










National Injury Insurance
Scheme, Queensland



Treatment, care and support guidelines

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Foreword

On behalf of the NISQ Agency, we are pleased to present the *Treatment, care and support guidelines* which help to inform our decisions about treatment, care and support funded under the scheme.

The guidelines aim to improve the quality, consistency and transparency of our decision-making, for the benefit of participants in the scheme.

They represent the NISQ Agency's application of the statutory framework established under the *National Injury Insurance Scheme (Queensland) Act 2016* and *National Injury Insurance Scheme (Queensland) Regulation 2016*. They also align with legislation which supports the administration of the scheme, including the *Human Rights Act 2019*.

The guidelines align with the *National Injury Insurance Agency Queensland Strategic Plan 2022-2026 (revised 2023)* by:

- enhancing delivery of necessary and reasonable, treatment, care and support to improve outcomes for participants
- supporting service providers and stakeholders by promoting consistency and clarity in decision making
- supporting the management of the National Injury Insurance Scheme Fund and the development of improved business intelligence.

Each document is a result of consultation and collaboration across the public and private sector. We are grateful for the contributions received from participants, industry bodies, insurers, legal professionals, clinicians and academic partners.

The guidelines will be reviewed and updated as scheme experience develops, including through feedback from participants, their support networks, and other stakeholders.

Yours sincerely



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National Injury Insurance
Scheme, Queensland



Treatment, care and support guideline 1

Necessary and reasonable guideline



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Definitions

Defined terms are shown throughout in **bold underlined text** when they first appear.

Accepted injury	means a participant's eligible injury, or another personal injury which the NIISQ Agency has decided should be supported under the National Injury Insurance Scheme, Queensland.
Another personal injury	means a personal injury sustained in the same motor accident which caused the participant's eligible injury.
Approved service	means treatment, care and support stated in a participant's MyPlan to be a necessary and reasonable treatment, care and support need as a result of a participant's accepted injury.
Eligible injury	means the serious personal injury which entitles a person to support as a participant in the National Injury Insurance Scheme, Queensland (NIISQ).
Information notice	means a notice containing: <ul style="list-style-type: none"> • the decision made by the NIISQ Agency • the reasons for the decision made by the NIISQ Agency • the day the decision has effect, and how a person can apply for review of the decision.
MyPlan	means a support plan prepared by the National Injury Insurance Agency, Queensland (NIISQ Agency) and approved under section 26 of the <i>National Injury Insurance Scheme (Queensland) Act 2016</i> .
MyPlanning	is the process of assessing necessary and reasonable treatment, care and support needs under section 25-27 of the <i>National Injury Insurance Scheme (Queensland) Act 2016</i> .
Motor accident	means the incident resulting in the participant's eligible injury.
Provider	includes registered and unregistered providers of treatment, care and support, but excludes a family member of the participant.
Service request	is a written request for treatment, care and support to be provided to a participant for a particular period made under section 28 of the <i>National Injury Insurance Scheme (Queensland) Act 2016</i> .
State emergency services	include but are not limited to services provided by Queensland Ambulance Service, Queensland Fire and Emergency Service and Queensland Police Service.



Funding support under the National Injury Insurance Scheme, Queensland

This guideline explains how the NIISQ Agency decides whether treatment, care and support for, or related to a participant's treatment, care and support needs (see: [treatment, care and support needs](#)) are necessary and reasonable.

There is a plain language version of this guideline which is shorter and uses simpler words. To access it, view [MyGuide 1 – What we pay for](#).

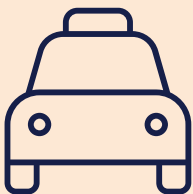
Once a treatment, care and support need has been decided as necessary and reasonable, it becomes an **approved service**, and is included in the participant's **MyPlan**. The NIISQ Agency can then make payments for an approved service when the approved service is provided.

The approach described in this guideline has general application to necessary and reasonable treatment, care and support decision making for both MyPlan and **service request** decisions.

Treatment, care and support needs

The *National Injury Insurance Scheme (Queensland) Act 2016* defines a participant's treatment, care and support needs to include (or relate to):

- medical and/or pharmaceutical treatment
- dental treatment
- rehabilitation
- ambulance transportation
- respite care
- attendant care and support services (which are services to help a person with everyday tasks)
- aids and appliances, other than ordinary personal or household items
- prosthesis
- education or vocational training
- home or transport modification.



Example 1: Support that may be related to a treatment, care and support need could be: funding of mileage, a taxi fare or rideshare charge where the participant is required to travel for a medical or allied health appointment for their accepted injury.

Example 2: Support that may be related to a treatment, care and support need could be the funding of some accommodation costs while home modifications are being undertaken to a participant's home (see: [Home modifications guideline](#)).



How does the NISQ Agency identify a participant's treatment, care and support needs?

The NISQ Agency will identify a participant's treatment, care and support needs shortly after they are accepted as a participant in the NISQ as part of **MyPlanning**.

Additional assessments will occur as a participant's support needs change, and at least once a year.

Identifying a participant's treatment, care and support needs is done in collaboration with the participant, their family and/or other informal supports, and providers.

Deciding whether treatment, care and support is necessary and reasonable

The NISQ Agency will fund the cost of treatment, care and support when the supports are decided by the NISQ Agency to be 'necessary and reasonable'. There are three steps involved in deciding whether each treatment, care and support is necessary and reasonable.

Step 1: consider whether the treatment, care and support need is a result of the participant's accepted injury

The NISQ Agency will decide whether treatment, care and support is for, or related to a treatment, care and support need that the participant has as a result of an:

- accepted injury or
- injury, condition or disability which has no connection to the **motor accident**.

Where the need results from an injury, condition or disability that has no connection to the motor accident

There may be circumstances where a participant does have treatment, care and support needs, but they do not result from their accepted injury and the treatment, care and support that the participant requires should be provided by a different service, for example through:

- public sector health services
- private health insurance arrangements
- other statutory insurers, including the National Disability Insurance Scheme, My Aged Care, Comcare and Department of Veterans Affairs.



Example 1: A participant requires a routine dental check-up which is unrelated to the injuries they sustained in a motor vehicle accident. The NISQ will not pay for the participant's dental consultation, and the participant will need to pay the costs themselves or use private health insurance (where available).

Example 2: A participant has a pre-injury mobility impairment which is not directly related to the treatment, care and support need. The participant receives support under the National Disability Insurance Scheme for their pre-injury mobility impairment.



Step 2: consider whether the treatment, care and support is excluded under the NISQ

Excluded treatment, care and support is generally not funded under the NISQ. Excluded treatment, care and support is treatment, care and support which is proposed to be provided in certain circumstances. These circumstances are where the treatment, care and support:

- is normally provided without a charge
- is provided in circumstances where the participant is a child, and falls within the ordinary costs of raising a child
- must be provided by a **provider** registered under the *National Injury Insurance Scheme (Queensland) Act 2016*, but is provided by a person who, at the time the treatment, care and support was provided, was not a registered provider. This includes any of the following:
 - [attendant care and support services](#)
 - [supports related to home modifications](#)
 - [support coordination service](#).
- is provided as a part of a medical trial (including clinical trials) or on another experimental basis.
- is treatment, care and support ordinarily provided by public sector health service, or **state emergency services**.

If the treatment, care and support is provided in one or more of the circumstances above then it will meet the definition of excluded treatment, care and support. While excluded treatment, care and support is not required to be funded under the NISQ, the NISQ Agency may decide to fund in certain circumstances.



Step 3: assess the support against the necessary and reasonable criteria

The *National Injury Insurance Scheme (Queensland) Regulation 2016* describes four matters which the NIIISQ Agency will consider when it assesses whether treatment, care and support is necessary and reasonable.

Benefit to the participant

<i>What the NIIISQ Agency will consider when deciding if the treatment, care and support is likely to have a benefit to a participant</i>	<i>What are the factors that would indicate that the treatment, care and support is likely to benefit a participant</i>
<p>Whether the treatment, care and support is likely to maximise the participant's independence, participation in the community and employment and;</p> <p>Whether the treatment, care and support will assist the participant in managing the injury</p>	<ul style="list-style-type: none"> • The treatment, care and support relates directly to any goals identified during the participant's needs assessment • The treatment, care and support will improve or maintain the participant's ability to conduct daily activities, or participate in the community or employment • If the treatment, care and support has been provided previously, that it has resulted in an improvement, or has assisted with the management of the participant's accepted injury • That the treatment, care and support has a measurable outcome • That the participant has agreed (or is likely to agree) that the treatment, care and support will benefit them • Risks associated with the treatment, care and support to the participant, when weighed against the expected benefit of the treatment, care and support to the participant



Appropriate service

<i>What the NIISQ Agency will consider when deciding if the treatment, care and support is appropriate for a participant</i>	<i>What are the factors that would indicate that a treatment, care and support is appropriate for a participant</i>
<p>Whether the treatment, care and support is consistent with other treatment, care and support received by the participant and;</p> <p>Whether the treatment, care and support is consistent with current clinical practice and other industry best practice for similar injuries</p>	<ul style="list-style-type: none"> • That the treatment, care and support is consistent with the participant's expected future treatment, care and support needs • That the treatment, care and support relates directly to any goals identified by the participant and/or identified in the participant's support plan • That the treatment, care and support is not harmful to the participant • Where similar treatment, care and support is already being provided to the participant, that it does not duplicate any approved services, or other support available to the participant under another service system • That there is evidence that supports the effectiveness of the treatment, care and support (see: evidence-based interventions)

Appropriate provider

<i>What the NIISQ Agency will consider when deciding if the treatment, care and support will be provided by an appropriate provider</i>	<i>What are the factors that would indicate that treatment, care and support is provided by an appropriate provider</i>
<p>Whether the treatment, care and support is provided by an appropriate provider</p>	<ul style="list-style-type: none"> • That the provider, and the provider's staff are appropriately qualified • That the provider is appropriate for the participant • That the provider is acceptable to the participant • That there is no conflict of interest for the provider to provide the support to the participant • That the provider's fees are reasonable • That the provider is registered to provide the support (see: consider whether the support for the treatment, care and support is excluded under the NIISQ)



Cost-effective treatment, care and support

<i>What the NISQ Agency will consider when deciding cost effectiveness</i>	<i>What are the factors that would indicate that treatment, care and support is cost effective</i>
Whether the treatment, care and support is cost effective	<ul style="list-style-type: none"> • That the benefit of the participant receiving the treatment, care and support outweighs the cost of providing the support • That providing the treatment, care and support is more cost effective compared to the same or similar support provided by other suitable providers • That providing the treatment, care and support is more cost effective than any alternative • That the cost of the treatment, care and support is reasonable for the period of time that it is to be provided

The NISQ Agency may decide that there are other matters which are relevant to an assessment and take those additional matters (if any) into account where the NISQ Agency considers it appropriate to do so.

Providers to adopt the nationally-recognised clinical framework

Clinical providers that are providing treatment, care and support should adhere to the nationally-recognised [Clinical Framework for the Delivery of Health Services](#).

This framework is based on five principles which are intended to support clinical providers to deliver the right treatment to participants in the NISQ. The five principles are:

- measurement and demonstration of the effectiveness of treatment
- adoption of a biopsychosocial approach
- empowering the injured person to manage their accepted injury
- implementing goals focused on optimising function, participation and return to work
- basing treatment on best-available evidence (including considering evidence supporting the effectiveness of treatment under the levels published by the National Health and Medical Research Council).

