

How the National Disability Insurance Scheme (NDIS) and health services will work together

Supporting people with disability to participate fully in community life

The National Disability Insurance Agency (NDIA) will support NDIS participants to engage fully in everyday life by placing participants at the centre of all decisions.

NDIS participants may need regular and ongoing disability-related health supports as a regular part of their life to support them to undertake activities of daily living.

Health supports provided by the NDIS

The NDIS will fund specific disability-related health supports where the supports are a regular part of the participant's daily life, and result from the participant's disability. The disability-related health supports that the NDIS will fund include, but are not limited to, the following:

Dysphagia Supports	<ul style="list-style-type: none"> • Development of oral eating and drinking care plans (OEDCP) • Swallowing therapy associated with dysphagia provided by an allied health professional
Diabetic Management Supports	<ul style="list-style-type: none"> • Development of diabetic management plan • Daily maintenance and care associated with diabetic management plan (where participant is unable to self-manage due to their disability)
Continence Supports	<ul style="list-style-type: none"> • Catheter changes • Cleaning of catheters • Consumables • Assessments, plans and reviews
Wound and Pressure Care Supports	<ul style="list-style-type: none"> • Wound care consumables (e.g. dressings) • Lymphoedema machines • Lymphoedema garments
Respiratory Supports	<ul style="list-style-type: none"> • Tracheostomy changes • Tracheostomy clinical management • Tracheostomy equipment and consumables • Constant Positive Airway Pressure (CPAP) machine and consumables • Bi-level Positive Airway Pressure (BiPAP) machine and consumables • Air humidifier • Portable suction machine • Cough assist machine • Ventilator

Table 1: List of NDIS funded disability-related health supports	
Nutrition Supports	<ul style="list-style-type: none"> • Percutaneous Endoscopic Gastrostomy (PEG) and HEN equipment (or similar) and consumables, excluding Food Formula • Thickeners and nutritional supplements • PEG stoma changes • Dietetic consultations • Development of nutritional meal plans • Development of meal time management plans
Podiatry and Foot Care Supports	<ul style="list-style-type: none"> • Podiatry diagnosis and assessment and development of podiatry care plan
Epilepsy Supports	<ul style="list-style-type: none"> • Epilepsy seizure monitoring • Epilepsy monitoring through assistive technology

In determining whether disability-related health supports will be included in a participant's plan, a practical approach to each participant's individual circumstances will be taken. This will include consideration of, for example, where there are thin markets (i.e in remote, rural and regional locations).

Health supports that will NOT be provided by the NDIS

Health-related services and supports that **will not** be provided or funded through the NDIS include:

- Items and services provided as part of diagnosis, early intervention and treatment of health conditions, including ongoing or chronic health conditions, and which are not part of the everyday life of the NDIS participant
- Medically prescribed care, treatment or surgery for an acute illness or injury including post-acute care, convalescent care and rehabilitation
- Sub-acute care including palliative care, end of life care and geriatric care (with the exception of supports that are already provided for in a participant's plan – refer **Palliative Care**)
- Items and services covered by the Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS)
- Treatment, services or supports delivered by a doctor or medical specialist, including diagnosis and assessment of a health condition.

When will an NDIS participant be able to include disability-related health supports in plans?

From **1 October 2019**, NDIS participants who need disability-related health supports as a direct result of their disability, and as part of their daily life, can access these supports through their NDIS plan.

The NDIA and state and territory health departments will work together to develop aligned communications and guidance to support consistent implementation by both the NDIS and health systems.

In the meantime and to ensure NDIS participants are able to access the disability-related health supports that they need, state and territory health services will continue to provide disability-related health supports they are currently providing to NDIS participants where such supports are **not already** included in a participant's NDIS plan. The NDIS will continue to fund these supports where they are **already** included in a participant's NDIS plan.

What are concurrent supports?

Concurrent supports are supports that continue to be provided to a NDIS participant through the NDIS at the same time as they are accessing health services.

For example, during a NDIS participant's admission to hospital, there are some NDIS funded supports that the participant may continue to receive, including assistive technology, support coordination and specific communication supports where these are provided for in the participant's NDIS plan.

Are people with health conditions that cause impairment able to access the NDIS?

The cause of a disability does not determine whether a person can access the NDIS. Access is determined by meeting the access criteria in section 21 of the *National Disability Insurance Scheme Act 2013* (NDIS Act). These requirements include age, residency status, the nature of the disability and early intervention criteria. Access requests are assessed on an individual case-by-case basis.

More information on accessing the NDIS is available on the NDIA's website [Applying to access the NDIS](#)

Does the NDIS fund supports where an NDIS participant's disability reduces their ability to self-manage health conditions?

A NDIS participant's disability may prevent them from being able to self-manage certain health conditions that a person without disability would be expected to do themselves. In these circumstances, the NDIS will fund self-care supports. The NDIS will also fund self-care supports where it is necessary for the support to be delivered by a clinician.

Does the NDIS provide supports for participants who have a palliative care plan in place?

Where a NDIS participant has a palliative care plan in place and is not hospitalised, the NDIS will fund supports required as a direct result of the disability where the support assists the participant to undertake activities of daily living. These supports may be provided at the same time as palliative care supports.

The NDIS is, however, not responsible for palliative care. As set out in Council of Australian Governments' agreed *Principles to Determine the Responsibilities of the NDIS and Other Service Systems* (including the Applied Principles and Tables of Support (APTOS)), palliative care is provided by the health system.

How is value for money considered when determining what supports will be funded by the NDIS?

Value for money relates to the cost of a product or service as well as the quality and / or benefits of that product or service.

In the context of what supports will be funded by the NDIS, the NDIA considers whether the costs of the support are reasonable compared to the benefits that the support will provide, as well as the cost of alternative supports. As such, value for money considerations apply to the type and extent of a support.

While the NDIA is required to consider whether it is more appropriate for another system to provide a support, this consideration is separate to value for money considerations.

Is the support of families, carers and informal networks taken into consideration when a plan is developed?

When determining what supports are included in an NDIS plan, the ability of families, carers, informal networks and the community to fulfil support needs are considered so that the expectations of these supports are not unreasonable or unsafe for the participant.

Where care is 'above and beyond' what would generally be expected of informal supports, or where formal supports are not available, funded supports are included in a participant's NDIS plan to ensure their needs are met.

The role of informal supports will always be assessed on a case-by-case basis and take into consideration each participant's individual circumstances.