



Standard Operating Procedure

For Internal Use Only

The contents of this document are **OFFICIAL**.

Complete the Update the Severity Tools task

This Standard Operating Procedure (SOP) will support you to complete the Update the Severity Tools task in the NDIS Business System (System).

A functional capacity assessment is used to assess the level of impact the participant's disability has on their everyday activities. In the System we refer to functional capacity assessments as Severity Tools. The term **Severity Tool is for internal use**. It is best practice to use the more widely accepted term Functional Capacity Assessment when talking with the participant.

Note: The age range is changing for the NDIS early childhood approach. From July 1 2023, the age will change to include children younger than 9. The change will be rolled out over the next 2 years. Early childhood partners will need to use this resource to plan for children aged 7 or 8.

1. Recent updates

Date	What's changed
July 2023	Updates to support early childhood partners to plan for children aged 7 or 8.
May 2022	SOP update to confirm children aged 7-16 only need the PEDI-CAT assessment tool if a more appropriate tool cannot be recorded.
February 2021	<p>New SOP format to align with Our Guidelines refresh. SOPs include process information only. Use Our Guidelines to help you make decisions and refer to Related procedures or resources.</p> <p>Additional updates:</p> <ul style="list-style-type: none"> The table for the American Spinal Injury Impairment Scale (ASIA) has been updated.



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2. Checklist

Topic	Checklist
Pre-requisites	<ul style="list-style-type: none"> <input type="checkbox"/> The participant has met access to the NDIS. <p>You have:</p> <ul style="list-style-type: none"> <input type="checkbox"/> read and understood Our Guideline – Creating Your Plan <input type="checkbox"/> read and understood Our Guideline – Your Plan <input type="checkbox"/> identified that you need to complete the update severity tools task because: <ul style="list-style-type: none"> <input type="checkbox"/> The participant has met access requirements. <input type="checkbox"/> There is a change in the participant’s functional capacity. <input type="checkbox"/> The participant has a degenerative condition such as Motor Neurone Disease where their functional capacity is likely to change, or an episodic condition like Psychosocial disability. <input type="checkbox"/> The participant provides you with an updated functional capacity assessment. <input type="checkbox"/> The participant is younger than 7 and needs a PEDI-CAT completed at each plan reassessment. <input type="checkbox"/> The participant met access through early intervention and is having their plan reviewed. This includes adults and children. <input type="checkbox"/> The participant’s plan is being reviewed. The Update Severity Tools task or the WHODAS needs to be completed at plan review to generate a TSP. <input type="checkbox"/> checked the participant’s primary disability has been recorded correctly in the System and updated if needed. <p>You are familiar with:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Appendix 1: Tools for assessing a participant’s functional capacity <input type="checkbox"/> Appendix 2: Collecting functional capacity assessment score or level <input type="checkbox"/> Appendix 3: Providing evidence of severity of disability <input type="checkbox"/> Appendix 4: Overview of the create-Severity Scales Tools form



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Topic	Checklist
<p>Actions</p>	<p>This SOP is structured differently to other guidance documents.</p> <p>You only refer to the instructions for the participant’s primary disability. Choose from:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 3.1 Acquired Brain Injury <input type="checkbox"/> 3.2 Autism <input type="checkbox"/> 3.3 Cerebral Palsy <input type="checkbox"/> 3.4 Developmental Delay (0-6 only) <input type="checkbox"/> 3.5 Intellectual Disability, Global Developmental Delay (age 0-6 only) or Down Syndrome <input type="checkbox"/> 3.6 Internal Agency Assessment Tool <input type="checkbox"/> 3.7 Hearing <input type="checkbox"/> 3.8 Multiple Sclerosis <input type="checkbox"/> 3.9 Psychosocial disability <input type="checkbox"/> 3.10 Spinal Cord Injury <input type="checkbox"/> 3.11 Stroke <input type="checkbox"/> 3.12 Vision <input type="checkbox"/> 3.13 Other Primary Disability <input type="checkbox"/> 3.14 PEDI-CAT <input type="checkbox"/> 3.15 WHODAS <p>Then</p> <ul style="list-style-type: none"> <input type="checkbox"/> 3.16 Next steps <p>Important: For all children younger than 7 the PEDI-CAT is to be completed by an early childhood partner in addition to any other severity information provided by the nominee or child representative (for example DSM-5). For children who are aged 7 or 8, the PEDI-CAT may also be completed if the results of a more appropriate severity tool are not available.</p>



