

Add a new primary disability

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This article provides guidance for access delegate, review officer, planner delegate, planner (non-partnered area) to add a new primary disability.

Note: For partner and National Contact Centre staff, use article [Request a participant disability change](#).

1 Recent updates

3 October 2024

Update to the title of linked article from 'Understand eligibility reassessment referral requirements' to 'When to refer the participant for an eligibility reassessment'.

2 Before you start

You have either:

- received information the participant's primary disability needs to be added to their person account, or
- been allocated an Enquiry case to add a new primary disability

And have:

- checked if the participant joined the NDIS **under the early intervention requirements**. If **yes**, then they **must** have an eligibility reassessment. Use article [When to refer the participant for an eligibility reassessment](#). End of process.
- assessed the proposed primary disability with the disability requirements of the NDIS Act (2013). Use article [Understand disability requirements](#) and [Our Guideline – Applying to the NDIS \(external\)](#), in section **Do you meet the disability requirements?** If you're still not sure, use article [Request a participant disability change](#) to contact the National Planning Support Team (NPST) for support with an **Enquiry** case.
- contacted the [Technical Advice and Practice Improvement Branch](#) if the proposed primary disability is either a chronic or potential terminal health condition

And, if you noted it's **not** a participant request, you have:

- checked if it's an authorised representative request and looked at the representative's authority, using articles [Consent to act on applicant behalf](#) and [Check consent, nominee, child representative or self-representation authorities](#).
- completed a security check and identity confirmation if required, use article [Consider a request for personal information](#).

3 Add a new primary disability

There can only be **one** reported condition identified as the primary disability.

To add a new primary disability, first you'll need to change the current disability.

Do **not** add an end date to expire the current recorded primary disability.

3.1 Change current disability

1. From the **Person Account**, select **Cases** tab, then **New**.
 2. Select **Update Person Account** then **Next**.
 3. Complete the relevant details and select **Save**.
 4. Select the **Update Person Account** tab and choose **who is making the request** from the drop-down.
 5. Select **Next**.
 6. In **What would you like to update?** select **Disabilities**, then select **Next**. **Note:** This option is only available for users with the relevant permissions. For example, the Planner Delegate skill permission.
 7. The **Disabilities** screen will display the **Primary Disability**.
 8. At **Primary Disability**, select the drop-down arrow, then select **Edit**. The **Disabilities** screen will appear.
 9. Deselect the **Primary Disability** checkbox.
- Note:** Do **not** add an **End Date** to any disability, current or previous.
10. Select **Save**.

3.2 Add new disability

Do **not** add a new current disability for an **early intervention participant**. They **must** have their NDIS eligibility checked. Use article [When to refer the participant for an eligibility reassessment](#).

1. Select **New** to display a new **Disabilities** screen.
2. Add the new primary disability, for:
 - access delegates, use the **Select reported condition** or **Select assessed impairment** fields
 - planner delegates, use the **Select assessed Impairment** field.
3. Select the **Primary Disability** checkbox.
4. Only authorised delegates with relevant permissions can verify a disability. Authorised delegates should select the **Is Verified** checkbox, for example, access assessor or the NPST Delegates.
5. Enter today's date at the **Start Date**. Do **not** future date the primary disability. **Note:** There can't be multiple primary disabilities.
6. Enter **Onset Date**, if known. Do **not** enter an **End Date**.

Note: If the disability has an end-date, it will no longer show in the participant's Person Account. Even if this disability no longer relates to the participant, it forms part of their account history.

7. Select the **Evidence** type from the drop-down list, then select **Save**.
8. Select **Next**.

3.3 Add evidence documents

1. Select **Documents** tab.
2. Upload required evidence using articles:
 - [Add documents to a case](#)
 - [What evidence of disability is required?](#)

3.4 Record decision reason

You **must** explain the **Person Account** update. Log an **internal communication** activity to explain the reason. Use article [Log an activity or internal note](#).

3.5 Case review

1. Select **Update Person Account** tab.
2. Review the details and select **Submit** or select **Previous** to make any changes.

4 Next steps

1. You **must** log an activity, if you've had contact with a:
 - person with disability
 - participant
 - their provider
 - an authorised representative.

Use article [Log an activity or internal note](#).

Understand disability requirements

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

- eligibility under the disability requirements
- how to weigh evidence of disability.

1 Recent updates

3 October 2024

Updates to reflect legislation changes from 3 October 2024:

- applicants may now meet both disability and early intervention requirements, instead of just one
- the disability requirement has changed from lifetime supports under the NDIS to NDIS supports for their lifetime.

2 Before you start

You have:

- read and understood [Our Guideline – Applying to the NDIS \(external\)](#), including section **Do you meet the disability requirements?**
- read article [What evidence of disability is required?](#)
- read article [Check eligibility – age and residence requirements.](#)

3 Overview

To be eligible for NDIS, the person must meet the requirements for:

- age
- residence
- disability, early intervention, or both.

4 Disability requirements

To meet the disability requirements, we must have evidence of all of the following:

- their disability is related to an impairment
- their impairment is likely to be permanent
- their permanent impairment significantly reduces their functional capacity to undertake one or more of the following activities: moving around, communicating, socialising, learning, or undertaking self-care or self-management tasks
- their permanent impairment affects their ability to work, study or take part in social life
- they'll likely need NDIS support for their lifetime.

4.1 Check eligibility for disability requirements

Use these articles to check evidence for a decision:

- [Check eligibility – DIS – disability caused by an impairment](#)
- [Check eligibility – DIS – likely permanence](#)
- [Check eligibility – DIS – significant functional impact](#)
- [Check eligibility – DIS – social and economic impact](#)
- [Check eligibility – DIS – NDIS supports for life.](#)

4.2 Additional considerations

Use these articles before you check evidence for a decision.

Check if there is evidence of a condition on [List A](#). Go to [Check eligibility – List A condition](#).

Note: A person is likely to meet the disability requirements if they provide evidence of their diagnosis.

Check if there is evidence of a condition on [List B](#). Go to [Check eligibility – List B condition](#).

Note: A person is likely to meet **some** of the disability requirements if they provide evidence of their diagnosis.

5 How to weigh evidence of disability

When you weigh the relevance and importance of the provided disability evidence, consider:

- who is providing the evidence of disability?
- how old is the evidence of disability (particularly relevant for functional capacity evidence)?

For further information, refer to [Our Guideline – Applying to the NDIS \(external\)](#), including sections:

- **What information do we need in your application?**
- **Who can give us evidence of your impairments?**
- **How do we weigh evidence of disability?**

6 Next steps

To consider the early intervention requirements, go to article [Understand early intervention requirements](#).

If you are an access delegate:

- to make an access decision, continue to article [Make an access decision – pre-legislation changes](#) or [Make an access decision – post legislation changes](#).
- to make an eligibility reassessment decision, continue to article [Finalise eligibility reassessment decision](#).

Request a participant disability change

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This article provides guidance for all NDIA and partners to request a participant disability change.

1 Recent updates

3 October 2024

Update to the title of linked article from 'Understand eligibility reassessment referral requirements' to 'When to refer the participant for an eligibility reassessment'.

2 Before you start

You have:

- received information to add or change the participant's primary disability.
- checked if the participant joined the NDIS **under the early intervention requirements**. If **yes**, then you **must** refer them for an eligibility reassessment. Use article [When to refer the participant for an eligibility reassessment](#). End of process. **Note**: Do **not request** a participant disability change for an early intervention participant.
- checked whether the request is from an authorised representative and looked at the representative's authority. Use either article [Consent to act on applicant behalf](#) or [Check consent, nominee, child representative or self-representation authorities](#).
- completed a security check and identity confirmation, if required, with article [Consider a request for personal information](#).

3 Request a participant disability change

Only delegates with the relevant permissions can change a participant's recorded disability in their **Person Account**. Staff that are not authorised to action a participant disability change, can request an update at any part of the participant's journey.

The National Planning Support Team manage these requests. However, delegates in some specialist work groups may complete these updates.

1. Create an **Enquiry** by following steps **1- 6** in article [Create an enquiry case](#).
2. Under **Categorisation** select the following:
 - **Enquiry Type** select **Planning & Monitoring**
 - **Category** select **Reports and Evidence**
 - **Subcategory** select **Updated**.
3. Select **Next**.
4. In the **Risk Matrix** view, select **Yes** to see a risk list and select all which apply. Otherwise, select **No** if there are no risks.
5. Select **Next**.
6. Complete the **Enquiry note** section using the following template:
 - Current primary disability:
 - Proposed primary disability (if applicable):
 - Current secondary disability (if applicable):
 - Proposed secondary disability (if applicable):
 - Evidence of disability provided, and documents linked:
7. At **Enquiry Outcome** select **Re-assign this enquiry to another user**.
8. At **Case Reassignment Reason**, select **Referral National Delivery**.
9. At **Select User or Queue**, select **Queue**.
10. At **Case Owner**, do a manual search and select **Re-Streaming Routing Queue**.
11. Select **Next**.
12. Review the details and select **Submit**, or select **Previous** to make any changes.
13. The **Enquiry** case will open. Upload evidence in the **Documents** tab of the case as required.
 - To check disability evidence, use articles [What evidence of disability is required?](#) and [Check treating professional details](#).
 - Use article to [Add documents to a case](#).

4 Next steps

1. The case will progress to the next appropriate staff member for a decision.
2. When this request progresses, the outcome is communicated via the enquiry case's activity log. It'll re-assign to the creator. The creator is responsible for closing the case. Use article [Manage an enquiry](#), in section **Action enquiries related to an open case**.
3. The task function will ask for more information if needed.



Knowledge Article

For Internal Use Only

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

What evidence of disability is required?

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

This article provides guidance for a local area coordinator, early childhood partner, or access delegate to understand:

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

Recent updates

3 October 2024

Linked article title changed from 'How to complete the access request case form' to 'Complete form in the access request case.'

Updates to improve accessibility and consistency with related articles.

Before you start

You have:

- read and understood [Our Guideline – Applying to the NDIS \(external\)](#) including section **Do you meet the disability requirements?**

Who can provide evidence of disability?

A person's treating professional must provide disability evidence.

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

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

What evidence does the NDIA require?



Knowledge Article

For Internal Use Only

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

The person should provide this evidence with their application. This could be either when they first submit, or during the eligibility check stage.

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

How to check evidence

Before the person's NDIS eligibility decision can be made, you need to check that the person's disability evidence:

- Is from a treating professional registered with AHPRA (the Australian Health Practitioner Regulation Agency). Use article [Check treating professional details](#).
- Provides enough information to show if the person is eligible for priority application decision. Use article [Request priority eligibility decision](#).
- Records any requests for an exemption. Use article: Log an activity or internal note.
- Demonstrates that the person has a condition from [List A \(external\)](#), [List B \(external\)](#) or [List D \(external\)](#).
- Shows if the person meets all 5 of the disability requirements. Use article [Understand disability requirements](#).

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

What if the applicant lives in a remote region?

The NDIA makes some exceptions to the evidence requirements for people living in remote regions of Australia. In such regions it may be difficult to provide evidence – or even obtain it in the first place.

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

- local health service
- consent for the NDIA to talk to the local health service
- local community connection contact



Knowledge Article

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- Council and/or Department of Social Services contact in the area.

To be eligible for an exemption, the person must live in a Remote or Very Remote location. This would mean an 'MM6' or 'MM7' region, under the [Modified Monash Model \(external\)](#).

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

Next steps

If you are completing an access request case, continue following the guidance in article [Complete form in the access request case](#).

Article labels

PACE user role names

No change.

Topics

No change.

Case names

No change.

Ownership

No change.

Version control

Version	Amended by	Brief Description of Change	Status	Date
1.0	EMN960	Draft approved by Publishing Approver (EL2)	APPROVED	2022-09-07
3.0	EMN960	EL2 Review and approval	APPROVED	2023-10-13
4.0	EMN960	EL2 review and approval to QA and Publish	APPROVED	2024-02-06

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Knowledge Article

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Version	Amended by	Brief Description of Change	Status	Date
5.0	IIW664	Class 1 (SG EL2) approved Updates to improve accessibility and consistency with related articles. Linked article title changed from 'How to complete the access request case form' to 'Complete form in the access request case.'	APPROVED	2024-09-25

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Check eligibility - DIS – disability caused by an impairment

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

- how to find evidence showing disability is related to an impairment
- what to consider when making an eligibility decision for this requirement.

1 Recent updates

3 October 2024

- Article title changed from Check evidence for a decision – disability caused by impairment to Check eligibility – DIS – disability caused by an impairment
- When we say DIS in a title, we mean disability requirements. We've added this to help you quickly identify which articles are for disability or early intervention requirements.

2 Before you start

You have read:

- and understood [Our Guideline – Applying to the NDIS \(external\)](#) section **Do you meet the disability requirements?**
- article [Understand disability requirements](#)
- article [What evidence of disability is required?](#)

3 Evidence an impairment is caused by a disability

3.1 How to find evidence a disability is related to an impairment

You need to review all available information about the person's impairment and disability before making a decision. To do this, check their application and evidence in PACE.

3.2 What to consider when making an eligibility decision

To make an eligibility decision about this **disability** requirement, consider:

- the person's impairment
- their disability
- our legislation and guidance
- if we have enough evidence to decide or need more.

The disability requirements are just one of the eligibility requirements. To be eligible for the NDIS, the applicant must also meet the age and residence requirements. Go to article [Check eligibility – Age and residence requirements](#).

4 Next steps

If you are an access delegate:

- to determine eligibility, continue to follow guidance in article [Make an access decision - pre-legislation changes](#) or article [Make an access decision – post-legislation changes](#).
- to check the timeframes to make a decision, follow guidance in article [Check decision – Legislative timeframes](#).

Record information - Expanded Disability Status Scale

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This article provides guidance for a **local area coordinator, early childhood coordinator** and all NDIA staff (**planner, payment officer, internal review officer, complaints officer, participant service officer, access officer, quality officer, technical advisor, SDA officer, NCC officer, provider support**) to:

- understand the Expanded Disability Status Scale
- record information about Expanded Disability Status Scale.

1 Recent updates

July 2023

Update to system steps and language to align with PACE and knowledge consistency.

2 Before you start

You have:

- read [Our Guidelines – applying to the NDIS](#)
- read article **Understand functional capacity assessments**
- read article **Create a new functional capacity assessment case.**

3 Understand and record an Expanded Disability Status Scale assessment

Understand the expanded disability status scale

The expanded disability status scale (EDSS) is a scale from 0 to 10:

- 0 = no impairment
- 10 = the greatest severity.

It measures disability in multiple sclerosis and monitors the change in the level of disability over time.

It has a wide use in clinical trials and in assessing people with multiple sclerosis. It is based on published research developed by John Kurtzke in 1983. [1]

To complete a multiple sclerosis assessment, use one of these sources in preference order:

- **Disease steps:** for all ages – provided by a medical professional or equivalent. To learn more, go to article **Record information – disease steps assessment**.
- **Multiple sclerosis severity tool:** for all ages – patient determined disease steps (PDDS), available on the [NDIS intranet](#). Provided by a medical professional or equivalent or completed internally.
- **Expanded Disability Status Scale (EDSS):** for all ages – provided by a medical professional or equivalent.

Note: Evidence from a treating health professional should be from a neurologist or a disease steps trained nurse examiner.

4 Record EDSS information

To record results of an EDSS assessment, complete the following steps in PACE:

At the **Select Tools** step in the **Functional Capacity Assessment**:

1. Select **No** to **Carry out a new assessment**.
2. Select **Yes** to **Manually enter scores**.
3. Select **Expanded Disability Status Scale**.
4. Select **Next**.
5. Record **Assessment completion date**.
6. Select **Score or rating**.
7. Select **Next**.
8. Check the **Confirmation** details.
9. Select **Done**.

5 Next steps

There are no further steps.

[1] Kurtzke JF. [Rating neurological impairment in multiple sclerosis: an expanded disability status scale \(EDSS\). Neurology. 1983;33\(11\):1444-1452](#)

Check eligibility - List A condition

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This article provides guidance for all NDIA staff and partners to check for a List A condition.

1 Recent updates

3 October 2024

Updates made to improve the knowledge article and merge information from the archived article Evidence Guide – List A conditions.

Article name changed from 'Check evidence for a decision – List A condition' to 'Check eligibility – List A condition.'

2 Before you start

You have:

- read [Our Guideline – Applying to the NDIS \(external\)](#)
- read article [Understand disability requirements](#)
- read article [Understand early intervention requirements](#)
- considered the age and residence requirements using article [Check eligibility – Age and residence requirements](#).

3 Overview

To be eligible for the NDIS, the person must meet the requirements for:

- age
- residence
- disability, early intervention, or both.

When a person gives us evidence that they've been diagnosed with one or more conditions on [List A: Conditions that are likely to meet the disability requirements \(external\)](#) they'll likely meet the **disability requirements**.

4 Check for a List A condition

4.1 How to find evidence of a List A Condition?

A person may inform us that they have a **List A** condition, or we might identify it when reviewing their disability evidence.

Before making an eligibility decision, make sure you review the application and any provided disability evidence for any diagnosed [List A: Conditions that are likely to meet the disability requirements \(external\)](#).

4.2 If the person has a List A condition

If there's evidence of a List A condition, the disability requirements are met.

You also need to think about the early intervention requirements. Go to article [Understand early intervention requirements](#).

4.3 If the person doesn't have a List A condition

If the person **doesn't** have a List A condition, think about all the disability and early intervention requirements using articles:

- [Understand disability requirements](#)
- [Understand early intervention requirements](#).

5 Next steps

If you're an access delegate:

- to make an access decision, continue to article [Make an access decision – pre-legislation changes](#) or [Make an access decision – post legislation changes](#).
- to make an eligibility reassessment decision, continue to article [Finalise eligibility reassessment decision](#).

Check eligibility - List B condition

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This article provides guidance for all NDIA staff and partners to check for a List B condition.

1 Recent updates

3 October 2024

Updates made to improve the knowledge article and merge information from the archived article Evidence Guide – List B conditions.

Article name changed from Check evidence for a decision – List B condition to Check eligibility – List B condition.

2 Before you start

You have:

- read [Our Guideline – Applying to the NDIS \(external\)](#)
- read article [Understand disability requirements](#)
- read article [Understand early intervention requirements](#)
- considered the age and residence requirements using article [Check eligibility – Age and residence requirements](#).

3 Overview

To be eligible for the NDIS, the person must meet the requirements for:

- age
- residence
- disability, early intervention, or both.

When a person gives us evidence that they've been diagnosed with one or more conditions on [List B: Conditions that are likely to result in a permanent impairment \(external\)](#), they'll meet **some** of the **disability requirements** and **early intervention requirements**.

4 Check for a List B condition

4.1 How to find evidence that a person has a List B condition?

A person may inform us that they have a **List B** condition, or we might identify it when reviewing their disability evidence.

Before making an eligibility decision, make sure you review the application and any disability evidence for any diagnosed [List B: Conditions that are likely to result in a permanent impairment \(external\)](#).

4.2 If the person has a List B condition

If the person has evidence of a list B condition, **only some** of the disability and early intervention requirements are met.

The following disability requirements are met:

- the person has a disability that is caused by one or more impairments (s24(1)(a)).
- the person's impairment or impairments are likely to be permanent (s24(1)(c)).

The following early intervention requirement is met:

- the person has one or more impairments that are likely to be permanent (s24(1)(a)).

You'll need to then think about the remaining disability and early intervention requirements using articles:

- [Understand disability requirements](#).
- [Understand early intervention requirements](#).

4.3 If the person doesn't have a List B condition

If the person **doesn't** have a List B condition, think about all of the disability and early intervention requirements using articles:

- [Understand disability requirements](#)
- [Understand early intervention requirements](#).

5 Next steps

If you're an access delegate:

- to make an access decision, continue to article [Make an access decision – pre-legislation changes](#) or [Make an access decision – post legislation changes](#).
- to make an eligibility reassessment decision, continue to article [Finalise eligibility reassessment decision](#).

Check eligibility - List D condition

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This article provides guidance for all NDIA staff and partners to check for a List D condition (children younger than 7 only).

1 Recent updates

3 October 2024

Updates made to improve the knowledge article and merge information from the archived article **Evidence Guide – List D conditions**.

Article name changed from Check evidence for a decision – List D condition to Check eligibility – List D condition.

2 Before you start

You have:

- read [Our Guideline – Applying to the NDIS \(external\)](#)
- read article [Understand disability requirements](#)
- read article [Understand early intervention requirements](#)
- considered the age and residence requirements using article [Check eligibility – age and residence requirements](#).

3 Overview

To be eligible for the NDIS, the person must meet the requirements for:

- age
- residence
- disability, early intervention, or both.

When a family or carer gives us evidence that a child younger than 7 has been diagnosed with one or more conditions on [List D \(external\)](#), they will meet the **early intervention** requirements.

4 Check for a List D condition

4.1 How to find evidence if a child younger than 7 has a List D condition?

A family or carer may inform us that a child younger than age 7 has a **List D** condition or we might identify it when reviewing their disability evidence.

Before making an eligibility decision, make sure you review the application and any provided disability evidence for any diagnosed [List D conditions \(external\)](#).

4.2 If the person has a List D condition

If there is evidence of a list D condition, the early intervention requirements are met.

You also need to consider the disability requirements. Go to article [Understand disability requirements](#).

4.3 If the person doesn't have a List D condition

If the person is **not** a child younger than 7 with a List D condition, consider all of the disability requirements and early intervention requirements using articles:

- [Understand disability requirements](#).
- [Understand early intervention requirements](#).

5 Next steps

If you are an access delegate:

- to make an access decision, continue to article [Make an access decision – pre-legislation changes](#) or [Make an access decision – post legislation changes](#).
- to make an eligibility reassessment decision, continue to article [Finalise eligibility reassessment decision](#).

Check eligibility – DIS – likely permanence

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This article provides guidance for all NDIA staff and partners to review evidence of likely permanence.

