Operational Guideline – Access – Disability Requirements

Legislation

1. Read s.24 of the *National Disability Insurance Scheme Act 2013* (NDIS Act) and Part 5 of the *National Disability Insurance Scheme (Becoming a Participant) Rules 2013* (Becoming a Participant Rule).

Becoming a participant

2. To become a participant a person must meet the age and residence requirements and either the disability or early intervention requirements.

See s.21 of the NDIS Act.

The disability requirements

3. There are five separate factual matters that must be established when the delegate is determining whether a person meets the disability requirements set out in s.24 of the NDIS Act.
4. A person meets the disability requirement if:
    a. The person has a disability that is attributable to one or more intellectual, cognitive, neurological, sensory or physical impairments or to one or more impairments attributable to a psychiatric condition, and
    b. The impairment or impairments are, or are likely to be, permanent, and
    c. The impairment or impairments result in substantially reduced functional capacity to undertake, or psychosocial functioning in undertaking, one or more of the following activities:
        i. Communication
        ii. Social interaction
        iii. Learning
        iv. Mobility
        v. Self-care
        vi. Self-management, and
    d. The impairment or impairments affect the person's capacity for social and economic participation, and
    e. The person is likely to require support under the National Disability Insurance Scheme (NDIS) for the person's lifetime.

See s.24 of the NDIS Act.

Publication date: 16 January 2014

5. If a person is found not to meet one or more of the above criteria, the delegate should consider whether the person could meet the early intervention requirements as an alternative.

6. For all children under 6 years of age (except where diagnosed with a condition on 'List A at Appendix A' of this Operational Guideline) the delegate should first consider whether the child meets the early intervention requirements, before considering the disability requirements.

A disability attributable to impairment

7. Delegates are required to determine whether a person has a disability and whether that disability is attributable to one of the impairments in s.24(1)(a) of the NDIS Act . Whether a person has a disability and whether that disability is attributable to one of the s.24(1)(a) impairments is essentially a question of fact and delegates are to consider all of the available evidence, including diagnostic evidence.

8. The Access Request Form requires a prospective participant to provide information in relation to all of the access criteria to support their request. Diagnostic information will generally be required to determine whether a person has a disability attributable to an impairment. In relation to the impairments listed in s.24(1)(a) of the NDIS Act, information about the person's diagnosis may be supplemented with other information about the person's reduced functioning. It is expected that this information will generally be provided in the form set out in the 'Evidence of Disability' form. The NDIA can assist people to gather the necessary information if needed.

9. The delegate may refer people for a specialist assessment. If a person has made an access request the delegate can request, within the limitations of s.26 of the NDIS Act, information that is reasonably necessary, such as information on previously completed assessments or examinations. A referral for an assessment or examination would only be expected to occur in limited circumstances, such as where other sources of information have been exhausted or there is inconsistent information or a matter needs to be resolved to enable a decision to be made.

A permanent impairment

10. The test in the NDIS Act is whether the impairment or impairments 'are, or are likely to be permanent'.

11. In some cases it will require a very careful assessment of the facts to determine whether the impairments are, or are likely to be, permanent. The Becoming a Participant Rules set out in legislation some circumstances in which an impairment is not permanent and also some guidance on when an impairment may be permanent.

12. An impairment is, or is likely to be, permanent only if there are no known, available and appropriate evidence-based clinical, medical or other treatments that would be likely to remedy the impairment.

See r.5.4 of the Becoming a Participant Rules.

13. An impairment that varies in intensity (for example, because the impairment is of a chronic episodic nature) may be permanent despite the variation.

See r.5.2 of the Becoming a Participant Rules.

14. An impairment may be permanent notwithstanding that the severity of its impact on the functional capacity of the person, may fluctuate or there are prospects that the severity of the impact of the impairment on the person's functional capacity, including their psychosocial functioning, may improve.

See r.5.5 of the Becoming a Participant Rules.

15. Under the Becoming a Participant Rules an impairment is, or is likely to be, permanent only if the impairment does not require further medical treatment or review in order for its permanency or likely permanency to be demonstrated (even though the impairment may continue to be treated and reviewed after this has been demonstrated). In relation to this requirement:

    a. What is required is information that is sufficient to demonstrate to a delegate that the impairment is permanent or likely to be permanent. This is matter of judgment but what the Becoming a Participant Rules are trying to do is rule out cases where the permanency or likely permanency has not been established because the person requires further medical treatment or review before the permanency or likely permanency can be demonstrated.

    b. This does not mean that an impairment will not be permanent or likely to be permanent if it requires further medical treatment or review. In addition to that described in paragraph 15a above, in some cases an impairment may continue to be treated and reviewed after it has been demonstrated that is permanent or likely to be permanent.