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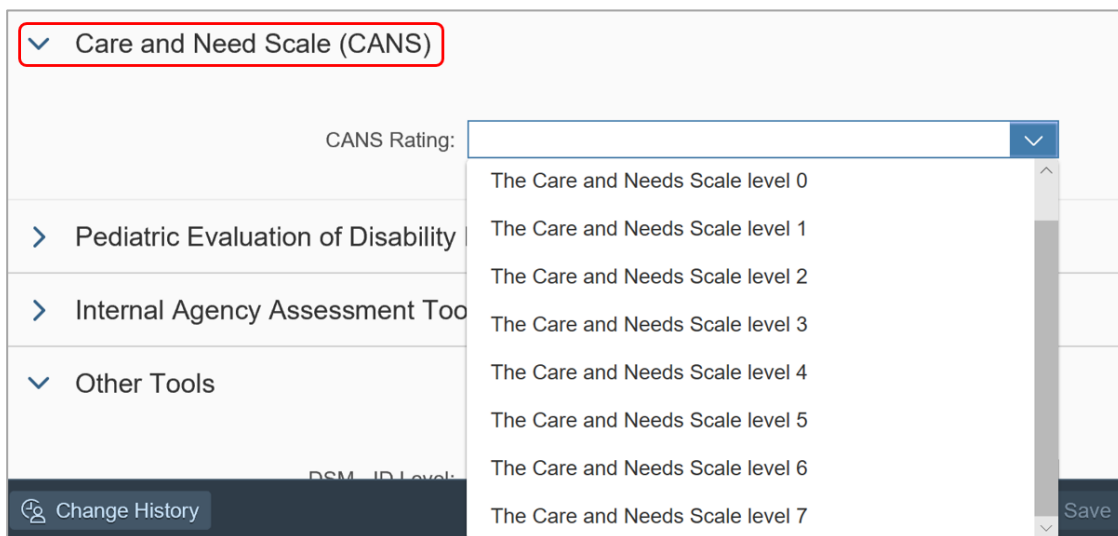
3. Procedure

3.1 Acquired Brain Injury

1. Use this table to decide which severity tool to use when the participant has a primary disability of acquired brain injury.

Age	Preference	Severity tool by order of preference	Source of assessment
0-16	1 st	PEDI-CAT	Internal
17+	1 st	Care and Needs Scale (CANS)	Medical professional (or equivalent)
17+	2 nd	WHODAS	Internal

2. Ask the participant if they have the required assessment report. If:
 - **Yes** go to step 3
 - **No** complete the preferred internal assessment tool, in the table above.
3. Attach a copy of the assessment report to the System using [Standard Operating Procedure – Manage inbound documents](#).
4. In **Pre-Planning – Staff Tasks** select **Update Severity Tools**.
5. The **Create – Severity Scales Tools** form opens. Select the rating from **CANS Rating** list.





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- You can select **Save** at any time to save the form and return to complete it later. When you are finished select **Submit**.



- A confirmation message appears. Select **Close**. The **Pre-Planning** page displays and **Update Severity Tools** has a green tick to show it is complete.

3.2 Autism

- Use this table to decide which severity tool to use when the participant has a primary disability of autism.

Age	Preference	Severity tool by order of preference	Source of assessment
All	1 st	Diagnostic and Statistical Manual of Mental Health Disorders, Fifth Edition (DSM-5)*	Medical professional (or equivalent)
All	2 nd	Vineland Adaptive Behaviour Scale, Third Edition (Vineland-3)	Medical professional (or equivalent)
All	3 rd	Vineland Adaptive Behaviour Scale, Second Edition (Vineland-II)	Medical professional (or equivalent)
0-16	4 th	PEDI-CAT	Internal
17+	4 th	WHODAS	Internal

Note: There are different DSM-5 levels for intellectual disability (ID) and autism.

Note: Complete the [PEDI-CAT](#) in addition to the above for all children younger than 7.

- Ask the participant if they have the required assessment report. If:
 - Yes** go to step 3
 - No** complete the preferred internal assessment tool, in the table above.
- Attach a copy of the assessment report to the System using [Standard Operating Procedure – Manage inbound documents](#).
- In **Pre-Planning – Staff Tasks** select **Update Severity Tools**.



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5. The **Create – Severity Scales Tools** form opens. You will update different parts of the form based on the assessment information you have:

- **DSM-5:** Select the level from the **DSM – Autism Level** list. For information on what level to choose to go to [3.2.1 What is the DSM-5 Autism](#).

> Primary Condition

✓ Diagnostic and Statistical Manual of Mental Disorders (DSM-5) - Autism

DSM - Autism Level:

> Vineland-3

> Vineland II

> Pediatric Evaluation of Disability Inventory Computer Adaptive Test (PEDICAT)

> Internal Agency Assessment Tool

> Other Tools

- **Vineland-3:** enter the adaptive behaviour composite score in the **Adaptive Behaviour Composite** field. For information on the Vineland-3 go to [3.2.2 What is the Vineland-3](#).

