

Appendix 1 - Table of guidance on whether a support is most appropriately funded by the NDIS

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Health (excluding mental health)

Supports generally funded by NDIS	Supports which, dependent on their purpose, may be funded by the NDIS or other parties	Supports generally funded by other parties
<ul style="list-style-type: none"> ● Assistance to coordinate supports and assistance with daily personal activities – assistance to engage with the health system such as decision making support and making appointments, (except where this is provided as part of a coordinated health care package), including a continuation of any support for complex communication needs or challenging behaviours while accessing health services, including hospitals ● Prosthetic limbs, orthotics or splints for ongoing functional performance (but not any medical or surgical procedures) – see separate Operational Guideline Planning and Assessment – Supports in the Plan - Prosthetic Limbs. ● Community re-integration– which enables the participant to live in the community such as personal support and home modifications and delivery of routine, non-clinical care to enable activities of daily living ● Training of NDIS funded support staff on a participant’s individual needs by nurses or allied health professionals, including training for new service providers and retraining as the participant’s needs change (with service providers being responsible for training new staff) ● Assistance with transport– specialist transport to and from medical appointments required as a result of the participant’s disability (where no other transport option is appropriate) 	<ul style="list-style-type: none"> ● Assistance in managing life stages, transitions and supports, can be funded by the NDIS or by the health/mental health system. In determining which system is more appropriate, the system that is delivering the majority of supports is usually more appropriate to assist in the coordination of these supports. ● NDIS: assistance where the majority of the coordination and transition supports relate to supports funded by NDIS, or to non-clinical supports, ● Other parties: assistance where the majority of the coordination and transition supports relate to supports funded by the health system. ● Therapeutic support, including assistance by allied health professions such as speech and language pathology, physiotherapy, occupational therapy, audiology and therapy delivered by a therapy assistant under the supervision of the therapist: ● NDIS: <ul style="list-style-type: none"> ● Maintenance care where the primary purpose is to provide ongoing support for a participant in order to maintain a level of functioning including long term therapy/support required to achieve small incremental gains or to prevent functional decline, ● To improve functioning in an early intervention context ● Other parties: where it is a time limited intervention to improve 	<ul style="list-style-type: none"> ● Diagnosis and assessment of health conditions, including ongoing or chronic health conditions (e.g. aged care, developmental delay) ● Clinical treatment and supports, including: <ul style="list-style-type: none"> ● Acute and emergency services, general practitioner, medical specialists, dental care, ● Care as an admitted patient in public and private hospitals, ● Medicines and pharmaceuticals including items listed and not listed on the Pharmaceuticals Benefits Scheme (PBS) and oxygen and Botox, ● Services listed on the Medicare Benefits Schedule, and ● Temporary or interim prosthetics. ● Subacute care services that are delivered under the management of a clinician, including: <ul style="list-style-type: none"> ● Palliative care where the primary clinical purpose or treatment goal is optimisation of the quality of life of a patient with an active and advanced life-limiting illness, ● Geriatric evaluation and management which aims to improve the functioning of a patient with multi-dimensional needs associated with medical conditions related to ageing, such as tendency to fall, incontinence, reduced mobility and cognitive impairment,