1 Recent updates

3 October 2024

- Article title changed from Check evidence for a decision – Disability requirements – Likely permanence to Check eligibility – DIS – likely permanence.
- When we say DIS in a title, we mean disability requirements. We've added this to help you quickly identify which articles are for disability or early intervention requirements.

2 Before you start

You have read:

- and understood [Our Guideline – Applying to the NDIS \(external\)](#) section **Do you meet the disability requirements?**
- article [Understand disability requirements](#)
- article [What evidence of disability is required?](#)

3 Evidence of likely permanence

3.1 Review evidence of likely permanence

You need evidence an applicant will have the impairment for their lifetime to be eligible for the NDIS. To confirm their permanent impairment, we need evidence from their doctor or specialist.

The impairment may be episodic or vary in intensity. This means it will still be permanent due to the overall impact on their life and likelihood they'll be impacted across their lifetime.

Even when their condition or diagnosis is permanent, we'll also check if the impairment is permanent as well. For example, they may not be eligible if the impairment is temporary, still being treated or if there are known, available and appropriate evidence-based clinical, medical or other remaining treatments options that are likely to remedy the impairment.

We'll generally consider if their impairment is likely to be permanent, after all available and appropriate treatment options have been pursued.

If an applicant gives us evidence they're diagnosed with a [List B \(external\)](#) condition, we'll usually decide if their disability from an impairment is likely to be permanent.

For more information, go to section **Is your impairment likely to be permanent?** In [Our Guideline – Applying to the NDIS \(external\)](#).

The disability requirements are just one of the eligibility requirements. To be eligible for the NDIS, the applicant must also meet age and residence requirements. Go to article [Check eligibility – Age and residence requirements](#).

4 Next steps

If you are an access delegate:

- to determine eligibility, continue to follow guidance in article [Make an access decision - pre-legislation changes](#) or article [Make an access decision – post-legislation changes](#).
- to check the timeframes to make a decision, follow guidance in article [Check decision – Legislative timeframes](#).

Impairment categories guide

SGP KP Publishing

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This article provides guidance for an access delegate to understand what impairment categories to select for a person that meets the eligibility requirements.

1 Recent updates

14 October 2024

New guidance to:

- reflect legislation changes from 3 October 2024
- decide what impairment categories to select for a person that meets the eligibility requirements.

2 Impairments categories guide

Impairments are a loss of or damage to a body's function. When we assess an impairment to meet access, we look at:

- the body's function
- the body's structure
- how they think and learn.

To learn more about impairment categories go to article [Descriptions of impairment categories](#).

The following list provides you with information on:

- the condition
- the ICD 10 Code
- the **required** impairment category for access assessors to select
- **optional** impairment categories to select as relevant, based on evidence provided with access request.

3 Conditions

3.1 Autism (ASD)

1. **Autism** – includes Rett and Asperger Syndrome
ICD 10 Codes: F84.0, F84.2, F84.5
Required impairment category: Neurological
Optional impairment categories: Intellectual, cognitive, physical, psychosocial

3.2 Acquired brain injury

1. **Glioblastoma****ICD 10 Code:** G71.9
Required impairment category: Neurological
Optional impairment categories: Cognitive, physical, psychosocial
2. **Hypoxic brain injury****ICD 10 Code:** 93.1
Required impairment category: Neurological
Optional impairment categories: Physical, psychosocial
3. **Traumatic brain injury** – also called head injury and acquired brain damage
ICD 10 Code: T90
Required impairment category: Neurological
Optional impairment categories: Cognitive, physical, psychosocial

3.3 Intellectual disability

1. **Mild intellectual disability****ICD 10 Codes:** F70
Required impairment category: Intellectual
Optional impairment categories: Cognitive
2. **Moderate intellectual disability****ICD 10 Codes:** F71
Required impairment category: Intellectual
Optional impairment categories: Cognitive, physical, psychosocial
3. **Severe intellectual disability****ICD 10 Codes:** F72
Required impairment category: Intellectual
Optional impairment categories: Cognitive, physical, psychosocial
4. **Profound intellectual disability****ICD 10 Codes:** F73
Required impairment category: Intellectual
Optional impairment categories: Cognitive, physical, psychosocial
5. **Unspecified intellectual disability****ICD 10 Codes:** F79
Required impairment category: Intellectual
Optional impairment categories: Cognitive, sensory, physical, psychosocial
6. **Pervasive developmental disorder****ICD 10 Codes:** F84.8
Required impairment category: Intellectual
Optional impairment categories: Cognitive, sensory, psychosocial
7. **Microcephaly****ICD 10 Codes:** Q02
Required impairment category: Intellectual
Optional impairment categories: Cognitive, neurological, sensory, physical
8. **Other congenital brain conditions** – for example, tuberous sclerosis
ICD 10 Codes: Q04
Required impairment category: Intellectual
Optional impairment categories: Cognitive, neurological, physical

9. **Spina bifida** ICD 10 Codes: Q05
Required impairment category: Physical
Optional impairment categories: Intellectual, cognitive, sensory, neurological
10. **Foetal alcohol syndrome** ICD 10 Codes: Q86.0
Required impairment category: Neurological
Optional impairment categories: Intellectual, cognitive, sensory, physical, psychosocial
11. **Foetal alcohol spectrum disorder (FASD)** ICD 10 Codes: Q86.0D
Required impairment category: Neurological
Optional impairment categories: Intellectual, cognitive, sensory, physical, psychosocial
12. **Cornelia de Lange syndrome** ICD 10 Codes: Q87.1
Required impairment category: Intellectual
Optional impairment categories: Cognitive, neurological, sensory, physical, psychosocial
13. **Prader Willi syndrome** ICD 10 Codes: Q87.1
Required impairment category: Intellectual
Optional impairment categories: Cognitive, neurological, physical, psychosocial
14. **Coffin-Lowry syndrome** ICD 10 Codes: Q87.8
Required impairment category: Intellectual
Optional impairment categories: Cognitive, neurological, sensory, physical, psychosocial
15. **Other congenital conditions (causing intellectual disability)** ICD 10 Codes: Q89
Required impairment category: Intellectual
Optional impairment categories: Cognitive, neurological, sensory, physical, psychosocial
16. **Edwards syndrome** ICD 10 Codes: Q91
Required impairment category: Intellectual
Optional impairment categories: Cognitive, neurological, sensory, physical, psychosocial
17. **Patau syndrome** ICD 10 Codes: Q91
Required impairment category: Intellectual
Optional impairment categories: Cognitive, neurological, sensory, physical, psychosocial
18. **Cri du Chat syndrome** ICD 10 Codes: Q93.4
Required impairment category: Intellectual
Optional impairment categories: Cognitive, sensory, physical
19. **Angelman syndrome** ICD 10 Codes: Q93.5
Required impairment category: Intellectual
Optional impairment categories: Cognitive, sensory, physical
20. **Other chromosomal syndromes (including Kabuki & Williams syndromes)** ICD 10 Codes: Q99
Required impairment category: Intellectual
Optional impairment categories: Cognitive, neurological, sensory, physical, psychosocial
21. **Fragile X syndrome** ICD 10 Codes: Q99.2
Required impairment category: Intellectual
Optional impairment categories: Cognitive, neurological, sensory, physical, psychosocial

3.4 Cerebral Palsy

1. **Cerebral palsy** ICD 10 Codes: G80
Required impairment category: Physical
Optional impairment categories: Intellectual, cognitive, neurological, sensory

3.5 Down Syndrome

1. **Down syndrome** ICD 10 Codes: Q90
Required impairment category: Intellectual
Optional impairment categories: Cognitive, physical

3.6 Hearing Impairment

1. **Hearing loss** ICD 10 Codes: H90
Required impairment category: Sensory
Optional impairment categories: Cognitive
2. **Congenital hearing condition** ICD 10 Codes: Q16.9
Required impairment category: Sensory
Optional impairment categories: Cognitive

3.7 Visual Impairment

1. **Albinism** ICD 10 Codes: E70.3
Required impairment category: Sensory
Optional impairment categories: Not applicable
2. **Visual impairment (including blindness)** ICD 10 Codes: H54
Required impairment category: Sensory
Optional impairment categories: Not applicable
3. **Congenital eye conditions** ICD 10 Codes: Q15.9
Required impairment category: Sensory
Optional impairment categories: Not applicable

3.8 Other Sensory - Speech

1. **Other sensory - speech** ICD 10 Codes: R47
Required impairment category: Sensory
Optional impairment categories: Physical

3.9 Multiple Sclerosis

1. **Multiple Sclerosis** ICD 10 Codes: G35
Required impairment category: Neurological
Optional impairment categories: Cognitive, physical, psychosocial

3.10 Other Neurological

1. **Alzheimer's disease** ICD 10 Codes: F00
Required impairment category: Cognitive
Optional impairment categories: Neurological, physical, psychosocial
2. **Unspecified dementia** ICD 10 Codes: F03
Required impairment category: Cognitive
Optional impairment categories: Neurological, physical, psychosocial
3. **Huntington disease** ICD 10 Codes: G10
Required impairment category: Physical
Optional impairment categories: Cognitive, neurological, psychosocial
4. **Motor neurone disease** ICD 10 Codes: G12.2
Required impairment category: Physical
Optional impairment categories: Cognitive, neurological, sensory, psychosocial
5. **Parkinson's disease** ICD 10 Codes: G20
Required impairment category: Neurological
Optional impairment categories: Cognitive, physical, psychosocial
6. **Epilepsy – Mandatory TAPIBI** ICD 10 Codes: G40
Required impairment category: Neurological
Optional impairment categories: Intellectual, cognitive, psychosocial
7. **Muscular dystrophy** ICD 10 Codes: G71.0
Required impairment category: Physical
Optional impairment categories: Neurological
8. **Other Neurological – List A and List C** ICD 10 Codes: G99
Required impairment category: Neurological
Optional impairment categories: Cognitive, sensory, physical

3.11 Stroke

1. **Stroke** ICD 10 Codes: I69
Required impairment category: Physical
Optional impairment categories: Cognitive, neurological, sensory, psychosocial

3.12 Other Physical

1. **Rheumatoid arthritis** ICD 10 Codes: M05
Required impairment category: Physical
Optional impairment categories: Not applicable
2. **Other arthritis – mandatory TAPIBI** ICD 10 Codes: M12
Required impairment category: Physical
Optional impairment categories: Not applicable
3. **Other physical** ICD 10 Codes: M95
Required impairment category: Physical
Optional impairment categories: Psychosocial
4. **Multiple traumatic amputations** ICD 10 Codes: T05
Required impairment category: Physical
Optional impairment categories: Psychosocial
5. **Myopathy** ICD 10 Codes: G72.9
Required impairment category: Physical
Optional impairment categories: Not applicable

3.13 Psychosocial disability

1. **Schizophrenia** ICD 10 Codes: F20
Required impairment category: Psychosocial
Optional impairment categories: Cognitive
2. **Schizoaffective disorder** ICD 10 Codes: F25.9
Required impairment category: Psychosocial
Optional impairment categories: Cognitive
3. **Bipolar affective disorder** ICD 10 Codes: F31
Required impairment category: Psychosocial
Optional impairment categories: Cognitive
4. **Major depressive illness** ICD 10 Codes: F32
Required impairment category: Psychosocial
Optional impairment categories: Cognitive
5. **Other anxiety disorders** ICD 10 Codes: F41
Required impairment category: Psychosocial
Optional impairment categories: Cognitive
6. **Obsessive-compulsive disorder** ICD 10 Codes: F42
Required impairment category: Psychosocial
Optional impairment categories: Not applicable
7. **Post traumatic stress disorder** ICD 10 Codes: F43
Required impairment category: Psychosocial
Optional impairment categories: Cognitive
8. **Borderline personality disorder** ICD 10 Codes: F60.3
Required impairment category: Psychosocial
Optional impairment categories: Not applicable
9. **Tourette syndrome** ICD 10 Codes: F95.2
Required impairment category: Neurological
Optional impairment categories: Cognitive, physical, psychosocial
10. **Other psychosocial disorders** ICD 10 Codes: F99
Required impairment category: Psychosocial
Optional impairment categories: Cognitive
11. **Anorexia** ICD 10 Codes: R63
Required impairment category: Psychosocial
Optional impairment categories: Cognitive, physical

3.14 Spinal Cord Injury

1. **Malignant neoplasm of spinal cord complete and incomplete** ICD 10 Codes: C72.5, C72.7
Required impairment category: Physical
Optional impairment categories: Neurological, sensory
2. **Spinal cord injury (complete)** ICD 10 Codes: T09.5
Required impairment category: Physical
Optional impairment categories: Neurological, sensory, psychosocial
3. **Spinal cord injury (incomplete)** ICD 10 Codes: T09.7
Required impairment category: Physical
Optional impairment categories: Neurological, sensory, psychosocial

3.15 Other

1. **Malignant neoplasm of brain** ICD 10 Codes: C71
Required impairment category: Neurological
Optional impairment categories: Cognitive, psychosocial
2. **Metastatic cancer** ICD 10 Codes: C79.9
Required impairment category: Physical
Optional impairment categories: Cognitive
3. **Malignant neoplasm of blood or immune disease** ICD 10 Codes: C96
Required impairment category: Physical
Optional impairment categories: Cognitive
4. **Autoimmune disorders** ICD 10 Codes: D89.9
Required impairment category: Physical
Optional impairment categories: Cognitive
5. **Obesity – mandatory TAPIB** ICD 10 Codes: E66
Required impairment category: Physical
Optional impairment categories: Psychosocial
6. **Classical phenylketonuria** ICD 10 Codes: E70.0
Required impairment category: Cognitive
Optional impairment categories: Psychosocial
7. **Disorders of pyruvate metabolism and gluconeogenesis** ICD 10 Codes: E74.4
Required impairment category: Intellectual
Optional impairment categories: Neurological, physical
8. **Other metabolic disorders** ICD 10 Codes: E88
Required impairment category: Intellectual
Optional impairment categories: Neurological, physical
9. **Dementia – rapidly progressing** ICD 10 Codes: F03.9
Required impairment category: Cognitive
Optional impairment categories: Not applicable
10. **Functional neurological disorder (FND) – mandatory TAPIB** ICD 10 Codes: F44.4
Required impairment category: Neurological
Optional impairment categories: Cognitive, sensory, physical
11. **Other language disorder** ICD 10 Codes: F80
Required impairment category: Cognitive
Optional impairment categories: Not applicable
12. **Peripheral neuropathy – does NOT require TAPIB** ICD 10 Codes: F90.0
Required impairment category: Neurological
Optional impairment categories: Sensory, physical
13. **Oppositional defiant disorder (ODD)** ICD 10 Codes: F91.3
Required impairment category: Cognitive
Optional impairment categories: Psychosocial
14. **Other hereditary ataxias** ICD 10 Codes: G11.8
Required impairment category: Neurological
Optional impairment categories: Cognitive, sensory, physical
15. **Dementia – early onset** ICD 10 Codes: G30.0
Required impairment category: Cognitive
Optional impairment categories: Not applicable
16. **Plegia** ICD 10 Codes: G83.1
Required impairment category: Physical
Optional impairment categories: Neurological

17. **Chronic pain – mandatory TAPIBICD 10 Codes:** G89.4
Required impairment category: Physical
Optional impairment categories: Sensory, psychosocial
18. **Postural Orthostatic Tachycardia Syndrome (POTS) – mandatory TAPIBICD 10 Codes:** I49.8
Required impairment category: Neurological
Optional impairment categories: Physical
19. **Lymphoedema – mandatory TAPIBICD 10 Codes:** I89.0
Required impairment category: Physical
Optional impairment categories: Not applicable
20. **Chronic lung disease ICD 10 Codes:** J44.9
Required impairment category: Physical
Optional impairment categories:
21. **Chronic Obstructive Pulmonary Disease (COPD) – mandatory TAPIBICD 10 Codes:** J44.9A
Required impairment category: Physical
Optional impairment categories: Not applicable
22. **Osteoarthritis – mandatory TAPIBICD 10 Codes:** M19.9
Required impairment category: Physical
Optional impairment categories: Not applicable
23. **Systemic lupus erythematosus ICD 10 Codes:** M32
Required impairment category: Physical
Optional impairment categories: Not applicable
24. **Ankylosing spondylitis ICD 10 Codes:** M45
Required impairment category: Physical
Optional impairment categories: Not applicable
25. **Fibromyalgia ICD 10 Codes:** M79.7
Required impairment category: Physical
Optional impairment categories: Sensory
26. **Renal failure ICD 10 Codes:** N18
Required impairment category: Physical
Optional impairment categories:
27. **Ehlers Danlos – does NOT require TAPIBICD 10 Codes:** Q79.6
Required impairment category: Physical
Optional impairment categories: Not applicable
28. **Dyslexia ICD 10 Codes:** R48
Required impairment category: Cognitive
Optional impairment categories: Psychosocial
29. **Childhood apraxia of speech ICD 10 Codes:** R48.2
Required impairment category: Neurological
Optional impairment categories: Cognitive
30. **Short stature ICD 10 Codes:** R62.5
Required impairment category: Physical
Optional impairment categories: Not applicable
31. **Amputation – single limb or upper/lower limb ICD 10 Codes:** Z89
Required impairment category: Physical
Optional impairment categories: Cognitive, sensory, psychosocial
32. **Amputation – multiple ICD 10 Codes:** Z89.1
Required impairment category: Physical
Optional impairment categories: Cognitive, sensory, psychosocial

Add or Change Disability

The content of this document is **OFFICIAL**. This Standard Operating Procedure (SOP) will help you change the participant’s primary and/or secondary disability in the NDIS Business System (System).

1. Recent updates

Date	What’s changed
July 2021	Clarify actions for non-delegates when requesting to add or change the participant’s disability information in the System.

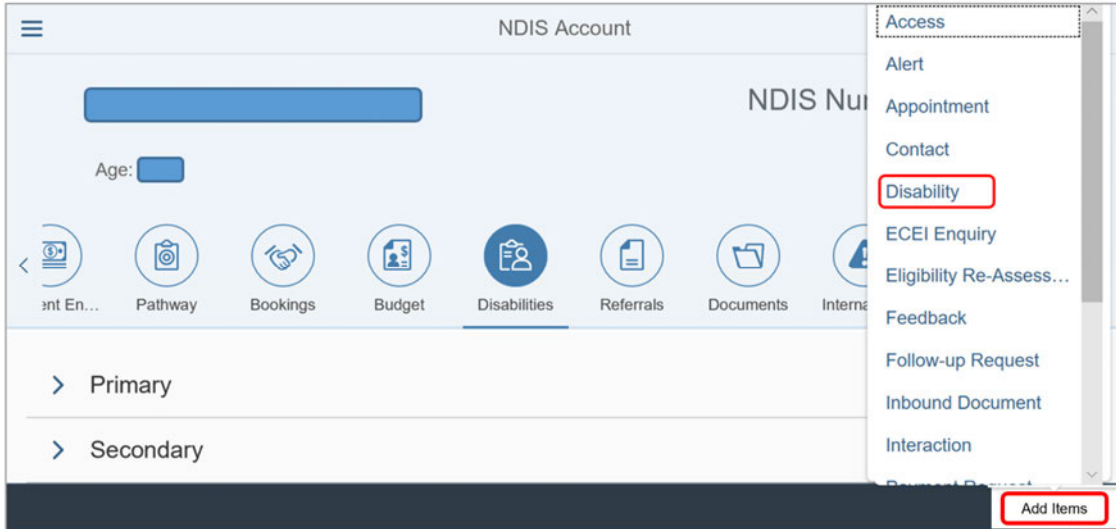
2. Checklist

Topic	Checklist
Pre-requisites	You have: <ul style="list-style-type: none"> <input type="checkbox"/> checked the participant’s disability information in the System. <input type="checkbox"/> information or evidence the participant’s disability information needs to be updated.
Actions	<ul style="list-style-type: none"> <input type="checkbox"/> 3.1 Add or change disability <input type="checkbox"/> 3.2 Approve a request to add or change disability

3. Procedure

3.1 Add or change disability

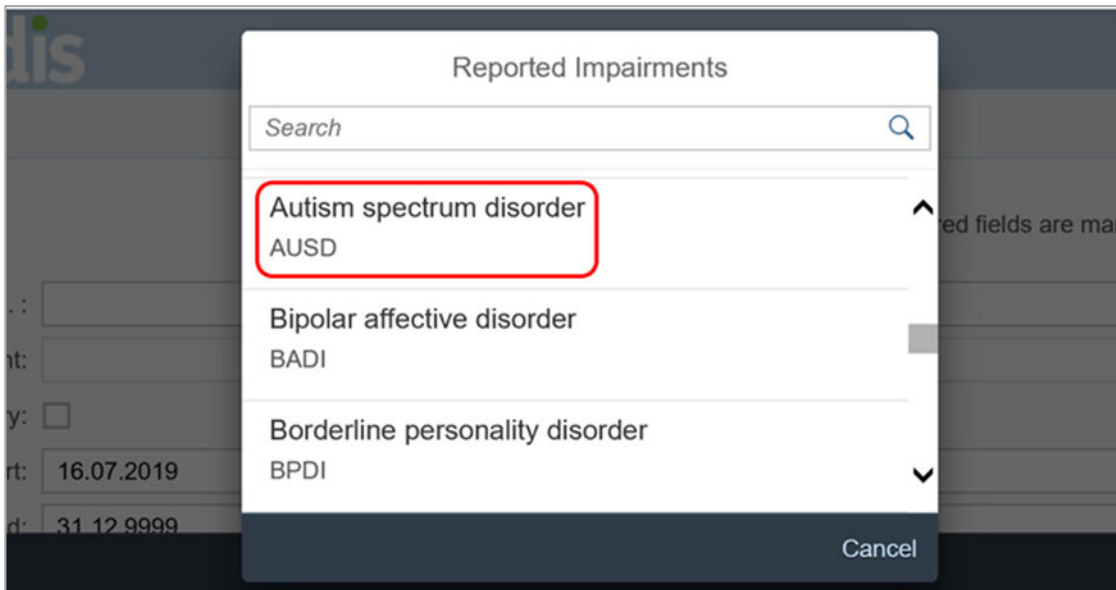
1. From the participant's **NDIS Account** select **Add Items** and select **Disability**.



