

Disability-related health supports

Quick summary: Disability-related health supports are health supports that relate directly to the functional impact of your disability. If you need help to manage a health condition because of your disability, we may fund disability-related health supports to help you manage that condition. This could include expert training for you or your support providers. Supports could also include someone to provide some disability-related health supports for you and some specific types of equipment. We can't fund supports to treat your health condition. The Australian health system provides health services to everyone for illnesses or chronic health conditions.

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What do we mean by disability-related health supports?

All Australians have an equal right to access the health system, whether or not they have a disability. The Australian health system provides health services to treat illnesses or health conditions.

A disability-related health support is a support you may need to help you manage a health condition directly because of your disability. Or, to help you to manage your health or health condition if your disability means you can't do this on your own.

When we make decisions about what disability-related health supports we fund, we consider [the principles we follow to create your plan](#). These principles explain how we make sure you get the reasonable and necessary supports you need. They also help us make sure the NDIS is financially sustainable. This means we manage our funding so we can meet your disability needs now, as well as your needs and the needs of other people with disability in the future.

We provide supports to help you to be more independent and pursue your goals. The supports must directly relate to the functional impacts of your disability.¹ This means there needs to be a direct link between the disability-related health support you need and your disability.

The support should also help you undertake activities in your day-to-day life.² For example, the support might make it easier for you to live independently, go to school or work, see friends and family or do other activities.³

Disability-related health supports may include:

- funding for someone, such as a support worker, to provide your disability-related health supports
- training for your support workers or other people who support you such as family or friends
- consumables – the things you use. For example, continence products like catheter bags, pads, bottles and straps.

We may also fund some assistive technology as a disability-related health support. When we talk about assistive technology, we mean equipment, technology and devices that help you do things you can't do because of your disability. This could include:

- pressure care cushions or mattress, if you need regular care to prevent wounds or pressure sores because of your disability
- a cough assist machine, if you need support to maintain your respiratory health because of your disability.

Remember, we can't fund health supports that aren't directly related to your disability.⁴

What are the disability-related health support areas?

The [disability-related health supports](#) we fund, when this is directly related to your disability, include:

- **[Dysphagia supports](#)**: if you have trouble eating, drinking or swallowing on a daily basis.
- **Respiratory supports**: if you need support, care and planning to help you breathe and maintain respiratory health where this is compromised.
- **[Nutrition supports](#)**: if you need help with the way you eat or understanding the food you need.
- **[Diabetes management supports](#)**: if you need extra help to manage your diabetes, for example, testing your blood sugar level because you are unable to do this on your own due to the functional impact of your disability.
- **[Continence supports](#)**: if you need products to maintain your continence or someone to help you with toileting on a daily basis.
- **[Wound and pressure care supports](#)**: if you have slow to heal wounds, a condition that results in swollen arms or legs, or ongoing loss of feeling in your body or arms or legs, and you need regular skin, wound and pressure care.
- **[Podiatry supports](#)**: if you need assessment and development of a care plan to help look after your feet, ankles and lower limbs.
- **[Epilepsy supports](#)**: if you need help to monitor and manage seizures when they occur.

Remember, we can only fund these supports if they directly relate to your disability and help you undertake activities involved in day-to-day life.⁵ This means you're unable to manage your health on your own, or you need the support because of your disability.

You may need other disability-related health supports not covered in this list. Talk to us about what you need. If it's a [reasonable and necessary](#) support we may be able to fund it.⁶ If not, we can help find a service to support you.

What help can you get through the health system or other services?

What services are provided through the Australian health system?

The [Australian health system](#) provides services to anyone who needs help to manage their health. These services are called mainstream services. They are available to everyone, whether or not you have a disability. We can't fund a support if it's more appropriately funded or provided by one of these services.

