DISTINGUISHING BETWEEN HEALTH AND DISABILITY (NDIS) SUPPORTS

PRACTICE GUIDELINE ©

DOCUMENT SUMMARY/KEY POINTS

- This practice guideline aims to assist Sydney Children's Hospitals Network (SCHN) clinicians to differentiate between health interventions (within SCHN's scope of service) and disability services and supports (outside SCHN's scope of service), following the introduction of the National Disability Insurance Scheme (NDIS).
- The NDIS is a major national reform that continues to evolve. Clinicians are encouraged to use this guideline as a resource; however, they should also refer to the NDIS website www.ndis.gov.au to ensure the NDIS information is current.

Approved by:	SCHN Policy, Procedure and Guideline Committee	
Date Effective:	1st April 2021	**Review Period**: 3 years
Team Leader:	NDIS Transition Manager	**Area/Dept**: CARPA Management

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CHANGE SUMMARY

- N/A – new document

READ ACKNOWLEDGEMENT

- Service managers to acknowledge the document.
- Local managers to determine which staff to read and acknowledge the document, or read the document only.

Guideline

- SCHN clinicians are expected to adhere to the standards or practices set out within these guidelines. Where this is not possible staff should discuss the situation with their Manager. This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.
- **Risk Statement**: The capacity of SCHN to meet the health needs of the community it serves will be compromised if disability supports continue to be provided by SCHN services now that the NDIS is in full scheme in NSW.
- **Risk Category**: Clinical Care and Patient Safety

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

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1 Introduction

The provision of disability services for eligible people under the age of 65 is now the responsibility of the National Disability Insurance Scheme (NDIS). However, regardless of a child or young person's disability status, the Health Service remains responsible for the provision of health-related interventions.

This practice guideline assists Sydney Children's Hospitals Network (SCHN) clinicians to differentiate between health interventions (within SCHN's scope of service) and disability services and supports (outside SCHN's scope of service), following the introduction of the National Disability Insurance Scheme (NDIS).

There are situations in which the provision of disability support services may continue to be provided by SCHN. Guidance of when to provide disability services, when to redirect referrals, and the correct language to use when communicating with clients, referrers and GPs is needed to:

- Ensure consistency of approach in provision/non-provision of disability services
- Ensure consistent messaging regarding provision of disability services being outside SCHN's scope
- Support staff through the challenges of making and communicating decisions regarding provision/non-provision of disability services
- Ensuring thorough considerations are made when considering the appropriate provision of disability service.

Making the incorrect decision regarding whether or not to provide a disability service will be associated with risks to patient outcomes. These risks will be minimised by following the decision-making processes outlined in this guideline and using the communication template to communicate these decisions.

1.1 Background

Disability Sector Reform

Since 2012, there have been significant reforms to disability funding in Australia. The most recent of these, and the one to have the greatest impact on the role of Health Services, is the introduction of the National Disability Insurance Scheme (NDIS). The NSW Government entered into an agreement with the Commonwealth Government and the scheme achieved full implementation status across the whole of NSW in July 2018[3].

Historically, funding for disability services was State based (ADHC funded) and provided directly to government, and non-government organisations. Under the NDIS, funding for disability support services is provided to each eligible individual, for use to obtain support services of their choice in the market place.

The National Disability Insurance Scheme

The NDIS finances the reasonable and necessary supports required by a person with a permanent and significant disability to in order to improve their independence and social and economic participation[1,2].

The NDIS provides individualised funding to people with a disability who meet the eligibility requirements of the scheme.

NDIS Eligibility Requirements[4]

A person is considered eligible to become an NDIS participant if they are an Australian Resident / Citizen, aged under 65, and meet either the Disability Requirements (aged 7 or over) or Early Intervention Requirements of the scheme (aged 0-6 years).

Disability Requirements

A person may meet the disability requirements if they:

- Have a disability that is attributable to one or more intellectual, cognitive, neurological, sensory or physical impairments or an impairment attributable to a psychiatric condition AND
- The impairment or condition is or is likely to be permanent AND
- The impairment substantially reduces their ability to participate effectively in activities or perform tasks or actions such that they require support in one or more of the following areas:
    - Communication
    - Social interaction
    - Learning
    - Mobility
    - Self-care
    - Self-management (for children 8 years and over) AND
- The impairment affects the person's capacity for social and economic participation AND
- The person is likely to require support under the NDIS for their lifetime.