2. Select the expander in the **Reported Impairment** field.



3. Search for and select the participant's disability.



- If you are adding a secondary disability go to step 5.

4. Select the check box next to **Primary** to show the **Reported Impairment** is the primary disability. Continue to step 6.



Note: After the access decision is made there can only be one Primary disability.

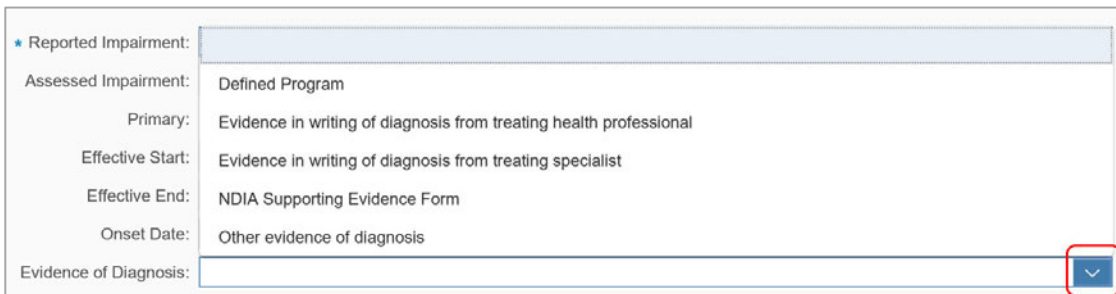
5. Enter the **Effective Start** and **Effective End dates** for any secondary disabilities.



6. At **Onset Date** enter the date the participant first acquired, developed or experienced their disability (if known).



7. At **Evidence of Diagnosis** select the type of evidence from the drop down list.



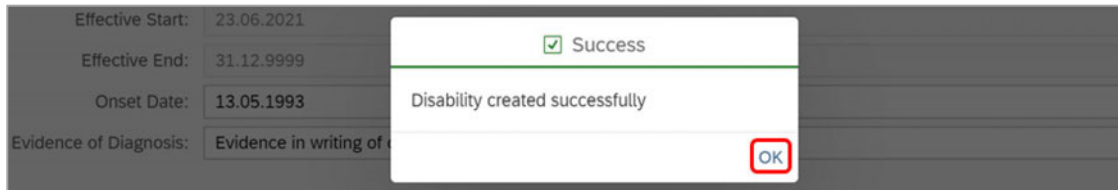
8. Select **Submit**.

9. A success message displays. The message is different depending on your role in the System. If you are a:

- Access or Planning delegate – go to [3.1.1 Complete add or change disability](#)
- Non-delegate – go to [3.1.2 Request to add or change disability](#)

3.1.1 Complete add or change disability (Access and planning delegates)

1. The Disability created successfully message displays. Select **OK**.

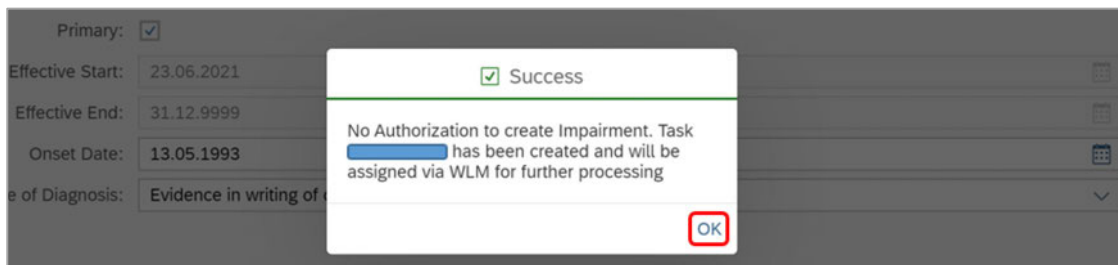


2. Create an interaction using the [Interaction Template – General –Primary Disability Change Complete](#). If you:
 - Made the request make sure the **Interaction** status is **Completed**.
 - Did not make the request make sure the **Interaction** status is **Open**. **Reassign** the interaction back to the requestor to notify their request is complete.

Note: If you are updating a secondary disability, change the details of the interaction to reflect this.

3.1.2 Request to add or change disability (non-delegates)

1. The No authorization to create impairment message displays. Select **OK**. Your request will be drawn down by an Access or Planning delegate from Work Load Manager (WLM).



2. Create an interaction using the [Interaction Template – General –Request to Change Primary Disability](#). Make sure the **Interaction** status is **Completed**.

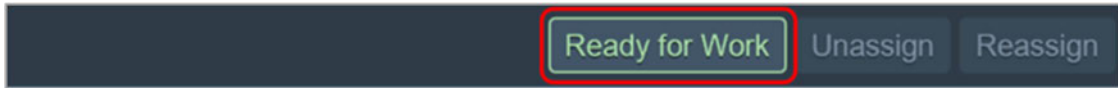
Note: In your interaction make sure you include:

- details of the evidence provided
- where the evidence is recorded in the System, for example the date and description of the **Inbound Document**
- whether your request is for a primary or secondary disability.

- The approver will assign an **Open Interaction** using the [Primary disability change complete template](#) to you when the request is complete or if you need to take further action.

3.2 Approve a request to add or change disability (access or planning delegate only)

- From **My Inbox** select the **Ready for Work**.



- Select **Change of Circumstances (CoC)** task.

<input type="checkbox"/>	Due Status	Type	Description	NDIS Number	Customer	Team	Plan End Date	Due date	Status
<input checked="" type="checkbox"/>	Due Soon	CoC Interaction	Request Disability update	[Redacted]	[Redacted]	[Redacted]		03.04.2020	Open
<input type="checkbox"/>	Overdue	Application	Determine Plan Approval	[Redacted]	[Redacted]	[Redacted]		27.03.2020	Submitted for Approval (Plan)

- Review the information in the **Notes Log**. Record additional information in the **Add Note** field, if required.

Categorisation 1:
 Categorisation 2:
 Categorisation 3:
 Categorisation 4:
 Date of Effect: 27.03.2020
 Date of Submission: 27.03.2020
 Requested by: [Redacted]

Notes Log:

Customer Update Note
 27.03.2020 16:44:17 [Redacted]

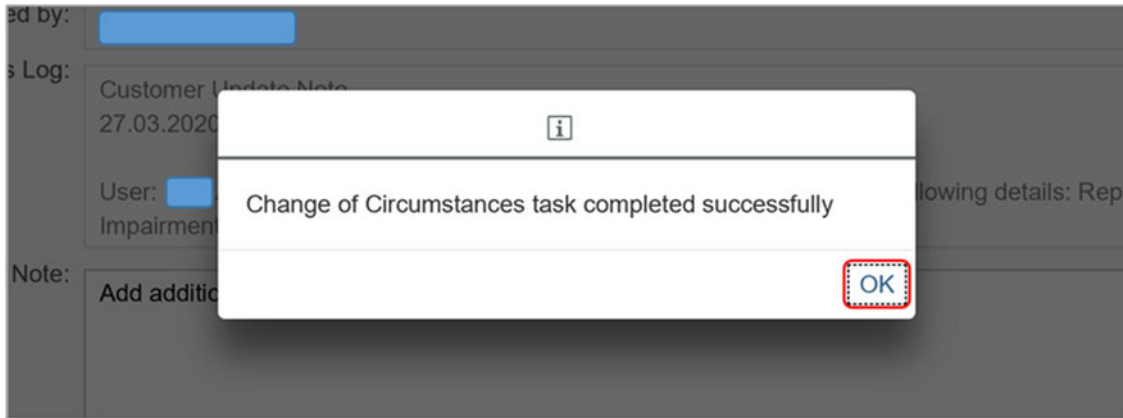
User: [Redacted] has requested to update Impairment of Participant with following details: Reported Impairment: Autism spectrum

Add Note:

- Once you have made a decision, select **Mark as Complete**.



- The **Change of Circumstances task completed successfully** message displays. Select **OK**.



3.2.1 Approve Request for Disability Update

- Complete steps in [3.1 Add or change disability](#).
- Create an **Open Interaction** using the [Primary disability change complete template](#).
- Re-assign the interaction to the requestor advising the disability request is approved and they can start planning tasks.

3.2.2 Decline Request for Disability Update

- Create an **Open Interaction** and record the reason you declined the request. Reassign the interaction to the person who made the request.

Note: If the request is declined due to insufficient information, note what further information or action is required in the interaction.

4. Next steps

- Make sure the participant’s disability information is updated before you commence planning activities.

5. Related procedures or resources

- [Standard Operating Procedure - Create, Assign, Search and Edit an Interaction](#)
- [Interaction Templates – General](#)

6. Feedback

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

7. Version control

Version	Amended by	Brief Description of Change	Status	Date
1.0	CS0074	Class 1 Approval Update guidance on assigning tasks and interactions	APPROVED	2020-02-20
3.0	NAN927	Class 1 Approval	APPROVED	2020-05-07
4.0	CS0074	Class 1 Approval Updated image of buttons in CRM to show changes from icon to text to describe their purpose.	APPROVED	2020-05-29
5.0	JS0082	Class 1 Approval Guidance included to change interaction status to Complete after submitting Change Disability requests in the System.	APPROVED	2020-12-18
6.0	JS0082	Class 1 Approval Restructure to clarify actions for non-delegates	APPROVED	2021-07-07



Applying to the NDIS

Quick summary: If you want to become an NDIS participant you'll need to apply to the NDIS. There are some requirements you need to meet to be eligible for the NDIS.

First, you need to be younger than 65 when you apply, be an Australian citizen or permanent resident, and live in Australia. Then, you'll need to meet the requirements for disability, early intervention, or both.

You may be eligible under the disability requirements if you have one or more impairments that are or are likely to be permanent. And this substantially impacts your ability to do daily life activities. Your impairment must also affect your social life, or your ability to work and study. And, you must be likely to need NDIS supports for your lifetime.¹ [NDIS Supports](#) are the services, items and equipment that can be funded by the NDIS.

Or you may be eligible under the early intervention requirements if you have one or more impairments that are likely to be permanent or you have developmental delay and supports are likely to benefit you by reducing your need for supports in the future. We will also consider if these supports are NDIS supports.

Or you may be eligible under both the disability and early intervention requirements.

If you think you might be eligible, we can help you apply to the NDIS. We'll talk to you about your needs, current situation and what is important to you. We'll look at all the information you give us to decide if you're eligible. If you're eligible for the NDIS, you'll become a participant, and we'll work with you to start [creating your plan](#). If you're not eligible, an early childhood partner or local area coordinator can help you explore and access government and community services. When we work with children younger than 9 and their families, we call this [early connections](#). When we work with people aged 9–64, we call this [community connections](#).

What's on this page?

- [What do we mean by applying to the NDIS?](#)
- [Do you meet the age requirements?](#)
- [Do you meet the residence requirements?](#)
- [Do you meet the disability requirements?](#)
- [Do you need early intervention?](#)



- [What about children younger than 6 with developmental delay?](#)
- [How do you apply to the NDIS?](#)
- [How do we decide if you're eligible?](#)
- [What happens after we decide?](#)

What do we mean by applying to the NDIS?

Applying to the NDIS means doing things to find out if you can become a participant and start getting supports under the NDIS. There is a [process to follow](#) when you apply to the NDIS. After you apply, we'll look at all the information you provide and decide if you're eligible.

If we decide you're eligible, you'll become a participant in the NDIS. We'll then work with you to create your first plan, which will include funding for any [reasonable and necessary supports](#).

If you're not eligible, there are other services available to you, such as other government and community services. We can help you connect to these other services.

For children younger than 9, we encourage families to talk to an [early childhood partner](#) before applying to the NDIS. They can help families connect to the right supports and let families know if the NDIS is right for their child. Learn more about our [early childhood approach](#) and [early connections](#).

Are you eligible for the NDIS?

To be eligible for the NDIS, you first need to meet the [age requirements](#) and [residence requirements](#). This means you need to be younger than 65 when you apply, live in Australia, and be an Australian citizen or permanent resident.²

You will need to meet the requirements for disability³, early intervention⁴, or both.

When we say impairment in this guideline, we mean a loss of, or damage to your body's function. Under the law for the NDIS, we check if you're eligible based on your impairments, not your type of disability or diagnosis.

Disability requirements

To meet the disability requirements, we must have evidence of **all** of the following:

- You have a disability attributable to one or more impairments. This means your disability and impairments are linked.



- Your impairment is likely to be permanent.
- Your impairment means you have a substantially reduced functional capacity to do one or more daily life activities. These activities include moving around, communicating, socialising, learning, undertaking self-care, or self-management tasks.
- Your impairment affects your ability to work, study or take part in social life.
- You'll likely need NDIS supports for your lifetime.

Early intervention requirements

To meet the early intervention requirements, we must have evidence of **all** of the following:

- You have an impairment that's likely to be permanent, or that you are a [child younger than 6 with developmental delay](#).
- Early intervention will benefit you by reducing your need for supports in the future.
- Early intervention will benefit you by either reducing the impact your impairment has on your functional capacity or support your informal supports to build their skills to help you. Or the early intervention will prevent the deterioration of your functional capacity or improve it.
- The early intervention supports you need are NDIS supports.

We'll use information in your application to [decide if you're eligible for the NDIS](#).

If you're eligible, you become a NDIS participant.⁵ The length of time you'll be a participant will depend on your situation and NDIS support needs. Learn more about [leaving the NDIS](#).

This guideline has detailed information on how we decide if you're eligible for the NDIS. For general information about who's eligible, read [Am I eligible](#) and [Applying to the NDIS factsheet](#). Check out our website for information about [children younger than 9](#).

We also have information on [psychosocial disability](#). If you have a psychosocial disability, this webpage has information on whether the NDIS is right for you, and what information we need if you apply.

A psychosocial disability isn't a mental health condition or diagnosis. A psychosocial disability means you have reduced capacity to undertake tasks and activities of daily living due to your mental health.

Do you meet the age requirements?



To be eligible for the NDIS, you must first meet the age requirements. This means [you are younger than 65 on the day you apply](#).

How old are you?

You must be younger than 65 on the day you make your NDIS application.⁶

This means your application needs to be complete, in the format we ask for, and received by the NDIA before you turn 65. Learn more about [how to complete your NDIS application](#).

If you're turning 65 soon and want to apply, [contact us](#) so we can help you apply on time.

Do you meet the residence requirements?

Then you must meet the residence requirements. This means:

- [You are an Australian citizen or permanent resident](#).
- [You live in Australia](#).

Are you an Australian citizen or permanent resident?

You must be an Australian citizen,⁷ or have one of two visa types that means you can live here:

- A [permanent visa](#)⁸
- A [protected special category visa](#)⁹ – this is only for some citizens of New Zealand.

Do you live in Australia?

You must live in Australia.¹⁰ This means Australia is your home and you spend most of your time here.

To help us decide, you need to give us evidence to show us you live here. If you give us consent to use your Centrelink record, that usually gives us enough evidence to decide if you live in Australia.

If you don't give us consent, you need to give us enough information to help us decide that you live in Australia. You'll need to answer these questions:

- [Where do you live?](#)
- [Where is your family?](#)
- [Do you work in Australia?](#)
- [Do you own property in Australia?](#)



- [How much time do you spend outside Australia?](#)

Some of these questions might not apply to you, but we must consider them when we decide whether you live in Australia.¹¹

We may also ask you other questions to determine whether you live in Australia.¹² For example, your family might be deployed overseas in the Defence Force, meaning you need to leave Australia for a while. In these situations, we'll ask you for more information about why you're leaving and can't return.

If you apply, we look at your whole situation when we decide if there's enough evidence to show that you live here. This will be a simple decision for us in most situations. But sometimes we may need to look at the questions below.

Where do you live?

We consider where you live, and your living situation.¹³ We'll look at whether you have more permanent accommodation in Australia than any other country.

For example, you might own a home or have a formal rental agreement in Australia. This is a good sign to us that you live in Australia.

Where is your family?

We also consider where your immediate family lives.¹⁴

We look at where you spend most of your time with them, face-to-face. We don't consider how you connect with your family on the phone or internet.

Do you work in Australia?

If you work, we look at where you normally work or make money.¹⁵ If you work or make money in Australia, that's a good sign you live here. If you don't work or are unemployed, we'll consider the other questions to determine whether you live in Australia.

Do you own property in Australia?

We consider what assets or property you own in Australia.¹⁶ We also see if you have an Australian bank account.

If you own assets or property here, it doesn't always mean you live in Australia. Your assets or property will need to show you have an ongoing connection to Australia. You don't live in Australia just because you own assets or property here.

How much time do you spend outside Australia?



We consider how often you go overseas, and how long you're outside Australia when you travel.¹⁷ We also consider why you travel overseas, such as for work, holiday or to live with family.

This is usually the most important point to help us decide if you live in Australia. You need to show us that you have a long-term and meaningful connection to living in Australia.

You don't need to stay in Australia all the time. You can still work overseas or go on holiday.

You will need to show a stronger connection to Australia than other countries if you spend a lot of time overseas.

If we decide you're eligible and create your plan, there may be times you can't use your NDIS funding overseas. This is usually after you're overseas for more than 6 weeks unless we give you more time. Learn more about [when you can't use your plan](#).

Do you meet the disability requirements?

You meet the disability requirements if we have evidence of all of the following:¹⁸

- [Your disability is caused by an impairment.](#)
- [Your impairment is likely to be permanent.](#)
- [Your permanent impairment substantially reduces your functional capacity](#) to undertake one or more of the following activities: moving around, communicating, socialising, learning, or undertaking self-care or self-management tasks.
- [Your permanent impairment affects your ability to work, study or take part in social life.](#)
- [You'll likely need NDIS support for your lifetime.](#)

If you give us evidence you have been diagnosed with one or more conditions on [List A](#), we'll likely decide you meet the disability requirements.

If you meet the disability requirements, it's likely you'll need NDIS supports for your lifetime. This means you won't have to prove your disability every time we reassess your plan.

If at any time your NDIS support needs or situation changes, we may need to check your NDIS eligibility. We will talk with you if this happens.

Learn more about how we check [if you are still eligible for the NDIS](#).

Is your disability related to an impairment?



When we consider your disability, we think about whether any reduction or loss in your ability to do things, across all life domains, is because of an impairment.

An impairment is a loss of or damage to your body's function.

We will look at:

- your body's functions
- your body structure
- how you think and learn.

To meet the disability requirements, we must have evidence your disability is attributable by at least one of the impairments below:¹⁹

- **intellectual** – how you speak and listen, read and write, solve problems, and process and remember information
- **cognitive** – how you think, learn new things, use judgment to make decisions, and pay attention
- **neurological** – how your body functions
- **sensory** – how you see or hear
- **physical** – the ability to move parts of your body.

You may also be eligible for the NDIS if you have a psychosocial disability.²⁰ This means you have reduced capacity to do daily life activities and tasks due to your mental health.

It doesn't matter what caused your impairment, for example if you've had it from birth, or acquired it from an injury, accident or health condition.

It also doesn't matter if you have one impairment, or more than one impairment.

Is your impairment likely to be permanent?

To meet the disability requirements, we need to know that your impairment is permanent, or likely to be permanent. Permanent under the law for the NDIS means enduring. This means we need to know whether your impairments are enduring so that you require NDIS supports on an ongoing basis.

We will focus on your impairments, and not on the cause of your impairments, or your diagnoses.

You might have some periods in your life where there is a smaller impact on your daily life, because your impairment may be episodic or fluctuate in intensity²¹. Your impairment can



still be permanent due to the overall impact on your life, and the likelihood that you will be impacted across your lifetime.

Even when your condition or diagnosis is permanent, we'll check if your impairment is permanent too. For example, you may not be eligible if your impairment is temporary, or if there are known, available and appropriate evidence-based clinical, medical or other remaining treatments options that are likely to remedy the impairment.

Generally, we'll consider whether your impairment is likely to be permanent if all available and appropriate treatment options are pursued.

If you give us evidence you have been diagnosed with a condition on [List B](#), we'll likely decide your disability is from an impairment that's likely to be permanent.

Is there any medical treatment for your impairment?

We don't fund supports to treat your impairment. The Australian health system provides health services to treat illnesses or health conditions.

Your impairment will likely be permanent if your treating professional tells us there are no further treatments that could remedy it.

Your treating professional will tell us or be asked to certify if there are medical, clinical or other treatments that are likely to remedy your impairment. We need to understand whether there are treatments that are:²²

- **known** – the treatment can be identified by an Australian medical practitioner as a suitable treatment for your impairment
- **available to you** – we need to take account of whether there are genuine barriers that prevent you from accessing treatment including, but not limited to, the nature of your impairment and your ability to access treatment
- **appropriate for you and your impairment** – we need to consider whether the treatment could remedy your impairment and is suitable and safe for you to undergo. Your ability to undergo treatment will be assessed according to your capabilities, your health and other personal circumstances, including your living arrangements
- **evidence-based** – there's proof the treatment is likely to be effective.

When we look at what treatments are available to you, we think about whether the treatment is suitable for your personal situation. The word treatment should be understood in a broadest sense and may include changes to your diet and lifestyle.

If you're still undergoing or have recently had treatment, we may not be sure you have a permanent impairment if that treatment could remedy the impairment.²³

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In some situations, it may be clear your impairment is likely to be permanent while you're still undergoing treatment or rehabilitation. For example, you may still need treatment and rehabilitation for a spinal cord injury, but it's clear you are likely to have a permanent impairment.

You might still have a permanent impairment, even if its effects may change over time.²⁴

For degenerative impairments, or those that get worse over time, we consider them permanent if treatment isn't likely to remedy the impairment. That is, the treatment won't cure the impairment or come close to removing its effects.

Does your impairment substantially reduce your functional capacity?

