

What is and isn't funded by your NDIS plan

The types of supports that the NDIS may fund for participants include:

- daily personal activities
- transport to enable participation in community, social, economic, and daily life activities
- Workplace help to allow a participant to successfully get or keep employment in the open or supported labour market
- therapeutic supports including behaviour support
- help with household tasks to allow the participant to maintain their home environment
- help to a participant by skilled personnel in aids or equipment assessment, set up and training
- home modification design and construction
- mobility equipment, and
- vehicle modifications.

National Disability Insurance Scheme Act 2013 (NDIS Act), and the associated NDIS rules, which states that a funded support must represent “value for money” in that the costs of the support are reasonable, relative to both the benefits achieved and the cost of alternative support. These can be found on the [NDIA website](#).

There are some kinds of supports that will not be funded or provided by the NDIS

The NDIS Act and the rules made under the Act also tell us which supports will not be funded by the NDIS.

The NDIS cannot fund a support that is:

- the responsibility of another government system or community service
- not related to a person's disability
- relates to day-to-day living costs that are not related to a participant's support needs, or
- is likely to cause harm to the participant or pose a risk to others.

Does the NDIS cover the cost of medical care like diagnostic assessments, treatment, medication, hospital/GP visits or Medicare gap fees?

The NDIS is not designed to fund supports more appropriately funded or provided by the health system. Assessment, diagnosis, and treatment of health conditions, along with **medications** and hospital care, remain the responsibility of the health system.

As a general guide, the following health-related services and supports are not provided or funded through the NDIS:

- Items and services covered by the Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS), nor Medicare gap fees.
- Treatment, services or supports delivered by a doctor or medical specialist, including diagnosis and assessment of a health condition.
- Items and services provided as part of diagnosis, early intervention, and treatment of health conditions, including ongoing care of chronic health conditions.
- Medically prescribed care, treatment or surgery for an acute illness or injury including post-acute care, convalescent care, and rehabilitation.
- Sub-acute care including palliative care, end of life care and geriatric care.

All medication/supplements recommended by your Allied Health Professional that are directly related to your disability, will require a letter of recommendation submitted to the NDIA for approval. This may require a Change of Circumstance to be submitted and early plan review. Please discuss directly with your Local Area Coordinator/NDIA planner and/or your Support Coordinator, if applicable.