Because you can get these services through the general health system, we can't fund:

- health services your state or territory health system or other schemes provide⁷
- health services available to all Australians through Medicare, such as doctor and specialist appointments to diagnose or treat health conditions or illnesses
- services or supports to manage a health condition that isn't related to your disability⁸
- clinical treatment of any health conditions, including ongoing or chronic conditions
- allied health services related to acute and post-acute services
- [health services to prevent disease and ill health](#) and support a healthier lifestyle for all Australians
- direct care supports while you are in hospital⁹
- rehabilitation or short-term medical care when you leave hospital¹⁰
- end-of-life and palliative care.¹¹

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

There may also be other specialist health services or private health insurance that is available to manage your health or treat a health condition. You will need to pay for these things yourself.

If you need help to manage your health or a health condition you should talk to your doctor first. If you need help to link to a doctor in your area talk to your local area coordinator, early childhood partner, support coordinator or planner.

What services can you get through Medicare?

[Medicare](#) helps all Australians with the costs of their health care. You can access Medicare to help pay for services to manage your health and chronic health conditions, such as diabetes, heart disease or arthritis.

If you have a health condition you should talk to your doctor first. They can link you to health services that are paid for through Medicare. You can continue to access health services from Medicare, even when you are a NDIS participant.

If you have a [long-term health condition](#) you should get treatment and services you need through Medicare. For example, if you have asthma you would need to see your doctor for treatment. Your doctor would tell you what medications you may need and information about living with asthma.

What services can you get through the Pharmaceutical Benefits Scheme?

[The Pharmaceutical Benefits Scheme](#) provides access to necessary medicines for Australians. It covers the costs of medicine for most medical conditions. If you need medicines the Pharmaceutical Benefits Scheme provides you should see your doctor, who will prescribe what you need.

Some medicines aren't covered under the Pharmaceutical Benefits Scheme, but we can't fund these for you. If a medicine isn't covered under the Pharmaceutical Benefits Scheme, you will need to pay for this yourself.

Talk to your local area coordinator, early childhood partner, support coordinator or planner if you need help to find out more about the Pharmaceutical Benefits Scheme.

What if you go into hospital?

While you're in hospital your state or territory health system are responsible for your care and support needs. For example, personal care or medication. Hospital staff are responsible for providing your care while you are in hospital.¹²

If you have a regular support worker who visits you at home, we won't fund them to provide care while you're in hospital. Any care plans that set out your personal care needs can be provided to hospital staff. They can then adapt and follow these plans while you're in hospital to provide this support.

If you have a disability, you have the right to the same health care as all Australians. The health system needs to adapt its services to meet your disability needs. For example, if you go into hospital, then it's the hospital's responsibility to meet your disability-related needs during your hospital stay.

In some cases, if you have complex care needs, we may fund a short period of time for your usual care provider to train hospital staff in your specific needs. Such as, extra training for hospital staff if you have a behaviour support plan or communication plan in place.

If you have funding for a support coordinator or recovery coach, this support can continue while you're in hospital. Your support coordinator or recovery coach can help you prepare for

discharge from hospital. They can also help set up any supports you may need when you leave hospital.

Your local area coordinator, support coordinator or recovery coach will also work with the hospital as part of the discharge planning the hospital provides.

We may fund disability-related health supports after you leave hospital if:

- you need it because of your disability
- it is not more appropriately funded by or provided by the health system or another service
- you need it to do day-to-day things like showering or eating.

If you need supports for a short time after you leave hospital, your state or territory health system will provide this. This could include things such as check-ups with a doctor after surgery, care until a wound heals or rehabilitation.¹³

Example

Abdul has autism. He had severe pain in his stomach and went to the emergency department at his local hospital. The doctor said the pain was from appendicitis. Abdul stayed in hospital to get his appendix removed.

Abdul's support worker took Abdul's communication and behaviour support plan to the hospital. The support worker helped to get Abdul settled and explained Abdul's communication and support needs to the hospital staff. The hospital staff followed Abdul's care plans and provided his personal care while he was in hospital.

After the surgery Abdul stayed overnight and left hospital the next day. Over the next few days Abdul had a check-up with his doctor. A nurse also visited him at home to check his wound and give him antibiotics. Abdul's local health system provided these services.

Do you have high electricity costs from running medical equipment?