    See r.5.6 of the Becoming a Participant Rules.

16. If an impairment is of a degenerative nature, the impairment is, or is likely to be, permanent if medical or other treatment would not, or would be unlikely to, improve it.

    See r.5.7 of the Becoming a Participant Rules.

An impairment that results in substantially reduced functional capacity

17. The test in the NDIS Act is that the impairment or impairments result in substantially reduced functional capacity to undertake, or psychosocial functioning in undertaking, one or more of the activities listed in s.24(1)(c) of the NDIS Act.

18. An impairment results in substantially reduced functional capacity of a person to undertake one or more of the relevant activities – communication, social interaction, learning, mobility, self-care, self-management (see paragraph 4c above) – if it's result is that:

    a. The person is unable to participate effectively in the activity, or perform tasks or actions required to undertake or participate effectively in the relevant activity due to their impairment, without assistive technology, equipment (other than commonly used items such as glasses, walking sticks, non-slip bath mats, simple adapted kitchen utensils and dressing aids) or home modifications (other than common modifications such as bathroom grab rails, hand rails at stairs and age appropriate child safety locks).

    In considering the role played by assistive technology, home modifications and equipment, the delegate should only consider needs specific to the impact from the person's impairment and that are specifically designed to assist in increasing the functional capacity and participation of people with disability. Such items would usually be assessed and prescribed by a qualified practitioner such as an occupational therapist, physiotherapist, speech therapist or continence nurse and may traditionally be supplied through a specialist disability aids and equipment service or multidisciplinary team.

    A person is considered to be unable to undertake an activity effectively due to their impairment if they cannot safely complete a task within an acceptable time period. The person may complete the task more slowly or in a different manner to others and still be considered to be effective in the task, or

    b. the person usually requires assistance (including physical assistance, guidance, supervision or prompting), from other people to participate in the activity or to perform tasks or actions required to undertake or participate effectively in the activity normally expected to be able to be performed independently by a person of their age.

That is, the need for this assistance from other people on most days is inconsistent with expectations of tasks or activities that would normally be performed independently by a person of their age in one or more of these areas:

- Communication (understanding and being understood by others)
- Social interaction (making and keeping friends and relationships, behaving within limits accepted by others, and/or coping with feelings and emotions)
- Learning (understanding and remembering information, learning new things, practicing and using new skills and ideas)
- Mobility (moving around their home and community and/or performing other tasks involving movement, e.g. using hands and arms)
- Self-care (e.g. daily showering, bathing, dressing, eating, toileting and grooming; and/or special health care needs attended to by self, family members or carers)
- Self-management (planning and organising daily life and managing household personal finances), or

c. The person is unable to participate in the activity or to perform tasks or actions required to undertake or participate in the activity, even with assistive technology, equipment, home modifications or assistance from another person.

That is, they require complete assistance as they are not at all able to perform one or more essential daily activities or tasks appropriate to their age (e.g. a person over the age of 3 years cannot stand, use their hands or arms to perform tasks, communicate their needs in any way, and/or interact with others).

19. For NDIS purposes, where the person's impairment is fluctuating or episodic (e.g. due to a mental illness or a condition such as epilepsy), **substantially reduced functional capacity** is determined when the person's impairment is fully treated and stabilised, (i.e. the person's level of functional capacity due to residual and long term impairment is determined in the periods between acute episodes).

See r. 5.8 of the Becoming a Participant Rules.

Substantially reduced functional capacity and children – matters to consider

20. The above criteria are to be applied in a way that is appropriate to the child.

21. In particular with children under 6 years of age, and noting that for this group the recent diagnosis and resulting impairment may not be fully resolved, delegates should consider access using the early intervention access criteria in preference to the disability requirement in determining whether a child meets access requirements.

22. When considering access in accordance with s.24(1)(c) of the NDIS Act and as described in r.5.8 of the Becoming a Participant Rules, delegates are to consider the impact on functional impairment for the child relative to the result for other children of the same age. For example:

a. The child requires more assistive technology, equipment (other than commonly used items such as glasses) or home modifications to participate in one or more of the activities listed in s.24(1)(c) of the NDIS Act than most other children of the same age, or

b. The child usually requires more assistance than most other children of the same age to participate in one or more of the activities listed in s.24(1)(c) of the NDIS Act ,or

c. The child is unable to participate in the activities listed in s.24(1)(c) of the NDIS Act that would usually be expected of most other children of the same age.

