



NDIS Price Guide 2019-20

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Delivered by the
National Disability
Insurance Agency

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Version Control

The NDIS Price Guide is subject to change. The latest version of the NDIS Price Guide is available on the [NDIS website](#).

Version	Page.	Details of Amendment	Date
1.0			25 June 2019
1.1	6	<ul style="list-style-type: none">Text added to clarify the link between the Price Guide and the Support Catalogue	28 June 2019
	12	<ul style="list-style-type: none">Text added to clarify that non-registered providers are not eligible for the TTP.	
	13	<ul style="list-style-type: none">Text added to better distinguish between Core travel and Capacity Building travelAdded 4 examples of the application of the travel rules	
	18	<ul style="list-style-type: none">Text added to clarify that "no shows" are treated as short notice cancellations.Added an example of the application of the cancellation rules;	
	30	<ul style="list-style-type: none">Price limits in the Support Catalogue for group-based supports have been substantially revised.Text added to clarify that providers of group-based supports are not permitted to bill for non-face-to-face services as the hourly price limits for these supports include an allowance for non-face-to-face services.	
	40	<ul style="list-style-type: none">Further text added on Employment Related Assessment and Counselling supports.	
	40	<ul style="list-style-type: none">Further text added on Workplace Assistance supports.	
1.2	10	<ul style="list-style-type: none">Update reference and link to the MMM website.	23 Sep 2019
	10	<ul style="list-style-type: none">Added definition and list of isolated towns that were reclassified as Remote locations	
	15	<ul style="list-style-type: none">Inclusion of Participant Transport examples for claiming purposes.	
	20	<ul style="list-style-type: none">Included information on Disability Related Health Supports	
	25	<ul style="list-style-type: none">Content update for Supported Independent Living (SIL) providers using the latest SIL Tool template.	
	47	<ul style="list-style-type: none">Content updates for Early Childhood Early Intervention (ECEI).	
	48	<ul style="list-style-type: none">Included information on nursing support items	
1.3	23	<ul style="list-style-type: none">Terminology change from Weekday Evening to Weekday Afternoon.	1 Oct 2019
	39	<ul style="list-style-type: none">Clarification on claim types applicable to these supports.	
2.0	10	<ul style="list-style-type: none">Addition of 6 reclassified geographical locations	1 Dec 2019
	26	<ul style="list-style-type: none">Short Term Accommodation (STA) extended to respite supports.Introduction of Medium Term Accommodation (MTA) supports.	

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Scope of the NDIS Price Guide

Where possible, the National Disability Insurance Agency (NDIA) utilises market mechanisms to deliver the level of supply required by the National Disability Insurance Scheme (NDIS) to meet participant demand and deliver the correct mix of goods/services, produced at market clearing (efficient) prices. However, in underdeveloped or non-existent markets, reliance on a deregulated market mechanism may not meet participant demands; may not deliver adequate supply; may not deliver the correct mix of disability supports and may not produce efficient prices. To address these issues, the NDIA has a role, as market steward, to create an efficient and sustainable marketplace through a diverse and competitive range of suppliers who are able to meet the needs of a consumer driven market.

As part of its market stewardship role, the NDIA imposes price controls on some supports by limiting the prices that registered providers can charge for those supports and by specifying the circumstances in which registered providers can charge participants for supports. Price controls are in place to ensure that participants receive value for money in the supports that they receive. In the short to medium term, price controls are required for some disability supports because the markets for disability goods and services is not yet fully developed. The longer-term goal of the NDIA is to remove regulatory mechanisms from the markets for disability supports.

This Price Guide is a summary of NDIS price limits and the associated pricing arrangements that will apply from 1 July 2019 as set by the NDIA. It is designed to assist participants and disability support providers, both current and prospective, to understand the way that price controls for supports and services work in the NDIS. The price limits within this Price Guide are the maximum prices that Registered Providers can charge NDIS participants for specific supports. There is no requirement for providers to charge at the maximum price for a given support or service. Participants and providers are free to negotiate lower prices.

Currently, the NDIA varies its approach to the regulation of prices, depending on market conditions, between:

- **No regulation** (deregulated markets): this is typically used in cases where markets are highly competitive – for example, transport.
- **The imposition of price limits**: these represent a maximum allowable price payable by participants for types of supports. This approach is used in a significant number of markets, which are still developing and growing, such as those for attendant care.
- **Quotable supports**: in which participants are expected to obtain quotations from suppliers to provide to the NDIA, which will verify that the prices are fair and reasonable. This approach is typically used in the case of highly specialised, differentiated supports that may not have a high level of competition – for example, assistive technology. They are also used in cases, such as supported independent living, where a bundle of supports is being purchased.

This Price Guide is principally concerned with the rules that apply to NDIS supports that are subject to price limits.

A comprehensive list of all NDIS supports (“the Support Catalogue”) is at

<https://www.ndis.gov.au/providers/price-guides-and-pricing>.

The Support Catalogue:

- **includes item descriptors to assist providers to claim payments using a “best-fit” approach, and to assist participants in engaging and negotiating with service providers; and**
- **lists the price limits of those support items that are subject to price limits.**

In general, support items subject to price controls have a single national price limit. However, some Capacity Building supports have two price limits: one for New South Wales, Victoria, Queensland and the Australian Capital Territory; and a different price limit for South Australia, Western Australia, Tasmania and the Northern Territory.

The NDIA publishes separate price guides for:

- Assistive Technology at <https://www.ndis.gov.au/providers/housing-and-living-supports-and-services/providing-assistive-technology>.
- Specialist Disability Accommodation at <https://www.ndis.gov.au/providers/housing-and-living-supports-and-services/housing/specialist-disability-accommodation>

Application of this Price Guide

The price limits and other arrangements in this Guide must be followed when supports are delivered to NDIS participants who have either an agency-managed plan or a plan manager.

A provider of supports to a participant with an agency-managed plan (or of a support that is agency managed):

- must be a registered provider with the NDIS;
- must declare relevant prices to participants before delivering a service, including any notice periods or cancellation terms;
- must adhere to the arrangements in the Price Guide, including ensuring that their prices do not exceed the price limits prescribed in the Pricing Guide

Plan managers can purchase supports on behalf of participants from either registered or unregistered providers, but they are registered providers themselves, and therefore responsible for ensuring that prices paid for supports on behalf of their participants adhere to the arrangements in the Price Guide, including price limits.

Self-managing participants can use registered or unregistered providers and are not subject to the pricing arrangements in the Price Guide.

In addition, all registered providers, regardless of whether funding for the support is managed by the participant, by a registered provider, or by the NDIA, must not add any other charge to the cost of the supports they provide, including credit card surcharges, or any additional fees including any ‘gap’ fees, late payment fees or cancellation fees.

Support Purposes, Categories and Line Items

This section describes the way that the NDIS categorises disability supports. These categories can be relevant to rules for participants about how they can spend their support budgets, and for providers when seeking payment for delivered supports.

Support Purpose Types

NDIS participant budgets can be allocated to three separate types of support purpose:

1. CORE – Supports that enable participants to complete activities of daily living. Participant budgets often have a lot of flexibility to choose specific supports with their core support budgets, but cannot reallocate this funding for other support purposes (i.e. capital or capacity building supports).
2. CAPITAL – Investments, such as assistive technologies - equipment, home or vehicle modifications, or for Specialist Disability Accommodation (SDA). Participant budgets for this support purpose are restricted to specific items identified in the participant's plan.
3. CAPACITY BUILDING - Supports that enable a participant to build their independence and skills.

Support Categories aligned to the NDIS Outcomes Framework

Participant budgets are allocated at a support category level and must be used to achieve the goals set out in the participant's plan.

Support categories are aligned with the NDIS Outcomes Framework, which has been developed to measure goal attainment for individual participants and overall performance of the Scheme. There are eight outcome domains in the Framework, which help participants think about goals in different areas of their life and assist planners explore where supports in these areas already exist and where further supports are required. These domains are:

1. Daily Living	5. Work
2. Home	6. Social and Community Participation
3. Health and Wellbeing	7. Relationships
4. Lifelong Learning	8. Choice and Control

NDIS service providers should be aware that all supports and services for NDIS participants must contribute to the achievement of their individual goals as outlined in the participant's plan. Support purpose categories are designed to align with the Outcomes Framework and the 15 support categories (listed below). This helps participants choose supports that help them achieve their goals, and providers to understand how the supports they provide contribute to the participant's goals. The following table shows the links between support purpose types, domains in the Outcomes Framework and support categories.

SUPPORT PURPOSE	OUTCOME DOMAINS in FRAMEWORK	SUPPORT CATEGORY
CORE	Daily Living Daily Living Daily Living Social & Community Participation	Assistance with Daily Life Transport Consumables Assistance with Social & Community Participation
CAPITAL	Daily Living Home	Assistive Technology Home Modifications and Specialised Disability Accommodation (SDA)
CAPACITY BUILDING	Choice & Control Home Social and Community Participation Work Relationships Health & Wellbeing Lifelong Learning Choice and Control Daily Living	Support Coordination Improved Living Arrangements Increased Social and Community Participation Finding and Keeping a Job Improved Relationships Improved Health and Wellbeing Improved Learning Improved Life Choices Improved Daily Living Skills

Support items

Each support category has many specific supports and services that are recognised in the NDIS payment system. These are referred to as 'support items' and are, in most cases, not prescribed in participant plans.

Providers should claim payments against a support item that most closely aligns to the service they have delivered.

