Occupational Therapy Australia

Department of Social Services consultation on NDIS Supports rules

July 2025

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Introduction

Occupational Therapy Australia

OTA is the professional association and peak representative body for occupational therapists in Australia. There are more than 30,000 registered occupational therapists (OTs) working across the government, non-government, private and community sectors in Australia[1]. Occupational therapy is a person-centred health profession that promotes health and wellbeing by supporting participation in meaningful occupations that people want, need, or are expected to do.[2]

Under the National Disability Insurance Scheme (NDIS), occupational therapists work with people with disability to enhance their ability to engage in the occupations (activities) that are meaningful or important, by promoting functional capacity and personal independence through therapeutic interventions and environmental modifications to better support their occupational engagement.

Occupational therapists provide services that are defined as 'therapy supports' under the NDIS Supports List, and NDIS Price Arrangements and Price Limits guide (PAPL).

OTA engaged in the previous consultations on the temporary rules that were enacted to support Section 10 of the NDIS Act, and we and appreciate the opportunity to continue to provide feedback on the NDIS Supports Rules.

In referring to the 'NDIS Supports Lists,' we are referring cumulatively to the following documents:

- Supports that are NDIS supports
- Supports that are not NDIS supports
- Replacement supports list

OTA's submission provides feedback on the overall approach outlined in the NDIS Supports Lists, and specific inclusions and omissions in specific lists, which is detailed below.

OTA's Recommendations

Recommendation 1: Government explores alternative approaches to the current prescriptive Support Lists, for example a single list detailing exclusions, which does not reply on rigid prescriptions of supports, to enable greater flexibility while still enabling control of supports that are excluded.

Recommendation 2: NDIA delivers improved training and clearer guidance for NDIS Planners, Plan Managers and Support Coordinators on the purpose and appropriate interpretation of the NDIS Supports lists. This should include training on the clinical skill set of allied health professionals like

[1] Occupational Therapy Board of Australia (Australian Health Practitioner Regulation Agency) (2024), Available: https://www.occupationaltherapyboard.gov.au/News/Annual-report.aspx
2 World Federation of Occupational Therapy (WFOT) (2025) Available: https://wfot.org/about/about-occupational-therapy

Occupational Therapists, to increase trust and understanding of their clinical skillset and judgement on identifying and recommending appropriate disability supports.

Recommendation 3: That Government releases more detail to the community on the proposed categorisation of participant classes and how this will be implemented as part of the NDIS Supports lists to understand how they will be operationalised, to enable meaningful consultation and feedback.

Recommendation 4: DSS explicitly adds a provision in the NDIS Supports List that allows for the purchase of everyday items or services when recommended by Occupational Therapist, for the individual's specific disability needs, where they are related to the participant's disability, represent value for money, support functional independence and are likely to be effective and beneficial. DSS can consult with OTA on whether a maximum price limit could be applied - $500 has been suggested as reasonable by some OTA members.

Recommendation 5: NDIA produces more information and guidance for participants that emphasises that the lists are not prescriptive and that NDIS funds can be spent on appropriate supports.

Recommendation 6: NDIA to introduce a searchable online list with additional guidance and information to enable participants and providers to clarify the intention of the lists.

Recommendation 7: The NDIS Supports List is reviewed to ensure it is inclusive of the needs of people with invisible disability (such as psychosocial disability and Autism), with more explicit reference to supports relevant to those with energy and fatigue issues, sensory processing differences, and emotional regulation needs.

Recommendation 8: Align the content of the NDIS Supports lists to the NDIA Pricing Arrangement and Price Limits Guide.

Recommendation 9: DSS amends the list to clarify that a significant range of supports are explicitly included as NDIS supports, where appropriate to a person's disability-related needs (full list supplied by OTA below).

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Key issues

OTA undertook a member survey in July 2025 which received 76 responses from members working under the NDIS. Cumulatively, 61% of respondents found the NDIS Support lists to be unclear (41% responded 'somewhat unclear' and 20% responded 'very unclear'). 68% found the NDIS Supports list to be too restrictive to enable them to prescribe OT supports that would be clinically indicated and reasonable and necessary for a participant's disability.

