

# Including Specific Types of Supports in Plans Operational Guideline

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## 1. What is the purpose of this operational guideline?

This Operational Guideline is intended to be used in conjunction with the Operational Guideline on Planning and provides additional guidance in relation to the preparation and review of a participant's plan when specific types of supports are under consideration.

In particular, this Operational Guideline provides additional guidance in relation to making a decision to approve a statement of participant supports which includes one or more of these specific types of supports.

## 2. What is the relevant legislation?

- Sections 3, 4, 5, 6, 9, 17A, 31 – 50, 51, 74, 99, 100 and 209(2A) of the National Disability Insurance Scheme Act 2013 (NDIS Act); and
- National Disability Insurance Scheme (Supports for Participants) Rules 2013 (Supports for Participants Rules).

## 3. Overview

Once a person becomes a participant in the National Disability Insurance Scheme (NDIS), they develop a personal goal-based plan with the National Disability Insurance Agency (NDIA).

A participant's plan must include the participant's statement of goals and aspirations and a statement of participant supports (see what must be included in a participant's plan?)

The statement of participant supports specifies, amongst other matters, the general supports (if any) that will be provided, and the reasonable and necessary supports (if any) that will be funded under the NDIS (section 33(2)).

When deciding to include **any** support in a participant's plan, the NDIA **must** have regard to a range of matters set out in the NDIS Act, including the participant's statement of goals and aspirations.

Specifically, before including any support in a participant's plan, the NDIA **must**:

- be satisfied that each support meets each of the criteria outlined in section 34(1)(a)-(f) of the NDIS Act and the Supports for Participants Rules (see deciding to include supports in a participant's plan);
- have regard to the specific principles relating to plans;
- have regard to the other considerations which may apply when including supports in a participant's plan; and
- depending on the specific type of support being considered, refer to the additional guidance available for specific support types outlined in this operational guideline which relate to:
  - Assistive technology;
  - Home modifications;
  - Employment, higher education and vocational education training;
  - Vehicle modifications;
  - Prosthetic limbs;
  - Personal care supports;
  - Recreation supports;
  - Sustaining informal supports;
  - Transport;
  - Specialist Disability Accommodation (SDA);

See also what must the NDIA consider when approving the statement of participant supports?

## 4. Assistive Technology

[Note: the Assistive Technology section was retired on 2 December 2020, and replaced by the new [Assistive Technology Operational Guideline](#)]

## 5. Home modifications

Home modifications are changes to the structure, layout or fittings of the participant's home that are required to enable the [participant](#) to safely access and move around frequently used areas in their home as a result of their disability.

It is expected that a home modification would only be considered where the home to be modified is the participant's primary residence and the participant intends to remain living at the residence. If the property is a rental property, then the written agreement of the owner of the property will be required before any modifications take place.

There are a number of laws and regulatory frameworks, for example Building Codes and Australian Standards which regulate home modifications. The NDIA is unable to fund home modifications which, if provided, would be contrary to a law of the Commonwealth, state or territory (see [which supports will not be funded or provided under the NDIS](#)).

Therefore, the NDIA *must* be satisfied that there are no laws, regulations or other planning restrictions which would prevent the home modifications being undertaken.

In addition, the NDIA *must* also be satisfied, amongst other matters, that the home modification being considered represents [value for money](#) in that the costs of the support are reasonable relative to both the benefits achieved and the cost of alternative support (section 34(1)(c)).

When determining whether home modifications represent value for money, the NDIA will specifically consider:

- whether the proposed home modification represents value for money when compared to the cost of other lower cost alternatives, for example less costly home modifications which reasonably achieve the same intended benefits or outcomes, or [assistive technology](#);
- whether the proposed home modification is cost effective when compared to the cost of other supports such as assistance with the cost of moving to accessible premises; and
- the expected length of tenure for participants and whether this is commensurate to the cost of the home modifications.

The NDIA *must* also be satisfied that the provision of the support will be, or is likely to be, [effective and beneficial](#) for the participant, having regard to current good practice (section 34(1)(d)).

Therefore, before including home modifications in a participant's plan, the NDIA will also consider whether the home is suitable to be modified, including having consideration to:

- any structural constraints such as size, surrounding terrain, or the condition of the building; and

- whether the home owner, and where applicable, any body-corporate, agrees and gives their permission for modifications to be made.

When complex and extensive home modifications are being considered, the NDIA may also fund oversight by a project manager or independent building certifier to ensure compliance of the modification and a qualified and experienced Occupational Therapist to certify the effectiveness of the modification to meet the participant's goals and likely future needs.

Generally, the NDIA will fund reasonable and necessary home modifications:

- to the participant's primary residence where, due to the impact of the participant's disability, the [participant](#) or their carers are unable to reasonably access and use frequently used rooms and spaces using standard fixtures and fittings;
- when the participant's primary residence, in its current condition, has a significant and adverse impact on the sustainability of current living and care arrangements; and
- where a suitably qualified Occupational Therapist has performed an assessment and recommended home modifications considering all possible alternatives, including the use of equipment.

Generally, the NDIA will also fund reasonable and necessary supports that are related or incidental to home modifications which may include:

- assistance with the cost of moving to accessible premises as an alternative to home modifications where this is cost effective to provide access. Generally, it would be expected that any new premises selected provide appropriate access and that any further modifications would be very basic and low cost.

Potential costs that may be covered include:

1. costs associated with selling the participant's current property, for example advertising, agents fees and legal costs;
  2. costs associated with the purchase of the alternate property, for example stamp duty and legal costs;
  3. removalist costs; and
  4. minor modifications to install special equipment if necessary.
- additional costs incurred if the NDIA recommends or requires the use of qualified builders, trades people, project managers, building certifiers, building assessors or occupational therapists;
  - the costs of normal repairs and maintenance to specialised fittings and [assistive technology](#) that have been installed as part of a home modification; and

- costs related to council or other building approvals which are payable as a result of the required home modifications.

The NDIS will generally *not* fund:

- fixtures, fittings or materials which are above standard grade;
- modifications for a property purchased after a participant was granted access to the NDIS, unless the NDIA was involved in the decision to purchase the property, or the purchase of a more accessible property was not possible;
- the installation of swimming pools (including hydrotherapy) and spas;
- repairs or remediation of damage to the home that is pre-existing or discovered during the modification process;
- any additional insurance premiums which may be payable to insure the property once the required home modifications are completed;
- ongoing repairs and maintenance to non-specialised structures, fixtures or fittings of the home even when these form part of the modification work. For example, repainting a modified bathroom and maintaining plumbing;
- remediation of work that does not comply with the specifications of work or did not comply with the Building Code or relevant Australian Standards (this is the responsibility of the builder);
- for modifications to be removed when a person no longer requires them, except when there has been prior agreement in the case of a rental property;
- home modifications to group homes, residential facilities and other specialist accommodation, or other public buildings, including boarding schools; and
- capital building additions such as additions of rooms, stories or lifts or inclinators to allow access to multiple levels of a home or steep blocks of land. However, when considering whether the funding of items of this kind is reasonable and necessary the NDIA will also consider:
  1. whether other parts of the house can be reasonably organised as an alternative;
  2. whether alternate accommodation which is more accessible or more easily modified is available and the cost;
  3. whether there are compelling factors related to the participant, their family, community or employment which makes moving premises unrealistic; and
  4. the long term costs and benefits of alternative funded supports against the costs and benefits of the modifications to the home.

5. See also is [the support most appropriately funded or provided through the NDIS?](#) In particular, [housing and community infrastructure](#).

It is generally expected that home modifications will be suitable for the participant's anticipated long term needs. Therefore, it is unlikely that further modifications will be funded for the same premises except where there are unforeseen and significant changes to the participant's needs.

Where the NDIA has funded complex or extensive modifications and the participant or their family subsequently sells the property the NDIA expects:

- future premises selected will be as accessible as possible;
- money from the sale of the first property, commensurate with the value of the modifications funded by the NDIA will be directed towards modifying the participant's new premises; and
- if there is more than one residence that a participant needs to access, for example, because of shared parenting arrangements or holiday homes, modifications to the second property will be restricted to access and basic hygiene requirements.

## 6. Employment, higher education and vocational education and training

[Note: the Employment, higher education and vocational education and training section was retired on 15 December 2020, and replaced by the new [Work and Study Supports](#) guideline]

## 7. Vehicle modifications

Vehicle modifications include changes to a vehicle, or the installation of equipment in a vehicle that enable a participant to gain access to a vehicle and in some cases operate the vehicle. This can include enabling the participant to:

- get in and out of the vehicle with or without a wheelchair;
- carry their wheelchair in or on the vehicle without lifting;
- be transported safely whilst seated in their wheelchair; or
- drive the vehicle with specialised controls or other adaptations.

For the NDIA to consider funding vehicle modifications to enable a participant to drive, the participant must have an endorsed license for that vehicle at the time of request, or be assessed as having the capacity to obtain an endorsed license by:

- an evaluation by a medical practitioner using the national 'Assessing Fitness to Drive' medical standards;

- a driving assessment by a driver trained Occupational Therapist; or
- a driving assessment by the state licensing authority.

The NDIA *must* be satisfied, amongst other matters, that the vehicle modification being considered represents [value for money](#) in that the costs of the support are reasonable relative to both the benefits achieved and costs of alternative support (section 34(1)(c)).

When determining whether vehicle modifications represent value for money, the NDIA will specifically consider:

- whether the proposed vehicle modifications are the best alternative for effectively achieving the participant's driving or transport needs;
- whether the participant's specific needs can be achieved using a less costly alternative;
- the cost of vehicle modifications compared to the cost of other funded transport supports over the life of the vehicle. For example, modified taxi fares, modified vehicle hire or personal assistance; and
- the suitability of the type of vehicle proposed to be modified in terms of:
  1. whether the vehicle is of an age, type and mileage that is cost effective to modify relative to the cost of the modifications, anticipated use and expected longevity of the modified vehicle; and
  2. whether the vehicle is of a type that will require the development of a unique engineering solution.

Note, vehicles less than five years old and under 80,000kms are generally considered suitable to modify. However, older vehicles and those with higher mileage may still be considered. In these cases, evidence of road worthiness and the expected lifespan of the vehicle will need to be provided.

Also, the NDIA may fund modifications that exist on a second hand vehicle at a rate commensurate with the depreciated value of the modifications.

The NDIA *must* also be satisfied that the provision of the support will be, or is likely to be, [effective and beneficial](#) for the participant, having regard to current good practice (section 34(1)(d)).

Therefore, before funding vehicle modifications the NDIA will also consider the effectiveness of vehicle modifications having consideration to:

- whether the modifications have been prescribed by a suitably qualified occupational therapist and installed by a supplier in line with the relevant standards and state or territory regulations;

- whether the [participant](#) owns the vehicle, or in the case of a vehicle owned by a family member, whether the participant has use of the vehicle for their transport needs; and
- whether the participant is able to fund ongoing vehicle running costs including registration, regular insurance, fuel, repairs and maintenance.

The NDIA may also fund supports that are related or incidental to vehicle modifications, for example:

- driver assessments for the purpose of obtaining an endorsed license;
- driving lessons where a participant requires lessons to establish skills to use the modified vehicle, or additional lessons where a participant's disability results in them taking longer to learn to drive;
- additional insurance costs, where an additional insurance premium is payable as a result of the modifications. Note, the NDIA will only fund the increased amount of the premium, not the total cost of the policy;
- the cost of engineering certification and other checks required for initial registration; and
- the cost of removal of modifications and reinstallation on a new vehicle when doing so is practicable and represents [value for money](#).

The NDIA will generally *not* fund:

- the purchase of a motor vehicle;
- regular insurance, registration or running costs;
- non-standard items, for example auto docking where the person or their attendant is able to manually dock;
- driving supervision in order for a participant to accrue hours to pass a driving test; or
- major modifications (over \$10,000) to a vehicle where less than 8 years has lapsed since the most recent funding of vehicle modifications, unless the participant's circumstances and needs have significantly changed.

See also is [the support most appropriately funded or provided through the NDIS](#)transport.

It is generally expected that vehicle modifications will be suitable for the participant's anticipated long term needs. Therefore, it is unlikely that further modifications will be funded for the same vehicle except where there are unforeseen and significant changes to the participant's needs.



Where a [participant](#) purchases a new vehicle, where practicable, minor modifications (less than \$10,000) should be removed from the old vehicle and re-installed in the new vehicle.

## 8. Prosthetic limbs

Prosthetic (artificial) limbs are devices that provide a portion of functions normally provided by natural arms and legs. They are often used when there is absence of part or all of a limb, for example due to an accident or birth defect, and help to improve function and quality of life.

Prosthetic limbs consist of a custom made socket which fits the residual limb and a terminal device made up of different components that assist in performing functional tasks and providing compatible cosmesis.

Prosthetic limbs vary considerably in their sophistication by virtue of their complexity, cost, and specialisation and due to the varying levels of function they provide. For example, a prosthetic limb may be a simple device that is functionally efficient, or an enhanced limb that is configured to have an appearance and functional performance that is similar to that of a natural limb.

The NDIA *must* be satisfied, amongst other matters, that the funding of a prosthetic limb represents [value for money](#) in that the costs of the support are reasonable relative to both the benefits achieved and costs of alternative support (section 34(1)(c)).

In considering whether a proposed prosthetic limb represents value for money, the NDIA will consider whether:

- the total labour and associated costs, including the number of hours and hourly rate of the prosthetist, represents value for money in the participant's local market; and
- the cost of componentry proposed represents value for money when compared to the cost of similar prosthetic components that would meet the participant's functional needs and goals.

The NDIA will generally fund definitive limbs only where they are specified (prescribed) by health professionals who are designated and accredited (where applicable) by the artificial limb service in the state or territory where the [participant](#) resides.

For upper and lower limbs, the specifications should propose the minimum level or grade of socket materials, componentry and coverings required that relate to:

- the participant's weight;
- the participant's goals and aspirations;

- the ability to use, put on and remove the limb;
- the ability to care for the limb; and
- the medical needs, that is, residual limb shape, fixed deformity to be accommodated, skin integrity and alignment-relevant co-morbidities.

In addition the necessity for a particular level of componentry should relate to factors that include:

- the participant's expected or known functional level (based on standard measures such as the K classification);
- functional needs related to the environment of use, for example typical floor surfaces and gradients, the use of stairs, the amount of time walking, typical terrain if used outside, expected impacts; and
- the impact of actual or expected vocational demands on limb type.

Generally, the NDIA will fund:

- entry level or standard grade prostheses for participants up to K2 classification and will consider higher prosthesis for people up to K3 and K4 classification;
- repairs, maintenance, minor and major adjustments to prosthetic limbs (or prosthetic limbs funded by other systems prior to the [participant](#) joining the NDIS);
- ancillary costs related to prosthetic limbs such as residual limb socks and sheaths (typically 6 per year);
- limbs external to Osseo integrated implants; and
- upper limb myoelectric prostheses where the participant is either a bi-lateral amputee or has contralateral overuse syndrome which prevents the use of body powered prosthetics and where there is demonstrated commitment and success using a training device.

Generally, the NDIA will *not* fund:

- repairs due to damage resulting from use of a limb outside of recommended use and care guidelines;
- more than one prosthetic limb (i.e. a spare prosthetic limb), unless reasonable and necessary to do so having regard to any vocational demands or other relevant considerations (for a second limb for recreational use, [recreational supports](#); and
- For K4 level, C-legs and computerised components unless reasonable and necessary to do so having regard to the functional benefits expected to be achieved and whether such benefits can be achieved in other ways.

Limbs will be replaced at typical replacement intervals unless more frequent replacement is warranted. Typical replacement periods are 3 years for most adults and, as needed, due to growth for children under 18 years of age (typically no more than bi-annually).

The NDIA may consider whether more frequent replacement is warranted on the basis of the participant's needs.

## 9. Personal care supports

Personal care supports relate to assistance with daily personal activities including assistance with, or supervision of, personal tasks of daily life. For example:

- personal hygiene, including showering, bathing, oral hygiene, dressing and grooming;
- toileting, bladder and bowel management and menstrual care;
- eating and drinking;
- attending appointments;
- use of aids and appliances, hearing and communication devices;
- mobility and transferring, for example moving in and out of bed and on or off the toilet; or
- application of splints, basic first aid due to injuries sustained as a result of a participant's disability.

Personal care supports may be required across a variety of settings. For example, a [participant](#) living alone in their own home, living with family or other people, when undertaking social, recreational, education or employment activities or during holidays away from home.

When personal care supports are being considered, the NDIA will have regard to the degree to which these supports:

- maximise the independence and functional skills of the participant;
- are appropriate to the participant's age and circumstances; and
- whether alternative arrangements or supports could meet a participant's needs in a less intrusive manner. For example, aids and equipment may enable a participant to complete tasks for themselves or the provision of training may increase the participant's independence in the tasks.

Before including any personal care support in a participant's plan, the NDIA *must*, amongst other matters, be satisfied that the support will [assist the participant to pursue their goals, objectives and aspirations](#) (section 34(1)(a)).

Personal care supports are likely to be supports which assist a participant to pursue a number of different goals, rather than being related to a specific goal.

Personal care supports for children are not intended to replace the usual care and supervision provided, or paid for, by a parent (see does [the funding of the support take into account what is reasonable to expect others to provide?](#)). However, the NDIA may fund personal care supports for children with complex needs where the level of support needed is beyond the level usually required for children of the same age.

A participant's request that intimate personal care not be provided by family members or friends should always be respected and taken into account when determining the level of assistance that should be funded.

Supports to provide assistance with daily personal activities should generally be limited to a maximum of 6 hours per day. This level of support is based on:

- bathing, dressing, toileting and grooming up to 2 hours per day – including bowel management, skin care, bladder management, menstrual care;
- assistance with eating up to 2 hours per day which may include assistance with medication;
- mobility including exercise, positioning, moving up to 1 hour per day; and
- where toileting assistance alone is required, up to 1 hour a day.

In some circumstances, the NDIA may decide to fund higher levels of personal care support. In considering whether a higher level of support is needed, the NDIA will give consideration to:

- whether the [participant](#) has high care needs, for example unstable seizure activity or respiratory support;
- the weight (and other physical aspects) of the participant;
- the medical condition of the participant, including any medication required;
- whether the need for a higher level of support is of a temporary nature. For example, due to waiting for a suitable home modification (for example, a bathroom modification) to be completed;
- whether two people are required for transfers;
- whether there are behavioural concerns which require more intensive assistance with personal care activities and there are no other options, for example behavioural support intervention; and
- whether additional time limited funding is likely to reduce a participant's longer term support costs by building their capacity to independently perform personal care activities.

The NDIA will also consider whether [assistive technology](#), [home modifications](#) or other supports can be used to reduce the level of assistance with daily personal activities.

## 10. Recreation supports

[Note: the Recreation Supports section was retired on 2 December 2020, and replaced by the new [Social and Recreation Supports Operational Guideline](#)]

## 11. Sustaining informal supports

The informal support provided by parents, siblings and other family members is vitally important to people with disabilities. In addition to the support provided, the close relationships that participants have with the people who provide this informal support can also be highly important.

Therefore, the ongoing capacity of family members and carers to provide these informal supports can often be critical to the wellbeing of participants.

Support loads and other factors such as illness or ageing can place a carer's wellbeing at risk and compromise their capacity to continue in their caring role. Accordingly, the NDIA recognises that sustaining these informal supports can often be an integral component of meeting a participant's needs.

The NDIA aims to increase the social and economic participation of people with disabilities within the context of their families and existing support networks. The NDIA will use the planning process to build an understanding of a participant's overall support needs, including identifying the range of informal supports which are available and how they can be sustained.

### 11.1 Does the NDIA fund family members to provide supports?

Funding a family member to provide supports to a [participant](#) can be detrimental to family relationships.

For example, the consequences of funding a family member to provide supports may include unintentionally creating an environment where a participant's wishes in relation to their care arrangements or the delivery of their supports is diminished, or there is no or limited respite for the family worker taking on the role of support worker.

Generally, the NDIA will only fund family members to provide supports in exceptional circumstances. For example, when:

- there is a risk of harm or neglect to the participant;
- there are religious or cultural reasons for funding a family member to provide supports; or

- the participant has strong personal views, for example in relation to their privacy or dignity.

The NDIA will consider the circumstances of each case, any wishes expressed by the participant and also take into account what is reasonable to expect others to provide.

The NDIA will not fund a family member to provide personal care or community access supports unless all other options to identify a suitable provider of supports have been exhausted.

Note, if the funding for supports under a participant's plan is managed by the NDIA, family members will only be able to be funded to provide supports if they are a registered provider of supports (see Registered Providers).

## 12. Transport

Transport supports include supports that enable participants to build capacity to independently travel, including through personal transport-related aids and equipment, or training to use public transport.

A participant's transport supports may also include the reasonable and necessary costs of taxis or other private transport options for participants who are not able to travel independently, as well as transport to and from school for students.

Transport supports only relate to participants and do not relate to travel for families, carers or providers of supports. However, providers of supports may claim reasonable travel time when delivering reasonable and necessary supports in the home, or when accompanying participants to access the community.

When considering whether transport is a reasonable and necessary support, the NDIA *must* consider, amongst other matters, whether the support is related to the participant's disability (see what are the general criteria for supports).

A support will not be provided or funded under the NDIS if it relates to day-to-day living costs (rule 5.1(d) of the Supports for Participants Rules).

Day-to-day living costs may include rent, groceries or utility fees, however, this is not an exhaustive list. Transport is an incidental cost of everyday life for most people and, therefore, can also be considered to be a day to day-to-day living cost.

However, the NDIS may fund day-to-day living costs that are incurred by a participant solely and directly as a result of their disability support needs (rule 5.2(a) of the Supports for Participants Rules).

These additional living costs (i.e. those incurred by a participant solely and directly as a result of their disability support needs) may be funded under the NDIS if they relate to reasonable and necessary supports.

Before including any transport support in a participant's plan, the NDIA *must* also be satisfied that the support will [assist the participant to pursue their goals, objectives and aspirations](#).

In addition, the NDIA must take into account [what is reasonable for families, carers, informal networks and the community to provide](#). In relation to transport, this consideration may be different for participants who are children as compared to participants who are adults.

When considering whether a proposed transport support represents [value for money](#), the NDIA will compare the costs of transport to the overall costs of alternative supports which may provide a similar level of independence or reduce a participant's future needs for supports. For example, [vehicle modifications](#).

The NDIA may also consider what options may be available for the participant in their local community, or whether funding other supports has the potential to build a participant's capacity to engage in local community activities.

Transport should only be funded where it has been determined to be reasonable and necessary, where it is an additional cost incurred solely and directly as a result of a participant's disability support needs and, where ancillary to another funded support, it is a cost which the participant would not otherwise incur.

It does not follow, merely because transport is ancillary to a funded support, that it should be funded. The circumstances in which transport may be funded are strictly limited. Transport *must*:

- relate to a support that has been determined to be reasonable and necessary; and
- be an additional cost and incurred solely and directly as a result of disability support needs; and
- where transport is ancillary to another funded support, it must be a cost which the participant would not otherwise incur (see [JQJT and NDIA \[2016\] AATA 478 at \[35\]](#) ).

The NDIS will *not* be responsible for:

- ensuring that public transport options are accessible to a person with disability, including through the funding of concessions to people with disability to use public transport;
- compliance of transport providers and operators with laws dealing with discrimination on the basis of disability, including the *Disability Standards for Accessible Public Transport 2002*;

- transport infrastructure, including road and footpath infrastructure, where this is a part of a universal service obligation or reasonable adjustment (including managing disability parking and related initiatives); or
- support to compensate for the lack of a public transport system.

See also is [the support most appropriately funded or provided through the NDIS?](#) In particular, [transport](#).

## 12.1 Transport and considerations relating to children

Parents of NDIS participants aged under 18 years have a responsibility to meet their child's daily transportation requirements. However, some children may require additional assistance, for example children who cannot use public transport or their parent's vehicle, even if modified, due to their disability.

The NDIS will generally not fund day to day living costs associated with caring for children, including transport costs, as parents are expected to meet a child's everyday transport requirements (see [JQJT and NDIA \[2016\] AATA 478 at \[35\]](#) ).

When considering whether transport is a reasonable and necessary support for a child, the NDIA *must* take into account [what is reasonable for families, carers, informal networks and the community to provide](#) (section 34(1)(e)).

What is reasonable for a family to provide in respect of a particular support should be considered in light of the support they have to provide the child generally because of his or her disability (see [JQJT and NDIA \[2016\] AATA 478 \[39\]](#) ).

When considering whether funding for transport for a [participant](#) who is a child takes account of what it is reasonable to expect families, carers, informal networks and the community to provide, the NDIA will consider:

- that it is normal for parents to provide substantial care and support for children;
- whether, because of the child's disability, the child's care needs are *substantially* greater than those of other children of a similar age;
- the extent of any risks to the wellbeing of the participant's family members or carer or carers; and
- whether the funding or provision of the support would improve the child's capacity or future capacity, or would reduce any risk to the child's wellbeing. (rule 3.4(a) of the Supports for Participants Rules).

The NDIS will be responsible for supports that a student requires that are associated with the functional impact of the student's disability on their daily living activities, such as transport to and from school (rule 7.13 of the Supports for Participants Rules).



When considering if specialist transport to and from school for a participant who is a child is a reasonable and necessary support the NDIA will consider:

- if any other transport option is available and appropriate; and
- whether providing the supports would substitute for parental responsibility.