Your permanent impairment needs **to substantially reduce your functional capacity or ability** to undertake activities in one of the following areas:

- **Communicating** – how you speak, write, or use sign language and gestures, to express yourself compared to other people your age. We also look at how well you understand people, and how others understand you.
- **Socialising** – how you make and keep friends, or interact with the community, or how a young child plays with other children. We also look at your behaviour, and how you cope with feelings and emotions in social situations.
- **Learning** – how you learn, understand and remember new things, and practise and use new skills.
- **Mobility, or moving around** – how easily you move around your home and community, and how you get in and out of bed or a chair. We consider how you get out and about and use your arms or legs.
- **Self-care** – personal care, hygiene, grooming, eating and drinking, and health. We consider how you get dressed, shower or bathe, eat or go to the toilet.
- **Self-management (if older than 6)** – how you organise your life. We consider how you plan, make decisions, and look after yourself. This might include day-to-day tasks at home, how you solve problems, or manage your money. We consider your mental or cognitive ability to manage your life, not your physical ability to do these tasks.

Your impairment substantially reduces your functional capacity if you usually need disability-specific supports to participate in or complete the above tasks.²⁵

These disability-specific supports include:



- a high level of support from other people, such as physical assistance, guidance, supervision or prompting.
- assistive technology, equipment or home modifications that are prescribed by your doctor, allied health professional or other medical professional.

To help us decide if you're eligible, we need to know your capacity and where you need more help. We get this information from you when you apply to the NDIS.

If you have more than one permanent impairment, we will consider them together, to see if they substantially reduce your functional capacity.

We consider how you're involved in different areas of life like home, school, work and the community, and how you carry out tasks and actions. We also consider any other factors that may impact your day-to-day life.

Your needs might go up and down each day or each month. Progressive Multiple Sclerosis (MS) can be a good example of this. We consider your ability over time, taking into account your ups and downs.

How does a child's impairment affect their daily life?

To help us decide if a child's ability is substantially reduced, we compare their abilities with other children of the same age.

If a child's ability is much less than most other children the same age, they may meet the disability requirements. For example, if they:

- need assistive technology, equipment or home modifications to participate in daily activities – except for common items like glasses
- usually need more assistance to join activities, or they can't join in.

Sometimes when a child's impairment doesn't substantially reduce their ability right now, but might in the future, we will look at the early intervention requirements. Similarly, if a child's impairment currently substantially reduces their ability, but may not after receiving supports, we will look at the early intervention requirements. Early intervention can be for children of any age, however there are different requirements for children younger than 6 with developmental delay to meet the early intervention requirements.

Learn more about the [early intervention requirements](#).

What if you have a hearing impairment?

Some hearing impairments may lead to a substantially reduced functional capacity.



We'll generally decide you have a substantially reduced functional capacity if your hearing loss is at least 65 decibels in your better ear. This is based on a pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz.

We may also decide you have a substantially reduced functional capacity if your hearing loss is less than 65 decibels in your better ear. We may decide this if either:

- you also have another permanent impairment, such as a vision or cognitive impairment
- you give us evidence your speech detection and speech discrimination outcomes are significantly poorer than expected.

Does your impairment affect your social, work or study life?

Then, we look at how your impairments affect your ability to work, study or take part in social life.²⁶ This means your permanent impairments affect how you can find and keep a job, contribute to your community, or join social activities. We get this information from you when you apply to the NDIS.

We look at your ability to do things like:

- find and keep a job, or start your own business
- study
- spend and save money
- play sport
- go to the movies
- volunteer
- travel.

It doesn't matter how much your ability to work, study or socialise is affected by your impairment. It only needs to affect your social or work life in some way for you to meet the criteria.

Will you likely need NDIS supports for your lifetime?

You must be likely to need NDIS supports for your lifetime.²⁷ [NDIS Supports](#) are the services, items and equipment that can be funded by the NDIS.

NDIS supports are investments that help you build or maintain your functional capacity and independence, and help you work, study or take part in social life.



Even if your needs go up and down over time, or happen episodically²⁸, we may still consider it's likely you'll need NDIS supports for your lifetime.²⁹

We consider your overall situation to answer this question.

When we decide if you'll likely need NDIS supports for your lifetime, we consider:

- your life circumstances
- the nature of your long-term support needs
- whether your needs could be best met by the NDIS, or by other government and community services.

For example, you may have an impairment that is caused by a chronic health condition. Many chronic health conditions are most effectively managed or remedied through medical management through the health system. If this is the case, we may decide that you don't need NDIS supports for your lifetime.

Learn more about [reasonable and necessary supports](#) and [NDIS supports](#).

Do you need early intervention?

Early intervention is usually early access to support, to help reduce the functional impacts of your impairment.

Early intervention can be for both children or adults and may only be needed for a short time. You won't need these supports for your lifetime, so your treating professional or your early childhood partner will tell us how early intervention support could benefit you or your child.

You will meet the early intervention requirements if you meet all of the following:

- You have an [impairment that's likely to be permanent](#).
- [Early intervention supports will likely benefit you](#), for example if it means you'll need less disability support in the future and your functional capacity will improve.
- [The early intervention supports you need are NDIS supports](#).

There are different requirements for [children younger than 6 with developmental delay](#) to meet the early intervention requirements.

If we have evidence a child younger than 7 has been diagnosed with a condition on [List D](#), we'll decide they meet the early intervention requirements.

You may also meet the early intervention requirements if you're [aged between 0 and 25 with a hearing impairment](#).



We also need to understand how NDIS supports benefit you, like building your skills and increasing your capacity, so that you may no longer need NDIS supports. If you meet the early intervention requirements, your support needs are more likely to change and you may only need NDIS supports for a short time. We'll regularly check your eligibility when we reassess your plan, and at other times too.

If you no longer meet the early intervention requirements, we'll check if you meet the disability requirements. Learn more about [leaving the NDIS](#).

Do you have an impairment that's likely to be permanent?

To meet the early intervention requirements, there must be enough evidence that you have at least one of the impairments below and your impairment is likely to be permanent.³⁰

An impairment is a loss of or damage to your body's function.

We will look at:

- your body's functions
- your body structure
- how you think and learn.

An impairment could be:³¹

- **intellectual** – how you speak and listen, read and write, solve problems, and process and remember information
- **cognitive** – as how you think, learn new things, use judgment to make decisions, and pay attention
- **neurological** – how your body functions
- **sensory** – how you see or hear
- **physical** – the ability to move parts of your body.

We also need evidence at least one of your impairments will be permanent, or likely to be permanent.³²

When we decide if your impairment is likely to be permanent, we consider the same things as in the [disability requirements](#).

You may also be eligible for the NDIS if you have a psychosocial disability.³³ This means you have reduced capacity to do daily life activities and tasks due to your mental health. Your psychosocial disability might vary at different times in how much it impacts your daily life.



Even if it fluctuates and you have some periods where there is a smaller impact on your daily life, you might have this impairment for your lifetime.

If you give us evidence you have been diagnosed with a condition on [List B](#), we'll decide you have an impairment that's likely to be permanent.

How will early intervention benefit you?

We need to decide that getting early intervention supports means you'll likely need fewer supports in the future.³⁴

We need to know that early intervention supports will help you with at least one of the following:³⁵

- addressing the impact of your impairment on your ability to move around, communicate, socialise, learn, look after yourself and organise your life
- preventing your functional capacity from getting worse
- improving your functional capacity
- supporting your informal supports, which includes building their skills to help you.

To help us decide if the early intervention will help you in these ways, we look at:³⁶

- how your impairment might change over time
- how long you've had your impairment
- if there's been a significant change to your impairment
- if your needs are likely to change soon, such as if you're finishing school.

Will the early intervention supports you need be NDIS supports?

The early intervention support that you would likely benefit from must be NDIS supports.³⁷ NDIS supports are the services, items and equipment that can be funded by the NDIS.

Learn more about [reasonable and necessary supports](#) and [NDIS supports](#).

What about people aged between 0 and 25 with a hearing impairment?

If you're aged between 0 and 25 with a hearing impairment, you may meet the early intervention requirements. We'll decide you meet the early intervention requirements if you give us evidence of all of the following:

- You're aged between 0 and 25.



- You have auditory neuropathy or hearing loss of at least 25 decibels in either ear at 2 or more adjacent frequencies – see below.

We need evidence of your auditory neuropathy or hearing loss from a specialist audiological assessment. The assessment might include electrophysiological testing when required. The evidence must show your hearing loss is likely to be permanent.

If you're aged 26 or older with hearing loss, we'll check if you're eligible in the same way we consider all other impairments. You may be eligible under the [disability requirements](#).

What about children younger than 6 with developmental delay?

Children younger than 6 with a developmental delay may be eligible for the NDIS under the early intervention requirements.³⁸

Developmental delay is a term used to describe a delay in a child's development. It means that a child finds it much harder to do everyday things that other children their age can do, for example, dress themselves, talk or walk. A child with developmental delay needs lots of extra help to do everyday things compared to children of the same age.

First, we need to know the child:

- is younger than 6 on the day we decide whether they're eligible³⁹
- [lives in Australia](#)⁴⁰
- is an [Australian citizen or permanent resident](#).⁴¹

Then, we need to know the child has a [developmental delay](#).⁴²

Finally, we need to know the child's supports [will be NDIS supports](#). NDIS supports are the services, items and equipment that can be funded by the NDIS.

An early childhood partner can also provide supports to children who aren't eligible for the NDIS.

Learn more about the [early childhood approach](#) and [early connections](#).

Does the child have a developmental delay?

When we decide if a child has developmental delay, we use the definition in the law for the NDIS.⁴³

We need to know the delay:



- is [due to mental or physical impairments](#)
- [substantially reduces the child's functional capacity](#) compared with other children the same age.
- means [the child needs specialist services](#) from more than one professional working as a team to support the child and for longer than 12 months.

Is the delay due to mental or physical impairments?

First, we need to know the developmental delay is due to a mental or physical impairment, or a combination of mental or physical impairments.⁴⁴

An impairment is a loss or significant change in at least one of:

- the child's body functions
- the child's body structure
- how the child thinks and learns.

Families, early childhood partners and other professionals can understand the child's body function by:

- observing their activities during play and daily tasks
- comparing their activities to other children of the same age.

For some very young children, problems in body function can't be easily measured. If so, the child may be eligible if there is significant risk of a future disability diagnosis or developmental delay. We need evidence of this from a health or allied health professional's judgment or informed clinical opinion.

Does the delay substantially reduce the child's functional capacity?

We need to know the delay substantially reduces the child's functional capacity compared to other children their age.⁴⁵

This means the child has a significantly lower ability to do everyday activities, when compared to children of the same age. Or the child does things in a significantly different way to other children their age because of their reduced capacity.

The child would also need much more support to do the activity, compared to other children the same age.

The substantial reduction in functional capacity must be in at least one of the following areas of major life activity:



- **Self-care** – how children take care of themselves, shower, bathe, dress, eat, drink, toilet, groom, and sleep.
- **Receptive and expressive language** – this involves skills such as gesture, sign language, listening, giving and receiving information, communicating wants and needs through facial expressions, vocalisations or speech, and interaction with others.

A substantial reduction in functional capacity for either receptive language or expressive language will meet the criteria – it doesn't need to be both.

- **Cognitive development** – learning and applying knowledge. This includes areas such as:
 - understanding and remembering information
 - attention
 - learning new things
 - practising and using new skills
 - planning and making decisions
 - problem solving
 - developing pretend play skills
 - developing play interests
 - emotional and sensory regulation
 - developing emotional intelligence
 - social awareness
 - safety awareness.
- **Motor development** – this includes participation in everyday activities like moving around the home and community and manipulating objects.

We need evidence from a health, allied health or early childhood professional, who uses multiple sources of information about the child's ability to do everyday activities.

This will include information that parents or carers report about their child. It will also include a mix of standardised assessments of developmental and functional capacity, both in everyday activities and natural settings.

It should also include observations in everyday play, learning, activities or routines to better understand how the child participates in these everyday activities.

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For very young children where functional capacity can't be measured, the child may be eligible if there is significant risk of a future disability diagnosis or developmental delay. We need evidence of this from a health or allied health professional's informed clinical opinion.

Does the child need specialist services from more than one type of professional and for longer than 12 months?

We need to know that the child needs a mix of specialist care, treatment or other services, due to their developmental delay. The child must also need these services for an extended duration – that is, longer than 12 months.⁴⁶

We need to know the child needs all of the following:

- **A service response that involves more than one professional working as a team to support the child.** This means the child needs support for multiple activities, and across multiple natural settings such as the home, community and early childhood centres. The child must need more support than what's expected for a child the same age.
- **A team that works collaboratively, by communicating and sharing information, knowledge and skills.** The support must be individually planned and coordinated. The team will build the capacity of the child's family and other important people in the child's life, such as carers, educators and professionals, about the child's individual needs. This support should be embedded in everyday play, learning, activities and routines.
- **More support than an individual discipline providing a unilateral response to a single problem.** This means the child needs support from more than one professional supporting one area of delay. This is known as interdisciplinary care. For example, a child is unlikely to be eligible if a speech pathologist alone can help their language delay, without needing support or consultation from other professionals.
- **Supports for an extended duration.** This means a health, allied health or early childhood professional who knows the child determines they need support for more than 12 months. A child will likely meet this criteria if there is clear evidence that they'll need early intervention support for more than 12 months.

We need evidence from an early childhood professional, such as an early childhood teacher, educator or allied health professional who knows the child. They need to recommend that the child needs support for multiple activities and across multiple natural settings, from a team working together.



Some children in remote areas might not have access to a team of professionals. If so, they may still be eligible if the one professional needs to provide the supports to the child across multiple activities and across multiple natural settings.

We also need evidence from an early childhood professional, such as an early childhood teacher, educator, or allied health professional, that the child needs support for more than 12 months. The professional should consider multiple sources of information, including:

- parent or carer reports
- a mix of standardised and culturally appropriate developmental or functional assessments in everyday activities and natural settings
- observations in everyday play, learning, activities, and routines.

How do we work out if the child meets the criteria for developmental delay?

We'll need a range of information about the child, observed in everyday activities and settings they usually participate in. This should include parent or carer reports and standardised assessments of developmental and or functional capacity.

Early childhood partners are early childhood professionals who give us evidence of developmental delay to help us decide if the child is eligible. An early childhood partner will meet with children and families to better understand the child's day to day life, and any concerns about their development.

Early childhood partners will observe a child in familiar places like home and childcare and may complete assessments using screening tools. This information helps us decide if a child meets the early intervention requirements for developmental delay.

Families and carers can also provide copies of existing reports, assessments or letters about the developmental delay.

We may also ask for evidence from a variety of sources, including mainstream services. For example, we may also ask for evidence from your doctor, child health nurse, or other health professional.

Learn more about [providing evidence of developmental delay](#).

What if there are no early childhood partners in your area?

If there are no early childhood partners in the child's area, a mainstream, community, or health service can give us a report for evidence of developmental delay.



If you're in one of these areas, learn more about what [evidence](#) we need for developmental delay.

Will the child's early intervention supports be NDIS supports?

To meet the early intervention requirements, the supports must be NDIS supports.⁴⁷ NDIS supports are the services, items and equipment that can be funded by the NDIS.

Learn more about [reasonable and necessary supports](#) and [NDIS supports](#).

What happens if a child with developmental delay is eligible?

If we decide a child with developmental delay is eligible for the NDIS, they'll become a participant. But they're usually no longer eligible after they turn 6.

This is because they will no longer meet the early intervention requirements under developmental delay. To remain an NDIS participant after they turn 6, the child will need to have an impairment that's likely to be permanent and meet the requirements for [disability](#), [early intervention](#), or both.

We'll talk to families or carers before a child turns 6 and explain what information we need to decide if the child is still eligible. Learn more about [leaving the NDIS](#).

Example

Hunter is 5 years old and became a participant under the early intervention requirements for developmental delay.

We give him a new 12-month NDIS plan in August. We also talk to Hunter's family about Hunter leaving the NDIS after he is 6 years old.

Hunter's family will be able to use his NDIS funding for the full 12 months, until August the next year. By then, he'll be aged 6 years.

At the end of the 12 months, we'll talk to Hunter's family about his progress and what outcomes have been achieved. We'll listen to understand if he built capacity to work towards his goals. If there's evidence that Hunter does not have an impairment that is likely to be permanent and he no longer meets the requirements for disability, early intervention, or both, we'll decide Hunter is no longer eligible. He will be supported to leave the NDIS. We'll help his family continue to stay connected to government and community services.

Learn more about [leaving the NDIS](#) and [mainstream and community supports](#).

What if a child doesn't meet our criteria for developmental delay?



Early childhood partners provide supports to children younger than 6 who don't meet our criteria for developmental delay.

A child may have developmental concerns. This means a child younger than 6 is developing slower compared to other children their age, but the delay doesn't meet our definition for developmental delay.

For example, a child's functional capacity may be substantially reduced in one or more areas. But it's unclear if the child needs support from a team of professionals for more than 12 months.

An early childhood partner can provide **early supports** to children younger than 6 with developmental concerns. They can also help the child's family connect to other government and community supports.

Learn more about [early connections](#).

How do you apply to the NDIS?

Applying to the NDIS is how you let us know you want to become an NDIS participant.

If you're aged 9 and older, there are a few ways you can apply:⁴⁸

- Your local area coordinator can help you apply. They can help you through the application process and be your point of contact. [Find your nearest location](#).
- Sometimes you may not have a local area coordinator in your area. You can contact us on 1800 800 110 to discuss other options available to you.

For children younger than 9, we encourage families to talk to an [early childhood partner](#) before applying to the NDIS. They can provide supports to children before they apply, and let families know if the NDIS is right for their child.

When you apply, you or your authorised representative will need to:

- give us the information and any documents we need to confirm your identity. Learn more about [evidence of identity](#) and [privacy](#).
- give us the information and any documents we need to decide if you're eligible⁴⁹
- sign or certify the NDIS application⁵⁰
- talk to you about your needs and current situation.

When we talk to you, we'll listen to understand what is important to you. We'll also ask questions to make sure we know all the ways we can help.



We can use this information to help you make community connections if you want us to. Learn more about [community connections](#) and [early connections](#).

Other people can help you apply if you want them to. Sometimes they can apply on your behalf. Learn more about [who can help you apply](#).

Learn more about [how to apply to the NDIS](#) and in the [Applying to the NDIS factsheet](#).

What information do we need in your application?

The [Evidence of Identity factsheet](#) shows what information we need to confirm your identity. When you apply for the NDIS, you'll need to give us copies of these documents. If you can't do this, let us know so we can work out what to do depending on your situation. We'll still need to check your identity before progressing your application.

To show us you're younger than 65 when you apply, live in Australia, and that you're an Australian citizen or permanent resident, you can give us either of the following:

- consent to access and use your Centrelink record
- copies of documents or other evidence that we ask for if you apply in person or over the phone.

In most cases, we can just use your identity documents.

Who can give us evidence of your impairments?

We need evidence of your impairments, to help us work out if you're eligible. To provide this, ask your [treating professional](#). For children younger than 6 with developmental delay, an [early childhood partner](#) can provide evidence of developmental delay. Your treating professional or early childhood partner can contact us if they need to discuss what evidence to provide.

Your treating professional might be your doctor, specialist, or allied health service provider. You should use a professional who:

- has worked with you for a long time, usually for at least 6 months
- is the [most appropriate type of professional](#) to give evidence about your impairment
- is qualified and registered in their area of practice with the [Australian Health Practitioner Regulation Agency](#) or relevant professional authority.

If your treating professional doesn't meet these requirements, we may not be able to confirm the information in your application and may need to request further information.



When we check if you're eligible for the NDIS, we mainly consider the information you give us when you apply.

Learn more about who can give us evidence of your disability or impairment on the following pages:

- [Providing evidence of your disability](#)
- [Providing evidence of disability for children](#)
- [Information for GPs and health professionals.](#)

You can also learn more about [how we use, collect and store your personal information](#).

What if you're in a remote or very remote area?

We understand it might be hard to get your treating professional to provide evidence of your impairments in a remote or very remote area. If it's hard to get your treating professional to do this, let us know.

You might not need to give us as much evidence about your impairment as people in big cities, depending on what services are available in your area. We use a technical definition for remote and very remote. You will need to live in an area that's classified as MM6 or MM7 on the [Modified Monash Model](#) to be considered remote or very remote.

How do we check your application?

Before we can accept your application, we make sure it's been made by the right person. That is, the application is from you, or [someone who can apply for you](#).

We then check all the answers we need have been provided, and that it is the correct information.⁵¹

If you don't have all the answers at the meeting, we'll help you work out what to do. You can also let us know if there is a mistake. We can work with you to help complete the application properly. We can't decide if you're eligible until we have a complete application.

We'll also let you know if we need more information and, if so, what you need to give us.

Once you have completed your application with all the right information, we'll check whether you're eligible. That is, we'll check that:

- you meet the age and residence requirements
- you meet the requirements for disability, early intervention, or both.

Learn more in the [Applying to the NDIS factsheet](#).



Who can help you apply?

You can ask someone to help you apply if you want to. They can help you:

- make your decision to apply to the NDIS
- gather the information we need.

You can choose who helps you. For example, you could ask for help from:

- a family member
- a friend
- a carer
- a partner
- a support worker or service provider
- staff in a residential aged care facility
- your treating health professional
- hospital staff.

With your permission, we can share information with these people during your application. For example, they could call us to check how your application is progressing. You can let us know if you would like us to share information.

Can someone else apply for you?

If someone else has legal authority to make decisions for you, they can apply to the NDIS on your behalf.

If you're younger than 18, the people with parental responsibility for you will apply for you.⁵² This is often your parents or legal guardian. In some situations, we can decide someone else has parental responsibility.⁵³ Learn more about [child representatives](#).

If you're an adult, these people may be able to apply to the NDIS on your behalf:

- a person you give consent to act as your authorised representative – this means you give them permission to apply for you
- your guardian
- a person with power of attorney who can make personal and health decisions for you
- a person with advance care health directive.