The overwhelming sentiment from Occupational Therapists (OTs) regarding the lists is one of frustration, limitation, and professional disempowerment. While some respondents noted the value of having a list, they expressed that its current form is too rigid, inconsistently applied, and undermines client-centred capacity and functional care. Key feedback from OT's surveyed about the lists found the following key issues and limitations:

Inflexibility and Over-Reliance on the List

- The list is seen as **too rigid** and **interpreted as exhaustive**, rather than indicative.
- **Every day, mainstream items** that offer great therapeutic benefit (e.g., smartwatches, soap dispensers, lightweight vacuums) are routinely denied.
- The lists reduce flexibility and limit the use of creative, low-cost solutions that have previously proven effective, particularly when these solutions are clinically recommended and represent the most cost-effective way to meet a disability-related need.
- This rigid framework often **prevents cost-effective and innovative solutions** using mainstream alternatives. For example, the clinical rationale for recommending a smart watch for a person with intellectual disability or ADHD may be related to enabling greater independence, reducing support needs, and helping manage a specific functional impairment related to the individual's disability. Whereas the 'mainstream' use of a smartwatch might be related to keeping the time, fitness tracking or convenience.
- **Key supports and items are not included on the list** despite being widely accepted as a disability specific support within the allied health profession.

Barriers for Psychosocial and Invisible Disability and Sensory Needs

- Respondents highlighted a **bias towards physical disabilities**, leaving people with **psychosocial disability, autism, and sensory needs** at a disadvantage.
- Items essential for **emotional regulation and mental wellbeing** are being rejected for not being "disability specific."
- Restrictions around what qualifies as "assistive technology" were seen as **discriminating against invisible disabilities.**
- Art therapy, music therapy, yoga and nature-based interventions are increasingly being denied **due to poor interpretation and implementation of the list,** despite being clinically indicated and suitable for some individuals.

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Inconsistency and interpretation Issues

- Decisions on whether to fund NDIS Supports vary wildly depending on the interpretation of a **plan manager, Support Coordinator, Local Area Coordinator or NDIA delegate.**
- Some practitioners expressed confusion, as **identical items are approved for some and denied for others.**

Functional Impact Overlooked

- Current rules place focus on whether an item is **designed for disability**, rather than whether it **enables functional outcomes.**
- Household items and assistive technology that **could replace support workers or increase independence** are being rejected, despite being clinically justified.

Replacement Support process involves red tape and is time intensive

- The process to request replacement supports is **resource-intensive**, often ending in denial.
- OTs report wasting **more time and cost** on the process than the item itself would incur.
- There is confusion about what a replacement is and fears that an application may lead to a reduction in funded supports.

Overall policy approach

OTA has significant concerns about the overall design and approach of the NDIS Supports Lists and associated implementation of the lists.

We have heard feedback from our members that the NDIS Support lists operate to restrict flexibility and choice for participants in deciding their disability supports, both through the design of the lists themselves, and their interpretation by NDIA decision makers and delegates including NDIA Planners, Plan managers and support coordinators.

NDIA's guidance to the sector has suggested they are not prescriptive or exhaustive, in acknowledgement that they cannot list all appropriate supports and services due to the wide range of needs for all participants. However, this approach has not been effectively communicated to those interpreting the lists, or participants and their advocates. The result is increased uncertainty with some participants avoiding the purchase of necessary supports and services out of an abundance of caution due to the NDIA's ability to raise a debt against a participant, under the new rules.

Presenting lists that cover both what is not a support, and what is a support, is confusing in that the existence of two lists means the reader feels that if an item is not on either list, it cannot be ruled in.

> *"The biggest issue I have found since the Support Rules is the inconsistency with plan managers interpreting what is in or out, preferring to decline something if they aren't certain out of fear of consequences."* (OTA member, July 2025)

OTA members report that Plan Managers are overly risk-averse due to fears about being audited and denying items that are permissible on the In List.

"Trying to convince them to interpret the list correctly has been a frustrating problem and such a time waster." (OTA member, July 2025)

OTs report that 87% have experienced inconsistencies in how plan managers and support coordinators have interpreted what is, or is not, funded support, based on the NDIS support lists (including 62% who reported it occurred frequently).

OTs expressed significant frustration with the inconsistent, confusing, and often arbitrary way that supports are interpreted and approved by non-clinical NDIS professionals. The lack of clarity and consistency is leading to inequity, wasted time, loss of trust, and harm to participants.

Examples include:

- The **same item being approved for one participant and rejected for another** with comparable needs, circumstances and goals.
- Plan Managers and Support Coordinators frequently **contradicting each other**, confusing participants, and undermining or second-guessing clinician advice.
- OTs describe spending more time **proving, re-justifying**, and **educating Plam Managers and Support Coordinators** than supporting clients, with some reporting they have needed to **screenshot official documents**, resend letters, or involve other decision makers, which takes significant time that is unfunded.