> Primary Condition

> Diagnostic and Statistical Manual of Mental Disorders (DSM-5) - Autism

✓ Vineland-3

Adaptive Behaviour Composite:

> Vineland II

> Pediatric Evaluation of Disability Inventory Computer Adaptive Test (PEDICAT)

> Internal Agency Assessment Tool

> Other Tools

Note: Enter the score as a whole number, with no decimal places.



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- **Vineland-II:** Select the level from the **Vineland II Score** list. For information on what level to choose to go to [3.2.3 What is the Vineland-II](#).

6. You can select **Save** at any time to save the form and return to complete it later. When you are finished select **Submit**.

7. A confirmation message appears. Select **Close**. The **Pre-Planning** page displays and **Update Severity Tools** has a green tick to show it is complete.

3.2.1 DSM-5 Autism

The severity of autism is determined using measures of social communication and of restrictive, repetitive behaviours.

Where a participant presents with DSM-5 Autism assessment information, the following guidance should be followed to record this information in the System:

Rating	Description
Level 1	Requiring Support
Level 2	Requiring substantial support
Level 3	Requiring very substantial support



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3.2.2 Vineland-3

The Vineland Adaptive Behaviour Scale, Third Edition (Vineland-3) is a revised version of the Vineland Adaptive Behaviour Scale, Second Edition (Vineland-II) providing an overall adaptive behaviour composite.

It assesses three domains: Communication, Daily Living Skills, and Socialization.

Vineland-3 also offers optional Motor Skills and Maladaptive Behaviour domains for situations where these areas are of concern.

3.2.3 Vineland-II

The Vineland Adaptive Behaviour Scale, Second Edition (Vineland-II) assesses the personal and social skills needed for everyday living.

It assesses many domains and provides an overall adaptive behaviour composite. The core domains within the Vineland-II are Communication, Daily Living Skills, Socialisation and Motor Skills.

Use the Vineland-II assessment information the participant provides you with and the table below to determine the Adaptive behaviour composite score for the System:

Category	Number	Description
Mild	01	Adaptive behaviour composite 56+
Moderate	02	Adaptive behaviour composite 41 - 55
Severe	03	Adaptive behaviour composite 26 - 40
Profound	04	Adaptive behaviour composite 25 and below

3.3 Cerebral Palsy

1. Use this table to decide which severity tool to use when the participant has a primary disability of cerebral palsy.



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Age	Preference	Severity tool by order of preference	Source of assessment
All	1 st	Cerebral Palsy Gross Motor Functional Classification Scale (GMFCS)	Medical professional (or equivalent) OR Internal
All	2 nd	Cerebral Palsy: Communication Function Classification System (CFCS)	Medical professional (or equivalent)
All	3 rd	Cerebral Palsy: Manual Ability Classification Scale (MACS)	Medical professional (or equivalent)

Note: Complete the [PEDI-CAT](#) in addition to the above for all children younger than 7.

2. Ask the participant if they have the required assessment report. If:
 - **Yes** go to step 3
 - **No** complete the preferred internal assessment tool, in the table above.
3. Attach a copy of the assessment report to the System using [Standard Operating Procedure – Manage inbound documents](#).
4. In **Pre-Planning – Staff Tasks** select **Update Severity Tools**.
5. The **Create – Severity Scales Tools** form opens. You will update different parts of the form based on the assessment information you have:
 - **GMFCS:** Select the level from the **GMFC Rating** list.



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> Primary Condition

▼ Gross Motor Functional Classific, Scale

GMFC Rating: Level 3

> Communication Function Classific. Level 1

> Manual Ability Classification System Level 2

> Internal Agency Assessment Tool Level 3

> Other Tools Level 4

Level 5

- **CFCS:** Select the level from the **CFCS Rating** list

> Primary Condition

> Gross Motor Functional Classific, Scale

▼ Communication Function Classific. Score

CFCS Rating:

> Manual Ability Classification System Level 1

> Internal Agency Assessment Tool Level 2

> Other Tools Level 3

Level 4

Level 5

- **MACS:** Select the level from the **MACS Rating** list.



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> Primary Condition

> Gross Motor Functional Classific, Scale

> Communication Function Classific. Score

▼ Manual Ability Classification System

MACS Rating:

> Internal Agency Assessment Tool

> Other Tools

Level 1

Level 2

Level 3

Level 4

Level 5

6. You can select **Save** at any time to save the form and return to complete it later. When you are finished select **Submit**.

Form has been saved 10:5 AM

Save Submit

7. A confirmation message appears. Select **Close**. The **Pre-Planning** page displays and **Update Severity Tools** has a green tick to show it is complete.

3.4 Developmental Delay (0-6 only)

Developmental delay is a term used to describe how a child is presenting in relation to their developmental milestones. A child who is considered to have a developmental delay is taking longer to reach, or has not reached, age-appropriate developmental milestones.