When the NISQ Agency decides whether treatment, care and support is necessary and reasonable, it will relate these five principles to the necessary and reasonable criteria specified in the *National Injury Insurance Scheme (Queensland) Regulation 2016*.



Guideline limitations and review of decisions

The *Treatment, care and support guidelines* are the NIIAQ Agency's interpretation of the implementation of the *National Injury Insurance Scheme (Queensland) Act 2016* and *National Injury Insurance Scheme (Queensland) Regulation 2016*, and are intended to guide decision-making on necessary and reasonable treatment, care and support. The treatment, care and support guidelines are designed to improve the quality and consistency of NIIAQ Agency decisions while promoting transparency and public trust in the NIIAQ.

The *Treatment, care and support guidelines* are a set of policies created by the NIIAQ Agency, and they are not law. While substantial efforts have been made to ensure consistency with; the NIIAQ statutory framework, other applicable legislation (including the *Human Rights Act 2019*), and court rulings, in circumstances where there is a conflict or inconsistency, the legislation or court ruling (where facts are the same or substantially similar) will have preference over the *Treatment, care and support guidelines*. The treatment, care and support guidelines will be updated over time.

Guidelines not to be applied inflexibly

To ensure that they are not applied inflexibly, the *Treatment, care and support guidelines* do not prevent a decision-maker exercising discretion where this is permitted under the *National Injury Insurance Scheme (Queensland) Act 2016*, and decision-makers are not constrained from reaching a particular decision by taking into account all relevant considerations for a participant's particular circumstances. It is the NIIAQ Agency's intent that the *Treatment, care and support guidelines* provide guidance for the exercise of discretionary power.

Guidelines limited to necessary and reasonable treatment, care and support

The *Treatment, care and support guidelines* describe how the NIIAQ Agency makes decisions about funding necessary and reasonable treatment, care and support. The guidelines exclude funding treatment for injuries other than an accepted injury in accordance with the matters listed in section 26(1)(e) of the *National Injury Insurance Scheme (Queensland) Act 2016*, which is another way the NIIAQ Agency may provide funding for treatment, care or support.

Review of particular decisions made by the NIIAQ Agency

If a person disagrees with a decision made by the NIIAQ Agency, there may be an option for the decision to be reviewed. Reviewable decisions are provided as an **information notice**, which includes reasons for the decision made by the NIIAQ Agency. Ordinarily, a review can be requested within 28 days of the date a person receives notice of a decision. The NIIAQ Agency will adhere to the principles of procedural fairness in relation to decisions which might adversely affect a person by ensuring the person has an adequate opportunity to provide information on a relevant issue before the NIIAQ Agency makes the decision. There are additional review pathways available to a person who does not agree with an internal review decision, including through the Queensland Civil and Administrative Tribunal, and/or the Medical Assessment Tribunal. More information about internal reviews can be found on the [NIIAQ website](#).



Common definitions used in all guidelines

The following definition is used in all other guidelines:

- 'Accepted injury' has the same meaning as given to it in this guideline, the *Necessary and reasonable guideline*.



Treatment, care and support guideline 2

Medical and pharmaceutical treatment guideline



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Definitions

Defined terms are shown throughout in **bold underlined text** when they first appear.

Allied health provider	<p>means allied health professionals regulated under the <i>Health Practitioner Regulation National Law (Queensland)</i> including:</p> <ul style="list-style-type: none"> • medical radiation practitioners • occupational therapists • optometrists • osteopaths • pharmacists • physiotherapists • podiatrists • psychologists. <p>Allied health providers also include persons who are a part of a self-regulated allied health profession.</p>
Assisted fertility treatment	<p>is treatment provided by, or under the supervision of a fertility medical specialist and includes:</p> <ul style="list-style-type: none"> • fertility medication, ovulation induction or assisted insemination • in-vitro fertilisation (IVF) treatment • assisted ejaculation or obtaining sperm by other means such as testicular aspiration • egg and sperm storage • obtaining donor eggs or sperm, including retrieval and storage • fertility counselling as part of the assisted fertility intervention for a participant • all other forms of assisted fertility or assisted reproductive technology treatment.
Fertility medical specialist	<p>is a medical practitioner who is appropriately qualified to provide advice about infertility, including a specialist in reproductive endocrinology and infertility.</p>
Health Practitioner Regulation National Law	<p>is Queensland's modified application of <i>Health Practitioner Regulation National Law (Queensland)</i> under the <i>Health Practitioner Regulation National Law Act 2009 (Qld)</i>.</p>
Medical practitioner	<p>is a person registered by the Medical Board under the <i>Health Practitioner Regulation National Law (Queensland)</i> to <u>practice medicine in Australia</u> (other than student registration).</p>
Medicare Benefits Schedule	<p>is a list of services maintained by the Australian Government.</p>



Public sector health service	<p>means any service provided by, or under any of the following:</p> <ul style="list-style-type: none"> • <u>Cairns and Hinterland Hospital and Health Service</u> • <u>Central Queensland Hospital and Health Service</u> • <u>Central West Hospital and Health Service</u> • <u>Children's Health Queensland</u> • <u>Darling Downs Health</u> • <u>Gold Coast Hospital and Health Service</u> • <u>Mackay Hospital and Health Service</u> • <u>Metro North Health</u> • <u>Metro South Health</u> • <u>North West Hospital and Health Service</u> • <u>South West Hospital and Health Service</u> • <u>Sunshine Coast Hospital and Health Service</u> • <u>Torres and Cape Hospital and Health Service</u> • <u>Townsville Hospital and Health Service</u> • <u>West Moreton Health</u> • <u>Wide Bay Hospital and Health Service</u>.
State emergency services	<p>include but are not limited to services provided by Queensland Ambulance Service, Queensland Fire and Emergency Service and Queensland Police Service.</p>
Telehealth	<p>is a consultation with a healthcare provider by phone or video call, or similar technology.</p>



Supporting a participant who needs medical treatment and pharmaceuticals

The NISQ Agency will identify a participant's needs for (or relating to) medical treatment and pharmaceuticals and will fund treatment in accordance with the *National Injury Insurance Scheme (Queensland) Act 2016*, the *National Injury Insurance Scheme (Queensland) Regulation 2016*, this guideline, and other relevant guidelines.

There is a plain language version of this guideline which is shorter and uses simpler words. To access it, view [MyGuide 2 – Medical treatment and supplies](#).

This guideline should be read in conjunction with the:

- [Necessary and reasonable guideline](#)
- [Rehabilitation guideline](#)
- [Assistive technology and consumables guideline](#)
- [Attendant care and support services guideline](#).

Medical treatment under the NISQ

Medical treatment covers a broad range of treatments, services, and medical appliances provided by, or prescribed by a **medical practitioner** and includes:

- consultations with medical practitioners
- surgery
- diagnostic services, including diagnostic radiology
- medical treatment provided by a medical practitioner, including small procedures
- other types of medical treatment including pain management and **assisted fertility treatment**.

Medical treatment includes services associated with providing medical treatment, including treatment plans, reports, and case conferences.

Pharmaceuticals under the NISQ

Pharmaceuticals are medicines and medications available from a chemist or pharmacy.

Pharmaceuticals include:

- prescription medicines
- over-the-counter medicines
- complementary medicines, including vitamins and mineral supplements
- medical devices and other items, including bandages, medical gloves, and continence support products.



Approval for medical treatment and pharmaceuticals

Approval for medical treatment and pharmaceuticals must be provided by the NISQ Agency before treatment is provided, or pharmaceuticals are purchased.

Medical treatment and pharmaceuticals must be necessary and reasonable

The *National Injury Insurance Scheme (Queensland) Act 2016* and the *National Injury Insurance Scheme (Queensland) Regulation 2016* describe how the NISQ Agency decides whether a medical and pharmaceutical treatment is necessary and reasonable, and can be funded.

The NISQ Agency has published a guideline which explains how it decides whether a support is necessary and reasonable, and is for a treatment, care and support need (see: [Necessary and reasonable guideline](#)).

When the NISQ Agency assesses whether a participant's needs for medical treatment and pharmaceuticals are necessary and reasonable, it will give particular attention to the following:

- whether the medical treatment and/or pharmaceuticals will benefit the participant, including a consideration of how any risks are weighed against the benefit
- whether the medical treatment or pharmaceuticals are consistent with other treatment, care and support received by the participant
- whether there is evidence that supports the effectiveness of the medical treatment or pharmaceuticals (see: [evidence-based interventions](#)).

The NISQ Agency will fund the associated transport costs incurred by a participant for attending necessary and reasonable medical treatment (see: [Transport-related expenses](#) in the [Attendant care and support services guideline](#)).

Assessment of needs for medical treatment and pharmaceuticals

In assessing a participant's needs for medical treatment and pharmaceuticals, the NISQ Agency will ordinarily require information from a medical practitioner, **allied health provider**, registered nurse, clinical nurse or nurse practitioner to assist the NISQ Agency to decide whether it is necessary and reasonable.

Identifying a participant's treatment, care and support needs is done in collaboration with the participant, their family and/or other informal supports, and providers.

Information required by the NISQ Agency to assess needs

The NISQ Agency will generally require any existing information about the participant's accepted injury.

Where information about a participant's needs for medical treatment is unavailable, the NISQ Agency may fund a consultation including a written report provided by a medical practitioner, and where relevant, an allied health provider who has treated the participant, as well as diagnostic services.



The information required by the NISQ Agency generally includes matters which relate to:

- whether any recommended medical treatment relates to a participant's accepted injury, and if partially, the extent to which pre-existing or co-existing conditions have contributed to the participant's need for medical treatment
- the benefits that the treatment will have for the participant, including how any benefits are weighed against the risks of any treatment recommended by the medical practitioner
- whether there are any alternatives to the medical treatment
- whether the treatment is for the participant and not for another person (with the exception of certain [assisted fertility treatments](#))
- if the medical practitioner is not the person who can provide the medical treatment, information about an appropriate provider (referral) for another medical practitioner who can provide the medical treatment
- information about the costs of the medical treatment, including **Medicare Benefits Schedule** numbers
- for pharmaceuticals, whether:
 - pharmaceuticals have been prescribed or recommended by a medical practitioner, allied health provider, registered nurse, clinical nurse or nurse practitioner
 - documentation outlining the purpose of medications related to the accepted injury.

Where medical treatment is not on the Medicare Benefits Schedule

The NISQ Agency will generally only consider funding medical treatment where the treatment is listed on the Medicare Benefits Schedule and is consistent with any conditions, guidance or other requirements specified by the Australian Government Department of Health and Aged Care.

Where treatment is recommended for a participant which is not listed on the Medicare Benefits Schedule, the NISQ Agency may require additional evidence provided by a medical practitioner, including a medical specialist published on the [Specialists Register](#), as maintained and updated by the Australian Health Practitioner Regulation Agency.

New or innovative medical treatment

On a case-by-case basis, the NISQ Agency may fund new and innovative medical treatment for a participant where the treatment is consistent with the best-available research evidence. The NISQ Agency uses the nationally-recognised [Clinical Framework for the Delivery of Health Services](#) (see: [Necessary and reasonable guideline](#)).