"One client gets things, the next one is declined. So inequitable." (OTA member July 2025)

We note that NDIA's own research into the implementation of the new lists found that "The amendments, particularly the NDIS Supports Lists, generated uncertainty and anxiety among participants" and early indications suggest that those involved in the planning process are taking a more 'risk averse approach to the out list' which is preventing access to supports.[3]

The 2023 Independent NDIS Review highlighted the need for greater flexibility for participants to utilise their budget.[4] The recent Grattan Institute policy paper on the NDIS recommended a "simpler, more permissive framework that allows people to use their NDIS funds more creatively and flexibly".[5] Unfortunately the NDIS Supports Lists are limiting this flexibility.

The lists also impose additional administrative burden and red tape for participants, and providers. When considered alongside the full range of rules and guidance that participants and providers must navigate (including the NDIS parent legislation, NDIS Rules, NDIA guidance including new operational guidelines,

[3] National Disability Insurance Agency (2025), NDIS Reform evaluation-NDIS Supports, funding amounts and periods- Summary Report 1. Available from: https://dataresearch.ndis.gov.au/research-and-evaluation/evidence-helps-us-improve-ndis/ndis-reform-evaluation-summary-reports

[4] Commonwealth of Australia, Department of the Prime Minister and Cabinet (2023), Working together to deliver the NDIS - Independent Review into the National Disability Insurance Scheme: Final Report. Available from: https://www.ndisreview.gov.au/resources/reports/working-together-deliver-ndis

[5] Bennett S, Jessurun M & Orban H (2025), Saving the NDIS. How to rebalance disability services to get better results. Grattan Institute. Available from: https://grattan.edu.au/wp-content/uploads/2025/06/Saving-the-NDIS-Grattan-Institute-Report.pdf

NDIS Supports Lists, the PAPL, as well as the guidance and stated directions provided in NDIS plans), this creates a complex ecosystem. The result is a significant compliance burden, placing substantial responsibility on participants and providers to understand and comply with multiple, often overlapping requirements.

OTA strongly supports an approach to NDIS funded disability supports that is evidence-based and provides supports on an individualised basis, and that includes clinician decision making.

Recommendation 1: Government explores alternative approaches to the current prescriptive Support Lists for example a single list detailing exclusions, which does not reply on rigid prescriptions of supports, to enable greater flexibility while still enabling control of supports that are excluded.

Recommendation 2: NDIA delivers improved training and clearer guidance for NDIS Planners, Plan Managers and Support Coordinators on the purpose and appropriate interpretation of the support lists. This should include training on the clinical skill set of allied health professionals like Occupational Therapists, to increase trust and understanding of their clinical skillset and judgement on identifying and recommending appropriate disability supports.

Broader legislative context

OTA is concerned that the NDIS Supports lists will be formally enacted alongside additional rules and context that categorise people with disability based on the class of disability they enter the scheme on as determined by impairment notices.

Under the NDIS Bill, NDIS supports will define what can be funded under Section 10(1) of the *National Disability Insurance Scheme Act 2013.* Under this part, NDIS Supports will be for:

> (A) participants or prospective participants generally; or
>
> (b) a class of participants or prospective participants that includes the person.

OTA is concerned that stakeholders are once again being asked to comment on this list, in absence of broader guidance or direction from Government on what these participant classes will be, and their eligibility for various kinds of supports. This is essential context to understand how this guidance will be operationalised and result in NDIS planning decisions and support outcomes.

OTA is concerned that this may lead to classification of participants based on primary disability, and restriction of specific NDIS supports based on this classification. For example, the classification of a participant with Autism or psychosocial disability may lead to inability to access NDIS Supports that are proscribed for people with physical disability, for example access assistive technology, home modifications or specialised driving supports, which a participant may need as a result of their disability.

Recommendation 3: That Government releases more detail to the community on the proposed categorisation of participant classes and how this will be implemented as part of the NDIS Supports lists to understand how they will be operationalised, to enable meaningful consultation and feedback.

Replacement supports list

Restricting spending on standard or mainstream items in the Not NDIS Supports List, of standard or mainstream items, has the effect of restricting access to items and services that are appropriate for a person with disability, when prescribed as a reasonable and necessary support specifically related to

their disability. These supports are often low cost, procured in a timelier manner, and better value for the NDIS.