Each support item has a unique reference number, according to the following structure:



For example:

01_013_0107_1_1 - Assistance with Self-Care Activities - Standard - Saturday

Support Category	Sequence Number	Registration Group	Outcome Domain	Support Purpose
01	013	0107	1	1

Units of Measure

The NDIS payment system includes units of measure to suit each support item as follows:

• Each	• Hour	• Daily
• Week	• Month	• Annual

Claiming supports and services

Registered Providers can make a claim for payment for a support once that support has been delivered or provided. Where price limits apply, prices charged to participants must not exceed the price limit prescribed for that support in this Guide. Providers cannot add any other charges to the cost of the support, including credit card surcharges, or any additional fees including any 'gap' fees, late payment fees or cancellation fees unless otherwise stated in this Price Guide.

When claiming, it is the responsibility of the provider to ensure that the claim accurately reflects the supports delivered, including the frequency and volume of supports. Falsifying claims for any aspect of supports delivered is a serious compliance issue and may result in action against the provider. Providers are also required to keep accurate records of claims, which are subject to audit at any time.

Providers should claim payments against a support item that most closely aligns to the service they have delivered.

Service Agreements

A Service Agreement is a formal agreement between a participant and provider. They help to ensure there is a shared understanding of:

- expectations of what supports will be delivered and how they will be delivered; and
- the respective responsibilities and obligations of the provider and the participant and how to resolve any problems that may arise.

Service Bookings

Service bookings are used to set aside funding for an NDIS registered provider for a support or service they will deliver. Each service booking sets out the specific supports or support domains agreed to be provided and the length of time that agreement is applicable within the current participant plan dates. Service bookings are not the same as 'service agreements', which set out the terms and conditions negotiated with the participant.

The Agency recommends that service bookings should be created at the category level, where possible. This allows providers and participants to negotiate or access supports on a more flexible basis, especially for on-the-spot assessments or less predictable support needs. This is preferable to having to edit existing service bookings or create another service booking for that item at a later date or have funds locked into a support item that may not eventuate, which restricts funding for alternate services. **A provider must have a service booking in place to make a payment claim in the Portal.**

See the 'NDIS Myplace Provider Portal Step-by-step guide' on the NDIS website for further information: <https://www.ndis.gov.au/providers/working-provider/myplace-provider-portal-and-resources>.

Special NDIS Pricing Arrangements

Regional, Remote and Very Remote Areas

The NDIA uses the Modified Monash Model (MMM) to determine regional, remote and very remote areas using a scale based on population size and locality (see Table below).

Description	Zones	MMM	Inclusion
Metropolitan	MMM 1-3	1	All areas categorised as Major Cities of Australia.
Regional Centres		2	Areas categorised as Inner Regional Australia or Outer Regional Australia that are in, or within 20km road distance, of a town with population >50,000.
		3	Areas categorised as Inner Regional Australia or Outer Regional Australia that are not in MM 2 and are in, or within 15km road distance, of a town with population between 15,000 and 50,000.
Regional Areas	MMM 4-5	4	Areas categorised as Inner Regional Australia or Outer Regional Australia that are not in MM 2 or MM 3, and are in, or within 10km road distance, of a town with population between 5,000 and 15,000.
		5	All other areas in Inner Regional Australia or Outer Regional Australia.
Remote	MMM 6	6	All areas categorised Remote Australia that are not on a populated island that is separated from the mainland and is more than 5km offshore.
Very Remote	MMM 7	7	All other areas – that being Very Remote Australia and areas on a populated island that is separated from the mainland in the ABS geography and is more than 5km offshore.

Providers and participants can determine the MMM rating of a location using the Health Workforce Locator tool on the Department of Health's [website](#). NDIS geographic locations are based on the 2015 MMM (not the 2019 MMM).

In general, price limits are 40% higher in remote areas and 50% higher in very remote areas. There is no additional loading applied for supports in Metropolitan areas, regional centres or regional areas.

Providers should refer to support price limits based on where the support is delivered, which is not necessarily where the participant lives. For example, if a participant living in a Remote location visits a therapist in their capital city, the therapist should not attempt to claim a price that is higher than the price limit for the support in that city. On the other hand, if the therapist was to visit the participant in their local area to deliver the support, then the therapist could claim a price that is within the limit set by the 'Remote' Price Guide.

If local providers are not available, the NDIA may enter into arrangements (and at times contracts) with specific providers for provision of services to more remote regions. The contract with a service provider will specify the cost of travel and any other associated expenses in these areas.

Isolated Towns

From 1 August 2019, the NDIA has amended its geographic arrangements so that areas classified as 'regional' that are completely surrounded by 'remote' or 'very remote' areas are classified as 'remote' for planning and pricing purposes.

NDIA Enclave	Postcode	Location Name	State	MMM Rating	Reclassified MMM Rating
Hay	2711	Hay	NSW	5	6
	2711	Hay South	NSW	5	6
Balranald	2715	Balranald	NSW	5	6
Broken Hill	2880	Broken Hill	NSW	3	6
Roma	4455	Roma	QLD	4	6
	4455	Blythdale	QLD	5	6
	4455	Euthulla	QLD	5	6
	4455	Orange Hill	QLD	5	6
Emerald	4702	Comet	QLD	5	6
	4717	Blackwater	QLD	5	6
	4720	Emerald	QLD	4	6
Moranbah	4741	Coppabella	QLD	5	6
	4744	Moranbah	QLD	4	6
Dysart	4745	Dysart	QLD	5	6
Charters Towers	4820	Queenton	QLD	4	6
	4820	Charters Towers	QLD	4	6
	4820	Alabama Hill	QLD	4	6
	4820	Breddan	QLD	4	6
	4820	Broughton	QLD	4	6
	4820	Grand Secret	QLD	4	6
	4820	Millchester	QLD	4	6
	4820	Mosman Park	QLD	4	6
	4820	Richmond Hill	QLD	4	6
	4820	Southern Cross	QLD	4	6
	4820	Toll	QLD	4	6
	4820	Towers Hill	QLD	4	6
Merredin	6415	Merredin	WA	5	6
Kalgoorlie	6430	Kalgoorlie	WA	3	6
	6430	Broadwood	WA	3	6
	6430	Hannans	WA	3	6
	6430	Karlkurla	WA	3	6
	6430	Lamington	WA	3	6
	6430	Mullingar	WA	3	6
	6430	Piccadilly	WA	3	6
	6430	Somerville	WA	3	6
	6430	South Kalgoorlie	WA	3	6
	6430	West Kalgoorlie	WA	3	6
	6430	West Lamington	WA	3	6
	6430	Williamstown	WA	3	6
	6432	Boulder	WA	3	6
	6432	South Boulder	WA	3	6
	6432	Victory Heights	WA	3	6
Kambalda	6442	Kambalda West	WA	5	6
	6442	Kambalda East	WA	5	6

Temporary Transformation Payment (TTP)

Providers of attendant care and community participation supports who meet the eligibility criteria set out below will have access to a higher price limit through a Temporary Transformation Payment (TTP). This conditional loading will assist providers to continue transforming their businesses in the move towards a more competitive marketplace. This replaces the Temporary Support for Overheads. In order to access the higher TTP price limits, providers will have to:

- publish their service prices;
- list their business contact details in the Provider Finder and ensure those details are kept up-to-date; and
- participate annually in an Agency-approved market benchmarking survey.

TTP Providers will have to until 31 December 2019 to meet these requirements, and to include in their contractual arrangements with their participants that they are entitled to use the TTP support items (and price limits) because they are compliant with the TTP terms.

That is, in the first year, providers can commence making claims using the TTP items from 1 July 2019, and will have until 31 December 2019 to meet the three compliance requirements. In later years, providers will need to be compliant by the start of the financial year, noting that the Benchmarking Requirement is met up until 31 December of any year by the provider's intention to take part in the next Benchmarking Survey, and after that date by actual participation in the most recent Benchmarking Survey. Providers who become non-compliant during a financial year should not claim for TTP items while they are non-compliant.

Every support item in scope of the TTP has two support items and two price limits. The non-TTP items should be used by providers who are not compliant with the TTP conditions. The TTP items should be used by providers who are compliant with the TTP conditions, an example is given in the following Table.

01_011_0107_1_1	Assistance With Self-Care Activities - Standard - Weekday Daytime
01_011_0107_1_1_T	Assistance With Self-Care Activities - Standard - Weekday Daytime - TTP

There will be no formal registration process for TTP providers. Providers indicate that they intend to fulfil the TTP conditions by making a claim for a TTP support item through the payment system. They will be required to acknowledge compliance to the Price Guide terms, including the TTP terms if applicable, when submitting a payment request through the Myplace Provider Portal. By claiming TTP items through the NDIA payment system, or from a plan manager, providers are warranting that they have complied with the TTP conditions, or intend to comply with the TTP conditions by the relevant time.

Plan managers will not be responsible for ensuring providers are TTP compliant. They can accept the claim for a TTP support item by a registered provider as proof of TTP compliance. However, non-registered providers are not eligible for the TTP and plan managers should not use TTP line items to claim for services delivered by non-registered providers.

Claims for the new TTP support items can be made against existing service bookings that were made at the support category level.

Billing for non-direct services

Provider Travel

Providers can only claim travel costs from a participant in respect of the delivery of a support item if:

- the Support Catalogue indicates that providers can claim for Provider Travel in respect of that support item;
- the provider has the agreement of the participant in advance (i.e. the service agreement between the participant and provider should specify the travel costs that can be claimed); and
- the provider is required to pay the worker delivering the support for the time they spent travelling as a result of the agreement under which the worker is employed; or the provider is a sole trader and is travelling from their usual place of work to or from the participant, or between participants.

Where a provider claims for travel time in respect of a support then the maximum amount of travel time that they can claim for the time spent travelling to each participant (for each eligible worker) is 30 minutes in MMM1-3 areas and 60 minutes in MMM4-5 areas. (Note the relevant MMM classification is the classification of the area where the support is delivered.)

