufacturer's instructions changed daily Flocare Feeding Sets | Nutricia Adult Healthcare	365-370 Some requests will be for less – in the community it is not uncommon for these to be washed and used again. Requests from dietician/RN may be for 2-3/wk which is R&N.	 Yes reusable for 24hrs then usually replaced.
Adaptors – typically, in the community the participant will order consumables that fit with the brand/model of pump they use. Some consumables are generic and will fit with all standard EnFit items. Other consumables are brand specific and if an alternative item is being used an adaptor may be required to connect the two. There are many EnFit adaptors which vary in cost from $2 upward however typically they are not required because the participant orders the correct consumables for their system.	Evidence should outline why the adaptor being requested is required. If there is not good evidence then do not fund. Adaptors can be low cost but if changed daily the cost per annum can be considerable. Some adaptors cost approx. $45 and the request may be for daily change. Manufacturer guidelines or hospital policy/procedures will outline how often changes should occur and this can vary from daily to 45days (cleaned daily).	  
ENFIT Syringe caps Used when a feed or medication is prepared ahead of time in a syringe and the end is then capped until needed. Typically not requested however evidence should outline the number required each day/week.	X 104- 110/pa typically not required regularly. Provided in a box of 50/100.	 Yes – cleaned as per reusable syringes

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Enteral Syringe Purple <u>Single Use</u> 1ml, 3ml, 5ml, 10ml, 20ml or 60ml. Enfit syringes are designed to deliver enteral tube feed, water and medications via an enteral feeding tube and/or to aspirate a feeding tube. Compared to standard non-Luer syringes which can only deliver gravity feeds very slowly because the feed has to pass through a very narrow syringe port – the PURPLE enteral syringes provide a 'low dose' and 'standard dose' tip. Luer tip syringes also provide a female connector to attach to male connectors on feeding tubes. Low dose syringes can produce lower delivery pressures for medications. An enteral syringes with a Luer Lock will have a female Luer Lock so that they can't be accidentally connected to intravenous devices. As per manufacturers guidelines ENFit_Syringes_AUS_May_2020.pdf	UP TO X 365-370 where evidence outlines that single use is required. As reusable syringes are also designed for administration of medications it is typically better value for money to fund reusable syringes.	 No – single use only.
Enteral syringe Purple <u>reusable</u> 1ml, 3ml, 5ml, 10ml, 20ml or 60ml. As above however this syringe lasts for up to 7 days and is cleaned in soapy water and air dried. As per manufacturer's guidelines ENFit_Syringes_AUS_May_2020.pdf	UP TO X 104-208 depending on evidence. If the participant is being fed via syringe boluses more syringes may be required and less/no feeding sets. If feed is via syringe bolus you need to include enough syringes for a full day ie x 6 bolus feeds = 6 reusable syringes/wk – this allows the syringes to be used washed and dried between each day.	 Yes – used up to 7 days.
Farrell Valve System Venting bags The Farrell valve system is a closed system attached to the PEG on it's own or at the same time as the feed and is designed to continuously relieve gastric pressure (gas) and collect enteral feeding formula and gastrointestinal	Only funded if there is evidence of need and that the participant has used this before and it's been successful or fund 30 so a trial can be undertaken. If routinely used 1/24hrs or less if the dietician/RN requests less.	 Yes reusable for 24hrs then usually replaced.