Early Intervention Requirements

A person may meet the early intervention requirements if they:

A. Have an impairment or condition that is likely to be permanent AND

- There is evidence that getting supports now (early interventions) will help the person by:
- Reducing how much help the person will need because of their impairment in the future AND

- Improving or reducing deterioration in their functional capacity or helping their family and carers to continue to assist the person AND
- Those supports are most appropriately funded through the NDIS, and not through another service system.

OR

B. Are a child under 7 years of age with developmental delay[5] which results in:

- Substantially reduced functional capacity in one or more of the areas of self-care, receptive and expressive language, cognitive development or motor development AND
- the need for a combination and sequence of special interdisciplinary or generic care, treatment or other services which are of extended duration, and are individually planned and coordinated; AND
- Those supports are most appropriately funded through the NDIS, and not through another service system.

Please refer to the Am I Eligible NDIS website to ensure you have the most recent access requirements.

Supports funded by the NDIS

Supports funded by the NDIS may include[6]:

- Aids and equipment
- Prosthesis and artificial limbs
- Home modifications and personal care
- Allied health intervention that is required due to the person's disability (unless delivered as part of a rehabilitation program).
- Psychosocial support
- In-home support and short-term accommodation
- Disability related health supports

Disability related health supports

The NDIS will fund specific disability-related health supports where the supports are a regular part of the participant's daily life, and result from the participant's disability. The disability-related health supports that the NDIS will fund include: dysphagia supports, diabetic management supports, continence supports, wound and pressure care supports, respiratory supports, nutrition supports, podiatry and foot care supports. More detail is contained in the link:

https://www.ndis.gov.au/understanding/supports-funded-ndis/disability-related-health-supports/disability-related-health-supports-health-sector

1.2 Interface between health and disability sectors

Health supports provided by the NDIS

In broad terms, the responsibilities of the Health and Disability Sectors can be differentiated as follows:

Health sector responsibilities	Disability sector responsibilities
Health systems are responsible for time limited, recovery-oriented services and therapies (rehabilitation) aimed primarily at restoring the person's health and improving the person's functioning after a recent medical or surgical treatment intervention. This includes where treatment and rehabilitation is required episodically.	The NDIS will be responsible for supports required due to the impact of a person's impairment/s on their functional capacity and their ability to undertake activities of daily living. This includes "maintenance" supports delivered or supervised by clinically trained or qualified health professionals (where the person has reached a point of stability in regard to functional capacity, prior to hospital discharge (or equivalent for other healthcare settings) and integrally linked to the care and support a person requires to live in the community and participate in education and employment.

For more information and the difference between Health and Disability, refer to the Principles to Determine the Responsibilities of the NDIS and other Services.

Children and NSW Health

- NSW Health continues to be responsible for the diagnosis of children with disability and developmental delay, and provides clinical treatment of health conditions.
- NSW Health also maintains leadership in clinical expertise in child development and disability. Where a child is supported by the NDIS, the child will still access required health services provided by NSW Health, private health providers or Commonwealth funded health services such as general practitioners and Primary Health Networks (PHNs).
- NSW Health will continue to provide health assessments to children in out-of-home care. It also provides supports which are clinical in nature such as acute, ambulatory, continuing care and newborn follow-up.
- The health system remains responsible for the diagnosis and clinical treatment of all health conditions as well as other activities aimed at improving the health status of all children such as:
    - general practitioner services
    - medical specialist services

- nursing and allied health services (including acute/post-acute)
- preventive health
- care in public and private hospitals
- pharmaceuticals.

NSW Health is also responsible for any time-limited and goal-oriented services and therapies for children with acute health needs, where the predominant purpose is treatment directly related to the child's health status or after a recent medical or surgical event. In some cases, interventions that meet the criteria for being the responsibility of NSW Health will need to be adapted to cater for the individual needs of the person with a disability. In line with the UN Convention on the Rights of Persons with Disabilities and the NSW Disability Inclusion Act 2014, these adapted interventions, provided they remain within the Scope of Service for that service, remain the responsibility of NSW Health[9]. Catering for the needs of a person with a disability may include, for example, allowing a longer outpatient appointment time for someone whose communication difficulties require it.

Further information regarding the role of NSW Health in relation to the NDIS may be found on the NSW Health Intranet.

For more detailed information regarding the funding responsibilities of the NDIS for services provided by health practitioners, please refer to the NDIS documents[1]

National Disability Insurance Scheme (Supports for Participants) Rules 2013 specifically Schedule One, Section 7.4

Supporting SCHN clients & families to access NDIS supports

The table below provides guidance on how SCHN staff can support clients and families to access NDIS supports.