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	<p>functioning following an acute event, medical treatment or accident (e.g. to improve functioning immediately following a stroke or acquired brain injury)</p> <ul style="list-style-type: none"> ● Care and supervision by clinically trained staff, including delegated care <ul style="list-style-type: none"> ● NDIS: where this is required because of the participant's functional impairment and integrally connected to the participant's support needs to live independently and to participate in education and employment (e.g. supervision of delegated care for ongoing high care needs, such as PEG feeding, catheter care, skin integrity checks or tracheostomy tube changes) (see Decision Tree below) ● Other parties: where the primary purpose is to treat or manage a medical condition or recovery after medical treatment ● Assistance with daily personal activities and participation in community activities <ul style="list-style-type: none"> ● NDIS: where the assistance is related to an ongoing functional impairment (however not in hospitals, except where a continuation of any assistance for communication and challenging behaviours), ● Other parties: where the participant's need is temporary to recover from a medical condition or event through post-acute care ● Aids and equipment <ul style="list-style-type: none"> ● NDIS: aids and equipment which are permanent and for the purpose of improving functioning and related to a participant's self-care needs (including continence aids and catheters), except for medical or surgical procedures (e.g. the NDIS would not be responsible for providing continence aids and catheters for participants undergoing treatment within hospital settings), ● Other parties: aids and equipment which are for the permanent or temporary purpose of regulating or treating a medical or health condition or aids and equipment associated with medical or surgical procedures and post-acute recovery 	<ul style="list-style-type: none"> ● Psychogeriatric care where the goal is improvement in the functional status, behaviour and/or quality of life for an older patient with significant psychiatric or behavioural disturbance, caused by mental illness, an age-related organic brain impairment or a physical condition ● Post-acute care – including clinical supports that are delivered to a participant in their home following an acute episode (such as nursing care and medical supplies). ● Assistance to increase functioning (rehabilitation) specialist allied health, rehabilitation and other therapies for people with recently acquired conditions such as newly acquired spinal cord injury or brain injury, until the participant has achieved the maximum level of achievable functioning and the remaining allied health support is for the purpose of maintenance ● General hearing, vision and podiatry services where these are unrelated to the participant's disability as determined in the NDIS access requirements and/or required by other Australians of a similar age without a disability (e.g. prescription glasses, orthotics to realign posture) ● Preventive health designed to improve general health or prevent illness, injury and chronic disease through education, promotion and incentives, including addressing obesity, smoking and alcohol use. ● Private health insurance fees ● Medical costs normally met through disposable income such as gap fees with doctors or chemist costs or prescription medicines.

Mental health

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<ul style="list-style-type: none"> ● Assistance to coordinate supports and assistance with daily personal activities – assistance for community (re)integration and day to day living including assistance with planning, decision-making, personal hygiene, household tasks, social relationships and financial management. ● Development of daily living and life skills – to increase the participant's ability to live as autonomously as possible, including skills in daily life activities, communication and social skills, problem solving and managing funding of supports. ● Assistance with accommodation and tenancy obligations - to guide, prompt, or undertake activities to ensure the participant obtains/retains appropriate accommodation, including specialist tenancy support services where no other tenancy support option is available. ● Assistance with daily life tasks in a group or shared living arrangement (non-clinical) – where residential accommodation is provided as an integral part of non-clinical care. ● Assistance with transport – specialist transport to and from health appointments required as a result of a participant's disability (where no other transport option is appropriate and not substituting for parental responsibility). 	<ul style="list-style-type: none"> ● Assistance in managing life stages, transitions and supports, can be funded by the NDIS or by the health/mental health system. In determining which system is more appropriate, the system that is delivering the majority of supports is usually more appropriate to assist in the coordination of these supports. ● NDIS: Assistance where the majority of the coordination and transition supports relate to supports funded by NDIS, or to non-clinical supports, ● Other parties: Assistance where the majority of the coordination and transition supports relate to supports funded by the health/mental health system. ● Therapeutic support, including counselling and social work services: <ul style="list-style-type: none"> ● NDIS: where the support is provided as a non-clinical standalone service aimed at managing and/or reducing the functional impact of a participant's psychiatric condition on undertaking activities of daily living or social and economic participation, including social and communication skills development, and behavioural and cognitive interventions. ● Other support systems: where the support is integrally connected to a package of clinical supported provided by the health or mental health system. 	<ul style="list-style-type: none"> ● Diagnosis of psychiatric conditions. ● Clinical treatment – general practitioner, psychiatry, pharmaceuticals, clinical care in the community, residential services, mental health crisis assessment services, post-acute services, hospital avoidance services and post-acute care services. ● Early interventions related to mental health, including clinical support for child and adolescent developmental needs. ● Residential care (clinical), where the primary purpose is for inpatient treatment or clinical rehabilitation, where the service model primarily employs clinical staff. ● Mental health crisis services.