New or innovative medical treatment excludes treatment that is a part of a clinical trial or is experimental treatment (see: [Limitations on funding for medical and pharmaceutical treatment](#)).

Where a medical practitioner has recommended new or innovative medical treatment, the NISQ Agency may require additional information to assess whether the treatment can be funded.

The NISQ Agency will not fund treatment where there is limited evidence relating to its safety or effectiveness or is otherwise inconsistent with best practices for people with injuries comparable to the participant's accepted injury.



Medical treatment and pharmaceutical supports must be provided by an appropriate provider

Medical practitioners do not need to be a registered provider under the *National Injury Insurance Scheme (Queensland) Act 2016*, however, all medical practitioners must be health professionals regulated under the national regulation administered by the Australian Health Practitioner Regulation Agency.

The NISQ Agency expects medical practitioners to comply with their legal and professional obligations under the **Health Practitioner Regulation National Law** including (but not limited to):

- maintaining appropriate professional indemnity insurance
- complying with the shared [Code of conduct](#) published on the Australian Health Practitioner Regulation Agency's website.

Similar requirements apply to allied health professionals, where all allied health professionals must comply with their obligations under the *Health Practitioner Regulation National Law* or self-regulatory frameworks (where applicable), including any requirements specified by the Australian Government Department of Health and Aged Care.

[Prescription medicines and over-the-counter medicines](#) must be provided by an allied health professional who is a Pharmacist.

Providing telehealth services

When deciding whether medical treatment delivered via **telehealth** is necessary and reasonable, the NISQ Agency will give particular consideration to:

- whether delivery of the support is appropriate for the participant in comparison to alternatives (i.e. face-to-face consultations or appointments). Providers are encouraged to use telehealth when it is clinically appropriate for the participant, and the need for telehealth relates to the participant's accepted injury
- whether the provider is able to provide the support via telehealth (including that the provider has the necessary information technology, and can ensure that the participant's information is secure)
- whether the participant is able to use telehealth services (the NISQ Agency does not fund computers, tablets, internet connections which are everyday items).

All rehabilitation supports provided by telehealth must be provided in line with peak body telehealth guidelines, and Australian Government and state policies including:

- Queensland Health [requirements for the delivery of telehealth services](#)
- [AHPRA guidelines for Telehealth consultations with patients](#) (including requiring providers to ensure that telehealth is safe and clinically appropriate for the service being provided and suitable for the participant)
- Royal Australian College of General Practitioners guide to [providing telephone and video consultations](#) in general practice.



Specific types of medical treatment

Assisted fertility treatment

If a participant's fertility has been affected by their accepted injury, the NISQ Agency will fund fertility treatment for the participant.

The NISQ Agency may fund **assisted fertility treatment** when:

- infertility is a result of a participant's accepted injury
- fertility treatment is supported by a referral from a **fertility medical specialist** and
- a fertility medical specialist has prescribed fertility treatment for a participant.

Fertility treatment will be assessed by the NISQ Agency to decide whether it is necessary and reasonable, treatment, care and support. In addition to the general matters which the NISQ Agency will consider (see: [Assessment of needs for medical treatment and pharmaceuticals](#) and [Supporting a participant who needs medical treatment and pharmaceuticals](#)), the NISQ Agency will consider:

- whether the treatment is safe and effective based on independent, high-quality evidence
- whether the treatment is experimental, or is inconsistent with general medical treatments which are publicly available
- whether the treatment is consistent with the guidelines of the assisted fertility treatment facility that the participant attends
- whether the treatment relates to medical conditions which are not related to the participant's accepted injury (for example, pre-implantation genetic diagnosis)
- whether the treatment is counselling services for a participant's partner which is not provided as part of fertility treatment
- information about the relationship between the participant's need for fertility treatment and their accepted injury
- the likely permanence of the participant's compromised fertility status
- the nature and extent of treatment that the participant requires, including how the treatment impacts a participant's partner
- the anticipated outcome and success rate of the assisted fertility treatment
- information about any other treatment or services that may impact on the proposed treatment
- any other relevant information relating to the participant's or their partner's fertility.

Storage services for fertility treatment

The length of time that the NISQ Agency will fund egg and sperm storage is based on advice provided by a fertility medical specialist.

Services related to donor eggs or sperm, including retrieval and storage, is only funded under the NISQ when a participant cannot produce viable eggs or sperm because of their accepted injury.

In-vitro fertilisation (IVF)

The NISQ Agency will ordinarily fund five stimulated cycles per pregnancy attempt when IVF fertility treatment is supported by a fertility medical specialist.



Where a participant may need more than five stimulated cycles, the NISQ Agency will obtain advice from a fertility medical specialist to decide whether additional attempts can be funded under the NISQ.

Limitations on funding for medical and pharmaceutical treatment

The NISQ Agency does not reimburse medical treatment or pharmaceuticals which are:

- provided as a part of a **public sector health service**
- provided by **state emergency services**
- inconsistent with relevant Australian Government or state legislation.

The NISQ Agency is not required to fund medical and pharmaceutical treatment provided as part of a medical trial or on another experimental basis.

Medical treatment that is generally not funded by the NISQ Agency

The following is generally not considered necessary and reasonable treatment, care and support:

- medico-legal assessments, reports, or other services related to a claim
- services and pharmaceuticals which are not included in the bed fee for treatment received by a participant as part of a public sector health service
- treatment which is provided on an experimental or trial basis (see: [Limitations on funding for medical treatment and pharmaceuticals](#))
- anything which is required due to the effects of: experimental treatment, treatment provided as part of a clinical trial, or any other treatment which has not been approved by the NISQ Agency
- in relation to assisted fertility treatment, the NISQ Agency will generally not fund:
 - surrogacy
 - fertility treatment that is not related to a participant's accepted injury
 - costs associated with raising a child
 - birthing costs which are not related to a participant's accepted injury (for example, hospital fees, midwife and other birthing costs)
- general pharmacy items and other pharmaceutical expenses including:
 - toilet paper, laundry products, shampoo or other items for personal grooming
 - cosmetics, food and beverages
 - sunscreen, which is regarded as a standard household cost unless prescribed for scar management
 - contraceptive prescriptions
- medical treatment and pharmaceuticals provided by a provider who is outside Australia.



Treatment, care and support guideline 3

Dental treatment guideline



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Definitions

Defined terms are shown throughout in **bold underlined text** when they first appear.

Dental treatment	is treatment provided by a dental practitioner to a participant.
Dental practitioner	<p>is a person who is registered under the <i>Health Practitioner Regulation National Law</i> as a dental practitioner as a:</p> <ul style="list-style-type: none"> • dentist • dental specialist • dental hygienist • dental therapist • oral health therapist • dental prosthetist.
Dental specialist	includes any person who holds a Specialist Title as regulated under the <i>Health Practitioner Regulation National Law</i> by the Australian Dental Board (and in some cases Australian Medical Board), and for a particular dental specialty.
Dental technician	is a person who works on instruction from a dental practitioner to create, modify or repair a range of oral devices which are designed to replace or repair missing teeth.
General dentistry needs	<p>includes a participant's need for routine procedures performed by dental practitioners which are not the result of the participant's accepted injury and include:</p> <ul style="list-style-type: none"> • diagnostic services (for example, oral examinations, consultations and reports) • radiological examinations and other diagnostic services (radiographs, bacteriological examinations) • dental care (removal of plaque, calculus, teeth whitening, fluoride treatments, fissures and/or tooth sealing, gum care including general periodontics) • dental surgery (wisdom tooth removal) • costs associated with dental care including toothbrushes, dental floss and mouthwash.
Health Practitioner Regulation National Law	is Queensland's modified application of <i>Health Practitioner Regulation National Law</i> under the <i>Health Practitioner Regulation National Law Act 2009 (Qld)</i> .



Supporting a participant who needs dental treatment

The NISQ Agency will identify a participant's needs for (or relating to) **dental treatment** and will fund these supports in accordance with the *National Injury Insurance Scheme (Queensland) Act 2016* (the NISQ Act), the *National Injury Insurance Scheme (Queensland) Regulation 2016* (the NISQ Regulation) and this guideline, and other relevant guidelines.

There is a plain language version of this guideline which is shorter and uses simpler words. To access it, view [MyGuide 3 – Dentists](#).

This guideline should be read in conjunction with the [Necessary and reasonable guideline](#).

Approval for dental treatment

For dental treatment to be funded under the NISQ, the NISQ Agency must provide written approval before the dental treatment is provided to the participant.

Where dental treatment is required by a participant in an emergency and it is not possible to obtain prior written approval, the NISQ Agency may waive the requirement for prior written approval. In these circumstances, the NISQ Agency may still require additional information about the support when a provider of dental treatment requests payment from the NISQ Agency.

Dental treatment must be necessary and reasonable

The *National Injury Insurance Scheme (Queensland) Act 2016* and the *National Injury Insurance Scheme (Queensland) Regulation 2016* describe how the NISQ Agency decides whether a dental treatment is necessary and reasonable and can be funded.

The NISQ Agency has published a guideline which explains how it decides whether a support is necessary and reasonable, and is for a treatment, care and support need (see: [Necessary and reasonable guideline](#)).

When the NISQ Agency is assessing whether a participant's needs for dental treatment are necessary and reasonable, it will give particular attention to the following:

- whether the dental treatment will benefit the participant by assisting with the management of dental issues resulting from their accepted injury
- whether the dental treatment is appropriate, having regard to:
 - whether it is consistent with current dental practices and other industry best practice (particularly, safety and efficacy considerations)
 - whether the participant is receiving similar dental treatment that is intended to meet their needs
 - whether there is evidence to support the effectiveness of the dental treatment
- whether the provider is appropriately qualified (see: [dental treatment must be provided by an appropriate provider](#))
- whether the provider is appropriate for the participant
- whether the dental treatment is a cost-effective way to meet the participant's needs, having regard to the benefits that the dental treatment has for the participant.



The NISQ Agency will assess whether a participant's needs for treatment, care and support is necessary and reasonable by considering whether the rehabilitation supports adhere to the nationally-recognised [Clinical Framework for the Delivery of Health Services](#) (see: [Necessary and reasonable guideline](#) and [evidence-based interventions](#)).

The NISQ Agency will fund the associated transport costs incurred by a participant for necessary and reasonable dental treatment (see: [Transport-related expenses](#) in the [Attendant care and support services guideline](#)).

Assessment of needs for dental treatment

In assessing a participant's needs for dental treatment, the NISQ Agency will ordinarily require information from a dentist or dental specialist to assist the NISQ Agency to decide whether dental treatment is necessary and reasonable.

Dental treatment can only be provided by certain providers. This includes services which are intended to assist the NISQ Agency with the assessment of a participant's treatment, care and support needs.

Identifying a participant's treatment, care and support needs is done in collaboration with the participant, their family and/or other informal supports, and providers.

Information from a dental practitioner about needs for dental treatment

The NISQ Agency will generally require any information provided by a **dental practitioner** who treated the participant following the incident which caused the participant's accepted injury.

Where information about a participant's needs for dental treatment is unavailable, the NISQ Agency may fund an assessment including a written report provided by a dental practitioner, radiological examination, analysis and interpretation, clinical occlusal analysis and/or other diagnostic services.