NDIS status	Assistance with NDIS
Has not yet applied to become an NDIS participant.	If child is aged over 7, advise the family to call the NDIA on 1800 800 110 or complete an Access Request Form (ARF) available online. If child is aged 0-6 with a disability or developmental delay, advise family to contact a local Early Childhood Early Intervention Partner to apply for access or ECEI supports. Referral can additionally be made by clinician directly to the ECEI Partner with consent.
Declining to apply and /or become an NDIS participant.	Advise family that there are many benefits to becoming an NDIS participant and by not being a participant they may miss out on accessing services their child needs.

Awaiting outcome of application to become an NDIS participant.	If family has not received an access decision within 21 days, direct or assist the client to re-contact NDIA.
Deemed ineligible for the NDIS (and appears to meet eligibility criteria).	Inform the family that they can appeal the decision by submitting 'a review of the reviewable decision form'. SCHN clinicians to consider providing addition evidence to support a review if appropriate and required.
Deemed eligible however requires support whilst waiting for plan approval or a planning meeting	Child under 7 years – advise family to contact their ECEI Partner to escalate decision/planning meeting and request interim supports be put in place. Child over 7 years – advise family to contact NDIA to escalate decision/planning meeting. Advise family that with support from the child's GP, the child may be able to access some therapy supports from a private provider with part of the cost met by Medicare through a Medicare Chronic Disease Management Plan (CDM plan).
NDIS participant with support item included in their NDIS plan, and providers available.	Explain that SCHN is no longer funded to provide disability supports that are funded through the NDIS and offer appropriate clinical handover to the client's disability provider.
NDIS plan with insufficient supports in plan (or support item not included).	Advise family to request a plan review from the NDIA.

There can be many reasons why a disability service may continue to be provided outside of SCHNs scope of service e.g. the child has an NDIS plan but there are no providers offering the service. The Decision Support tools on the following pages are designed to assist clinicians to determine whether intervention falls within SCHN's scope of service.

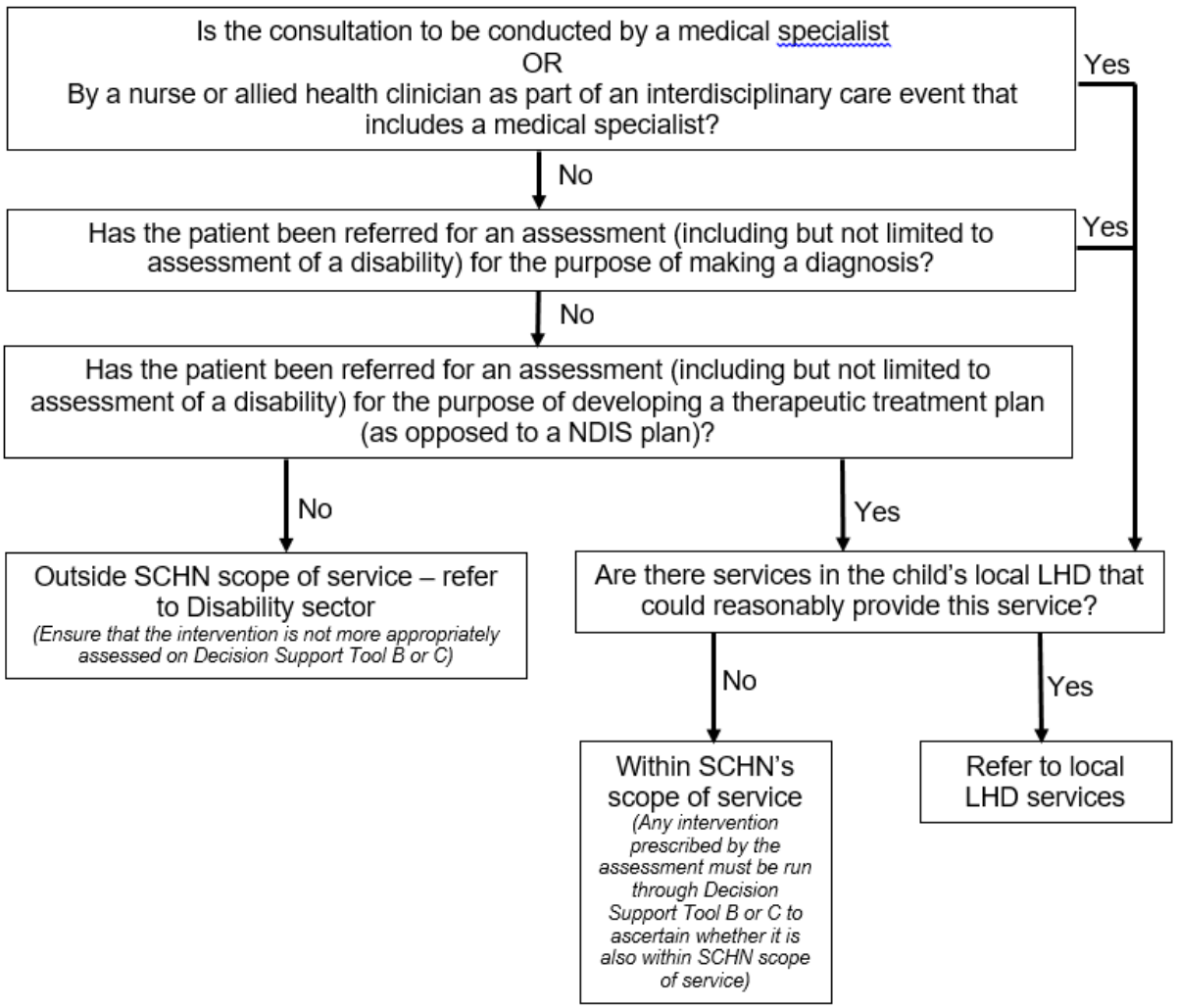
2 Decision Support Tools (DST)