In addition to the above travel, capacity-building providers who are permitted to claim for provider travel can also claim for the time spent travelling from the last participant to their usual place of work. The maximum amount of travel time that they can claim for the time spent on return travel (for each eligible worker) is 30 minutes in MMM1-3 areas and 60 minutes in MMM4-5 areas. (Note the relevant MMM classification is the classification of the area where the support is delivered.)

Where a worker is travelling to provide services to more than one participant in a 'region' then the provider can apportion that travel time (including the return journey where applicable) between the participants, with the agreement of each participant in advance.

Claims for travel in respect of a support must be made separately to the claim for the primary support (the support for which the travel is necessary) using the same line item as the primary support and the "Provider Travel" option in the Myplace portal. When claiming for travel in respect of a support, a provider should use the same hourly rate as they have agreed with the participant for the primary support (or a lower hourly rate for the travel if that is what they have agreed with the participant) in calculating the claimable travel cost.

Remote and very remote travel

In remote areas, capacity-building providers may enter specific arrangements with participants to cover travel costs, up to the relevant hourly rate for the support item. Providers should assist participants to minimise the travel costs that they need to pay (e.g. co-ordinating appointments with other participants in an area, so that travel costs can be shared between participants).

Provider Travel Example 1 – Core support – Single Participant – MMM 1-3

(In this example, the support is 01_301_0104_1_1, which has a price limit of \$58.31 per hour)

A Provider travels for 25 minutes to a participant who is located in zone 3 of the Modified Monash Model. They provide two hours of support to the participant. They then spend 25 minutes returning to their usual place of business.

The provider and participant have agreed an hourly rate of \$50.00, which is below the price limit for this item. **They have also agreed that the provider can claim for travel time.**

The provider is entitled to apply the 30-minute time-cap against the 25 minutes of travel to the participant. They are not entitled to claim for the time spent travelling back to their usual place of business, even though some of that time could fit within the 30-minute time-cap. In total, 25 minutes of travel can be claimed.

The provider's claim for this support is in two parts, which should be shown separately on their invoice to the participant and claimed for separately in the system.

- \$100.00 for the two hours of support
- \$20.83 for the 25 minutes travel to the participant.

$$\left(\frac{25}{60}\right) \times \$50 \text{ agreed price} = \$20.83 \text{ travel claim}$$

Provider Travel Example 2 – Capacity building support – Single Participants – MMM 1-3

(In this example, the support is 15_056_0128_1_3, which has a price limit of \$193.99 per hour)

A Provider travels for 35 minutes to a participant who is located in zone 3 of the Modified Monash Model. They provide two hours of support to the participant. They then spend 25 minutes returning to their usual place of business.

The provider and participant have agreed an hourly rate of \$190.00. **They have also agreed that the provider can charge for their travel time.**

The provider is entitled to apply the 30-minute time-cap against the 35 minutes of travel to the participant. They are also entitled to claim for the time spent travelling back to their usual place of business by applying the 30-minute time-cap against the 25 minutes of return travel. In total, 55 minutes of travel can be claimed.

The provider's claim for these supports is in two parts, which should be shown separately on their invoice to the participant and claimed for separately in the system.

- \$380.00 for the two hours of support
- \$174.17 for the 55 minutes travel to the participant.

$$\left(\frac{55}{60}\right) \times \$190 \text{ agreed price} = \$174.17 \text{ travel claim}$$

Provider Travel Example 3 – Core support – Multiple Participants – MMM 4-5

(In this example, the support is 01_301_0104_1_1, which has a price limit of \$58.31 per hour)

A Provider travels for 65 minutes to Participant A who is located in zone 4 of the Modified Monash Model. They then provide two hours of the support to participant A. The provider then travels 25 minutes to Participant B, who is also located in zone 4. They deliver one hour of support to participant B. They then spend 45 minutes returning to their usual place of business.

The provider and participants have agreed an hourly rate of \$50.00. **They have also agreed that the provider can charge for their travel time and that the provider can apportion the costs of the travel between the participants.**

The provider is entitled to apply the 2x60 minute time-cap against the 65 minutes of travel to participant A and the 25 minutes of travel to participant B. They are not entitled to claim for the time spent travelling back to their usual place of business, even though some of that time is could fit under the 2x60 minute time-cap. In total, 90 minutes of travel can be claimed.

The provider's claim for these supports is in two parts for each participant, which should be shown separately on their invoice to the participant and claimed for separately in the system.

Participant A

- \$100.00 for the two hours of support to the participant
- \$37.50 for the 45 minutes travel to and between participants

Participant B

- \$50.00 for the two hours of support to the participant
- \$37.50 for the 45 minutes travel to and between participants

Provider Travel Example 4 – Core support – Multiple Participants – MMM 1-3

(In this example, the support is 01_301_0104_1_1, which has a price limit of \$58.31 per hour)

A Provider travels for 35 minutes to Participant A who is located in zone 3 of the Modified Monash Model. They then provide two hours of the support to participant A. The provider then travels 10 minutes to Participant B who is also located in zone 3. They deliver one hour of support to participant B. They then spend 25 minutes returning to their usual place of business.

The provider and participants have agreed an hourly rate of \$50.00. **They have also agreed that the provider can charge for their travel time. They have not agreed that the provider can apportion the costs of the travel between the participants.**

The provider is entitled to apply the 30-minute time-cap against the 35 minutes of travel to participant A. They are also entitled to apply the 30-minute time-cap against the 10 minutes of travel to participant B. They are not entitled to claim for the time spent travelling back to their usual place of business, even though some of that time is could fit under the 30-minute time-cap. In total, 40 minutes of travel can be claimed.

The provider's claim for these supports is in two parts for each participant, which should be shown separately on their invoice to the participant and claimed for separately in the system.

Participant A

- \$100.00 for the two hours of support to the participant
- \$25.00 for the 30 minutes travel to the participant

Participant B

- \$50.00 for the two hours of support to the participant
- \$8.33 for the 10 minutes travel to the participant

Participant Transport

Participant transport as part of a community participation support

Providing community participation supports may, at the request of a participant, involve a worker accompanying a participant on a community outing and/or transporting a participant from their home to the community. In these situations, the worker's time can be claimed at the agreed hourly rate for the relevant support item for the total time the worker provides support to one or more participants, including time spent accompanying and/or transporting the participant. Where a provider is transporting two or more participants on the same trip, the worker's time should be claimed at the appropriate group rate for the relevant support.

This claim should be made using the relevant community participation support item and against the participant's core budget. In essence, the participant transport is a part of the community participation activity and should be billed accordingly.

Contribution towards costs of transport itself

If a provider incurs costs, in addition to the cost of a worker's time, when accompanying and/or transporting participants in the community (such as cost of ticket for public transport, road tolls, parking fees and the running costs of the vehicle), they may negotiate with the participant for them to make a reasonable contribution towards these costs.

A participant's support budget may include funding for transport, and this funding can be used for these types of contributions, which should be clearly specified in the service agreement. If the participant's support budget does not include funding for transport, then these costs should not be met from the participant's plan, but can be charged as an out of pocket expense to the participant.

Participant Transport Example 1:

- the support being delivered is 04_104_0125_6_1 with a price limit of \$52.85 per hour
- the participant receives a **fortnightly instalment/periodic payment** towards transport costs.*

A Provider is delivering Assistance with Social and Community Participation services and is required to transport a participant from their home to a local swimming pool and back again, as part of that service.

The transport by taxi takes 25 minutes to arrive at the swimming pool, including the time to assist the participant to and from the vehicle and getting them set up to participate in the activity. They then provide 40 minutes of support to that participant. Afterwards, they spend 20 minutes returning the participant to their home by taxi.

The provider and participant have agreed an hourly rate of \$50.00, which is below the price limit for this item. This amount also applies to the **support worker's time when transporting participants**.

The provider's claim for the **support worker's time** will be claimed in the portal as:

- 40 minutes of direct service at the agreed price of \$50.00 per hour – that is, \$30.00 against line item 04_104_0125_6_1; and
- 45 minutes of transport time at the agreed price of \$50.00 per hour – that is, \$37.50 against line item 04_104_0125_6_1.

In addition, the participant pays for the taxi fares as an out-of-pocket expense in accordance with the Service Agreement in place with the provider—participants can use their fortnightly instalment/periodic payment or their own funds to pay the taxi fare directly or to reimburse the provider for the cost of the fare.

*While a fortnightly instalment/periodic payment is displayed as transport in the participant's Core Support budget, providers cannot claim against this item because it is paid in fortnightly/periodic instalments to the participant.

Participant Transport Example 2:

- the support being delivered is 04_104_0125_6_1, which has a price limit of \$52.85 per hour
- the participant has a **budget** allocated under **Transport as a core support** in their plan and is not receiving a fortnightly instalment/periodic payment.

A Provider is delivering Assistance with Social and Community Participation services and is required to transport a participant from their home to the shops and back again, as part of that service.

The transportation involves the provider's time to accompany the participant and the non-labour transportation costs associated with using the provider's/support worker's car, which takes a total of 40 minutes. The service delivery (time spent at the shops) takes 60 minutes.

The provider and participant have agreed on using the price limit, when claiming for the **support worker's time**. The participant has a **transport budget** and has agreed for the provider to claim for **the non-labour transport costs**, which in this case are the support worker's car park fee (\$5) and vehicle running costs at a rate as agreed with the participant of \$0.78* a kilometre (20 km) against support line 02_051_0108_1_1.