Child protection and family support

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<ul style="list-style-type: none"> ● Development of daily living and life skills – where the participant, or the participant’s family, require support specifically related to the functional impairment to live as autonomously as possible, including, skills in daily life activities, communication and social skills, problem solving and managing funding of supports. This assistance can be for participants who are children with disability and also to assist participants who are parents with disability ● Participation in community, social and civic activities- to assist the participant to participate in community activities, which can also assist to sustain caring arrangements as an alternative to previous supports funded as in-home/facility based care. This assistance can be for participants who are children with disability and also to assist participants who are parents with disability. ● Disability - specific parenting training programs which are specifically designed for the participant’s needs and are not available as a mainstream service. This can include intensive training such as one-on-one or in-home training for parents with disability or training that is specific to a participant’s disability (e.g. a program specifically addressing barriers to parenting for parents with impaired hearing) ● Behaviour support– including to develop a plan aimed at limiting the likelihood of behaviours of concern developing and/or increasing ● Additional needs – where a participant is in out-of-home care and requires supports specific to the participant’s disability that are additional to the needs of children of similar ages, including assistance with daily personal activities, aids and equipment, community participation and home modifications 	<p>Therapeutic support, including assistance by allied health professions such as speech and language pathology, physiotherapy, occupational therapy, audiology and therapy delivered by a therapy assistant under the supervision of the therapist:</p> <ul style="list-style-type: none"> ● The NDIS: <ul style="list-style-type: none"> ● Maintenance care where the primary purpose is to provide ongoing support for a participant in order to maintain a level of functioning, including, long term therapy supports required to achieve small incremental gains to prevent functional decline, or ● To improve functioning in an early intervention context ● Other parties: where it is a time limited intervention to improve functioning following an acute event, medical treatment or accident (e.g. to improve functioning immediately following a stroke or acquired brain injury) 	<ul style="list-style-type: none"> ● Statutory reporting – accepting, assessing and responding to reports on child protection issues ● Out-of-home care arrangements – sustaining statutory out-of-home care arrangements such as foster care, including providing support to foster carers and accommodation for children living in residential care ● General family support – counselling, parenting programs and adjustments for families with disability that are not directly as a result of a child’s disability ● Training of staff or community education – related to working with children with disability ● Guardianship arrangements for children under the age of 18 years ● Community awareness of children’s safety and wellbeing and arranging and providing standard supports to sustain out-of-home care arrangements for children resulting from child protection interventions

Early Childhood development

Supports generally funded by NDIS	Supports which, dependent on their purpose, may be funded by the NDIS or other parties	Supports generally funded by other parties
<ul style="list-style-type: none"> ● Assistance with daily personal activities - specific to a participant’s disability (or developmental delay) which are additional to the care requirements expected of a child without disability, if funded in an early childhood education and care setting and: <ul style="list-style-type: none"> ● Where the participant has exceptional needs beyond the inclusion support offered by the early childhood system, and ● Would otherwise prevent the participant from accessing early child education services such as assistance with feeding and managing airways or ventilation. ● Disability-specific family support, which are required as a direct result of a participant’s functional impairment, including for 	<ul style="list-style-type: none"> ● Behaviour and therapeutic supports <ul style="list-style-type: none"> ● NDIS: to increase a child’s level of functioning, or ameliorate a future degradation in functioning, ● Other parties: where these interventions are clinical or the purpose is to treat a medical condition (see rs. 7.4 and 7.5 of the Supports for Participants Rules). ● Aids and equipment <ul style="list-style-type: none"> ● NDIS: portable aids and equipment which are required by a participant for the purpose of improving functioning (e.g. hearing aids, wheelchairs, personal communications devices), but not 	<ul style="list-style-type: none"> ● Clinical and diagnostic services – including specific screening for development delay ● Maternal and child health – responsible for supports which are clinical and medical services, including acute, ambulatory, continuing care and new-born follow up, ● Subacute care services that are delivered under the management of a clinician, ● Post-acute care – including clinical supports that are delivered to a participant in their home following an acute episode or premature birth (including nursing care and medical supplies), ● Palliative care. ● Early childhood and children’s services attendance – fees associated with early