These decision support tools are to be used to determine whether an intervention required by a child or young person with a disability or child with developmental delay falls within SCHN's scope of service.

- DST A. Request for assessment or monitoring
- DST B. Request for the prescription of supports (including structural environmental modifications, equipment, assistive technology, consumables) and recommendations for personal assistance
- DST C. Request interventions other than assessment, monitoring or prescription of supports

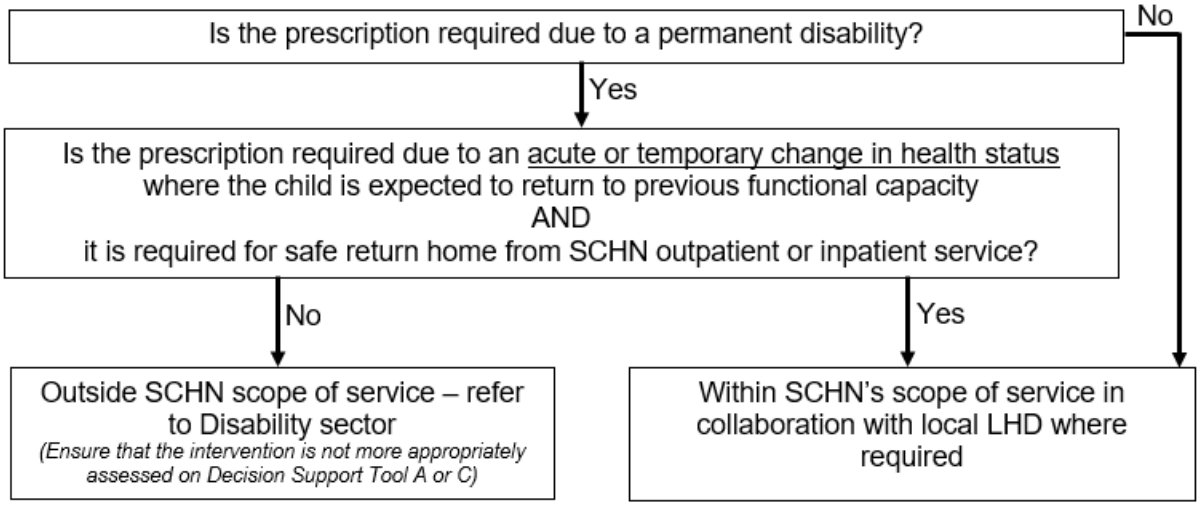
The decision support tools are only applicable to interventions that are within the SCHN department's scope of service.