## 12.2 Transport and considerations relating to adults

A [participant](#) will generally be able to access funding through the NDIS for transport assistance if the participant cannot use public transport without substantial difficulty due to their disability.

The funding the NDIS provides will take into account any relevant taxi subsidy schemes available to the participant and does not cover transport assistance for carers or family members to transport the participant for everyday commitments.

There are generally three levels of funding support for transport. The levels are used to provide a transport budget for participants. In exceptional circumstances, participants may receive higher funding if the participant has either general or funded supports in their plan that enable their participation in employment.

### Level 1

- the NDIS will provide up to \$1,606 per year for participants who are not working, studying or attending day programs but are seeking to enhance their community access.

### Level 2

- the NDIS will provide up to \$2,472 per year for participants who are currently working or studying part-time (up to 15 hours per week), participating in day programs and for other social, recreational, or leisure activities.

### Level 3

- the NDIS will provide up to \$3,456 per year for participants who are currently working, looking for work, or studying, at least 15 hours per week, and are unable to use public transport because of their disability.

When considering whether funding for transport for a participant who is an adult takes account of [what it is reasonable to expect families, carers, informal networks and the community to provide](#), the NDIA will consider:

- the extent of any risks to the wellbeing of the participant arising from the participant's reliance on the support of family members, carers, informal networks and the community; and
- the suitability of family members, carers, informal networks and the community to provide the supports that the participant requires, include such factors as:

1. the age and capacity of the participant's family members and carers, including the extent to which family and community supports are available to sustain them in their caring role;
  2. the intensity and type of support that is required and whether it is age and gender appropriate for a particular family member or carer to be providing that care; and
  3. the extent of any risks to the long term wellbeing of any of the family members or carers (for example, a child should not be expected to provide care for their parents, siblings or other relatives or be required to limit their educational opportunities); and
- the extent to which [informal supports](#) contribute to or reduce a participant's level of independence and other outcomes;
  - for all participants – the desirability of supporting and developing the potential contributions of informal supports and networks within their communities.

## 13. Medium Term Accommodation

[Note: the Medium Term Accommodation section was retired on 26 October 2020, and replaced by the new [Medium Term Accommodation Operational Guideline](#)]

## 14. Assistance Animals

The NDIA has used many reports to inform its definitions, including the La Trobe University report '[Key terms for animals in disability assistance roles \(DOCX\)](#)'.

### 14.1 Definitions of terms

Assistance Animal is an animal that is trained to perform at least three tasks or behaviours that reduce the functional impacts of a person's impairment and is assessed by an authorised body for public access.

- Dog Guide - is a type of assistance animal that is specifically trained to support people with vision impairment or blindness. The terms Guide Dog and Seeing Eye Dog are brands of dog guides.
- Companion animal - is generally an animal kept for companionship or pleasure and otherwise known as a pet.
- Emotional support animal - is an animal that provides informal support for a person with a diagnosed mental illness or condition.
- Facility animal - is an animal that is trained to work in a specific facility or type of facility, like a residential aged care home. The animal may or may not live on-site.

- Medical alert animal - an example of a medical alert animal is an epilepsy seizure dog. Epilepsy seizure dogs are intended to assist a person having a seizure by alerting the caregiver to the seizure, by moving in a way to protect the person having a seizure, or by activating an alarm.
- Therapy animal - is an animal that takes part in therapy interventions that are led by a qualified allied health professional.
- Visitation animal - is an animal belonging to a volunteer, who trains the animal to visit residential, health, or educational facilities, to bring enjoyment to the clients or students.

Animals that don't fit the definition of 'assistance animal' or 'dog guide' are unlikely to meet NDIS funding criteria. This is explained in more detail later in this operational guideline.

Other key definitions for this operational guideline are:

- Functional outcomes - are measurable results linked with how well a person is able to perform specific tasks.
- Mechanical restraint - is the use of a device to prevent or limit a person's movement for the main purpose of controlling their behaviour. Mechanical restraint is a type of restrictive practice.
- Primary handler - is the person responsible for the control, care and wellbeing of the animal.
- Public Access Test - is a test which an animal must pass to be considered safe and effective in accessing public places and public transport. This test varies across states and territories. Generally, this test should be conducted by an unbiased, independent assessor.
- NDIS Participant assistance animal provider - is a provider demonstrating all the requirements to be registered with the NDIS Quality and Safeguards Commission (the 'Commission'). Generally, if a provider is not registered with the Commission they will be registered with the relevant state or territory body.
- Restrictive practice - refers to any practice or intervention that restricts or limits the rights or freedom of movement of a person with disability. Any proposed restrictive practice requires a behaviour support plan with a clear plan to reduce and eliminate the practice, and appropriate authorisation and consent as required by the state or territory in which the person resides.
- Suitability assessment - is an independent assessment of a participant's suitability to receive and use an assistance animal from a NDIS Participant assistance animal provider. This includes an assessment of the person

responsible for the animal (ie. the primary handler), should this not be the participant (e.g. in the case of a child).

## **14.2 What does the NDIS need to consider when funding Assistance Animal supports?**

When funding supports in a participant's plan, such as assistance animals, the NDIA has to consider whether the support meets all of the general criteria for supports and reasonable and necessary criteria (see Section 34 of the NDIS Act and Section 10 of the [Planning Operational Guideline](#)).

### **What supports will the NDIS fund?**

When funding an assistance animal, funded supports include the following:

- a suitable and qualified animal, inclusive of associated participant assessment and provider incurred animal training costs; and
- costs associated with maintenance of the animal for the working life of the animal.

### **What evidence do I need to provide?**

The NDIA needs evidence in writing with input from all of the following:

- an NDIS Participant assistance animal provider;
- allied health professionals; and
- the participant.

Information from other professionals, such as a doctor, may also be provided where relevant to the assistance animal request.

### **What format do I use to provide the evidence?**

The NDIA needs the information outlined in the next sections (14.3 and 14.4) to be provided in a report. The '[NDIS Assistance Animal Assessment Template \(DOCX\)](#)' is available as the NDIA's preferred format to help assessors and participants to provide the required information.

## **14.3 How to meet Part 5 of the Supports for Participants Rules?**

Before funding a support, the NDIA must make sure all the criteria in Part 5 of the 'Supports for Participants' Rules are met. Specific considerations for Rule 5.1(a) and 5.3(a) are set out below.

A support will not be provided or funded under the NDIS if it is likely to cause harm to the participant or pose a risk to others (Rule 5.1(a))

To meet this criterion, the NDIA needs information and evidence confirming the following:

- ability of the primary handler to control, care for and maintain the wellbeing of an assistance animal. This includes the evidence that the property where the assistance animal will live is suitable;
- the assistance animal will not cause health risks to the participant and others living in the property (e.g. allergies);
- where the assistance animal will support the participant at school, the NDIA needs:
  - evidence the school will allow the animal;
  - information on who the primary handler in the school will be and the training they will receive;
  - information on how student interaction with the animal will be managed, so as to ensure the safety of both students and the animal; and
  - the assistance animal will not cause health risks to others in the school.

Generally, the NDIA will not fund assistance animals where:

- there is risk to the wellbeing and safety of the assistance animal;
  - in performing its tasks. This may include lifting or pulling items that are too heavy, or unrealistic expectations (e.g. guiding an electric wheelchair);
  - where a participant has behaviours of concern, such as aggressive or violent behaviour;
  - where a participant has hospital admission(s) for suicide attempt(s) or self-harm behaviours in the previous 12 months;
  - where a participant has had drug or alcohol misuse that has not stabilised in the previous 12 months; or
  - due to any other identified risk factors.
- there is an intention to use the assistance animal as a mechanical restraint (unless there is a behaviour support plan in place);
  - Mechanical restraint includes using the assistance animal to physically stop the participant from moving, or having an animal lie on the participant to prevent behaviours escalating.

Supports which are identified as restrictive practices cannot be funded without a supporting behaviour support plan which has been agreed and approved by the state or territory authority where the participant lives.

[Cruelty to animals is against the law](#) in every state and territory.

A support will not be provided or funded under the NDIS where it would be contrary to a law of the Commonwealth or the State or Territory in which the support would be provided (Rule 5.3(a))

To meet this criterion, the NDIA needs information and evidence confirming the following:

- the assistance animal can legally access public spaces and venues required by the participant (i.e. the assistance animal has passed a Public Access Test); and
- the identity of the person who will be legally responsible for the wellbeing and safety of the assistance animal.

#### 14.4 How to meet section 34 of the NDIS Act?

Before funding a support, the NDIA must make sure all the criteria in section 34 of the NDIS Act 2013 are met. These are known as the reasonable and necessary criteria.

##### **Will the support assist the participant to pursue their goals, objectives and aspirations included in the participant's statement of goals and aspirations? (Section 34(1)(a))**

To meet this criterion, the NDIA needs information and evidence confirm how the assistance animal will assist the participant to work towards and/or achieve their functional goals, objectives and aspirations identified in their plan.

Example 1. Joe is a 30 year old participant with low vision

Joe has a goal to travel by himself on the train to his new workplace. This goal is identified in his plan. To achieve this goal, he requires support with mobility.

The report to NDIA must outline the above, confirming that Joe possesses the required independent mobility skills to successfully navigate the environment and that the dog guide can provide support with mobility.

Example 2. Mandy is a 45 year old participant with post-traumatic stress disorder (PTSD)

Mandy has a goal to independently complete her grocery shopping. This goal is identified in her NDIS plan. To do so, she requires a support that enables her to manage her anxiety to a level that enables her to successfully complete her shopping.

The report to NDIA must outline the above and confirm that an assistance animal can provide support with anxiety management.

Example 3. Connor is a 15 year old participant with autism spectrum disorder

Connor and his parents identify the goal of increased engagement at school. This goal is identified in his NDIS plan. To achieve this, he requires support with regulating his emotions when he becomes overwhelmed.

The report to NDIA must outline the above and confirm that an assistance animal can provide support with emotional regulation.

**Will the support assist the participant to undertake activities, so as to facilitate the participant's social and economic participation? (Section 34(1)(b))**

To meet this criterion, the NDIA needs information and evidence confirming the following:

- the participant's current level of function and any barriers to social and economic participation; and
- how the assistance animal will assist in overcoming these barriers.

**Example 1. Joe**

Joe identifies that he will often need to travel via the train station at peak times, to get to and from work. He needs a support that helps him to overcome the current barrier of negotiating complex environments, with open spaces and large crowds. In open spaces, particularly where there are crowds, Joe reports reduced confidence, unreasonably slow pace, and that he easily becomes disorientated.

Joe has a reasonable level of independent mobility using a long cane. He has had an trial walk with a dog guide, including during peak time at the train station.

The report to NDIA must outline the functional outcomes of this trial walk and demonstrate how a dog guide will facilitate his economic or social participation, in comparison to not having this support.

**Example 2. Mandy**

Mandy gets increased anxiety when in busy and crowded places, to a level where she will avoid leaving her house without the support of another person. Mandy has previously owned an assistance animal, during which time she says she accessed the community more than she has over the past two years, since being without this support.

The report to NDIA must provide an outline from Mandy's treating therapists of their assessment of her, both with and without the support of an assistance animal, in relation to her access to the community for social and economic participation.

**Example 3. Connor**

Connor and his parents identify the opportunities school provides him in making friends and developing his social interaction skills. He requires a support that enables him to display socially appropriate behaviours and engage in social interaction with his peers.

The report to NDIA must outline how an assistance animal can support Connor to manage his emotions to a level that supports his social interactions.

**Does the support represent value for money in that the costs of the support are reasonable, relative to both the benefits achieved and the cost of alternate support? (Section 34(1)(c))**

To meet this criterion, the NDIA needs information and evidence confirming the following:

- the functional outcomes to be achieved through the use of the assistance animal;
- the long term benefit of the assistance animal (for example a dog guide is expected to have a working life of approximately 8 years);
- other supports which may achieve the same outcome, such as assistive technology, therapy supports, a behaviour support plan and/or a self-funded companion animal; and
- how the assistance animal will reduce the need for other supports and over what time period (e.g. a few months, several years etc.).

An animal can have significant therapeutic benefits for people, including participants. However, the report must explain how the assistance animal will benefit the participant over and above that of a companion animal.

Example 1. Joe

In relation to Joe's mobility support needs, he and his assessor should first explore the use and effectiveness of a long cane and other orientation and mobility techniques. Upon trial, there should be assessment of whether these alternatives assist him to navigate the train station at a reasonable pace and remain orientated.

The report to NDIA must outline the outcomes of the trial with these lower cost alternatives.

Example 2. Mandy

In relation to Mandy's anxiety management support needs, she and her assessor should first explore the outcomes of alternative supports, including best-practice, evidence-based interventions, such as clinical mental health supports.

The report to NDIA must outline the best-practice evidence-based interventions Mandy has accessed and the associated outcomes of these supports, including Mandy's ability to complete her grocery shopping independently.

Example 3. Connor

In relation to Connor's emotional regulation support needs, his parents and assessor should first explore the outcomes of best-practice, evidence-based interventions, including a multidisciplinary therapy program and a behaviour support plan.



The report to NDIA must outline the best-practice evidence-based interventions Connor has accessed and associated outcomes of these supports. The report should clearly identify what progress he has made thus far and the expected outcomes of future sessions where applicable.

**Will the support be, or likely to be, effective and beneficial for the participant, having regard to current good practice? (Section 34(1)(d))**

To meet this criterion, the NDIA needs information and evidence confirming the following:

- best-practice interventions that have been used or trialled and how effective they are;
- how the assistance animal will perform at least three tasks that the participant is unable to do;
- pre- and post-trial outcome measures and/or lived experience;
- how the outcomes are a direct result of the assistance animal;
- the assistance animal has completed relevant training, and been assessed as suitably qualified as an assistance animal, and
- how the assistance animal has been assessed as suitable for the participant.

The NDIA recognises that timely access to best practice early childhood intervention is vital for children to ensure that they achieve the best possible outcomes throughout their life. Using the NDIS Early Childhood Early Intervention approach it would be expected that a multidisciplinary team would have worked with each individual child and family prior to requesting funding for an assistance animal.

There is insufficient published and refereed evidence at this time to support the use of epilepsy seizure dogs as an effective and reliable disability support.

**Example 1. Joe**

Through trial walks with a dog guide, Joe and his assessor note the outcomes the dog guide enables Joe to achieve. Outcomes include better mobility to and from work, including negotiating the train station; increased confidence and capability in negotiating crowded areas; better ability to negotiate open areas without becoming disorientated; and the ability to move at a more comfortable and acceptable pace.

The report to NDIA must outline these outcomes and how they relate to the achievement of Joe's goal. The report must identify how these outcomes compare to those that can be achieved by the lower cost alternatives also trialled

**Example 2. Mandy**

To confirm that an assistance animal will still help Mandy, a two week trial is conducted. The purpose of the trial is to work out if Mandy is able to better manage

her anxiety in public places that are familiar to her and complete her grocery shopping without the support of another person.

Throughout the trial, Mandy and her assessor note the outcomes the assistance animal helps Mandy to achieve. Outcomes include independently getting to and from the supermarket in a taxi, independence in finding the items from her shopping list in a logical order, ability to stay on task when there are distractions such as loud noises and ability to interact with other customers and staff while shopping.

The report to NDIA must outline these outcomes and how they relate to the achievement of Mandy's goal. The report must identify how these outcomes compare to those that can be achieved by alternate support options.

#### Example 3. Connor

To explore whether an assistance animal will help Connor with emotional regulation, engagement at school and interactions with his peers, a trial should be conducted in the school setting. This trial should only proceed dependent on the status and outcomes of best-practice evidence-based interventions previously referred to.

The report to NDIA must outline the outcomes of this trial, where this has been considered appropriate to proceed. The report must identify how these outcomes compare to those that can be achieved by alternate support options.

#### **Does the funding or provision of the support take into account what is reasonable to expect families, carers, informal networks and the community to provide? (Section 34(1)(e))**

To meet this criterion, the NDIA needs information and evidence confirming the following:

- the tasks and supports expected of the assistance animal would not generally be considered parental responsibility;
- the tasks and supports that would reasonably be provided by family and other household members; and
- how the assistance animal will provide benefits above that of a companion animal (e.g. pet) that would generally be provided by an individual or their family.

#### Example 1. Joe

Prior to consideration of a dog guide, Joe and his assessor must consider whether it would generally be considered a reasonable expectation of others, including family, to regularly support another adult to get to and from work.

The report to NDIA must outline the tasks and supports that would reasonably be provided by family and other household members and evidence that the assistance animal will provide benefits above that of a companion animal.

### Example 2. Mandy

Prior to consideration of an assistance animal, Mandy and her assessor must consider whether it would generally be considered a reasonable expectation of others, including family, to regularly support another adult to complete their grocery shopping.

The report to NDIA must outline the tasks and supports that would reasonably be provided by family and other household members and evidence that the assistance animal will provide benefits above that of a companion animal.

### Example 3. Connor

Prior to consideration of an assistance animal, Connor's parents and his assessor must consider the level and frequency of support that a child of Connor's age would typically require to manage their emotions in the school setting.

The report to NDIA must outline:

- tasks which would generally be considered parental responsibility;
- tasks and supports that would reasonably be provided by family and the school; and
- evidence that the assistance animal will provide benefits above that of a companion animal.

### **Is the support most appropriately funded by the National Disability Insurance Scheme? (Section 34(1)(f))**

Generally, assistance animal supports are most appropriately funded under the NDIS for a participant where all the above criteria have been met.

### **14.5 Will the NDIS fund maintenance costs?**

Where an assistance animal meets all of the reasonable and necessary criteria, the NDIA will generally fund supports related to the ongoing maintenance of the assistance animal.

This may include costs related to:

- food
- grooming
- flea and worm treatments
- medication
- vaccinations
- veterinary services.

## 14.6 Will the NDIA provide funding to train a dog before it has become a qualified assistance animal?

La Trobe University completed a study '[NDIS participant-trained assistance dogs \(DOCX\)](#)' in relation to the training of assistance dogs. Based on these findings the NDIA will generally not provide funding for a dog before it has become a qualified assistance animal.

The study found:

- not all dogs who undertake training go on to successfully qualify as an assistance animal; and
- there is no reliable way to predict if a particular dog will successfully qualify as an assistance animal before it has completed its training.

Therefore, it is unlikely the dog will meet the following reasonable and necessary criteria:

- the support represents value for money, in that the costs of the support are reasonable, relative to both the benefits achieved and the cost of alternate support (34(1)(c));  
As it is not possible to guarantee the dog will successfully complete the training, the value for money criteria will not be met.
- the support will be, or is likely to be, effective and beneficial for the participant, having regard to current good practice (34 (1) (d)); or  
As the dog may not complete training the NDIA is unable to state the animal will be beneficial or effective as the dog may not address the participant's functional impairments.
- the funding or provision of the support takes into account of what is reasonable to expect families, carers, informal networks and community to provide (34 (1) (e)).  
Funding a dog that has not successfully completed assistance animal training is no different to providing a companion animal (e.g. pet). It is reasonable to expect that individuals/families would self-fund a companion animal.

Based on this evidence, the NDIS does not provide funding for a participant to train their own dog to be an assistance animal. This also applies if a registered assistance animal provider is engaged to train the dog, as not all dogs go on to successfully qualify as an assistance animal.

For the same reasons, the NDIS does not fund a provider to supply a dog as an NDIS support until they are fully trained and qualified assistance animals.

# COVID 19 - Payment to Family Members to Maintain Funded Core Supports – Time-limited Response

During the COVID-19 pandemic, the National Disability Insurance Agency (NDIA) has introduced a time limited policy to support participants who have a positive diagnosis of COVID-19 and are not able to receive personal care supports from a provider.

The purpose of this temporary policy is to ensure that participants have access to the support they need that relate to daily personal activities including assistance with or supervision of, personal tasks of daily life, through the ability to pay family members to provide support where other funded support options are unavailable and have been exhausted.

**For a family member to be paid under this short term policy, the criteria outlined in this policy need to be met. These are detailed in the frequently asked questions below.**

The NDIA will review this time limited policy in November 2020.

**Note:** for Tier 4 escalation, refer to the [Coronavirus \(COVID-19\) Tier 4 Referrals Script](#) and [Standard Operating Procedure - COVID-19 - Referral for an Unscheduled Plan Review](#).

## 1. Frequently Asked Questions

### 1.1 When can a family member be paid as a support worker?

The NDIA will temporarily pay family members to provide personal care supports (as defined in [insert link below](#)) as an exceptional circumstance where the following criteria is met:

- the participant tests positive for Coronavirus (COVID-19)
- the participant was receiving [personal care supports](#), which because of the positive diagnosis are unable to continue, due to provider withdrawal or unavailability
- all alternative options for the provision of paid support have been explored and exhausted
- the family member is engaged with a registered National Disability Insurance Scheme (NDIS) provider or registered provider of supports (in Western Australia) for the support required
- supports are provided by a family member for a short timeframe until an alternative provider can be found, with a maximum period of eight weeks to cover the period of infection and re-establishment of support
- the support is not ordinarily provided by the family member in an informal capacity
- the support is not funded or provided by other mainstream support services, including health

- plan funds and personal care supports are in alignment with the participant's plan
- the funding is expected to be managed within the participants existing core supports budget
- when the family member is not already receiving a carers payments from Services Australia.

**Note:** the participant must consent to the support from the family member.

## 1.2 What constitutes a family member?

A current definition of a family is an interdependent group of people (family members) who are bound together over time by ties of mutual consent, birth, adoption or placement.

## 1.3 What requirements does the family member need to provide paid support?

Family members who receive payments to provide personal care supports to participants must:

- be engaged with a registered NDIS provider (with the NDIS Commission) or registered provider of supports (in Western Australia) for the support required
- provide supports maximising the health and wellbeing of the participant
- adhere to the health information provided by the Australian Government and the State or Territory Government for the location in which the participant resides
- provide supports related to the participant's disability
- not replace or duplicate supports most appropriately provided through the health care system
- cease providing paid supports once the maximum period (eight weeks) has been reached and transition to formal support arrangements.

## 1.4 What are the exclusions from this short term policy?

- Participants who do not have funded personal care supports within their Core budget
- Participants who are awaiting results from a COVID-19 test
- Payments to family members who are already receiving carers payments from Services Australia
- Payment to family members who elect to withdraw paid supports as a precautionary measure against possible infection
- Payment to family members engaged as a preference to other paid supports where the circumstances under inclusions are not met

- Support which does not relate to the participant's disability or is not in line with their NDIS plan
- Provision of medical or nursing type care for treatment of COVID-19 that should be provided through the health system; or
- Provision of paid family support for people who receive Supported Independent Living (SIL) funding within a shared residential setting. Refer to [COVID - 19 - Positive COVID-19 Cases in Supported Independent Living](#) for relevant guidance.

## 1.5 What are the personal care supports which can be provided?

Personal care supports relate to daily personal activities including assistance with, or supervision of personal tasks of daily life. Examples include:

- personal hygiene, including showering, bathing, oral hygiene, dressing and grooming
- toileting, bladder, bowel management and menstrual care
- eating and drinking
- attending appointments
- use of aids and appliances, hearing and communication devices
- mobility and transferring, such as moving in and out of bed or on or off the toilet
- application of splints, basic first aid and wound care due to injuries sustained as a result of the disability.

Refer to [Including Specific Types of Supports in Plans Operational Guideline - Personal care supports \(external\)](#) for full information.

## 1.6 How does the participant use their funding for this support?

It is expected participant's will use the funding from their existing Core supports budget.

As part of the NDIA's initial COVID-19 response, changes were made to the myplace portal so all participants, no matter how their plan was managed, could use their Core supports budget flexibly to purchase the services and supports they need. This means funds can be used flexibly across the four sub categories within the Core support budget and an unscheduled plan review will not be required.

## 1.7 How long can this support continue?

Paid support from a family member is time limited, while an alternative provider can be found.

**Eight weeks is the maximum period** of time expected to cover the period of infection and re-establishment of alternate supports.

## 1.8 Does the participant's plan management arrangements affect this support?

### 1.8.1 Agency managed

Family members must be engaged with a registered NDIS provider (with the NDIS Commission) or registered provider of supports (in Western Australia) for the support required.

### 1.8.2 Plan managed and self-managed

The NDIA strongly advises the family member is engaged through a registered provider to ensure appropriate training and quality and safeguards are in place.

Self-managed participants can engage family members to provide support and record and claim their purchases in the usual way. When supports are specifically described in the participant's plan, the funding must be used in direct accordance with their plan.

## 1.9 How does the provider pay family members?

Providers can claim funds from the participant's NDIS plan to pay a family member to provide personal care supports when that the participant and their family member meet all the conditions to this arrangement.

## 1.10 Does the participant need an unscheduled plan review?

An unscheduled plan review is not required for a family member to be paid as a support worker where the above criteria met. If the participant has available funding in their Core budget, as it can be used flexibly.

Before escalating as a Tier 4 referral consider the following steps:

- ensure all options with the provider have been exhausted. This may require follow up with provider to verify and consider other options first
- understand the policy and determine the participant's circumstances meets the requirements
- outline the requirements to participant/family member
- if required, help the participant/family member locate [Finding support workers](#) on the NDIS website, to engage with a registered provider who can provide the support
- if the participant has no supports available to them, initiate a critical incident response, by referring to the [Participant Critical Incidents intranet page](#) for full guidance.