When the participant has a primary disability of developmental delay you must use the [PEDI-CAT tool](#).

Important: Developmental delay is different to Global Developmental Delay (GDD).

If the participant has a primary disability of GDD follow the procedure in [3.5 Intellectual Disability, Global Developmental Delay or Down Syndrome](#).

For information about GDD go to [Disability Snapshot – Global Developmental Delay](#).



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3.5 Intellectual Disability, Global Developmental Delay or Down Syndrome

- Use this table to decide which severity tool to use when the participant has a primary disability of:
 - intellectual disability
 - global developmental delay
 - down syndrome.

Age	Preference	Severity tool by order of preference	Source of assessment
All	1 st	Diagnostic and Statistical Manual of Mental Health Disorders, Fifth Edition (DSM-5)*	Medical professional (or equivalent)
All	2 nd	Vineland Adaptive Behaviour Scale, Third Edition (Vineland-3)	Medical professional (or equivalent)
All	3 rd	Vineland Adaptive Behaviour Scale, Second Edition (Vineland-II)	Medical professional (or equivalent)
0-16	4 th	PEDI-CAT	Internal
17+	4 th	WHODAS	Internal

Note: There are different DSM-5 levels for Intellectual Disability (ID) and Autism.

Note: Complete the [PEDI-CAT](#) in addition to the above for all children younger than 7.

- Ask the participant if they have the required assessment report. If:
 - Yes** go to step 3
 - No** complete the preferred internal assessment tool, in the table above.
- Attach a copy of the assessment report to the System using [Standard Operating Procedure – Manage inbound documents](#).
- In **Pre-Planning – Staff Tasks** select **Update Severity Tools**.
- The **Create – Severity Scales Tools** form opens. You will update different parts of the form based on the assessment information you have:



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- **DSM-5:** Select the level from the **DSM – ID Level** list. For information on what level to choose to go to [3.5.1 What is the DSM-5 Intellectual Disability \(ID\)](#).

> Primary Condition

✓ Diagnostic and Statistical Manual of Mental Disorders (DSM-5) - ID

DSM - ID Level: ▼

- Mild Level 1
- Moderate Level 2
- Severe Level 3
- Profound Level 4

> Vineland-3

> Vineland II

> Pediatric Evaluation of Disability Inventor

> Internal Agency Assessment Tool

> Other Tools

- **Vineland-3:** enter the adaptive behaviour composite score in the **Adaptive Behaviour Composite** field. For information on the Vineland-3 go to [3.5.2 What is the Vineland-3](#).

> Primary Condition

> Diagnostic and Statistical Manual of Mental Disorders (DSM-5) - Autism

✓ Vineland-3

Adaptive Behaviour Composite:

> Vineland II

> Pediatric Evaluation of Disability Inventory Computer Adaptive Test (PEDICAT)

> Internal Agency Assessment Tool

> Other Tools

Note: Enter the score as a whole number, with no decimal places.

- **Vineland-II:** Select the level from the **Vineland II Score** list. For information on what level to choose to go to [3.5.3 What is the Vineland-II](#).



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6. You can select **Save** at any time to save the form and return to complete it later. When you are finished select **Submit**.

7. A confirmation message appears. Select **Close**. The **Pre-Planning** page displays and **Update Severity Tools** has a green tick to show it is complete.

3.5.1 DSM-5 Intellectual Disability (ID)

The DSM-5 ID uses the measure of cognitive function (IQ) and a measure of adaptive functioning to rate an individual in a four-level scale.

Where a participant presents with DSM-5 ID assessment information, the following guidance should be followed to record this information in the System:

Rating	Description
Level 1	Mild
Level 2	Moderate
Level 3	Severe
Level 4	Profound



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3.5.2 Vineland-3

The Vineland Adaptive Behaviour Scale, Third Edition (Vineland-3) is a revised version of the Vineland Adaptive Behaviour Scale, Second Edition (Vineland-II) providing an overall adaptive behaviour composite.

It assesses three domains: Communication, Daily Living Skills, and Socialization.

Vineland-3 also offers optional Motor Skills and Maladaptive Behaviour domains for situations where these areas are of concern.

3.5.3 Vineland-II

The Vineland Adaptive Behaviour Scale, Second Edition (Vineland-II) assesses the personal and social skills needed for everyday living.

It assesses many domains and provides an overall adaptive behaviour composite. The core domains within the Vineland-II are Communication, Daily Living Skills, Socialisation and Motor Skills.

Use the Vineland-II assessment information the participant provides you with and the table below to determine the Adaptive behaviour composite score for the System:

Category	Number	Description
Mild	01	Adaptive behaviour composite 56+
Moderate	02	Adaptive behaviour composite 41 - 55
Severe	03	Adaptive behaviour composite 26 - 40
Profound	04	Adaptive behaviour composite 25 and below

3.6 Internal Agency Assessment Tool

The **Internal Agency Assessment Tool** is in the **Update Severity Tools** screen. You should:

- not use this tool.
- ignore any default score generated
- not remove or change the internal rating level, as this may cause an error in the System.