DST A: Request for assessment or monitoring



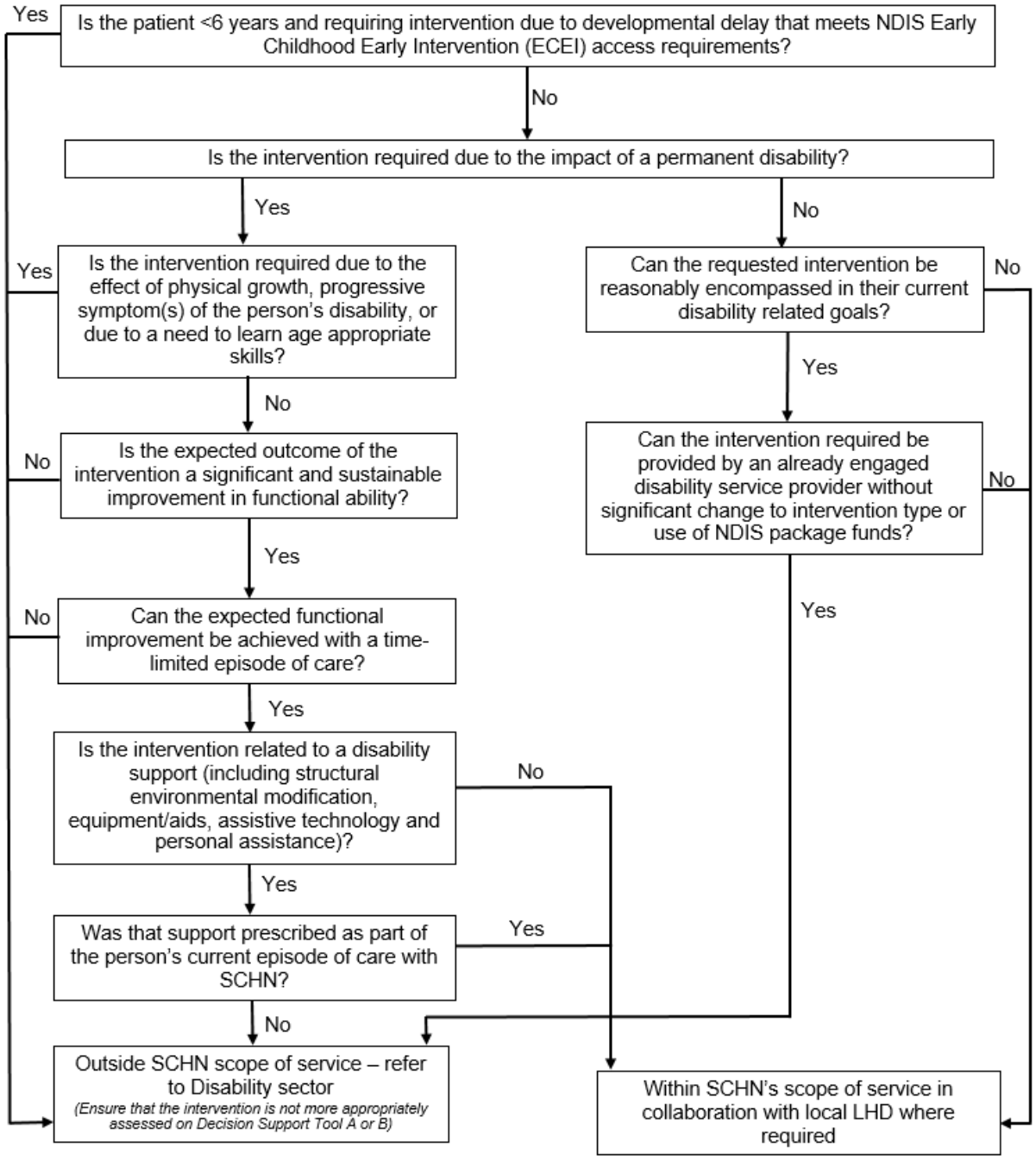
Refer to **Appendix** for example communication template for when request for service is outside SCHN's scope of service.

DST B: Request for the prescription of supports (including structural environmental modifications, equipment, assistive technology, consumables) and recommendations for personal assistance



Refer to **Appendix** for example communication template for when request for service is outside SCHN's scope of service.

DST C: Requests for interventions other than assessment / monitoring or prescriptions of supports



Refer to **Appendix** for example communication template for when request for service is outside SCHN's scope of service.

3 Case Studies

Case Study - One

An 8 year old patient with lower limb spasticity due to cerebral palsy attends an annual review at a clinic that comprises of a medical specialist, clinical nurse specialist, physiotherapist, occupational therapist and speech therapist.

The patient, who was previously walking independently, has recently become dependent on a walking frame. The team determine that this loss of function is due to a period of rapid growth and the associated relative shortening of the patient's lower limb muscles. They determine that the patient requires serial lower limb casting, followed by gait re-education.

Analysis using the decision support tools

Physiotherapy Assessment.

Using DST (A): The answer to the question in the top box would be "yes" because the assessment is conducted as part of an interdisciplinary care event that includes a medical specialist and because "there are no services in the local LHD that could provide this service"

The physiotherapy assessment is within scope of the health service.