If you're an adult and want someone else to apply for you, you can tell us in person, or over the phone.

When do we contact you to help you apply?

Sometimes, we'll reach out to you to help you apply. This might be if you live in a:

- group home or supported accommodation
- large residential facility
- residential aged care facility – also read our page on [younger people in residential aged care](#)
- rural or remote area.

How do we decide if you're eligible?

Once we have your application, we review all the information we have in your application.

This will help us decide if you're eligible for the NDIS. As part of the process, we will also need to check your identity.

You are eligible for the NDIS if you meet the requirements for:

- age
- residence
- [disability](#), [early intervention](#), or both.

It's likely children younger than 6 with developmental delay won't meet the disability requirements. So, they may only be eligible under the early intervention requirements.

If you don't meet either the disability requirements or the early intervention requirements, you won't be eligible for the NDIS. But an [early childhood partner](#) or [local area coordinator](#) can help you connect with other government and community supports.

When will we decide if you're eligible?

Once we have your application, we have **21 days** to decide one of the following:⁵⁴

- [you're eligible for the NDIS](#)
- [you're not eligible for the NDIS](#)
- [we need more information](#).



We can make a decision quicker in urgent circumstances. Let us know if your situation is urgent, for example, if you're about to leave a hospital or custodial setting. Learn more about our [timeframes for urgent decisions](#).

How do we consider your evidence of disability?

When we're deciding if you're eligible, we may look at things like:

- how old your evidence is
- who provided your evidence.

If we get more than one type of evidence from you, we might consider some evidence over others. We call this weighing evidence.

What if we need more information to decide if you're eligible?

When we decide if you're eligible, we look at:

- the information in your NDIS application
- any other information we have.

We need enough information in your application to show us you're eligible for the NDIS by meeting the requirements for disability, early intervention, or both.

Sometimes we might need to ask you for more information. For example, we may not have enough information about your functional capacity.

We'll ask you for more information if we need it to make sure we have the full picture.⁵⁵

We might ask you for more information if:

- your application doesn't have all the information we need
- we need to answer a particular question.

We only ask for more information if we need it to decide if you're eligible.⁵⁶ If we need more information, we'll let you know:

- what you need to do
- what information we need
- when you need to give us the information.

If we ask for more information, you'll have at least **90 days** to give it to us. We can't decide if you're eligible until we have this. You can ask for more time if you need it. We can give you more time if we think it's reasonable for your situation.⁵⁷



If we can't contact you within **90 days**, or you don't give us the information within the timeframe, we'll withdraw your application. This means we'll stop processing your application.

If you don't get the information to us in time, you can apply again.

What happens after we get your information?

Once you give us the information we need, we then have **14 days** to decide if:⁵⁸

- you're eligible for the NDIS
- you're not eligible for the NDIS
- we need more information – for example, if the information you gave us isn't what we need.

What happens if we don't decide on time?

If we don't meet our decision-making timeframes, we have to treat this as if we decided you're not eligible.⁵⁹

If this happens, we'll automatically review this decision that you're not eligible.⁶⁰ We'll send you a letter to explain this. You don't need to do anything.

We'll then make sure your application is reviewed by a staff member who wasn't involved in the original application. We'll contact you to let you know the outcome.

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

What happens after we decide?

What happens if you're eligible?

On the day we decide you're eligible for the NDIS, you become a NDIS participant.⁶¹

The time that you remain eligible for the NDIS depends on your individual circumstances and NDIS support needs.

You'll need to continue to be eligible for the NDIS. This means you'll need to continue to live in Australia and be an Australian citizen or permanent resident. You'll also need to continue to meet requirements for [disability](#), [early intervention](#), or both. Learn more about [whether you will always be eligible](#) and [leaving the NDIS](#).

We'll send you a letter to let you know:

- you are eligible



- if you met the requirements for disability, early intervention, or both
- the next steps.

Your letter will also confirm the date you became eligible for the NDIS.⁶²

How will we create your first plan?

After you receive the letter confirming you're eligible, we'll contact you to organise your first planning conversation. We'll contact you within **21 days**.

We'll then work together to create your plan. If you received help to make community connections, we can build on the information and goals we talked about and include these supports in your plan. Learn more about [community connections](#) and [early connections](#).

You'll receive a plan that sets out your NDIS supports. NDIS supports are the services, items and equipment that can be funded by the NDIS.

Your plan will include NDIS supports for the impairments that meet the disability or early intervention requirements.

For example, you may have many impairments, but only one meets our eligibility criteria. Or you might get another impairment after we decide you're eligible. If so, we only fund NDIS supports for impairments that meet the requirements for disability, early intervention, or both.

If you're aged 7 or older, we must approve your first plan within **56 days** after you become a participant.

For children younger than 7, we'll approve their first plan within **90 days** after they become a participant.

For more information, check out [creating your plan](#).

Will you always be eligible for the NDIS?

There are many reasons for leaving the NDIS.

Some people decide they don't want to be a participant anymore.

You'll also leave the NDIS if you're no longer eligible.

When we reassess your [plan](#), we check that all your details are correct and up to date. We also look at any new information we have received.

If you're eligible under the **early intervention requirements**, your support needs are more likely to change. We'll check at each plan reassessment and at other times, whether you still meet the early intervention requirements.



For example, during a plan reassessment it may show you no longer meet the early intervention requirements because you have built your skills and capacity and will no longer benefit from NDIS supports.

If you're eligible under the disability requirements, your disability is permanent. We don't expect your disability to change, and it's likely you'll need NDIS supports for your lifetime. We will only ask you for more information about your eligibility if there is evidence that you may no longer meet the disability requirements.

You can find out more about the eligibility requirements, and how we check these, at [Am I eligible](#). [Children with developmental delay](#) will usually leave the NDIS after they turn 6.

Over time, you might develop your skills and independence and not need NDIS supports anymore.

If you met the requirements for early intervention and not disability, you usually won't be eligible after the early intervention supports, which are NDIS supports have benefitted you. For example, if you needed early intervention supports to achieve your goal to improve your functional capacity, and your functional capacity improves, you may no longer meet the early intervention requirements anymore.

If you're no longer eligible, we'll help you transition from the NDIS and make sure you are connected with other services in your community, if you need them. We'll also keep your information, so you can apply again if your situation changes.

Learn more about [leaving the NDIS](#).

What happens if you're not eligible?

If you're not eligible, you can't become an NDIS participant.

We'll try and contact you by phone, or your preferred contact method,⁶³ to explain why you're not eligible. We'll give you reasons for our decision, and answer any questions you might have.

We'll also send you a letter with our decision, including the reasons you're not eligible and what to do next. Your letter will confirm the date we made the decision.

Even if you're not eligible for the NDIS, your [early childhood partner](#) or [local area coordinator](#) can help you explore and access government and community supports. When we work with children under 9 and their families, we call this early connections. When we work with people aged 9–64, we call this community connections.

Your early childhood partner or local area coordinator will use the information you shared to suggest supports in your community. They will work with you to see how these supports may

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help you with what is important to you. We also have a list of [other government and community supports](#) you can get, even if you're not eligible for the NDIS.

What if you don't agree with our decision?

If you don't agree with our decision that you're not eligible, you should [contact us](#). We can help explain our decision and what your options or next steps might be.

You can also ask for an internal review.⁶⁴ Another staff member, who wasn't involved in the original decision, will then check if we made the right decision. You need to ask for an internal review within **3 months** after receiving the decision.⁶⁵ Learn more about [reviewing our decisions](#).

But you can't ask for an internal review if:

- you withdraw your application because you don't want to apply anymore
- a decision has not been made and we ask you for more information
- we withdraw your application because you didn't give us information on time
- it's been more than 3 months since you received our decision that you're not eligible.

If you don't agree with the internal review decision, you can ask the Administrative Review Tribunal to review it. We call this an external review. You can't ask for an external review until after we make the internal review decision.

You can [contact us](#) to discuss any concerns you may have about the process. You can also [make a complaint](#) if you're not happy with any part of the process.

Can you apply again?

Yes. If we decide you're not eligible, or you're no longer eligible, you can apply again, unless you have requested a review of that decision and are waiting for a decision to be made on the outcome of your review. This includes when you apply for the NDIS or leave the NDIS after your status as a participant has been revoked. Learn more about [leaving the NDIS](#).⁶⁶

You'll follow the same process to apply as you did the first time. Remember, you need to be younger than 65 on the day you make your new application. And children with developmental delay will need to be younger than 6 on the day they apply.

If you've asked for an internal review of the decision, you can't apply to the NDIS again until we've completed that review.⁶⁷ You can ask us to stop our internal review at any time.⁶⁸



Also, if your review is with the Administrative Review Tribunal after an internal review, you can't apply again until it has made a decision.⁶⁹ You can also ask the Tribunal at any time to withdraw your application. Learn more on the [Administrative Review Tribunal website](#).

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Applying to the NDIS – Appendices

What's on this page?

- [List A: Conditions that are likely to meet the disability requirements](#)
- [List B: Conditions that are likely to result in a permanent impairment](#)
- [List C: What if you're receiving disability support in Western Australia?](#)
- [List D: Permanent impairment/Early intervention, under 7 years. No further assessment required](#)
- [When do we make priority eligibility decisions?](#)
- [How do we weigh evidence of disability?](#)

List A: Conditions that are likely to meet the disability requirements

1. **Intellectual disability** diagnosed and assessed as moderate, severe or profound in accordance with current DSM criteria.
2. **Autism** diagnosed by a specialist multi-disciplinary team, paediatrician, psychiatrist or clinical psychologist experienced in the assessment of Pervasive Developmental Disorders and assessed using the current Diagnostic and Statistical Manual of Mental Disorders (DSM-V) diagnostic criteria as having severity of Level 2 (Requiring substantial support) or Level 3 (Requiring very substantial support).
3. **Cerebral palsy** diagnosed and assessed as severe (e.g. assessed as Level 3, 4 or 5 on the Gross Motor Function Classification System - GMFCS).
4. **Genetic conditions** that consistently result in permanent and severe intellectual and physical impairments:
 - Angelman syndrome
 - Coffin-Lowry syndrome in males
 - Cornelia de Lange syndrome
 - Cri du Chat syndrome
 - Edwards syndrome (Trisomy 18 – full form)

- Epidermolysis Bullosa (severe forms):
 - YR
 - Autosomal recessive dystrophic epidermolysis bullosa
 - Hallopeau-Siemens type
 - Herlitz Junctional Epidermolysis Dystrophica
- Lesch-Nyhan syndrome
- Leigh syndrome
- Leukodystrophies:
 - Alexander disease (infantile and neonatal forms)
 - Canavan disease
 - Krabbe disease (globoid cell leukodystrophy) – Infantile form
 - Pelizaeus-Merzbacher Disease (Connatal form)
- Lysosomal storage disorders resulting in severe intellectual and physical impairments:
 - Gaucher disease Types 2 and 3
 - Niemann-Pick disease (Types A and C)
 - Pompe disease
 - Sandhoff disease (infantile form)
 - Schindler disease (Type 1)
 - Tay-Sachs disease (infantile form)
- Mucopolysaccharidoses – the following forms:
 - MPS 1-H (Hurler syndrome)
 - MPS III (San Fillipo syndrome)
 - Osteogenesis Imperfecta (severe forms):
 - Type II - with two or more fractures per year and significant deformities severely limiting ability to perform activities of daily living
- Patau syndrome
- Rett syndrome

- Spinal Muscular Atrophies of the following types:
 - Werdnig-Hoffmann disease (SMA Type 1- Infantile form)
 - Dubowitz disease (SMA Type II – Intermediate form)
 - X-linked spinal muscular atrophy
- 5. **Spinal cord injury** or **brain injury** resulting in paraplegia, quadriplegia or tetraplegia.
- 6. **Hemiplegia** where there is severe or total loss of strength and movement in the affected limbs of the body.
- 7. **Permanent blindness** in both eyes, diagnosed and assessed by an ophthalmologist as follows:
 - Corrected visual acuity (extent to which an object can be brought into focus) on the Snellen Scale must be less than or equal to 6/60 in both eyes; or
 - Constriction to within 10 degrees or less of arc of central fixation in the better eye, irrespective of corrected visual acuity (i.e. visual fields are reduced to a measured arc of 10 degrees or less); or
 - A combination of visual defects resulting in the same degree of visual impairment as that occurring in the above points. (An optometrist report is not sufficient for NDIS purposes.)
- 8. **Permanent bilateral hearing loss** > 90 decibels in the better ear (pure tone average of 500Hz, 1000Hz, 2000Hz and 4000Hz).
- 9. **Deafblindness** confirmed by ophthalmologist and audiologist and assessed as resulting in permanent and severe to total impairment of visual function and hearing.
- 10. **Amputation** or congenital absence of 2 limbs – for example, 2 legs, 2 arms, or a leg and an arm (not a leg and a hand, or an arm and a foot).

List B: Conditions that are likely to result in a permanent impairment

Conditions primarily resulting in intellectual or learning impairment

- Intellectual disability
- Pervasive developmental disorders not meeting severity criteria in List A or List C, such as autism

- Asperger syndrome
- Atypical autism
- Childhood autism.

Chromosomal abnormalities resulting in permanent impairment and not specified on List A

- Aicardi-Goutières syndrome
- CHARGE syndrome
- Cockayne syndrome Types I and Type II/Cerebro-oculo-facio-skeletal (COFS) syndrome /Pena Shokeir syndrome Type II/Weber-Cockayne syndrome/Neill-Dingwall syndrome)
- Cohen syndrome
- Dandy-Walker syndrome
- DiGeorge syndrome /22q11.2 deletion syndrome/Velocardiofacial syndrome/ Shprintzen syndrome/Conotruncal anomaly face syndrome
- Down syndrome/Trisomy 21
- Fragile X syndrome
- Kabuki syndrome
- Menkes disease
- Prader-Willi syndrome
- Seckel syndrome /microcephalic primordial dwarfism/Harper's syndrome/Virchow-Seckel dwarfism
- Smith-Lemli-Optiz syndrome
- Smith-Magenis syndrome
- Spinal muscular atrophy Types III and IV
- Sturge-Weber syndrome
- Trisomy 9
- Tuberous sclerosis
- Turner syndrome

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- Williams syndrome
- Wolf-Hirschhorn syndrome.

Conditions primarily resulting in Neurological impairment

- Alzheimer's dementia
- Creutzfeldt-Jakob disease
- HIV dementia
- Huntington's disease
- Multi-infarct dementia
- Parkinson's disease
- Post-polio syndrome
- Vascular dementia.

Systemic atrophies primarily affecting the central nervous system

- Abetalipoproteinaemia
- Adult-onset spinal muscular atrophy/late-onset SMA type III)
- Fazio-Londe disease/Progressive bulbar palsy of childhood
- Friedrich's ataxia
- Hereditary spastic paraplegia/ Infantile-onset ascending hereditary spastic paralysis/ L1 syndrome/ spastic paraplegias types 2 and 11Huntington's disease/Huntington's chorea
- Louis-Bar syndrome/Ataxia-telangiectasia
- Motor neuron disease/Motor neurone disease/ Lou Gehrig's disease /Amyotrophic lateral sclerosis
- Primary lateral sclerosis
- Progressive bulbar palsy
- Spinal muscular atrophy – all types
- Spinocerebellar Ataxia – all types, including Machado-Joseph disease.

Extrapyramidal and movement disorders

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- Hallervorden-Spatz syndrome /Pantothenate kinase-associated neurodegeneration (PKAN)/neurodegeneration with brain iron accumulation 1 (NBIA 1)
- Parkinson's disease
- Shy-Drager syndrome /Multiple System Atrophy /Striatonigral degeneration (MSA-P)/ Sporadic olivopontocerebellar atrophy (MSA-C)
- Steele-Richardson-Olszewski syndrome/Progressive supranuclear ophthalmoplegia
- Stiff-man syndrome /Stiff-person syndrome.

Other degenerative diseases of the nervous system

- Alzheimer's disease
- Alpers disease/Grey-matter degeneration/Alpers syndrome/progressive sclerosing poliodystrophy/progressive infantile poliodystrophy
- Lewy body dementia
- Pick's disease.

Demyelinating diseases of the central nervous system

- Adrenoleukodystrophy
- Multiple sclerosis
- Schilder's disease /Diffuse myelinoclastic sclerosis – non-remitting.

Episodic and paroxysmal disorders

- Brain stem stroke syndrome
- Cerebellar stroke syndrome
- Motor and sensory lacunar syndromes
- Lennox syndrome /Lennox-Gastaut syndrome
- West's syndrome.

Polyneuropathies and other disorders of the peripheral nervous system

- Adult Refsum disease
- Charcot-Marie-Tooth disease/Hereditary motor and sensory neuropathy/ peroneal muscular atrophy

- Dejerine-Sottas disease /Dejerine-Sottas syndrome/Dejerine-Sottas neuropathy/progressive hypertrophic interstitial polyneuropathy of childhood/onion bulb neuropathy
- Infantile Refsum disease.

Other disorders of the nervous system

- Hydrocephalus
- Multiple system atrophy.

Conditions resulting in Physical impairment

- Amputation
- Congenital absence of limb or part thereof
- Epidermolysis bullosa
- Harlequin type ichthyosis
- Juvenile arthritis / Stills Disease (excluding monocyclic/self-limited Adult Onset Stills disease)
- Rheumatoid arthritis.

Diseases of myoneural junction and muscle

- Andersen-Tawil syndrome/ Periodic paralysis /myoplegia paroxysmalis familiaris
- Becker muscular dystrophy
- Congenital muscular dystrophy
- Distal muscular dystrophy
- Duchenne muscular dystrophy
- Facioscapulohumeral muscular dystrophy
- Limb-girdle muscular dystrophy
- Mitochondrial myopathy
- Myotonic dystrophy /dystrophia myotonica
- Myotonic muscular dystrophy
- Myotubular myopathy



- Oculopharyngeal muscular dystrophy
- Paramyotonia Congenita
- Thomsens disease /Congenital myotonia/ Becker myotonia).

Cerebral palsy and other paralytic syndromes not meeting severity criteria on List A

- Cerebral palsy
- Diplegia
- Hemiplegia
- Monoplegia
- Paraplegia
- Quadriplegia
- Tetraplegia.

Conditions resulting in Sensory and/or Speech impairment

Disorders of the choroid and retina where permanent blindness diagnostic and severity criteria on List A are not met

- Behr's syndrome
- Kearns-Sayre syndrome
- Optic atrophy
- Retinitis pigmentosa
- Retinoschisis (degenerative and hereditary types/juvenile retinoschisis)
- Stargardt disease
- Usher syndrome.

Disorders resulting in hearing loss

- Cortical deafness
- Pendred syndrome
- Sensorineural hearing loss
- Stickler syndrome
- Usher syndrome

- Waardenburg syndrome.

Conditions resulting in multiple types of impairment

- Aceruloplasminemia
- Addison-Schilder disease /Adrenoleukodystrophy
- Albinism
- Arginosuccinic aciduria
- Aspartylglucosaminuria
- Cerebrotendinous xanthomatosis /cerebral cholesterosis
- Congenital cytomegalovirus infection
- Congenital iodine-deficiency syndrome /cretinism
- Congenital rubella syndrome
- Glycine encephalopathy /non-ketotic hyperglycinaemia
- GM1 gangliosidosis
- Hartnup disease
- Homocystinuria
- Lowe syndrome/ Oculocerebrorenal syndrome
- Mannosidosis
- Menkes disease
- Mucopolysaccharidosis II /I-cell disease
- Mucopolysaccharidosis III /pseudo-Hurler polydystrophy
- Mucopolysaccharidosis IV
- Neuronal ceroid lipofuscinosis (NCL)/ Adult type (Kuf's or Parry's disease)/ Juvenile (Batten disease)/ Late infantile (Jansky-Bielschowsky)
- Niemann-Pick disease
- Pyruvate carboxylase deficiency
- Pyruvate dehydrogenase deficiency
- Sialidosis

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- Sulfite oxidase deficiency.

The following mucopolysaccharidoses

- Scheie syndrome /MPS 1-H
- Hurler-Scheie syndrome /MPS 1 H-S
- Hunter syndrome /MPS II
- Morquio syndrome /MPS IVA
- Maroteaux-Lamy syndrome /MPS VI
- Sly syndrome /MPS VII.

Congenital conditions – cases where malformations cannot be corrected by surgery or other treatment and result in permanent impairment but with variable severity

- Arnold-Chiari Types 2 and 3/Chiari malformation
- Microcephaly
- Fetal alcohol spectrum disorder
- Fetal hydantoin syndrome
- Spina bifida
- VATER syndrome /VACTERL association.

List C: What if you're receiving disability support in Western Australia?

Please note: the transition of people formerly in Western Australian government disability programs is now complete and List C is no longer in operation.

If you were a participant in a WA defined program and are in the process of applying to the NDIS before 3 October 2024, please contact 1800 800 110 or xxxxxxxxx@xxxx.xxx.xx to discuss whether List C arrangements still apply.

We have an agreement with the Western Australian government to bring Western Australians onto the NDIS. If you're receiving disability supports in Western Australia, you might already meet most of the eligibility criteria. We'll send you a letter with all the details on how to apply.

The Western Australian government will let us know if you're on a program for faster access to the NDIS. This is called a [defined program](#).

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If you're on one of these programs, you need to show us that you:

- are younger than 65 on the day you apply
- live in Australia permanently
- are an Australian citizen or permanent resident.

We'll let you know what evidence you need to give us when you apply.

If you show us you meet the above requirements, we'll decide you're eligible under the **disability requirements**.

Which Western Australian defined programs are eligible for the NDIS?

- WA state-administered National Disability Insurance Scheme
- Supported Community Living
- Community Residential
- Day Options
- Disability Professional Services
- Emergency Accommodation
- Respite
- LAC Coordination
- Recreation.

List D: Permanent impairment/Early intervention, under 7 years. No further assessment required.

Synonyms for conditions are also shown (e.g. condition / synonym / synonym).