23. If a child's impairment does not currently result in substantially reduced functional capacity but could in the future, the delegate should consider whether the child meets the early intervention requirements.

Person likely to require support under the NDIS for their lifetime

24. In considering the support the person will require for their lifetime and whether a person requires support from the NDIS, delegates must take into account informal mainstream and community supports, including whether the nature of the support is more appropriately supplied by other systems, consistent with s.34(1)(f) of the NDIS Act.

25. Where a person has support needs that are better met by other service systems then the person would generally not be considered to require support under the NDIS for their lifetime. The *National Disability Insurance Scheme (Supports for Participants) Rules 2013* provides guidance as to what supports the NDIS will provide.

26. If an impairment varies in intensity (for example, because the impairment is of a chronic episodic nature) the person may still be assessed as likely to require support under the NDIS for the person's lifetime, despite the variation.

See r.5.2 of the Becoming a Participant Rules and s.24(1)(e) of the NDIS Act.

Use of information

27. In considering whether a person meets the disability requirements the delegate should develop a comprehensive view of the person's circumstances including by:

    a. Examining all relevant available information provided by the participant (such as the self-assessment in My Access Checker and any diagnostic or assessment information provided), and

    b. Talking with the person and (with the person's consent) the person's family, or carers.

28. Diagnostic information will generally be required to determine whether a person has a disability attributable to an impairment and whether that impairment is permanent. Information about the person's level of functioning will generally be required to determine whether the person has substantially reduced functional capacity.

29. Information about the person's level of functioning may be informed by a support needs assessment undertaken to assist with the access decision.

30. Where the available information is not sufficient for a sound decision, the NDIA may request, within the limitations of s.26 of the NDIS Act, information reasonably necessary to decide whether a person meets the access criteria. Delegates can also request a prospective participant to undergo an assessment or examination.

31. Where further information is being sought from the participant the request should clearly identify what information is being sought and by when it must be provided. If the request is to a third party, the delegate should inform the prospective participant of the reason for the delay in making the decision.

See s.26 of the NDIS Act and
Operational Guideline – Information Handling –Collecting, Accessing and Recording Protected Information.

Instances where the delegate can generally be satisfied

32. Where a person has a diagnosed condition that appears on 'List A at Appendix A – Permanent impairment/functional capacity – no further assessment required', the delegate will generally be satisfied that the person meets all elements on the Disability Requirement without requiring additional evidence. This is because the nature of the conditions on List A at Appendix A are always considered to result in a disability that is attributable to a permanent impairment that results in substantially reduced functional capacity. List A at Appendix A is not exhaustive and in no way suggests that a person with a condition different to those listed would not have a permanent impairment that results in substantially reduced functional capacity.

33. Where a person has a diagnosed condition that appears on 'List B at Appendix B – Permanent impairment/functional capacity variable – further assessment of functional capacity required', the delegate will generally be satisfied that the person's disability is attributable to a permanent impairment without requiring additional evidence. A delegate would generally require further evidence of substantially reduced functional capacity. This is because the nature of the conditions on List B at Appendix B are always considered to result in a disability that is attributable to a permanent impairment however the severity of the resulting disability is variable and people with these conditions will not necessarily have substantially reduced functional capacity. List B at Appendix B is not exhaustive and in no way suggests that a person with a condition different to those listed would not have a permanent impairment.

34. Where a person has already been considered eligible for certain state or territory schemes (listed in Appendix C), the delegate would generally be satisfied that the person meets the Disability Requirement. This is because some state and territory schemes have eligibility requirements equivalent to the NDIS Disability Requirement and therefore the relevant state has already assessed that the person has a disability that is attributable to a permanent impairment that results in substantially reduced functional capacity. The list at Appendix C is not exhaustive and in no way suggests that a person who has not been found eligible for a listed program or who is receiving supports from a program that is not listed would not meet the disability requirement.

General considerations for delegates

35. A decision tree designed to assist decision makers in making and recording their decisions has been developed and is attached. The decision tree should be completed for each prospective participant except a prospective participant who:

    a. Has a condition listed in List A at Appendix A of this Operational Guideline, or

    b. Has been found eligible for a program at Appendix C of this Operational Guideline, or

    c. Is a child under 6 years of age who has developmental delay, or

    d. Is a child under 6 years of age who have a condition listed in List C at Appendix A to *Operational Guideline – Access – Early Intervention Requirement*.