Some disability-related medical equipment we fund may use more than the average amount of electricity. If you have high electricity costs from the use of medical equipment there are other government schemes that can help pay your electricity costs.

Talk to your local area coordinator, early childhood partner, support coordinator or planner if you need help to access another government scheme to help pay for your high electricity costs.

Do you need oxygen?

Your state or territory is responsible for providing you with oxygen supply and related equipment. Because you can get oxygen supply from your state or territory, we generally won't fund it.¹⁴

Talk to your local area coordinator, early childhood partner, support coordinator or planner if you need help to link to your state or territory oxygen scheme listed below.

[Australian Capital Territory Oxygen Scheme](#)

[New South Wales Health Oxygen Scheme](#)

[Northern Territory Oxygen Scheme](#)

[Queensland Health Oxygen Scheme](#)

[South Australia Oxygen Scheme](#)

[Tasmanian Health Oxygen Scheme](#)

[Victorian Health Oxygen Scheme](#)

[Western Australian Health Oxygen Scheme](#)

What if you are in custody?

If you are in custody, for example in prison, a youth detention centre or other setting ordered by the court, the justice system provides your day-to-day care and support needs. This includes your health support needs.¹⁵ Any disability-related health supports and personal care you need should be provided by the facility you are in.

Talk to your local area coordinator, support coordinator or planner if you're about to be released from custody. We can support your disability-related needs for your transition back into the community.

Learn more about [supports when you're in the justice system](#).

How do we decide what disability-related health supports we fund?

All NDIS funded supports need to meet the [NDIS funding criteria](#).¹⁶

Supports we fund need to meet all of the criteria. The following questions are a good starting point to work out if we can fund a disability-related health support:

- [Do you need the support because of your disability?](#)
- [Is the support value for money?](#)
- [Is the support effective and beneficial for you?](#)

- [Is the support more appropriately funded or provided by the health system or another service?](#)

When we fund disability-related health supports, we'll also look at what other supports you get through the health system and other mainstream and community supports. Your local area coordinator, early childhood partner, support coordinator or planner will work with you and other services to help you get the support you need.

Do you need the support because of your disability?

Firstly, the support you need to manage your health needs must be because of your disability.¹⁷ The supports we fund should help you to manage or reduce the impact your disability has on your day-to-day life. It should help you be more independent and do things like see your friends or go to work.

You can ask yourself, 'If I didn't have my disability, would I need this health support?' If the answer is 'No' then it's probably disability-related. If the answer is 'Yes, I would need this even if I didn't have a disability' then it's unlikely to be disability-related.

Remember, we don't fund health and medical services that are already provided through the [health system](#) or other specialist health services.

Learn more about [services provided through the Australian health system](#).

Is the support value for money?

When we fund a support it will need to be value for money compared to other options. To make sure the support is value for money we'll look at:

- whether it's cheaper to buy or rent the equipment
- who is the most appropriate person to deliver the support, for example a family member, support worker or nurse
- whether there is another lower-cost support that would get the same result.

We'll also look at whether the support will benefit you in the long-term or if it will allow you to be more independent and reduce your supports in the future.¹⁸

Example

Hannah has Down syndrome and diabetes. She needs to test her blood sugar level daily with a finger prick test but, due to her disability she is unable to do this herself. She is about to move into her own home and will have some help each day from a support worker.

Hannah would like her support worker to be able to help her safely test her blood sugar level. Hannah has funding included in her plan so that her support worker can be trained to safely test her blood sugar level instead of a nurse.

This is value for money because Hannah's support worker is already visiting each day. It isn't reasonable and necessary to fund a nurse to come each day as well. This is because Hannah's support worker is able to safely help with testing Hannah's blood sugar level.

Is the support effective and beneficial for you?

We have to make sure the disability-related health support is effective. This means it will do what you need it to do. We also have to consider if it's beneficial. This means it will work and make things better for you, or it will help you do more things by yourself.

We also take into account your experience. For example, if you've used the disability-related health support before and it's worked for you. Or, how effective the supports have been for other people with similar needs as you.

Is the support more appropriately funded or provided by the health system or another service?