Serial casting

Using DST (C): **The serial casting would be determined as being outside the SCHN's scope of service** by the answer of "yes" to the question "Is the intervention required due to the effect of physical growth, progressive symptom(s) of the person's disability, or due to a need to learn age appropriate skills?"

Gait Re-education

Using DST (C): **The gait re-education would also be determined as being outside the SCHN's scope of service** by the answer of "yes" to the question "Is the intervention required due to the effect of physical growth, progressive symptom(s) of the person's disability, or due to a need to learn age appropriate skills?"

Case Study - Two

A 4 year old child with global moderate developmental delay due to a genetic disorder who is an Early Intervention Participant of the NDIS falls off play equipment and fractures his arm. Following 6 weeks in a cast, his hand function has deteriorated, such that he has lost his previously gained ability to use a fork.

Pre-injury, the child was receiving weekly occupational therapy with a private occupational therapist as part of his NDIS package. The occupational therapy included interventions aimed at improving his fine motor skills.

The child is referred by the Orthopaedic Registrar to Community Occupational Therapy. At assessment, the SCHN occupational therapists determines that the child requires manual therapy and fine motor training to regain his pre-injury level of fine motor ability. The frequency of occupational therapy required is twice/week for 4 weeks, followed by weekly sessions for approximately 6 further weeks. The SCHN occupational therapist contacts the child's private occupational therapist and determines that they are able to provide the required intervention with only a small change to the pre-injury frequency of sessions (an additional session for 4 weeks). The child's family is happy to use more of their NDIS package to receive all of their occupational therapy from the same provider.

ANALYSIS USING THE DECISION SUPPORT TOOLS (DST)

Using DST (C): **The intervention would be considered outside SCHN's scope of service**, due to the answer of "yes" to the question "can the intervention required be provided by an already engaged disability service provider without significant change to intervention type?"

If the child's private occupational therapist did not feel that they had the skills to provide the interventions required then it **would be considered inside SCHN's scope of service**, i.e., an answer of "no" to question of "can the intervention required be provided by an already engaged disability service provider without significant change to intervention type?

Case Study - Three

A 7 year old boy with Duchenne muscular dystrophy (DMD) is hospitalised for planned tendon release surgery, to improve his standing and walking ability. He is given instructions to be non-weight bearing for 6 weeks. Therefore, a manual wheelchair is required for this period. The boy does not currently have a manual wheelchair through his NDIS plan as he is still ambulant and is expected to return to independent mobility after the non-weight bearing period. As a result, permanent wheelchair prescription is not required at this time.

ANALYSIS USING THE DECISION SUPPORT TOOLS (DST)

Using DST (B):

- Is the prescription required due to a permanent disability? **Yes**
- Is the prescription required due to an acute or temporary change in health status where the child is expected to return to previous functional capacity AND is it required for safe return home from SCHN outpatient or inpatient service? **Yes** AND **Yes**

The provision of the manual wheelchair **would be considered within the scope of service of SCHN**.

In this situation, SCHN would either:

- Assist to arrange loan wheelchair from SCHN equipment loan pool
- Assist to arrange loan wheelchair from LHD equipment loan pool

4 Risk Matrix for Non-Provision of a Disability Service

This risk matrix follows the directive of the NSW Health Enterprise Risk Management Policy and Framework (October 2015) to assess the risks associated with NOT providing a disability service. It is designed to be used to assess individual cases, not the provision of disability services generally. **Gather the information, and apply the risk matrix, to determine whether services should be provided by SCHN or other local health services until the plan is implemented.**

Using the risk matrix, an assessment of a case should be performed by the clinician most familiar with the details of that case in consultation with other members of the team as required. On completion of the overall risk rating, any corresponding actions required should be discussed with the relevant manager before further action is taken.

There are two categories of risk included in the matrix:

1. Patient outcome
2. SCHN resource management

How to Use the Risk Matrix

Step 1: Assess the situation against the risk categories in Risk Matrix **Table A** to determine both consequence and likelihood.

Step 2: Assess each consequence and likelihood in Risk Matrix **Table B** AND identify which risk category presents the highest risk rating calculation according to the corresponding letter of the alphabet.

Step 3: Apply the alphabetical letter to Risk Matrix **Table C** to identify the action required.