When the **Internal Agency Assessment Tool** is the only tool available within the **Update Severity Tools** task:



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- update the **Primary Disability** in the System using [Standard Operating Procedure - Change Disability \(Post Access\)](#)
- the preferred severity tool is now available in the **Update Severity Tools** task.

3.7 Hearing

1. Use this table to decide which severity tool to use when the participant has a primary disability of hearing.

Age	Preference	Severity tool by order of preference	Source of assessment
17+	1 st	Hearing Severity Tool : Functional Impact of Hearing Loss Assessment Tool	Internal
7-16	1 st	PEDI-CAT If you are unable to complete PEDI-CAT for age 7-16, complete the modified Hearing Severity Tool : Functional Impact of Hearing Loss Assessment Tool. You may also use this Tool in addition to the PEDI-CAT.	Internal
Younger than 7	1 st	PEDI-CAT	Internal

Important: Hearing acuity assessment report will not impact the funding generated for the participant.

2. Complete the [Hearing Severity Tool](#) or follow guidance in [3.14 PEDI-CAT](#).
3. Attach a copy of the assessment report to the System using [Standard Operating Procedure – Manage inbound documents](#).
4. In **Pre-Planning – Staff Tasks** select **Update Severity Tools**.
5. The **Create – Severity Scales Tools** form opens. Select the level from **Functional Impact of Hearing Loss** list.



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- You can select **Save** at any time to save the form and return to complete it later. When you are finished select **Submit**.



- A confirmation message appears. Select **Close**. The **Pre-Planning** page displays and **Update Severity Tools** has a green tick to show it is complete.

3.8 Multiple Sclerosis

- Use this table to decide which severity tool to use when the participant has a primary disability of Multiple Sclerosis.

Age	Preference	Severity tool by order of preference	Source of assessment
All	1 st	Disease Steps	Medical professional (or equivalent)
All	2 nd	Multiple Sclerosis Severity Tool: Patient Determined Disease Steps (PDDS)	Medical professional (or equivalent) OR Internal
All	3 rd	Expanded Disability Status Scale (EDSS)	Medical professional (or equivalent)

Note: the PDDS level needs to be converted to a Disease Steps level to enter it into the System. Refer to [Multiple Sclerosis Severity Tool: Patient Determined Disease Steps \(PDDS\)](#).



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Note: Complete the [PEDI-CAT](#) in addition to the above for all children younger than 7.

2. Ask the participant if they have the required assessment report. If:
 - **Yes** go to step 3
 - **No** complete the preferred internal assessment tool, in the table above.
3. Attach a copy of the assessment report to the System using [Standard Operating Procedure – Manage inbound documents](#).
4. In **Pre-Planning – Staff Tasks** select **Update Severity Tools**.
5. The **Create – Severity Scales Tools** form opens. You will update different parts of the form based on the assessment information you have:

Note: You do not have to complete both the Disease Steps and the Patient Determined Disease Steps. Either one will generate funding for the participant.

- **PDDS:** Select the level from the Disease Steps list.

The screenshot shows a web form with several sections. The 'Patient Determined Disease Steps (PDDS)' section is expanded, showing a 'Disease Steps:' dropdown menu. The dropdown menu is open, displaying a list of levels from Level 0 to Level 6. A red rounded rectangle highlights the dropdown menu and its options. Other sections visible include 'Primary Condition', 'Expanded Disability Status Scale (EDSS)', 'Internal Agency Assessment Tool', and 'Other Tools'.

- **EDDS:** Select the level from the Expanded Disability Status Scale list.



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- You can select **Save** at any time to save the form and return to complete it later. When you are finished select **Submit**.

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- A confirmation message appears. Select **Close**. The **Pre-Planning** page displays and **Update Severity Tools** has a green tick to show it is complete.

3.9 Psychosocial disability

- Use this table to decide which severity tool to use when the participant has a primary disability of psychosocial disability.

Age	Preference	Severity tool by order of preference	Source of assessment
17+	1 st	Life Skills Profile (LSP-16)	Medical professional (or equivalent)
0-16	1 st	PEDI-CAT	Internal



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Age	Preference	Severity tool by order of preference	Source of assessment
17+	2 nd	WHODAS	Internal

Note: Complete the [PEDI-CAT](#) in addition to the above for all children younger than 7.