> *"The system does not recognise that mainstream doesn't mean irrelevant. Often, it means smarter and cheaper."* (OTA member July 2025)

The new replacement determination pathway for standard commercially available items (including household, garden, toys, and computers) requires a participant to undergo a lengthy and bureaucratic process to access sensible and low-cost solutions that could be very quickly put in place and at low cost to the NDIS.

OTA members reported that 38% found that navigating the replacement support list was difficult, or very difficult. Only 3% found it easy or very easy. The rest reported it to be neutral or unsure. This suggests significant issues with the current approach, and this is from a cohort that is used to navigating bureaucracy and supporting participants to access services and items both within and outside the NDIS.

Respondents describe the replacement process as **confusing, inconsistently interpreted, overly complex**, and **frequently denied**, even when clinically justified. It adds significant administrative burden to both clinicians and participants. The form is described as long, difficult to understand, and not designed with participants in mind and clinicians report that they often spend more time on the process than the item is worth. For example, when discussing the form an OTA member stated it is *"Not overly clear, very difficult to justify what the item could replace… If an OT does this then it would cost more than the actual product."* Some have chosen not to apply given the administrative burden that is involved.

The process is also perceived by some as an unfair trade-off, where a participant might forgo access to supports, they are entitled to, just to access an item that is required for their needs. There is also a perceived risk for some participants reluctant to apply in case their request was interpreted as no longer needing the support they were seeking to replace with some fearing that an application may result in the reduction of other supports, only being granted a one off request and needing to reapply every time, or permanent changes to their plan funding.

This is very concerning as it disincentivises cost saving solutions and is creating stress for participants who have lost trust with the NDIA's decision making processes. There is also no clear mechanism for when the replacement is preventing future support needs.

The term "replacement" is also confusing some participants, with some assuming it only applies to re-purchasing a previously funded item.

> *"Our team have had confusion around 'replacements' thinking the list was only referring to when an item has been funded before." (OTA member July 2025)*

OTs also report issues with poor communication and feedback from NDIA, with delays to responses, and responses received that are illogical or unrelated to what was submitted.

As decisions around Replacement support decisions cannot be appealed, this is another disincentive for those applying who may invest significant time and energy with the prospect that it is denied.

The recent NDIA Reform Evaluation Summary Report has also highlighted that applications for these supports were low.[6] This suggests that the process it is not working as intended and should be revised.

Given that the guidelines are intended to provide clarity to both participants and providers, it is reasonable that allied health professions like OTs could prescribe these items in line with the Supports List, without the need for the new pathway.

Recommendation 4: DSS explicitly adds a provision in the NDIS Supports List that allows for the purchase of everyday items or services when recommended by Occupational Therapist, for the individual's specific disability needs, where they are related to the participant's disability, represent value for money, support functional independence and are likely to be effective and beneficial. DSS can consult with OTA on whether a maximum price limit could be applied - $500 has been suggested as reasonable by some OTA members.

Information and support

OTs expressed strong support for additional information and guidance around how to navigate the lists, both for themselves and for participants they support. This would address two key issues raised by members: that OTs are being replied on to informally assist participants and families to interpret the lists; and, that some participants or families are viewing the list as a catalogue or shopping list of possible supports, not a list of potential supports that may be accessible if indicated by their NDIS plan goals, or allied heath professional's clinical opinion.

There was strong support for:

- Real world examples of funded supports (e.g. case studies).
- Sector specific guidance for allied health professions.
- A searchable online tool or app.

Recommendation 5: NDIA produces more information and guidance for participants that emphasises that the lists are not prescriptive and that NDIS funds can be spent on appropriate supports.

Recommendation 6: NDIA to introduce a searchable online list with additional guidance and information to enable participants and providers to clarify the intention of the lists.

Equity across disability types

Feedback from OTA members suggests that the list is more aligned to access to supports for physical disability but is much less accessible for persons with invisible disability such as psychosocial disability or Autism. This creates inequality and difficulty for providers supporting participants and may lead to reduced access to appropriate supports.

[6] National Disability Insurance Agency (2025) NDIS Reform evaluation-NDIS Supports, funding amounts and periods- Summary Report 1. June 2025. Available from: https://dataresearch.ndis.gov.au/research-andevaluation/evidence-helps-us-improve-ndis/ndis-reform-evaluation-summary-reports

Recommendation 7: The NDIS Supports List is reviewed to ensure it is inclusive of the needs of people with invisible disability (such as psychosocial disability and Autism), with more explicit reference to supports relevant to those with energy and fatigue issues, sensory processing differences, and emotional regulation needs.