4.1 Risk Matrix Table A: Analysis of Situation

Analysis of Situation		CONSEQUENCE of NOT providing the required disability support *(the below are examples and not exhaustive of consequences in each rating)*						
		Catastrophic	**Major**	**Moderate**	**Minor**	**Minimal**		
RISK CATEGORIES	**1/ Patient Outcome**	Unexpected patient death or permanent loss/reduction of functional or health outcomes (including permanent loss of potential functional improvements) unrelated to the expected course of the disability.	Loss/reduction of function (unrelated to the expected course of the disability) resulting in increased intervention requirements, pain, new impairments or poorer health outcomes. Prolonged or additional hospital admissions/ attendance.	Loss/reduction of function/significant risk of not achieving long term functional or health outcomes (unrelated to the expected course of the disability) delayed achievement of long-term outcomes related to the expected course of their disability. Pain or increased care required.	Delayed achievement of expected developmental progress and/or improved function, resulting in increased care requirements/ prolonged care requirements or poorer health outcomes.	Delayed achievement of expected developmental progress not affecting level of care requirements or long-term outcomes related to the expected course of their disability.	Likelihood of Predicted Outcome	Almost certain (96 -100%) Likely (70 - 95%) Possible (30 - 69%) Unlikely (5 - 29%) Rare (<5%)
		Patient Outcome Risk Rating (A-Y): __ *(Combine consequence and likelihood on Risk Matrix Table B)*						
	2/ SCHN Resource Management	*Any minimal / minor / moderate / major consequence* + Discharge from SCHN inpatient facility delayed by ≥ 1week OR Significantly increased ongoing management of health and disability costs.	*Any minimal / minor / moderate consequence* + Discharge from SCHN inpatient facility delayed by < 1 week OR Risk of unplanned admission/ readmission to inpatient facility due to non-provision of disability support in the community.	*Any minimal / minor consequence* + Avoidable referral to SCHN Outpatient facilities due to development of *health* problem; Facility already has significant wait times.	*Any minimal consequence* + Avoidable referral to SCHN Outpatient facilities due to development of *health* problem; Facility has clients on wait list for health interventions.	Avoidable referral to SCHN Outpatient facilities due to development of *health* problem; Facility has no clients on wait list for health interventions.	Likelihood of Predicted Outcome	Almost certain (96 -100%) Likely (70 - 95%) Possible (30 - 69%) Unlikely (5 - 29%) Rare (<5%)
		Resource Management Risk Rating (A-Y): ___ *(Combine consequence and likelihood on Risk Matrix Table B)*						

4.2 Risk Matrix Table B: Risk Rating Calculation

Use your assessments of consequence and likelihood on the previous page to calculate the risk rating for each of Patient Outcome and SCHN Resource Management.

Risk Rating Calculation		CONSEQUENCE RATINGS				
		Catastrophic	Major	Moderate	Minor	Minimal
LIKELIHOOD	Almost certain	A	D	J	P	S
	Likely	B	E	K	Q	T
	Possible	C	H	M	R	W
	Unlikely	F	I	N	U	X
	Rare	G	L	O	V	Y

4.3 Risk Matrix Table C: Action Required

The action required is determined by whichever is the highest calculated risk rating (A-Y).

RISK RATING	ACTION REQUIRED
Extreme (A-E)	**Provide the required disability service** Action to reduce the risk rating must be undertaken **immediately.** Record this incidence of accepting a request to provide a disability support service in the medical record and flag with Disability Identifier (D)*.
High (F-K)	**Work with client/ referrer to seek a provider for the disability service required. If no provider can be found within a week:** Provide the required disability service as per departmental priority guidelines. Record this incidence of accepting a request to provide a disability support service in the medical record and flag with Disability Identifier (D).
Medium (L-T)	**Decline referral and redirect client to another provider.** Monitor/record the frequency of the occurrence within your service/department in order to determine any strategies to mitigate in the future.
Low (U-Y)	**Decline referral and redirect client to another provider.** Monitor/record the frequency of the occurrence within your service/department in order to determine any strategies to mitigate in the future.

5 Glossary of Terms

Acronym or Term	Definition
Clinician	A healthcare professional involved in the care of a patient.
Directly related	The sequence of health events from disability to illness/medical condition/non-permanent injury/surgery must be particular to the disability, i.e., the sequence of events could not reasonably be expected to result in illness/medical condition/non- permanent injury/surgery in a person without the disability.
Disability sector	Businesses, organisations and individuals that provide disability-related services. These can be registered and non-registered providers under the NDIS.
Disability services or supports	Assistance (whether by structural environmental modification, equipment, assistive technology, therapy, consumables or personal support/assistance) required by a child or young person to improve/manage their function within the limitations of their impairments. As opposed to a therapeutic intervention that aims to reduce the level of impairment.
ECEI (Early Childhood Early Intervention)	The ECEI approach is available to children aged under 7 with a developmental delay or disability.
Health sector	NSW Health, NGO's and private organisations who provide services directly related to a child or young person's health care needs. Note, some businesses and organisations may provide both health and disability services and therefore be part of both the Health and Disability Sectors.
Interdisciplinary care event	Care received from two or more clinicians whose combined input is required to