- Ask the participant if they have the required assessment report. If:
 - Yes** go to step 3
 - No** complete the preferred internal assessment tool, in the table above.
- Attach a copy of the assessment report to the System using [Standard Operating Procedure – Manage inbound documents](#).
- In **Pre-Planning – Staff Tasks** select **Update Severity Tools**.
- The **Create – Severity Scales Tools** form opens. Enter the score in the the **Life Skills Profile (LSP-16)** box. For information on what level to choose go to [3.9.1 What is the Life Skills Profile 16 \(LSP-16\)](#).

- You can select **Save** at any time to save the form and return to complete it later. When you are finished select **Submit**.

- A confirmation message appears. Select **Close**. The **Pre-Planning** page displays and **Update Severity Tools** has a green tick to show it is complete.

3.9.1 Life Skills Profile-16 (LSP-16)

The Life Skills Profile-16 (LSP-16) assesses areas such as social relationships and a person’s ability to carry out day-to-day tasks.



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The four subscales in the LSP-16 are withdrawal, self-care, compliance and anti-social behaviour.

The total score can range from 0 to 48, ascending with the severity of the impact of the disability.

The LSP-16 score corresponds to a LSP-16 level. The LSP-16 level will affect the amount of funding generated for the participant.

LSP-16 score	LSP-16 Level
Less than 10	Level 1
10 – 22	Level 2
23 – 29	Level 3
30 or above	Level 4

3.10 Spinal Cord Injury

1. Use this table to decide which severity tool to use when the participant has a primary disability of spinal cord injury.

Age	Preference	Severity tool by order of preference	Source of assessment
All	1 st	Level of Lesion (where on the spine the injury has occurred)	Medical professional (or equivalent)
0-16	2 nd	PEDI-CAT	Internal
17+	2 nd	WHODAS	Internal

Note: Complete the [PEDI-CAT](#) in addition to the above for all children younger than 7.

2. Ask the participant if they have the required assessment report. If:
 - **Yes** go to step 3
 - **No** complete the preferred internal assessment tool, in the table above.
3. Attach a copy of the assessment report to the System using [Standard Operating Procedure – Manage inbound documents](#).



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- In **Pre-Planning – Staff Tasks** select **Update Severity Tools**.
- The **Create – Severity Scales Tools** form opens. Select the level from the **Level of Lesion** list.

- You can select **Save** at any time to save the form and return to complete it later. When you are finished select **Submit**.

- A confirmation message appears. Select **Close**. The **Pre-Planning** page displays and **Update Severity Tools** has a green tick to show it is complete.

3.10.1 American Spinal Injury Impairment Scale (ASIA)

American Spinal Injury Impairment Scale (ASIA) measures the completeness of the injury.

For the participant with a spinal cord injury as a primary disability it is important that you specify the level of spinal cord injury completeness (for example complete vs. incomplete). This will affect the amount of funding generated for the participant.

If the participant has an ASIA grade use the table below to determine if the spinal cord injury is complete or incomplete.

ASIA Grade	Result
A	Complete
B, C D, E	Incomplete



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3.11 Stroke

1. Use this table to decide which severity tool to use when the participant has a primary disability of stroke.

Age	Preference	Severity tool by order of preference	Source of assessment
All	1 st	Modified Rankin Scale (mRS)	Medical professional (or equivalent)
All	2 nd	Stroke Severity Tool : Modified Rankin Scale	Internal

Note: Complete the [PEDI-CAT](#) in addition to the above for all children younger than 7.

2. Ask the participant if they have the required assessment report. If:
 - **Yes** go to step 3
 - **No** complete the preferred internal assessment tool, in the table above.
3. Attach a copy of the assessment report to the System using [Standard Operating Procedure – Manage inbound documents](#).
4. In **Pre-Planning – Staff Tasks** select **Update Severity Tools**.
5. The **Create – Severity Scales Tools** form opens. Select the level from the **Modified Rankin Scale** list.

6. You can select **Save** at any time to save the form and return to complete it later. When you are finished select **Submit**.



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7. A confirmation message appears. Select **Close**. The **Pre-Planning** page displays and **Update Severity Tools** has a green tick to show it is complete.

3.12 Vision

1. Use this table to decide which severity tool to use when the participant has a primary disability of a vision impairment.

Age	Preference	Severity tool by order of preference	Source of assessment
17+	1 st	Vision Severity Tool : Functional Impact of Vision Loss Assessment Tool	Internal
7-16	1 st	PEDI-CAT If you are unable to complete PEDI-CAT for age 6-17 complete the modified Vision Severity Tool : functional Impact of Vision Loss Assessment Tool.	Internal
Younger than 7	1 st	PEDI-CAT	Internal

Important: A participant may provide a vision acuity assessment report. This report will **not** impact the funding generated for the participant. You will need to use one of the severity tools referenced in the Vision table above.