If other immediate supports are required because the participant is currently or likely to experience a breakdown in funded supports, a Tier 4 referral may be appropriate. Refer to the [Standard Operating Procedure - COVID-19 - Referral for an Unscheduled Plan Review](#) for further details.

For further information, refer to the [Coronavirus \(COVID-19\) Tier 4 Referrals Script](#).



## 1.11 How do we support the participant to engage with providers?

To help participants looking for support workers, the participant can be directed to the [Finding support workers](#) link on the NDIS website. This page identifies a list of disability support platforms. Participants looking for support workers, new workers looking for jobs and NDIS providers looking for new staff can access these platforms.

The participant's Local Area Coordinator or support coordinator can also support the participant to locate an alternate provider.

## 2. Process owner and approver

General Manager Participant Experience Design.

## 3. Further information

- [Coronavirus \(COVID-19\) Information and Support \(external\)](#)
- [COVID-19 \(coronavirus\) Intranet page](#)
- [Department of Health \(external\)](#)
- [Victorian Department of Health and Human Services \(external\)](#)
- [COVID-19 – Information and Support Contacts](#)
- [COVID-19 – Script – Vulnerable Participants Check-in](#)
- [COVID-19 – Script – Victorian Participants – Children 0-17 Years Check-in](#)
- [COVID-19 – Script – Victorian Participants - 18 Years and Over Check-in.](#)

## 4. Version control

Version	Amended by	Brief Description of Change	Status	Date
0.1	EES174	Development of new fact sheet to support the payment of family members as Support Workers, where there are no external providers able to deliver the service.	DRAFT	2020-08-25
0.2	LFK101	Continuation of draft with questions and answers to support staff. Information came from draft policy.	DRAFT	2020-08-25
0.3	EES174	Updated section 3 – further information with additional hyperlinks to resources.	DRAFT	2020-08-27
0.4	KN0014	Reviewed for progression.	DRAFT	2020-08-27
0.5	LFK101	Continuation of draft following review.	DRAFT	2020-08-27

Version	Amended by	Brief Description of Change	Status	Date
0.6	JS0082	Commencement of review.	DRAFT	2020-08-27
0.7	JS0082	Continuation of review.	DRAFT	2020-09-01
0.8	LFK101	Amendments to draft based on final Policy.	DRAFT	2020-09-01
0.9	JC0075	Reviewed with comments.	DRAFT	2020-09-01
0.10	LFK101	Further amendments.	DRAFT	2020-09-02
0.11	JC0075	Reviewed with comments.	DRAFT	2020-09-02
0.12	LFK101	Further amendments.	DRAFT	2020-09-02
1.0	BIB217	Class 3 approved	APPROVED	2020-09-08

# COVID 19 - Payment to Family Members to Maintain Funded Core Supports – Time-limited Response

During the COVID-19 pandemic, the National Disability Insurance Agency (NDIA) has introduced a time limited policy to support participants who have a positive diagnosis of COVID-19 and are not able to receive personal care supports from a provider.

The purpose of this temporary policy is to ensure that participants have access to the support they need that relate to daily personal activities including assistance with or supervision of, personal tasks of daily life, through the ability to pay family members to provide support where other funded support options are unavailable and have been exhausted.

**For a family member to be paid under this short term policy, the criteria outlined in this policy need to be met. These are detailed in the frequently asked questions below.**

The NDIA will review this time limited policy in November 2020.

**Note:** for Tier 4 escalation, refer to the [Coronavirus \(COVID-19\) Tier 4 Referrals Script](#) and [Standard Operating Procedure - COVID-19 - Referral for an Unscheduled Plan Review](#).

## 1. Frequently Asked Questions

### 1.1 When can a family member be paid as a support worker?

The NDIA will temporarily pay family members to provide personal care supports (as defined in [insert link below](#)) as an exceptional circumstance where the following criteria is met:

- the participant tests positive for Coronavirus (COVID-19)
- the participant was receiving [personal care supports](#), which because of the positive diagnosis are unable to continue, due to provider withdrawal or unavailability
- all alternative options for the provision of paid support have been explored and exhausted
- the family member is engaged with a registered National Disability Insurance Scheme (NDIS) provider or registered provider of supports (in Western Australia) for the support required
- supports are provided by a family member for a short timeframe until an alternative provider can be found, with a maximum period of eight weeks to cover the period of infection and re-establishment of support
- the support is not ordinarily provided by the family member in an informal capacity
- the support is not funded or provided by other mainstream support services, including health

- plan funds and personal care supports are in alignment with the participant's plan
- the funding is expected to be managed within the participants existing core supports budget
- when the family member is not already receiving a carers payments from Services Australia.

**Note:** the participant must consent to the support from the family member.

## 1.2 What constitutes a family member?

A contemporary definition of a family is an interdependent group of people (family members) who are bound together over time by ties of mutual consent, birth, adoption or placement.

Some examples of family member relationships include, wife, father, grandmother, stepfather, daughter, grandson, step-daughter, brother, mother-in-law, uncle or niece. This also includes any legally recognised variations to these relationships such as, de facto, adoptive or same sex relationships.

## 1.3 What requirements does the family member need to provide paid support?

Family members who receive payments to provide personal care supports to participants must:

- be engaged with a registered NDIS provider (with the NDIS Commission) or registered provider of supports (in Western Australia) for the support required
- provide supports maximising the health and wellbeing of the participant
- adhere to the health information provided by the Australian Government and the State or Territory Government for the location in which the participant resides
- provide supports related to the participant's disability
- not replace or duplicate supports most appropriately provided through the health care system
- cease providing paid supports once the maximum period (eight weeks) has been reached and transition to formal support arrangements.

## 1.4 What are the exclusions from this short term policy?

- Participants who do not have funded personal care supports within their Core budget
- Participants who are awaiting results from a COVID-19 test
- Payments to family members who are already receiving carers payments from Services Australia

- Payment to family members who elect to withdraw paid supports as a precautionary measure against possible infection
- Payment to family members engaged as a preference to other paid supports where the circumstances under inclusions are not met
- Support which does not relate to the participant's disability or is not in line with their NDIS plan
- Provision of medical or nursing type care for treatment of COVID-19 that should be provided through the health system; or
- Provision of paid family support for people who receive Supported Independent Living (SIL) funding within a shared residential setting. Refer to [COVID - 19 - Positive COVID-19 Cases in Supported Independent Living](#) for relevant guidance.

## 1.5 What are the personal care supports which can be provided?

Personal care supports relate to daily personal activities including assistance with, or supervision of personal tasks of daily life. Examples include:

- personal hygiene, including showering, bathing, oral hygiene, dressing and grooming
- toileting, bladder, bowel management and menstrual care
- eating and drinking
- attending appointments
- use of aids and appliances, hearing and communication devices
- mobility and transferring, such as moving in and out of bed or on or off the toilet
- application of splints, basic first aid and wound care due to injuries sustained as a result of the disability.

Refer to [Including Specific Types of Supports in Plans Operational Guideline - Personal care supports \(external\)](#) for full information.

## 1.6 How does the participant use their funding for this support?

It is expected participant's will use the funding from their existing Core supports budget.

As part of the NDIA's initial COVID-19 response, changes were made to the myplace portal so all participants, no matter how their plan was managed, could use their Core supports budget flexibly to purchase the services and supports they need. This means funds can be used flexibly across the four sub categories within the Core support budget and an unscheduled plan review will not be required.

## 1.7 How long can this support continue?

Paid support from a family member is time limited, while an alternative provider can be found.

**Eight weeks is the maximum period** of time expected to cover the period of infection and re-establishment of alternate supports.

## 1.8 Does the participant's plan management arrangements affect this support?

### 1.8.1 Agency managed

Family members must be engaged with a registered NDIS provider (with the NDIS Commission) or registered provider of supports (in Western Australia) for the support required.

### 1.8.2 Plan managed and self-managed

The NDIA strongly advises the family member is engaged through a registered provider to ensure appropriate training and quality and safeguards are in place.

Self-managed participants can engage family members to provide support and record and claim their purchases in the usual way. When supports are specifically described in the participant's plan, the funding must be used in direct accordance with their plan.

## 1.9 How does the provider pay family members?

Providers can claim funds from the participant's NDIS plan to pay a family member to provide personal care supports when that the participant and their family member meet all the conditions to this arrangement.

## 1.10 Does the participant need an unscheduled plan review?

An unscheduled plan review is not required for a family member to be paid as a support worker where the above criteria met. If the participant has available funding in their Core budget, as it can be used flexibly.

Before escalating as a Tier 4 referral consider the following steps:

- ensure all options with the provider have been exhausted. This may require follow up with provider to verify and consider other options first
- understand the policy and determine the participant's circumstances meets the requirements
- outline the requirements to participant/family member
- if required, help the participant/family member locate [Finding support workers](#) on the NDIS website, to engage with a registered provider who can provide the support
- if the participant has no supports available to them, initiate a critical incident response, by referring to the [Participant Critical Incidents intranet page](#) for full guidance.

If other immediate supports are required because the participant is currently or likely to experience a breakdown in funded supports, a Tier 4 referral may be appropriate. Refer to the [Standard Operating Procedure - COVID-19 - Referral for an Unscheduled Plan Review](#) for further details.

For further information, refer to the [Coronavirus \(COVID-19\) Tier 4 Referrals Script](#).

### 1.11 How do we support the participant to engage with providers?

To help participants looking for support workers, the participant can be directed to the [Finding support workers](#) link on the NDIS website. This page identifies a list of disability support platforms. Participants looking for support workers, new workers looking for jobs and NDIS providers looking for new staff can access these platforms.

The participant's Local Area Coordinator or support coordinator can also support the participant to locate an alternate provider.

## 2. Process owner and approver

General Manager Participant Experience Design.

## 3. Further information

- [Coronavirus \(COVID-19\) Information and Support \(external\)](#)
- [COVID-19 \(coronavirus\) Intranet page](#)
- [Department of Health \(external\)](#)
- [Victorian Department of Health and Human Services \(external\)](#)
- [COVID-19 – Information and Support Contacts](#)
- [COVID-19 – Script – Vulnerable Participants Check-in](#)
- [COVID-19 – Script – Victorian Participants – Children 0-17 Years Check-in](#)
- [COVID-19 – Script – Victorian Participants - 18 Years and Over Check-in.](#)

## 4. Version control

Version	Amended by	Brief Description of Change	Status	Date
1.0	BIB217	Class 3 approved.	APPROVED	2020-09-08

Version	Amended by	Brief Description of Change	Status	Date
2.0	SM0075	Class 3 approved. New guidance to support a short term measure for participants diagnosed with COVID-19 to pay family members to provide personal care supports in exceptional circumstances.	APPROVED	2020-09-10



# COVID 19 - Payment to Family Members to Maintain Funded Core Supports – Time-limited Response

During the COVID-19 pandemic, the National Disability Insurance Agency (NDIA) has introduced a time limited policy to support participants who have a positive diagnosis of COVID-19 and are not able to receive personal care supports from a provider.

The purpose of this temporary policy is to ensure that participants have access to the support they need that relate to daily personal activities. This includes assistance with or supervision of personal tasks of daily life. Family members can be paid to provide support where other options are unavailable and have been exhausted.

**For a family member to be paid under this short term policy, the criteria outlined in this policy need to be met. These are detailed in the frequently asked questions below.**

**Note:** for Tier 4 escalation, refer to the [Coronavirus \(COVID-19\) Tier 4 Referrals Script](#) and [Standard Operating Procedure - COVID-19 - Referral for an Unscheduled Plan Review](#).

## 1. Frequently Asked Questions

### 1.1 When can a family member be paid as a support worker?

The NDIA will temporarily pay family members to provide personal care supports (as defined in [insert link below](#)) as an exceptional circumstance where the following criteria is met:

- the participant tests positive for Coronavirus (COVID-19)
- the participant was receiving [personal care supports](#), which because of the positive diagnosis are unable to continue, due to provider withdrawal or unavailability
- all alternative options for the provision of paid support have been explored and exhausted
- the family member is engaged with a registered National Disability Insurance Scheme (NDIS) provider or registered provider of supports (in Western Australia) for the support required
- supports are provided by a family member for a short timeframe until an alternative provider can be found, with a maximum period of eight weeks to cover the period of infection and re-establishment of support
- the support is not ordinarily provided by the family member in an informal capacity
- the support is not funded or provided by other mainstream support services, including health
- plan funds and personal care supports are in alignment with the participant's plan

- the funding is expected to be managed within the participants existing core supports budget
- when the family member is not already receiving a carers payments from Services Australia.

**Note:** the participant must consent to the support from the family member.

## 1.2 What constitutes a family member?

A contemporary definition of a family is an interdependent group of people (family members) who are bound together over time by ties of mutual consent, birth, adoption or placement.

Some examples of family member relationships include, wife, father, grandmother, stepfather, daughter, grandson, step-daughter, brother, mother-in-law, uncle or niece. This also includes any legally recognised variations to these relationships such as, de facto, adoptive or same sex relationships.

## 1.3 What requirements does the family member need to provide paid support?

Family members who receive payments to provide personal care supports to participants must:

- be engaged with a registered NDIS provider (with the NDIS Commission) or registered provider of supports (in Western Australia) for the support required
- provide supports maximising the health and wellbeing of the participant
- adhere to the health information provided by the Australian Government and the State or Territory Government for the location in which the participant resides
- provide supports related to the participant's disability
- not replace or duplicate supports most appropriately provided through the health care system
- cease providing paid supports once the maximum period (eight weeks) has been reached and transition to formal support arrangements.

## 1.4 What are the exclusions from this short term policy?

- Participants who do not have funded personal care supports within their Core budget
- Participants who are awaiting results from a COVID-19 test
- Payments to family members who are already receiving carers payments from Services Australia
- Payment to family members who elect to withdraw paid supports as a precautionary measure against possible infection

- Payment to family members engaged as a preference to other paid supports where the circumstances under inclusions are not met
- Support which does not relate to the participant's disability or is not in line with their NDIS plan
- Provision of medical or nursing type care for treatment of COVID-19 that should be provided through the health system; or
- Provision of paid family support for people who receive Supported Independent Living (SIL) funding within a shared residential setting. Refer to [COVID - 19 - Positive COVID-19 Cases in Supported Independent Living](#) for relevant guidance.

## 1.5 What are the personal care supports which can be provided?

Personal care supports relate to daily personal activities including assistance with, or supervision of personal tasks of daily life. Examples include:

- personal hygiene, including showering, bathing, oral hygiene, dressing and grooming
- toileting, bladder, bowel management and menstrual care
- eating and drinking
- attending appointments
- use of aids and appliances, hearing and communication devices
- mobility and transferring, such as moving in and out of bed or on or off the toilet
- application of splints, basic first aid and wound care due to injuries sustained as a result of the disability.

Refer to [Including Specific Types of Supports in Plans Operational Guideline - Personal care supports \(external\)](#) for full information.

## 1.6 How does the participant use their funding for this support?

It is expected participant's will use the funding from their existing Core supports budget.

As part of the NDIA's initial COVID-19 response, changes were made to the myplace portal so all participants, no matter how their plan was managed, could use their Core supports budget flexibly to purchase the services and supports they need. This means funds can be used flexibly across the four sub categories within the Core support budget and an unscheduled plan review will not be required.

## 1.7 How long can this support continue?

Paid support from a family member is time limited, while an alternative provider can be found.

**Eight weeks is the maximum period** of time expected to cover the period of infection and re-establishment of alternate supports.

## 1.8 Does the participant's plan management arrangements affect this support?

### 1.8.1 Agency managed

Family members must be engaged with a registered NDIS provider (with the NDIS Commission) or registered provider of supports (in Western Australia) for the support required.

### 1.8.2 Plan managed and self-managed

The NDIA strongly advises the family member is engaged through a registered provider to ensure appropriate training and quality and safeguards are in place.

Self-managed participants can engage family members to provide support and record and claim their purchases in the usual way. When supports are specifically described in the participant's plan, the funding must be used in direct accordance with their plan.

## 1.9 How does the provider pay family members?

Providers can claim funds from the participant's NDIS plan to pay a family member to provide personal care supports when that the participant and their family member meet all the conditions to this arrangement.

## 1.10 Does the participant need an unscheduled plan review?

An unscheduled plan review is not required for a family member to be paid as a support worker where the above criteria met. If the participant has available funding in their Core budget, as it can be used flexibly.

Before escalating as a Tier 4 referral consider the following steps:

- ensure all options with the provider have been exhausted. This may require follow up with the provider to verify and consider other options first
- understand the policy and determine the participant's circumstances meets the requirements
- outline the requirements to the participant/family member
- if required, help the participant/family member locate [Finding support workers](#) on the NDIS website, to engage with a registered provider who can provide the support
- if the participant has no supports available to them, initiate a critical incident response, by referring to the [Participant Critical Incidents intranet page](#) for full guidance.

If other immediate supports are required because the participant is currently or likely to experience a breakdown in funded supports, a Tier 4 referral may be appropriate. Refer to the [Standard Operating Procedure - COVID-19 - Referral for an Unscheduled Plan Review](#) for further details.

For further information, refer to the [Coronavirus \(COVID-19\) Tier 4 Referrals Script](#).

## 1.11 How do we support the participant to engage with providers?

To help participants looking for support workers, the participant can be directed to the [Finding support workers](#) link on the NDIS website. This page identifies a list of disability support platforms. Participants looking for support workers, new workers looking for jobs and NDIS providers looking for new staff can access these platforms.

The participant's Local Area Coordinator or support coordinator can also support the participant to locate an alternate provider.

## 2. Process owner and approver

General Manager Participant Experience Design.

## 3. Further information

- [Coronavirus \(COVID-19\) Information and Support \(external\)](#)
- [COVID-19 \(coronavirus\) Intranet page](#)
- [Department of Health \(external\)](#)
- [Victorian Department of Health and Human Services \(external\)](#)
- [COVID-19 – Information and Support Contacts](#)
- [COVID-19 – Script – Vulnerable Participants Check-in](#)
- [COVID-19 – Script – Victorian Participants – Children 0-17 Years Check-in](#)
- [COVID-19 – Script – Victorian Participants - 18 Years and Over Check-in.](#)

## 4. Version control

Version	Amended by	Brief Description of Change	Status	Date
1.0	BIB217	Class 3 approved.	APPROVED	2020-09-08
2.0	SM0075	Class 3 approved. New guidance to support a short term measure for participants diagnosed with COVID-19 to pay family members to provide personal care supports in exceptional circumstances.	APPROVED	2020-09-10

Version	Amended by	Brief Description of Change	Status	Date
3.0	JC0075 TTO324	Class 2 approved. Endorsed by Branch Manager, Agency Policy. Update includes the extension of the NDIA policy to 28 February 2021 to only apply in exceptional circumstances related to a COVID-19 positive participant.	APPROVED	2020-10-01



# What principles do we follow to create your plan?

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

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

## What supports can we fund?

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

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

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

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

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

- the support is related to your disability<sup>2</sup>
- the support will help you pursue your goals and aspirations<sup>3</sup>
- the support will help you undertake activities that will increase your social and economic participation<sup>4</sup>
- the support is value for money,<sup>5</sup> which means that the costs are reasonable:

- when compared to the benefits to be achieved, for example, whether purchasing the support is likely to reduce the cost of funding other supports in the long term<sup>6</sup>
- when compared to alternative options that may provide you with the same outcome at a similar or cheaper cost<sup>7</sup>
- the support is likely to be effective and beneficial for you, having regard to good practice and evidence<sup>8</sup>
- the support is required to complement the informal supports you have available, by taking into account what is reasonable for families, carers, informal networks and the community to provide<sup>9</sup>
- the support is most appropriately funded or provided by the NDIS<sup>10</sup>
- the support is not more appropriately funded by another service system, agency, person or body, such as the education system or the health system.<sup>11</sup> We can't fund a support if it's the responsibility of another service system.

## What supports don't we fund?

We do not fund a support if:<sup>12</sup>

- it is likely to **cause harm** to you or others<sup>13</sup>
- it is **not related** to your disability<sup>14</sup>
- it **duplicates** other supports delivered by the NDIS<sup>15</sup>
- it is considered a **day-to-day living cost** (for example, rent, groceries or utility costs like your water bill) that are **not attributable or caused by** your disability support needs<sup>16</sup>
- providing the support would be **against the law**<sup>17</sup>
- it consists of **income replacement**<sup>18</sup>
- it is the **responsibility of other service systems** to provide (for example, your state government, the education system, or the health system).<sup>19</sup> These different systems have different responsibilities, and are designed to complement each other to form a government safety net. Like all Australians, NDIS participants continue to have access to these systems. We can't fund a support if it's the responsibility of another service.





## How do we manage the financial sustainability of the NDIS?

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

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

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

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

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

## What principles do we use to create your plan?

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

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

- [Fair assistance from multiple programs](#)

## Fair for everyone, both today and for future generations

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

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

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

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

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

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

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

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

## Fair funding to pursue your goals

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

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



Other things to know about when setting your goals:

1. **Setting more goals or bigger goals doesn't mean we'll provide more funding or fund more supports.** For example, if your goal is to live independently in a house with a swimming pool, we may fund home modifications that address your disability related needs. This might be a home modification to make your bathroom accessible. We won't fund the swimming pool because this isn't related to your disability support needs. The funding in your plan might be similar to someone else who has a goal of 'to have a more accessible bathroom'.
2. **Setting a goal doesn't mean we have an obligation to fund supports that help you pursue that goal.** For example, if your goal is to get a gym membership to get fit, we wouldn't usually fund this. Gym memberships are things that all people, with or without disability, might want or need.
3. **Setting a goal about an explicit type or amount of support you might want doesn't mean we have an obligation to fund that support or provide that amount of funding.** For example, you may tell us your goal is 'to get a top model shower commode' and you show us the one you want costs \$4,000.

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

## Evidence-based best practice

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

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

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

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

## Fair early investments

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

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

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

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

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

## Fair support across service systems

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

## Fair supports for your disability needs

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

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



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

## Fair assistance from multiple programs

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

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

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

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

<sup>2</sup> NDIS (Supports for Participants) Rules r 5.1(b).

<sup>3</sup> NDIS Act s 34(1)(a).

<sup>4</sup> NDIS Act s 34(1)(b).

<sup>5</sup> NDIS Act s 34(1)(c).

<sup>6</sup> NDIS (Supports for Participants) Rules r 3.1(c).

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

<sup>8</sup> NDIS Act s 34(1)(d).

<sup>9</sup> NDIS Act s 34(1)(e).

<sup>10</sup> NDIS Act s 34(1)(f).

<sup>11</sup> NDIS Act s 34(1)(f).

<sup>12</sup> NDIS (Supports for Participants) Rules part 5.

<sup>13</sup> NDIS (Supports for Participants) Rules r 5.1(a).

<sup>14</sup> NDIS (Supports for Participants) Rules r 5.1(b).

<sup>15</sup> NDIS (Supports for Participants) Rules r 5.1(c).

<sup>16</sup> NDIS (Supports for Participants) Rules r 5.1(d).

<sup>17</sup> NDIS (Supports for Participants) Rules r 5.3(a).

<sup>18</sup> NDIS (Supports for Participants) Rules r 5.3(b).

<sup>19</sup> NDIS Act s 34(1)(f).

<sup>20</sup> NDIS Act s 118(1)(b).

<sup>21</sup> NDIS Act s 4(17)(b).

<sup>22</sup> NDIS Act s 33(2).

<sup>23</sup> NDIS Act s 33(5)(a).

<sup>24</sup> NDIS Act s 34(1)(a).

<sup>25</sup> NDIS Act s 34(1)(d).

<sup>26</sup> NDIS (Supports for Participants) Rules r 4.1(d).

<sup>27</sup> NDIS Act s 34(1).

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

<sup>29</sup> NDIS Act s 34(1)(c); NDIS (Supports for Participants) Rules r 3.1.

# What principles do we follow to create your plan?

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

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

## What supports can we fund?

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

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

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

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

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

- the support is related to your disability<sup>2</sup>
- the support will help you pursue your goals and aspirations<sup>3</sup>
- the support will help you undertake activities that will increase your social and economic participation<sup>4</sup>
- the support is value for money,<sup>5</sup> which means that the costs are reasonable:

- when compared to the benefits to be achieved, for example, whether purchasing the support is likely to reduce the cost of funding other supports in the long term<sup>6</sup>
- when compared to alternative options that may provide you with the same outcome at a similar or cheaper cost<sup>7</sup>
- the support is likely to be effective and beneficial for you, having regard to good practice and evidence<sup>8</sup>
- the support is required to complement the informal supports you have available, by taking into account what is reasonable for families, carers, informal networks and the community to provide<sup>9</sup>
- the support is most appropriately funded or provided by the NDIS<sup>10</sup>
- the support is not more appropriately funded by another service system, agency, person or body, such as the education system or the health system.<sup>11</sup> We can't fund a support if it's the responsibility of another service system.

## What supports don't we fund?

We do not fund a support if:<sup>12</sup>

- it is likely to **cause harm** to you or others<sup>13</sup>
- it is **not related** to your disability<sup>14</sup>
- it **duplicates** other supports delivered by the NDIS<sup>15</sup>
- it is considered a **day-to-day living cost** (for example, rent, groceries or utility costs like your water bill) that are **not attributable or caused by** your disability support needs<sup>16</sup>
- providing the support would be **against the law**<sup>17</sup>
- it consists of **income replacement**<sup>18</sup>
- it is the **responsibility of other service systems** to provide (for example, your state government, the education system, or the health system).<sup>19</sup> These different systems have different responsibilities, and are designed to complement each other to form a government safety net. Like all Australians, NDIS participants continue to have access to these systems. We can't fund a support if it's the responsibility of another service.