	achieve the intended outcome for the patient.
LHD	The Local Health District and its services.
NDIA	National Disability Insurance Agency. The Agency responsible for implementing the National Disability Insurance Scheme.
NDIS	National Disability Insurance Scheme providing individualised services and supports for eligible participants.
NDIS ARF (Access Request Form)	An Access Request Form (ARF) is the first step for a family to get their child into the NDIS. The information contained in the ARF is used make an eligibility decision. An ARF can be requested by phone 1800 800 110 or face to face from a Local Area Coordinator / Early Childhood Early Intervention Partner, or Local NDIA Office (found on NDIS website).
NDIS In-home support	Personal care assistance that may be funded within an NDIS plan for a worker to enter the home and provide personal care assistance for the child or young person.
NDIS LAC (Local Area Coordinator)	Local Area Coordinators (LACs) are NDIS partners (for children over 7) providing information and support to participants and families/carers to implement their NDIS plans and build community inclusion and capacity.
NDIS Support Coordinator	Some NDIS participants are allocated funding for 'Coordination of Supports' in their plans. A Support Coordinator helps the participant activate their NDIS Plan and access service providers.
NDIS plan	The supports (and funding) identified as being required to improve/manage a child and young person's function within the limits of their impairments/ disabilities or progressing developmental stages. This is in contrast with a therapeutic treatment plan.

NGO	Non-government organisation - often a charity and/or NDIS provider.
SCHN	The Sydney Children's Hospitals Network and its services.
Short-term accommodation	A short-term out of home placement for a child (also known as respite).
Significant improvement	Improvements greater than changes that can be expected as part of the natural course of recovery or due to the person's natural physical or cognitive development.
Therapeutic intervention	The therapeutic or assistive input to a child or young person to reduce level of impairment.
Therapeutic treatment plan	The interventions required to bring about an improvement outside the expected course of the disability or developmental stages.

5 Acknowledgements

- Hunter New England LHD for sharing the original document with SCHN.
- SCHN Guidelines Working Party participants included Allied Health, Nursing and NDIS Management representatives from across SCHN. We are grateful to the working party for their significant contribution to developing this guideline and others who provided feedback.

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7 Appendix – Template Letter

The contents of this letter should be copied and pasted into the official SCHN Letterhead

All grey text needs to be updated.

Letter to parent/carer to notify that requested service is outside the scope of SCHN

Date: 16 July 2020

Dear [Parent],

Re: Referral to Name of SCHN Service.

Mr Paul Patient (DOB 16/4/1956)

MRN: 000000

Date of referral:

We recently received a referral from referrers name requesting an appointment for child's name at the _____service.

From the details provided, it seems that your child require/s a service that is no longer provided by the Sydney Children's Hospital Network (SCHN).

Since the transition to the National Disability Insurance Scheme (NDIS), the provision of disability supports is no longer within the scope of services provided by SCHN

Your child may meet NDIS access requirements and I encourage you apply to become an NDIS participant. Please refer to the enclosed information regarding how to apply to become an NDIS participant. Your child may also be able to access the required disability support from a private provider with part of the cost met by Medicare through a Medicare Chronic Disease Management Plan (CDM plan). Your GP can provide you with a CDM plan. CDM plans have a limit of five allied health appointments per year so this is generally only an interim support option while you wait for your NDIS plan.

SCHN services must prioritise clients requiring *health care,* a service that is generally not accessible free-of-charge outside of NSW Health facilities. **SCHN Health services will only provide disability supports when the client is unable to access them elsewhere and not receiving the support has immediate health implications or poses the risk of permanent loss of function or potential function.**

Clients requiring disability supports who choose not to apply for the NDIS will be triaged as non-urgent unless there are immediate health implications from non-provision of the disability support.

SCHN continues to provide *health care* for everyone, including those with a disability. Health care is considered to be a treatment that is:

- expected to produce a significant improvement in functional ability that can be sustained after the treatment ceases AND

- required for reasons **other than** the effect of growth (or movement through developmental stage) on a disability

If you consider that the requested intervention does in fact meet the criteria for being a health care intervention please contact me to discuss.

I have also written to your GP to explain the situation.

Yours sincerely,

Manager, name of SCHN service