2. Complete the [Vision Severity Tool](#) or follow guidance in [3.14 PEDI-CAT](#).
3. Attach a copy of the assessment report to the System using [Standard Operating Procedure – Manage inbound documents](#).
4. In **Pre-Planning – Staff Tasks** select **Update Severity Tools**.
5. The **Create – Severity Scales Tools** form opens. Select the level from **Functional Impact of Vision Loss** list.



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- You can select **Save** at any time to save the form and return to complete it later. When you are finished select **Submit**.



- A confirmation message appears. Select **Close**. The **Pre-Planning** page displays and **Update Severity Tools** has a green tick to show it is complete.

3.13 Other Primary Disability

- Use this table to decide which severity tool to use when the participant’s primary disability is recorded in the System as **Other primary disability**.

Age	Preference	Severity tool by order of preference	Source of assessment
0-16	1 st	PEDI-CAT	Internal
17+	1 st	WHODAS	Internal

If:

- PEDI-CAT** go to [3.14 PEDICAT](#)
- WHODAS** go to [3.15 WHODAS](#).

3.14 PEDI-CAT

Completing the PEDI-CAT will support the measurement of severity change over time for consistent reporting. For more information on the PEDI-CAT go to [3.14.1What is the PEDI-CAT](#).



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1. You can complete the PEDI-CAT if you are an:

- early childhood partner
- local area coordinator
- NDIS planner
- NDIS plan delegate.

Note: For children younger than 7 the PEDI-CAT is administered by the early childhood partner only. For children aged 7 and 8 the PEDI-CAT may be administered by an early childhood partner, a local area coordinator or an NDIS planner.

2. Check that the participant needs the PEDI-CAT assessment tool. Children aged:

- **Younger than 7:** must have the PEDI-CAT score in addition to any other assessment tool.
- **7-16:** only need the PEDI-CAT if a more appropriate tool cannot be recorded.

3. Conduct the PEDI-CAT assessment with the participant and/or their nominee.

Note: The Responsibility domain should only be completed for children aged 3 years and over.

4. Generate the PEDI-CAT Detailed Assessment Report.

5. Note each of the four T-scores. These will need to be entered into the System.

6. Attach a copy of the PEDI-CAT Detailed Assessment Report to the System using [Standard Operating Procedure – Manage inbound documents](#).

7. In **Pre-Planning – Staff Tasks** select **Update Severity Tools**.

8. The **Create – Severity Scales Tools** form opens. Enter the T-score results from the PEDI-CAT Detailed Assessment Report to the Domain Areas in the System:

- When the T-score is generated and displayed as **<10** (less than 10), record the score as 1 in the System.
- When the T-score generated is **greater than or equal to 10** record the exact score in the System.
- For children under 3 years the **PEDI-CAT - Responsibility Domain** should be greyed. You should not be able to edit this field. The Responsibility domain should only be completed for children aged 3 years and over.



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Pediatric Evaluation of Disability Inventory Computer Adaptive Test (PEDICAT)

PEDI-CAT - Daily Activities Domain:	<input type="text"/>
PEDI-CAT - Mobility Domain:	<input type="text"/>
PEDI-CAT - Social/Cognitive Domain:	<input type="text"/>
PEDI-CAT - Responsibility Domain:	<input type="text"/>
PEDI-CAT Rating:	

9. You can select **Save** at any time to save the form and return to complete it later. When you are finished select **Submit**.

Form has been saved 10:5 AM Save Submit

10. A confirmation message appears. Select **Close**. The **Pre-Planning** page displays and **Update Severity Tools** has a green tick to show it is complete.

3.14.1 What is the PEDI-CAT

The PEDI-CAT contains questions asked under four domains:

- Daily Activities
- Mobility
- Social/Cognitive
- Responsibility

The PEDI-CAT:

- is an application outside of the NDIS Business System.
- will produce a PEDI-CAT Detailed Assessment Report with:
 - scaled scores (i.e. raw scores)
- normative scores (T-scores and age-percentile scores).

For more information go to [PEDICAT page \(internal\)](#). It has information on how to:

- check if you have PEDI-CAT installed
- request access to PEDI-CAT
- download PEDI-CAT
- activate PEDI-CAT.



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3.15 WHODAS

The WHODAS is the only severity tool that is recorded outside of the **Update Severity Tools** task. It has its own task in the System under the **Pre-Planning** tab.

1. Determine that you need to complete the WHODAS assessment tool. This means there is no other severity assessment on the participant's record.

Note: You can complete the WHODAS in addition to a disability-specific tool. This should not change the funding generated.

2. Complete the WHODAS with the participant using [Standard Operating Procedure – Complete the WHODAS](#).

3.16 Next Steps

1. When the participant's severity level has changed clearly justify the change to assessment level or score. Then attach a copy of the assessment report to the System using [Standard Operating Procedure – Manage inbound documents](#).
2. Continue with pre-planning using guidance on the [Service Guidance Pre-Planning intranet page](#).