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contents from patients if they experience pain from gas/over extension of the gastric tract. https://youtu.be/k1aVFMozHNw		
Standard Syringe - Luer Lock and Luer Slip The choice between a Luer Lock tip tip and Luer Lock syringe will depend on the application. Luer Lock – the syringe has a screw end and screws onto the feeding tube therefore can be used for higher pressures. Luer Slip – The syringe just has a flat tip which is inserted but not 'locked' onto the feeding tube so is used when lower pressures are required. These different syringe tips are used in various clinical applications they are not specific to enteral feeding.	UP TO X 365-370 where evidence outlines that single use is required. As reusable syringes are also designed for administration of medications it is typically better value for money to fund reusable syringes.	 No
PEG/J balloon checking – once the PEG has been inserted the balloon inside the abdomen is inflated with sterile water. This remains in situ however the balloon is checked weekly to ensure that it remains inflated. A HI DSW can complete this task. Consumables required are a cleaning swab to clean the end of the PEG and a sterile syringe which will then withdraw the sterile water and either reinsert it or new sterile water will be inserted.	Weekly balloon checks will be outlined in the nursing report and typically will include a weekly quantity of consumables eg 52 x 10ml syringes, wipes, sterile water 10ml.	
Feeding Pump Many brands/models on the market. Often the participant has had one on loan from the hospital prior to the request for NDIS to fund one. Some participants may have been using NDIS funds to rent a pump. Typically the request is for the same brand/model as the one that was loaned however the request must comply with the Low/Mid Cost AT process ie technical assessment and must also meet S34.1 c value for money so if the request is for a high cost device without	1 every 3-5 years Typically low cost AT - <$1,500 but may be up to $2,500	 Lasts 3- 5 years

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evidence as to why a lower cost pump that provides the same outcome can't be used, then the request can be declined and a decision made to fund the lower cost pump. NOTE a change in pump brand will likely change the request for pump consumables as the consumables eg feeding sets etc are usually pump brand specific ie Infinity pump requires Infinity tubes. Any brand/model of pump is simple to use and even if the participant has been using one brand/model they will quickly learn to use a different brand/model. Include setup /training if the device is new to the participant ie x 2hrs Dietician or RN. Include RMR.		
Pump backpack – the participant may have feeds via pump over many hours of the day and therefore will require to take the pump everywhere they go ie school, community outings, on holiday etc. If the participant has pump feeds only overnight they may not require a backpack however they will still need to transport the pump if they go on a sleepover to a friends home or on holidays etc. Typically the backpack will be pump brand specific and will include additional storage areas for other HEN consumables.	1 per year – if in regular use ie the participant may be taking this to school every day. Price is typically <$200	

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Feeding Pole – The pole is used to hang the feeding bag and Farrell valve system bag from over long periods. A generic pole can be used for any brand/model of pump or consumables. These last many years so only one is required however a full sized pole on wheels is difficult to transport so it is reasonable to consider funding a pole for each environment eg school, childcare, day program facility etc. Alternatively the request may be for a more transportable pole – folding or table mounted. Often a Free Arm is requested as it clamps to a lot of surfaces, is bendy and can hold a syringe for bolus feeds allowing more independence. Another alternative is the feeding frame (brand specific) which also lasts for many years and does not require replacement regularly but could also be considered for each environment.	Last many years 	

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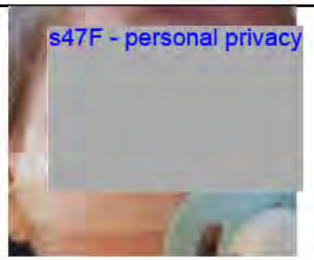
NGT/PEG/Stoma care – the request will include support for wound care which is to maintain the skin of the face where a NGT is inserted and the skin around the stoma if a PEG is inserted. Requests typically include sterile dressing pack, cleaning solution, gauze, barrier spray/cream and possibly dressings that help secure the NGT to the face. Hospital policy/procedures state that PEG stomas do not typically require a dressing.	A nursing report will outline how often NGT dressings are required – often more frequently for toddlers who can pull the NGT out. Washable stoma covers – ' such as Tubie Cover' are not typically reasonable or necessary however with evidence of higher levels of leakage from the stoma and risk of skin excoriation evidence may outline why a cover is required. 	 
Nutrition/formula – As per OG_NutritionSupportIncludingMealPreparation.docx and KA Understand disability-related health supports – core supports | Knowledge | Salesforce Check if the request is a NDIS support - Federal Register of Legislation - National Disability Insurance Scheme (Getting the NDIS Back on Track No. 1) (NDIS Supports) Transitional Rules 2024 All nutrition has to be prescribed by a dietician (not RN or OT). Typically this form is completed or all the detail from this form is included in a report. Nutrition and dysphagia assistive technology assessment template		