We have to consider if it's more appropriate for you to get the support from the health system or another service.¹⁹ Some health supports are available to everyone through things like hospitals, dentists and Medicare. We can't fund it if you can get the support from the health system or another service.

For us to fund it, the support must relate to your disability and you must need it on a regular basis. It should be a repeated or fixed pattern of need. This could be every day, week or month.

Sometimes you won't need a support on a regular basis, you might only need it once or only for a short time. If this is the case, it's likely that this is more appropriately provided by the health system or another service.²⁰

Learn more about the [help you can get through the health system or other services](#).

Example

Clive falls over and cuts his hand. He goes to the emergency department of his local hospital to get stitches. The hospital tells him to see his local doctor to get the dressing changed every 2 days and the stitches removed after 4 weeks when it will be fully healed.

Clive wants the NDIS to fund a nurse to come to his home to change the dressing and remove the stitches. This is not a reasonable and necessary support because the wound care is the result of a one-off injury. Clive doesn't need the support on an ongoing and regular basis and the wound isn't related to his disability. The health system provides all his medical and health care needs for this injury as this was a once-off incident.

Example

Maria had a stroke 5 years ago and is now a NDIS participant. After her stroke Maria needs ongoing and regular support to move around at home and carry out her personal care by herself. She also needs ongoing support from a speech pathologist so she can swallow and eat safely.

Maria uses a walking stick, grab rails or chair arms to move around at home by herself. She uses a shower chair to shower and dress by herself. She also gets regular support and exercises to do from a speech pathologist. This helps her to reduce the risk of food or fluids entering her airway when eating, and to maintain her swallowing. We fund these supports for Maria as they relate to her disability, and she needs them on an ongoing and regular basis.

Maria then becomes unwell with an infection in her lungs. She goes into hospital for 3 weeks for treatment. Maria recovers from the infection. But while she was sick and in hospital, she lost some of her ability to move around, shower and care for herself.

After hospital Maria moves to her local rehabilitation service to get physiotherapy and occupational therapy for 2 weeks. The rehabilitation service helps Maria to move around and care for herself again. After her stay at the rehabilitation service, Maria goes home and has visits from her community health rehabilitation service for another 4 weeks. These services are provided by Maria's local health system, as they relate to her recovery from a short-term illness.

Maria completed her 4-week rehabilitation program at home. Her occupational therapist recommended a new support for Maria so she can continue to move around her house and carry out her personal care by herself. We'll fund this support as Maria now needs it on an ongoing and regular basis so she can move around by herself at home.

Are you an NDIS participant living in residential aged care?

If you are a NDIS participant living in residential aged care your aged care provider is responsible for your disability-related health supports.

Learn more about supports we fund for [people living in residential aged care](#).

What if you need someone with training to provide the support you need?

For some disability-related health supports you might need someone who is trained to deliver the support you need. For example, you might need someone who is trained to help you to eat safely or re-position you to prevent pressure areas and wounds. This may be someone such as a support worker or a physiotherapist.

Who will we fund to provide your supports?

There are some types of disability-related health supports only an appropriately qualified practitioner can provide. This could be a nurse or a qualified therapist.

For example, only a nurse can change a urinary catheter or teach a support worker to provide a feed safely using a percutaneous endoscopic gastrostomy (PEG). If you need a specific person to deliver a support, we'll fund who is most appropriately able to do this.

Do we fund training for someone else to provide your supports?

Yes, for some disability-related health supports a support worker, family member or friend may be able to provide your supports. If someone else can provide your disability-related health supports they should be trained by a qualified practitioner.

For example, a speech pathologist can train a family member to help you to eat safely. Or a nurse can train your support worker to prevent pressure sores and wounds.

We'll fund training for the person who will provide your supports. The person should:

- be trained for that task specifically for you
- have experience in that task
- be competent to provide the support.

Think about who you would like to provide your disability-related health supports. You may have some choices. We can fund their training, but this will depend on:

- your individual needs and the type of support to be delivered
- where the support is provided
- any rules your state or territory has about who can provide the support
- whether the support you need requires someone who has specific skills and qualifications
- whether the support is value for money compared to other options.