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4. Appendices

4.1 Appendix 1: Tools for assessing the participant's functional capacity

Severity Tool information comes from three sources. In order of preference these are:

- [Disability specific assessments](#)
- [Internal disability specific Severity Tools](#)
- [Assessments not specific to a disability type.](#)

4.1.1 Disability specific assessments:

- are completed by the participant's treating health professional. Information on disability specific assessment reports in on the [Providing evidence of your disability page](#) on the NDIS website
- cannot be completed by National Disability Insurance Agency (NDIA) staff and partners
- examples are the Diagnostic and Statistical Manual of Mental Disorders, Fifth edition (DSM-5) for Intellectual Disability and Autism.

4.1.2 Internal disability specific Severity Tools:

- can be completed by Agency staff and partners.
- are:
 - Gross Motor Function Classification Scale (GMFCS) for Cerebral Palsy
 - Modified Rankin Scale (mRS) for Stroke
 - Disease Steps for Multiple Sclerosis
 - Hearing tool
 - Vision tool

4.1.3 Assessments not specific to a disability type:

- Can be completed by NDIA staff.
- Assessments not specific to a disability type are:
 - PEDI-CAT
 - World Health Organisation Disability Assessment Schedule (WHODAS) 2.0.



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4.2 Appendix 2: Collecting functional capacity assessment score or level

The participant's functional capacity assessment score or level can be collected by:

- the National Access and Workload Management branch (NAWM) when assessing the participant's eligibility to the National Disability Insurance Scheme (NDIS).
- a delegate when NAWM was unable to collect the severity level or score, or where there has been a change in level of severity.

When collecting functional capacity assessment information, the score of an **external assessment** needs to be provided by:

- the participant
- their nominee
- their child representative
- their treating health professional.

You must record the severity assessment score against the primary disability. When the participant has more than one disability listed, the primary disability is the impairment which has the greatest impact. For information on updating the participant's disability go to [Standard Operating Procedure – Change Disability \(Post Access\)](#).

4.3 Appendix 3: Providing evidence of severity of disability

The plan developer must sight a copy of the assessment report before the result, or score is entered into the System.

If a preferred assessment tool is not available, evidence of the impact of the disability must be sighted. This can be supplied in the form of a signed letter or a letter on a formal letterhead from the participant's treating health professional. Evidence of the severity of the disability should include:

- type of disability
- date disability diagnosed
- how long the disability will last
- available treatments
- how the disability impacts the participant's everyday life. For example, mobility/motor skills, communication, social interaction, learning, self-care, self-management.

The letter needs to be written and signed the participants treating health professional.



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Once the preferred evidence of impact of the disability is received, add the result to the System. Information on how to do this is in the [Standard Operating Procedure – Manage inbound documents](#).

4.3.1 Other reports

The following reports may be supplied to support a participant's level of severity, however they will not impact the funding generated in the participant's plan:

- Hearing: Hearing Acuity information.
- Vision: Vision Acuity information.
- Health of the Nation Survey (HoNOS).

You must upload a copy of any reports received as an inbound document. Information on how to do this is in the [Standard Operating Procedure – Manage inbound documents](#).

4.4 Appendix 5: Overview of the create-Severity Scales Tools form

You will enter the result or score from an assessment in the **Update Severity Tools** task. This is used to generate the TSP in the participant's plan. You need to apply reasonable and necessary decision making to any funding generated. Funding in the participant's plan must be individualised for each participant's disability support needs.

- Severity tools that impact the funding generated will appear above the **Internal Agency Assessment Tool** field.
- Report results that do not impact the funding generated will appear under the **Agency Assessment Tool**.



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Note: The fields that show in this form will change depending on the **Primary Disability** assigned to the participant.

5. Related procedures or resources

- [Our Guideline – Creating Your Plan](#)
- [Standard Operating Procedure – Change Disability \(Post Access\)](#)
- [Standard Operating Procedure – Manage inbound documents](#)
- [Standard Operating Procedure – Complete the WHODAS](#)
- [Standard Operating Procedure – Prepare and complete the planning conversation](#)

6. Feedback

If you have any feedback about this Standard Operating Procedure, please complete our [Feedback Form](#).



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7. Version control

Version	Amended by	Brief Description of Change	Status	Date
1.0	CW0032	Class 2 approved. Standard Operating Procedure moved to the new SOP format to be used with the Creating your plan Operational Guidelines. Update to the American Spinal Injury Impairment Scale (ASIA) table. Additional information added on calculating the LSP-16 score.	APPROVED	2021-02-17
2.0	JS0082	Class 1 approved. Minor update of wording	APPROVED	2022-04-27
3.0	CW0032 IIW664	Class 2 approved. Updated to align with the early childhood age range change. Updates to support early childhood partners to plan for children aged 7 or 8.	APPROVED	2023-06-21