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Only fund nutrition directly linked to the disability – may be oral or enteral – if unsure check with your TL. Check if the requested nutrition supplement is available on PBS – if it is NDIS does not fund it and we don't fund the 'gap'. Pharmaceutical Benefits Scheme (PBS) | A-Z medicine listing Check your evidence is current as the participant's needs can change quickly if they go from oral to enteral feeding or are orally having nutrition linked to a neurological rapidly declining condition. Calculate the mls/day with the request for pre prepared formula or powder. If the request is for pre prepared formula but it is available in powder form this typically provides much better value for money then we would fund powder over pre packaged tetra packs/bottles. To calculate powder to be funded - research the tin inclusions and rate for reconstitution and calculate the number of tins/pa required. We don't fund ketogenic diet. We don't fund wholefood which is pureed and administered via the bolus syringe. As per KA if the request is considered reasonable and necessary but the request is above $23.66/day we will fund typically fund $23.66/day only (gap is considered a daily living expense the participant pays out of personal funds) – if after talking it over with your TL and they agree, you can request non mandatory TAPIB advice - submit TAR Case.		

Additional links to websites with instructional videos on PEG/PEJ and the consumables used – Just Google the brand or 'how to' and many videos will be provided – most aimed at patients so easy to understand.

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ENFit™ Connection System - Best Practices Videos | Cardinal Health

Enteral Feeding Tubes, Supplies, & Instructions | TubeFed

Version #	Status	Date	Modified by	Brief Description of Modification
v1.0	Cleared	28/07/23	s47F - personal privacy	Submitted as part of the DRHS Focus Groups.
v1.1	Cleared		s47F - personal privacy	Minor adjustment to some wording

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

Average cost and consumption of Home Enteral Nutrition formula

The content of this document is OFFICIAL.

Please note:

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

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

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

2. Summary

This paper reports on research into average prices and consumption of Home Enteral Nutrition (HEN) formula in Australia. We did not find any published, evidence-based estimates of typical or recommended HEN formula volumes for different age groups, activity levels or health condition.

Based on the Australian Bureau of Statistics' estimated per person per day energy intake of 8703 kilojoules, a person requiring HEN formula as their sole source of nutrition could pay around $33.27 per day.

Based on estimates we derived from Australia government nutritional guidelines and HEN formula retailers, a moderately active adult requiring HEN formula as their sole source of nutrition could pay between $35 and $44 per day for standard formula.

The cost estimates detailed below are based on the needs of someone requiring HEN formula as their sole source of nutrition. These estimates will not apply if a person requires HEN as only part of their diet.

The volume and type of formula that a person uses should always be guided by a qualified health professional, such as a dietician or nutritionist.

3. Current HEN formula guidance under the NDIS

As of March 2025, the **Core supports for disability-related health needs** knowledge article states, "Enteral feeding formula of up to $23.66 per day can be included at the budget level for full or partial feeding if not covered by the Pharmaceutical Benefits Scheme".

The standard operating procedure **Include disability-related health supports or meal preparation supports in the participant's plan** states, "Up to $23.66 per day can be included at the budget level for full or partial HEN feeds if not covered by the Pharmaceutical Benefits Scheme". This standard operating procedure is no longer in use. It was last edited July, 2023.

4. Consumer Price Index and apparent consumption

Average dietary energy consumed in the 2022-23 financial year was 8703 kilojoules per person per day. This was reduced 3.7% from 2021-22. Furthermore:

> Overall lower estimates of consumption in 2022-23 compared with previous years may be associated with recent food price inflation. In the two years to June 2023, the cumulative Consumer Price Index (CPI) increase for food and non-alcoholic beverages totalled 13.9% compared with a 4.9% cumulative increase over the three years prior (2018-19 to 2020-21) (ABS, 2024).

The latest release of the Consumer Price Index states food costs have risen 3% from December 2023 to December 2024 (ABS, 2025).