What is registered nurse delegation and supervision of care?

For some disability-related health supports a registered nurse may be able to train and delegate key tasks to a support worker or enrolled nurse. This trained worker would directly provide you with the support where they are competent in the task. This is called 'delegation and supervision of care'. It allows a registered nurse to delegate nursing tasks to the most appropriately qualified person.

Can a disability-related health support be delegated?

Yes, some disability-related health support tasks can be delegated by a registered nurse to another worker. This means that a trained person, such as a support worker or enrolled nurse will complete the task for you, instead of a registered nurse.

If a family member, friend or carer can't complete the tasks, we'll fund a support worker or enrolled nurse to provide you with your disability-related health support.

How do we know what tasks can be delegated?

First, we'll need to know if the support you need can be delegated to another person. If you're about to leave hospital, we'll get this information from your discharge plan or your most recent nurse care plan. These plans should be completed by your treating clinician or a registered nurse.

The discharge plan or nurse care plan should outline:

- what tasks need to be provided
- who is the most appropriate person to provide the care
- your individual needs
- the complexity of tasks
- any risks.

It is the registered nurse who must decide if a task can be delegated or not, as they remain responsible for the care being provided.

A registered nurse can't delegate a task if your health needs are inconsistent or likely to change. Also, some tasks can't be delegated and will need to be done by a registered nurse.

What remains the responsibility of the registered nurse?

When a registered nurse delegates a task they retain responsibility for the tasks being provided. Before a registered nurse can delegate a task to someone else, they must make sure the person is trained and competent to do that task. They must also be available for direct and indirect supervision of the person doing the task.

We'll include enough funding in your plan for a registered nurse to complete the following delegation of care and supervision tasks:

- create a health assessment
- create a care plan and update as needed
- deliver training to support workers

- complete an assessment at different locations, such as a school or workplace, if needed
- ongoing supervision.

The registered nurse must also decide who the most appropriate person is to do a task. The nurse care plan should outline this. We'll fund the most appropriate person to do the task, as outlined in the nurse care plan, or discharge plan.

What level of support do you need?

Once we know the task can be delegated we'll need to decide what level of support you need. This is to make sure we include enough funding in your plan for the registered nurse to assess, train and supervise the worker doing the delegated task.

There are three levels of support. These are based on the number of tasks and the complexity of the supports you need. The levels of support are:

- [Low](#)
- [Intermediate](#)
- [High](#)

Low level supports

Low level supports means you need a registered nurse to delegate tasks in up to 2 [disability-related health support areas](#). For example, if you need supports provided in only one or 2 disability-related health support areas, such as, diabetes management supports and podiatry supports.

What level of worker will we fund if you need low level supports?

We will also include enough funding for a support worker to be trained by the registered nurse and to provide the delegated tasks. If you need low level supports we'll include funding for a support worker at the High Intensity Supports, Disability Support Worker Level 2.

Learn more about what we consider as High Intensity Supports and the different levels of disability support workers in our [NDIS Pricing Arrangements](#).

Intermediate level supports

Intermediate level supports means you need a registered nurse to delegate tasks in 3 different [disability-related health support areas](#). For example, continence, diabetes management and wound and pressure care supports.

What level of worker will we fund if you need intermediate level supports?

We will also include enough funding for a support worker to be trained by the registered nurse and to provide the delegated tasks. If you need intermediate level supports we'll include funding for a support worker at the High Intensity Supports, Disability Support Worker Level 2.

Learn more about what we consider as High Intensity Supports and the different levels of disability support workers in our [NDIS Pricing Arrangements](#).

High level supports

High level supports means you need a registered nurse to delegate tasks in 4 or more [disability-related health support areas](#). For example, if you need a task provided for epilepsy supports, wound and pressure care, nutrition supports and diabetes management supports.

What level of worker will we fund if you need high level supports?

We will also include enough funding for a support worker to be trained by the registered nurse and to provide the delegated tasks. If you need high level supports, we'll include funding for a support worker at the High Intensity Supports, Disability Support Worker Level 3.