The NISQ Agency requires information to assist in deciding whether dental treatment is necessary and reasonable (see: [dental treatment must be necessary and reasonable](#)). It also requires information on whether the need for dental treatment is directly related to the participant's accepted injury (and if only partially, the extent to which the participant's treatment, care and support needs are related to their accepted injury). The NISQ Agency considers that the need for the dental treatment is directly related to a participant's accepted injury when:

- the incident which caused the participant's accepted injury involved direct trauma to the participant's face, mouth, jaw, oral cavity, head and/or neck
- the participant's treatment for their accepted injury requires dental treatment (for example, to manage the effects of certain medications which impact the participant's oral health)
- the participant's capacity for self-care has been impacted, requiring dental treatment (for example, to assist with the effects of a traumatic brain injury)
- information which assists the NISQ Agency in deciding whether a dental treatment is necessary and reasonable (see: [dental treatment must be necessary and reasonable](#)).



Dental treatment must be provided by an appropriate provider

Dental practitioners, including **dental specialists** providing dental treatment do not need to be registered providers under the *National Injury Insurance Scheme (Queensland) Act 2016* nor the *National Injury Insurance Scheme (Queensland) Regulation 2016*.

However, all dental practitioners providing dental treatment remain subject to the **Health Practitioner Regulation National Law**.

The NISQ Agency expects dental practitioners to comply with their legal and professional obligations under the *Health Practitioner Regulation National Law* including (but not limited to):

- maintaining appropriate professional indemnity insurance
- comply with the shared [Code of conduct](#) published on the Australian Health Practitioner Regulation Agency's website
- comply with the scope of practice registration standard available from the Dental Board of Australia.

Types of dental treatment funded under the NISQ

There is a broad range of dental treatment which may be funded for participants in the NISQ including costs associated with the assessment, care planning and treatment for a participant's dental treatment provided by dental practitioners providing the following services:

- treatment of direct injuries to the head requiring dental treatment (dentistry, oral and maxillofacial surgery, prosthodontics)
- diagnostic services required to understand how best to treat a participant's injuries or conditions which are related to their accepted injury (dento-maxillofacial radiology, oral and maxillofacial pathology)
- ongoing support related to the accepted injury, and tailored to the participant's age, injuries and disability (oral medicine, paediatric dentistry, prosthodontics and special needs dentistry) including replacement of dentures lost or damaged in the event which caused the participant's accepted injury.

The NISQ Agency may also fund services provided by a **dental technician** which complement support provided by a dental practitioner.

Limitations on support for dental treatment

The NISQ Agency does not fund **general dentistry needs**, which are unrelated to a participant's accepted injury. Where the injury has increased a participant's general dentistry needs, and there is a written recommendation provided by a dental practitioner which clearly explains the need, the NISQ Agency may contribute to the costs of general dental treatment.

Dental treatment generally not funded by the NISQ Agency

The following is generally not considered necessary and reasonable treatment, care and support:

- dental treatment that is required by a participant for reasons unrelated to their accepted injury
- dental treatment that is for aesthetic purposes that are unrelated to a participant's accepted injury
- dental treatment provided outside of Australia (see: [Participants travelling overseas guideline](#)).



Treatment, care and support guideline 4

Rehabilitation guideline



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Definitions

Defined terms are shown throughout in **bold underlined text** when they first appear.

Allied health assistants	are healthcare workers who work within a defined scope of practice under the delegation and supervision of an allied health provider and are self-regulated by the <u>Allied Health Assistants' National Association Ltd (AHANA)</u> .
Allied health provider	<p>means allied health professionals which are regulated under the <i>Health Practitioner Regulation National Law (Queensland)</i> including:</p> <ul style="list-style-type: none"> • medical radiation practitioners • occupational therapists • optometrists • osteopaths • pharmacists • physiotherapists • podiatrists • psychologists (and neuropsychologists). <p>Allied health providers also include persons who are part of a self-regulated allied health profession. Allied health providers who are part of a self-regulated allied health profession and are referred to in this guideline include:</p> <ul style="list-style-type: none"> • exercise physiologists accredited with <u>Exercise and Sports Science Australia</u> • audiologists accredited by <u>Audiology Australia</u> • dietitians accredited as an <u>Accredited Practising Dietician</u> • orthoptists accredited by the <u>Australian Orthoptic Board</u> • orthotist certified by <u>The Australian Orthotic Prosthetic Association</u> • social workers and mental health workers accredited by the <u>Australian Association of Social Workers</u> • speech pathologists certified with <u>Speech Pathology Australia</u> • allied health assistants.
Concurrent supports	are more than one type of rehabilitation support that is provided in the same period of time by more than one type of provider, or where similar services are provided by one type of provider.
Health Practitioner Regulation National Law	is Queensland's modified application of <i>Health Practitioner Regulation National Law</i> under the <i>Health Practitioner Regulation National Law Act 2009 (Qld)</i> .
Medical practitioner	is a person registered by the Medical Board under the <i>Health Practitioner Regulation National Law</i> to <u>practice medicine in Australia</u> (other than student registration).
Medicare Benefits Schedule	is a list of services subsidised by the Australian Government.



MyPlan	means a support plan prepared by the NISQ Agency and approved under the <i>National Injury Insurance Scheme Act (Queensland) Act 2016</i> .
Public sector health service	<p>means any service provided by, or under any of the following:</p> <ul style="list-style-type: none"> • Cairns and Hinterland Hospital and Health Service • Central Queensland Hospital and Health Service • Central West Hospital and Health Service • Children's Health Queensland • Darling Downs Health • Gold Coast Hospital and Health Service • Mackay Hospital and Health Service • Metro North Health • Metro South Health • North West Hospital and Health Service • South West Hospital and Health Service • Sunshine Coast Hospital and Health Service • Torres and Cape Hospital and Health Service • Townsville Hospital and Health Service • West Moreton Health • Wide Bay Hospital and Health Service.
Rehabilitation supports	<p>are a wide range of treatments, services and supports provided by rehabilitation providers and include psychological, physical, social, educational, and vocational measures, and are delivered individually or in combination to:</p> <ul style="list-style-type: none"> • support a participant toward achieving any goals identified by the participant • maintaining a participant's level of function.
Rehabilitation providers	are ordinarily allied health providers who provide rehabilitation supports. Rehabilitation providers have the requisite skill and experience to provide support to participants in the NISQ, consistent with this guideline and other guidelines.
Telehealth	is technology-based consultations that use any form of technology, including, but not limited to videoconferencing, internet and telephone, as an alternative to face-to-face consultations.



Supporting a participant who needs rehabilitation supports

Rehabilitation is the restoration of a participant's level of functioning to their pre-injury state, to the greatest extent possible, and is achieved through a range of treatments and services performed by **rehabilitation providers** (see: [rehabilitation must be provided by an appropriate provider](#)).

There is a plain language version of this guideline which is shorter and uses simpler words. To access it, view [MyGuide 4 – Rehab](#).

The NISQ Agency will assess a participant's needs for (or relating to) **rehabilitation supports** and will fund these supports in accordance with the *National Injury Insurance Scheme (Queensland) Act 2016*, the *National Injury Insurance Scheme (Queensland) Regulation 2016*, this guideline, and other relevant guidelines.

This guideline should be read in conjunction with the:

- [Necessary and reasonable guideline](#)
- [Medical and pharmaceutical treatment guideline](#)
- [Assistive technology and consumables guideline](#)
- [Orthoses and prostheses guideline](#)
- [Motor vehicle modifications guideline](#)
- [Home modifications guideline](#).

Approval for rehabilitation supports

For rehabilitation supports to be funded under the NISQ, the NISQ Agency must provide written approval before any treatment or services are provided to the participant.

Rehabilitation must be necessary and reasonable

The *National Injury Insurance Scheme (Queensland) Act 2016* and the *National Injury Insurance Scheme (Queensland) Regulation 2016* describe how the NISQ Agency decides whether the rehabilitation support is necessary and reasonable, and can be funded.

The NISQ Agency has published a guideline which explains how it decides whether a support is necessary and reasonable, and is for a treatment, care and support need (see: [Necessary and reasonable guideline](#)).

When the NISQ Agency is assessing if a participant's need for a particular rehabilitation support is necessary and reasonable, it will give particular attention to the following:

- whether the rehabilitation support benefits the participant by maintaining or maximising their independence for undertaking daily activities, as well as in participation in meaningful life roles, education, and work
- whether the rehabilitation support relates to any goals identified by the participant
- whether the rehabilitation support is, or is likely to result in a measurable improvement to the participant's level of functioning



- whether similar rehabilitation supports are proposed to be (or are being) provided to the participant (see: [concurrent rehabilitation supports](#))
- whether the rehabilitation support assists the participant to manage their injury
- whether the rehabilitation support is appropriate, having particular consideration and regard to:
 - whether providing the support is consistent with current clinical practice and other best practice
 - whether there is evidence that supports the effectiveness of the rehabilitation support (see: [evidence-based interventions](#)).

The NISQ Agency will assess whether a participant's needs for treatment, care and support are necessary and reasonable by considering whether the rehabilitation supports adhere to the nationally-recognised [Clinical Framework for the Delivery of Health Services](#) (see: [Necessary and reasonable guideline](#)).

The NISQ Agency will fund the associated transport costs incurred by a participant for attending necessary and reasonable rehabilitation (see: [Transport-related expenses](#) in the [Attendant care and support services guideline](#)).

Assessment of needs for rehabilitation supports

In assessing a participant's needs for rehabilitation supports, the NISQ Agency will ordinarily require information from rehabilitation providers and, where necessary, specialist **medical practitioners** (for example, a rehabilitation physician) to assist the NISQ Agency to decide whether a rehabilitation support is necessary and reasonable.

Identifying a participant's treatment, care and support needs is done in collaboration with the participant, their family and/or other informal supports, and providers.

Information required by the NISQ Agency to assess a participant's need for a rehabilitation support

The NISQ Agency will generally require any existing information about the participant's accepted injury.

This information is ordinarily provided in the form of a [NISQ allied health treatment plan and report](#) to be completed in consultation with a participant. A copy of the NISQ allied health treatment plan is available on the NISQ website.

For basic equipment required by a participant in relation to rehabilitation, the [NISQ Agency equipment form](#) is to be completed. For assistive technology, refer to the [Assistive technology and consumables guideline](#).

The information required by the NISQ Agency generally includes matters which relate to:

- whether any recommended rehabilitation support relates to a participant's accepted injury, and if partially, the extent to which pre-existing or co-existing conditions have contributed to the participant's need for rehabilitation support treatment
- the benefits that the rehabilitation support will have for the participant, including how any benefits are weighed against the risks of any treatment recommended by a medical practitioner and/or rehabilitation provider, and how the effectiveness will be measured over time
- whether there are any alternatives to the rehabilitation support
- whether the rehabilitation support is for the participant and not for another person (with the exception of certain [psychology supports](#))



- information about an appropriate provider
- information about the costs of the rehabilitation support, including **Medicare Benefits Schedule** numbers (where available).

Access to public sector health services

A person's participation in the NIISQ does not affect their entitlement to a broad range of rehabilitation supports provided as part of a **public sector health service**. These services include in-patient services, outpatient services, transition care, outreach supports, and community-based rehabilitation.

These public sector health services are not required to be funded by the NIISQ Agency, and remain the responsibility of Queensland Health.