The provider's claim for the **support worker's time** will be shown separately to the **claim for the agreed non-labour transport costs** on the payment claim in the portal:

- 60 minutes of direct service at \$52.85 per hour – that is, \$52.85 against line item 04_104_0125_6_1;
- 40 minutes of transport time at \$52.85 per hour – that is, \$35.23 against line item 04_104_0125_6_1; and
- The non-labour transport costs for the provider's car park fee and vehicle running costs of \$20.60 against line item 02_051_0108_1_1.

*This is an example only and an agreed rate is negotiated between the provider and participant.

If the participant receives a **fortnightly instalment/periodic payment** towards transport costs rather than having a **budget** allocated under **Transport as a core support** in their plan, then they would pay for the non-labour transport costs as an out-of-pocket expense in accordance with **the Service Agreement in place with the provider**. Participants can use their fortnightly instalment/periodic payment or their own funds to pay this out-of-pocket expense directly or by reimbursing the provider.

Participant Transport Example 3:

- the support being delivered is 04_104_0125_6_1, which has a price limit of \$52.85 per hour
- participant A has a **budget** allocated under **Transport as a core support** in their plan and is not receiving a fortnightly instalment/periodic payment
- participant B shares a house with participant A and receives a **fortnightly instalment/periodic payment** towards transport costs.

A Provider is delivering Assistance with Social and Community Participation services to the two participants and is required to transport them from their home to the library and back again, as part of that service.

The transportation involves the provider's time to accompany the participants and the non-labour transportation costs associated with using the provider's/support worker's car, which takes a total of 40 minutes. The service delivery (time spent at the library) takes 60 minutes.

The provider and participants have agreed on using the price limit, when claiming for the **support worker's time**. Participant A has a **transport budget** and has agreed for the provider to claim for their share of **the total non-labour transport costs**, which in this case includes the support worker's car park fee (total \$5) and vehicle running costs at a rate as agreed with the participants of \$0.78* a kilometre in total (20 km) against support line 02_051_0108_1_1. Participant B has also agreed to pay their share of the total non-labour transport costs.

The provider's claim for the support worker's time will be shown separately to the claim for the agreed non-labour transport costs on the claim in the portal, and will apportion the costs between the participants:

- 30 minutes of direct service at \$52.85 per hour to participant A – that is, \$26.42 against line item 04_104_0125_6_1;
- 30 minutes of direct service at \$52.85 per hour to participant B – that is, \$26.42 against line item 04_104_0125_6_1;
- 20 minutes of transport time at \$52.85 per hour to participant A – that is, \$17.62 against line item 04_104_0125_6_1;
- 20 minutes of transport time at \$52.85 per hour to participant B – that is, \$17.62 against line item 04_104_0125_6_1; and
- **Half** the transport costs for the provider's car park fee and vehicle running costs to participant A – that is \$10.30 against line item 02_051_0108_1_1.

In addition, Participant B pays the provider for half the transport costs for the provider's car park fee and vehicle running costs (\$10.30) as an out-of-pocket expense.

*This is an example only and an agreed rate is negotiated between the provider and participant.

Cancellations

Where a provider has a short notice cancellation (or no show) they are able to recover 90% of the fee associated with the activity, subject to the terms of the service agreement with the participant. Providers are only permitted to charge for a short notice cancellation (or no show) if they have not found alternative billable work for the relevant worker and are required to pay the worker for the time that would have been spent providing the support.

A cancellation is a short notice cancellation if the participant:

- does not show up for a scheduled support within a reasonable time, or is not present at the agreed place and within a reasonable time when the provider is travelling to deliver the support; or
- has given less than two (2) clear business days' notice for a support that meets both of the following conditions:
 - the support is less than 8 hours continuous duration; AND
 - the agreed total price for the support is less than \$1000; or
- has given less than five (5) clear business days' notice for any other support.

Claims for a short notice cancellation should be made using the same support item as would have been used if the support had been delivered, using the "Cancellation" option in the Myplace portal. When making a claim for a cancelled support the provider should claim for the full agreed price of the support and indicate in the payment system that the claim is for a cancellation. The payment system will reduce the claim to 90% of the full-agreed price.

Cancellation Example 1:

(In this example, the support is 01_301_0104_1_1, which has a price limit of \$58.31 per hour)

A one-hour support is scheduled for 10 am on a Tuesday following a Public Holiday Monday.

The provider and participant have agreed an hourly rate of \$50.00 and have agreed that the provider can charge for short notice cancellations and no shows.

The participant cancels the support after 10 am on the preceding Thursday and the provider is not able to find alternative billable work for the relevant worker and is required to pay the worker for the time that would have been spent providing the support.

The provider's claim for this support should be made at the agreed rate for the service and indicate that the support was cancelled at short notice. The system will reduce the claimed amount by 10%.

There is no limit on the number of short notice cancellations (or no shows) that a provider can claim in respect of a participant. However, providers have a duty of care to their participants and if a participant has an unusual number of cancellations then the provider should seek to understand why they are occurring.

The NDIA will monitor claims for cancellations and may contact providers who have a participant with an unusual number of cancellations.

NDIA Reporting

Providers will be expected to provide progress reports to the participant and NDIS at agreed times. A provider may charge for the time taken to write a therapy report (including functional assessment) that is requested by the NDIA, and claim this against the appointment at the hourly rate for the relevant support item. A report requested by the NDIA is considered a report that is required at the commencement of a plan that outlines plan objectives and goals, and at plan review, which measures functional outcomes against the originally stipulated goals. Providers are also expected to make recommendations for ongoing identified needs (informal/community/mainstream and/or funded supports). Providers may charge for any other NDIA-requested therapy report that is stipulated as being required in a participant's plan.

Claims for a NDIS requested reports are made using the relevant support item, using the "NDIA Report" option in the Myplace portal.

Non-Face-to-Face Supports

Non face-to-face activities are billable as a support if:

- the activities are part of delivering a specific disability support item to that participant (rather than a general activity such as enrolment, administration or staff rostering); and
- the provider explains the activities to the participant, including why they represent the best use of the participant's funds (i.e. explains the value of these activities to the participant); and
- the proposed charges for the activities comply with the NDIS Price Guide, and
- the participant agrees to pay for the activities (preferably in a service agreement).

For example, the Assistance with Self Care support items are described as covering activities "Assisting with, and/or supervising, personal tasks of daily life to develop skills of the participant to live as autonomously as possible". Therefore, time spent on non-face to face activities that assist the participant - for example, writing reports for co-workers and other providers about the client's progress with skill development – could be charged against this support item. The costs of training and upskilling staff, and of supervision, are also included in the base price limits for supports and are not considered billable non-face-to-face supports. However, research undertaken by a capacity-building provider specifically linked to the needs of a participant and to the achievement of the participant's goals may be billable as a non-face-to-face support with the participant's prior agreement.

Service agreements with each client can 'pre-authorise' these activities, but providers should only charge a participant for delivering a support item if they have completed activities that are part of the support for that participant. Charging a fee that is not linked to completed activities would not be appropriate.

Time spent on administration, such as the processing of NDIS payment claims for all clients, is outside the description of the support item and should not be claimed from a participant's budget as a non-face-to-face support. The NDIS price limits include an allowance for overheads, so that providers can fully recover the efficient costs, including the costs of administration tasks. Examples

of administrative activities that are covered by the overhead component of the primary support price limits and that should not be billed as non-face-to-face supports include:

- Pre-engagement visits
- Developing and agreeing Service Agreements
- Entering or amending participant details into system
- Making participant service time changes
- Staff / participant travel monitoring and adjustment
- Ongoing NDIS plan monitoring
- Completing the Quoting tool
- Making service bookings and payment claims

In working out the cost of non-face-to-face supports, it is not appropriate to charge all participants an average additional fee. The additional fee must be worked out in each case and related specifically to the non-face-to-face supports delivered to the particular participant. This is not to say that the same additional fee might end up being charged to a number of participants, but it must be worked out separately.

Claims for a non-face-to-face supports are made using the relevant support item, using the “Non-face-to-face” option in the Myplace portal.

Disability-Related Health Supports

From 1 October 2019, the NDIS will fund disability-related health supports where these supports directly relate to a participant’s significant and permanent functional impairment and assist them to undertake activities of daily living. These supports are provided individually to participants and can be provided in a range of environments, including, but not limited to, the participant’s own home.

Participants are not permitted to claim for health supports from their plans when those health supports do not relate to their disability and when they do not require health supports on a regular basis. Those health supports will continue to be provided by the health system. Additionally, if a participant’s support needs become acute, that support should be provided in a hospital or another health setting by the relevant state/territory health care system or private health system and not be claimed from the participant’s plan.

The list below provides an indication of the majority of disability-related health supports that may be required by NDIS participants; however, it is not an exhaustive list. Disability-related health supports are expected to assist in areas such as:

- **Dysphagia:** for participants who have trouble eating, drinking or swallowing on a daily basis.
- **Respiratory:** for participants requiring help with their breathing and maintenance of their respiratory health, including any associated care, comfort, planning or supports

- **Nutrition:** for participants requiring help with the way they eat or understanding the food they need.
- **Diabetes:** for participants who have daily problems with how much sugar is in their blood.
- **Contenance:** for participants who need daily assistance with toileting (bladder and bowel).
- **Wound & Pressure Care:** for participants who need daily wound and pressure care (resulting from pressure wounds or swollen limbs).
- **Podiatry:** for participants who require help looking after their feet, ankles and lower limbs.
- **Epilepsy:** for participants who need daily help managing the way epilepsy affects the way their brain and nerves work.
- **Botox and Splinting:** It is unlikely Botox and splinting supports will be reasonable and necessary to include in a plan, as these are generally provided in a clinical setting.