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<p>parents with disability (e.g. post-diagnosis information, linkages, referrals and support coordination)</p>	<p>requiring medical or surgical procedures</p> <ul style="list-style-type: none"> ● Other parties: aids and equipment, which are: <ul style="list-style-type: none"> ● A reasonable requirement to enable access to a facility (e.g. Ramps, lifts, hearing loops, or other capital works), or ● Required for an educational outcome (e.g. Modified computer hardware, education software, braille textbooks), or ● Fixed or non-transportable in early childhood education and care facilities that enable a student access to education (e.g. Hoists). ● Assistance with transport <ul style="list-style-type: none"> ● NDIS: specialist transport to and from the early childhood education and care facility required as a result of a participant's disability (where no other transport option is available and not substituting for parental responsibility), ● Other parties: <ul style="list-style-type: none"> ● Where transport is required for activities that are part of an early childhood education or care program (e.g. excursions), or ● Reasonable adjustments for transport providers (e.g. reasonable adjustments to busses). ● Specialist support and training <ul style="list-style-type: none"> ● NDIS: for early childhood and care staff in activities related to the specific personal support needs of an individual participant, including training on specific behaviour management plans, ● Other parties: for early childhood education and care staff to provide care and support and/or engage all children, including those with disability. 	<p>childhood education and child care, play groups, including disability-specific early childhood education and care services.</p> <ul style="list-style-type: none"> ● Inclusion supports – to enable children with disability to access early childhood education and care, (including those funded through the Australian Government's Inclusion and Professional Support Program) and requirements to make reasonable adjustments under the: <ul style="list-style-type: none"> ● Disability Discrimination Act 1992, ● Disability (Access to Premises Buildings) Standards 2010, and ● Disability Standards for Accessible Public Transport 2002.

School education

Supports generally funded by NDIS	Supports which, dependent on their purpose, may be funded by the NDIS or other parties	Supports generally funded by other parties
<ul style="list-style-type: none"> ● Assistance with daily personal activities – individualised assistance associated with the functional impact on the participant's activities of daily living, that are required by an individual regardless of the activity they are undertaking, including personal care at school (e.g. for assistance with eating). 	<ul style="list-style-type: none"> ● Aids and equipment <ul style="list-style-type: none"> ● NDIS: aids and equipment which are required by a participant for the purpose of improving functioning regardless of the activity they are undertaking (e.g. hearing aids, wheelchairs, personal communications 	<ul style="list-style-type: none"> ● All aspects of teaching and learning, including: <ul style="list-style-type: none"> ● Learning-specific aids, equipment and resources, ● Teaching and learning assistance, including teachers assistants and tutors, in any recognised educational setting

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<ul style="list-style-type: none"> ● Assistance in coordinating or managing life stages, transitions and supports – specialist support to assist a participant transition to school or to post-school options (e.g. to further education, training or employment) such as building the participant’s capacity for independent living and self-care, development of social and communication skills, development of specialist behaviour management plans and enabling the participant to travel independently to their place of education. 	<p>devices), but not related to medical or surgical procedures. See decision tree attached.</p> <ul style="list-style-type: none"> ● Other parties: aids and equipment, which are: <ul style="list-style-type: none"> ● A reasonable requirement to enable access to school buildings (e.g. ramps, lifts, hearing loops, or other capital works), and/or ● Required primarily for educational purposes (e.g. modified computer hardware, education software, braille textbooks), and/or ● Fixed or non-transportable in schools that enable a student to access education (e.g. hoists). ● Assistance with transport <ul style="list-style-type: none"> ● NDIS: specialist transport to and from school/education facility required as a result of a participant’s disability (where no other transport option is appropriate and is not substituting for parental responsibility), ● Other parties: transport for school activities (e.g. excursions, sporting carnivals) or responsibilities of transport providers (e.g. reasonable adjustments to buses). ● Specialist support and training <ul style="list-style-type: none"> ● NDIS: for school staff related to the individual personal support needs of a participant, including individually tailored specialist behaviour management plans, ● Other parties: for school staff to support and engage students with disability at school and in the classroom. ● Therapeutic support - including assistance by allied health professions such as speech and language pathology, physiotherapy, occupational therapy, audiology, osteopathy, behavioural optometry and therapy delivered by a therapy assistant under the supervision of the therapist: <ul style="list-style-type: none"> ● NDIS: to specifically support a participant’s functional capacity which are delivered in schools or other education facilities for non-educational purposes (i.e. where the school venue is being used, but the therapy is not for school purposes), ● Other parties: where it is primarily for the purpose of educational attainment, participation in the school curriculum or a clinical support (see the Operational Guideline – Mainstream Interface – Health (excluding mental health)) 	<p>(including alternative education and home-schooling),</p> <ul style="list-style-type: none"> ● Curriculum adjustments such as personalising learning to meet a student’s individual learning needs, ● The general supervision of students while undertaking educational activities, including supervision during lunch breaks and in the school social environment, ● Providing day-to-day supervision for participants of school-age who are temporarily or permanently excluded from school or are attending school on reduced hours, ● Inclusion supports that enable a person with disability to access teaching and learning, such as an Auslan interpreter. ● Skills, capacity and other forms of training and general transition supports – specifically for students with disability delivered in schools through the Australian curriculum. ● Building modifications and fixed aids and equipment within schools - including those used for personal care such as hoists. ● School fees – including for mainstream school settings and any specialist schools which may have a particular focus on students with disability.