Specialised services that may provide rehabilitation supports to a participant which are part of a public sector health service include:

- [Queensland Spinal Cord Injury Service](#) which includes:
 - [Queensland Spinal Injuries Unit](#)
 - [Transitional Rehabilitation Program](#)
 - [Spinal Outreach Team](#)
- [Brain Injury Rehabilitation Service](#) (provided by the Brain Injury Rehabilitation Unit)
- [Acquired Brain Injury Outreach Service](#)
- [Brighton Brain Injury Service](#)
- [Queensland Paediatric Rehabilitation Services](#)
- other services provided as a part of a public sector health service.

Rehabilitation must be provided by an appropriate provider

Rehabilitation providers do not need to be a registered provider under the *National Injury Insurance Scheme (Queensland) Act 2016*, nor the *National Injury Insurance Scheme (Queensland) Regulation 2016* – with the exception of some allied health providers, providing services described in the [Home modifications guideline](#), [Attendant care and support services guideline](#), and [Motor vehicle modifications guideline](#), and providers providing support coordination under this guideline.

All rehabilitation providers must be health professionals which are regulated by either the national regulation, which is administered by the Australian Health Practitioner Regulation Agency, or through self-regulation by a professional association that is responsible for certifying qualifications, or otherwise setting standards which apply to a profession (see: [definition of allied health provider](#)).

The NIISQ Agency expects rehabilitation providers to comply with their legal and professional obligations under the Health Practitioner Regulation National Law including (but not limited to):

- maintaining appropriate professional indemnity insurance
- complying with the shared [Code of conduct](#) published on the Australian Health Practitioner Regulation Agency's website, or in accordance with the appropriate self-regulatory entity.

Allied health assistants may support participants with therapeutic and program-related activities.

The NIISQ Agency expects all allied health assistants to work under the supervision and delegation of **allied health providers**.



Providing telehealth rehabilitation supports

When deciding whether rehabilitation supports delivered via **telehealth** are necessary and reasonable, the NISQ Agency will give particular consideration to:

- whether delivery of the support is appropriate for the participant in comparison to alternatives (i.e. face-to-face consultations or appointments) – providers should only use telehealth when it is clinically appropriate for the participant, and the need for telehealth relates to the participant's accepted injury
- whether the provider is able to provide the support via telehealth (including that the provider has the necessary information technology, and can ensure that the participant's information is secure)
- whether the participant is able to use telehealth services (the NISQ Agency does not fund computers, tablets, internet connections which are everyday items).

All rehabilitation supports provided by telehealth must be provided in line with peak body telehealth guidelines, and Australian Government and state policies including:

- Queensland Health [requirements for the delivery of telehealth services](#)
- [AHPRA guidelines for Telehealth consultations with patients](#) (including requiring providers to ensure that telehealth is safe and clinically appropriate for the service being provided and suitable for the participant).

Concurrent rehabilitation supports

The NISQ Agency will generally not fund **concurrent supports**. This is because, where concurrent supports are provided to a participant, it may result in a duplication of services, and impedes the ability to measure and demonstrate the effectiveness of treatment.

In limited circumstances, where the NISQ Agency has assessed a participant to have treatment, care and support needs for concurrent supports, the NISQ Agency will require the following to determine whether the supports are necessary and reasonable:

- clinical justification for the concurrent supports which explicitly takes into consideration each support and how they will benefit the participant when delivered together, and
- confirmation by all concurrent support providers that the treatment aligns with any goals identified by the participant.



Example: The NISQ Agency may fund necessary and reasonable musculoskeletal physiotherapy treatment provided by one provider, and neurological physiotherapy treatment from another provider concurrently, where each treatment addresses a different treatment, care and support need.



Specific types of rehabilitation supports funded under the NIISQ

There are a broad range of rehabilitation supports which may be funded for a participant in the NIISQ. The treatments and services described below are not exhaustive, and there may be other treatments or services a participant may require.

Audiology services and supports

Audiology services and supports which may be funded under the NIISQ include services which are provided by an audiologist, and includes:

- audiology assessments and reviews
- audiograms and air conduction
- impedance audiograms not associated with other tests
- provision of basic assistive technology.

Dietetic services and supports

Dietetic services which may be funded under the NIISQ include:

- consultations with a dietitian
- weight loss and weight management treatment under the supervision of a dietitian
- management of a participant's nutrition needs under the supervision of a dietitian.

The NIISQ Agency will consider funding dietetic services where there is evidence that the support is endorsed by a medical practitioner who has confirmed that the need is a direct result of a participant's accepted injury.

Formulated food and feeding supports for at-risk participants

Where the NIISQ Agency has identified a participant to be at-risk in relation to their dietary needs because their requirements cannot be met by a normal diet and this is because of their accepted injury, the NIISQ Agency will consider funding formulated foods.

In these circumstances, the NIISQ Agency will generally require:

- a medical practitioner's written certification that the participant has a medical need for thickened foods/enteral feeding or nutritional supplements
- a medical practitioner's or dietitian's written certification that the dietary formula prescribed is nutritionally complete
- details of the participant's particular feeding requirements, which can be a dietitian's and/or speech pathologist's feeding instructions.

In relation to equipment required for home enteral nutrition (HEN) and percutaneous endoscopic gastrostomy (PEG) equipment and maintenance, refer to the [Assistive technology and consumables guideline](#), and where a support worker is required to assist with the management of HEN or PEG requirements, refer to the [Attendant care and support guideline](#).



Driver supports

Driver supports which may be funded under the NISQ include services provided by an occupational therapist who has completed specialised postgraduate training, and adhere to the *Australian Competency Standards for Driving Assessors* maintained by [Occupational Therapy Australia](#).

Supports funded by the NISQ Agency include:

- driver training (including on the use of vehicle modifications funded under the NISQ) (see: [Motor vehicle modifications guidelines](#))
- driving assessments.

Exercise physiology, exercise programs and gym memberships

Exercise physiology services which may be funded under the NISQ include a range of treatments provided by an exercise physiologist. Exercise physiology services which may be funded under the NISQ include:

- exercise physiology assessments and consultations
- group consultations (to a maximum of six patients in one session)
- monitoring and evaluation of gym or hydrotherapy
- basic equipment associated with exercise physiology (for example, hand weights, exercise balls and therapy bands).

Gym memberships and exercise programs may be funded under the NISQ when a treating physiotherapist or an exercise physiologist has developed an exercise program that will benefit the participant which includes:

- the goals of the exercise program, and how these goals align with the participant's rehabilitation goals and any goals identified by the participant stated in the participant's **MyPlan**
- frequency of attendance
- duration of the program
- whether part or all of the exercise program can be followed at home, or whether the exercise program must be followed at a gym.

Occupational Therapy services

Occupational therapy services enable participants to engage in meaningful activities and supports participants with strategies to increase independence, build capacity and assist with transitions to new environments and roles. Occupational therapy includes a range of supports provided by qualified occupational therapists. Occupational therapy can cover many areas of practice, and play an important role in understanding a participant's needs for assistive technology, supporting participants with hand therapy (where appropriately accredited) and working with participants to manage cognitive problems and challenging behaviours. Occupational therapy services, and the related supports which may be funded under the NISQ include but are not limited to:

- reports containing recommendations on the management of the participant's accepted injury or support required by the participant as a result of their injury (including workplace assessments and reports)
- driving assessments and driver training including on the use of vehicle modifications funded under the NISQ (see: [Motor vehicle modifications guideline](#))



- home assessments and reports containing home modification recommendations (see: [Home modifications guideline](#))
- design of specialised day programs to support social and community participation (see: [Attendant care and support services guideline](#)).

Optometry and orthoptic

Optometry and orthoptic support may be funded under the NISQ where the support is provided by an optometrist or orthoptists. Support provided by an optometrist or orthoptist may include:

- assessments of defects in vision
- problems with general optical health
- vision-related supports (including costs associated with eyeglasses)
- prescribing eye exercises or other techniques (orthoptists generally focus on eye-movement disorders).

For medical treatment provided by an ophthalmologist, refer to the [Medical and pharmaceutical guideline](#).

Podiatry and orthotic support

Podiatry supports funded under the NISQ include supports provided by a podiatrist. Support provided by a podiatrist may include:

- assessments, consultations and recommendations including prescriptions
- treatment including impressions and models
- modified or custom-made orthopaedic footwear
- footwear that is required to accommodate an orthosis required by the participant as a result of the accepted injury
- manufacture, supply and fitting of an orthosis.

Orthotic supports funded under the NISQ include supports provided by an orthotist. These supports include: prescription, manufacture and fitting of an orthosis.

While podiatrists and orthotists may support participants with simple digital or partial prosthesis for more complex prosthetic supports, refer to the [Orthoses and prostheses guideline](#).

Physiotherapy

Physiotherapy services which may be funded under the NISQ are services which are provided by a physiotherapist, and include:

- physiotherapy treatment, and reports containing recommendations on the management of the participant's accepted injury, or physiotherapy required by the participant as a result of their injury (including workplace assessments and reports)
- group consultations (to a maximum of six patients in one session)
- training and support (for specialised equipment), to engage in physical activity
- travel and related costs for off-site consultations and services.



Psychology supports

Psychology supports which may be funded under the NISQ are services which are ordinarily provided by a psychologist, who hold general registration and/or an area of practice endorsement.

Depending on a participant's treatment, care and support needs, treatment may be provided by a:

- clinical psychologist
- clinical neuropsychologist
- community psychologist
- counselling psychologist
- educational and developmental psychologist
- forensic psychologist
- health psychologist.

Treatment provided by psychologist may include:

- individual assessments and consultations
- group consultations
- counselling for a participant, or a participant and their partner
- early intervention for behaviour support
- support provided as part of a multi-disciplinary approach to a rehabilitation program.

The NISQ Agency may also consider funding services by accredited and appropriately-qualified mental health social workers to provide mental health services.

In limited circumstances where psychology supports are not available, accessible or appropriate, the NISQ Agency may also fund mental health services provided by:

- mental health nurses
- Aboriginal and Torres Strait Islander mental health workers
- counsellors
- mental health occupational therapists
- mental health recovery and rehabilitation workers.

Where a participant has pre-injury needs for psychology supports, the participant should access support through the appropriate service (for example, Medicare). If a participant has both pre-injury and injury-related needs for psychology supports, the NISQ Agency will fund support for the participant's accepted injury-related needs only (see: [Limitations on support for rehabilitation supports](#)). In some circumstances, a participant may also require support to navigate multiple service systems.

Neuropsychiatry supports are covered under the [Medical and pharmaceutical guideline](#).



Psychology support for an immediate family member

In addition to the above treatment which may be provided to a participant, the NISQ Agency may fund psychology support for a participant's immediate family members, where the treatment is intended to assist the family member in relation to the impact of the participant's accepted injury.

Support provided to a participant's immediate family member must:

- have a benefit to the participant
- assist the family member for the period following the accident or event which resulted in the participant's accepted injury but is not long-term treatment.

Where it is unclear whether psychological treatment provided to an immediate family member of a participant is primarily intended to address the impact on the family member in relation to the participant's accepted injury, the NISQ Agency may require information from the treating psychologist, or another suitably-qualified person.

Services for the coordination of treatment, care or support

The NISQ Agency funds services for the coordination of treatment, care or support (support coordination) where support coordination is assessed as a necessary and reasonable treatment, care and support need. Support coordination is periodic and ordinarily provided by a person (for example, a case manager) who is:

- an appropriately-qualified rehabilitation provider and
- is registered by the National Injury Insurance Agency, Queensland (the NISQ Agency) to provide the service.