Conditions primarily resulting in Intellectual/ learning impairment

Chromosomal abnormalities resulting in permanent impairment

- Global Developmental Delay
- Aicardi syndrome
- Aicardi-Goutières syndrome
- Angelman syndrome

- CHARGE syndrome
- Cockayne syndrome/ Types I and Type II / Cerebro-oculo-facio-skeletal (COFS) syndrome/ Pena Shokeir syndrome Type II / Weber-Cockayne syndrome/ Neill-Dingwall syndrome
- Coffin-Lowry syndrome
- Cohen syndrome
- Cornelia de Lange syndrome
- Cri du Chat syndrome
- Dandy-Walker syndrome
- DiGeorge syndrome/ 22q11.2 deletion syndrome/ Velocardiofacial syndrome/ Shprintzen syndrome/ Conotruncal anomaly face syndrome
- Down syndrome/ Trisomy 21
- Edwards syndrome/ Trisomy 18
- Fragile X syndrome
- Kabuki syndrome
- Lesch-Nyhan syndrome/ Nyhan's syndrome/ Kelley-Seegmiller syndrome/ Juvenile gout
- Leigh syndrome/ Leigh's disease/ subacute necrotizing encephalomyelopathy
- Menkes disease
- Patau syndrome/ Trisomy 13
- Prader-Willi syndrome
- Rett syndrome
- Seckel syndrome/ microcephalic primordial dwarfism/ Harper's syndrome/ Virchow-Seckel dwarfism
- Smith-Lemli-Optiz syndrome
- Smith-Magenis syndrome
- Sturge-Weber syndrome
- Trisomy 9

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- Tuberous sclerosis
- Williams syndrome
- Wolf-Hirschhorn syndrome.

Conditions primarily resulting in Neurological impairment

Systemic atrophies primarily affecting the central nervous system

- Friedrich's ataxia
- Hereditary spastic paraplegia/ Infantile-onset ascending hereditary spastic paralysis/ L1 syndrome/ spastic paraplegias types 2 and 11
- Louis-Bar syndrome/ Ataxia-telangiectasia
- Niemann-Pick disease (Types A and C)
- Progressive bulbar palsy of childhood/ Fazio-Londe disease.

The following spinal muscular atrophies

- Spinal muscular atrophy Type I/ Werdnig Hoffmann disease/ infantile SMA
- Spinal muscular atrophy Type II/ Dubowitz disease
- Spinal muscular atrophy Type III Kugelberg-Welander disease/ juvenile SMA
- Spinal muscular atrophy lower extremity dominant/ SMA-LED
- X-linked spinal muscular atrophy.

Extrapyramidal and movement disorders

- Hallervorden-Spatz syndrome / Pantothenate kinase-associated neurodegeneration (PKAN)/ neurodegeneration with brain iron accumulation 1 (NBIA 1)
- Alpers disease/ Alpers syndrome/ Grey-matter degeneration/ Progressive sclerosing poliodystrophy/ Progressive infantile poliodystrophy
- Demyelinating diseases of the central nervous system
- Adrenoleukodystrophy / X-linked childhood cerebral form
- Alexander disease
- Canavan disease
- Krabbe disease/ Globoid cell leukodystrophy

- Pelizaeus-Merzbacher disease.

Episodic and paroxysmal disorders

- Lennox-Gastaut syndrome/ Lennox syndrome
- West's syndrome.

Polyneuropathies and other disorders of the peripheral nervous system

- Dejerine-Sottas disease/ Dejerine-Sottas syndrome/ Dejerine-Sottas neuropathy/ progressive hypertrophic interstitial polyneuropathy of childhood/onion bulb neuropathy
- Infantile Refsum disease.

Conditions primarily resulting in physical impairment

- Amputation
- Diamond-Blackfan anaemia
- Epidermolysis bullosa
- Harlequin type ichthyosis
- Hay Wells syndrome/ ankyloblepharon/ ectodermal dysplasia/ clefting [AEC] syndrome
- Joint or limb deformities resulting in impaired mobility
- Juvenile arthritis/ Stills Disease
- Osteogenesis imperfecta
- Sjogren Larsson syndrome.

Diseases of myoneural junction and muscle

- Congenital muscular dystrophy
- Congenital myotonia / Thomsens disease/ Becker myotonia
- Distal muscular dystrophy
- Duchenne muscular dystrophy
- Emery-Dreifuss muscular dystrophy
- Facioscapulohumeral muscular dystrophy

- Myotubular myopathy
- Oculopharyngeal muscular dystrophy
- Paramyotonia Congenita.

Cerebral palsy and other paralytic syndromes

- Cerebral palsy
- Diplegia
- Hemiplegia
- Monoplegia
- Paraplegia
- Quadriplegia
- Tetraplegia.

Conditions resulting in sensory and/or speech impairment

- Permanent blindness in both eyes, diagnosed and assessed by an ophthalmologist as follows either:
 - Corrected visual acuity (extent to which an object can be brought into focus) on the Snellen Scale must be less than or equal to 6/60 in both eyes
 - Constriction to within 10 degrees or less of arc of central fixation in the better eye, irrespective of corrected visual acuity (i.e. visual fields are reduced to a measured arc of 10 degrees or less)
 - A combination of visual defects resulting in the same degree of visual impairment as that occurring in the above points.

(An optometrist report is not sufficient for NDIS purposes.)

- Deafblindness confirmed by ophthalmologist and audiologist and assessed as resulting in permanent and severe to total impairment of visual function and hearing.

Conditions resulting in multiple types of impairment

- Aceruloplasminemia
- Addison-Schilder disease/ Adrenoleukodystrophy /

- Albinism
- Arginosuccinic aciduria
- Aspartylglucosaminuria
- Cerebrotendinous xanthomatosis/ cerebral cholesterosis
- Congenital cytomegalovirus infection
- Congenital hypothyroidism
- Congenital iodine-deficiency syndrome /cretinism
- Congenital rubella syndrome
- Galactosaemia with long term learning disabilities and neurological impairment
- Glycine encephalopathy/ non-ketotic hyperglycinaemia
- GM1 gangliosidosis
- Hartnup disease
- Homocystinuria
- Lowe syndrome/ Oculocerebrorenal syndrome
- Mannosidosis
- Menkes disease
- Mucopolidosis II / I-cell disease
- Mucopolidosis III / pseudo-Hurler polydystrophy
- Mucopolidosis IV
- Neuronal ceroid lipofuscinosis
- Niemann-Pick disease
- Phenylketonuria
- Pyruvate carboxylase deficiency
- Pyruvate dehydrogenase deficiency
- Sialidosis
- Sulfite oxidase deficiency.

The following mucopolysaccharidoses

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- Hurler syndrome/MPS1-H
- Scheie syndrome/ MPS 1-S
- Hurler-Scheie syndrome/ MPS 1 H-S
- Hunter syndrome/ MPS II
- San Fillipo syndrome/ MPS III
- Morquio syndrome/ MPS IVA
- Maroteaux-Lamy syndrome/ MPS VI
- Sly syndrome/ MPS VII.

The following lysosomal storage disorders

- Gaucher disease Types 2 and 3
- Niemann-Pick disease (Types A and C)
- Pompe disease
- Sandhoff disease (infantile form)
- Schindler disease (Type 1)
- Tay-Sachs disease (infantile form).

Congenital conditions – cases where malformations cannot be corrected by surgery or other treatment and result in permanent impairment

- Chiari malformation/Arnold-Chiari malformation
- Congenital absence of limb(s)
- Congenital hydrocephalus
- Fetal alcohol spectrum disorder
- Fetal hydantoin syndrome
- Microcephaly
- Spina bifida
- VATER syndrome (VACTERL association).

When do we make priority eligibility decisions?

If you're in one of the following situations, we'll decide if you're eligible within **2 to 5 business days**.

- Child younger than 7 years with a hearing impairment, either:
 - Identified as Hearing Australia or Early Childhood Partner Priority
 - Identified as 'newly diagnosed'.
- A child is identified as having a developmental delay and is turning 6 years old within 30 days of a valid NDIS application.
- **Immediate risk** to self, others, community or agency where appropriate disability or informal supports are not in place.
- **Unexpected, significant deterioration** of disability-related functional capacity where appropriate disability or informal supports are not in place.
- **Rapid deterioration** in functional capacity of a person with one of the following permanent disabilities:
 - Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease)
 - Brain Cancer
 - Motor Neurone Disease (MND)
 - Progressive Bulbar Palsy (PBP)
 - Primary Lateral Sclerosis (PLS)
 - Progressive Muscular Atrophy (PMA).
- A **terminal illness** and disability
- **Imminent risk** (within 1–14 days) of breakdown of either:
 - Accommodation – risk of homelessness
 - Caring arrangements, including informal supports, due to death, serious illness or injury of informal supports, or significant and unexpected deterioration of disability-related functional capacity.
- Appropriate disability supports are not in place and are re-entering the community after a long-term residence or hospital stay (specific release date not required):
 - A person with a **newly acquired, significant disability**, such as spinal cord injury, being discharged from hospital
 - A **younger person living in residential aged care**

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- A person being **discharged from an inpatient mental health facility**
- A person due to be **released from correctional facility**.

How do we weigh evidence of disability?

We understand that you may have evidence of your disability from different health professionals at different times. When we're deciding if you're eligible for the NDIS, we look at:

- how old your evidence is
- who provided your evidence.

We weigh evidence based on what we consider best practice, or highest quality. We consider this evidence most strongly when we make a decision.

What type of evidence should you provide?

We need evidence to help us consider if you meet the disability or early intervention requirements.

For the disability requirements, we need evidence to confirm your permanent impairment and evidence about how this impacts your functional capacity.

For the early intervention requirements, we need evidence to confirm your permanent impairment and evidence that confirms you need early intervention.

It's important to understand the type of evidence that you are providing us. You may have evidence from a doctor or specialist confirming your **permanent impairment** or you may have evidence from an allied health professional or other medical professional that tells us about **impacts to your functional capacity** (your ability to do daily life activities). These are different types of evidence which will often be provided by different health professionals based on their qualifications.

How old should your evidence be?

How old should your evidence be to confirm your permanent impairment?

We need evidence from your doctor or specialist to confirm your permanent impairment. You can give us evidence confirming this **from any age**. However, evidence about how your impairment impacts your functional capacity should be from the last 12 months.

How old should your evidence be to confirm your functional capacity?



Generally, we need evidence about how your impairment impacts your functional capacity from **the last 12 months**. This is because your functional capacity may change over time, even if your impairment doesn't. It's important that we have evidence of your current circumstances to ensure we understand your support needs.

If you give us more than one type of evidence, we might weigh the newer evidence over the older evidence. If you give us older evidence, we will generally give this less weighting when we make our decision. In these cases, we will generally ask for more information. If this is not provided, we may decide you are not eligible for the NDIS.

How old should your evidence be to confirm you need early intervention?

We need evidence from your doctor or specialist to confirm your permanent impairment and that you need early intervention.

Generally, we need evidence about that confirms you need early intervention from **the last 12 months**. This is because your functional capacity may change over time – even if your impairment does not. It's important that we have evidence of your current circumstances to ensure we understand your support needs.

Who should provide evidence?

We generally prefer evidence that comes from a treating professional who:

- is the most **appropriately qualified** person to provide evidence of your primary disability
- has treated you for a significant period of time (at least six months)
- [is registered to practise in Australia or New Zealand](#)
- provides disability evidence (such as a medical report) that is original, genuine and specific to you.

Depending on your situation, you might get your evidence of **permanent impairment** from a different treating professional than your **evidence of functional capacity**.

If you need help to get your evidence together, your [local area coordinator](#) or [early childhood partner](#) can help you.

Who should provide evidence of your permanent impairment?

We generally prefer evidence from your doctor or specialist to confirm your permanent impairment.

Examples of common doctors or specialists include:

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- General Practitioner (GP)
- Paediatrician
- Orthopaedic surgeon
- Neurologist
- Psychiatrist.

Who should provide evidence of your functional capacity?

We generally prefer evidence from a doctor, specialist, allied health or other medical professional for confirm how your permanent impairment impacts your functional capacity.

In addition to doctors and specialists, examples of common allied health or other medical professionals include:

- Occupational Therapist
- Speech Pathologist (Therapist)
- Psychologist
- Physiotherapist.

Who should provide evidence that you need for early intervention?

We generally prefer evidence from your doctor or specialist to confirm your permanent impairment.

Whereas a doctor, specialist, allied health or other medical professional can give us evidence to confirm you need early intervention.

In addition to doctors and specialists, examples of common allied health or other medical professionals include:

- Occupational Therapist
- Speech Pathologist (Therapist)
- Psychologist
- Physiotherapist.

Health professionals registered to practise in Australia and New Zealand

We strongly prefer evidence of your disability to come from a registered Australian or New Zealand health professional. Most Australian health professionals are registered with the [Australian Health Practitioner Regulation Agency \(AHPRA\)](https://www.ahpra.gov.au).

We will still consider evidence from non-Australian or New Zealand health professionals, or unregistered health professionals. However, this evidence will be given less weight.

If we cannot confirm the registration of your health professional, we will ask you (and your health professional) for more information in the first instance. If we still cannot confirm their registration, we will likely decide that you are not eligible for the NDIS.

Reference list

-
- ¹ NDIS Act s 24(1)(e).
 - ² NDIS Act ss 22-23.
 - ³ NDIS Act s 24.
 - ⁴ NDIS Act s 25.
 - ⁵ NDIS Act s 28(1).
 - ⁶ NDIS Act s 22.
 - ⁷ NDIS Act s 23(1)(b)(i).
 - ⁸ NDIS Act s 23(1)(b)(ii).
 - ⁹ NDIS Act s 23(1)(b)(iii).
 - ¹⁰ NDIS Act s 23(1)(a).
 - ¹¹ NDIS Act s 23(2).
 - ¹² NDIS Act s 23(2)(f).
 - ¹³ NDIS Act s 23(2)(a).
 - ¹⁴ NDIS Act s 23(2)(b).
 - ¹⁵ NDIS Act s 23(2)(c).
 - ¹⁶ NDIS Act s 23(2)(d).
 - ¹⁷ NDIS Act s 23(2)(e).
 - ¹⁸ NDIS Act s 24.
 - ¹⁹ NDIS Act ss 24(1)(a); 25(1)(a).
 - ²⁰ NDIS Act ss 24(1)(a); 25(1)(a)(ii).
 - ²¹ NDIS Act ss 24(3)
 - ²² NDIS (Becoming a Participant) Rules rr 5.4, 6.4.
 - ²³ NDIS (Becoming a Participant) Rules rr 5.6, 6.6.
 - ²⁴ NDIS (Becoming a Participant) Rules rr 5.5, 6.5.
 - ²⁵ NDIS Act s 25(3). NDIS (Becoming a Participant) Rules r 6.8.
 - ²⁶ NDIS Act s 24(1)(d).
 - ²⁷ NDIS Act s 24(1)(e).
 - ²⁸ NDIS Act s24(3)
 - ²⁹ NDIS Act s 24(2).
 - ³⁰ NDIS Act ss 25(1)(a)(i)-(ii).
 - ³¹ NDIS Act s 25(1)(a)(i).
 - ³² NDIS Act ss 25(1)(a)(i)-(ii).
 - ³³ NDIS Act s 25(1)(a)(ii).
 - ³⁴ NDIS Act s 25(1)(b).
 - ³⁵ NDIS Act s 25(1)(c).
 - ³⁶ NDIS (Becoming a Participant) Rules r 6.9.
 - ³⁷ NDIS Act s 25(1)(d)
 - ³⁸ NDIS Act s 25.
 - ³⁹ NDIS Act ss 9 (definition of 'developmental delay'), 21(1)(c), 25(1)(a)(iii).
 - ⁴⁰ NDIS Act s 23(1)(a).

-
- ⁴¹ NDIS Act s 23(1)(b).
⁴² NDIS Act ss 9 (definition of 'developmental delay'), 25(1)(a)(iii).
⁴³ NDIS Act ss 9 (definition of 'developmental delay'), 25(1)(a)(iii).
⁴⁴ NDIS Act s 9 (definition of 'developmental delay' para (a)).
⁴⁵ NDIS Act s 9 (definition of 'developmental delay' para (b)).
⁴⁶ NDIS Act s 9 (definition of 'developmental delay' para (c)).
⁴⁷ NDIS Act s 25(1)(d); NDIS (Becoming a Participant) Rules rr 6.1, 8.4.
⁴⁸ NDIS Act s 19(1)(a).
⁴⁹ NDIS Act s 19(1)(b).
⁵⁰ NDIS Act s 19(1)(c).
⁵¹ NDIS Act s 197(1).
⁵² NDIS Act s 74(1)(a).
⁵³ NDIS Act s 74(1)(b).
⁵⁴ NDIS Act s 20.
⁵⁵ NDIS Act s 26(2)(d).
⁵⁶ NDIS Act s 26.
⁵⁷ NDIS Act s 26(3).
⁵⁸ NDIS Act s 26(2).
⁵⁹ NDIS Act s 21(3).
⁶⁰ NDIS Act s 100(5)(b).
⁶¹ NDIS Act s 28(1).
⁶² NDIS Act s 28(2).
⁶³ NDIS Act s 7(2).
⁶⁴ NDIS Act s 100(2).
⁶⁵ NDIS Act s 100(2).
⁶⁶ NDIS Act s 19(2).
⁶⁷ NDIS Act s 19(2)(c).
⁶⁸ NDIS Act s 102.
⁶⁹ NDIS Act s 19(2)(d).

Applicant - record disability conditions and impairments

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This article provides guidance for a local area coordinator, early childhood partner, business support officer, liaison officer (HLO/JLO), participant support officer or access delegate to:

- learn about a reported condition
- understand and gather impairment evidence
- record conditions and impairments in an access request case.

1 Recent updates

3 October 2024

Linked article title updated from How to complete the access request case form to Complete form in the access request case.

2 Before you start

You have:

- read and understood [Our Guideline - Applying to the NDIS \(external\)](#) including sections **Do you meet the disability requirements?** **Is your disability caused by an impairment?**
- read the articles [What evidence of disability is required?](#) [Understand disability requirements.](#)

3 Reported condition

When a person with a disability applies to the NDIS, they will provide their impairment evidence. This is a reported condition. The person may have more than one impairment when they apply.

4 Impairment evidence

You need a person's impairment evidence to decide if they're eligible to become an NDIS participant. This could include evidence of:

- treatment history
- any recommended supports or early interventions
- how an impairment affects their day-to-day life.

A treating health professional, who is most relevant to an applicant's disability should provide the impairment evidence. It should also include the applicant's functional capacity evidence.

For early intervention, an early childhood partner can provide developmental delay evidence. For more information, refer to article [What evidence of disability is required?](#)

4.1 Gather evidence

When you gather evidence, make sure you get their name, contact details and relationship to the applicant. This will allow for easy follow up.

1. Record details of who has provided evidence on the applicant's behalf. Use article [Log an activity or internal note](#).
2. Include references for any information or specific documents you have sourced.

To add evidence or documents to a case, use guidance [Add and link evidence to a case](#).

5 Record a disability in an access request case

To enter disabilities, you need to be in the **Disabilities** step of the **Access Request** case form.

1. To add a disability, select **New**.
2. At **Select reported condition**, start to enter the condition name. The system will suggest possible disabilities based on what you enter. Select the appropriate disability. This will auto-fill the **ICD Disability** and **ICD Disability Code** fields.
3. You must select one **Primary Disability** using the checkbox. You can **only** have one primary disability. **Do not future** date the primary disability.

Note: To identify the primary disability, look at the reported disability condition with the greatest impact on a person's daily life.

4. You must specify a **Start Date** for the disability. This may be either from birth or when onset of the disability occurred. **Do not** enter an **end date**.
5. At **Evidence**, select the type of disability evidence from the options shown.
6. Select **Save**.
7. Repeat the steps above to add additional disabilities. Remember you may only select the **Primary Disability** checkbox once.
8. At **Was your primary disability caused by an accident or event?** Select **Yes** or **No** based on the information provided.
9. If you select **Yes**, you'll need to provide the date, and details of any compensation. For more information on providing compensation details, refer to article [Check for compensation when recording disabilities](#).
10. Select **Next**.

6 Next steps

1. To complete the access request form, continue to use guidance in article [Complete form in the access request case](#).
2. Use the **Evidence** tab to upload any documentary evidence of the person's disability. Refer to articles [Record treating professional details](#) and [Upload requested evidence for a new applicant](#).

Check eligibility – DIS – NDIS supports for life

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This article provides guidance for an access delegate to review evidence to check if a person is likely to need NDIS supports for their lifetime.

1 Recent updates

3 October 2024

Updates to reflect legislation changes from 3 October 2024.

Article title changed from Determine lifetime support eligibility to Check eligibility - DIS – NDIS supports for life.

When we say DIS in a title, we mean disability requirements. We've added this to help you quickly identify which articles are for disability or early intervention requirements.

2 Before you start

You have read and understood:

- article [Understand disability requirements](#)
- article [Understand early intervention requirements](#)
- [Our Guideline - Applying to the NDIS \(external\)](#) section **Will you likely need NDIS support for your lifetime?**

3 Review evidence

To be eligible for the NDIS, a person must likely need NDIS supports for their lifetime. To approve their application, you need to see evidence showing this. NDIS supports are the services, items and equipment that can be funded by the NDIS. NDIS supports are investments that help a participant build or maintain their functional capacity and independence, and help them work, study or take part in social life.

When we decide if an applicant will likely need NDIS supports for their lifetime, we consider:

- their life circumstances
- the nature of their long-term support needs
- whether their needs could be best met by the NDIS, or by other government and community services.

When you're deciding if a person is eligible, you need to review:

- how old the evidence is
- who provided the evidence.

If a person provides more than one piece of evidence, you may need to consider one as more relevant than others. We call this weighing evidence.

For further information:

- read [Our Guideline - Applying to the NDIS \(external\)](#) section, **How we weigh evidence of disability?**
- refer to article [What evidence of disability is required?](#).