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5. Consumption of HEN formula

We did not find any published, evidence-based estimates of typical or recommended HEN formula volumes for different age groups, activity levels or health conditions.

We estimate the cost per day of HEN formula for people who depend on this product for all of their nutritional intake by comparing the average cost of a selection of HEN formula products with the recommended dietary energy needs of different cohorts.

The cost estimates below will not apply if a person requires HEN as only part of their diet.

The volume and type of formula that a person uses should always be guided by a qualified health professional, such as a dietician or nutritionist.

5.1 Estimated dietary energy needs by age, gender and activity levels

The values in the table below are based on references values provided by the National Health and Medical Research Council (NHMRC, 2022). More detailed estimates of daily dietary energy needs can be found at Eat For Health or by using the Daily energy requirements calculator.

The estimated dietary energy needed per day for an individual varies by many factors including age, height, weight, gender and activity level. NHMRC reference values vary by month for children under 2 years and by year for children 2 to 18 years. Table 1 Estimated daily energy needs for infants by age and gender presents these reference values for infants at 1, 6, 12 and 24 months. Table 2 Estimated daily energy needs by age, gender and activity level presents daily energy need estimates for adults averaged for heights (1.5-2 metres), weights (49.5-88 kilograms) and ages (19-50 years). For children 2 – 18, daily energy needs are not averaged but sample ages are selected:

- Preschooler – 4 years
- School-age – 9 years
- Adolescent – 15 years.

Values for each age group (except infants) are shown based on gender and activity level. Activity levels are defined:

- Inactive – bed rest or very sedentary behaviour, physical activity level 1.2 – 1.4
- Moderately active – light or moderate activity, physical activity level 1.6 – 1.8
- Very active – heavy or vigorous activity, physical activity level 2.0 – 2.2.

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Table 1 Estimated daily energy needs for infants by age and gender

Age (months)	Male (kj)	Female (kj)
1	2000	1800
6	2700	2500
12	3400	3200
24	4400	4200

Table 2 Estimated daily energy needs by age, gender and activity level

Age	Inactive (av. kj)	Moderately Active (av. kj)	Very Active (av. kj)
Preschooler (4 year old male)	4800	6250	7200
Preschooler (4 year old female)	4450	5800	7150
School age (9 year old male)	6350	8300	10200
School age (9 year old female)	5950	7750	9550
Adolescent (15 year old male)	9200	11900	14700
Adolescent (15 year old female)	7650	10000	12300
Adult (19-50 year old male)	8850	11550	14300
Adult (19-50 year old female)	7100	9300	11500

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5.2 Cost and dietary energy of HEN products

Table 3 Dietary energy and average cost of adult HEN formulas shows the average cost (AUD) and kilojoules per litre of a selection of adult HEN formula products. We calculated the average cost for each product using the advertised costs of between 3 and 7 online retailers per product. Where possible, we based the costs on liquid, "ready-to-hang" formulations. In some cases, we could only locate price information for powdered versions of the formula.

A wide variety of HEN formula products are listed on the Pharmaceutical Benefits Scheme and therefore available at a substantial discount (Department of Health and Aged Care, 2025). For comparison, Table 4 Dietary energy and average cost of paediatric HEN formulas shows the average unsubsidised cost and kilojoules per litre of a selection of HEN formula products intended for children.

Table 3 Dietary energy and average cost of adult HEN formulas

(Alphamedical Solutions, n.d. a-d; Avacare Medical, n.d.; Brightsky, n.d. a-f; Incontinence Products, n.d. a-e; Independence Australia, n.d. a-e; Joya Medical Supplies, n.d. a-b; Nutricia, n.d.; Medacart, n.d; Medexline, n.d.; Medisa, n.d.; Medyplus, n.d.; Superior Healthcare, n.d. a-b; Super Pharmacy Plus, n.d.)