## How do we manage the financial sustainability of the NDIS?

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

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

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

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

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

## What principles do we use to create your plan?

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

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



- [Fair assistance from multiple programs](#)

## Fair for everyone, both today and for future generations

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

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

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

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

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

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

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

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

## Fair funding to pursue your goals

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

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

Other things to know about when setting your goals:

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What principles do we follow to create your plan

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**This document is correct at the date of publication.**

**Always visit [ourguidelines.ndis.gov.au](https://ourguidelines.ndis.gov.au) for the latest version.**

1. **Setting more goals or bigger goals doesn't mean we'll provide more funding or fund more supports.** For example, if your goal is to live independently in a house with a swimming pool, we may fund home modifications that address your disability related needs. This might be a home modification to make your bathroom accessible. We won't fund the swimming pool because this isn't related to your disability support needs. The funding in your plan might be similar to someone else who has a goal of 'to have a more accessible bathroom'.
2. **Setting a goal doesn't mean we have an obligation to fund supports that help you pursue that goal.** For example, if your goal is to get a gym membership to get fit, we wouldn't usually fund this. Gym memberships are things that all people, with or without disability, might want or need.
3. **Setting a goal about an explicit type or amount of support you might want doesn't mean we have an obligation to fund that support or provide that amount of funding.** For example, you may tell us your goal is 'to get a top model shower commode' and you show us the one you want costs \$4,000.

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

## Evidence-based best practice

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

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

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

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

## Fair early investments

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

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

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

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

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

## Fair support across service systems

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

## Fair supports for your disability needs

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

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

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

## Fair assistance from multiple programs

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

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

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

## References

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

<sup>2</sup> NDIS (Supports for Participants) Rules r 5.1(b).

<sup>3</sup> NDIS Act s34(1)(a).

<sup>4</sup> NDIS Act s34(1)(b).

<sup>5</sup> NDIS Act s34(1)(c).

<sup>6</sup> NDIS (Supports for Participants) Rules r 3.1(c).

<sup>7</sup> NDIS Act s34(1)(c); NDIS (Supports for Participants) Rules r 3.1(a).

<sup>8</sup> NDIS Act s34(1)(d).

<sup>9</sup> NDIS Act s34(1)(e).

<sup>10</sup> NDIS Act s34(1)(f).

<sup>11</sup> NDIS Act s34(1)(f).

<sup>12</sup> NDIS (Supports for Participants) Rules part 5.

<sup>13</sup> NDIS (Supports for Participants) Rules r 5.1(a).

<sup>14</sup> NDIS (Supports for Participants) Rules r 5.1(b).

<sup>15</sup> NDIS (Supports for Participants) Rules r 5.1(c).

<sup>16</sup> NDIS (Supports for Participants) Rules r 5.1(d).

<sup>17</sup> NDIS (Supports for Participants) Rules r 5.3(a).

<sup>18</sup> NDIS (Supports for Participants) Rules r 5.3(b).

<sup>19</sup> NDIS Act s34(1)(f).

<sup>20</sup> NDIS Act s118(1)(b).

<sup>21</sup> NDIS Act s4(17)

<sup>22</sup> NDIS Act s33(2).

<sup>23</sup> NDIS Act s33(5)(a).

<sup>24</sup> NDIS Act s34(1)(a).

<sup>25</sup> NDIS Act s34(1)(d).

<sup>26</sup> NDIS (Supports for Participants) Rules r 4.1(d).

<sup>27</sup> NDIS Act s34(1).

<sup>28</sup> NDIS Act s34(1)(d); NDIS (Supports for Participants) Rules, rr 3.2-3.3.

<sup>29</sup> NDIS Act s34(1)(c); NDIS (Supports for Participants) Rules r 3.1.



# Your plan

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**Quick summary:** Once we approve your plan, you can start to use your supports. If you want us to, we'll help you start using your plan, and help you connect with supports in your area. You must spend your funding according to your plan. We'll check-in with you during your plan to make sure it meets your needs and to check whether your situation has changed. You must also contact us if your situation changes during your plan. You usually can't use your plan after you're outside Australia for more than 6 weeks, or don't claim compensation you're entitled to after we ask you to.

## What's on this page?

This page covers:

- [What happens once your plan is approved?](#)
- [How do you start using your plan?](#)
- [What supports can you buy with your NDIS funding?](#)
- [What happens during your plan?](#)
- [When can't you use your plan?](#)
- [What if you're not happy with your plan?](#)

You may also be interested in:

- [Applying to the NDIS](#)
- [Creating your plan](#)
- [Plan reviews](#)
- [Reviewing our decisions](#)

## What happens once your plan is approved?

Once we approve your plan, you can start using it. This means you can spend your NDIS funding on the supports set out in your plan.<sup>1</sup>

We'll send you a copy of your plan within **7 days** after we approve it.<sup>2</sup> You can also find your plan in the [myplace participant portal](#).

If you have a [nominee or child representative](#), they'll get a copy of your plan too. If you want to, you can show your plan to another person or someone that works with you, like a health professional. This is entirely your decision. Learn more about [sharing your plan](#).

You can also ask us to share your plan with other people. We can only share your plan where you ask us to. Learn more about [your privacy and information](#).



Your plan will include the information you gave us about you, your situation and your goals. It will also include supports to help you pursue your goals.

We may include funding in your plan for supports like:

- help with everyday tasks, such as [personal care supports](#)
- equipment and technology, such as assistive technology, hearing supports or orthotics
- home and living supports, such as Supported Independent Living, Specialist Disability Accommodation or home modifications
- disability-related health and therapy supports or behaviour supports
- social and community participation supports, such as social and recreation supports or work and study supports
- transport.

Learn more about the [supports you can access](#) and how we decide which supports are [reasonable and necessary](#).

This guideline explains how we help you use your plan, and what you can buy with your funding. For general information about how to use your plan and the myplace portal, check out our page on [using your plan](#).

## How do you start using your plan?

Once your plan is approved, we'll ask if you want to meet and talk about how to use your plan. We call this an implementation meeting. If you want to have this meeting, we'll arrange it within **28 days** after we approve your plan.

Your [Early Childhood Partner](#), [Local Area Coordinator](#), [Support Coordinator](#) or [Recovery Coach](#) can help you start using your plan.

For example, they can help you:

- understand your plan, and what supports you can buy with your funding
- understand what supports other government services, such as the health or education systems, can provide for you
- connect with your community and other government services
- find providers that meet your needs and will help you pursue your goals
- use the [myplace portal](#)
- make [service agreements](#) and [service bookings](#) with your providers
- answer any questions or concerns you have
- ask for a plan review if something in your life changes.



An Early Childhood Partner can also help families understand the principles of [Best Practice in Early Childhood Intervention](#).

If you [self-manage](#) your funding, you'll need to give us bank account details before you can claim any funding.

## How can we help you connect with informal, community and mainstream supports?

There are many supports you can get outside the NDIS. These include:

- informal supports, such as your friends, family and other people you know in your community
- community supports, such as community groups, religious groups, sporting groups or other activities in your area
- mainstream supports, such as health, education and other government services that are available to all Australians.

These supports can often help you pursue your goals.

When you start using your plan, we'll see how we can help you connect with other supports available to you.

For example, we could help you:

- find community clubs you'd like to join, or activities you'd like to do
- talk to organisations, so they can adapt their service to meet your needs
- contact other government services, such as Medicare, childcare, job services or health providers
- explore ways you can see your family and friends more often, or make new friends, if you want to.

Learn more about these supports in our [reasonable and necessary supports guideline](#).

## How do you find service providers?

A service provider is a person or organisation that provides your funded supports.

You often have choice and control over who provides the supports in your plan. You can usually choose where and when your supports are provided.

Some providers are registered with the NDIS Quality and Safeguards Commission. This means they meet strict conditions for the quality and safety of their services. We call them 'NDIS registered providers'. Learn more on the [NDIS Quality and Safeguards Commission website](#).

If a provider isn't registered with the Commission, we call them an 'unregistered provider'.



You can usually choose any provider you want. You must use NDIS registered providers for [some types of supports](#).

Your Early Childhood Partner, Local Area Coordinator, Support Coordinator or Recovery Coach can help you. We can't recommend specific providers to you. But we can let you know about the different providers in your area, to help you decide which ones you might like to use.

You can also check for providers on the internet, look at reviews, or get advice from friends or family. It's a good idea to speak with different providers before you choose one.

You can search for NDIS registered providers on the myplace portal, or check out our [provider lists](#) for each state and territory.

We don't pay for family members to provide paid supports other than in very limited situations. Learn more about this and [sustaining informal supports](#)

### **How do you agree on supports with your service provider?**

Once you've chosen a provider, you'll need to contact them and agree on what supports they'll provide.

You can negotiate with your provider about what you get from your support. For example, you can agree with your provider about:

- what's included and not included in the support
- the cost of the support
- your and your provider's responsibilities
- how to change the agreement in the future if you or your provider want to
- how you and your provider will resolve any issues and disputes.

Your Early Childhood Partner, Local Area Coordinator, Support Coordinator or Recovery Coach can help you negotiate with service providers.

You don't need a written service agreement for all supports. But it's usually a good idea to have one and to record answers to the types of questions listed above. This way, it's clear what you and your provider agreed to. You need a written service agreement for [Specialist Disability Accommodation](#).<sup>3</sup>

Even though we fund the support, we're not part of the agreement. The service agreement is between you – the consumer – and your provider. This is a legal agreement that you're both responsible for.

Learn more about [service agreements](#) and the things to think about when making a service agreement.





## What happens if your agreement doesn't go the way you want it to?

You need to raise any problems directly with your provider. It's important to set out your expectations and your provider's responsibilities in your agreement.

The [Australian Consumer Law](#) applies to service agreements.<sup>4</sup> This law protects you as a consumer when you buy supports with your NDIS funding.

The Australian Competition and Consumer Commission (ACCC) has some [helpful resources](#) if you have a complaint or need advice. We also have links to other consumer resources on [our website](#).

If you want to make a complaint about a provider, you can also contact the [NDIS Quality and Safeguards Commission](#). The NDIS Commission can take complaints from anyone about:

- supports that weren't provided in a safe and respectful way
- supports that weren't delivered to an appropriate standard
- how an NDIS provider managed a complaint about the supports they provided to you.

## What if there are no service providers in your area for your supports?

If you're finding it difficult to find service providers in your area, talk to your Early Childhood Partner, Local Area Coordinator, Support Coordinator, or Recovery Coach. They may be able to help you find services in your area, or work out other options for your situation.

You may be able to get some support over the phone or internet, for example therapy through [telehealth](#).

## What supports can you buy with your NDIS funding?

You must spend your funding on the supports set out in your plan.<sup>5</sup>

There are things you can't spend your funding on such as items that are illegal or relate to your day to day living costs. Learn more about [what you can't spend your funding on](#).

The funding in your plan can either be:<sup>6</sup>

- **Flexible:** this is when we describe your supports generally. This means you have greater flexibility on what supports you buy with your funding.
- **Fixed:** this is when we describe your supports specifically. This means you must use your funding for the supports we describe in your plan.<sup>7</sup> This is sometimes called a 'stated support'.

We usually describe supports generally, so you have more choice in how you use your funding.

For example, we could describe a support as "\$5,000 of therapy". This means you can choose what type of therapy you buy with this funding. You could use \$3,000 for occupational therapy, and the remaining \$2,000 for physiotherapy.



Other funding in your plan may be fixed. For example, your plan may say you need to buy specific supports, or use specific providers with your funding. If so, you must use your funding in the way we describe it in your plan.

If you're not sure how we described the supports in your plan, ask your Early Childhood Partner, Local Area Coordinator, Support Coordinator or Recovery Coach.

Learn more about [how we decide to describe supports](#).

## What are the support budgets in your plan?

Your supports will be divided into 3 different budgets:

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

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

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

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

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

## When do you need to use NDIS registered providers?

If your funding for supports is Agency-managed, you can only use 'NDIS registered providers' for those supports.<sup>8</sup> NDIS registered providers meet strict conditions for the quality and safety of their services. Learn more on the [NDIS Quality and Safeguards Commission website](#).

Some supports can only be provided by NDIS registered providers. These include:

- [Specialist Behaviour Supports](#), if the provider will undertake a behaviour support assessment or develop a behaviour support plan<sup>9</sup>
- any support that will likely involve a [regulated restricted practice](#),<sup>10</sup> either on an interim or ongoing basis
- [Plan Management](#)<sup>11</sup>
- [Specialist Disability Accommodation](#).<sup>12</sup>



You must use NDIS registered providers for these supports, even if your plan doesn't say you need to. You must also use NDIS registered providers for these supports even if your funding is self-managed or plan-managed.

## How much will we pay for each support?

There may be a limit on how much you or your providers can claim for different types of supports.

We set out these price limits in the [NDIS Price Guide and Support Catalogue](#).

We update the Price Guide often to account for price changes, such as staff wage increases. We may change the amount of funding in your plan if the prices for your supports change.

The amount of funding you can claim depends on your plan management option. There are different [ways to manage your funding](#). If your funding is:

- **Agency-managed:** NDIS registered providers can claim up to the maximum price in the Price Guide for each support.
- **Plan-managed:** Your [plan manager](#) can claim up to the maximum price in the Price Guide for each support.
- **Self-managed:** You can choose how much to pay for each support, as long as you don't spend more than the total funding for the support in your plan. This means you can claim more than the NDIS Price Guide. You should use the Price Guide to ensure you're getting the best value from your providers.

If you have self-managed [transport funding](#) in your plan, we can often pay this as a fortnightly payment to your bank account.<sup>13</sup> This means you don't need to claim each time you use your transport supports.

You can always claim less than the prices in the Price Guide – it doesn't matter how your funding is managed. For example, your provider may charge lower rates, which often means you can get more support from your funding.

If a support isn't in the Price Guide, you'll need to agree on a price with the provider.

### Example 1

Omar self-manages his funding. His plan includes a support described as "\$2,000 of therapy". This is around 10 hours of therapy at the NDIS Price Guide rate. Omar finds a therapist who is very experienced with his complex disability support needs. The therapist's rates are higher than the NDIS Price Guide.

Omar decides he wants to use this therapist, even though it means he only has funding for 8 hours at the therapist's rate. Omar can do this because he self-manages his funding. Omar thinks he'll get a much better service, even with fewer hours.



## Example 2

Kristy's plan includes a support described as "\$12,000 for social and recreation support". She's currently using this funding for 4 hours of support per week to go to cricket matches on the weekend.

She finds a provider who charges less than the rates in the NDIS Price Guide, and decides to switch to the new provider.

After a couple of months, she's now saved some extra funding by using this provider. As well as the 4 hours per week for cricket matches, she decides to use the extra funding to join her friends at the pub every few weeks.

### When do you need an assessment or quote before buying supports?

Sometimes we decide you need a quote before you can claim the funding in your plan. This helps us ensure the support is [value for money](#), which is one of the NDIS funding criteria.

If so, this will show in your plan as '**quote-required**'. You'll need to give us at least one quote before we make the funding available in your plan.

We may do this for supports like:

- [high cost assistive technology](#)
- [high cost home modifications](#)
- meal preparation and delivery.

For some supports, the funding is available but you need to get an assessment before you buy the support. We may do this for [mid cost assistive technology](#), [mid cost home modifications](#), or supports with more risk. We'll let you know in your plan if you need to get an assessment before buying a support.

### What if you self-manage your funding?

There are some things you need to do if you self-manage your funding. For example, you need to keep receipts for your purchases for 5 years. You'll also need to be able to show how you've used your funding if we ask you.

Learn more about [self-managing](#).

### What happens if you buy supports that aren't in your plan?

You must spend your funding to buy the supports set out in your plan.<sup>14</sup> We'll explain the types of supports included in your plan, so you know how to use your NDIS funding.

We also have more information on our website about [using your funding](#).

If we think there's a problem with how you're using your plan, we may need to investigate it. For example, we may check what supports you bought with your funding, or ask for evidence such as a receipt.



If you spend your funding on supports that aren't set out in your plan, you'll owe us a debt.<sup>15</sup> This means you'll need to repay the amount of money you spent on supports that weren't in your plan. If this happens, we'll contact you to work out how you can repay the money.

Remember, NDIS funding is for disability-related supports only. It's not intended to be a source of general income, or to be used for day-to-day living costs like rent.

## What happens during your plan?

Your plan will continue until it's replaced by another plan or you [leave the NDIS](#).<sup>16</sup>

You can ask your Early Childhood Partner, Local Area Coordinator, Support Coordinator, Recovery Coach, or [contact us](#) at any time if you have questions about your plan.

It's a good idea to monitor your funding on the [myplace portal](#). This can help you make sure you're using the right amount of supports in your plan. You can also keep track that you or your providers are claiming the right amount of funding for your agreed supports.

We also monitor your plan to check if there are any issues. If something doesn't seem right, we may contact you to see if there's anything we can help with.

We may also need to contact service providers or others assisting with your plan. If so, we'll only do this with your consent.

If you have a Support Coordinator or Recovery Coach, they usually need to send us reports during your plan. The reports let us know if your plan is working well for you, or if you need any changes to your plan.

For children younger than 7, we have an [Early Childhood provider report](#) form to help providers tell us about the supports the child has been given.

## How will we check-in with you during your plan?

We'll check-in with you during your plan to see how you're going. We'll ask if the supports in your plan are meeting your needs. We also do check-ins to see if you're having any problems using your plan.

We may check-in with you:

- at regular intervals, for example each year
- before the 'plan review date' shown in your plan
- if we think your plan might not be working for you.

For example, we may check-in with you if you're using too much or too little of your funding.

During a check-in, your Early Childhood Partner, Local Area Coordinator or planner will contact you and discuss your plan.

We'll ask:

- how you're going



- if you have any questions about your current plan
- how you're going with your goals
- if you have any new goals, or want to change your goals
- how you're using local services in the community or other government services
- how you're using your funded supports in your plan
- how your supports are helping you pursue your goals
- if your supports meet your disability needs
- if your situation has changed
- if you need help with big changes coming up in your life, like starting or finishing school or starting a new job.

### **Will we review your plan after a check-in?**

If the check-in shows your plan is working well for you, we usually won't need to do a plan review. Your plan will continue. We'll touch base at your next check-in to see if your plan still meets your needs.

If the check-in shows your plan doesn't meet your needs, we may need to do a plan review.<sup>17</sup> This means we'll change your plan and replace it with a new one.

There's also a date we need to do a plan review, even if you don't need any changes to your plan.<sup>18</sup> This is shown on your plan as the 'plan review date'.

We'll check-in with you and create your new plan before this date. If your plan is working well for you and your supports still meet the [NDIS funding criteria](#), we could give you a new plan with the same supports. Your new plan might also have less supports if there are some you no longer need. Or you might need a plan with more support

We'll make this decision based on your support needs, the principles we follow to create your plan and the [NDIS funding criteria](#).

We'll check each support is reasonable and necessary individually, as well as when considered as a package.

These types of plan reviews are called 'Agency-initiated plan reviews'.<sup>19</sup> Learn more about [plan reviews](#).

### **Example 1**

Kath is 3 months into her first plan, but she hasn't used any funding yet. Kath's Local Area Coordinator calls her and asks if we can help her in any way.

Kath is self-managing her funding, and has been using her supports. But she's not too sure how to claim the funding through the myplace portal. Kath's Local Area Coordinator teaches her the process step-by-step.

Kath's plan will continue, as she doesn't need any changes to her supports.



## Example 2

Artem is 18 months into his plan. His planner notices Artem has been using a lot more funding in the past month.

Artem's planner contacts him to check if there are any issues. Artem tells his planner how his parents suddenly became sick, so he's had to use more paid supports for the past month. His parents probably won't be able to support him for some time.

Artem and his planner discuss his situation. Artem's planner decides Artem needs a new plan with different supports. Artem's current plan doesn't meet his needs due to his change in circumstances.

Artem's planner then books a planning meeting with Artem. Together, they'll create a new plan with different supports for his new circumstances.

## What if your situation changes during your plan?

You must let us know if something happens or your situation changes, if it might affect:<sup>20</sup>

- your plan
- whether you're still eligible for the NDIS.

You must also let us know if it's likely one of these changes will happen in the future.<sup>21</sup>

This could include changes like if:

- there are significant changes in the support your family and friends provide
- your condition improves or gets worse, meaning you need more or less support
- you're starting a new job and need new or different support at work
- you're going overseas for a long period of time or you're moving overseas
- you're moving out of aged care or other residential accommodation, and you need different support in your new home
- you receive or claim compensation for an accident or illness related to your disability.

These changes don't always mean we'll do a plan review. But you must still let us know about these changes as soon as you reasonably can, after you know about them.<sup>22</sup>

We have a [form you can complete](#), or you can let us know in person or over the phone.

You should also let us know if you change your contact details, such as your phone number, email or your home or postal address.

## What if your new situation means your plan no longer meets your needs?

Sometimes your plan may no longer meet your needs, after something happens or your situation changes.



For example, you may need to replace assistive technology if it starts breaking down. Or, you may need paid personal care supports if your usual informal carers can't support you anymore.

If so, you can ask us to do a plan review. This is called a 'participant-requested plan review'.<sup>23</sup>

Learn more about [plan reviews and how to ask for one](#).

## When can't you use your plan?

Sometimes we may need to suspend your plan. This means your plan will continue, but you won't be able to use your supports for a period of time.<sup>24</sup>

We'll suspend your plan after:

- you're outside Australia for more than 6 weeks, unless [we give you more time](#)<sup>25</sup>
- [you don't claim compensation](#) you're entitled to after we ask you to, for example after you've sustained an injury.<sup>26</sup>

We'll let you know if we're going to suspend your plan.

If you go overseas, you can still use your supports and funding for up to 6 weeks (or longer if we give you more time). We call this a 'grace period'.

You'll probably need to have your funding self-managed or plan-managed if you need to use your funding overseas. This is because your NDIS registered providers usually don't support people in other countries. You'll also need to claim your funding in Australian dollars.

If you need to change your plan management while you're overseas, let us know and we can do a [plan review](#).

## What happens if we suspend your plan?

We can't pay any funding for NDIS supports while your plan is suspended.<sup>27</sup> Your service providers also won't be able to claim for services provided to you.

You can't ask for a [plan review](#) while your plan is suspended.<sup>28</sup>

An Early Childhood Partner or Local Area Coordinator also doesn't need to help you connect to other services while your plan is suspended. But we can still do this if we think it's appropriate.<sup>29</sup>

When we suspend your plan, we'll send you a new plan that shows that your funding is suspended. This plan will have no funded supports.

If we suspend your plan while you're overseas, we'll create a new plan once you return to Australia.<sup>30</sup> This means you can start using it again.

And if we suspend your plan because you haven't claimed compensation, we'll also create a new plan once you take action to claim it.<sup>31</sup>





## What if you don't agree with your plan suspension?

If we decide not to extend the grace period to use your funding overseas and you don't agree, you can ask for an internal review.<sup>32</sup> You'll need to ask for an internal review within **3 months** after we decide not to extend the grace period.<sup>33</sup>

You can't ask for an internal review if we suspend your plan because you haven't claimed compensation.

Learn more about [internal reviews](#).

## When can you use your plan outside Australia for more than 6 weeks?

In some situations, we can give you a longer grace period. If you think you'll be outside Australia for more than 6 weeks and need to use your funding, [contact us](#). We'll let you know whether we'll extend the grace period.

If you know you'll be overseas for more than 6 weeks, it's a good idea to contact us before you leave Australia. Let us know:

- how long you think you'll be overseas
- why you're going overseas
- what supports you need when you're overseas
- why you need NDIS funding for your supports.

There are some things we need to consider for everyone who will be outside Australia for more than 6 weeks. This includes if you're on an extended holiday for more than 6 weeks.<sup>34</sup>

When we decide if we'll extend the grace period, and for how long, we consider:<sup>35</sup>

- how long you'll be outside Australia
- what supports you're receiving through your plan
- if you can still get supports while you're outside Australia, and if we can help you find these supports
- if we can keep in touch with you while you're outside Australia
- if we previously decided to extend the grace period
- if denying your request would cause you 'undue hardship' – that is, it would make your situation overseas much more difficult, to a level that's not fair or reasonable.

## In what specific situations will we usually extend the grace period?

We'll usually extend the grace period if you'll be overseas for:<sup>36</sup>

- humanitarian reasons, such as foreign aid
- one of the reasons below.



When we decide if we'll extend the grace period, and for how long, we consider different things depending on the reason you'll be overseas.

If the reasons below apply to a 'family member', this usually means a:

- husband or wife
- ex-husband or ex-wife
- de facto partner or former de facto partner
- child, parent, grandparent, grandchild or sibling
- child, parent, grandparent, grandchild or sibling of a spouse or de facto partner
- step-relative, such as step-parents and step-children
- adopted immediate family member.

### **If you're studying overseas or doing an exchange study program**

We consider how long the course goes for.<sup>37</sup> The overseas study needs to be either:<sup>38</sup>

- part of a course you're doing in an Australian high school, TAFE or other training, or university
- part of a recognised program of international exchanges, such as an exchange semester during university.