Higher education, vocational education and training

Supports generally funded by NDIS	Supports which, dependent on their purpose, may be funded by the NDIS or other parties	Supports generally funded by other parties
<ul style="list-style-type: none"> ● Assistance with daily personal activities – individualised assistance associated with the functional impact on the participant's activities of daily living, including personal care while attending higher education and Vocational Education and Training (VET) activities (e.g. for assistance with eating) ● Assistance in coordinating or managing life stages, transitions and supports – specialist support to assist a participant transition to higher education or VET to post-education options such as building the participant's capacity for independent living and self-care, development of social and communication skills, development of specialist behaviour management plans and enabling the participant to travel to their place of education 	<ul style="list-style-type: none"> ● Aids and equipment <ul style="list-style-type: none"> ● The NDIS: aids and equipment which are required because of a participant's functional impairment and required regardless of the activity they are undertaking (e.g. hearing aids, wheelchairs, personal communications devices), but not any requiring medical or surgical procedures ● Other parties: aids and equipment, which are: <ul style="list-style-type: none"> ● A reasonable adjustment to enable access to an institution (e.g. ramps, lifts, hearing loops, or other capital works), and/or ● Required for an educational outcome (e.g. modified computer hardware, education software, braille textbooks), and/or ● Fixed or non-transportable in higher education and vocational education and training that enable a student access to education (e.g. hoists). ● Assistance with transport <ul style="list-style-type: none"> ● The NDIS: specialist transport to and from a higher education and VET facility required as a result of a participant's disability and only in circumstances where the participant is unable to use public transport and where no other transport option is appropriate, ● Other parties: transport for educational activities (e.g. excursions, field trips) or responsibilities of transport providers (e.g. reasonable adjustments to busses) ● Specialist support and training <ul style="list-style-type: none"> ● The NDIS: for higher education and VET staff related to the individual personal support needs of a participant, including individually tailored plans, ● Other parties: general education and training for education staff to support and engage students with disability in general ● Therapeutic support, including assistance by allied health professions such as speech and language pathology, physiotherapy, occupational therapy, audiology, and therapy delivered by a therapy assistant under the supervision of the therapist: <ul style="list-style-type: none"> ● The NDIS: to support a student's functional capacity which are delivered in education facilities for non-educational purposes (i.e. where the education facility is being used, but the therapy is not for educational purposes), ● Other parties: where it is primarily for the purpose of educational attainment, participation in the curriculum or a clinical support (see Operational Guideline – Supports in the Plan – Health. 	<ul style="list-style-type: none"> ● All aspects of teaching and learning, including: <ul style="list-style-type: none"> ● learning-specific aids, equipment and resources, ● teaching and learning assistance, including teachers assistants and tutors, in any recognised educational setting (including alternative education), ● curriculum adjustments such as personalising learning to meet a student's individual learning needs, ● the general supervision of students while undertaking educational activities, ● inclusion supports that enable a person with disability to access teaching and learning, such as an Auslan interpreter ● Building modifications and fixed aids and equipment – within education institutions, including those used for personal care such as hoists, and modifications to education accommodation facilities such as student accommodation

Supports generally funded by NDIS	Supports which, dependent on their purpose, may be funded by the NDIS or other parties	Supports generally funded by other parties
	<ul style="list-style-type: none"> ● Higher education and vocational education and training course fees – <ul style="list-style-type: none"> ● The NDIS: course fees for training which is to develop personal, life skills or work readiness development (such as a Certificate 1 in Work Readiness), ● Other parties: course fees for general learning (e.g. French language course) and vocation-specific courses (e.g. Diploma in Horticulture) 	