Five types of disability-related health supports have been identified in the *NDIS Support Catalogue*:

- a) Provision of Disability-Related Health Supports by Disability Support Workers – these supports should be claimed using the standard Daily Personal Activities and High Intensity Daily Personal Activities support items;
- b) Assessment, planning and the provision of Disability-Related Health Supports by therapists these supports should be claimed using the standard ECEI and Therapy support items;
- c) Assessment, planning and the provision of Disability-Related Health Supports by nurses – these supports should be claimed using the new nursing support items;
- d) Consumables related to Disability Related Health Supports – these supports should be claimed using the new Low-Cost or High-Cost Disability Related Health Consumables support line items; and
- e) Assistive Technology related to Disability Related Health Supports – these supports should be claimed using the new Disability Related Health Assistive Technology support line items.

Additional information on disability-related health supports can be located on the [NDIA webpage](#).

Other Payment Considerations

This section outlines various other considerations that may be relevant to participants and providers. These should be reviewed when entering into a new Service Agreement or if there is a significant change in the participant's circumstances.

Medicare and insurance

Some elements of a participant's care may be covered by funds outside the NDIS. These expenses are commonly medical, including those covered by private health insurance or Medicare. These medical expenses are not funded under the NDIS, even if they are related to, or a symptom of the disability. These expenses should be claimed under the relevant health care scheme or insurance policy. Some providers (e.g. therapists) may need to distinguish between the health services and disability supports that they provide to a single client, and make separate payment

claims (e.g. claim payments from Medicare for health services, and the NDIS for disability supports).

Prepayments

Registered Providers can make a claim for payment once a service booking has been created and the support has been delivered or provided. Prepayment is not permitted unless the NDIA has given prior approval in writing to the Registered Provider. This will only occur in exceptional circumstances such as for certain assistive technologies, home modifications and remote area servicing where this has been agreed to by the participant.

Co-Payments for Capital items, including assistive technology

Co-Payments by the participant are not required; however, where the participant would like a customisation to a support or assistive technology that is not considered reasonable or necessary, they are required to pay for these themselves. These may include an aesthetic customisation to an assistive technology or modifications to a vehicle that are additional to the assistive components.

Goods and Services Tax (GST)

Many, but not all, NDIA supports provided to NDIS participants are GST-free. Further information about the NDIS and GST can be accessed on the [Australian Taxation Office website](#). Providers should seek independent legal or financial advice if they require assistance with tax law compliance. If GST is applicable to a support, the price limit is inclusive of GST.

Other fees (Commissions and exit fees)

Participants are generally not required to pay exit fees, even when changing provider's part way through a plan. A core principle of the NDIS is choice and control for participants, allowing them to change providers without expense. Further information on establishment fees claimable by the incoming provider can be found below under *Establishment fee for personal care/community access*.

Core – Assistance with Daily Life (includes Supported Independent Living)

This support category relates to assisting with and/or supervising personal tasks of daily life to enable the participant to live as autonomously as possible. These supports are provided individually to participants and can be provided in a range of environments, including but not limited to, the participant's own home.

Daily Personal Activities, including High Intensity Daily Personal Activities

A hierarchy of price limits applies to this group of supports, based on:

- A) the time of day that the support is delivered;
- B) the day of week that the support is delivered;
- C) whether the support is Standard Intensity or High Intensity;
- D) if the support is High Intensity then whether it is a Level 1 (Standard), Level 2 (High Intensity) or Level 3 (Very High Intensity) support; and
- E) whether the provider is eligible for the Temporary Transformation Payment.

Time of day and day of week

In determining which price limit is applicable to a support, providers should note that a support is considered to be:

- a Daytime Support is it is delivered between 6 am and 8 pm;
- an Afternoon (formerly Evening) Support if it is delivered after 8 pm and before 12 midnight; and
- an Overnight Support is it is delivered between 12 midnight and 6 am.

In determining which price limit is applicable to a support, providers should also note:

- a weekday is Monday to Friday;
- the extra rates paid for Saturday, Sunday and Public holidays are in substitution for, and not cumulative upon, the shift premiums payable for afternoon and overnight supports; and
- the extra rates for Saturday/Sunday/Public holidays do not increase further when the support finishes after 8pm.

High intensity supports

A support is considered a high intensity support if the participant requires assistance from a support worker with additional qualifications and experience relevant to the participant's complex needs. The high intensity price limits may be considered when:

- frequent (at least 1 instance per shift) assistance is required to manage challenging behaviours that require intensive positive behaviour support; and/or

- continual active support is required due to high medical support needs (such as unstable seizure activity or respiratory support)

In determining which price limit for High Intensity Supports should apply to a given support, the provider should consider the skills and experience of the worker delivering the support. In general, the Level 2 price limit applies to most high intensity supports. However, if the particular instance of support is delivered by a worker who does not have the skills and experience to deliver a high intensity support then the Level 1 price limit should be applied. If the particular instance of the support is delivered by a more highly skilled or experienced worker then the provider can consider applying the Level 3 price cap, with the participant's prior agreement.

Other matters

Provisions for 'shadow shifts'

Shadow shifts may be considered where the participant has complex individual support needs that are best met by introducing a new worker to the participant before it is reasonable that they commence providing the support independently. These are considered where the specific individual support needs include:

- Very limited communication;
- Behaviour support needs; and/or
- Medical needs/procedures such as ventilation or Home Enteral Nutrition (HEN).

Where the individual would require shadow shifts to assist with the introduction of new workers, and this is the desired method by the participant or their family, the provider may claim for up to 6 hours of weekday support per year.

Introducing new workers is not designed to replace formal, recognised training that will be provided by an employer to their workforce, such as Shadowing (or "Buddying") less experienced staff or new staff with experienced workers or informal carers to help build knowledge and social capital (worker retention), which is not claimable under the NDIS.

Establishment fee for personal care/community access

This fee applies to all new NDIS participants in their first plan where they receive at least 20 hours of personal care/community access support per month. This payment is to cover non-ongoing costs for providers establishing arrangements and assisting participants in implementing their plan.

An establishment fee is claimable by the provider who assists the participant with the implementation of their NDIS Plan, delivers a minimum of 20 hours per month of personal care/community access support and has made an agreement with the participant to supply these services.

A budget of \$750 is included in the first plan for NDIS participants, in case they need this type of assistance from providers to design and implement support arrangements. Providers can draw against this budget as follows:

- If the participant is new to the NDIS and new to the provider, then the provider can charge a maximum of \$500 against the participant's plan;

- If the participant is new to the NDIS but is an existing client of the provider, then the provider can charge a maximum of \$250 against the participant's plan; and
- If the participant is choosing to change providers, then the new provider can charge a maximum of \$250 against the participant's plan to assist the participant in changing providers.

Assistance with household tasks

These support items enable participants to maintain their home environment. This may involve undertaking essential household tasks that the participant is not able to undertake.

Preparation and delivery of meals

This support item is for the preparation and delivery of food to participants who are unable to do this themselves, and are not in receipt of other supports that would meet the same need. The cost of the food itself is not covered by the NDIS. The cost of this support will vary based on the number of meals prepared and the deliveries required.

Assistance in Shared Living Arrangements – Supported Independent Living

Supported Independent Living (SIL) is the assistance with and/or supervising tasks of daily life in a shared living environment, with a focus on developing the skills of each individual to live as autonomously as possible. The support is provided to each person living in the shared arrangement in accordance with their need.

SIL does not include rent, board and lodging or other day-to-day usual living expenses such as food and activities. It also does not include the capital costs associated with a participant's accommodation.

SIL does not have fixed price limits, and providers can quote for the specific SIL service that they offer to each participant. To assist providers with quoting, the NDIA has developed a [Provider SIL Pack](#). The Provider SIL Pack contains templates that assist providers in developing an individualised quote. The purpose of this quote is to identify:

- The individual supports that will be available for the person, focussed on maximising the person's capacity to be as independent as possible with household decision making, personal care and domestic tasks;
- The typical roster of supports that is shared between participants to maximise the efficient use of resources; and
- What supports are available to all residents to ensure the smooth operation and running of the household.

Once a quote is received, the NDIA uses a 'SIL Tool' to analyse provider quotes and to make sure that they represent value for money. In some cases, negotiation between the NDIA and providers will be necessary to agree appropriate prices for SIL.

The Agency will only accept SIL quotes in the current templates, which can be downloaded as part of the Provider SIL pack from the NDIS Supported Independent Living [webpage](#). This means that quotes can be processed in a much timelier, consistent and effective manner and the duplication of work is also reduced through simple automation. The new Provider SIL Pack allows for much more flexibility – among other things, providers are now able to specify overnight information, cross-over shift information, and choose their own ratios of support. This means that providers should experience fewer delays in getting their SIL quotes approved.

Queries about the Provider SIL Pack should be made to sil@ndis.gov.au.

Short Term Accommodation and Assistance (including the provision of respite care)

From time to time, participants may require temporary comprehensive supports that are different from their usual arrangements. These are non-typical days and may include Short Term Accommodation (STA) in a group-based facility. They may also include a period of respite, which aims to support ongoing caring arrangements between participants and their carers. STA/respite allows the opportunity for the participant to be supported by someone else whilst providing their carer with short term breaks from their usual caring responsibilities.

The STA/respite price limits include all expenses in a 24-hour period including assistance with self-care or community access activities, accommodation, food and negotiated activities. Typically, this type of support would be used for short periods of up to 14 days at a time (exceptions may be made such as for participants entering Voluntary Out of Home Care). For longer-term arrangements, other options are likely to be more appropriate (e.g. Supported Independent Living or Medium Term Accommodation).