### **If you or a family member need to work overseas for a short period**

We consider how long you or a family member need to work overseas.<sup>39</sup>

### **If you or a family member are in the Army, Navy or Air Force [Reserve forces](#)**

We consider how long you or a family member need to be deployed overseas.<sup>40</sup>

### **If you need medical treatment or therapy that's not available in Australia**

We consider how long your treatment will take. We also allow a reasonable period of time for you to recover after your treatment or therapy.<sup>41</sup>

### **If you can't come back to Australia for a reason you can't control**

We consider how much time is reasonable to allow you to return to Australia.<sup>42</sup>

Some of the reasons you can't control while you're overseas include if you or a family member:<sup>43</sup>

- are involved in a serious accident
- become seriously ill
- are hospitalised
- are the victim of a serious crime

- are a party to custody proceedings
- need to stay overseas because of criminal proceedings, for example if you're involved or are a witness in a criminal trial.

Or there might be a situation that affects everyone in the area, including:

- war, industrial action, or social or political unrest you're not willingly participating in<sup>44</sup>
- natural disasters, such as earthquakes, bushfires, floods or cyclones<sup>45</sup>
- border restrictions you can't control, for example due to travel advice or a pandemic.

## What if you're not happy with your plan?

If you're not happy with your current plan, you should talk to your Early Childhood Partner, Local Area Coordinator, Support Coordinator, Recovery Coach, or planner.

They may be able to explain the decision, clarify how you can use the funding, or help you fix any problems. It's a good idea to do this soon after you get your plan.

We can also give you written reasons on why we made the decision. [Contact us](#) if you'd like reasons for our decision.

If you don't agree with our decision to approve your plan, you can ask for an internal review.

Having an internal review means someone who wasn't involved in creating your plan will review our decision to approve your plan. They'll consider if we made the right decision under the laws for the NDIS.

Once you get your plan, you have **3 months** to ask for an internal review.<sup>46</sup>

Learn more about [reviewing our decisions](#).

## Version Control Table

Version	Amended by (login ID)	Brief Description of Change	Status	Date
1.0	MHM598	Class 3 approval New Operational Guideline	APPROVED	2021-03-24
2.0	MHM598	Class 3 approval New Operational Guideline	APPROVED	2021-03-28

## Reference list

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- <sup>1</sup> NDIS Act s 46(1).
- <sup>2</sup> NDIS Act s 38.
- <sup>3</sup> NDIS (SDA) Rules r 36.
- <sup>4</sup> Competition and Consumer Act Sch 2.
- <sup>5</sup> NDIS Act s 46(1).
- <sup>6</sup> NDIS Act s 33(3).
- <sup>7</sup> NDIS Act s 46(1).
- <sup>8</sup> NDIS Act s 33(6).
- <sup>9</sup> NDIS (Provider Registration and Practice Standards) Rules r 7(3).
- <sup>10</sup> NDIS (Provider Registration and Practice Standards) Rules r 7(2).
- <sup>11</sup> NDIS Act s 42(2)(b).
- <sup>12</sup> NDIS (Provider Registration and Practice Standards) Rules r 7(1).
- <sup>13</sup> NDIS (Plan Management) Rules r 4.3(b).
- <sup>14</sup> NDIS Act s 46(1).
- <sup>15</sup> NDIS Act s 182(3).
- <sup>16</sup> NDIS Act s 37(3).
- <sup>17</sup> NDIS Act s 48(4).
- <sup>18</sup> NDIS Act s 33(2)(c).
- <sup>19</sup> NDIS Act s 48(4).
- <sup>20</sup> NDIS Act s 51(1)(a).
- <sup>21</sup> NDIS Act s 51(1)(b).
- <sup>22</sup> NDIS Act s 51(2).
- <sup>23</sup> NDIS Act s 48(1).
- <sup>24</sup> NDIS Act s 41(2)(a).
- <sup>25</sup> NDIS Act ss 40(2)-(3), 41(1)(a).
- <sup>26</sup> NDIS Act ss 41(1)(b), 105(2)(a).
- <sup>27</sup> NDIS Act s 41(2)(a).
- <sup>28</sup> NDIS Act s 41(2)(c).
- <sup>29</sup> NDIS Act s 41(2)(b).
- <sup>30</sup> NDIS Act s 40(3).
- <sup>31</sup> NDIS Act s 105(2)(a).
- <sup>32</sup> NDIS Act ss 40(2)(b), 99(1) item 5.
- <sup>33</sup> NDIS Act s 100(2).
- <sup>34</sup> NDIS (Plan Management) Rules r 5.7.
- <sup>35</sup> NDIS (Plan Management) Rules r 5.8.
- <sup>36</sup> NDIS (Plan Management) Rules r 5.6.
- <sup>37</sup> NDIS (Plan Management) Rules r 5.9.
- <sup>38</sup> NDIS (Plan Management) Rules r 5.9.
- <sup>39</sup> NDIS (Plan Management) Rules r 5.10.
- <sup>40</sup> NDIS (Plan Management) Rules rr 5.11-5.13.
- <sup>41</sup> NDIS (Plan Management) Rules r 5.14.
- <sup>42</sup> NDIS (Plan Management) Rules r 5.15.
- <sup>43</sup> NDIS (Plan Management) Rules r 5.16(a).
- <sup>44</sup> NDIS (Plan Management) Rules r 5.16(b).
- <sup>45</sup> NDIS (Plan Management) Rules r 5.16(c).
- <sup>46</sup> NDIS Act s 100(2).



# Your plan

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**Quick summary:** Once we approve your plan, you can start to use your supports. If you want us to, we'll help you start using your plan, and help you connect with supports in your area. You must spend your funding according to your plan. We'll check-in with you during your plan to make sure it meets your needs and to check whether your situation has changed. You must also contact us if your situation changes during your plan. You usually can't use your plan after you're outside Australia for more than 6 weeks, or don't claim compensation you're entitled to after we ask you to.

## What's on this page?

This page covers:

- [What principles do we follow to create your plan?](#)
- [What happens once your plan is approved?](#)
- [How do you start using your plan?](#)
- [What supports can you buy with your NDIS funding?](#)
- [What happens during your plan?](#)
- [When can't you use your plan?](#)
- [What if you're not happy with your plan?](#)

You may also be interested in:

- [Applying to the NDIS](#)
- [Creating your plan](#)
- [Plan reviews](#)
- [Reviewing our decisions](#)

## What principles do we follow to create your plan?

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

As an insurance-based scheme, we take a lifetime approach to a participant's support needs. We provide assurance to people with permanent and significant disability or



developmental delay, and to people who might acquire disability or developmental delay, that they will get the support they need. Individual funding means we help participants to purchase services and supports from a competitive and consumer-driven marketplace.

## What supports can we fund?

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

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

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

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

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

- the support is related to your disability<sup>2</sup>
- the support will help you pursue your goals and aspirations<sup>3</sup>
- the support will help you undertake activities that will increase your social and economic participation<sup>4</sup>
- the support is value for money,<sup>5</sup> which means that the costs are reasonable:
  - when compared to the benefits to be achieved, for example, whether purchasing the support is likely to reduce the cost of funding other supports in the long term<sup>6</sup>
  - when compared to alternative options that may provide you with the same outcome at a similar or cheaper cost<sup>7</sup>
- the support is likely to be effective and beneficial for you, having regard to good practice and evidence<sup>8</sup>
- the support is required to complement the informal supports you have available, by taking into account what is reasonable for families, carers, informal networks and the community to provide<sup>9</sup>

- the support is most appropriately funded or provided by the NDIS<sup>10</sup>
- the support is not more appropriately funded by another service system, agency, person or body, such as the education system or the health system.<sup>11</sup> We can't fund a support if it's the responsibility of another service system.

## What supports don't we fund?

We do not fund a support if:<sup>12</sup>

- it is likely to **cause harm** to you or others<sup>13</sup>
- it is **not related** to your disability<sup>14</sup>
- it **duplicates** other supports delivered by the NDIS<sup>15</sup>
- it is considered a **day-to-day living cost** (for example, rent, groceries or utility costs like your water bill) that are **not attributable or caused by** your disability support needs<sup>16</sup>
- providing the support would be **against the law**<sup>17</sup>
- it consists of **income replacement**<sup>18</sup>
- it is the **responsibility of other service systems** to provide (for example, your state government, the education system, or the health system).<sup>19</sup> These different systems have different responsibilities, and are designed to complement each other to form a government safety net. Like all Australians, NDIS participants continue to have access to these systems. We can't fund a support if it's the responsibility of another service.

## How do we manage the financial sustainability of the NDIS?

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

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

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

- people accessing their informal support network to get the help they need from day to day

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

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

## What principles do we use to create your plan?

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

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

### Fair for everyone, both today and for future generations

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

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

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

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





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

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

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

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

### **Fair funding to pursue your goals**

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

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

Other things to know about when setting your goals:

1. **Setting more goals or bigger goals doesn't mean we'll provide more funding or fund more supports.** For example, if your goal is to live independently in a house with a swimming pool, we may fund home modifications that address your disability related needs. This might be a home modification to make your bathroom accessible. We won't fund the swimming pool because this isn't related to your disability support needs. The funding in your plan might be similar to someone else who has a goal of 'to have a more accessible bathroom'.
2. **Setting a goal doesn't mean we have an obligation to fund supports that help you pursue that goal.** For example, if your goal is to get a gym membership to get fit, we wouldn't usually fund this. Gym memberships are things that all people, with or without disability, might want or need.
3. **Setting a goal about an explicit type or amount of support you might want doesn't mean we have an obligation to fund that support or provide that amount of funding.** For example, you may tell us your goal is 'to get a top model shower commode' and you show us the one you want costs \$4,000.

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

### **Evidence-based best practice**

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

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

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

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

### **Fair early investments**

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

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

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

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

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

## Fair support across service systems

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

## Fair supports for your disability needs

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

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

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

## Fair assistance from multiple programs

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

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

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

## What happens once your plan is approved?

Once we approve your plan, you can start using it. This means you can spend your NDIS funding on the supports set out in your plan.<sup>30</sup>



We'll send you a copy of your plan within **7 days** after we approve it.<sup>31</sup> You can also find your plan in the [myplace participant portal](#).

If you have a [nominee or child representative](#), they'll get a copy of your plan too. If you want to, you can show your plan to another person or someone that works with you, like a health professional. This is entirely your decision. Learn more about [sharing your plan](#).

You can also ask us to share your plan with other people. We can only share your plan where you ask us to. Learn more about [your privacy and information](#).

Your plan will include the information you gave us about you, your situation and your goals. It will also include supports to help you pursue your goals.

We may include funding in your plan for supports like:

- help with everyday tasks, such as [personal care supports](#)
- equipment and technology, such as assistive technology, hearing supports or orthotics
- home and living supports, such as Supported Independent Living, Specialist Disability Accommodation or home modifications
- disability-related health and therapy supports or behaviour supports
- social and community participation supports, such as social and recreation supports or work and study supports
- transport.

Learn more about the [supports you can access](#) and how we decide which supports are [reasonable and necessary](#).

This guideline explains how we help you use your plan, and what you can buy with your funding. For general information about how to use your plan and the myplace portal, check out our page on [using your plan](#).

## How do you start using your plan?

Once your plan is approved, we'll ask if you want to meet and talk about how to use your plan. We call this an implementation meeting. If you want to have this meeting, we'll arrange it within **28 days** after we approve your plan.

Your [Early Childhood Partner](#), [Local Area Coordinator](#), [Support Coordinator](#) or [Recovery Coach](#) can help you start using your plan.

For example, they can help you:

01 April 2021

Your plan

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**This document is correct at the date of publication.**

**Always visit [ourguidelines.ndis.gov.au](#) for the latest version.**



- understand your plan, and what supports you can buy with your funding
- understand what supports other government services, such as the health or education systems, can provide for you
- connect with your community and other government services
- find providers that meet your needs and will help you pursue your goals
- use the [myplace portal](#)
- make [service agreements](#) and [service bookings](#) with your providers
- answer any questions or concerns you have
- ask for a plan review if something in your life changes.

An Early Childhood Partner can also help families understand the principles of [Best Practice in Early Childhood Intervention](#).

If you [self-manage](#) your funding, you'll need to give us bank account details before you can claim any funding.

## How can we help you connect with informal, community and mainstream supports?

There are many supports you can get outside the NDIS. These include:

- informal supports, such as your friends, family and other people you know in your community
- community supports, such as community groups, religious groups, sporting groups or other activities in your area
- mainstream supports, such as health, education and other government services that are available to all Australians.

These supports can often help you pursue your goals.

When you start using your plan, we'll see how we can help you connect with other supports available to you.

For example, we could help you:

- find community clubs you'd like to join, or activities you'd like to do
- talk to organisations, so they can adapt their service to meet your needs
- contact other government services, such as Medicare, childcare, job services or health providers



- explore ways you can see your family and friends more often, or make new friends, if you want to.

Learn more about these supports in our [reasonable and necessary supports guideline](#).

## How do you find service providers?

A service provider is a person or organisation that provides your funded supports.

You often have choice and control over who provides the supports in your plan. You can usually choose where and when your supports are provided.

Some providers are registered with the NDIS Quality and Safeguards Commission. This means they meet strict conditions for the quality and safety of their services. We call them 'NDIS registered providers'. Learn more on the [NDIS Quality and Safeguards Commission website](#).

If a provider isn't registered with the Commission, we call them an 'unregistered provider'.

You can usually choose any provider you want. You must use NDIS registered providers for [some types of supports](#).

Your Early Childhood Partner, Local Area Coordinator, Support Coordinator or Recovery Coach can help you. We can't recommend specific providers to you. But we can let you know about the different providers in your area, to help you decide which ones you might like to use.

You can also check for providers on the internet, look at reviews, or get advice from friends or family. It's a good idea to speak with different providers before you choose one.

You can search for NDIS registered providers on the myplace portal, or check out our [provider lists](#) for each state and territory.

We don't pay for family members to provide paid supports other than in very limited situations. Learn more about this and [sustaining informal supports](#)

## How do you agree on supports with your service provider?

Once you've chosen a provider, you'll need to contact them and agree on what supports they'll provide.

You can negotiate with your provider about what you get from your support. For example, you can agree with your provider about:

- what's included and not included in the support
- the cost of the support
- your and your provider's responsibilities



- how to change the agreement in the future if you or your provider want to
- how you and your provider will resolve any issues and disputes.

Your Early Childhood Partner, Local Area Coordinator, Support Coordinator or Recovery Coach can help you negotiate with service providers.

You don't need a written service agreement for all supports. But it's usually a good idea to have one and to record answers to the types of questions listed above. This way, it's clear what you and your provider agreed to. You need a written service agreement for [Specialist Disability Accommodation](#).<sup>32</sup>

Even though we fund the support, we're not part of the agreement. The service agreement is between you – the consumer – and your provider. This is a legal agreement that you're both responsible for.

Learn more about [service agreements](#) and the things to think about when making a service agreement.

### **What happens if your agreement doesn't go the way you want it to?**

You need to raise any problems directly with your provider. It's important to set out your expectations and your provider's responsibilities in your agreement.

The [Australian Consumer Law](#) applies to service agreements.<sup>33</sup> This law protects you as a consumer when you buy supports with your NDIS funding.

The Australian Competition and Consumer Commission (ACCC) has some [helpful resources](#) if you have a complaint or need advice. We also have links to other consumer resources on [our website](#).

If you want to make a complaint about a provider, you can also contact the [NDIS Quality and Safeguards Commission](#). The NDIS Commission can take complaints from anyone about:

- supports that weren't provided in a safe and respectful way
- supports that weren't delivered to an appropriate standard
- how an NDIS provider managed a complaint about the supports they provided to you.

### **What if there are no service providers in your area for your supports?**

If you're finding it difficult to find service providers in your area, talk to your Early Childhood Partner, Local Area Coordinator, Support Coordinator, or Recovery Coach. They may be able to help you find services in your area, or work out other options for your situation.

You may be able to get some support over the phone or internet, for example therapy through [telehealth](#).

## What supports can you buy with your NDIS funding?

You must spend your funding on the supports set out in your plan.<sup>34</sup>

There are things you can't spend your funding on such as items that are illegal or relate to your day to day living costs. Learn more about [what you can't spend your funding on](#).

The funding in your plan can either be:<sup>35</sup>

- **Flexible:** this is when we describe your supports generally. This means you have greater flexibility on what supports you buy with your funding.
- **Fixed:** this is when we describe your supports specifically. This means you must use your funding for the supports we describe in your plan.<sup>36</sup> This is sometimes called a 'stated support'.

We usually describe supports generally, so you have more choice in how you use your funding.

For example, we could describe a support as "\$5,000 of therapy". This means you can choose what type of therapy you buy with this funding. You could use \$3,000 for occupational therapy, and the remaining \$2,000 for physiotherapy.

Other funding in your plan may be fixed. For example, your plan may say you need to buy specific supports, or use specific providers with your funding. If so, you must use your funding in the way we describe it in your plan.

If you're not sure how we described the supports in your plan, ask your Early Childhood Partner, Local Area Coordinator, Support Coordinator or Recovery Coach.

Learn more about [how we decide to describe supports](#).

## What are the support budgets in your plan?

Your supports will be divided into 3 different budgets:

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

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





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

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

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

## When do you need to use NDIS registered providers?

If your funding for supports is Agency-managed, you can only use 'NDIS registered providers' for those supports.<sup>37</sup> NDIS registered providers meet strict conditions for the quality and safety of their services. Learn more on the [NDIS Quality and Safeguards Commission website](#).

Some supports can only be provided by NDIS registered providers. These include:

- [Specialist Behaviour Supports](#), if the provider will undertake a behaviour support assessment or develop a behaviour support plan<sup>38</sup>
- any support that will likely involve a [regulated restricted practice](#),<sup>39</sup> either on an interim or ongoing basis
- [Plan Management](#)<sup>40</sup>
- [Specialist Disability Accommodation](#).<sup>41</sup>

You must use NDIS registered providers for these supports, even if your plan doesn't say you need to. You must also use NDIS registered providers for these supports even if your funding is self-managed or plan-managed.

## How much will we pay for each support?

There may be a limit on how much you or your providers can claim for different types of supports.

We set out these price limits in the [NDIS Price Guide and Support Catalogue](#).

We update the Price Guide often to account for price changes, such as staff wage increases. We may change the amount of funding in your plan if the prices for your supports change.

The amount of funding you can claim depends on your plan management option. There are different [ways to manage your funding](#). If your funding is:

- **Agency-managed:** NDIS registered providers can claim up to the maximum price in the Price Guide for each support.



- **Plan-managed:** Your [plan manager](#) can claim up to the maximum price in the Price Guide for each support.
- **Self-managed:** You can choose how much to pay for each support, as long as you don't spend more than the total funding for the support in your plan. This means you can claim more than the NDIS Price Guide. You should use the Price Guide to ensure you're getting the best value from your providers.

If you have self-managed [transport funding](#) in your plan, we can often pay this as a fortnightly payment to your bank account.<sup>42</sup> This means you don't need to claim each time you use your transport supports.

You can always claim less than the prices in the Price Guide – it doesn't matter how your funding is managed. For example, your provider may charge lower rates, which often means you can get more support from your funding.

If a support isn't in the Price Guide, you'll need to agree on a price with the provider.

### Example 1

Omar self-manages his funding. His plan includes a support described as "\$2,000 of therapy". This is around 10 hours of therapy at the NDIS Price Guide rate. Omar finds a therapist who is very experienced with his complex disability support needs. The therapist's rates are higher than the NDIS Price Guide.

Omar decides he wants to use this therapist, even though it means he only has funding for 8 hours at the therapist's rate. Omar can do this because he self-manages his funding. Omar thinks he'll get a much better service, even with fewer hours.

### Example 2

Kristy's plan includes a support described as "\$12,000 for social and recreation support". She's currently using this funding for 4 hours of support per week to go to cricket matches on the weekend.

She finds a provider who charges less than the rates in the NDIS Price Guide, and decides to switch to the new provider.

After a couple of months, she's now saved some extra funding by using this provider. As well as the 4 hours per week for cricket matches, she decides to use the extra funding to join her friends at the pub every few weeks.

### When do you need an assessment or quote before buying supports?

Sometimes we decide you need a quote before you can claim the funding in your plan. This helps us ensure the support is [value for money](#), which is one of the NDIS funding criteria.



If so, this will show in your plan as **'quote-required'**. You'll need to give us at least one quote before we make the funding available in your plan.

We may do this for supports like:

- [high cost assistive technology](#)
- [high cost home modifications](#)
- meal preparation and delivery.

For some supports, the funding is available but you need to get an assessment before you buy the support. We may do this for [mid cost assistive technology](#), [mid cost home modifications](#), or supports with more risk. We'll let you know in your plan if you need to get an assessment before buying a support.

### What if you self-manage your funding?

There are some things you need to do if you self-manage your funding. For example, you need to keep receipts for your purchases for 5 years. You'll also need to be able to show how you've used your funding if we ask you.

Learn more about [self-managing](#).

### What happens if you buy supports that aren't in your plan?

You must spend your funding to buy the supports set out in your plan.<sup>43</sup> We'll explain the types of supports included in your plan, so you know how to use your NDIS funding.

We also have more information on our website about [using your funding](#).

If we think there's a problem with how you're using your plan, we may need to investigate it. For example, we may check what supports you bought with your funding, or ask for evidence such as a receipt.

If you spend your funding on supports that aren't set out in your plan, you'll owe us a debt.<sup>44</sup> This means you'll need to repay the amount of money you spent on supports that weren't in your plan. If this happens, we'll contact you to work out how you can repay the money.

Remember, NDIS funding is for disability-related supports only. It's not intended to be a source of general income, or to be used for day-to-day living costs like rent.

### What happens during your plan?

Your plan will continue until it's replaced by another plan or you [leave the NDIS](#).<sup>45</sup>

You can ask your Early Childhood Partner, Local Area Coordinator, Support Coordinator, Recovery Coach, or [contact us](#) at any time if you have questions about your plan.



It's a good idea to monitor your funding on the [myplace portal](#). This can help you make sure you're using the right amount of supports in your plan. You can also keep track that you or your providers are claiming the right amount of funding for your agreed supports.

We also monitor your plan to check if there are any issues. If something doesn't seem right, we may contact you to see if there's anything we can help with.

We may also need to contact service providers or others assisting with your plan. If so, we'll only do this with your consent.

If you have a Support Coordinator or Recovery Coach, they usually need to send us reports during your plan. The reports let us know if your plan is working well for you, or if you need any changes to your plan.

For children younger than 7, we have an [Early Childhood provider report](#) form to help providers tell us about the supports the child has been given.

### How will we check-in with you during your plan?

We'll check-in with you during your plan to see how you're going. We'll ask if the supports in your plan are meeting your needs. We also do check-ins to see if you're having any problems using your plan.

We may check-in with you:

- at regular intervals, for example each year
- before the 'plan review date' shown in your plan
- if we think your plan might not be working for you.

For example, we may check-in with you if you're using too much or too little of your funding.

During a check-in, your Early Childhood Partner, Local Area Coordinator or planner will contact you and discuss your plan.

We'll ask:

- how you're going
- if you have any questions about your current plan
- how you're going with your goals
- if you have any new goals, or want to change your goals
- how you're using local services in the community or other government services
- how you're using your funded supports in your plan



- how your supports are helping you pursue your goals
- if your supports meet your disability needs
- if your situation has changed
- if you need help with big changes coming up in your life, like starting or finishing school or starting a new job.

### **Will we review your plan after a check-in?**

If the check-in shows your plan is working well for you, we usually won't need to do a plan review. Your plan will continue. We'll touch base at your next check-in to see if your plan still meets your needs.

If the check-in shows your plan doesn't meet your needs, we may need to do a plan review.<sup>46</sup> This means we'll change your plan and replace it with a new one.

There's also a date we need to do a plan review, even if you don't need any changes to your plan.<sup>47</sup> This is shown on your plan as the 'plan review date'.

We'll check-in with you and create your new plan before this date. If your plan is working well for you and your supports still meet the [NDIS funding criteria](#), we could give you a new plan with the same supports. Your new plan might also have less supports if there are some you no longer need. Or you might need a plan with more support

We'll make this decision based on your support needs, the principles we follow to create your plan and the [NDIS funding criteria](#).

We'll check each support is reasonable and necessary individually, as well as when considered as a package.

These types of plan reviews are called 'Agency-initiated plan reviews'.<sup>48</sup> Learn more about [plan reviews](#).

#### **Example 1**

Kath is 3 months into her first plan, but she hasn't used any funding yet. Kath's Local Area Coordinator calls her and asks if we can help her in any way.

Kath is self-managing her funding, and has been using her supports. But she's not too sure how to claim the funding through the myplace portal. Kath's Local Area Coordinator teaches her the process step-by-step.

Kath's plan will continue, as she doesn't need any changes to her supports.

#### **Example 2**



Artem is 18 months into his plan. His planner notices Artem has been using a lot more funding in the past month.

Artem's planner contacts him to check if there are any issues. Artem tells his planner how his parents suddenly became sick, so he's had to use more paid supports for the past month. His parents probably won't be able to support him for some time.

Artem and his planner discuss his situation. Artem's planner decides Artem needs a new plan with different supports. Artem's current plan doesn't meet his needs due to his change in circumstances.

Artem's planner then books a planning meeting with Artem. Together, they'll create a new plan with different supports for his new circumstances.

### What if your situation changes during your plan?

You must let us know if something happens or your situation changes, if it might affect:<sup>49</sup>

- your plan
- whether you're still eligible for the NDIS.