Speech pathology

Speech pathology services funded under the NISQ are services provided by a speech pathologist, which are intended to assist a participant with the management of their accepted injury by:

- improving a participant's communication skills, communication strategies and augmentative or alternative communication devices
- improving a participant's capacity to swallow safely
- undertaking assessments and providing advice to the NISQ Agency in relation to a participant's capacity to communicate verbally, or swallow safely.

Limitations on support for rehabilitation supports

The NISQ Agency does not fund rehabilitation supports which are required by a participant for a condition which existed prior to the event which caused their accepted injury.

The NISQ Agency does not fund rehabilitation supports which are:

- provided as part of a public sector health service (for example, support provided by an orthotist who is employed by a public hospital)
- the responsibility of the National Disability Insurance Scheme (including NDIS outreach services)
- inconsistent with relevant Australian Government and state legislation.

The NISQ Agency is not required to fund rehabilitation provided on an experimental basis.



Rehabilitation supports that are generally not funded by the NIISQ Agency

The following is generally not considered necessary and reasonable treatment, care and support:

- exercise programs and gym memberships which are not prescribed by a treating physiotherapist or an exercise physiologist for a participant's accepted injury
- gym clothing, towels, fitness mats and drink bottles
- assistance from a physiotherapist or exercise physiologist after an exercise program has been established unless:
 - specialist assistance is required for a participant's safety, and a support worker is unable to provide, or cannot be trained to provide the required support, and
 - the support of an exercise physiologist or physiotherapist is not concurrent treatment.
- in relation to dietetic supports and services:
 - treatment and services which are only for cosmetic purposes
 - food services, food supplements or commercial weight loss programs, for example Lite n' Easy, Weight Watchers, Jenny Craig or Optifast
 - complementary or alternative products where there is no evidence of efficacy, including collagen, bone broth and digestive enzymes.
- in relation to driver supports, the NIISQ Agency will generally not fund general learner driver education costs and costs associated with obtaining a driver licence
- in relation to podiatry services:
 - repair or replacement of an orthosis that was required for reasons other than a participant's accepted injury
 - maintenance or repair of an orthosis which is covered by a statutory warranty or manufacturer warranty
 - footwear that is not required to be customised for a participant's treatment, care and support needs.
- in relation to psychology supports, the NIISQ Agency will generally not fund counselling services provided by a person who is not appropriately qualified and accredited to provide mental health treatment.



Treatment, care and support guideline 5

Ambulance transportation guideline



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Definitions

Defined terms are shown throughout in bold underlined text when they first appear.

<u>Ambulance transportation</u>	<p>means transport services for a participant provided by a state or territory emergency service outside of Queensland, which provides:</p> <ul style="list-style-type: none"> • non-emergency pre-hospital patient care and transport • specialised transport services • inter-hospital transfers • Patient Transport Service • dispatch and coordination of non-urgent patient transport services.
<u>Public sector health service</u>	<p>means any service provided by, or under any of the following (and includes ambulance transportation):</p> <ul style="list-style-type: none"> • <u>Cairns and Hinterland Hospital and Health Service</u> • <u>Central Queensland Hospital and Health Service</u> • <u>Central West Hospital and Health Service</u> • <u>Children's Health Queensland</u> • <u>Darling Downs Health</u> • <u>Gold Coast Hospital and Health Service</u> • <u>Mackay Hospital and Health Service</u> • <u>Metro North Health</u> • <u>Metro South Health</u> • <u>North West Hospital and Health Service</u> • <u>South West Hospital and Health Service</u> • <u>Sunshine Coast Hospital and Health Service</u> • <u>Torres and Cape Hospital and Health Service</u> • <u>Townsville Hospital and Health Service</u> • <u>West Moreton Health</u> • <u>Wide Bay Hospital and Health Service</u>.



Supporting a participant who needs ambulance transportation

The NISQ Agency will identify a participant's needs for (or relating to) participant **ambulance transportation** and will fund these supports in accordance with the *National Injury Insurance Scheme (Queensland) Act 2016*, the *National Injury Insurance Scheme (Queensland) Regulation 2016*, this guideline, and other relevant guidelines.

There is a plain language version of this guideline which is shorter and uses simpler words. To access it, view [MyGuide 5 – Ambulance transport](#).

This guideline should be read in conjunction with the [Necessary and reasonable guideline](#).

Approval for ambulance transportation

Written approval is required from the NISQ Agency before planned ambulance transportation services are provided to a participant.

The NISQ Agency does not require prior written approval when transportation is required by a participant in an emergency.

If the NISQ Agency is asked to fund ambulance transportation in circumstances where the transportation was urgent and prior approval was not provided, the NISQ Agency may require information to demonstrate that the ambulance transportation was necessary and reasonable, consistent with this guideline, and not for other reasons (for example, emergency medical treatment that is unrelated to a participant's accepted injury).



Ambulance transportation must be necessary and reasonable

The *National Injury Insurance Scheme (Queensland) Act 2016* and *National Injury Insurance Scheme (Queensland) Regulation 2016* describe how the NIIAQ Agency decides whether participant ambulance transportation is necessary and reasonable, and can be funded.

The NIIAQ Agency has published a guideline which explains how it decides whether a support is necessary and reasonable, and is for a treatment, care and support need (see: [Necessary and reasonable guideline](#)).

When the NIIAQ Agency is assessing whether the participant's needs for participant ambulance transportation are necessary and reasonable, it will give particular consideration to:

- whether the ambulance transportation is required for the participant's accepted injury
- the benefits of ambulance transportation to the participant
- the reason why the ambulance transportation is needed, for example if it is between hospitals, from a hospital to the participant's residence after a stay in hospital as an inpatient, or for other medical, treatment or therapy
- if the need for ambulance transportation is in relation to other treatment and services, such as medical treatment and surgery
- if other services, such as vehicle modifications, have been provided that will eliminate the need for ambulance transportation
- how long the participant requires the ambulance transportation.

Assessment of needs for ambulance transportation

In assessing a participant's needs for ambulance transportation, the NIIAQ Agency will ordinarily require information which demonstrates that the ambulance transportation is necessary and reasonable compared with alternatives.

Identifying a participant's treatment, care and support needs is done in collaboration with the participant, their family and/or other informal supports, and providers.

Information required by the NIIAQ Agency to assess needs

The information required by the NIIAQ Agency generally includes:

- advice from a medical practitioner, allied health provider, registered nurse, clinical nurse or nurse practitioner about why ambulance transportation is required for a participant
- information about pre-existing or co-existing medical conditions that may impact on the participant's needs for, or in connection with, ambulance transportation
- an itemised quotation for the ambulance transportation services.



Limitations on support for ambulance transportation

The NISQ Agency does not fund participant ambulance transportation that is provided:

- as a part of a **public sector health service**
- by state emergency services including Queensland Ambulance Service.

Where transportation services are provided by or under a public sector health service, the NISQ Agency will not fund the service. For example, emergency ambulance services provided by the Queensland Ambulance Service to a participant for a need which is unrelated to their accepted injury, or an ambulance service required by a public sector health service to safely transport a participant.

Ambulance transportation services that are generally not funded by the NISQ Agency

The NISQ Agency will generally not fund ambulance transport or expenses related to ambulance transport:

- that are provided under an existing fee agreement with an ambulance transport provider
- that are attendance-only charges
- where a participant is otherwise entitled to ambulance transportation services under a law or policy in another state or territory.



Treatment, care and support guideline 6

Attendant care and support services guideline



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Definitions

Defined terms are shown throughout in **bold underlined text** when they first appear.

<u>Aged care</u>	is residential care, home care and flexible care as defined under the <i>Aged Care Act 1997</i> .
<u>Attendant care and support services</u>	are services to help a participant with everyday tasks.
<u>ACSN assessment</u>	is an assessment of a participant's attendant care and support needs done by the NISQ Agency in consultation with a participant, and any other person which the NISQ Agency considers appropriate – the assessment must also be informed by advice provided by a NISQ-approved ACSN adviser.
<u>Environmental risks</u>	include risks which arise in the participant's home, community, as well as risks which arise due to the participant's location.
<u>MyPlan</u>	means a support plan prepared by the NISQ Agency and approved under the <i>National Injury Insurance Scheme Act (Queensland) Act 2016</i> .
<u>NISQ-approved ACSN adviser</u>	is a person who meets <u>all</u> of the following: <ul style="list-style-type: none"> • is appropriately qualified, including registration in Australia as an occupational therapist registered nurse, or a specialist rehabilitation physician • has experience in providing professional advice on attendant care and support services for people with complex support needs • is approved by the NISQ Agency to provide advice about the participant's treatment, care and support needs for attendant care and support services • is regulated by the national regulation as administered by the Australian Health Practitioner Regulation Agency.
<u>Respite services</u>	are services that directly benefit a participant by supporting the participant's informal support (for example a parent or grandparent) to engage in short breaks from their caring responsibilities.



Public sector health service	<p>means any service provided by, or under any of the following:</p> <ul style="list-style-type: none"> • <u>Cairns and Hinterland Hospital and Health Service</u> • <u>Central Queensland Hospital and Health Service</u> • <u>Central West Hospital and Health Service</u> • <u>Children's Health Queensland</u> • <u>Darling Downs Health</u> • <u>Gold Coast Hospital and Health Service</u> • <u>Mackay Hospital and Health Service</u> • <u>Metro North Health</u> • <u>Metro South Health</u> • <u>North West Hospital and Health Service</u> • <u>South West Hospital and Health Service</u> • <u>Sunshine Coast Hospital and Health Service</u> • <u>Torres and Cape Hospital and Health Service</u> • <u>Townsville Hospital and Health Service</u> • <u>West Moreton Health</u> • <u>Wide Bay Hospital and Health Service</u>.
Specialist disability accommodation	<p>is a housing support available to some participants in the National Disability Insurance Scheme who have extreme functional impairment or very high needs and who require a specialist dwelling.</p>
Transport	<p>includes where the participant travels using:</p> <ul style="list-style-type: none"> • own vehicle • disability specific transport services • taxi services • rideshare services • a vehicle provided by an attendant care and support service provider • air travel.



Supporting a participant who needs attendant care and support services

The NIISSQ Agency will assess a participant's needs for (or relating to) **attendant care and support services** and will fund support to assist with everyday tasks in accordance with the *National Injury Insurance Scheme (Queensland) Act 2016*, the *National Injury Insurance Scheme (Queensland) Regulation 2016*, this guideline, and other relevant guidelines.

There is a plain language version of this guideline which is shorter and uses simpler words. To access it, view [MyGuide 6 – Everyday support services](#).

This guideline should be read in conjunction with the:

- [Necessary and reasonable guideline](#)
- [Assistive technology and consumables guideline](#)
- [Medical and pharmaceutical guideline](#)
- [Rehabilitation guideline](#).

Attendant care and support services must be necessary and reasonable

The *National Injury Insurance Scheme (Queensland) Act 2016* and the *National Injury Insurance Scheme (Queensland) Regulation 2016* describe how the NIISSQ Agency decides whether a treatment, care and support need is necessary and reasonable, and can be funded.