Employment

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<ul style="list-style-type: none"> ● Personal supports – associated with the functional impact of the participant's disability on their activities of daily living, including work based personal care for employment activities where this is required regardless of whether the participant is working, looking for work, volunteering or other community activities (including support that may have previously been provided under the Work Based Personal Assistance Program). ● Assistance to access and maintain employment – supports that assist a participant who is not eligible for DES or JSA to build their skills and capacity to participate in employment, as well as assistance to find and maintain appropriate employment in the open market or in supported employment (e.g. Australian Disability Enterprise). ● Supported employment – where a participant is provided with frequent and ongoing supports in order to take part in work where the participant has work capacity, including supports delivered through Australian Disability Enterprises and is unlikely to be able to find or retain work in the open market. 	<ul style="list-style-type: none"> ● Aids and equipment <ul style="list-style-type: none"> ● The NDIS: aids and equipment which are required by a participant regardless of the activity they are undertaking and can be used both at work as well as in other domains of the participant's life (e.g. hearing aids, wheelchairs, personal communications devices), but not requiring any medical or surgical procedures ● Other parties: aids and equipment, which are: <ul style="list-style-type: none"> ● A reasonable adjustment to enable access to a workplace (e.g. ramps, lifts, hearing loops, or other capital works), and/or ● Required for an employment outcome (e.g. modified computer hardware, specialist software, Braille documents), and/or ● Fixed or non-transportable in the place of employment (e.g. hoists) ● Transport <ul style="list-style-type: none"> ● The NDIS: specialist transport to and from employment required as a result of a participant's disability (where no other transport option is appropriate), ● Other parties: transport for employment activities (e.g. work meetings) or the responsibility of transport providers (e.g. reasonable adjustments to busses) ● Specialist support and training <ul style="list-style-type: none"> ● The NDIS: support and assistance for colleagues working with a participant relating specifically to the participant's personal support needs, ● Other parties: to assist workplaces to provide for the needs of people with disability in general ● Therapeutic support – including assistance by allied health professions such as speech and language pathology, physiotherapy, occupational therapy, audiology, and therapy delivered by a therapy assistant under the supervision of the therapist: <ul style="list-style-type: none"> ● The NDIS: to support a participant's functional capacity which are delivered in workplaces for non-employment purposes, ● Other parties: where it is primarily for the purpose of employment or a clinical support (see also r.7.4 and 7.5 of the Supports for Participants Rule (interfaces with health)). 	<ul style="list-style-type: none"> ● Employment Service Programs – to assist people eligible for DES and JSA to prepare for, find and keep a job, including: <ul style="list-style-type: none"> ● employment preparation assistance, ● sourcing paid and/or unpaid work experience opportunities and/or work trials, ● contacting employers and referring suitable participants to vacancies, ● identifying the needs of local employers and developing skills and training activities for participants which match those needs, ● assisting employers with job design, ● providing assistance, training and information for employers and staff to support people with disability in the workplace, ● providing information to employers and assisting employers to access and arrange employer incentives or wage subsidies, such as through the Wage Subsidy Scheme and the Supported Wage System, ● training, work hardening or physical conditioning programs, ● job search assistance, including advice on the availability, location and use of job search facilities in the local area which are available for no charge; advice on career options and employment preparation assistance, ● providing tailored ongoing support to assist participants to maintain their employment, apprenticeship or traineeship ● Workplace modifications and provision of accessible infrastructure – modifications to general employment amenities and workplaces, including accessing funding through the Employment Assistance Fund ● Disability Discrimination Requirements – that are covered by reasonable adjustment required under the Disability Discrimination Act 1992, and supports which are required to be provided under the Disability Standards for Education to enable people with a disability to participate in education and training.

