Glossary of key terms used in the palliative care system

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This article provides guidance for a local area coordinator, early childhood partner, access delegate, review officer, liaison officers (HLO/JLO), planner delegate and planner (non-partnered area) to understand key palliative care terms.

1 Recent updates

2 April 2024

New article to help you understand key terms used in the palliative care system.

2 Key palliative care terms

s22(1)(a)(ii) - irrelevant material

Chronic conditions: Health conditions that are long-term, persistent, and often lead to a gradual deterioration of health and loss of independence. Chronic conditions can have acute stages of severity, with periods of higher and lower impacts and periods of stability. They occur at any age but become more common with older age. Chronic health conditions can reduce a person's quality of life and create limitations and disability. They are the most common and leading cause of premature mortality, although they are not usually immediately life-threatening. A person with a progressive chronic health condition may benefit from engaging with palliative care services, without the need for end-of-life supports.

s22(1)(a)(ii) - irrelevant material

s22(1)(a)(ii) - irrelevant material

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 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 disability[3], early intervention[4], 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 intensity[21]. 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]

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 episodically[28], 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 eligible[39]
- 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.

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 eligible[49]
- sign or certify the NDIS application[50]
- 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 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.

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-faciao-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

- 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

- 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 icthyosis
- 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
- Mucolipidosis II /I-cell disease
- Mucolipidosis III /pseudo-Hurler polydystrophy
- Mucolipidosis 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

- 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 enquiries@ndis.gov.au 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.

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-faciao-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

- 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 icthyosis
- 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
- Mucolipidosis II / I-cell disease
- Mucolipidosis III / pseudo-Hurler polydystrophy
- Mucolipidosis IV
- Neuronal ceroid lipofuscinosis
- Niemann-Pick disease
- Phenylketonuria
- Pyruvate carboxylase deficiency
- Pyruvate dehydrogenase deficiency
- Sialidosis
- Sulfite oxidase deficiency.

The following mucopolysaccharidoses

- 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**

  - 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:

- 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).

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

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[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).

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[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).

TAB Advice Request

The content of this document is OFFICIAL

When to request advice from the Technical Advisory Branch (TAB)

You must request TAB advice before making an Access Met decision, or making a Maintain or Change Access Status decision, if the person:

- meets the eligibility requirements for a chronic health condition or a condition on the Mandatory TAB Advice Request List, or
- is receiving or requires palliative or end-of-life care.

Please note:

- It may not always be possible to easily identify whether a person is receiving or requires palliative or end-of-life care. For this reason, all applicants currently residing in hospital (including those who are ready for discharge) who meet the eligibility requirements must be referred to a QDO using the TAB Advice Request process before making the Access Met decision. A QDO will review the application to ensure TAB advice is not required.
- TAB advice is mandatory for all applicants that meet at least one of the conditions listed above, even if they also have a List A or List D condition.
- See Palliative and end-of-life care page for more information on palliative and end of life care.
- See Mandatory TAB advice requests (below) for a list of conditions that require and do not require TAB advice.

How to request advice from the Technical Advisory Branch (TAB)

Prior to submitting a TAB Advice Request, it must first be endorsed by the Quality Development Officer (QDO) team. Use the QDO Endorsement for TAB Advice Request template to request QDO endorsement of a TAB advice request.

You are not required to seek QDO technical support prior to requesting QDO endorsement of a TAB Advice Request. However, if you are unsure if the applicant meets the eligibility requirements, QDO technical support should be sought before requesting QDO endorsement.

Process

1. Complete and send the QDO Endorsement for TAB Advice Request template to s22(1)(a)(ii) - irrelevant material and Cc your team leader.
   Note: The work item will remain in your inbox.
2. A QDO will review the request and notify you of the outcome via email:
   - **Not Endorsed**: Proceed as per QDO instructions - do not proceed to step 3. If you disagree with the outcome, speak with your Team Leader.

    - **Not Required**: Proceed as per QDO instructions - do not proceed to step 3. If you disagree with the outcome, speak with your Team Leader.
    - **Endorsed**: Proceed to step 3.
3. Submit the TAB Advice Request through:
    - the TAB Service Desk, if the access request is being processes in SAP CRM.
    - PACE, if the access request is being processed in PACE.
4. Once the TAB advice is returned, process as per the advice. If you disagree with the advice, speak with your team leader.

<<TAB Advice Request Process - Access.pdf>>

TAB advice is for internal use only

Please note that the TAB advice process is for internal use only. TAB advice requests, including pending requests and advice outcomes, are not to be shared or discussed with applicants or other external stakeholders.

Mandatory TAB advice requests

In addition to chronic health conditions, there are a number of conditions that TAB have identified as requiring TAB advice prior to making an Access Met decision. This is due to their complexities and may not be easily identified as a chronic health condition.

Mandatory TAB Advice Request List

- Any acquired brain injury, cognitive or neurological impairment caused by a chronic health condition, or a condition on this list
- Any condition where Ocular Prosthesis is the primary support
- Arthritis (any type that is not on List B)
- Brain Tumour (including Glioblastoma)
- Cancer
- Chronic Obstructive Pulmonary Disease (COPD)
- Chronic Pain
- Emphysema
- Enucleation (surgical removal) of an eye
- Epilepsy
- Fibromyalgia
- Functional Neurological Disorder
- Guillain Barre Syndrome
- Heart Failure / Cardiomyopathy
- Liver Cirrhosis / Failure
- Lymphedema
- Myalgic Encephalomyelitis (ME) / Chronic Fatigue Syndrome (CFS)
- Obesity
- Postural Orthostatic Tachycardia Syndrome (POTS)
- Pulmonary Hypertension

- Renal Failure

Conditions that do not require TAB advice

TAB have confirmed that the following conditions are not considered chronic health conditions and do not require TAB advice prior to making an Access Met decision:

- Peripheral Neuropathy
- Ehlers Danlos Syndrome
- Myasthenia Gravis

Reputable Websites for Research

The content of this document is OFFICIAL

An important part of decision making is researching the condition through reputable websites. When researching conditions please ensure that you are only using this for background information. The websites will provide generic information that may not be relevant to the applicant or participant (especially in relation to access to treatment, recommended treatment for the individual or functional impacts)

As a guide, reputable websites meet one or more of the below:

- Are a government website
- Are a peak body of a condition/disability
- A top health care website (such as WebMD)
- Is an education or research institute (such as The Mayo Clinic)

The below list is not an exhaustive list. Some of these websites are American, they still have relevant information about the condition but be mindful of some of the recommendations for treatment as they may not be available in Australia.

Name
WebMD
The Mayo Clinic
Better Health Channel
Cerebral Palsy Alliance
ASPECT (Autism)
Down Syndrome Australia
AHPRA - AHPRA stands for the "Australian Health Practitioner Regulation Agency". Delegates use AHPRA to confirm the registrations of treating health professionals. Navigate to Other Resources to learn how to use AHPRA

You can also use the NDIA Resources:

Name
Disability Navigator (including Disability Snapshots)
Mental Health and the NDIS

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