Learn more about what we consider as High Intensity Supports and the different levels of disability support workers in our [NDIS Pricing Arrangements](#).

Example

Adam has a mild intellectual disability and has asthma. Adam has an asthma management plan developed by a nurse at his local doctor's clinic. He uses a puffer with a spacer first thing every morning and at night. Adam's asthma is well managed and stable with the daily use of a puffer.

Adam and his guardian understand he needs to use these each day. But Adam finds it hard to remember to use the puffer and he has difficulty putting it together and using it correctly.

As Adam can't manage his asthma due to his disability, we'll fund a registered nurse to provide training to Adam's support workers in his individual needs. Adam's support workers, who provide him with supports in the morning and at night, can help him to use his asthma puffer in line with his asthma management plan.

What about disability-related health supports for children?

Generally, families or carers are responsible for their child's daily support needs, including health needs. We may fund supports if your child needs substantially more help with health care than a child of the same age without a disability.²¹ As with adults, all supports for children need to meet the [NDIS funding criteria](#).

If your child needs extra disability-related health support, we'll also consider:

- your child's individual situation
- your capacity to provide support and any risks to your wellbeing if you provide support
- what [mainstream and community supports](#) are available.

The health system provides health services and check-ups for newborn babies and young children. This will often be through your midwife or a maternal and child health nurse. Talk to your early childhood partner, local area coordinator or support coordinator if you need help to link to your local child health services.

Example

Elise is 2 and a half years old and has cerebral palsy. She is able to pull to a stand and a goal in her NDIS plan is for her to be able to walk by herself. Elise's physiotherapist says that she requires orthotics made especially to suit her feet to continue to make progress with standing and walking.

Her mother said she thinks that Elise may need glasses and would like to get her eyes tested. We'll fund the cost of an assessment for the orthotics and the cost to have them made. Because these supports are directly related to her disability and not funded by other services. We wouldn't fund the cost of the optometrist assessment as this is funded through Medicare. If you need glasses, you must pay for these yourself.

How do you get disability-related health supports in your plan?

The categories of [disability-related health supports](#) available are:

- [Continence](#)
- [Diabetes management](#)
- [Dysphagia](#)
- [Epilepsy](#)
- [Nutrition](#)
- [Podiatry](#)
- Respiratory
- [Wound and pressure care](#)

If you need a support that isn't on this list talk to your local area coordinator, support coordinator, early childhood partner or planner about what you may need. If it is a [reasonable and necessary](#) support we may be able to fund it.²² If not, we can help find a service that can.

How can you get disability-related health supports if you already have a plan?

You can use the funding in your current plan for disability-related health supports if funding was considered and included when your plan was last approved.

If your situation has changed, you can ask for a change to your plan.²³ Or, if you think your current plan doesn't have enough funding for the disability-related health supports you need.²⁴ Learn more about [changing your plan](#).

We might be able to consider your request before the reassessment date in your plan. The information we'll need depends on the type of supports you need. If you've had an assessment, you can send this to us to start this process. For some supports you might also need to get a quote. We'll let you know if this is the case.

We have [assistive technology assessment templates](#) to help you or your assessor provide us with the information we need. Learn more about [completing an assistive technology assessment](#).

Talk to your local area coordinator, early childhood partner, support coordinator or planner who will be able to help you with the next steps.

Do you need to provide us with evidence?

Yes. If you need a disability-related health support, please contact us and let us know what you need. The evidence we need to include disability-related health support funding in your plan will depend on the type of supports you need.

Your health care provider or allied health practitioner should give you information about:

- the type and amount of support you need
- how the support relates to your disability
- whether you need the support on a regular and ongoing basis
- who is the most appropriate person to provide the support
- where the support will be provided.

We'll also let you know if we need more information, and what we need. You can give this to us at your planning meeting, or send this to enquiries@ndis.gov.au.

We have [assistive technology assessment templates](#) to help you or your assessor provide us with the information we need. Learn more about [completing an assistive technology assessment](#).