You must also let us know if it's likely one of these changes will happen in the future.<sup>50</sup>

This could include changes like if:

- there are significant changes in the support your family and friends provide
- your condition improves or gets worse, meaning you need more or less support
- you're starting a new job and need new or different support at work
- you're going overseas for a long period of time or you're moving overseas
- you're moving out of aged care or other residential accommodation, and you need different support in your new home
- you receive or claim compensation for an accident or illness related to your disability.

These changes don't always mean we'll do a plan review. But you must still let us know about these changes as soon as you reasonably can, after you know about them.<sup>51</sup>

We have a [form you can complete](#), or you can let us know in person or over the phone.

You should also let us know if you change your contact details, such as your phone number, email or your home or postal address.

## What if your new situation means your plan no longer meets your needs?

Sometimes your plan may no longer meet your needs, after something happens or your situation changes.

For example, you may need to replace assistive technology if it starts breaking down. Or, you may need paid personal care supports if your usual informal carers can't support you anymore.

If so, you can ask us to do a plan review. This is called a 'participant-requested plan review'.<sup>52</sup>

Learn more about [plan reviews and how to ask for one](#).

## When can't you use your plan?

Sometimes we may need to suspend your plan. This means your plan will continue, but you won't be able to use your supports for a period of time.<sup>53</sup>

We'll suspend your plan after:

- you're outside Australia for more than 6 weeks, unless [we give you more time](#)<sup>54</sup>
- [you don't claim compensation](#) you're entitled to after we ask you to, for example after you've sustained an injury.<sup>55</sup>

We'll let you know if we're going to suspend your plan.

If you go overseas, you can still use your supports and funding for up to 6 weeks (or longer if we give you more time). We call this a 'grace period'.

You'll probably need to have your funding self-managed or plan-managed if you need to use your funding overseas. This is because your NDIS registered providers usually don't support people in other countries. You'll also need to claim your funding in Australian dollars.

If you need to change your plan management while you're overseas, let us know and we can do a [plan review](#).

## What happens if we suspend your plan?

We can't pay any funding for NDIS supports while your plan is suspended.<sup>56</sup> Your service providers also won't be able to claim for services provided to you.

You can't ask for a [plan review](#) while your plan is suspended.<sup>57</sup>

An Early Childhood Partner or Local Area Coordinator also doesn't need to help you connect to other services while your plan is suspended. But we can still do this if we think it's appropriate.<sup>58</sup>



When we suspend your plan, we'll send you a new plan that shows that your funding is suspended. This plan will have no funded supports.

If we suspend your plan while you're overseas, we'll create a new plan once you return to Australia.<sup>59</sup> This means you can start using it again.

And if we suspend your plan because you haven't claimed compensation, we'll also create a new plan once you take action to claim it.<sup>60</sup>

### **What if you don't agree with your plan suspension?**

If we decide not to extend the grace period to use your funding overseas and you don't agree, you can ask for an internal review.<sup>61</sup> You'll need to ask for an internal review within **3 months** after we decide not to extend the grace period.<sup>62</sup>

You can't ask for an internal review if we suspend your plan because you haven't claimed compensation.

Learn more about [internal reviews](#).

### **When can you use your plan outside Australia for more than 6 weeks?**

In some situations, we can give you a longer grace period. If you think you'll be outside Australia for more than 6 weeks and need to use your funding, [contact us](#). We'll let you know whether we'll extend the grace period.

If you know you'll be overseas for more than 6 weeks, it's a good idea to contact us before you leave Australia. Let us know:

- how long you think you'll be overseas
- why you're going overseas
- what supports you need when you're overseas
- why you need NDIS funding for your supports.

There are some things we need to consider for everyone who will be outside Australia for more than 6 weeks. This includes if you're on an extended holiday for more than 6 weeks.<sup>63</sup>

When we decide if we'll extend the grace period, and for how long, we consider:<sup>64</sup>

- how long you'll be outside Australia
- what supports you're receiving through your plan
- if you can still get supports while you're outside Australia, and if we can help you find these supports
- if we can keep in touch with you while you're outside Australia



- if we previously decided to extend the grace period
- if denying your request would cause you ‘undue hardship’ – that is, it would make your situation overseas much more difficult, to a level that’s not fair or reasonable.

### **In what specific situations will we usually extend the grace period?**

We’ll usually extend the grace period if you’ll be overseas for:<sup>65</sup>

- humanitarian reasons, such as foreign aid
- one of the reasons below.

When we decide if we’ll extend the grace period, and for how long, we consider different things depending on the reason you’ll be overseas.

If the reasons below apply to a ‘family member’, this usually means a:

- husband or wife
- ex-husband or ex-wife
- de facto partner or former de facto partner
- child, parent, grandparent, grandchild or sibling
- child, parent, grandparent, grandchild or sibling of a spouse or de facto partner
- step-relative, such as step-parents and step-children
- adopted immediate family member.

### **If you’re studying overseas or doing an exchange study program**

We consider how long the course goes for.<sup>66</sup> The overseas study needs to be either:<sup>67</sup>

- part of a course you’re doing in an Australian high school, TAFE or other training, or university
- part of a recognised program of international exchanges, such as an exchange semester during university.

### **If you or a family member need to work overseas for a short period**

We consider how long you or a family member need to work overseas.<sup>68</sup>

### **If you or a family member are in the Army, Navy or Air Force [Reserve forces](#)**

We consider how long you or a family member need to be deployed overseas.<sup>69</sup>



### **If you need medical treatment or therapy that's not available in Australia**

We consider how long your treatment will take. We also allow a reasonable period of time for you to recover after your treatment or therapy.<sup>70</sup>

### **If you can't come back to Australia for a reason you can't control**

We consider how much time is reasonable to allow you to return to Australia.<sup>71</sup>

Some of the reasons you can't control while you're overseas include if you or a family member:<sup>72</sup>

- are involved in a serious accident
- become seriously ill
- are hospitalised
- are the victim of a serious crime
- are a party to custody proceedings
- need to stay overseas because of criminal proceedings, for example if you're involved or are a witness in a criminal trial.

Or there might be a situation that affects everyone in the area, including:

- war, industrial action, or social or political unrest you're not willingly participating in<sup>73</sup>
- natural disasters, such as earthquakes, bushfires, floods or cyclones<sup>74</sup>
- border restrictions you can't control, for example due to travel advice or a pandemic.



## What if you're not happy with your plan?

If you're not happy with your current plan, you should talk to your Early Childhood Partner, Local Area Coordinator, Support Coordinator, Recovery Coach, or planner.

They may be able to explain the decision, clarify how you can use the funding, or help you fix any problems. It's a good idea to do this soon after you get your plan.

We can also give you written reasons on why we made the decision. [Contact us](#) if you'd like reasons for our decision.

If you don't agree with our decision to approve your plan, you can ask for an internal review.

Having an internal review means someone who wasn't involved in creating your plan will review our decision to approve your plan. They'll consider if we made the right decision under the laws for the NDIS.

Once you get your plan, you have **3 months** to ask for an internal review.<sup>75</sup>

Learn more about [reviewing our decisions](#).

## Reference list

- 
- <sup>1</sup> NDIS Act and delegated legislation made under the NDIS Act, especially NDIS (Supports for Participants) Rules and NDIS (Plan Management) Rules.
  - <sup>2</sup> NDIS (Supports for Participants) Rules r 5.1(b).
  - <sup>3</sup> NDIS Act s 34(1)(a).
  - <sup>4</sup> NDIS Act s 34(1)(b).
  - <sup>5</sup> NDIS Act s 34(1)(c).
  - <sup>6</sup> NDIS (Supports for Participants) Rules r 3.1(c).
  - <sup>7</sup> NDIS Act s 34(1)(c); NDIS (Supports for Participants) Rules r 3.1(a).
  - <sup>8</sup> NDIS Act s 34(1)(d).
  - <sup>9</sup> NDIS Act s 34(1)(e).
  - <sup>10</sup> NDIS Act s 34(1)(f).
  - <sup>11</sup> NDIS Act s 34(1)(f).
  - <sup>12</sup> NDIS (Supports for Participants) Rules part 5.
  - <sup>13</sup> NDIS (Supports for Participants) Rules r 5.1(a).
  - <sup>14</sup> NDIS (Supports for Participants) Rules r 5.1(b).
  - <sup>15</sup> NDIS (Supports for Participants) Rules r 5.1(c).
  - <sup>16</sup> NDIS (Supports for Participants) Rules r 5.1(d).
  - <sup>17</sup> NDIS (Supports for Participants) Rules r 5.3(a).
  - <sup>18</sup> NDIS (Supports for Participants) Rules r 5.3(b).
  - <sup>19</sup> NDIS Act s 34(1)(f).
  - <sup>20</sup> NDIS Act s 118(1)(b).
  - <sup>21</sup> NDIS Act s 4(17)(b).
  - <sup>22</sup> NDIS Act s 33(2).
  - <sup>23</sup> NDIS Act s 33(5)(a).
  - <sup>24</sup> NDIS Act s 34(1)(a).
  - <sup>25</sup> NDIS Act s 34(1)(d).
  - <sup>26</sup> NDIS (Supports for Participants) Rules r 4.1(d).
  - <sup>27</sup> NDIS Act s 34(1).
  - <sup>28</sup> NDIS Act s 34(1)(d); NDIS (Supports for Participants) Rules, rr 3.2-3.3.
  - <sup>29</sup> NDIS Act s 34(1)(c); NDIS (Supports for Participants) Rules r 3.1.
  - <sup>30</sup> NDIS Act s 46(1).
  - <sup>31</sup> NDIS Act s 38.
  - <sup>32</sup> NDIS (SDA) Rules r 36.
  - <sup>33</sup> Competition and Consumer Act Sch 2.
  - <sup>34</sup> NDIS Act s 46(1).
  - <sup>35</sup> NDIS Act s 33(3).
  - <sup>36</sup> NDIS Act s 46(1).
  - <sup>37</sup> NDIS Act s 33(6).
  - <sup>38</sup> NDIS (Provider Registration and Practice Standards) Rules r 7(3).
  - <sup>39</sup> NDIS (Provider Registration and Practice Standards) Rules r 7(2).
  - <sup>40</sup> NDIS Act s 42(2)(b).
  - <sup>41</sup> NDIS (Provider Registration and Practice Standards) Rules r 7(1).
  - <sup>42</sup> NDIS (Plan Management) Rules r 4.3(b).
  - <sup>43</sup> NDIS Act s 46(1).
  - <sup>44</sup> NDIS Act s 182(3).
  - <sup>45</sup> NDIS Act s 37(3).
  - <sup>46</sup> NDIS Act s 48(4).
  - <sup>47</sup> NDIS Act s 33(2)(c).
  - <sup>48</sup> NDIS Act s 48(4).
  - <sup>49</sup> NDIS Act s 51(1)(a).
  - <sup>50</sup> NDIS Act s 51(1)(b).
  - <sup>51</sup> NDIS Act s 51(2).

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- <sup>52</sup> NDIS Act s 48(1).  
<sup>53</sup> NDIS Act s 41(2)(a).  
<sup>54</sup> NDIS Act ss 40(2)-(3), 41(1)(a).  
<sup>55</sup> NDIS Act ss 41(1)(b), 105(2)(a).  
<sup>56</sup> NDIS Act s 41(2)(a).  
<sup>57</sup> NDIS Act s 41(2)(c).  
<sup>58</sup> NDIS Act s 41(2)(b).  
<sup>59</sup> NDIS Act s 40(3).  
<sup>60</sup> NDIS Act s 105(2)(a).  
<sup>61</sup> NDIS Act ss 40(2)(b), 99(1) item 5.  
<sup>62</sup> NDIS Act s 100(2).  
<sup>63</sup> NDIS (Plan Management) Rules r 5.7.  
<sup>64</sup> NDIS (Plan Management) Rules r 5.8.  
<sup>65</sup> NDIS (Plan Management) Rules r 5.6.  
<sup>66</sup> NDIS (Plan Management) Rules r 5.9.  
<sup>67</sup> NDIS (Plan Management) Rules r 5.9.  
<sup>68</sup> NDIS (Plan Management) Rules r 5.10.  
<sup>69</sup> NDIS (Plan Management) Rules rr 5.11-5.13.  
<sup>70</sup> NDIS (Plan Management) Rules r 5.14.  
<sup>71</sup> NDIS (Plan Management) Rules r 5.15.  
<sup>72</sup> NDIS (Plan Management) Rules r 5.16(a).  
<sup>73</sup> NDIS (Plan Management) Rules r 5.16(b).  
<sup>74</sup> NDIS (Plan Management) Rules r 5.16(c).  
<sup>75</sup> NDIS Act s 100(2).



# Your plan

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**Quick summary:** Once we approve your plan, you can start to use your supports. If you want us to, we'll help you start using your plan, and help you connect with supports in your area. You must spend your funding according to your plan. We'll check-in with you during your plan to make sure it meets your needs and to check whether your situation has changed. You must also contact us if your situation changes during your plan. You usually can't use your plan after you're outside Australia for more than 6 weeks, or don't claim compensation you're entitled to after we ask you to.

## What's on this page?

This page covers:

- [What principles do we follow to create your plan?](#)
- [What happens once your plan is approved?](#)
- [How do you start using your plan?](#)
- [What supports can you buy with your NDIS funding?](#)
- [What happens during your plan?](#)
- [When can't you use your plan?](#)
- [What if you're not happy with your plan?](#)

You may also be interested in:

- [Applying to the NDIS](#)
- [Creating your plan](#)
- [Changing your plan](#)
- [Reviewing our decisions](#)

## What principles do we follow to create your plan?

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

As an insurance-based scheme, we take a lifetime approach to a participant's support needs. We provide assurance to people with permanent and significant disability or



developmental delay, and to people who might acquire disability or developmental delay, that they will get the support they need. Individual funding means we help participants to purchase services and supports from a competitive and consumer-driven marketplace.

## What supports can we fund?

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

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

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

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

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

- the support is related to your disability<sup>2</sup>
- the support will help you pursue your goals and aspirations<sup>3</sup>
- the support will help you undertake activities that will increase your social and economic participation<sup>4</sup>
- the support is value for money,<sup>5</sup> which means that the costs are reasonable:
  - when compared to the benefits to be achieved, for example, whether purchasing the support is likely to reduce the cost of funding other supports in the long term<sup>6</sup>
  - when compared to alternative options that may provide you with the same outcome at a similar or cheaper cost<sup>7</sup>
- the support is likely to be effective and beneficial for you, having regard to good practice and evidence<sup>8</sup>
- the support is required to complement the informal supports you have available, by taking into account what is reasonable for families, carers, informal networks and the community to provide<sup>9</sup>

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- the support is most appropriately funded or provided by the NDIS<sup>10</sup>
- the support is not more appropriately funded by another service system, agency, person or body, such as the education system or the health system.<sup>11</sup> We can't fund a support if it's the responsibility of another service system.

## What supports don't we fund?

We do not fund a support if:<sup>12</sup>

- it is likely to **cause harm** to you or others<sup>13</sup>
- it is **not related** to your disability<sup>14</sup>
- it **duplicates** other supports delivered by the NDIS<sup>15</sup>
- it is considered a **day-to-day living cost** (for example, rent, groceries or utility costs like your water bill) that are **not attributable or caused by** your disability support needs<sup>16</sup>
- providing the support would be **against the law**<sup>17</sup>
- it consists of **income replacement**<sup>18</sup>
- it is the **responsibility of other service systems** to provide (for example, your state government, the education system, or the health system).<sup>19</sup> These different systems have different responsibilities, and are designed to complement each other to form a government safety net. Like all Australians, NDIS participants continue to have access to these systems. We can't fund a support if it's the responsibility of another service.

## How do we manage the financial sustainability of the NDIS?

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

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

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

- people accessing their informal support network to get the help they need from day to day



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

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

## What principles do we use to create your plan?

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

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

### Fair for everyone, both today and for future generations

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

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

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

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

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

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

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

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

### **Fair funding to pursue your goals**

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

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

Other things to know about when setting your goals:

1. **Setting more goals or bigger goals doesn't mean we'll provide more funding or fund more supports.** For example, if your goal is to live independently in a house with a swimming pool, we may fund home modifications that address your disability related needs. This might be a home modification to make your bathroom accessible. We won't fund the swimming pool because this isn't related to your disability support needs. The funding in your plan might be similar to someone else who has a goal of 'to have a more accessible bathroom'.
2. **Setting a goal doesn't mean we have an obligation to fund supports that help you pursue that goal.** For example, if your goal is to get a gym membership to get fit, we wouldn't usually fund this. Gym memberships are things that all people, with or without disability, might want or need.
3. **Setting a goal about an explicit type or amount of support you might want doesn't mean we have an obligation to fund that support or provide that amount of funding.** For example, you may tell us your goal is 'to get a top model shower commode' and you show us the one you want costs \$4,000.

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

### **Evidence-based best practice**

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

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

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

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

### **Fair early investments**

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

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

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

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

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

## Fair support across service systems

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

## Fair supports for your disability needs

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

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

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

## Fair assistance from multiple programs

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

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

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

## What happens once your plan is approved?

Once we approve your plan, you can start using it. This means you can spend your NDIS funding on the supports set out in your plan.<sup>30</sup>



We'll send you a copy of your plan within **7 days** after we approve it.<sup>31</sup> You can also find your plan in the [myplace participant portal](#).

If you have a [nominee or child representative](#), they'll get a copy of your plan too. If you want to, you can show your plan to another person or someone that works with you, like a health professional. This is entirely your decision. Learn more about [sharing your plan](#).

You can also ask us to share your plan with other people. We can only share your plan where you ask us to. Learn more about [your privacy and information](#).

Your plan will include the information you gave us about you, your situation and your goals. It will also include supports to help you pursue your goals.

We may include funding in your plan for supports like:

- help with everyday tasks, such as [personal care supports](#)
- equipment and technology, such as assistive technology, hearing supports or orthotics
- home and living supports, such as Supported Independent Living, Specialist Disability Accommodation or home modifications
- disability-related health and therapy supports or behaviour supports
- social and community participation supports, such as social and recreation supports or work and study supports
- transport.

Learn more about the [supports you can access](#) and how we decide which supports are [reasonable and necessary](#).

This guideline explains how we help you use your plan, and what you can buy with your funding. For general information about how to use your plan and the myplace portal, check out our page on [using your plan](#).

## How do you start using your plan?

Once your plan is approved, we'll ask if you want to meet and talk about how to use your plan. We call this an implementation meeting. If you want to have this meeting, we'll arrange it within **28 days** after we approve your plan.

Your [Early Childhood Partner](#), [Local Area Coordinator](#), [Support Coordinator](#) or [Recovery Coach](#) can help you start using your plan.

For example, they can help you:



- understand your plan, and what supports you can buy with your funding
- understand what supports other government services, such as the health or education systems, can provide for you
- connect with your community and other government services
- find providers that meet your needs and will help you pursue your goals
- use the [myplace portal](#)
- make [service agreements](#) and [service bookings](#) with your providers
- answer any questions or concerns you have
- ask for a change to your plan if something in your life changes.

An Early Childhood Partner can also help families understand the principles of [Best Practice in Early Childhood Intervention](#).

If you [self-manage](#) your funding, you'll need to give us bank account details before you can claim any funding.

## How can we help you connect with informal, community and mainstream supports?

There are many supports you can get outside the NDIS. These include:

- informal supports, such as your friends, family and other people you know in your community
- community supports, such as community groups, religious groups, sporting groups or other activities in your area
- mainstream supports, such as health, education and other government services that are available to all Australians.

These supports can often help you pursue your goals.

When you start using your plan, we'll see how we can help you connect with other supports available to you.

For example, we could help you:

- find community clubs you'd like to join, or activities you'd like to do
- talk to organisations, so they can adapt their service to meet your needs
- contact other government services, such as Medicare, childcare, job services or health providers



- explore ways you can see your family and friends more often, or make new friends, if you want to.

Learn more about these supports in our [reasonable and necessary supports guideline](#).

## How do you find service providers?

A service provider is a person or organisation that provides your funded supports.

You often have choice and control over who provides the supports in your plan. You can usually choose where and when your supports are provided.

Some providers are registered with the NDIS Quality and Safeguards Commission. This means they meet strict conditions for the quality and safety of their services. We call them 'NDIS registered providers'. Learn more on the [NDIS Quality and Safeguards Commission website](#).

If a provider isn't registered with the Commission, we call them an 'unregistered provider'.

You can usually choose any provider you want. You must use NDIS registered providers for [some types of supports](#).

Your Early Childhood Partner, Local Area Coordinator, Support Coordinator or Recovery Coach can help you. We can't recommend specific providers to you. But we can let you know about the different providers in your area, to help you decide which ones you might like to use.

You can also check for providers on the internet, look at reviews, or get advice from friends or family. It's a good idea to speak with different providers before you choose one.

You can search for NDIS registered providers on the myplace portal, or check out our [provider lists](#) for each state and territory.

We don't pay for family members to provide paid supports other than in very limited situations. Learn more about this and [sustaining informal supports](#)

## How do you agree on supports with your service provider?

Once you've chosen a provider, you'll need to contact them and agree on what supports they'll provide.

You can negotiate with your provider about what you get from your support. For example, you can agree with your provider about:

- what's included and not included in the support
- the cost of the support
- your and your provider's responsibilities



- how to change the agreement in the future if you or your provider want to
- how you and your provider will resolve any issues and disputes.

Your Early Childhood Partner, Local Area Coordinator, Support Coordinator or Recovery Coach can help you negotiate with service providers.

You don't need a written service agreement for all supports. But it's usually a good idea to have one and to record answers to the types of questions listed above. This way, it's clear what you and your provider agreed to. You need a written service agreement for [Specialist Disability Accommodation](#).<sup>32</sup>

Even though we fund the support, we're not part of the agreement. The service agreement is between you – the consumer – and your provider. This is a legal agreement that you're both responsible for.

Learn more about [service agreements](#) and the things to think about when making a service agreement.

### **What happens if your agreement doesn't go the way you want it to?**

You need to raise any problems directly with your provider. It's important to set out your expectations and your provider's responsibilities in your agreement.

The [Australian Consumer Law](#) applies to service agreements.<sup>33</sup> This law protects you as a consumer when you buy supports with your NDIS funding.

The Australian Competition and Consumer Commission (ACCC) has some [helpful resources](#) if you have a complaint or need advice. We also have links to other consumer resources on [our website](#).

If you want to make a complaint about a provider, you can also contact the [NDIS Quality and Safeguards Commission](#). The NDIS Commission can take complaints from anyone about:

- supports that weren't provided in a safe and respectful way
- supports that weren't delivered to an appropriate standard
- how an NDIS provider managed a complaint about the supports they provided to you.

### **What if there are no service providers in your area for your supports?**

If you're finding it difficult to find service providers in your area, talk to your Early Childhood Partner, Local Area Coordinator, Support Coordinator, or Recovery Coach. They may be able to help you find services in your area, or work out other options for your situation.

You may be able to get some support over the phone or internet, for example therapy through [telehealth](#).



## What supports can you buy with your NDIS funding?

You must spend your funding on the supports set out in your plan.<sup>34</sup>

There are things you can't spend your funding on such as items that are illegal or relate to your day to day living costs. Learn more about [what you can't spend your funding on](#).

The funding in your plan can either be:<sup>35</sup>

- **Flexible:** this is when we describe your supports generally. This means you have greater flexibility on what supports you buy with your funding.
- **Fixed:** this is when we describe your supports specifically. This means you must use your funding for the supports we describe in your plan.<sup>36</sup> This is sometimes called a 'stated support'.

We usually describe supports generally, so you have more choice in how you use your funding.

For example, we could describe a support as "\$5,000 of therapy". This means you can choose what type of therapy you buy with this funding. You could use \$3,000 for occupational therapy, and the remaining \$2,000 for physiotherapy.

Other funding in your plan may be fixed. For example, your plan may say you need to buy specific supports, or use specific providers with your funding. If so, you must use your funding in the way we describe it in your plan.

If you're not sure how we described the supports in your plan, ask your Early Childhood Partner, Local Area Coordinator, Support Coordinator or Recovery Coach.

Learn more about [how we decide to describe supports](#).

## What are the support budgets in your plan?

Your supports will be divided into 3 different budgets:

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

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



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

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

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

## When do you need to use NDIS registered providers?

If your funding for supports is Agency-managed, you can only use 'NDIS registered providers' for those supports.<sup>37</sup> NDIS registered providers meet strict conditions for the quality and safety of their services. Learn more on the [NDIS Quality and Safeguards Commission website](#).

Some supports can only be provided by NDIS registered providers. These include:

- [Specialist Behaviour Supports](#), if the provider will undertake a behaviour support assessment or develop a behaviour support plan<sup>38</sup>
- any support that will likely involve a [regulated restricted practice](#),<sup>39</sup> either on an interim or ongoing basis
- [Plan Management](#)<sup>40</sup>
- [Specialist Disability Accommodation](#).<sup>41</sup>

You must use NDIS registered providers for these supports, even if your plan doesn't say you need to. You must also use NDIS registered providers for these supports even if your funding is self-managed or plan-managed.

## How much will we pay for each support?

There may be a limit on how much you or your providers can claim for different types of supports.

We set out these price limits in the [NDIS Price Guide and Support Catalogue](#).

We update the Price Guide often to account for price changes, such as staff wage increases. We may change the amount of funding in your plan if the prices for your supports change.