Housing and community infrastructure

Supports generally funded by NDIS	Supports which, dependent on their purpose, may be funded by the NDIS or other parties	Supports generally funded by other parties
<ul style="list-style-type: none"> ● Personal and domestic assistance which is provided to assist participants with ongoing functional impairments and allows the participant to live independently in the community. ● Supports which build a participant's capacity to live independently in the community where these needs arise from a participant's functional impairment including living skills training, money and household management, social and communication skills and behaviour management. ● Supports which assist a participant to obtain and maintain accommodation and/or tenancies where these needs arise from a participant's functional impairment. ● The additional cost of accommodation (user costs of capital) – only in some circumstances for disability-specific housing options. Advice from National Office is required prior to the approval of user costs of capital in a participant's plan. 	<ul style="list-style-type: none"> ● Home modifications: <ul style="list-style-type: none"> ● NDIS: for participants in private dwellings, including where the participant owns or is privately renting the property, and for participants living in legacy public and community housing dwellings on a case-by-case basis and not to the extent that it would comprise the responsibility of housing authorities to develop, maintain and refurbish stock that meets the needs of people with disability, ● Other parties: modifications to accommodation owned by a public housing authority or a community housing provider. 	<ul style="list-style-type: none"> ● Affordable housing– the provision of accessible and affordable accommodation options that meet the needs of people with disability. ● Income support which is provided to assist participants with the cost of housing, including government pensions and allowances such as Rent Assistance. ● Public and community housing services including public or community housing and routine tenancy support services. ● Homelessness services – prevention, outreach and emergency accommodation. ● Housing support services that assist participants with the cost of rental accommodation or home purchase, such as rental bonds, general tenancy support services, mortgage relief and home purchase assistance. ● Provision of accessible community infrastructure, including modifications to general community amenities and community buildings.

Transport

Supports generally funded by NDIS	Supports which, dependent on their purpose, may be funded by the NDIS or other parties	Supports generally funded by other parties
<ul style="list-style-type: none"> ● Training and support to use public transport where these needs arise from a participant's functional impairment. ● Aids and Equipment – including <ul style="list-style-type: none"> ● Vehicle modifications to a private vehicle, and associated maintenance, ● Driver assessment and training. ● Community transport, taxi and other private transport costs for participants with ongoing functional impairments which make public travel unfeasible or inappropriate. 	-	<ul style="list-style-type: none"> ● Concessions for public transport – including where a full concession is offered. ● Public transport systems. ● Modifications to public vehicles such as buses or taxis. ● Disability parking schemes.

Justice

Supports generally funded by NDIS	Supports which, dependent on their purpose, may be funded by the NDIS or other parties	Supports generally funded by other parties

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<ul style="list-style-type: none"> ● Disability supports for people on community-based orders – including supports required by the participant as a result of their functional impairment to meet any court-imposed conditions (e.g. transport assistance and assistance with personal care) ● For people in custody (see r.7.24(b) of the Supports for Participants Rules): <ul style="list-style-type: none"> ● aids and equipment required by a participant for the purpose of improving functioning regardless of the activity they are undertaking but not fixed aids and equipment such as a hoist (in the same way as for people not in custody to the extent appropriate in the circumstances of the person's custody), and ● supports to facilitate the participant's transition from custody to the community where these needs are specific to the participant's disability and additional to transition needs of other people living in custody 	<p>For people living in the community:</p> <ul style="list-style-type: none"> ● Assistance in managing life stages, transitions and supports, can be funded by the NDIS or by other parties. In determining which system is more appropriate, the system that is delivering the majority of supports is usually more appropriate to assist in the coordination of these supports: <ul style="list-style-type: none"> ● NDIS: assistance where the majority of the coordination and transition supports relate to supports funded by NDIS, or to non-clinical supports, ● Other parties: assistance where the majority of the coordination and transition supports relate to supports funded by other parties. ● Development of daily living and life skills and behavioural support– where the participant requires support specifically related to the functional impairment to live as autonomously as possible, including skills in daily life activities, communication and social skills, problem solving and behaviour management. <ul style="list-style-type: none"> ● NDIS: supports that build the participant's general capacity and functional ability, such as social relationships, communication, behaviour management, and ● Other parties: supports are specific to offending behaviours, such as programs that aim to reduce specific criminal behaviours ● Assistance with daily life tasks in a group or shared living arrangement – where the participant requires an integrated accommodation and support setting in order to assist them with activities of daily living, including supervision to address behaviours of concern: <ul style="list-style-type: none"> ● NDIS: where this support is in a community-based setting (i.e. the primary purpose of the support is to support the participant with activities of daily living rather than to protect the community or for clinical treatment), and ● Other parties: where the setting is designed specifically to protect the community, prevent offending or deliver clinical services 	<ul style="list-style-type: none"> ● Legal support – guardianship, advocacy, community visitors, legal aid, victims or witnesses of crime ● Management and compliance services - to ensure compliance with court or parole orders for people living in the community ● Day-to-day supervision and operations of custodial settings and custody-like settings (except aids/transition as outlined above). See Rule 7.24(a).

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