In cases where a participant will receive substantially less than 24 hours of assistance with daily personal activities, it may be appropriate for the participant and provider to negotiate a lower price than the maximum price specified in this Price Guide, based on the actual hours of support provided. This situation might arise, for example, if a participant enters a STA/respite facility in the evening, and exits again early the following morning. In addition, where a participant enters accommodation late in the day, it may be appropriate to claim the daily rate for the day of the week that the majority of the support is provided. In each case, support arrangements, including price, should be agreed with participants in advance.

STA/respite price limits vary according to the support needs of the participant and the day of the week the support is provided. Providers claiming at the rates for high intensity (i.e. ratio of 1 support worker for 2 participants) or 1:1 support must deliver assistance with daily personal activities at those support ratios for the duration of the participant's stay.

Medium Term Accommodation and Assistance (MTA)

There may be cases where a participant will require arrangements for longer periods of time when a participant requires transitional accommodation before moving into a more permanent home or arrangement (for example, after hospital discharge). Typically, MTA would be used for periods up to 90 days.

The MTA price limit covers only the accommodation component of the care, with the support component of the care to be claimed through the appropriate support line items such as 'assistance with self-care' at the relevant time of day and day of week.

Participants who stay in MTA facilities will be responsible for meeting their own food and everyday living costs from their own income rather than NDIS plan.

Core - Transport

Transport enables participants to access disability supports outside their home, and to pay for transport that helps them to achieve the goals in their plan. Transport supports generally do not have price limits; however, participants should use the least expensive transport that meets their needs. Transport funding is paid fortnightly in advance to self-managed participants. Funding transport assistance is limited to those who cannot use public transport due to their disability. If the participant has questions about their transport support, providers may direct them to the NDIS factsheet available on the NDIS [Website](#).

Accompanying participants for community access

Providing community access supports may, at the request of a participant, involve a worker accompanying a participant on a community outing and/or transporting a participant from their home to the community. In these situations, the worker's time can be claimed at the agreed hourly rate for the relevant support item for the total time the worker provides support to one or more participants, including time spent accompanying and/or transporting the participant. Where a provider is transporting two or more participants on the same trip, the worker's time should be claimed at the appropriate group rate for the relevant support.

This claim should be made using the relevant community participation support item and against the participant's core budget. In essence, the participant transport is a part of the community participation activity and should be billed accordingly.

Contribution towards costs of transport itself

If a provider incurs costs, in addition to the cost of a worker's time, when accompanying and/or transporting participants in the community (such as cost of ticket for public transport, road tolls, parking fees and the running costs of the vehicle), they may negotiate with the participant for them to make a reasonable contribution towards these costs.

Further details can be found under Billing for non-direct services at page 15.

Core - Consumables

Consumables are a support category available to assist participants with purchasing everyday use items. Supports such as Continence and Home Enteral Nutrition (HEN) products are included in this category. More information on these supports can be found in the *Assistive Technology and Consumables Code Guide* on the Assistive Technology [webpage](#).

Core - Assistance with Social and Community Participation

These supports enable a participant to engage in community, social or recreational activities. They may be provided in a centre or in community settings at standard or higher intensity rates. If arranged in advance with participants, providers may charge up to four hours for each plan period to document proposed supports and expected outcomes. Price limits vary according to the support needs of the participant and the day of the week the support is provided.

Providers should not claim payment for:

- expenses related to recreational pursuits, such as event tickets for the participant, as they are not covered by the NDIS; and
- the cost of entry for a paid support worker to attend a social or recreational event.

A hierarchy of price limits also applies to this group of supports, based on:

- A) the time of day that the support is delivered;
- B) the day of week that the support is delivered;
- C) whether the support is Standard Intensity or High Intensity;
- D) if the support is High Intensity then whether it is a Level 1 (Standard), Level 2 (High Intensity) or Level 3 (Very High Intensity) support; and
- E) whether the provider is eligible for the Temporary Transformation Payment.

(See the definitions and notes in the Assistance with Daily Living Support Category on page 8.)

Community and social activity costs

This support is included in a participant's plan to enable them to pursue recreational activities and engage in the community when associated with a participant's disability and goals. Participants may use this funding for activities such as camps, vacation and outside school hours' care, course or membership fees. More information can be found in the [Operational Guidelines](#).

Where appropriate, funded hours in a Community Access budget may be converted to a fee and claimed by a provider for these purposes.

Group based supports

Assistance to access community, social and recreational activities is often provided in a group setting, either in the community or in a centre.

A hierarchy of price limits applies to group based supports, based on:

- A) the time of day that the support is delivered;
- B) the day of week that the support is delivered;
- C) whether the support is Standard Intensity or High Intensity (complex);
- D) whether the provider is eligible for the Temporary Transformation Payment;

E) the size of the group and ratio of staff to participants; and

F) whether the support is provided in a Centre or in the community.

(See the definitions and notes in the Assistance with Daily Living Support Category on page 8.)

For support ratios that are not stated in this Guide (e.g. two workers for three participants), participants and providers should discuss and agree the most appropriate line item to be used for payments, and the appropriate price to be paid (which might be lower than the price limit for that line item).

Providers of group-based supports are not permitted to bill for non-face-to-face services as the hourly price limits for these supports include an allowance for non-face-to-face services.

Capital – Assistive Technology

This support category includes all aids or equipment supports that assist participants to live independently or assist a carer to support the participant. It also includes related delivery, set-up and some training support items. Usually, providing independent advice, guidance, trials, set-up and training (not bundled with the sale of an item) is funded through a capacity building support.

More detailed information on assistive technologies and consumables codes can be found in the *Assistive Technology and Consumables Guide* on the Assistive Technology [webpage](#).

Vehicle Modifications

Vehicle modifications include the installation of, or changes to, equipment in a vehicle to enable a participant to travel safely as a passenger or to drive.

A participant is free to choose a more expensive option at their own expense, where the more expensive option is not considered to be reasonable and necessary. An example of this situation would be where a vehicle modification has been approved for a participant, but the participant would like cosmetic or personalised fittings that are not related to their disability or are more expensive than others that have an equivalent function. In this situation, the NDIA will cover the reasonable and necessary component of the modification, and the participant will pay the additional cost.

Capital – Home Modifications and Specialist Disability Accommodation

This support category includes home modifications and Specialist Disability Accommodation (SDA) supports.

Home Modifications

Home modifications include design, construction, installation of or changes to equipment or non-structural components of the building, and installation of fixtures or fittings, to enable participants to live as independently as possible or to live safely at home. All home modifications in excess of \$1,500 are quotable.

A participant is free to choose a more expensive option or modification that achieves the same outcome at their own expense, where the more expensive option is not reasonable and necessary. For example, where a home modification has been approved for a participant, but the participant would like cosmetic or personalised fittings that are not reasonable and necessary, the NDIA will provide funding for the reasonable and necessary component of the modification, and the participant will pay any extra costs.

Specialist Disability Accommodation (SDA)

SDA funding is intended for participants who require a specialist dwelling that reduces their need for person-to-person supports, or improves the efficiency of the delivery of person-to-person supports. SDA funding will only be provided for participants who meet the eligibility criteria. Participants who meet the eligibility criteria will have an extreme functional impairment and/or very high support needs.

SDA does not refer to the support services, but the homes in which these are delivered. SDA may include special designs for people with very high needs or may have a location or features that make it feasible to provide complex or costly supports for independent living.

SDA payments are an adjusted contribution to the cost of capital required for the land and physical building required for SDA needs. Importantly, SDA funding is not intended to cover personal support costs, which are assessed and funded separately by the NDIS. Additionally, SDA does not cover accommodation costs where these are not linked to a person's disability or where specialist accommodation with integrated supports is not required. SDA is a separate support category and does not replace Supported Independent Living (SIL) or any other support. Participants receiving SDA could also be eligible for SIL supports in their package.

All providers who are registered with the NDIA for the Registration Group 'Specialist Disability Accommodation' will also be required to declare and ensure that the infrastructure meets the NDIA's specialist built form requirements and the relevant legislation and standards applicable to the state in which the accommodation is situated. These individual sites/locations must also be enrolled with the NDIA.

Due to the nature of the support, the identification of maximum SDA prices and the process by which providers can claim for SDA are more complex than for most other supports. Providers

should refer to the [Specialist Disability Accommodation section of the NDIS website](#) for detailed information about maximum prices that can be charged, dwelling enrolment and participant assessments.

SDA has two support items: Specialist Disability Accommodation and SDA person-specific adjustments.

Each SDA dwelling has a unique maximum price, based on a standard set of factors. There are also limits on the amount that providers of SDA can charge participants in addition to the SDA price, for rent and other board-like services provided. Providers should refer to the SDA section of the NDIS website for detailed guidance on maximum prices. Participants are able to choose to move between SDA dwellings, as long as the SDA dwelling is commensurate with their SDA budget.

SDA person specific adjustments

In certain limited circumstances, the NDIA will continue to make SDA payments on behalf of a participant who has moved out of an enrolled SDA dwelling. Provided all conditions are met in section 6.3 of the *National Disability Insurance Scheme (Specialist Disability Accommodation) Rules 2016*, vacancy payments may continue to be made for a period of up to 90 days if the dwelling is enrolled to house four or five residents, or up to 60 days if the dwelling is enrolled to house two or three residents. Vacancy payments will not be made where a dwelling is only enrolled to house one resident. Vacancy payments will only be payable if the vacancy is available to another NDIS participant and the NDIA has been notified.

Capacity Building - Support Coordination

Support Coordination (if required) is included in the Capacity Building budget. This is a fixed amount for strengthening participant's abilities to coordinate and implement supports in their plans and to participate more fully in the community.

Three items in the NDIS Price Guide describe different layers of support coordination activity.