The amount of funding you can claim depends on your plan management option. There are different [ways to manage your funding](#). If your funding is:

- **Agency-managed:** NDIS registered providers can claim up to the maximum price in the Price Guide for each support.



- **Plan-managed:** Your [plan manager](#) can claim up to the maximum price in the Price Guide for each support.
- **Self-managed:** You can choose how much to pay for each support, as long as you don't spend more than the total funding for the support in your plan. This means you can claim more than the NDIS Price Guide. You should use the Price Guide to ensure you're getting the best value from your providers.

If you have self-managed [transport funding](#) in your plan, we can often pay this as a fortnightly payment to your bank account.<sup>42</sup> This means you don't need to claim each time you use your transport supports.

You can always claim less than the prices in the Price Guide – it doesn't matter how your funding is managed. For example, your provider may charge lower rates, which often means you can get more support from your funding.

If a support isn't in the Price Guide, you'll need to agree on a price with the provider.

### Example 1

Omar self-manages his funding. His plan includes a support described as "\$2,000 of therapy". This is around 10 hours of therapy at the NDIS Price Guide rate. Omar finds a therapist who is very experienced with his complex disability support needs. The therapist's rates are higher than the NDIS Price Guide.

Omar decides he wants to use this therapist, even though it means he only has funding for 8 hours at the therapist's rate. Omar can do this because he self-manages his funding. Omar thinks he'll get a much better service, even with fewer hours.

### Example 2

Kristy's plan includes a support described as "\$12,000 for social and recreation support". She's currently using this funding for 4 hours of support per week to go to cricket matches on the weekend.

She finds a provider who charges less than the rates in the NDIS Price Guide, and decides to switch to the new provider.

After a couple of months, she's now saved some extra funding by using this provider. As well as the 4 hours per week for cricket matches, she decides to use the extra funding to join her friends at the pub every few weeks.

### When do you need an assessment or quote before buying supports?

Sometimes we decide you need a quote before you can claim the funding in your plan. This helps us ensure the support is [value for money](#), which is one of the NDIS funding criteria.



If so, this will show in your plan as **'quote-required'**. You'll need to give us at least one quote before we make the funding available in your plan.

We may do this for supports like:

- [high cost assistive technology](#)
- [high cost home modifications](#)

For some supports, the funding is available but you need to get an assessment before you buy the support. We may do this for [mid cost assistive technology](#), [mid cost home modifications](#), or supports with more risk. We'll let you know in your plan if you need to get an assessment before buying a support.

### **What if you self-manage your funding?**

There are some things you need to do if you self-manage your funding. For example, you need to keep receipts for your purchases for 5 years. You'll also need to be able to show how you've used your funding if we ask you.

Learn more about [self-managing](#).

### **What happens if you buy supports that aren't in your plan?**

You must spend your funding to buy the supports set out in your plan.<sup>43</sup> We'll explain the types of supports included in your plan, so you know how to use your NDIS funding.

We also have more information on our website about [using your funding](#).

If we think there's a problem with how you're using your plan, we may need to investigate it. For example, we may check what supports you bought with your funding, or ask for evidence such as a receipt.

If you spend your funding on supports that aren't set out in your plan, you'll owe us a debt.<sup>44</sup> This means you'll need to repay the amount of money you spent on supports that weren't in your plan. If this happens, we'll contact you to work out how you can repay the money.

Remember, NDIS funding is for disability-related supports only. It's not intended to be a source of general income, or to be used for day-to-day living costs like rent.

### **What happens during your plan?**

Your plan will continue until it's replaced by another plan or you [leave the NDIS](#).<sup>45</sup>

You can ask your Early Childhood Partner, Local Area Coordinator, Support Coordinator, Recovery Coach, or [contact us](#) at any time if you have questions about your plan.



It's a good idea to monitor your funding on the [myplace portal](#). This can help you make sure you're using the right amount of supports in your plan. You can also keep track that you or your providers are claiming the right amount of funding for your agreed supports.

We also monitor your plan to check if there are any issues. If something doesn't seem right, we may contact you to see if there's anything we can help with.

We may also need to contact service providers or others assisting with your plan. If so, we'll only do this with your consent.

If you have a Support Coordinator or Recovery Coach, they usually need to send us reports during your plan. The reports let us know if your plan is working well for you, or if you need any changes to your plan.

For children younger than 7, we have an [Early Childhood provider report](#) form to help providers tell us about the supports the child has been given.

### How will we check-in with you during your plan?

We'll check-in with you during your plan to see how you're going. We'll ask if the supports in your plan are meeting your needs. We also do check-ins to see if you're having any problems using your plan.

We may check-in with you:

- at regular intervals, for example each year
- before the 'plan reassessment date' shown in your plan
- if we think your plan might not be working for you.

For example, we may check-in with you if you're using too much or too little of your funding.

During a check-in, your Early Childhood Partner, Local Area Coordinator or planner will contact you and discuss your plan.

We'll ask:

- how you're going
- if you have any questions about your current plan
- how you're going with your goals
- if you have any new goals, or want to change your goals
- how you're using local services in the community or other government services
- how you're using your funded supports in your plan

- how your supports are helping you pursue your goals
- if your supports meet your disability needs
- if your situation has changed
- if you need help with big changes coming up in your life, like starting or finishing school or starting a new job.

### **Will we change your plan after a check-in?**

If the check-in shows your plan is working well for you, we usually won't need to make any changes to your plan. Your plan will continue. We'll touch base at your next check-in to see if your plan still meets your needs.

If the check-in shows your plan doesn't meet your needs, we may need to change your plan. This means you could have a minor change included in your current plan, or we might need to reassess your current plan and replace it with a new one.

There's also a date we need to do a plan reassessment, even if you don't need any changes to your plan.<sup>46</sup> This is shown on your plan as the 'plan reassessment date'.

We'll check-in with you and create your new plan before this date. If your plan is working well for you and your supports still meet the [NDIS funding criteria](#), we could give you a new plan with the same supports. Your new plan might also have less supports if there are some you no longer need. Or you might need a plan with more support

We'll make this decision based on your support needs, the principles we follow to create your plan and the [NDIS funding criteria](#).

We'll check each support is reasonable and necessary individually, as well as when considered as a package.

Learn more about [changing your plan](#).

#### **Example 1**

Kath is 3 months into her first plan, but she hasn't used any funding yet. Kath's Local Area Coordinator calls her and asks if we can help her in any way.

Kath is self-managing her funding, and has been using her supports. But she's not too sure how to claim the funding through the myplace portal. Kath's Local Area Coordinator teaches her the process step-by-step.

Kath's plan will continue, as she doesn't need any changes to her supports.

#### **Example 2**



Artem is 18 months into his plan. His planner notices Artem has been using a lot more funding in the past month.

Artem's planner contacts him to check if there are any issues. Artem tells his planner how his parents suddenly became sick, so he's had to use more paid supports for the past month. His parents probably won't be able to support him for some time.

Artem and his planner discuss his situation. Artem's planner decides Artem needs a new plan with different supports. Artem's current plan doesn't meet his needs due to his change in circumstances.

Artem's planner then books a planning meeting with Artem. Together, they'll create a new plan with different supports for his new circumstances.

### What if your situation changes during your plan?

You must let us know if something happens or your situation changes, if it might affect:<sup>47</sup>

- your plan
- whether you're still eligible for the NDIS.

You must also let us know if it's likely one of these changes will happen in the future.<sup>48</sup>

This could include changes like if:

- there are significant changes in the support your family and friends provide
- your condition improves or gets worse, meaning you need more or less support
- you're starting a new job and need new or different support at work
- you're going overseas for a long period of time or you're moving overseas
- you're moving out of aged care or other residential accommodation, and you need different support in your new home
- you receive or claim compensation for an accident or illness related to your disability.

These changes don't always mean you'll need a change to your plan. But you must still let us know about these changes as soon as you reasonably can, after you know about them.<sup>49</sup>

We have a [form you can complete](#), or you can let us know in person or over the phone.

You should also let us know if you change your contact details, such as your phone number, email or your home or postal address.



## What if your new situation means your plan no longer meets your needs?

Sometimes your plan may no longer meet your needs, after something happens or your situation changes.

For example, you may need to replace assistive technology if it starts breaking down. Or, you may need paid personal care supports if your usual informal carers can't support you anymore.

If so, you can ask us to change your plan.

Learn more about [asking to change your plan](#).

## When can't you use your plan?

Sometimes we may need to suspend your plan. This means your plan will continue, but you won't be able to use your supports for a period of time.<sup>50</sup>

We'll suspend your plan after:

- you're outside Australia for more than 6 weeks, unless [we give you more time](#)<sup>51</sup>
- [you don't claim compensation](#) you're entitled to after we ask you to, for example after you've sustained an injury.<sup>52</sup>

We'll let you know if we're going to suspend your plan.

If you go overseas, you can still use your supports and funding for up to 6 weeks (or longer if we give you more time). We call this a 'grace period'.

You'll probably need to have your funding self-managed or plan-managed if you need to use your funding overseas. This is because your NDIS registered providers usually don't support people in other countries. You'll also need to claim your funding in Australian dollars.

If you need to change your plan management while you're overseas, let us know and we can [change your plan](#).

## What happens if we suspend your plan?

We can't pay any funding for NDIS supports while your plan is suspended.<sup>53</sup> Your service providers also won't be able to claim for services provided to you.

You can't ask for a [change to your plan](#) while your plan is suspended.<sup>54</sup>

An Early Childhood Partner or Local Area Coordinator also doesn't need to help you connect to other services while your plan is suspended. But we can still do this if we think it's appropriate.<sup>55</sup>





When we suspend your plan, we'll send you a new plan that shows that your funding is suspended. This plan will have no funded supports.

If we suspend your plan while you're overseas, we'll create a new plan once you return to Australia.<sup>56</sup> This means you can start using it again.

And if we suspend your plan because you haven't claimed compensation, we'll also create a new plan once you take action to claim it.<sup>57</sup>

### **What if you don't agree with your plan suspension?**

If we decide not to extend the grace period to use your funding overseas and you don't agree, you can ask for an internal review.<sup>58</sup> You'll need to ask for an internal review within **3 months** after we decide not to extend the grace period.<sup>59</sup>

You can't ask for an internal review if we suspend your plan because you haven't claimed compensation.

Learn more about [internal reviews](#).

### **When can you use your plan outside Australia for more than 6 weeks?**

In some situations, we can give you a longer grace period. If you think you'll be outside Australia for more than 6 weeks and need to use your funding, [contact us](#). We'll let you know whether we'll extend the grace period.

If you know you'll be overseas for more than 6 weeks, it's a good idea to contact us before you leave Australia. Let us know:

- how long you think you'll be overseas
- why you're going overseas
- what supports you need when you're overseas
- why you need NDIS funding for your supports.

There are some things we need to consider for everyone who will be outside Australia for more than 6 weeks. This includes if you're on an extended holiday for more than 6 weeks.<sup>60</sup>

When we decide if we'll extend the grace period, and for how long, we consider:<sup>61</sup>

- how long you'll be outside Australia
- what supports you're receiving through your plan
- if you can still get supports while you're outside Australia, and if we can help you find these supports
- if we can keep in touch with you while you're outside Australia

- if we previously decided to extend the grace period
- if denying your request would cause you ‘undue hardship’ – that is, it would make your situation overseas much more difficult, to a level that’s not fair or reasonable.

### **In what specific situations will we usually extend the grace period?**

We’ll usually extend the grace period if you’ll be overseas for:<sup>62</sup>

- humanitarian reasons, such as foreign aid
- one of the reasons below.

When we decide if we’ll extend the grace period, and for how long, we consider different things depending on the reason you’ll be overseas.

If the reasons below apply to a ‘family member’, this usually means a:

- husband or wife
- ex-husband or ex-wife
- de facto partner or former de facto partner
- child, parent, grandparent, grandchild or sibling
- child, parent, grandparent, grandchild or sibling of a spouse or de facto partner
- step-relative, such as step-parents and step-children
- adopted immediate family member.

### **If you’re studying overseas or doing an exchange study program**

We consider how long the course goes for.<sup>63</sup> The overseas study needs to be either:<sup>64</sup>

- part of a course you’re doing in an Australian high school, TAFE or other training, or university
- part of a recognised program of international exchanges, such as an exchange semester during university.

### **If you or a family member need to work overseas for a short period**

We consider how long you or a family member need to work overseas.<sup>65</sup>

### **If you or a family member are in the Army, Navy or Air Force [Reserve forces](#)**

We consider how long you or a family member need to be deployed overseas.<sup>66</sup>



### **If you need medical treatment or therapy that's not available in Australia**

We consider how long your treatment will take. We also allow a reasonable period of time for you to recover after your treatment or therapy.<sup>67</sup>

### **If you can't come back to Australia for a reason you can't control**

We consider how much time is reasonable to allow you to return to Australia.<sup>68</sup>

Some of the reasons you can't control while you're overseas include if you or a family member:<sup>69</sup>

- are involved in a serious accident
- become seriously ill
- are hospitalised
- are the victim of a serious crime
- are a party to custody proceedings
- need to stay overseas because of criminal proceedings, for example if you're involved or are a witness in a criminal trial.

Or there might be a situation that affects everyone in the area, including:

- war, industrial action, or social or political unrest you're not willingly participating in<sup>70</sup>
- natural disasters, such as earthquakes, bushfires, floods or cyclones<sup>71</sup>
- border restrictions you can't control, for example due to travel advice or a pandemic.



## What if you're not happy with your plan?

If you're not happy with your current plan, you should talk to your Early Childhood Partner, Local Area Coordinator, Support Coordinator, Recovery Coach, or planner.

They may be able to explain the decision, clarify how you can use the funding, or help you fix any problems. It's a good idea to do this soon after you get your plan.

We can also give you written reasons on why we made the decision. [Contact us](#) if you'd like reasons for our decision.

If you don't agree with our decision to approve your plan, you can ask for an internal review.

Having an internal review means someone who wasn't involved in creating your plan will review our decision to approve your plan. They'll consider if we made the right decision under the laws for the NDIS.

Once you get your plan, you have **3 months** to ask for an internal review.<sup>72</sup>

Learn more about [reviewing our decisions](#).

## Reference list

- 
- <sup>1</sup> NDIS Act and delegated legislation made under the NDIS Act, especially NDIS (Supports for Participants) Rules and NDIS (Plan Management) Rules.
  - <sup>2</sup> NDIS (Supports for Participants) Rules r 5.1(b).
  - <sup>3</sup> NDIS Act s 34(1)(a).
  - <sup>4</sup> NDIS Act s 34(1)(b).
  - <sup>5</sup> NDIS Act s 34(1)(c).
  - <sup>6</sup> NDIS (Supports for Participants) Rules r 3.1(c).
  - <sup>7</sup> NDIS Act s 34(1)(c); NDIS (Supports for Participants) Rules r 3.1(a).
  - <sup>8</sup> NDIS Act s 34(1)(d).
  - <sup>9</sup> NDIS Act s 34(1)(e).
  - <sup>10</sup> NDIS Act s 34(1)(f).
  - <sup>11</sup> NDIS Act s 34(1)(f).
  - <sup>12</sup> NDIS (Supports for Participants) Rules part 5.
  - <sup>13</sup> NDIS (Supports for Participants) Rules r 5.1(a).
  - <sup>14</sup> NDIS (Supports for Participants) Rules r 5.1(b).
  - <sup>15</sup> NDIS (Supports for Participants) Rules r 5.1(c).
  - <sup>16</sup> NDIS (Supports for Participants) Rules r 5.1(d).
  - <sup>17</sup> NDIS (Supports for Participants) Rules r 5.3(a).
  - <sup>18</sup> NDIS (Supports for Participants) Rules r 5.3(b).
  - <sup>19</sup> NDIS Act s 34(1)(f).
  - <sup>20</sup> NDIS Act s 118(1)(b).
  - <sup>21</sup> NDIS Act s 4(17)(b).
  - <sup>22</sup> NDIS Act s 33(2).
  - <sup>23</sup> NDIS Act s 33(5)(a).
  - <sup>24</sup> NDIS Act s 34(1)(a).
  - <sup>25</sup> NDIS Act s 34(1)(d).
  - <sup>26</sup> NDIS (Supports for Participants) Rules r 4.1(d).
  - <sup>27</sup> NDIS Act s 34(1).
  - <sup>28</sup> NDIS Act s 34(1)(d); NDIS (Supports for Participants) Rules, rr 3.2-3.3.
  - <sup>29</sup> NDIS Act s 34(1)(c); NDIS (Supports for Participants) Rules r 3.1.
  - <sup>30</sup> NDIS Act s 46(1).
  - <sup>31</sup> NDIS Act s 38.
  - <sup>32</sup> NDIS (SDA) Rules r 36.
  - <sup>33</sup> Competition and Consumer Act Sch 2.
  - <sup>34</sup> NDIS Act s 46(1).
  - <sup>35</sup> NDIS Act s 33(3).
  - <sup>36</sup> NDIS Act s 46(1).
  - <sup>37</sup> NDIS Act s 33(6).
  - <sup>38</sup> NDIS (Provider Registration and Practice Standards) Rules r 7(3).
  - <sup>39</sup> NDIS (Provider Registration and Practice Standards) Rules r 7(2).
  - <sup>40</sup> NDIS Act s 42(2)(b).
  - <sup>41</sup> NDIS (Provider Registration and Practice Standards) Rules r 7(1).
  - <sup>42</sup> NDIS (Plan Management) Rules r 4.3(b).
  - <sup>43</sup> NDIS Act s 46(1).
  - <sup>44</sup> NDIS Act s 182(3).
  - <sup>45</sup> NDIS Act s 37(3).
  - <sup>46</sup> NDIS Act s 33(2)(c).
  - <sup>47</sup> NDIS Act s 51(1)(a).
  - <sup>48</sup> NDIS Act s 51(1)(b).
  - <sup>49</sup> NDIS Act s 51(2).
  - <sup>50</sup> NDIS Act s 41(2)(a).
  - <sup>51</sup> NDIS Act ss 40(2)-(3), 41(1)(a).

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- <sup>52</sup> NDIS Act ss 41(1)(b), 105(2)(a).  
<sup>53</sup> NDIS Act s 41(2)(a).  
<sup>54</sup> NDIS Act s 41(2)(c).  
<sup>55</sup> NDIS Act s 41(2)(b).  
<sup>56</sup> NDIS Act s 40(3).  
<sup>57</sup> NDIS Act s 105(2)(a).  
<sup>58</sup> NDIS Act ss 40(2)(b), 99(1) item 5.  
<sup>59</sup> NDIS Act s 100(2).  
<sup>60</sup> NDIS (Plan Management) Rules r 5.7.  
<sup>61</sup> NDIS (Plan Management) Rules r 5.8.  
<sup>62</sup> NDIS (Plan Management) Rules r 5.6.  
<sup>63</sup> NDIS (Plan Management) Rules r 5.9.  
<sup>64</sup> NDIS (Plan Management) Rules r 5.9.  
<sup>65</sup> NDIS (Plan Management) Rules r 5.10.  
<sup>66</sup> NDIS (Plan Management) Rules rr 5.11-5.13.  
<sup>67</sup> NDIS (Plan Management) Rules r 5.14.  
<sup>68</sup> NDIS (Plan Management) Rules r 5.15.  
<sup>69</sup> NDIS (Plan Management) Rules r 5.16(a).  
<sup>70</sup> NDIS (Plan Management) Rules r 5.16(b).  
<sup>71</sup> NDIS (Plan Management) Rules r 5.16(c).  
<sup>72</sup> NDIS Act s 100(2).



# Your plan

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**Quick summary:** Once we approve your plan, you can start to use your supports. If you want us to, we'll help you start using your plan, and help you connect with supports in your area. You must spend your funding according to your plan. We'll check-in with you during your plan to make sure it meets your needs and to check whether your situation has changed. You must also contact us if your situation changes during your plan. You usually can't use your plan after you're outside Australia for more than 6 weeks, or don't claim compensation you're entitled to after we ask you to.

## What's on this page?

This page covers:

- [What principles do we follow to create your plan?](#)
- [What happens once your plan is approved?](#)
- [How do you start using your plan?](#)
- [What supports can you buy with your NDIS funding?](#)
- [What happens during your plan?](#)
- [When can't you use your plan?](#)
- [What if you're not happy with your plan?](#)

You may also be interested in:

- [Applying to the NDIS](#)
- [Creating your plan](#)
- [Changing your plan](#)
- [Reviewing our decisions](#)

## What principles do we follow to create your plan?

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

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

## What supports can we fund?

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

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

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

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

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

- the support is related to your disability<sup>2</sup>
- the support will help you pursue your goals and aspirations<sup>3</sup>
- the support will help you undertake activities that will increase your social and economic participation<sup>4</sup>
- the support is value for money,<sup>5</sup> which means that the costs are reasonable:
  - when compared to the benefits to be achieved, for example, whether purchasing the support is likely to reduce the cost of funding other supports in the long term<sup>6</sup>
  - when compared to alternative options that may provide you with the same outcome at a similar or cheaper cost<sup>7</sup>
- the support is likely to be effective and beneficial for you, having regard to good practice and evidence<sup>8</sup>

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- the support is required to complement the informal supports you have available, by taking into account what is reasonable for families, carers, informal networks and the community to provide<sup>9</sup>
- the support is most appropriately funded or provided by the NDIS<sup>10</sup>
- the support is not more appropriately funded by another service system, agency, person or body, such as the education system or the health system.<sup>11</sup> We can't fund a support if it's the responsibility of another service system.

## What supports don't we fund?

We do not fund a support if:<sup>12</sup>

- it is likely to **cause harm** to you or others<sup>13</sup>
- it is **not related** to your disability<sup>14</sup>
- it **duplicates** other supports delivered by the NDIS<sup>15</sup>
- it is considered a **day-to-day living cost** (for example, rent, groceries or utility costs like your water bill) that are **not attributable or caused by** your disability support needs<sup>16</sup>
- providing the support would be **against the law**<sup>17</sup>
- it consists of **income replacement**<sup>18</sup>
- it is the **responsibility of other service systems** to provide (for example, your state government, the education system, or the health system).<sup>19</sup> These different systems have different responsibilities, and are designed to complement each other to form a government safety net. Like all Australians, NDIS participants continue to have access to these systems. We can't fund a support if it's the responsibility of another service.

## How do we manage the financial sustainability of the NDIS?

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

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

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

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

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

## What principles do we use to create your plan?

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

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

### Fair for everyone, both today and for future generations

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

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

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

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

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

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

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

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

### **Fair funding to pursue your goals**

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

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

Other things to know about when setting your goals:

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

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

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

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

### **Evidence-based best practice**

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

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

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

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

### **Fair early investments**

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

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

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

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

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

### **Fair support across service systems**

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

### **Fair supports for your disability needs**

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

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

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

### **Fair assistance from multiple programs**

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

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

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

## What happens once your plan is approved?

Once we approve your plan, you can start using it. This means you can spend your NDIS funding on the supports set out in your plan.<sup>30</sup>

We'll send you a copy of your plan within **7 days** after we approve it.<sup>31</sup> You can also find your plan in the [myplace participant portal](#).

If you have a [nominee or child representative](#), they'll get a copy of your plan too. If you want to, you can show your plan to another person or someone that works with you, like a health professional. This is entirely your decision. Learn more about [sharing your plan](#).

You can also ask us to share your plan with other people. We can only share your plan where you ask us to. Learn more about [your privacy and information](#).

Your plan will include the information you gave us about you, your situation and your goals. It will also include supports to help you pursue your goals.

We may include funding in your plan for supports like:

- help with everyday tasks, such as [personal care supports](#)
- equipment and technology, such as assistive technology, hearing supports or orthotics
- home and living supports, such as Supported Independent Living, Specialist Disability Accommodation or home modifications
- disability-related health and therapy supports or behaviour supports
- social and community participation supports, such as social and recreation supports or work and study supports
- transport.

Learn more about the [supports you can access](#) and how we decide which supports are [reasonable and necessary](#).



This guideline explains how we help you use your plan, and what you can buy with your funding. For general information about how to use your plan and the myplace portal, check out our page on [using your plan](#).

## How do you start using your plan?

Once your plan is approved, we'll ask if you want to meet and talk about how to use your plan. We call this an implementation meeting. If you want to have this meeting, we'll arrange it within **28 days** after we approve your plan.

Your [Early Childhood Partner](#), [Local Area Coordinator](#), [Support Coordinator](#) or [Recovery Coach](#) can help you start using your plan.

For example, they can help you:

- understand your plan, and what supports you can buy with your funding
- understand what supports other government services, such as the health or education systems, can provide for you
- connect with your community and other government services
- find providers that meet your needs and will help you pursue your goals
- use the [myplace portal](#)
- make [service agreements](#) and [service bookings](#) with your providers
- answer any questions or concerns you have
- ask for a change to your plan if something in your life changes.

An Early Childhood Partner can also help families understand the principles of [Best Practice in Early Childhood Intervention](#).

If you [self-manage](#) your funding, you'll need to give us bank account details before you can claim any funding.

## How can we help you connect with informal, community and mainstream supports?

There are many supports you can get outside the NDIS. These include:

- informal supports, such as your friends, family and other people you know in your community



- community supports, such as community groups, religious groups, sporting groups or other activities in your area
- mainstream supports, such as health, education and other government services that are available to all Australians.

These supports can often help you pursue your goals.

When you start using your plan, we'll see how we can help you connect with other supports available to you.