    See *Operational Guideline – Access – Decision Tree Disability Requirements and Early Intervention Requirements.*

Appendix A

List A – Permanent impairment/functional capacity – no further assessment required

1. **Intellectual disability** diagnosed and assessed as moderate, severe or profound in accordance with current DSM criteria (e.g. IQ 55 points or less and severe deficits in adaptive functioning)
2. **Autism** diagnosed by a specialist multi-disciplinary team, pediatrician, psychiatrist or clinical psychologist experienced in the assessment of Pervasive Developmental Disorders, and assessed using the current Diagnostic and Statistical Manual of Mental Disorders (DSM-V) diagnostic criteria as having severity of Level 2 (*Requiring substantial support*) or Level 3 (*Requiring very substantial support*)
3. **Cerebral palsy** diagnosed and assessed as severe (e.g. assessed as Level 3, 4 or 5 on the Gross Motor Function Classification System - GMFCS)
4. **Genetic conditions** that consistently result in permanent and severe intellectual and physical impairments:
    - Angelman syndrome
    - Coffin-Lowry syndrome in males
    - Cornelia de Lange syndrome
    - Cri du Chat syndrome
    - Edwards syndrome (Trisomy 18 – full form)
    - Epidermolysis Bullosa (severe forms):
        - Autosomal recessive dystrophic epidermolysis bullosa
        - Hallopeau-Siemens type
        - Herlitz Junctional Epidermolysis Dystrophica
    - Lesch-Nyhan syndrome
    - Leigh syndrome
    - Leukodystrophies:
        - Alexander disease (infantile and neonatal forms)
        - Canavan disease
        - Krabbe disease (globoid cell leukodystrophy) – Infantile form
        - Pelizaeus-Merzbacher Disease (Connatal form)
    - Lysosomal storage disorders resulting in severe intellectual and physical impairments:
        - Gaucher disease Types 2 and 3
        - Niemann-Pick disease (Types A and C)
        - Pompe disease
        - Sandhoff disease (infantile form)
        - Schindler disease (Type 1)
        - Tay-Sachs disease (infantile form)

- Mucopolysaccharidoses – the following forms:
  - MPS 1-H (Hurler syndrome)
  - MPS III (San Fillipo syndrome)
- Osteogenesis Imperfecta (severe forms):
  - Type II - with two or more fractures per year and significant deformities severely limiting ability to perform activities of daily living
- Patau syndrome
- Rett syndrome
- Spinal Muscular Atrophies of the following types:
  - Werdnig-Hoffmann disease (SMA Type 1- Infantile form)
  - Dubowitz disease (SMA Type II – Intermediate form)
  - X-linked spinal muscular atrophy

5. **Spinal cord injury** or **brain injury** resulting in paraplegia, quadriplegia or tetraplegia, or hemiplegia where there is severe or total loss of strength and movement in the affected limbs of the body
6. **Permanent blindness** in both eyes, diagnosed and assessed by an ophthalmologist as follows:
   a. Corrected visual acuity (extent to which an object can be brought into focus) on the Snellen Scale must be less than or equal to 6/60 in both eyes; or
   b. Constriction to within 10 degrees or less of arc of central fixation in the better eye, irrespective of corrected visual acuity (i.e. visual fields are reduced to a measured arc of 10 degrees or less); or
   c. A combination of visual defects resulting in the same degree of visual impairment as that occurring in the above points.

   (An optometrist report is not sufficient for NDIS purposes.)
7. **Deafblindness** confirmed by ophthalmologist and audiologist and assessed as resulting in permanent and severe to total impairment of visual function and hearing
8. **Amputation** or congenital absence of two limbs (functional impact to be assessed when using any aids, equipment or prosthesis available to the person)

Appendix B

List B – Permanent impairment/functional capacity variable – further assessment of functional capacity required

Note: Synonyms for conditions are also shown e.g. *condition/ synonym/ synonym*

1. Conditions primarily resulting in Intellectual/ learning impairment

- Intellectual disability
- Pervasive developmental disorders not meeting severity criteria in List A of this Operational Guideline or List C of *Operational Guideline – Access – Early Intervention Requirements*:
  - Asperger syndrome
  - Atypical autism
  - Childhood autism

Chromosomal abnormalities resulting in permanent impairment and not specified on List A:

- Aicardi-Goutières syndrome
- CHARGE syndrome
- Cockayne syndrome Types I and Type II/Cerebro-oculo-faciao-skeletal (COFS) syndrome /Pena Shokeir syndrome Type II/Weber-Cockayne syndrome/Neill-Dingwall syndrome)
- Cohen syndrome
- Dandy-Walker syndrome
- DiGeorge syndrome /22q11.2 deletion syndrome/Velocardiofacial syndrome/ Shprintzen syndrome/Conotruncal anomaly face syndrome
- Down syndrome
- Fragile X syndrome
- Kabuki syndrome
- Menkes disease
- Prader-Willi syndrome
- Seckel syndrome /microcephalic primordial dwarfism/Harper's syndrome/Virchow-Seckel dwarfism
- Smith-Lemli-Optiz syndrome
- Smith-Magenis syndrome
- Spinal muscular atrophy Types III and IV
- Sturge-Weber syndrome
- Trisomy 9
- Tuberous sclerosis
- Turner syndrome
- Williams syndrome
- Wolf-Hirschhorn syndrome

2. Conditions primarily resulting in Neurological impairment

- Alzheimer's dementia
- Creutzfeldt-Jakob disease
- HIV dementia
- Huntington's disease
- Multi-infarct dementia
- Parkinson's disease
- Post polio syndrome

- Vascular dementia

Systemic atrophies primarily affecting the central nervous system:

- Abetalipoproteinaemia
- Adult-onset spinal muscular atrophy/late-onset SMA type III)
- Fazio-Londe disease/Progressive bulbar palsy of childhood
- Friedrich's ataxia
- Hereditary spastic paraplegia/ Infantile-onset ascending hereditary spastic paralysis/ L1 syndrome/ spastic paraplegias types 2 and 11Huntington's disease/Huntington's chorea
- Louis-Bar syndrome/Ataxia-telangiectasia
- Motor neuron disease/Motor neurone disease/ Lou Gehrig's disease /Amyotrophic lateral sclerosis
- Primary lateral sclerosis
- Progressive bulbar palsy
- Spinal muscular atrophy – all types
- Spinocerebrellar ataxia

Extrapyramidal and movement disorders

- Hallervorden-Spatz syndrome /Pantothenate kinase-associated neurodegeneration (PKAN)/neurodegeneration with brain iron accumulation 1 (NBIA 1)
- Parkinson's disease
- Shy-Drager syndrome /Multiple System Atrophy /Striatonigral degeneration (MSA-P)/ Sporadic olivopontocerebellar atrophy (MSA-C)
- Steele-Richardson-Olszewski syndrome/Progressive supranuclear ophthalmoplegia
- Stiff-man syndrome /Stiff-person syndrome

Other degenerative diseases of the nervous system

- Alzheimer's disease
- Alpers disease/Grey-matter degeneration/Alpers syndrome/progressive sclerosing poliodystrophy/progressive infantile poliodystrophy
- Lewy body dementia
- Pick's disease

Demyelinating diseases of the central nervous system

- Adrenoleukodystrophy
- Multiple sclerosis
- Schilder's disease /Diffuse myelinoclastic sclerosis – non-remitting

Episodic and paroxysmal disorders

- Brain stem stroke syndrome
- Cerebellar stroke syndrome
- Motor and sensory lacunar syndromes
- Lennox syndrome /Lennox-Gastaut syndrome
- West's syndrome

Polyneuropathies and other disorders of the peripheral nervous system

- Adult Refsum disease
- Charcot-Marie-Tooth disease/Hereditary motor and sensory neuropathy/ peroneal muscular atrophy
- Dejerine-Sottas disease /Dejerine-Sottas syndrome/Dejerine-Sottas neuropathy/progressive hypertrophic interstitial polyneuropathy of childhood/onion bulb neuropathy
- Infantile Refsum disease

Other disorders of the nervous system

- Hydrocephalus
- Multiple system atrophy

3. Conditions resulting in Physical impairment

- Amputations
- Congenital absence of limb or part thereof
- Epidermolysis bullosa
- Harlequin type icthyosis
- Juvenile arthritis / Stills Disease (excluding monocyclic/self-limited Adult Onset Stills disease)
- Rheumatoid arthritis