Level 1: Support Connection

Assistance for participants to implement their plan by strengthening the ability to connect with the broader systems of supports and understand the purpose of the funded supports and participant in the community. Support Connection will assist a participant to understand their NDIS plan, connect participants with broader systems of supports, and provide assistance to connect with providers. Support Connection will assist participants to achieve effective utilisation of their NDIS plan.

Support Connection will increase a participant's capacity to maintain (or in some cases change) support relationships, resolve service delivery issues, and participate independently in NDIA processes. Support Connection includes, but not limited to:

- Understand the Plan;
- Connect with Supports and Services;
- Establish Supports;
- Coach, Refine, Reflect; and
- Report to the NDIA.

Where a participant aged 0-6 years is receiving assistance from Partners in the Community (PITC) delivering Early Childhood Early Intervention (ECEI) services, linking the family to a service provider/s (under ECEI best practice principles, a service provider operating under the key worker approach) and support through changes in circumstance will be delivered through Partner arrangements.

Where a participant aged seven (7) and over is receiving assistance from Partners in the Community (PITC) delivering Local Area Coordination (LAC) services, plan implementation and monitoring support will be delivered by a Participant's Local Area Coordinator.

Level 2: Coordination of Supports

The delivery of Coordination of Supports is to assist strengthening a participant's ability to design and then build their supports with an emphasis on linking the broader systems of support across a complex service delivery environment. Coordination of Supports is to focus on supporting participants to direct their lives, not just their services. This involves working together to understand the funding, identify what participants expect from services, and how participants want this designed. Coordination of Supports also includes coaching participants, and working with participants to develop capacity and resilience in their network.

Support coordinators are focussed on assisting participants to build and maintain a resilient network of formal and informal supports.

It is generally expected that participants will develop their capacity to implement and manage their supports and network more independently over time. Some participants however will require Coordination of Supports funding in subsequent plans to support ongoing capacity building or manage the complexity within the participants support environment and/or circumstances. This is to be identified in the plan review process. Coordination of Supports includes, but is not limited to:

- Understand the Plan;
- Connect with Supports and Services;
- Design Support Approaches;
- Establish Supports;
- Coach, Refine, Reflect;
- Targeted Support Coordination;
- Crisis: Planning, Prevention, Mitigation and Action;
- Build Capacity and Resilience; and
- Report to the NDIA.

Over time as a participant's capacity is strengthened, this support may be replaced by Support Connection or the introduction of a Local Area Coordinator (LAC) or Early Childhood Early Intervention (ECEI) Partner in subsequent plans.

Level 3: Specialist Support Coordination

Specialist Support Coordination is delivered utilising an expert or specialist approach, necessitated by specific high complex needs or high level risks in a participant's situation. Specialist Support Coordination is delivered by an appropriately qualified and experienced practitioner to meet the individual needs of the participant's circumstances such as a Psychologist, Occupational Therapist, Social Worker, or Mental Health Nurse. Specialist Support Coordination will address highly complex barriers impacting on the ability to implement their plan.

Specialist support coordination is expected to address complex barriers impacting a participant's ability to implement their plan and access appropriate supports. Specialist support coordinators assist participants to reduce complexity in their support environment, and overcome barriers to connecting with broader systems of supports as well as funded supports.

Specialist support coordinators are expected to negotiate appropriate support solutions with multiple stakeholders and seek to achieve well-coordinated plan implementation. Specialist support coordinators will assist stakeholders with resolving points of crisis for participants, assist to ensure a consistent delivery of service and access to relevant supports during crisis situations.

Specialist support coordination is generally delivered through an intensive and time limited period necessitated by the participant's immediate and significant barriers to plan implementation.

Depending on individual circumstances, a specialist support coordinator may also design a complex service plan that focusses on how all the stakeholders in a participant's life will interact to resolve barriers and promote appropriate plan implementation. Once developed, a specialist support coordinator will continue to monitor the plan, but it may be maintained by one of the participant's support workers or other care supports.

In some instances depending on the individual circumstances, a participant may have specialist support coordination as well as Coordination of Supports funded in the same plan. For instance, when immediate complex barriers have been addressed and the participant still requires more general coordination of supports for the remainder of their plan period. For others, they may have specialist support coordination in one plan and Coordination of Supports in subsequent plans. Specialist Support Coordination includes, but is not limited to:

- Understand the Plan;
- Connect with Supports and Services;
- Design Support Approaches;
- Establish Supports;
- Coach, Refine, Reflect;
- Targeted Support Coordination;
- Crisis: Planning, Prevention, Mitigation and Action;
- Address Complex Barriers;
- Design Complex Service Plan;
- Build Capacity and Resilience; and
- Report to the NDIA.

Capacity Building and Training in Plan and Financial Management by a Support Coordinator

This reasonable and necessary support focusses on strengthening the participant's ability to undertake tasks associated with the management of their supports. This includes:

- Building financial skills
- Organisational skills
- Enhancing the participant's ability to direct their supports
- Develop self-management capabilities

Plan and Financial Capacity Building providers are expected to assist the participant to develop their skills for self-management in future plans, where this is possible. As a part of this capacity building support, providers are to assist the participant to build capacity in the overall management of the plan including engaging providers, developing service agreements, paying providers and claiming payment from the NDIA and maintain records.

Capacity Building - Improved Living Arrangements

Support is provided to guide, prompt, or undertake activities to ensure the participant obtains and/or retains appropriate accommodation. This may include assisting to apply for a rental tenancy or to undertake tenancy obligations in line with the participant's tenancy agreement.

Capacity Building - Increased Social and Community Participation

This support category involves supports for participation in skills-based learning to develop independence in accessing the community.

Skills Development and Training

These support items are price controlled. Providers of these supports can also claim for: Provider Travel and Cancellations.

The group rate is based on a staff/participant ratio of 1:3. If the group size differs, providers should claim at the rate applicable for the group size. A higher staff ratio for groups may be indicated when a participant has challenging behaviour or high medical support needs, which require additional assistance from another worker and this is referred to as a higher intensity support.

Innovative Community Participation

This support item is not price controlled. It is designed to allow providers to offer new and innovative services to NDIS participants. Any standards applicable to the industry in which the provider operates would need to be met.

Community Participation Activities

These support items are not price controlled. They are designed to enable providers to claim for tuition fees, art classes, sports coaching and similar activities that build skills and independence. Camps, classes and vacation activities that have capacity building components. These may include assistance to establish volunteer arrangements in the community, mentoring, peer support or individual skill development.

All supports funded under these items need to be determined as reasonable and necessary given the participant's plan goals and could include, but are not limited to:

- Universal recreational activities: A limited number of lessons could be funded to enable a participant to try out an activity and test their capability and interest in further pursuing this activity – such as horse riding, art, dance or singing classes
- Funding to attend a “camp” or groups that build a person's relationship skills and offer a range of activities and opportunities to explore wider interests.
- Other items or adjustments such as customised tools required because of the person's disability could also be funded.

Capacity Building - Finding and Keeping a Job

Employment Related Assessment and Counselling

This support is designed to provide workplace assessment and/or counselling to assist participants successfully engage in employment. For workplace assessments - if a participant is employed and on award wages, then in most instances a work place assessment is available through the Employment Assistance Fund administered by JobAccess and is a free service to employers. For employment related counselling, this service may benefit participants who have, for example, experienced traumatic injury and need significant support (over and above a mainstream employment related service) to develop a new work pathway.

Please note that this support item falls under a different registration group, therapeutic supports, and as such, a provider needs to have registration for this group to deliver this supports.

Workplace assistance

These supports provide workplace assistance that enables a participant to successfully obtain and/or retain employment in the open or supported labour market.

These supports can be applied to any working age participant (including students reaching working age) with an employment goal. This may include supports to:

- explore what work would mean for them (discovery);
- build essential foundation skills for work;
- managing complex barriers to obtaining and sustaining employment;
- specialised job customisation;
- supports to transition from an Australian Disability Enterprise (ADE) to open employment;
- develop a career plan; and
- other capacity building supports that are likely to lead to successful engagement in a Disability Employment Service (DES).

School Leaver Employment Supports (SLES)

School Leaver Employment Supports (SLES) is a support for school leavers to assist them to transition from school into employment. Some students may already be engaged with the mainstream DES Eligible School Leaver (ESL) program during Year 12 and therefore not require SLES.

These supports are designed to plan and implement a pathway to inclusive employment, focussing on capacity building for goal achievement. With appropriate supports, it is expected that the majority of SLES participants will transition to DES to undertake the job seeking, placement and post placement support phases of their pathway.

Supports will have an individualised approach, with a strong emphasis on “try and test” work experience opportunities, (generally in work places that would pay award wages). Capacity building should focus on hard and soft skill development.

Supports, more generally, should facilitate positive experiences that contribute to developing an understanding of work capability and confidence to step into employment. SLES should also help inform the level and nature of future supports needed to obtain and sustain employment.

Capacity Building - Improved Relationships

This support category is for the provision of specialised assessment where the participant may have complex or unclear needs, requiring long term and/or intensive supports to address behaviours of concern.

Behaviour support requires a behaviour support plan to be developed that aims to limit the likelihood of behaviours of concern developing or increasing once identified. This plan outlines the specifically designed positive behavioural support strategies for a participant, their family and support persons that will achieve the intended outcome of eliminating or reducing behaviours of concern.

This support category includes specialist behavioural intervention support, which is an intensive support for a participant, intending to address significantly harmful or persistent behaviours of concern.

Capacity Building - Improved Health and Wellbeing

Physical Wellbeing Activities

These activities support, maintain or increase physical mobility or well-being through personal training or exercise physiology. Physical well-being activities promote and encourage improved physical capacity and health.