4 Next steps

To consider the other disability requirements, go to article [Understand disability requirements](#).

If you are an access delegate:

- to make an access decision, continue to article [Make an access decision – pre-legislation changes](#) or [Make an access decision – post legislation changes](#).
- to make an eligibility reassessment decision, continue to article [Finalise eligibility reassessment decision](#).



Knowledge Article

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

Complete form in the access request case

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

This article provides guidance a local area coordinator, early childhood partner, planner delegate, liaison officers (HLO/JLO), planner (non-partnered area) to:

- complete the form tab
- record consent to apply
- close the access request case when required.

Recent updates

3 October 2024

Guidance updated to reflect legislation changes from 3 October 2024:

- New step to record consent to apply to the NDIS and the date consent was given.
- Title changed from 'How to complete the access request case form' to 'Complete form in the access request case.'

Before you start

You have:

- Read and understood [Our Guideline - Applying to the NDIS \(external\)](#) including section **How do you apply for the NDIS?**
- used article [How to apply for the NDIS in PACE](#) to understand the cases you need to complete to support the NDIS application
- created an access request case using article [Create an access request case](#).

Complete the form tab

Person Details

1. From **Access Request** case, select **Form** tab.



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Note: The case must be in **In Progress** to access the form. For more information, go to article [Create an access request case](#).

2. At the **Person Details** step, enter the information.
3. The following fields are mandatory:
 - **First Name** – Make sure you spell and use capitalisation correctly. If names are spelt with all capitals or all lowercase letters, this will be visible in PACE and correspondence.
 - **Last Name**
 - **Date of birth**
 - **Are you of Aboriginal and/or Torres Strait Islander origin?**
 - **Tier role.**
4. Check any pre-filled information is correct – this will usually include the person's first and last name. The information will populate from the person account.
5. Select **Next**.

Address Details

1. At the **Address Details** step, enter the information.
2. The following fields are mandatory:
 - **Home Address**
 - **Postal Address.**
3. If you select No **Fixed Address**:
 - you still need to enter an address at **Home Address** and **Postal Address**.
 - talk to the person about recording a postal address, for example an agency or person who may be assisting them, which is the same as their myGov account. This means that correspondence can be directed to this address so they can access it there.
 - log an activity to record this information. Go to articles [Log an activity or internal note](#) and [Record an address – temporary accommodation and homelessness](#).
 - if you receive information the person then moves to a fixed address, it's important to update their address details so correspondence is sent to the correct address.



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4. Check any pre-filled information is correct. The information will populate from the person account.
5. If you need to add or update the address, start typing the address into the **Address** field. Select the correct address from the list. Then select **Confirm Address** and the required fields will auto-fill. If the address doesn't appear, or the auto-fill information is incorrect, go to article [Create a person account](#) for further information.
6. In the **Postal Address** section, select the checkbox if the **Postal Address** is the same as the **Home Address**. Otherwise, complete the fields as required.
7. Select **Next**.

Residency and Visa Information

1. At the **Residency and Visa Information** step, enter the information.
2. Check any pre-filled information is correct. The information will populate from the person account.
3. To be eligible for the NDIS, the applicant must:
 - live in Australia
 - be an Australian citizen or permanent resident or hold a protected special category visa (only available to some citizens of New Zealand).

For more information, go to article [Understand age and residence evidence](#).

4. Select **Next**.

Consent

1. At the **Consent** step, enter the information. All questions in this section are mandatory. For more information, go to article [Understand consent requirements](#).
2. Check any pre-filled information is correct. The information will populate from the person account.
3. Go to article [Consent to use Centrelink information](#) to check an applicant's consent to use Centrelink information.
4. If the person provides consent to use Centrelink to verify their age and residence, check with the person the:
 - name they provided matches their Centrelink record.
 - address matches their Centrelink record.



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Note: If either of these don't match, request that the person contact Centrelink to update, or they need provide documents to verify their age and residence. For more information, go to article [Understand age and residence evidence](#).

5. If the person doesn't provide consent to **Do you consent to the NDIA collecting, using and disclosing your personal and sensitive information for the above purposes, including to verify your identity with the document issuer or official record holder via third party systems, and in accordance with our Privacy Policy?**, you can't use the document verification system (DVS) to verify identity documents. For more information, go to article [Upload evidence of identity documents](#).
6. Select **Next**.

Communication Preferences

1. At the **Communication Preferences** step, enter the information. You must complete the **Primary Contact Method** and related fields.
2. Confirm if the person wants to be contacted for surveys. At **Contact for Surveys** you can select or unselect the box. For more information about surveys refer to article [Explain NDIS surveys](#).
3. Confirm any pre-filled information is correct. The information will populate from the person account.
4. Select **Next**.

Parent, Legal Guardian or Representative

1. The **Parent, Legal Guardian or Representative** step has no fields. You must add authorised representatives through a separate **Manage Authorised Representative case**. For more information, refer to article [Understand the articles to use for the Manage Authorised Representative case](#).
2. Select **Next**.

Disabilities

1. Enter all available details in the fields provided.



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- You must select a **Primary Disability**, which is supported by evidence, even if you are entering more than one disability.

Note: The primary disability can be identified from reported disabilities as having the greatest impact on a person's daily life. For children younger than 6 there may be evidence of developmental delay.

- At **Was your primary disability caused by an accident or event?**, select **Yes** or **No**. This is a mandatory field. Selecting Yes in this field will add more fields to complete. If yes, go to article [Check for compensation when recording disabilities](#).

Note: You can add additional disabilities as required. For more information, go to article [Applicant - record disability conditions and impairments](#).

- Confirm the pre-filled information is correct.
- Select **Next**.

Disclosure

- At **Is this Access Request for someone coming from a S&T Defined Program?** (State and Territory), select **No**.

Note: Defined programs no longer apply. For more information, go to article [Defined programs](#).

- Select **Submit**.

Review and Submit

- Review to check the information is correct.
- To fix any errors, use the **Previous** to return to that section and correct errors.
- When information is complete and correct, select **Submit**.

Record consent to apply

The applicant or their authorised representative must give consent to apply for the NDIS. They can either sign the Access Request Form or they can give verbal consent.

If someone other than the applicant, check the person has consent to apply on behalf of the applicant using article [Applicant consent to apply](#).

- Check if there is an Access Request Form. If:
 - there is an access request form, go to section **Check Access Request Form**.



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- no access request form, go to section **Ask for verbal consent**.

Check access request form

1. Check if the applicant or their authorised representative has signed the access request form. Electronic and written signatures are both acceptable. If:
 - **Yes**, go to section **Record an internal note**.
 - **No**, go to section **Ask for verbal consent**.

Ask for verbal consent

Only ask for verbal consent if there is no access request form or the access request form provided was not signed by the applicant or their authorised representative.

1. Ask the person or their authorised representative for verbal consent:
 - Do you confirm that you wish to make an access request for you / applicant to become a participant in the National Disability Insurance Scheme?
2. Read the verbal declaration word for word:
 - I am now going to read you a verbal declaration, which I need you to confirm you understand and agree to before I can submit your / applicant's access request.
 - You certify that all the information you have provided in the access request is true and correct. You understand that providing false or misleading information is a serious offence.
 - You confirm that you are authorised to provide the personal details presented. If you provide any identity documents, such as a copy of a birth certificate, you consent to this information being checked with the document issuer or official record holder via third party systems.
 - You consent to us collecting, using and disclosing your / applicant's information as indicated in your / their access request.
 - You understand that you can withdraw consent for the NDIA to do things with your / applicant's information at any time by letting us know.
 - You understand that you can access our Privacy Notice and Privacy Policy on the NDIA website or by contacting us.



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- You understand that you must inform us as soon as possible about any changes in circumstance or likely changes in circumstance that may affect your / applicant's access request, status as a NDIS participant, or the implementation of your / their NDIS plan.
 - For example, you must tell us if your / applicant's disability support needs change, you / they move house or overseas, or you / they get or may get compensation relating to an injury.
 - You understand that if you selected email as your preferred means of communication, we may email you sensitive or confidential information, the security of which cannot be guaranteed once it leaves our system.
 - You understand that if we request further evidence or information and you do not comply with this request within the specified timeframe, your / applicant's access request may be taken to be withdrawn.
 - You understand that, if applicable, access to the Commonwealth programs such as the mobility allowance, will cease if you become / applicant becomes a participant in the NDIS.
 - Do you confirm you understand and agree to the statements I have read?
3. Go to section Record an internal note.

Record an internal note

1. Use article [Log an activity or internal note](#) to record an internal note using one of the following templates:

Consent to apply to the NDIS – verbal consent

<applicant's name / authorised representative's name> gave verbal consent to apply for the NDIS. They agreed to the verbal declaration on **<Date>**.

Consent to apply to the NDIS – Access Request Form

<applicant's name / authorised representative's name> gave consent to apply for the NDIS. They signed the access request form received **<via email / in person / via mail>** on **<Date>** by **<NDIA staff / NDIS partner>**.

Closing the access request case



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IMPORTANT: **Don't** close the access request case after you complete the form. The case **must** stay open until an access decision is made when it will close automatically.

Once an access request case is closed it cannot be reopened. If the person chooses to make another access request in the future or continue their current request if there has been an administrative error, a new access request case will need to be created. For more information use article [Create an access request case](#).

An access request case can be **cancelled** before an access decision is made if:

- there is an administration error
- you receive information the applicant is deceased.

An access request case can be **withdrawn** before an access decision is made if:

- an applicant or authorised representative informs you they wish to withdraw the application
- it's an agency initiated withdrawal if there has been no contact after a request for further information.

Prior to closing an access request case you **must** check there isn't a related access decision case created and in progress.

To close the access request case:

1. Select either the **Cancel Case** button or **Withdraw Case** button at the top right-hand corner of the **Details** screen. This is based on the reason for closing the case as outlined above.
2. At **Closure Reason** select the relevant option from the drop down list.
3. At **Closure Comment** record additional information about the reason for closing the case.
4. Select **Confirm**. If the applicant has made the request to withdraw their access application go to step 5. For all other reasons for withdrawing or cancelling the case go to step 9.
5. An **application withdrawn** letter will automatically be created. At **Recipient Details** fields will be prefilled. Select **Next**.



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6. At **Preview Options** select **Yes** if you want to preview the letter. If so, at **Select a Recipient for preview** choose the recipient from the drop down box. If you select **No**, then select **Next**.
7. At **Correspondence Confirmation** select **Submit Correspondence**.
8. At **Correspondence Summary** select **Next**.
9. You will see a note confirming the case has been closed successfully. Select **Done**.
10. The access request case is now closed. The chevron will show as **Withdrawn** or **Cancelled** based on the selected method to close the case.

Note: You must record any contact with the applicant or authorised representative. Use article [Log an activity or internal note](#).

Next steps

1. Upload any identity, age, residence and disability evidence documents to the **Evidence** tab using article [Upload requested evidence for a new applicant](#).
2. Go to article [Complete checklist in the access request case](#).

Article labels – internal use only

PACE user role names

Add: dc_users_localareacoordinator

Add: dc_users_earlychildhoodpartner

Add: dc_users_plannerdelegate

Add: dc_users_liaisonofficershlo/jlo

Add: dc_users_plannernonpartneredarea

Topics

No change.

Case names

No change.



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Ownership

No change.

Version control

Version	Amended by	Brief Description of Change	Status	Date
6.0	CW0032	BM approval	APPROVED	2024-03-07
7.0	EMN960	Class 2 approval <ul style="list-style-type: none"> Note added for access request case to remain open until an access decision has been made. Guidance added on closing the access request case early if required. 	APPROVED	2024-07-15
8.0	IIW664	Class 1 approval Updated guidance for cancelling or withdrawing the access request case when required.	APPROVED	2024-08-21
9.0	JC0088	Class 2 approval Update with access legislation changes	APPROVED	2024-09-25



Knowledge Article

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Create a person account

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

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

- understand when to create a person account
- understand consent when creating a person account
- check if an account already exists
- create a person account.

Recent updates

16 September 2024

Article updated to remove interim guidance for creating a person account for an organisation. This was part of the interim process for recording consent for a support coordinator or psychosocial recovery coach to act on behalf of the participant. Staff should now refer to article Record or update consent for a support coordinator or psychosocial recovery coach to act on behalf of the participant.

Before you start

You have been asked to create a person account.

When to create a person account

You can create a person account when:

- a person first contacts a local area coordinator, early childhood partner, the National Contact Centre, or an NDIS office for information about the NDIS
- an applicant requests access to the NDIS
- a contact isn't already recorded, for example a nominee, child representative or other contact



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- a person asks to receive community connections or early supports. For more information read articles [Make connections and record information gathered in the community connections case](#) or [Understand early connections](#).

Note: The records you create, manage, and maintain are protected Agency information.

Consent and creating a person account

Before creating a person account, you don't need consent from:

- a person
- their nominee, or
- their child representative.

However, it's best practice to tell the person that you'll record their details in our system. You **must** ask for consent from the person identified in the account before sharing their information with an external third party. For example, when making a referral to a non-partner community organisation. Read article [Applicant consent to share information](#).

You **must** record details of the person's consent they have given us in their person account. Read articles:

- [Consent to use Centrelink information](#)
- [Applicant consent to collect information](#)
- [Applicant consent to share information](#)
- [Consent to use document verification service](#).

Check if an account already exists

The person account you want to create may already exist. You must use this check to make sure you don't create a duplicate account.

Note: When searching for a duplicate account, you **must** check the **account type** to confirm if it belongs to an individual or an organisation. You should never change account types from one to the other. You may find a person that represents an organisation is also a participant and would therefore have two, person account records.

Duplicate Check

1. Select **Advanced Person Search** in the bottom left corner of the screen. You **must** use the **Advanced Person Search** to check for duplicate accounts. You can't rely on the



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Duplicate Check in the **Create a Person Account** case as it **won't show accounts with restricted access**.

2. At **Please select account type**, select **Person Account**.
3. Select **Next**.
4. Enter as much information as possible for the person you're creating the account for. **First Name** and **Last Name** are mandatory.
5. Select **Search**.
6. Review any results for duplicate accounts.

If there's no existing account

1. Select **Create New Person Account**.
2. Select **Create Requested by**.
3. Select a **Create Reason**. If the reason is **Other**, complete the additional box with information about the reason.
4. Select **Submit**. This will create a **Create Person Account** case.
5. Minimise the **Advanced Person Search** screen.
6. Select the **Create Person Account** tab.
7. The **Duplicate Check** screen opens. Go to section **Confirm a Duplicate Check**.

If there's an existing account for the person

Use the existing account. Don't create a new account.

If there's more than one existing account for the person

Read article [Manage a duplicate person account](#).

Create a person account

Confirm duplicate check

You'll have already searched for duplicate accounts following steps in section **Check if a record already exists**. You still need to complete the steps below to create a new record. You **must** use the **Advanced Person Search** to check for duplicate accounts. You can't rely on



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the **Duplicate Check** in the **Create a Person Account** case as it **won't show accounts with restricted access**.

1. On the **Duplicate Check** screen, enter as much information as possible for the person you're creating the account for. **First Name** and **Last Name** are mandatory.

Note: Completing additional fields will return better search results.

2. Select **Search**.
3. Review any results for potential duplicate accounts.

If there aren't any potential duplicates

1. Select **Next**. You'll move to the **Person Details** screen.
2. Go to section **Person Details** to continue creating the person account.

If there's a potential duplicate – different person

1. At **Potential duplicates found above. Would you still like to create a new Person Account?**, select **Yes**.
2. Select **Next**. You'll move to the **Person Details** screen.
3. Go to section **Person Details** to continue creating the person account.

If there's a potential duplicate – same person

1. At **Potential duplicates found above. Would you still like to create a new Person Account?**, select **No**.
2. Select **Next**. PACE will automatically close the case.

Complete Person Details

1. Add **Legal Name** information for the person account you're creating. **First Name** and **Last Name** are mandatory.

Note: The first, middle and last names that you enter should always match the person's full legal name. When entering the person's name, make sure you spell and use capitalisation correctly. If names are spelt with all capitals or all lowercase letters, this will be visible in PACE and correspondence.



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If you're updating a person's legal first, middle or last name, make sure you've confirmed the person's identity with the correct evidence, such as a linking document. Use article [Understand how to verify identity documents](#). To learn more about evidence, read [Fact sheet – Evidence of identity \(external\)](#).

2. Enter the person's **Preferred Name** if they prefer to be called by a different name.
3. Ask the person if they have a **Preferred Pronoun**. You can also ask the person **How do you describe your gender?**
4. If the person has ever used or been known by another name, select **Yes**. Enter **Previous Name** and select the **Type of Name**.
5. If the person identifies by a name that isn't their legal name, complete this in the **Identifies as** section.
6. Select if the person is of **Aboriginal or Torres Strait Islander origin**. Read article [Guide – Aboriginal and Torres Strait Islander supports](#).
7. Select **Country of Birth**, if known.
8. If the person identifies as **Culturally and Linguistically Diverse**, select the check box.
9. Record the person's **Date of birth**. Where you can't accurately record a date of birth, select **Is the date of birth estimated?**
10. Select **Living Alone** if the participant currently lives alone. Read article [Living alone – participant vulnerability](#).
11. In the **Tier role** drop-down list, select **Person with Disability** or **Not Applicable**.
12. Select **Next**.

Complete Address Details

1. In the **Home Address** section, select the box if the person has **No Fixed Address**. You should also log an activity to record this information. For more information, read articles [Log an activity or internal note](#) and [Record an address – temporary accommodation and homelessness](#).



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Note: If you need to select **No Fixed Address**, you'll still need to enter some information in the **Home Address** and **Postal Address** fields. If the person has no fixed address, talk to them about recording a postal address, for example a support agency. This means the person can receive letters from us.

2. Start to type the person's address into the **Address** field. Select the correct address from the list. If the address doesn't appear, or the auto-fill information is incorrect, select **Override Retrieved Address**. This will allow you to manually enter or correct the address information.

Important: If you need to use the **Override Retrieved Address** function in PACE, the Local Government Authority (LGA) **won't** automatically populate. You **must** confirm the correct LGA and **manually** type it into the field.

When you manually update address details in the **Override Retrieved Address** screen, you'll need to wait 24 hours for the modified monash model (MMM) to recognise the changes. If MMM doesn't accept the changes, PACE will trigger a report to the office of the chief information officer (OCIO) to resolve within 24 hours. An alert will be visible on the person record to let you know the issue has been reported.

A MMM rating is used to define whether a participant's home address is metropolitan, rural, remote or very remote. The MMM rating for participants in remote and very remote areas will automatically override with the MMM rating. This override happens when there's activity in the participant's PACE record and only applies to participants living in remote or very remote areas. For more information on how the MMM is used by government agencies go to [Modified Monash Model \(external\)](#).

The MMM override tool in PACE **won't** work for an incorrect address. This means any provider claims will reject automatically, and correspondence may not generate if the address is incorrect.

Note: Once MMM has accepted the updated address details, you'll need to wait 24 hours before creating a **draft budget for new plans**. This ensures the right information is on the participants record. If you've updated an existing participant's record using the MMM override tool, you'll need to generate a **plan change request**. Read article [Prepare to submit a plan change request](#).

3. Select **Confirm Address** and the required fields will auto-fill.
4. Select the **Description** drop-down and select the type of residence for this address. Read article [Address description definitions](#).



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5. In the **Postal Address** section, select the check box if the **Postal Address** is the same as the **Home Address**. Otherwise, complete the fields as required.
6. Record any other known addresses for the person at **Work Address** or **Alternate Home Address**.
7. Select **Next**.

Complete Communication Preferences

1. Select the **Primary Contact Method**. This is a mandatory field, even when you select the **Do Not Contact** check box.

If the person **doesn't want** contact from us:

2. Select **Do Not Contact** check box at the bottom of the screen.
3. Select a **Do Not Contact Initiation Reason**, then enter a **Do Not Contact Reason Description** in the free-text field.
4. Select **Next**.

Otherwise:

5. Confirm if the person wants to be contacted for surveys. At **Contact for surveys**, select or unselect the box. For more information about surveys read article [Explain NDIS surveys](#).
6. Fill in the other relevant fields and select **Next**.

Note: The contact details you enter **must** belong to the person you're creating the account for.

Complete Correspondence Preferences

1. Complete the **Standard Preferences** for correspondence.
2. Complete the **Plan Preferences** for correspondence.
3. Select **Stop All Correspondence** check box at the bottom of the screen if:
 - the person doesn't want to receive correspondence



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- you need to stop correspondence being sent to the person.

For more information read article [Manually stop or start correspondence to a person or authorised representative](#).

4. Select **Next**.

Complete Additional Information

1. At **Do you wish to enter details for any of the following?** If available, add any additional information to the **Person Account**. The options are:

- **Housing & Accommodation**
- **Relationship Information**. Read article [Add or cancel a relationship](#)
- **Residency & Visa Information**. Read article [Understand age and residence evidence](#)
- **Consents**. Read articles: [Consent to use Centrelink information](#), [Applicant consent to collect information](#), [Applicant consent to share information](#) and [Consent to use document verification service](#)
- **MyNDIS Contact**. Read articles: [Understand and check the my NDIS contact](#) and [Update the my NDIS contact](#)
- **Disabilities**. Read article [Applicant - record disability conditions and impairments](#).

2. Select **Next**.

Review and submit

1. Review the information. If it's correct, select **Submit**.
2. Select **Previous** to make any changes.

Next steps

1. To make updates after you create the person account, read article [Update a person account](#).
2. You **must** log an activity if you've had contact with a person with disability, participant, their provider, or authorised representative. Use article [Log an activity or internal note](#).



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3. Record any additional relevant information you collect when dealing with the person including:
- inbound documents
 - alerts
 - referrals
 - feedback
 - request to access NDIS
 - request for restricted access.