The NIISSQ Agency has published a guideline which explains how it decides whether a support is necessary and reasonable, and is for a treatment, care and support need (see: [Necessary and reasonable guideline](#)).

When the NIISSQ Agency is assessing a participant's need for an attendant care and support service including whether the service is necessary and reasonable, it will give particular attention to:

- whether attendant care and support services will help the participant achieve any goals identified by the participant or stated in their **MyPlan**
- whether attendant care and support services assist the participant with everyday tasks
- whether the attendant care and support services assist the participant to increase their independence, and facilitate participation in the community
- whether the attendant care and support services are consistent with current clinical practice and industry best practice
- whether the attendant care and support services will promote the safety of the participant, family members and attendant care workers
- whether the attendant care and support service reduces or removes any risk of harm to the participant or others
- whether the attendant care and support services provided by a provider are appropriate to the participant, including consideration of the participant's location, age, culture, ethnicity and whether the provider is acceptable to the participant
- whether other treatment, care and support may reduce the level of attendant care and support services required by the participant (for example, home modifications)



- whether the attendant care and support services balances participant safety dignity of risk
- whether the attendant care and support services are the least restrictive option for meeting the participant's needs.

The NIISSQ Agency will assess a participant's need for attendant care and support services using advice provided by a **NIISSQ-approved ACSN adviser**.

This assessment will inform the NIISSQ Agency's decisions regarding any necessary and reasonable attendant care and support services and is based on all available and relevant information.

The NIISSQ Agency may require other information or reports not referred to in this guideline but are determined by a NIISSQ Agency delegate to be relevant to a decision to fund attendant care and support services.

Attendant care and support services must be supported by advice from NIISSQ-approved advisers

In accordance with the *National Injury Insurance Scheme (Queensland) Regulation 2016*, the NIISSQ Agency is required to obtain advice from a person that is specifically approved by the NIISSQ Agency to provide advice about a participant's needs for attendant care and support services.

Only NIISSQ-approved ACSN advisers can provide advice to the NIISSQ Agency about a participant's treatment, care and support needs for attendant care and support services.

A NIISSQ-approved ACSN adviser provides advice on the type, frequency, and duration of attendant care and support services for a participant.

Assessment of needs for attendant care and support services

To understand a participant's needs for attendant care and support services, the NIISSQ Agency will require a NIISSQ-approved ACSN adviser to complete an **ACSN assessment**.

The ACSN assessment will include:

- consideration of the participant's individual needs for attendant care, in the context of other treatment and services provided, including assistive technology, home modifications, and other supports (for example, whether providing home services to the participant enables the participant's parent to meet their accepted injury-related needs)
- consideration of the environment in which attendant care services and supports will be provided
- consideration of any goals identified by the participant, in addition to their abilities and limitations to perform everyday tasks.

The advice provided by the NIISSQ-approved ACSN adviser is to be based on:

- direct and indirect observations
- all material available and relevant to the assessment of the participant's needs for attendant care and support services
- completed, to the greatest extent possible, in close consultation with the participant.

The advice provided by the NIISSQ-approved ACSN adviser will also be consistent with this guideline.



Advice from a NIIISQ-approved ACSN adviser must include clinical and practical justification as to why the supports are necessary and reasonable including the outcomes to be achieved.

The NIIISQ Agency and/or the NIIISQ-approved ACSN adviser may require other information to assess or provide advice on a participant's needs for attendant care and support services, including:

- information about needs which relate to injuries, conditions, or disability which are not directly attributable to the participant's accepted injury
- any **environmental risks**, including strategies to mitigate these risks, or alternatives to provide support to the participant
- information about shared household responsibilities.

Identifying a participant's treatment, care and support needs is done in collaboration with the participant, their family and/or other informal supports, and providers.

Attendant care and support services must be provided by registered providers

The *National Injury Insurance Scheme (Queensland) Act 2016* requires attendant care and support services to be provided by a registered provider, otherwise they are excluded treatment, care and support. Excluded treatment, care and support is not required to be funded under the NIIISQ.

The NIIISQ Agency may not require the following providers to be registered providers to support a participant under the NIIISQ:

- home services, including domestic assistance services and home and garden maintenance services (see: [Home services](#)), where the provider is a registered business with appropriate insurance in place
- attendant care and support services when a participant is interstate or absent from Australia, and the NIIISQ Agency has specifically approved the provider to provide the service, taking into consideration the appropriateness of the provider, and any other matter which the NIIISQ Agency considers relevant (see: [Participants travelling overseas guideline](#))
- some transport-related support services (for example, taxi and rideshare services, when these services have been approved by the NIIISQ Agency before the service is provided (see: [Transport-related expenses](#)).

Why attendant care and support services must be provided by registered providers

When a provider is registered to provide attendant care and support services to participants in the NIIISQ, the provider has demonstrated to the NIIISQ Agency that it is likely to have the skill, experience and capability to provide the support. This reduces the risk of harm, abuse, and exploitation to participants. Registered providers are still assessed against the necessary and reasonable criteria, and registration itself does not mean that a provider is appropriate in every circumstance.

The requirement for attendant care and support services to be provided by a registered provider *does not apply* if the services are being provided to a participant within a hospital, by hospital staff (which includes both inpatient and outpatient services). This includes hospitals that are a part of a public sector health service, as well as hospitals which are not (for example, private hospitals).

Support from attendant care and support service providers is provided to NIIISQ participants based on active support principles. Active support provides the right level of assistance to enable the participant to do daily activities themselves, to the greatest extent possible.



Funding care and support provided by family members or friends of a participant

Excluded treatment, care and support includes support provided gratuitously (without charge) by a participant's family member or friend.

Support may be provided to a participant which assists family members who do provide care and support to a participant, with the goal of maintaining and supporting these family members (for more information see: [Helping a family member support you \(also called respite services\)](#)).

Types of attendant care and support services funded under the NIISQ

There are several types of attendant care and support services that are commonly funded under the NIISQ, including attendant care services, high-intensity supports, home services, respite services and support, and programs which support social and community participation.

Attendant care and support services should be provided based on active support principles (see: [Attendant care and support services must be supported by advice from NIISQ-approved providers](#)).

Attendant care and support (also called personal care supports)

Attendant care services are services to assist a participant to complete everyday tasks and include support for tasks relating to activities of daily living, including:

- personal hygiene, including showering, bathing, oral hygiene, dressing and grooming
- toileting, bladder and bowel management and menstrual care
- eating and drinking
- meal preparation
- use of aids and appliances, hearing and communication devices
- mobility and transferring, for example moving in and out of bed
- application of splints and basic first aid due to injuries sustained as a result of a participant's disability.

Attendant care and support in the community (also called community supports)

Attendant care and support may also be provided while a participant is in the community and includes:

- support to attend medical and therapy appointments
- support to participate in social and recreational activities.



Family support

The NISQ Agency will support a participant who has caregiving roles, or other responsibilities where their accepted injury has impacted their capacity to undertake activities associated with their roles and responsibilities.

The aim of family support funded under the NISQ is to support the participant in their role as a caregiver. Family support does not replace a participant's normal parental or caregiver role or responsibility.

Support while an inpatient at a hospital

Community access

While services provided by hospitals as part of a **public sector health service** are excluded treatment, care and support under the NISQ, the NISQ Agency may fund services to allow the participant to access the community while they are an inpatient where the NISQ Agency has received evidence of the following:

- endorsement from the participant's treating practitioner(s)
- that the community access facilitates the participant's wellbeing while an inpatient
- that the community access aligns with any goals identified by the participant.

When the NISQ Agency has decided to fund services to support a participant to access the community while they are an inpatient at a hospital or other place that is part of a public sector health service, the provider of those attendant care and support services must otherwise comply with this guideline, including registration requirements.

Attendant care and support providers and public sector health services

A participant's existing attendant care and support service provider may provide support within a hospital, provided there is an agreement between the participant, the attendant care and support service provider, and the hospital itself. This requirement for agreement reflects the fact that many hospitals and health services will have their own policies and procedures regarding external providers working within their campuses or properties.

The level of care provided by the participant's existing attendant care and support service provider will not exceed the participant's assessed level of care.

High-intensity supports

High-intensity supports refers to personal care services that require professional skills, training and expertise. Like attendant care services, high-intensity supports may be delivered while the participant is at home or away from home and in the community.

The NISQ Agency may fund high-intensity supports for a participant who has complex medical needs. High-intensity supports may be provided by a person who has significant experience and understanding of health needs and who may be:

- suitably trained attendant care workers
- assistant in nursing
- enrolled nurse



- endorsed enrolled nurse
- registered nurse
- clinical nurse or nurse practitioner.

The appropriate provider of high-intensity supports depends on a participant's individual circumstances, and must be consistent with the NISQ Agency's policies which apply to providers. High-intensity supports may be appropriate where a participant requires the following in relation to their accepted injury:

- catheter changes
- complex bowel care such as an enema
- complex wound management and pressure care
- ventilation management
- tracheostomy changes
- percutaneous endoscopic gastrostomy (PEG) changes
- pain management
- oversight of personal care programs for those with significant or complex medical needs.

Provider training

The NISQ Agency may fund provider-focused training where a particular worker needs to develop specific skills over and above the general level of capability expected, to meet an individual participant's support needs.

Wherever possible, attendant care and support workers who have received specialised training funded under the NISQ should transfer their learnings and experience to subsequent workers.

Home services

Home services include domestic assistance services, home maintenance services and garden maintenance services.

Domestic assistance services

The NISQ Agency may fund domestic assistance services that are services to support a participant with everyday tasks which relate to the operation and maintenance of their household and include:

- meal preparation
- meal delivery
- cleaning
- dishwashing
- clothes washing and ironing
- shopping.



Home and garden maintenance services

The NISQ Agency may fund home and garden maintenance including everyday tasks within a participant's home, garden or yard, which are required to keep a participant's residence in a safe and habitable condition and include:

- changing light bulbs
- replacing tap washers
- checking and changing smoke alarm batteries
- lawn mowing
- pool cleaning
- light pruning and rubbish removal to ensure safe access for a participant to their home.

Home and garden maintenance services exclude services or works that are ordinarily undertaken by a skilled tradesperson (for example, carpentry services for deck or façade repairs, painting services, electrical and plumbing services, roofing repair services).

Lawn mowing, light pruning and rubbish removal is limited to work ordinarily required for an average residence.



Helping a family member support you (also called respite services)

The NISQ Agency may support a participant by funding services to provide a family member (who is the participant's informal support) with short breaks from their caring responsibilities using **respite services**.

Respite services may be provided in a number of different forms, however a common characteristic is that they provide a positive effect to people in a participant's life who provide informal support, which allows them to engage in other activities.

Respite services not funded under the NISQ

The supports available under the NISQ do not include carer subsidies which remain the responsibility of the Australian Government and which a participant's informal supports may remain entitled to, including (but not limited to):

- carer payments
- carer allowances
- carer supplements.



Specific matters which the NISQ Agency will consider when deciding respite services

When suitable for a participant, it is expected that respite services will:

- sustain the usual living arrangements of the participant
- maintain or enhance the relationship between the participant and their family
- protect the participant and their family member from the risk of relinquishment.