Align to NDIA's pricing guideline

There is no link between the Support Lists and the PAPL. The List should link to categories or pages within the PAPL to enable providers and participants to understand if their services can be funded, and under which item codes.

Recommendation 8: Align the content of the NDIS Supports lists to the NDIA Pricing Arrangement and Price Limits Guide wherever possible.

Significant NDIS Support List omissions

There are some significant omissions in the lists which are preventing access to reasonable and necessary disability supports. These gaps have been identified through a clinical analysis of the current lists, and feedback from OTA members regarding the services they would recommend as reasonable and necessary disability supports. Noting that OTA has recommended the review of the overall approach and the move to only a single list that contained specific omissions (refer to Reccomendation1), if DSS continues to pursue the two list approach, OTA has recommended a range of specific inclusions to ensure they can continue to be accessed, where appropriate to a person's disability-related needs, to ensure there is clarity for participants and providers.

Recommendation 9: DSS amends the list to clarify that a significant range of supports are explicitly included as NDIS supports, where appropriate to a person's disability-related needs (full list below).

Additional recommended inclusions

- **Activity-based intervention (individual and group)**- Provide specific clarification that activity-based therapeutic interventions, delivered individually or in groups, are considered valid NDIS supports when delivered within a recognised therapeutic framework, such as occupational therapy. At the core of occupational therapy is the concept of *occupation* - the meaningful activities that people do in their daily lives. OTs use specific activities or environments (e.g. LEGO, yoga, gaming, nature-based settings) as tools to work toward broader therapeutic goals related to capacity building, such as improving social, emotional, cognitive, motor or functional skills. These activities are not the goal or therapy in themselves, but rather the medium through which outcomes are achieved. There is a critical distinction between *activity-based intervention* and the activity itself being classified as therapy. OTA is concerned that the list of alternative or non-evidence-based therapies in the "Not NDIS Supports" list could be misinterpreted to mean that these activities cannot be used at all in a therapeutic context. It is important to distinguish between an activity being offered as a standalone therapy, vs its use within a broader therapeutic intervention led by a qualified, registered health professional. Clarity is needed to ensure that occupational therapy interventions using these activities as a means to achieve disability-related outcomes are not excluded due to a narrow interpretation of the list.
- **Animal Assisted Therapy** – There is explicit reference to this in the In List. NDIA has subsequently issued guidance to confirm that while animal therapy is on the Out list, animal assisted therapy

may be accessed. However, it is important to reflect this in the parent ministerial rule to ensure that participants, NDIS staff and Plan managers are aware this can be funded when clinically indicated and delivered by an appropriately skilled therapist.

- **Early Childhood Intervention** – Address inconsistent reference to the specific clinicians/professions who may provide services. For example, there are only two professions listed under Early Intervention Services despite evidence-based interventions being supported across a range of professions.
- **Allied Health Assistants** - Noting that delegated tasks delivered by allied heath assistants with appropriate supervision, in the provision of therapeutic supports, should also be included, in alignment with the NDIS Price Guide.
- **Disability-specific parenting supports** - explicit reference that the NDIS may fund disability-specific parent and carer training programs, to clarify that these are not excluded by the reference to 'parenting programs' in the Not NDIS Supports list.
- **Sexuality supports** - the NDIS Supports List must include mention of sexuality related supports that are required due to a participant's disability, for example adaptive equipment, sex counselling and individualised sexual education supports. OTs report that appropriate supports that assist a participant to navigate their individual sexuality and participate in the occupation of sex are being denied due to the presence of the reference to 'sexual service' in the Out List. The NDIA must provide explicit guidance in the NDIS Support lists to ensure this is not excluded.
- **Home Modifications** -While home modification design and construction are mentioned in the description, there is no mention of funding supports for assessment, design services or project management. Assessment is a critical component of the evidence-based process for home modifications and is a core function of OTs under the NDIS. While we assume that funding for assessment is implied, explicit inclusion in the NDIS Supports List is necessary to avoid ambiguity. Design and project management services are also essential to ensuring quality outcomes and value for money, particularly for major home modifications. It is frequently necessary for OTs to collaborate with providers of these services, therefore further clarification regarding their inclusion or exclusion in the Supports List is required.
- **Personal Mobility Equipment** -This section lists examples of equipment items considered to be NDIS supports, along with services such as training and repairs & maintenance - however unlike other sections that reference "assessment and specification (prescription)," there is no mention of assessment services. Assessment is a critical component of assistive technology (AT) provision to ensure that AT recommendations are safe, ethical, sustainable, enabling, goal-oriented and person-centred. The List should explicitly confirm that assessment and recommendation by an occupational therapist is included under this section. It should also confirm that supports enabling trial and selection of equipment are eligible for funding. This section should also include specific provision for wheelchair accessories for example water bottle holders and phone holders where they meet a disability-related need.
- **Specialised Driver Training** – Retitle the category to "Specialised driver assessment and training". Clarify that this includes funding for specialised driving assessment conducted by a driver-trained OT, as well as specialised driver training for participants who do not require a