Dietetics

These supports provide individual advice to a participant on managing diet for health and wellbeing due to the impact of their disability.

Capacity Building - Improved Learning

This support category is for provision of skills training, advice, assistance with arrangements and orientation to assist a participant moving from school to further education.

Capacity Building - Improved Life Choices

Plan Management – Financial Administration

Plan Management – Financial Administration funding applies to registered providers who undertake financial administration of a plan on behalf of a participant.

Plan Management – Financial Administration funding includes a setup fee to establish the payment arrangements with providers and a monthly processing fee. This support assists a participant by:

- Giving increased control over plan implementation and utilisation with plan financial assistance
- Managing and monitoring budgets over the course of the plan
- Managing NDIS claims and paying providers for delivered service
- Maintaining records and producing regular (at least monthly) statements showing the financial position of the plan
- Providing access to a wider range of service providers, including non-registered providers whilst remaining in line with the price limits contained within this Guide.

A Plan Management – Financial Administration provider will possess bookkeeping / accounting skills and qualifications. They will have systems in place for efficiently processing payments on behalf of a participant.

Capacity Building and Training in Plan and Financial Management by a Plan Manager

This reasonable and necessary support focusses on strengthening the participant's ability to undertake tasks associated with the management of their supports. This includes:

- Building financial skills
- Organisational skills
- Enhancing the participant's ability to direct their supports
- Develop self-management capabilities

Plan and Financial Capacity Building providers are expected to assist the participant to develop their skills for self-management in future plans, where this is possible. As a part of this capacity building support, providers are to assist the participant to build capacity in the overall management of the plan including engaging providers, developing service agreements, paying providers and claiming payment from the NDIA and maintain records.

Capacity Building - Improved Daily Living

This support category includes assessment, training, strategy development and/or therapy (including Early Childhood Intervention) supports to assist the development or increase a participant's skills and/or capacity for independence and community participation. Supports can be delivered to individuals or groups.

Therapy Supports (over 7 years)

In the NDIS, therapy supports are for participants with an established disability, where maximum medical improvement has been reached, to facilitate functional improvement. For people who access the Scheme as 'early intervention' NDIS participants, reasonable and necessary supports are likely to be a blend of medical and disability therapies, but should be predominantly disability therapy supports. Therapy in this context must be aimed at adjustment, adaption and building capacity for community participation.

For NDIS participants whose medical condition, illness or disease requires a particular treatment to maintain the functioning of a body part, or slow/prevent the deterioration, the NDIS may fund reasonable and necessary training for non-skilled personnel to undertake this intervention as part of the usual daily personal care. For participants where such treatment can only be met through skilled rather than non-skilled care, this treatment is to be funded through medical funds, not the NDIS.

Ongoing funding for therapy is subject to a detailed support plan that is designed to deliver progress or change for the participant. Providers develop this plan with the participant and it should clearly state the expected therapy outcomes and demonstrate a link to the participant's goals, objectives and aspirations.

Massage Therapy (over 7 years)

Massage, delivered directly to impact a body part or body system, is more appropriately provided by the health system and is therefore not funded by the NDIS.

Maintenance Therapy (over 7 years)

Where maintenance therapy is reasonable and necessary, it is funded as part of ongoing direct support hours (delivered by carers who are or can be trained in this if required), and is not funded as ongoing therapy.

For participants whose medical condition or disability requires a particular regime to maintain functioning of a body part, or to slow the deterioration of a medical condition or body part, the NDIS will fund reasonable and necessary training for non-qualified personnel to assist the individual as part of usual daily care.

Where a skilled therapist is involved in establishing a therapy program for a participant, funding can include the development of a plan and training for a therapy assistant, informal or funded carers, as part of usual care. Building capacity with family and carers to undertake therapy or exercises under the supervision of a skilled therapist can deliver ongoing benefit to NDIS participants.

Group Supports for Therapy (over 7 years)

The NDIA prefers to allow participants and providers flexibility in negotiating arrangements, so there may not be price limits or support items for specific group ratios beyond what is currently in place.

For support ratios that are not stated in this Guide (such as one therapist to two participants, or one therapist to four participants), the NDIA encourages participants and providers to discuss arrangements both parties agree to, including price. Therapy delivered in a group may be claimed using the relevant therapy support line item, but with lower prices than the price limit, as agreed between provider and participant. This arrangement for support ratios is intended to allow providers to offer a range of services and discuss with participants about more flexible arrangements that both parties prefer.

Early Childhood Intervention Supports (under 7 years)

Early Childhood Intervention (ECI) provides specialised support and services for infants and young children with development delay and/or disability and their family/carers, to work towards increased functional independence and social participation. Children learn best in everyday situations with familiar people and ECI builds on opportunities for learning and development in the activities and daily routines of their everyday life.

This category includes supports provided in small groups or to individually to children and their family/carers. An ECI provider will usually offer supports via the key worker model, where the key worker has expertise in child development, learning and wellbeing more generally as well as professional qualifications, including special/early childhood education, speech pathology, occupational therapy, psychology, social work and physiotherapy. Following best practice, a key worker should take a lead role in ensuring that the professionals work in collaboration with the family/carer to provide a 'team around the child'. Supports under this category can also be provided by an allied health assistant working under the supervision of a suitably qualified allied health professional and/or any other combination of ECI supports.

Participants under 7 years will have budgets built by Early Childhood (EC) Partners to reflect the child and family individual needs, applying the reasonable and necessary criteria as per the Early Childhood Early Intervention (ECEI) approach. Budgets will allow flexibility in service delivery by ECI providers (under the key worker model) to reflect the changing needs of the participant.

The provision of supports under 'capacity building supports for early childhood' are expected to deliver outcomes for the child that will enable them to participate meaningfully in everyday life. Each child's NDIS plan will focus on functional, participation based goals and will be reviewed by the EC partner at regular intervals.

Group ratios stated in this Guide are intended to be flexible and the NDIA encourages participants and providers to discuss arrangements that both parties agree to, including price. Capacity building group programs for early childhood should be delivered by an appropriately qualified allied health professional or early childhood educator who could co-facilitate with an allied health assistant or another allied health professional or early childhood educator from the team.

ECI Providers of these supports can also claim for: Provider Travel, Cancellations, NDIA Report Writing and Non Face to Face supports.

Multidisciplinary Team Intervention (over 7 years)

This support item enables a coordinated multidisciplinary approach to be delivered to participants beyond the age covered by the Early Childhood Early Intervention approach. All team members will claim against a single support item, thereby increasing flexibility in service delivery to reflect the changing needs of a participant. This support item is not price controlled.

Delivery of Health Supports by a Nurse

A hierarchy of price limits applies to this group of supports, based on:

- A) the time of day that the support is delivered;
- B) the day of week that the support is delivered; and
- C) who the support is delivered by:
 - Enrolled Nurses (EN)
 - Registered Nurses (RN)
 - Clinical Nurses (CN)
 - Clinical Nurse Consultant (CNC)
 - Nurse Practitioner (NP)

(See the definitions for time of day and day of week in the Assistance with Daily Living Support Category on page 8.)

Definitions

An **enrolled nurse** is a person who provides nursing care under the direct or indirect supervision of a RN. They have completed the prescribed education preparation, and demonstrate competence to practise under the Health Practitioner Regulation National Law as an EN in Australia. Enrolled nurses are accountable for their own practice and remain responsible to an RN for the delegated care.

A **registered nurse** is a person who has completed the prescribed education preparation, demonstrates competence to practise and is registered under the Health Practitioner Regulation National Law as a RN in Australia.

A **clinical nurse** is a more experienced and skilled RN. Duties of a CN will substantially include, but are not confined to:

- delivering direct and comprehensive nursing care and individual case management to a specific group of patients or clients in a particular area of nursing practice within the practice setting;

- providing support, direction, orientation and education to RNs, ENs, student nurses and student ENs;
- being responsible for planning and coordinating services relating to a particular group of clients or patients in the practice setting, as delegated by the CNC;
- acting as a role model in the provision of holistic care to patients or clients in the practice setting; and
- assisting in the management of action research projects, and participating in quality assurance programs and policy development within the practice setting.

A **clinical nurse consultant** (also known as an advanced practice nurse) is a nurse practising in the advanced practice role. Advanced practice nursing is a qualitatively different level of advanced nursing practice to that of the registered nurse due to the additional legislative functions and the regulatory requirements. The requirements include a prescribed educational level, a specified advanced nursing practice experience, and continuing professional development. Nurses practising at an advanced level incorporate professional leadership, education and research into their clinically based practice. Their practice is effective and safe. They work within a generalist or specialist context and they are responsible and accountable in managing people who have complex health care requirements.

Duties of a clinical nurse consultant will substantially include, but are not confined to:

- providing leadership and role modelling, in collaboration with others including the Nurse manager and the Nurse educator, particularly in the areas of action research and quality assurance programs;
- staff and patient/client education;
- staff selection, management, development and appraisal;
- participating in policy development and implementation;
- acting as a consultant on request in the employee's own area of proficiency; for the purpose of facilitating the provision of quality nursing care;
- delivering direct and comprehensive nursing care to a specific group of patients or clients with complex nursing care needs, in a particular area of nursing practice within a practice setting;
- coordinating, and ensuring the maintenance of standards of the nursing care of a specific group or population of patients or clients within a practice setting; and
- coordinating or managing nursing or multidisciplinary service teams providing acute nursing and community services.

A **nurse practitioner** is an advanced practice nurse endorsed by the Nursing and Midwifery Board of Australia who has direct clinical contact and practises within their scope under the legislatively protected title 'nurse practitioner' under the Health Practitioner Regulation National Law.