Product	Type	Average $/L	kJ/L
Osmolite 1.0kcal	Standard	15.85	4184
Ensure Plus 1.5kcal	Standard	15.9	6276
Nutrison 1.0kcal	Standard	16.14	4184
TwoCal HN 2.0kcal	Standard	22.58	8368
Nutren Diabetes 1.0kcal	High Protein	25.9	4184
Perative 1.3kcal	Hydrolysed (Semi-Elemental)	28.8	5486
Vivonex TEN 1.0kcal	Elemental (Fully Hydrolysed)	32.67	4184
Jevity 1.0kcal	Fibre-enriched	17.38	4184
Nutrison Multifibre 1.2kcal	Fibre-enriched	14.96	5020

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Table 4 Dietary energy and average cost of paediatric HEN formulas

(Abbot, n.d.; Alphamedical Solutions, n.d. e-f; Brightsky, n.d. g-k; Chemist Direct, n.d.; Chemist Warehouse, n.d. a; David Jones Pharmacy, n.d.; Independence Australia, n.d f-h; Incontinence Products, n.d. f-g; Joya Medical Supplies, n.d. c-f; Medyplus, n.d. b; Nestle Health Science, n.d.; Pharmacy Direct, n.d.; Superior Healthcare, n.d. c-d; Surgical House, n.d.)

Product	Type	Average $/L	kJ/L
Pediasure 1.0 kcal	Standard	14.34	4184
Nutrini 1.0 kcal/ml	Standard	23.95	4184
Pediasure Plus 1.5kcal	High Protein	23.21	6276
Peptamen Junior 1.0 kcal	Hydrolysed (Semi-Elemental)	29.7	4184
Nutrini Peptisorb 1.0kcal	Hydrolysed (Semi-Elemental)	32.79	4184
Neocate Junior 1.0 kcal	Elemental (Fully Hydrolysed)	30.05	4184

5.3 Estimated daily cost of HEN formula as the sole source of nutrition

Based on the estimated average per person daily energy intake of 8704 kilojoules (as noted in section 4. Consumer price index and apparent consumption), the average daily cost for a standard HEN formula would be around $33.27.

Table 5 Estimated cost per adult per day of HEN products by gender, activity level and type of formula and Table 6 Estimated cost per child per day of HEN products by age, gender, and activity level offer more detailed estimates based on estimated dietary energy needs described in section 5.1 Estimated dietary energy needs by age, gender and activity levels and average prices of retail HEN formula products described in 5.2 Cost and dietary energy of HEN products. Pricing for the type of formula in Table 7 is average of price of different products of that type. Pricing for formula in Table 8 is based on the standard paediatric formula for Preschoolers and School Aged children. For adolescents, pricing is based on the average of all the adult formulas.

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Table 5 Estimated cost per adult per day of HEN products by gender, activity level and type of formula

Formula Type	Inactive Male	Moderately Active Male	Very Active Male	Inactive Female	Moderately Active Female	Very Active Female
Standard (1.0)	33.84	44.17	54.68	27.15	35.56	44.17
Standard (1.5)	22.56	29.44	36.46	18.10	23.70	29.44
Standard (2.0)	23.90	31.19	38.62	19.17	25.12	31.19
Elemental (Fully Hydrolysed)	69.17	90.27	111.76	55.49	72.68	90.27
Fibre-enriched	33.00	43.06	53.32	26.47	34.67	43.06
High Protein	46.96	61.28	75.87	37.67	49.34	61.28

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Formula Type	Inactive Male	Moderately Active Male	Very Active Male	Inactive Female	Moderately Active Female	Very Active Female
Hydrolysed (Semi-Elemental)	46.46	60.63	75.07	37.27	48.82	60.63

Table 6 Estimated cost per child per day of HEN products by age, gender, activity level

Age group	Inactive Male	Moderately Active Male	Very Active Male	Inactive Female	Moderately Active Female	Very Active Female
Preschooler	16.45	21.42	24.68	15.25	19.88	24.51
School age	21.76	28.45	34.96	20.39	26.56	32.73
Adolescent	48.33	62.51	77.22	40.19	52.53	64.62

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