For example, we could help you:

- find community clubs you'd like to join, or activities you'd like to do
- talk to organisations, so they can adapt their service to meet your needs
- contact other government services, such as Medicare, childcare, job services or health providers
- explore ways you can see your family and friends more often, or make new friends, if you want to.

Learn more about these supports in our [reasonable and necessary supports guideline](#).

## How do you find service providers?

A service provider is a person or organisation that provides your funded supports.

You often have choice and control over who provides the supports in your plan. You can usually choose where and when your supports are provided.

Some providers are registered with the NDIS Quality and Safeguards Commission. This means they meet strict conditions for the quality and safety of their services. We call them 'NDIS registered providers'. Learn more on the [NDIS Quality and Safeguards Commission website](#).

If a provider isn't registered with the Commission, we call them an 'unregistered provider'.

You can usually choose any provider you want. You must use NDIS registered providers for [some types of supports](#).

Your Early Childhood Partner, Local Area Coordinator, Support Coordinator or Recovery Coach can help you. We can't recommend specific providers to you. But we can let you know about the different providers in your area, to help you decide which ones you might like to use.

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You can also check for providers on the internet, look at reviews, or get advice from friends or family. It's a good idea to speak with different providers before you choose one.

You can search for NDIS registered providers on the myplace portal, or check out our [provider lists](#) for each state and territory.

We don't pay for family members to provide paid supports other than in very limited situations. Learn more about this and [sustaining informal supports](#)

### **How do you agree on supports with your service provider?**

Once you've chosen a provider, you'll need to contact them and agree on what supports they'll provide.

You can negotiate with your provider about what you get from your support. For example, you can agree with your provider about:

- what's included and not included in the support
- the cost of the support
- your and your provider's responsibilities
- how to change the agreement in the future if you or your provider want to
- how you and your provider will resolve any issues and disputes.

Your Early Childhood Partner, Local Area Coordinator, Support Coordinator or Recovery Coach can help you negotiate with service providers.

You don't need a written service agreement for all supports. But it's usually a good idea to have one and to record answers to the types of questions listed above. This way, it's clear what you and your provider agreed to. You need a written service agreement for [Specialist Disability Accommodation](#).<sup>32</sup>

Even though we fund the support, we're not part of the agreement. The service agreement is between you – the consumer – and your provider. This is a legal agreement that you're both responsible for.

Learn more about [service agreements](#) and the things to think about when making a service agreement.

### **What happens if your agreement doesn't go the way you want it to?**

You need to raise any problems directly with your provider. It's important to set out your expectations and your provider's responsibilities in your agreement.

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The [Australian Consumer Law](#) applies to service agreements.<sup>33</sup> This law protects you as a consumer when you buy supports with your NDIS funding.

The Australian Competition and Consumer Commission (ACCC) has some [helpful resources](#) if you have a complaint or need advice. We also have links to other consumer resources on [our website](#).

If you want to make a complaint about a provider, you can also contact the [NDIS Quality and Safeguards Commission](#). The NDIS Commission can take complaints from anyone about:

- supports that weren't provided in a safe and respectful way
- supports that weren't delivered to an appropriate standard
- how an NDIS provider managed a complaint about the supports they provided to you.

### **What if there are no service providers in your area for your supports?**

If you're finding it difficult to find service providers in your area, talk to your Early Childhood Partner, Local Area Coordinator, Support Coordinator, or Recovery Coach. They may be able to help you find services in your area, or work out other options for your situation.

You may be able to get some support over the phone or internet, for example therapy through [telehealth](#).

## **What supports can you buy with your NDIS funding?**

You must spend your funding on the supports set out in your plan.<sup>34</sup>

There are things you can't spend your funding on such as items that are illegal or relate to your day to day living costs. Learn more about [what you can't spend your funding on](#).

The funding in your plan can either be:<sup>35</sup>

- **Flexible:** this is when we describe your supports generally. This means you have greater flexibility on what supports you buy with your funding.
- **Fixed:** this is when we describe your supports specifically. This means you must use your funding for the supports we describe in your plan.<sup>36</sup> This is sometimes called a 'stated support'.

We usually describe supports generally, so you have more choice in how you use your funding.



For example, we could describe a support as “\$5,000 of therapy”. This means you can choose what type of therapy you buy with this funding. You could use \$3,000 for occupational therapy, and the remaining \$2,000 for physiotherapy.

Other funding in your plan may be fixed. For example, your plan may say you need to buy specific supports, or use specific providers with your funding. If so, you must use your funding in the way we describe it in your plan.

If you're not sure how we described the supports in your plan, ask your Early Childhood Partner, Local Area Coordinator, Support Coordinator or Recovery Coach.

Learn more about [how we decide to describe supports](#).

## What are the support budgets in your plan?

Your supports will be divided into 3 different budgets:

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

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

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

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

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

## When do you need to use NDIS registered providers?

If your funding for supports is Agency-managed, you can only use ‘NDIS registered providers’ for those supports.<sup>37</sup> NDIS registered providers meet strict conditions for the quality and safety of their services. Learn more on the [NDIS Quality and Safeguards Commission website](#).

Some supports can only be provided by NDIS registered providers. These include:

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- [Specialist Behaviour Supports](#), if the provider will undertake a behaviour support assessment or develop a behaviour support plan<sup>38</sup>
- any support that will likely involve a [regulated restricted practice](#),<sup>39</sup> either on an interim or ongoing basis
- [Plan Management](#)<sup>40</sup>
- [Specialist Disability Accommodation](#).<sup>41</sup>

You must use NDIS registered providers for these supports, even if your plan doesn't say you need to. You must also use NDIS registered providers for these supports even if your funding is self-managed or plan-managed.

### How much will we pay for each support?

There may be a limit on how much you or your providers can claim for different types of supports.

We set out these price limits in the [NDIS Price Guide and Support Catalogue](#).

We update the Price Guide often to account for price changes, such as staff wage increases. We may change the amount of funding in your plan if the prices for your supports change.

The amount of funding you can claim depends on your plan management option. There are different [ways to manage your funding](#). If your funding is:

- **Agency-managed:** NDIS registered providers can claim up to the maximum price in the Price Guide for each support.
- **Plan-managed:** Your [plan manager](#) can claim up to the maximum price in the Price Guide for each support.
- **Self-managed:** You can choose how much to pay for each support, as long as you don't spend more than the total funding for the support in your plan. This means you can claim more than the NDIS Price Guide. You should use the Price Guide to ensure you're getting the best value from your providers.

Learn more about [How to claim from my plan](#).

If you have self-managed [transport funding](#) in your plan, we can often pay this as a fortnightly payment to your bank account.<sup>42</sup> This means you don't need to claim each time you use your transport supports.



You can always claim less than the prices in the Price Guide – it doesn't matter how your funding is managed. For example, your provider may charge lower rates, which often means you can get more support from your funding.

If a support isn't in the Price Guide, you'll need to agree on a price with the provider.

### **Example 1**

Omar self-manages his funding. His plan includes a support described as "\$2,000 of therapy". This is around 10 hours of therapy at the NDIS Price Guide rate. Omar finds a therapist who is very experienced with his complex disability support needs. The therapist's rates are higher than the NDIS Price Guide.

Omar decides he wants to use this therapist, even though it means he only has funding for 8 hours at the therapist's rate. Omar can do this because he self-manages his funding. Omar thinks he'll get a much better service, even with fewer hours.

### **Example 2**

Kristy's plan includes a support described as "\$12,000 for social and recreation support". She's currently using this funding for 4 hours of support per week to go to cricket matches on the weekend.

She finds a provider who charges less than the rates in the NDIS Price Guide, and decides to switch to the new provider.

After a couple of months, she's now saved some extra funding by using this provider. As well as the 4 hours per week for cricket matches, she decides to use the extra funding to join her friends at the pub every few weeks.

### **When do you need an assessment or quote before buying supports?**

Sometimes we decide you need a quote before you can claim the funding in your plan. This helps us ensure the support is [value for money](#), which is one of the NDIS funding criteria.

If so, this will show in your plan as '**quote-required**'. You'll need to give us at least one quote before we make the funding available in your plan.

We may do this for supports like:

- [high cost assistive technology](#)
- [high cost home modifications](#)

For some supports, the funding is available but you need to get an assessment before you buy the support. We may do this for [mid cost assistive technology](#), [mid cost home](#)

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[modifications](#), or supports with more risk. We'll let you know in your plan if you need to get an assessment before buying a support.

### What if you self-manage your funding?

There are some things you need to do if you self-manage your funding. For example, you need to keep receipts for your purchases for 5 years. You'll also need to be able to show how you've used your funding if we ask you.

Learn more about [self-managing](#).

### What happens if you buy supports that aren't in your plan?

You must spend your funding to buy the supports set out in your plan.<sup>43</sup> We'll explain the types of supports included in your plan, so you know how to use your NDIS funding.

We also have more information on our website about [using your funding](#).

If we think there's a problem with how you're using your plan, we may need to investigate it. For example, we may check what supports you bought with your funding, or ask for evidence such as a receipt.

If you spend your funding on supports that aren't set out in your plan, you'll owe us a debt.<sup>44</sup> This means you'll need to repay the amount of money you spent on supports that weren't in your plan. If this happens, we'll contact you to work out how you can repay the money.

Remember, NDIS funding is for disability-related supports only. It's not intended to be a source of general income, or to be used for day-to-day living costs like rent.

### What happens during your plan?

Your plan will continue until it's replaced by another plan or you [leave the NDIS](#).<sup>45</sup>

You can ask your Early Childhood Partner, Local Area Coordinator, Support Coordinator, Recovery Coach, or [contact us](#) at any time if you have questions about your plan.

It's a good idea to monitor your funding on the [myplace portal](#). This can help you make sure you're using the right amount of supports in your plan. You can also keep track that you or your providers are claiming the right amount of funding for your agreed supports.

We also monitor your plan to check if there are any issues. If something doesn't seem right, we may contact you to see if there's anything we can help with.

We may also need to contact service providers or others assisting with your plan. If so, we'll only do this with your consent.



If you have a Support Coordinator or Recovery Coach, they usually need to send us reports during your plan. The reports let us know if your plan is working well for you, or if you need any changes to your plan.

For children younger than 7, we have an [Early Childhood provider report](#) form to help providers tell us about the supports the child has been given.

## How will we check-in with you during your plan?

We'll check-in with you during your plan to see how you're going. We'll ask if the supports in your plan are meeting your needs. We also do check-ins to see if you're having any problems using your plan.

We may check-in with you:

- at regular intervals, for example each year
- before the 'plan reassessment date' shown in your plan
- if we think your plan might not be working for you.

For example, we may check-in with you if you're using too much or too little of your funding.

During a check-in, your Early Childhood Partner, Local Area Coordinator or planner will contact you and discuss your plan.

We'll ask:

- how you're going
- if you have any questions about your current plan
- how you're going with your goals
- if you have any new goals, or want to change your goals
- how you're using local services in the community or other government services
- how you're using your funded supports in your plan
- how your supports are helping you pursue your goals
- if your supports meet your disability needs
- if your situation has changed
- if you need help with big changes coming up in your life, like starting or finishing school or starting a new job.

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## Will we change your plan after a check-in?

If the check-in shows your plan is working well for you, we usually won't need to make any changes to your plan. Your plan will continue. We'll touch base at your next check-in to see if your plan still meets your needs.

If the check-in shows your plan doesn't meet your needs, we may need to change your plan. This means you could have a minor change included in your current plan, or we might need to reassess your current plan and replace it with a new one.

There's also a date we need to do a plan reassessment, even if you don't need any changes to your plan.<sup>46</sup> This is shown on your plan as the 'plan reassessment date'.

We'll check-in with you and create your new plan before this date. If your plan is working well for you and your supports still meet the [NDIS funding criteria](#), we could give you a new plan with the same supports. Your new plan might also have less supports if there are some you no longer need. Or you might need a plan with more support

We'll make this decision based on your support needs, the principles we follow to create your plan and the [NDIS funding criteria](#).

We'll check each support is reasonable and necessary individually, as well as when considered as a package.

Learn more about [changing your plan](#).

### Example 1

Kath is 3 months into her first plan, but she hasn't used any funding yet. Kath's Local Area Coordinator calls her and asks if we can help her in any way.

Kath is self-managing her funding, and has been using her supports. But she's not too sure how to claim the funding through the myplace portal. Kath's Local Area Coordinator teaches her the process step-by-step.

Kath's plan will continue, as she doesn't need any changes to her supports.

### Example 2

Artem is 18 months into his plan. His planner notices Artem has been using a lot more funding in the past month.

Artem's planner contacts him to check if there are any issues. Artem tells his planner how his parents suddenly became sick, so he's had to use more paid supports for the past month. His parents probably won't be able to support him for some time.





Artem and his planner discuss his situation. Artem's planner decides Artem needs a new plan with different supports. Artem's current plan doesn't meet his needs due to his change in circumstances.

Artem's planner then books a planning meeting with Artem. Together, they'll create a new plan with different supports for his new circumstances.

## What if your situation changes during your plan?

You must let us know if something happens or your situation changes, if it might affect:<sup>47</sup>

- your plan
- whether you're still eligible for the NDIS.

You must also let us know if it's likely one of these changes will happen in the future.<sup>48</sup>

This could include changes like if:

- there are significant changes in the support your family and friends provide
- your condition improves or gets worse, meaning you need more or less support
- you're starting a new job and need new or different support at work
- you're going overseas for a long period of time or you're moving overseas
- you're moving out of aged care or other residential accommodation, and you need different support in your new home
- you receive or claim compensation for an accident or illness related to your disability.

These changes don't always mean you'll need a change to your plan. But you must still let us know about these changes as soon as you reasonably can, after you know about them.<sup>49</sup>

We have a [form you can complete](#), or you can let us know in person or over the phone.

You should also let us know if you change your contact details, such as your phone number, email or your home or postal address.

## What if your new situation means your plan no longer meets your needs?

Sometimes your plan may no longer meet your needs, after something happens or your situation changes.



For example, you may need to replace assistive technology if it starts breaking down. Or, you may need paid personal care supports if your usual informal carers can't support you anymore.

If so, you can ask us to change your plan.

Learn more about [asking to change your plan](#).

## When can't you use your plan?

Sometimes we may need to suspend your plan. This means your plan will continue, but you won't be able to use your supports for a period of time.<sup>50</sup>

We'll suspend your plan after:

- you're outside Australia for more than 6 weeks, unless [we give you more time](#)<sup>51</sup>
- [you don't claim compensation](#) you're entitled to after we ask you to, for example after you've sustained an injury.<sup>52</sup>

We'll let you know if we're going to suspend your plan.

If you go overseas, you can still use your supports and funding for up to 6 weeks (or longer if we give you more time). We call this a 'grace period'.

You'll probably need to have your funding self-managed or plan-managed if you need to use your funding overseas. This is because your NDIS registered providers usually don't support people in other countries. You'll also need to claim your funding in Australian dollars.

If you need to change your plan management while you're overseas, let us know and we can [change your plan](#).

## What happens if we suspend your plan?

We can't pay any funding for NDIS supports while your plan is suspended.<sup>53</sup> Your service providers also won't be able to claim for services provided to you.

You can't ask for a [change to your plan](#) while your plan is suspended.<sup>54</sup>

An Early Childhood Partner or Local Area Coordinator also doesn't need to help you connect to other services while your plan is suspended. But we can still do this if we think it's appropriate.<sup>55</sup>

When we suspend your plan, we'll send you a new plan that shows that your funding is suspended. This plan will have no funded supports.



If we suspend your plan while you're overseas, we'll create a new plan once you return to Australia.<sup>56</sup> This means you can start using it again.

And if we suspend your plan because you haven't claimed compensation, we'll also create a new plan once you take action to claim it.<sup>57</sup>

### **What if you don't agree with your plan suspension?**

If we decide not to extend the grace period to use your funding overseas and you don't agree, you can ask for an internal review.<sup>58</sup> You'll need to ask for an internal review within **3 months** after we decide not to extend the grace period.<sup>59</sup>

You can't ask for an internal review if we suspend your plan because you haven't claimed compensation.

Learn more about [internal reviews](#).

### **When can you use your plan outside Australia for more than 6 weeks?**

In some situations, we can give you a longer grace period. If you think you'll be outside Australia for more than 6 weeks and need to use your funding, [contact us](#). We'll let you know whether we'll extend the grace period.

If you know you'll be overseas for more than 6 weeks, it's a good idea to contact us before you leave Australia. Let us know:

- how long you think you'll be overseas
- why you're going overseas
- what supports you need when you're overseas
- why you need NDIS funding for your supports.

There are some things we need to consider for everyone who will be outside Australia for more than 6 weeks. This includes if you're on an extended holiday for more than 6 weeks.<sup>60</sup>

When we decide if we'll extend the grace period, and for how long, we consider:<sup>61</sup>

- how long you'll be outside Australia
- what supports you're receiving through your plan
- if you can still get supports while you're outside Australia, and if we can help you find these supports
- if we can keep in touch with you while you're outside Australia



- if we previously decided to extend the grace period
- if denying your request would cause you 'undue hardship' – that is, it would make your situation overseas much more difficult, to a level that's not fair or reasonable.

### **In what specific situations will we usually extend the grace period?**

We'll usually extend the grace period if you'll be overseas for:<sup>62</sup>

- humanitarian reasons, such as foreign aid
- one of the reasons below.

When we decide if we'll extend the grace period, and for how long, we consider different things depending on the reason you'll be overseas.

If the reasons below apply to a 'family member', this usually means a:

- husband or wife
- ex-husband or ex-wife
- de facto partner or former de facto partner
- child, parent, grandparent, grandchild or sibling
- child, parent, grandparent, grandchild or sibling of a spouse or de facto partner
- step-relative, such as step-parents and step-children
- adopted immediate family member.

### **If you're studying overseas or doing an exchange study program**

We consider how long the course goes for.<sup>63</sup> The overseas study needs to be either:<sup>64</sup>

- part of a course you're doing in an Australian high school, TAFE or other training, or university
- part of a recognised program of international exchanges, such as an exchange semester during university.

### **If you or a family member need to work overseas for a short period**

We consider how long you or a family member need to work overseas.<sup>65</sup>

### **If you or a family member are in the Army, Navy or Air Force [Reserve forces](#)**

We consider how long you or a family member need to be deployed overseas.<sup>66</sup>

### **If you need medical treatment or therapy that's not available in Australia**

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We consider how long your treatment will take. We also allow a reasonable period of time for you to recover after your treatment or therapy.<sup>67</sup>

### **If you can't come back to Australia for a reason you can't control**

We consider how much time is reasonable to allow you to return to Australia.<sup>68</sup>

Some of the reasons you can't control while you're overseas include if you or a family member:<sup>69</sup>

- are involved in a serious accident
- become seriously ill
- are hospitalised
- are the victim of a serious crime
- are a party to custody proceedings
- need to stay overseas because of criminal proceedings, for example if you're involved or are a witness in a criminal trial.

Or there might be a situation that affects everyone in the area, including:

- war, industrial action, or social or political unrest you're not willingly participating in<sup>70</sup>
- natural disasters, such as earthquakes, bushfires, floods or cyclones<sup>71</sup>
- border restrictions you can't control, for example due to travel advice or a pandemic.

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## What if you're not happy with your plan?

If you're not happy with your current plan, you should talk to your Early Childhood Partner, Local Area Coordinator, Support Coordinator, Recovery Coach, or planner.

They may be able to explain the decision, clarify how you can use the funding, or help you fix any problems. It's a good idea to do this soon after you get your plan.

We can also give you written reasons on why we made the decision. [Contact us](#) if you'd like reasons for our decision.

If you don't agree with our decision to approve your plan, you can ask for an internal review.

Having an internal review means someone who wasn't involved in creating your plan will review our decision to approve your plan. They'll consider if we made the right decision under the laws for the NDIS.

Once you get your plan, you have **3 months** to ask for an internal review.<sup>72</sup>

Learn more about [reviewing our decisions](#).



## Reference list

- 
- <sup>1</sup> NDIS Act and delegated legislation made under the NDIS Act, especially NDIS (Supports for Participants) Rules and NDIS (Plan Management) Rules.
  - <sup>2</sup> NDIS (Supports for Participants) Rules r 5.1(b).
  - <sup>3</sup> NDIS Act s 34(1)(a).
  - <sup>4</sup> NDIS Act s 34(1)(b).
  - <sup>5</sup> NDIS Act s 34(1)(c).
  - <sup>6</sup> NDIS (Supports for Participants) Rules r 3.1(c).
  - <sup>7</sup> NDIS Act s 34(1)(c); NDIS (Supports for Participants) Rules r 3.1(a).
  - <sup>8</sup> NDIS Act s 34(1)(d).
  - <sup>9</sup> NDIS Act s 34(1)(e).
  - <sup>10</sup> NDIS Act s 34(1)(f).
  - <sup>11</sup> NDIS Act s 34(1)(f).
  - <sup>12</sup> NDIS (Supports for Participants) Rules part 5.
  - <sup>13</sup> NDIS (Supports for Participants) Rules r 5.1(a).
  - <sup>14</sup> NDIS (Supports for Participants) Rules r 5.1(b).
  - <sup>15</sup> NDIS (Supports for Participants) Rules r 5.1(c).
  - <sup>16</sup> NDIS (Supports for Participants) Rules r 5.1(d).
  - <sup>17</sup> NDIS (Supports for Participants) Rules r 5.3(a).
  - <sup>18</sup> NDIS (Supports for Participants) Rules r 5.3(b).
  - <sup>19</sup> NDIS Act s 34(1)(f).
  - <sup>20</sup> NDIS Act s 118(1)(b).
  - <sup>21</sup> NDIS Act s 4(17)(b).
  - <sup>22</sup> NDIS Act s 33(2).
  - <sup>23</sup> NDIS Act s 33(5)(a).
  - <sup>24</sup> NDIS Act s 34(1)(a).
  - <sup>25</sup> NDIS Act s 34(1)(d).
  - <sup>26</sup> NDIS (Supports for Participants) Rules r 4.1(d).
  - <sup>27</sup> NDIS Act s 34(1).
  - <sup>28</sup> NDIS Act s 34(1)(d); NDIS (Supports for Participants) Rules, rr 3.2-3.3.
  - <sup>29</sup> NDIS Act s 34(1)(c); NDIS (Supports for Participants) Rules r 3.1.
  - <sup>30</sup> NDIS Act s 46(1).
  - <sup>31</sup> NDIS Act s 38.
  - <sup>32</sup> NDIS (SDA) Rules r 36.
  - <sup>33</sup> Competition and Consumer Act Sch 2.
  - <sup>34</sup> NDIS Act s 46(1).
  - <sup>35</sup> NDIS Act s 33(3).
  - <sup>36</sup> NDIS Act s 46(1).
  - <sup>37</sup> NDIS Act s 33(6).
  - <sup>38</sup> NDIS (Provider Registration and Practice Standards) Rules r 7(3).
  - <sup>39</sup> NDIS (Provider Registration and Practice Standards) Rules r 7(2).
  - <sup>40</sup> NDIS Act s 42(2)(b).
  - <sup>41</sup> NDIS (Provider Registration and Practice Standards) Rules r 7(1).
  - <sup>42</sup> NDIS (Plan Management) Rules r 4.3(b).
  - <sup>43</sup> NDIS Act s 46(1).
  - <sup>44</sup> NDIS Act s 182(3).
  - <sup>45</sup> NDIS Act s 37(3).
  - <sup>46</sup> NDIS Act s 33(2)(c).
  - <sup>47</sup> NDIS Act s 51(1)(a).
  - <sup>48</sup> NDIS Act s 51(1)(b).

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- 
- <sup>49</sup> NDIS Act s 51(2).  
<sup>50</sup> NDIS Act s 41(2)(a).  
<sup>51</sup> NDIS Act ss 40(2)-(3), 41(1)(a).  
<sup>52</sup> NDIS Act ss 41(1)(b), 105(2)(a).  
<sup>53</sup> NDIS Act s 41(2)(a).  
<sup>54</sup> NDIS Act s 41(2)(c).  
<sup>55</sup> NDIS Act s 41(2)(b).  
<sup>56</sup> NDIS Act s 40(3).  
<sup>57</sup> NDIS Act s 105(2)(a).  
<sup>58</sup> NDIS Act ss 40(2)(b), 99(1) item 5.  
<sup>59</sup> NDIS Act s 100(2).  
<sup>60</sup> NDIS (Plan Management) Rules r 5.7.  
<sup>61</sup> NDIS (Plan Management) Rules r 5.8.  
<sup>62</sup> NDIS (Plan Management) Rules r 5.6.  
<sup>63</sup> NDIS (Plan Management) Rules r 5.9.  
<sup>64</sup> NDIS (Plan Management) Rules r 5.9.  
<sup>65</sup> NDIS (Plan Management) Rules r 5.10.  
<sup>66</sup> NDIS (Plan Management) Rules rr 5.11-5.13.  
<sup>67</sup> NDIS (Plan Management) Rules r 5.14.  
<sup>68</sup> NDIS (Plan Management) Rules r 5.15.  
<sup>69</sup> NDIS (Plan Management) Rules r 5.16(a).  
<sup>70</sup> NDIS (Plan Management) Rules r 5.16(b).  
<sup>71</sup> NDIS (Plan Management) Rules r 5.16(c).  
<sup>72</sup> NDIS Act s 100(2).

**This document is correct at the date of publication.**

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