Article labels – internal use only

PACE user role names

Add:

Delete:

Topics

Add:

Delete:

Case names

Add:

Delete:

Ownership

Add:

Delete:



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Version control

Version	Amended by	Brief Description of Change	Status	Date
4.0	EMN960	Class 1 approval	APPROVED	2023-11-21
5.0	EMN960	EL2 review and approval to QA and publish	APPROVED	2023-12-18
6.0	CW0032	BM approval to publish	APPROVED	2024-02-26
7.0	CW0032	BM approval to publish	APPROVED	2024-03-12
8.0	JC0088	BM Class 2 Approval	APPROVED	2024-04-29
9.0	JC0088	Class 2 approval. Update to include a new section for creating a person account for an organisation.	APPROVED	2024-05-20
10.0	IIW664	Class 1 approval. Update to remove interim guidance for creating a person account for an organisation. Note added to remind staff to correctly spell names in PACE. DID NOT PROCEED: Did not proceed because FB416 was delayed until 2 sept and an urgent update was required before 2 nd September. See version 10.0 APPROVED 2024-07-23. This content in this document will be used from version 10.1 and will become version 11.0.	APPROVED	2024-07-15
11.0	IIW664	Class1 approved.	APPROVED	2024-08-22



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Add and link evidence to a case

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

This article provides guidance for a local area coordinator, early childhood partner and all NDIA staff (planner delegate, payments officer, review officer, complaints officer, participant support officer, access delegate, technical advisors, National Contact Centre, liaison officers (HLO/JLO), planner (non-partnered area), national reassessment delegate to:

- review evidence on a person account
- understand evidence and document types
- add evidence to a person account or case
- complete an Access Integrity Management (AIM) referral
- link evidence to a case.

Recent updates

18 March 2024

Update to remind staff to delete all local copies of documents once they are uploaded in PACE. Replaced send email learning activity to new article Send an email in PACE. Replaced article Request a role to article Record a nominee request for the public guardian or trustee.

Before you start

You have read and understood:

- [Our Guideline – Applying to the NDIS \(external\)](#)
- [Fact Sheet – Evidence of identity \(external\) \(DOCX 76KB\)](#)
- [Fact sheet – What evidence you need to give us before we create your plan \(external\) \(DOCX 101KB\)](#).

Review evidence on a person account

Before you add new evidence, it's important to review the existing evidence on the person account.

1. From the **Person Account**, select the **My Profile** tab.



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2. Select the **Evidence** tab.
3. View previously added evidence in the **Identity Evidence** and **Non-Identity Evidence** sections.
4. If the evidence has already been added, go to section **Link evidence to a case** in this article.

Note: When you've viewed or uploaded evidence or identity documents in PACE, a copy will automatically be download to your computer. You **must** immediately delete all downloaded or saved copies of the document to protect participant privacy.

Understand evidence and document types

When you link evidence to a case, you'll need to select an **Evidence Type**. Depending on the type of evidence you select, you may also need to select a **Document Type**.

Evidence Type – Disability

Evidence of disability may be given at any stage of the applicant or participant's journey. Usually, this will be when an access request is submitted.

Evidence of disability can also be provided:

- during the eligibility check stage of their application
- when there is a change in their disability
- when a new disability has been diagnosed.

All applications, regardless of services requested, need evidence of disability.

Evidence of disability shows how their disability impacts their day-to-day life.

We need evidence of disability to determine if the applicant meets the disability requirements. Learn more in article [What evidence of disability is required?](#). We also use evidence of disability when creating a plan.

You need to link evidence to your justification to support the [NDIS funding criteria \(external\)](#).

Types of disability evidence you can link are:

- Audiograms
- Childhood Assessment Form (for those under 6 years old)
- Diagnostics Reports from various health professionals
- Functional Call



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- Functional Capacity Reports from various health professionals
- NDIS application form
- NDIA Supporting Evidence form
- Supporting Letters

Evidence Type – Early Intervention

- Doctor's Certificate

Evidence Type – Identity

We ask for evidence of identity to support someone becoming a participant, or an authorised representative for a participant. This can be done using the Document Verification Service (DVS) in most instances. Learn more in article [Understand the Document Verification Service](#).

Note: Only staff who hold the controlled permission will be able to view identify documents.

Where you are unable to use the DVS process, you'll need to seek evidence as a digital copy. For example, for a change of name.

You'll need to have attempted to verify identity documents before you add them to the person account. To do this, go to knowledge articles:

- [Understand how to verify identity documents](#)
- [Understand the Document Verification Service](#)
- [Complete a Face-to-Document check](#).

If you're unable to verify the document, go to article [Upload evidence of identity documents](#).

Before you can upload identity documents, we will need a digital copy.

For partners, you'll need to email the person from the **Activity Panel** in a case. Learn more in article [Send an email in PACE](#). Sending an email from PACE means any replies to your email with the information will return into the case.

Applicants or participants can email their identity evidence to enquiries@ndis.gov.au. This will be used to create an enquiry case in PACE which will be assigned to the my NDIS contact to add the evidence to the case within 24 hours.

Learn more about types of identity evidence you can link can in [Fact Sheet – Evidence of identity \(external\) \(DOCX 76KB\)](#).

Evidence Type – Residency



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- Medicare Card
- Birth Certificate
- Doctor's Certificate
- Driver's Licence

Evidence Type – Consent

- Applicant Consent
- Participant Consent

Evidence Type – Authority Consent

You won't have to select a document type for authority consent evidence.

Evidence Type – Request

- Bank Account Request

Evidence Type – Authority

- Authority Definition

Evidence Type – Any

- Medicare Card
- Applicant Consent
- Authority Definition
- Bank Account Request
- Birth Certificate
- Doctor's Certificate
- Driver's Licence
- Participant Consent

Evidence Type – Legal Order

- Court Order
- Tribunal Order



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- Guardianship
- Administration order

Evidence Type – Age

You won't have to select a document type for evidence of age.

Evidence Type – Report

- Implementation Report
- Progress Report

Learn more in article [Understand implementation and progress reports in request for service](#).

Evidence Type – Leaving the NDIS

- Confirmation participant is deceased
- Confirmation participant is receiving aged care services
- Written request to leave the NDIS

Add evidence to a person account or case

1. To add evidence from:
 - the **Person Account**, select the **My Profile** tab, then select the **Evidence** tab.
 - the case you're linking the evidence to, select the **Evidence** tab. **Note:** Some cases may not have an **Evidence** tab but still require you to add evidence.
 - For a **Technical Advice** case, add evidence in the **Request** tab at **Upload Documents**.
 - For a **Manage Authorised Representative** case, add evidence in the **Authority Details** tab at **Evidence**. If an empty pop-up window appears, close it and open the tab. Select **Previous** and then **Next**. This will refresh the evidence. Or you can refresh the browser. If you select this option, you will need to re-enter all the information in **Authority Details** again.
2. Select **Add Evidence**.
3. Select the **Evidence Type** from the drop-down list.



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4. Select the **Document Type** from the drop-down list.
5. Select **Next**.
6. At the **Enter Document Details** screen, enter the **Document Identifier**. This is the ID reference of the evidence document.
7. Optional – Select a name at **Evidence is also related to**. You only need to do this when evidence is also relevant to a related contact. You can view these on the **Relationships** tab of the **Person Account**.
8. Enter an **Evidence Description** in the free text field. This should be a full description of the piece of evidence.
9. **Select Date** (calendar) for **Date Received**. This will display today's date.
10. **Select Date** (calendar) for **Expiry Date**, if required.
11. Some evidence types require additional information. If your evidence type is:
 - **Disability**, go to section Disability related evidence in this article
 - **Identity**, go to article [Upload evidence of identity documents](#)
 - **Legal Order**, go to section Legal Order related evidence in this article.
12. **National Access Team only**: Use the drop-down list if you need to **refer this document to an AIM specialist?**. Refer a document to Access Integrity Management (AIM) if you believe it might have integrity concerns or can't be verified.
 - If you select **Yes**, you'll need to complete an AIM referral. Go to section **Complete an Access Integrity Management (AIM) referral** in this article.
13. Select the **Attachments** you wish to link to the evidence by selecting the document.
Note: If the document is not in the attachments table, you'll need to add it before you can continue. Select **Add Documents** and go to article [Add documents to a case](#).
14. From the **Link Document** screen, select **Link**.
15. After you've linked the document, select **Refresh**.
16. Close the **Link Document** screen.



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17. The attachment will show a ticked checkbox in the **Linked to Evidence** column.

Note: For a **Manage Authorised Representative** case, if you selected **Link** for a document, but the system shows the document needs to be attached and an error message appears, select **Previous** and then **Next** again. This will refresh the evidence. Or you can refresh the browser. If you select this option, you'll need to re-enter all the information in **Authority Details** again.

18. Select **Submit**.

19. If you need to complete an AIM referral, go to section **Complete an Access Integrity Management (AIM) referral** in this article. Otherwise, go to section **Link evidence to a case** in this article.

If you need to delete a document, go to article [Delete a document from PACE](#).

Disability related evidence

1. **National Access Team only:** Use the drop-down list if you need to **refer this document to an AIM specialist?** Refer a document to Access Integrity Management (AIM) if you believe it might have integrity concerns or can't be verified.
2. If you select **Yes**, you'll need to complete an AIM referral. Go to section **Complete an Access Integrity Management (AIM) referral** in this article.
3. At **Health Professional Details**, enter **First Name** and **Last Name**.
4. Enter the **AHPRA Number** for the treating health professional. The AHPRA Registration number format is 3 letters followed by 10 numbers. For example, MED0000000001. The record is not applicable if the health professional does not have an APHRA number.
5. Select the **Attachments** you wish to link to the evidence by selecting the document. **Note:** If the document is not in the attachments table, you'll need to add it before you can continue. Select **Add Documents** and go to article [Add documents to a case](#).
6. From the **Link Document** screen, select **Link**.
7. After you've linked the document, select **Refresh**.
8. Close the **Link Document** screen.



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9. The attachment will show a ticked checkbox in the **Linked to Evidence** column.
10. Select **Submit**.
11. If you need to complete an AIM referral, go to section **Complete an Access Integrity Management (AIM) referral** in this article. Otherwise, go to section **Link evidence to a case** in this article.

Legal order related evidence

1. **Select Date** (calendar) for **Effective From Date**.
2. Select **Nature of Order** from the drop-down list.
3. Select the **State or Territory the Legal order was made from** from the drop-down list.
4. Enter the **Document Name** in the free text field.
5. Add any **Document Notes**.
6. **Select Date** (calendar) for **Start Date**.
7. **Select Date** (calendar) for **End Date**.
8. Select the **Attachments** you wish to link to the evidence by selecting the document.
Note: If the document is not in the attachments table, you'll need to add it before you can continue. Select **Add Documents** and go to article [Add document to a case](#).
9. From the **Link Document** screen, select **Link**.
10. After you've linked the document, select **Refresh**.
11. Close the **Link Document** screen.
12. The attachment will show a ticked checkbox in the **Linked to Evidence** column.
Note: For a **Manage Authorised Representative** case, if you selected **Link** for a document, but the system shows the document needs to be attached and an error message appears, select **Previous** and then **Next** again. This will refresh the evidence. Or you can refresh the browser. If you select this option, you'll need to re-enter all the information in **Authority Details** again.
13. Select **Submit**.



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14. Go to section **Link evidence to a case** in this article. **Note:** If you need to add a new relationship to the **Person Account** based on the legal order, go to article [Record a nominee request for the public guardian or trustee](#).

If you need to delete a document, go to article [Delete a document from PACE](#).

Complete an Access Integrity Management (AIM) referral

This process is for the National Access Team only. Do not refer evidence to AIM that is not related to an access request or decision.

1. Select the **Referral Reason** from the drop-down list.
2. Add any **Other Details** in the free text field about why you are requesting the referral.
3. Select **Next**.
4. From **AIM Referral (Account) Completed**, you can now close the pop-up screen.
5. Go to section **Link evidence to a case** in this article.

Link evidence to a case

Linked evidence can be used across a range of cases. For example, to support an access request or to support your justification when adding support categories to a draft budget.

1. From the case where you're linking the evidence, select the **Evidence** tab. **Note:** Some cases may not have an Evidence tab but still require you add evidence.
 - For a **Technical Advice** case, add evidence at the **Upload Documents** step on the **Request** tab.
 - For a **Manage Authorise Representative** case, you'll need to add evidence at the **Evidence** step on the **Authority Details** tab
2. From the **Manage Evidence** screen, find the evidence you want to link to the case.
3. Select **View** to review the information in the evidence. Edit any fields if needed, and select **Submit**.
4. Select the toggle button next to **Link to case**.
5. The button will update to display a tick and appear as **Linked**.



Knowledge Article

For Internal Use Only

Article labels – internal use only

PACE user role names

This article relates to the following roles:

- dc_users_accessdelegate
- dc_users_complaintsofficer
- dc_users_earlychildhoodpartner
- dc_users_internalreviewdelegate
- dc_users_liaisonofficershlo/jlo
- dc_users_localareacoordinator
- dc_users_nationalreassessmentdelegate
- dc_users_nationalcontactcentre
- dc_users_participantsupportofficer
- dc_users_paymentsofficer
- dc_users_plannerdelegate
- dc_users_plannernonpartneredarea

Article Topic

This article relates to the following topic:

- t_evidence

Case names

You can use this guidance for the:

- dc_case_accessrequest
- dc_case_checkin
- dc_case_eligibilityreassessment
- dc_case_evidenceextension
- dc_case_feedbackandcomplaints
- dc_case_housingapplication
- dc_case_internalreview



Knowledge Article

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- dc_case_leavingthendis
- dc_case_manageauthorisedrepresentative
- dc_case_participantbudgetupdate
- dc_case_planapproval
- dc_case_planchange
- dc_case_technicaladvice

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Complete a desktop review before a check-in

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This article provides guidance for a planner delegate, planner (non-partnered area), review officer, participant support officer, local area coordinator, or early childhood partner to:

- complete a desktop review
- review the person account
- complete a desktop review for a discretionary overutilisation check-in.

1 Recent updates

4 November 2024

Added guidance on how to complete a desktop review for a discretionary overutilisation check-in.

2 Before you start

You have read and understood:

- the [Guide - Conversation style guide](#)
- [Our Guideline – Your plan \(external\)](#)
- article [Understand types of check-ins](#).

3 Complete a desktop review

Before a check-in, it's important to review the participant's information and conduct a desktop review to understand:

- the reason for the check-in
- the participant's current situation
- any challenges the participant has with using their plan
- how the plan is currently managed
- the current level of plan spending
- if there have been any challenges with accepting claims before
- if there are any in-progress or recently closed cases, and the decision outcomes
- any potential changes or updates to the participant's plan
- if the participant is likely to need their eligibility reassessed
- any identified risks or vulnerabilities
- the participant's preferred communication method and their personal details, including pronouns
- if the participant needs any additional communication support
- evidence from any recent provider reports, including progress reports from support coordinators or recovery coaches.

It's important to consider if this check-in:

- is a regular scheduled check-in, for example a 3 or 6 month check-in
- has come from an enquiry
- is because a participant's situation meets the risk criteria
- is a discretionary overutilisation check-in
- is for a participant transitioning from SAP CRM to PACE
- is the last check-in before the participant's plan reassessment
- will be longer because a Short Form Outcomes Framework (SFOF) questionnaire is due
- will be longer if Personal and Environmental Circumstances (PEC) questions and functional capacity assessments are due for children younger than 7.

Once you understand the participant's situation, review the participant's details, open **Cases**, and recent interactions in the **Activity** tab on the **Person Account**.

3.1 Life stage

Check the participant's date of birth to see if there are any life transitions. A life transition could be if they:

- are a child with developmental delay turning 6, or a child with global developmental delay turning 7
- are turning 18 or 65
- are starting or leaving school
- want to start or find a job

- want to begin tertiary study, like university or TAFE.

For participants who have a work and study goal in their plan, there are a number of work and study NDIS supports available. For example, there are capacity building employment supports for young people moving from school to work.

To learn more about work and study supports, go to article [Understand work and study supports](#). To learn more about eligibility conversations for children with developmental delay, go to article [EC: Guide - Check-in eligibility conversations for children younger than 6 with developmental delay](#).

1. From the **Person Account**, select **Details**.
2. Check **Date of birth**.

3.2 Participant profile

Determine if the participant's current plan supports them to pursue their goals or if they need new supports.

1. From the **Person Account**, select **My Profile**.
2. Select **Goals** to see the participant's current goals.
3. Select **About Me** and **ICM Supports (Informal, Community and Mainstream Supports)** to learn about the participant's current supports and involvement with other services.

3.3 Disabilities

Review the participant's disability information and check if their functional capacity is changing. Assess new reports or evidence for updated information which show the participant may need a change in supports. For example, support coordination progress reports, therapy reports or an eligibility conversation for children younger than 6 with developmental delay.

To review a disability from the **Person Account**:

1. Select **My Profile**.
2. Select **Disabilities**.
3. Select a **Disability record** to view **Details**, including the primary disability.

To review any new reports or assessments from the **Person Account**:

1. Select **Documents** and review documents.
2. Select **Files** and review any further information.

3.4 Plan duration

For participants transitioning from SAP CRM to PACE, their plan duration will remain the same. New participants whose first plan is developed in PACE will have a plan duration of 12 months. The planner delegate will add an internal note if they have assessed that plan and recommend a plan longer than the initial 12 months.

1. From the **Person Account**, select **Activity**.
2. Select **Timeline**.
3. Select **Event Type** (funnel) on the right-hand side.

4. Select the checkbox next to **Task**.
5. Select **Apply**.
6. Review the list of tasks for **Internal Communication**.
7. Select the internal communication and check **Comments** for a plan duration internal note.

3.5 Plan budget and utilisation

Review information about the participant's plan to understand how they are managing their current budget and NDIS funded supports, including fund management options. This is particularly important for a discretionary overutilisation check-in.

Identify if there is overuse or underuse of funded supports. Check frequent budget updates which could indicate the participant's plan isn't meeting their support needs.

1. From the **Person Account**, select **My Budget**.
2. **Budget Overview, Budget Updates, Transactions, Recurring Claims, Bank Accounts** and **Claim Verification** will display.
3. From **My Profile**, select **Plan**.
4. Select the participant's current plan.
5. The **Plan** screen will open.
6. In **Details**, check the **Plan Management Options**.
7. Select **Claims** if you want to view recent claims.
8. Select **Related** for **Plan History** and **Claim Coverage** information.

3.6 Consent to share information

Confirm the participant has given consent to share information about their plan to providers and approved contacts. You can contact providers and approved contacts if you need more information about the participant's supports, if consent has been provided. You'll need consent to share information if you refer the participant to new support services. Learn more in article [Applicant consent to share information](#).

3.7 Open and related cases

Check **Cases** for open cases that may require action. This may include plan change requests, complaints, pending Administrative Review Tribunal (ART) decisions or internal reviews.

Check any relevant closed cases from the past 18 months, for example previous check-ins or any rejected plan change cases.

3.8 Complaints

If there are any existing complaints that need actioning:

1. Check the **Person Account** for any recent **Activity**. Review **Activity History** and **Alerts History** for any active alerts or open complaints.

2. Follow up with the complaints officer assigned to an open complaint to see if you can resolve the matter.
3. Email the complaints team at [REDACTED] if you can't make contact with the complaints officer.

3.9 Internal reviews

If there are any outstanding internal reviews which require action:

1. Check the **Person Account** for any recent **Activity**. Review **Activity History** and **Alerts History** for any active alerts or open internal review cases.
2. Follow-up with the internal review delegate to understand how to proceed with the check-in conversation.

Note: If there's no internal review delegate assigned, email the internal review team at [REDACTED]

3.10 Administrative Review Tribunal (ART) decisions

For pending Administrative Review Tribunal (ART) decisions, email [REDACTED] to learn how to proceed with the check in.

3.11 Plan Change Requests

For plan change requests requiring action, contact the my NDIS contact responsible for the case for how to proceed with the check-in case. Consider if there are any risks to the participant that would mean the plan change request needs internal priority. To review a plan change request, go to article [Assign and review a plan change case](#).

4 Review the person account

Review the **Person Account** for information which indicates the participant's situation may have changed.

To review any recent **Activity**:

1. From the **Person Account**, select **Activity**.
2. Review recent **Account Updates** for changes in the participant's details.
3. Check **Alerts History** for any active alerts. **Note**: Consider if it's appropriate to also check SAP CRM for any information that hasn't transferred to PACE.
4. Review **Activity History**.

To review any recent **Decisions**:

1. From the **Person Account**, select **Decisions**.
2. Review recent decisions to determine changes to the participant's plan.
3. Select **Decision Name** to open for full details.

To review any recent **Cases**:

1. From the **Person Account**, select **Cases**.
2. Review any **Cases**, **Feedback & Complaints**, **Request for Services** and **Critical Incidents** information.

5 Complete a desktop review for a discretionary overutilisation check-in

Completing a desktop review for a discretionary overutilisation check-in will help you:

- understand how the participant is managing their plan
- understand the reason and level of overutilisation
- determine what education and support strategies are needed.

This will help you determine if a check-in is needed.

As well as the guidance in the previous sections of this article, you should consider:

- if the participant has been using their funding only on [NDIS supports \(external\)](#) related to their disability
- if the participant has had any supports declined, and if there are claims for that support
- if there's any evidence that identifies the reason for overutilisation. This could be in **Documents** or **Activities**. For example, the participant is funded for weekday rates and an email from the Support Coordinator outlines that they're accessing supports on weekends continuously
- if there are any unusual requests or patterns in the participant's payment requests. For example very large or small amounts, or whole numbers like \$1000
- the risk indicators and support strategies for overutilisation in article [Understand overutilisation risk indicators and support strategies](#).

If another business area is working with the participant, talk to your team leader about how you should proceed.

6 Next steps

- If a check-in case is automatically created and assigned to you, continue with the check-in case. Go to article [Book change or cancel a check-in](#).
- If it's a discretionary check-in from an enquiry, you'll need to create a check-in case. Go to article [Create a check-in case](#).