modified vehicle but who need disability-related supports to develop driving skills. This is particularly important for participants with cognitive or psychosocial disabilities, where physical vehicle adaptations are not necessary but tailored support is still essential.

- **Vehicle modifications** - Expand the category description to explicitly include both customised and specialised restraints, harnesses, and special purpose car seats that are supplied as-is (i.e. not modified). The current wording refers only to modified restraints and car seats, which may lead to the exclusion of essential, non-modified options that are specifically designed to meet disability-related transport and positioning needs.
- **Assistive technology** – There is no specific reference to assistive technology that can assist in supporting a participant's cognitive or executive functioning, which discriminates against those who have psychosocial or invisible disabilities that impact decision making, energy levels or time management. This should include provision to access smart technologies that are mainstream items but are prescribed to support a disability-related need, for example:
    - Smart watches for falls/seizure alerts or to operate wheelchair technology
    - IPADs/tablets for non-verbal participants
    - Google Nest or similar cognitive support tech
- **Supports for emotional regulation and sensory modulation** – There is no mention of supports for emotional regulation or sensory modulation. These supports are often essential for daily functioning, community participation, and engagement in meaningful activities. Clarity is required to ensure that funding is available for both assessment and provision of sensory supports where they are deemed reasonable and necessary and directly related to a participant's disability needs.
- **Disability-related health supports** – The disability related health supports list does not provide examples of the breadth of supports that should be available. Whilst we appreciate the lists are non-exhaustive and to be used as a guide these can still result in confusion and unintended consequences in plans. At a minimum, conditions such as lymphoedema should also be included.
- **Supports for cultural needs** – Inclusion of specific reference to supports for fulfilment of cultural needs for First Nations people with disability.
- **Therapy supports** – Explicit reference to assessment and therapeutic interventions provided by an Occupational therapist. This should also explicitly include support for people to access assistive technologies, home and vehicle modifications, psychosocial recovery, early intervention for children and adults, and education and supports to participate in employment and education.
- **Gross motor equipment** – Specific reference to funding for equipment that assists with the development of gross motor skills.
- **Capacity for SDA modifications beyond the SDA Design Guide** – When required for a person's specific disability needs.
- **Air conditioning** - When required for thermoregulation.

- **Children's play equipment** - Include items such as Lycra sheets, tunnels, slings, swings, climbing frames, tents, balance boards. These items are frequently used by OTs as part of structured, goal-directed interventions to improve motor planning, coordination, emotional regulation, and functional participation in daily activities. When recommended by a qualified, registered allied health professional as a reasonable and necessary support in line with a participant's assessed needs, these tools enable children to engage in therapeutic play that builds capacity and promotes inclusion at home, in therapy, and in community settings.
- **Small benchtop appliances** - When assessed and recommended by an occupational therapist as necessary to meet a disability-related need in response to a specific participant goal, and when they present a more cost-effective, functional, or safer alternative to ongoing or higher-cost supports. These items can enable participants to perform daily living tasks with greater independence, safety, and efficiency, particularly where a person's disability limits their capacity to carry out these tasks using standard methods. Examples include a Thermomix, benchtop dishwasher, air fryer, hot water dispenser, whiteboard.
- **Hair removal devices** for people who have had a limb amputation.
- **Stamp duty and relocation support** as a more cost-effective alternative to complex home modifications.
- **Temporary respite housing and disability support** for rural/regional participants who must travel to metro areas for appointments or procedures (i.e. not just those in SDA).

Contact

OTA would be happy to expand further on our feedback to support this consultation. If you would like to discuss our submission, please contact OTA on policy@otaus.com.au

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