Diseases of myoneural junction and muscle

- Andersen-Tawil syndrome/ Periodic paralysis /myoplegia paroxysmalis familiaris
- Becker muscular dystrophy
- Congenital muscular dystrophy
- Distal muscular dystrophy
- Duchenne muscular dystrophy
- Emery-Dreifuss muscular dystrophy
- Facioscapulohumeral muscular dystrophy
- Limb-girdle muscular dystrophy
- Mitochondrial myopathy
- Myotonic dystrophy /dystrophia myotonica
- Myotonic muscular dystrophy
- Myotubular myopathy
- Oculopharyngeal muscular dystrophy
- Paramyotonia Congenita
- Thomsens disease /Congenital myotonia/ Becker myotonia)

Cerebral palsy and other paralytic syndromes not meeting severity criteria on List A

- Cerebral palsy
- Diplegia
- Hemiplegia
- Monoplegia
- Paraplegia
- Quadriplegia
- Tetraplegia

4. Conditions resulting in Sensory and/or Speech impairment

Disorders of the choroid and retina where permanent blindness diagnostic and severity criteria on List A are not met:

- Behr's syndrome
- Kearns-Sayre syndrome
- Optic atrophy
- Retinitis pigmentosa
- Retinoschisis (degenerative and hereditary types/juvenile retinoschisis)
- Stargardt disease
- Usher syndrome

Disorders resulting in hearing loss

- Cortical deafness
- Pendred syndrome
- Sensorineural hearing loss
- Stickler syndrome
- Usher syndrome
- Waardenburg syndrome

5. Conditions resulting in multiple types of impairment

- Aceruloplasminemia
- Addison-Schilder disease /Adrenoleukodystrophy
- Albinism
- Arginosuccinic aciduria
- Aspartylglucosaminuria
- Cerebrotendinous xanthomatosis /cerebral cholesterosis
- Congenital cytomegalovirus infection
- Congenital iodine-deficiency syndrome /cretinism
- Congenital rubella syndrome
- Glycine encephalopathy /non-ketotic hyperglycinaemia
- GM1 gangliosidosis
- Hartnup disease
- Homocystinuria
- Lowe syndrome/ Oculocerebrorenal syndrome
- Mannosidosis
- Menkes disease
- Mucolipidosis II /I-cell disease
- Mucolipidosis III /pseudo-Hurler polydystrophy
- Mucolipidosis IV
- Neuronal ceroid lipofuscinosis (NCL)/ Adult type (Kuf's or Parry's disease)/ Juvenile (Batten disease)/ Late infantile (Jansky-Bielschowsky)
- Niemann-Pick disease
- Pyruvate carboxylase deficiency
- Pyruvate dehydrogenase deficiency
- Sialidosis
- Sulfite oxidase deficiency

The following mucopolysaccharidoses:

- Scheie syndrome /MPS 1-H
- Hurler-Scheie syndrome /MPS 1 H-S
- Hunter syndrome /MPS II
- Morquio syndrome /MPS IVA
- Maroteaux-Lamy syndrome /MPS VI
- Sly syndrome /MPS VII

Congenital conditions – cases where malformations cannot be corrected by surgery or other treatment and result in permanent impairment but with variable severity:

- Arnold-Chiari Types 2 and 3/Chiari malformation
- Microcephaly
- Fetal alcohol syndrome
- Fetal hydantoin syndrome
- Spina bifida

- VATER syndrome /VACTERL association

Appendix C

People already considered eligible for certain state or territory schemes

Note: Where a prospective participant falls within one of the following schemes the delegate is not required to refer to the *Operational Guideline - Access - Decision Tree for Disability and Early Intervention Requirements* in relation to their assessment of that prospective participant.

a. New South Wales

Clients of the following New South Welsh schemes will generally be considered to satisfy the disability requirement without further evidence being required:

- Day Programs
- Life Choices
- Active Ageing
- Community Participation (CP)
- Group Homes; 24/7 Supported Accommodation
- Supported Accommodation Innovation Funds
- Attendant Care Program (ACP)
- Disability Housing and Support Initiative (DHASI)
- Large Residential Centres (LRC)
- Supported Living Funds (SLF)
- Respite

b. Victoria

Clients of the following Victorian schemes will generally be considered to satisfy the disability requirement without further evidence being required:

- Individual Support Packages
- Respite
- Case Management
- Independent Living Training
- Supported Accommodation
- Large Residential Centres (LRC) (Colanda)

c. Tasmania

Clients of the following Tasmanian schemes will generally be considered to satisfy the disability requirement without further evidence being required:

- Supported Accommodation (group homes)
- Centre Based Respite
- Community Access
- Individual Support Packages
- Disability Assessment Advisory Team