If you don't know what evidence you need to provide talk to your local area coordinator, early childhood partner, support coordinator or planner who will be able to help you.

What evidence do we need if someone else is going to provide your disability-related health supports?

You'll need to give us an assessment so we can include the right amount of funding in your plan. The assessment should be from your treating health professional, such as your doctor or your provider. It should describe the most appropriate level of worker who is able to provide your supports for example, a support worker or a nurse.

Learn more about disability-related health supports [if you need someone with training to provide the support you need](#).

What happens once you have disability-related health supports in your plan?

Once you have disability-related health support funding in your plan you can use your funding to get the supports you need. If you need help to use your funding, talk to your local area coordinator, early childhood partner, support coordinator or planner.

In some instances your provider will need to make sure they or their workers are registered with the NDIS Quality and Safeguards Commission, and are suitably qualified to provide the type of supports you need. It is the responsibility of your provider to do this.

You should speak directly with your provider if you are concerned about the quality or safety of the supports you receive from them. If you are still not satisfied with the quality of the supports you are receiving, you are entitled to lodge a complaint through the [NDIS Quality and Safeguards Commission](#).

What can you use your Core budget for?

You can use your Core budget for disability-related health supports like:

- getting someone to help you with things like personal care or following a mealtime management plan
- low-cost assistive technology, such as adaptive cutlery or plates
- consumables – the things you use, such as catheter bags, bandages, straps or tape.

What can you use your Capacity Building budget for?

If you have Capacity Building funding you can use this to get someone like a nurse or speech pathologist to assess you. They can then create a management plan to support your needs. This could be for things such as a continence assessment or a plan to help you eat safely.

You can also use your Capacity Building budget for training for someone, such as a support worker or family member, to help you with specific disability-related health tasks.

What can you use your Capital budget for?

You can use your Capital – Assistive Technology budget to buy or lease mid or high-cost assistive technology. Your plan may have a specific description of the approved assistive technology or provide details of who is most appropriate to prescribe certain supports for you. You'll need to use your funding on an item that matches this description.

You may need to give us a quote and assessment before you can buy some equipment. We'll let you know if you need to do this. If you need assistive technology you can learn more from [our assistive technology guideline](#).

Reference List

- ¹ NDIS (Supports for Participants) Rules rr 5.1(b), 7.4.
- ² NDIS (Supports for Participants) Rules rr 5.1(b), 7.4.
- ³ NDIS (Supports for Participants) Rules r 7.4.
- ⁴ NDIS (Supports for Participants) Rules r 5.1(b).
- ⁵ NDIS (Supports for Participants) Rules r 7.4.
- ⁶ NDIS Act s 34(1); NDIS (Supports for Participants) Rules.
- ⁷ NDIS Act s 34(1)(f).
- ⁸ NDIS (Supports for Participants) Rules rr 3.5, 7.5.
- ⁹ NDIS Act s 34(1)(f).
- ¹⁰ NDIS (Supports for Participants) Rules rr 3.5, 7.5(c)(ii).
- ¹¹ NDIS (Supports for Participants) Rules rr 3.5, 7.5(d).
- ¹² NDIS (Supports for Participants) Rules rr 3.5, para 7.5(b).
- ¹³ NDIS (Supports for Participants) Rules rr 3.5, 7.5.
- ¹⁴ NDIS Act s 34(1)(f)
- ¹⁵ NDIS (Supports for Participants) Rules r 7.5(a).
- ¹⁶ NDIS Act s 34(1).
- ¹⁷ NDIS (Supports for Participants) Rules r 5.1(b).
- ¹⁸ NDIS (Supports for Participants) Rules r 3.1.
- ¹⁹ NDIS Act s 34(1)(f).
- ²⁰ NDIS (Supports for Participants) Rules r 7.5(c).
- ²¹ NDIS (Supports for Participants) Rules r 3.4(a)(ii).
- ²² NDIS Act s 34(1); NDIS (Supports for Participants) Rules r 2.3.
- ²³ NDIS Act s47A(1A)(d), s48.
- ²⁴ NDIS Act ss47A;48