Respite services are services that directly benefit a participant by supporting the participant's informal support. When deciding respite services, the NISQ Agency will generally consider the following matters which may affect a participant's family member actual or risk of:

- increased family member loneliness
- declining health and wellbeing of family member or participant
- social isolation of family member
- psychological stress of family member
- financial stress of family member
- declining confidence in their ability to be a good support for the participant
- declining physical health of the family member
- poor access to support from other family members and friends.

Family member's circumstances are relevant to determining level of funded respite services

There are other factors specific to the family member's and participant's circumstances which will be relevant to a decision to fund respite services, including the level of care of support services. These factors include:

- number of people who the family member has responsibility for
- how long a family member has had caring responsibilities for the participant
- complexity of disability including whether the participant has psychosocial disability, intellectual disability, drug or alcohol dependency, and disabilities including autism spectrum disorder and developmental disorders which are not related to a participant's accepted injury
- whether the family member is caring for a child or grandchild (caring for children or grandchildren presents higher risk of negative outcomes compared with caring for parent, partner, sibling, relative or friend)
- the level of daily assistance required by the participant and provided by a family member
- family member's employment status.

Respite services may be provided in a participant's home or outside their home, but must be designed to facilitate and sustain the participant and the usual care arrangements, and may include:

- support provided in the participant's own home
- support provided in a community setting similar to a 'group home' structure
- recreational or holiday-type programs where the primary purpose is to provide respite.

The respite services funded under the NISQ may be short (part day) or longer (multiple days) depending on the participant and family member's circumstances.



Other attendant care and support services which create a period of rest for the participant's informal supports may be used, including domestic assistance to maintain and enhance household management.

Attendant care and support services for a participant who is a child

Treatment, care and support that falls within the ordinary costs of raising a child is excluded treatment, care and support, and is not required to be funded by the NISQ Agency.

However, the NISQ Agency recognises that parents and caregivers to a participant who is a child may require extra support to meet the needs of the participant within the context of their home life.

The NISQ Agency may consider limited funding of home services for a child participant where this support enables the child's parent or guardian to support a participant's needs which relate to their accepted injury.

Whether this is suitable will be assessed as part of the participant's support needs assessment (see: [Assessment of needs for attendant care and support services](#)) and will generally be for a time-limited period.

Programs which support social and community participation

The NISQ Agency may fund the costs for, and associated with, a participant's participation including:

- specialised day programs (including programs designed by an occupational therapist for a particular participant)
- community access programs
- community-based group supports.

Activity costs for programs that support social and community participation

While activity costs are generally not funded, in circumstances where the NISQ Agency has decided that the costs of participation exceed an affordable level, and where the participant may be at risk of social isolation without the support, the NISQ Agency may fund the cost of activities when they are a component of a program listed above.



Aged care and services provided in residential aged care

Aged care is a combination of programs and services which may cover:

- assistance with everyday tasks and activities such as cleaning, laundry, shopping, meal preparation and social participation
- **respite services** (sometimes referred to as respite)
- equipment and home modifications such as handrails, widened hallways, accessibly-designed bathrooms, bedrooms, eating areas, indoor and outdoor living areas
- personal care services, including assistance with dressing, eating and using the toilet
- health care including nursing and allied health care
- accommodation.

Aged care can be provided in a person's home, or in the community and in residential settings. There are three main types of services:

- Commonwealth Home Support Programme (CHSP) (which is provided under the aged care legislation)
- home care packages
- residential care.

In some circumstances a participant in the NIISQ may require residential aged care, however not all programs and services delivered in residential aged care meet the definition of treatment, care and support needs and so the NIISQ Agency may only fund particular components of the residential care fees.

Younger people in residential aged care

The NIISQ Agency takes a general position that residential aged care is inappropriate for younger participants.

In line with the *Younger People in Residential Aged Care Strategy 2020-2025*, the NIISQ Agency will work with younger people with complex needs to identify suitable alternatives to residential aged care, which may include funding specialist support co-ordination to ensure supports available under other systems (including **specialist disability accommodation** payments under the National Disability Insurance Scheme) are available to the participant.

The NIISQ Agency may explore temporary transitional arrangements with a younger participant, including transitional accommodation, to divert younger people from residential aged care and into longer term accommodation which is more suitable for them (see: [Home modifications guideline](#)).



Residential aged care provided as part of a public sector health service

In Queensland, some residential aged care is provided as part of a public sector health service. Services provided as part of a public sector health service in Queensland are excluded treatment, care and support and are not required to be funded under the NISQ.

The following table identifies public residential aged care service facilities that are provided as part of a public sector health service and are not required to be funded under the NISQ.

If a participant lives at one of these facilities, the NISQ Agency expects that they would be exempt from any fees, aside from the basic daily fee (described below) which would likely remain the responsibility of the resident participant.

Table of residential aged care facilities provided as part of a public sector health service

Based on *Queensland Hospital Admitted Patient Data Collection (QHAPDC) 2021-2022 V1.0*

Residential aged care facilities	Public sector health service
Gannet House	Metro North Health
Cooinda House	Metro North Health
Dr EAF McDonald Nursing home	Darling Downs Health
Eventide Charters Towers	Townsville Hospital and Health Service
Eventide Home Rockhampton	Central Queensland Hospital and Health Service
Forest View Residential Care Facility	Darling Downs Health
Glenbrook Residential Aged Care Facility	Sunshine Coast Hospital and Health Service
Karingal Nursing Home	Darling Downs Health
Milton House	Darling Downs Health
Mt Lofty Nursing Home	Darling Downs Health
North Rockhampton Nursing Centre	Central Queensland Hospital and Health Service
Parklands Residential Aged Care Facility	Townsville Hospital and Health Service
Redland Residential Care Facility	Metro South Health
The Oaks Residential Aged Care Facility	Darling Downs Health
Waroona Multipurpose Centre	South West Hospital and Health Service
Westhaven Nursing Home	South West Hospital and Health Service



NIISQ funding for residential aged care costs

Residential aged care may be appropriate for a small number of participants who are older, and who require residential aged care services to meet their needs which relate predominately to the natural process of ageing, or where residential aged care is the only option which supports a participant with the management of their accepted injury, or a combination.

Where residential aged care services are required by a participant as a direct result of their accepted injury, the NIISQ Agency may fund some necessary and reasonable residential aged care costs for the participant.

The NIISQ Agency will consider the following when deciding whether to fund necessary and reasonable residential aged care costs:

- whether aged care services were provided to the person before they became a participant in the NIISQ (for example, whether the participant was receiving services under the CHSP or receiving support under a home care package funded by the Australian Government Department of Health and Aged Care)
- the likelihood that the participant would require residential aged care services in the absence of their accepted injury including the participant's age, cultural factors, and general health prior to sustaining their accepted injury
- all alternatives to residential aged care have been explored and determined to be not suitable
- a participant must also have their eligibility confirmed by the Australian Government – this process is not administered by the NIISQ Agency.

Where the NIISQ Agency has decided that residential aged care costs are necessary and reasonable for a participant, it may fund or contribute to some of the fees, subsidies and supplements. There is no fixed guidance on the contribution by the NIISQ Agency, as the level of any contribution is dependent on the outcome of an assessment done by an Aged Care Assessment Team through the Australian Government Department of Health and Aged Care.

NIISQ Agency requirements for residential aged care providers

The NIISQ Agency requires specific information where a participant is in residential aged care, and where the NIISQ Agency may fund some residential aged care costs. This includes:

- residential aged care fees letter (i.e. the AN-ACC letter which is sent to a residential aged care facility)
- previous six months of residential aged care invoices for the participant (where available).



Transport-related expenses

The NISQ Agency may assist a participant with certain **transport** expenses (including taxi, rideshare and kilometres travelled) and transport-related expenses (for example, car parking costs and tolls).

The NISQ Agency will ordinarily fund these expenses where:

- a participant travels for necessary and reasonable treatment, care and support (for example, medical appointments, therapy appointments, community therapy programs relating to their accepted injury) and
- the participant requires support as a result of their accepted injury to travel.

In accordance with the [Ambulance transportation guideline](#), the NISQ Agency will fund ambulance transportation for participants residing outside of Queensland for:

- non-emergency pre-hospital patient care and transport
- specialised transport services
- inter-hospital transfers
- Patient Transport Service
- dispatch and co-ordination of non-urgent patient transport services.

Requirements for reimbursement of transport expenses

The NISQ Agency may reimburse transport expenses for participants who travel in their own car, when the travel has been pre-approved.

Where a participant is required to travel for necessary and reasonable treatment, care and support, and the only option for the participant to safely travel is by using:

- disability specific transport services
- taxi services
- rideshare services
- a vehicle provided by an attendant care and support service provider.

The NISQ Agency will fund the most appropriate service to enable the participant to travel to receive the treatment, care and support.



Participants will need to provide evidence of expenditure to be reimbursed (for example, receipts). Reimbursement for transport expenses should be:

- consistent with reasonable market rates
- paid where the travel has been taken using the shortest and most direct route
- be discussed with a NIISQ support planner, and requests for reimbursements should be submitted using the [Application for reimbursement of approved transport expenses](#) along with supporting evidence.

Where a participant is required to travel by air for necessary and reasonable treatment, care and support which is not available locally, the NIISQ Agency may pay the return airfare at the level required by the participant as a result of their accepted injury.

Travelling with an attendant care worker

The NIISQ Agency may fund an attendant care worker to accompany a participant either in the participant's vehicle, or other transport where the participant requires the assistance of the worker. These attendant care workers may also assist the participant by building their capacity to use public transport.

Transport with an attendant care worker using a vehicle provided by the attendant care and support service provider will be funded to the approved number of kilometres.

Support related to general transport

The NIISQ Agency recognises that being able to move around the community safely, conveniently and without high cost is essential for a participant with serious personal injuries and disability.

Where a participant's capacity for travel has been affected by their accepted injury, the NIISQ Agency will work with the participant to identify strategies to build the participant's capacity to travel, to the extent possible, including considering any appropriate vehicle modifications (see: [Motor vehicle modifications guideline](#)).

Where a participant requires transport for purposes other than receiving treatment, care and support funded under the NIISQ, but is experiencing difficulty navigating other systems as a result of their accepted injury, the NIISQ Agency may fund appropriately-qualified providers to assist the participant to access programs and services outside NIISQ including:

- [Taxi Subsidy Scheme and Lift Payment](#)
- [Companion Card](#)
- [Community Transport Program](#)
- [National Disability Insurance Scheme](#)
- [Mobility Allowance](#).



Funding transportation which is not necessary and reasonable treatment, care and support

The NIISQ Agency may still decide to fund or contribute to a participant's transport costs in circumstances where it has decided that the expenses are not necessary and reasonable, treatment, care and support.

This includes where the NIISQ Agency has assessed a need for supported community access, and transportation is required for the participant to participate in social, community and/or recreational activities. The factors which the NIISQ Agency may consider include whether:

- other transport options have been investigated and determined to be unsuitable
- the transport costs arise solely and directly as a result of a participant's accepted injury
- it is fair and reasonable to contribute to a participant's transportation expenses
- funding, or contributing to a participant's transportation expenses supports a participant to achieve any goals identified by the participant
- funding the transport supports and enhances a participant's capacity to engage in community activities
- (if the participant is a child) the transport falls or does not fall within what the general community would expect a parent to provide for a child's everyday transport requirements (taking into consideration the support that a parent has to provide because of their child's disability).

Attendant care and support services away from home

Attendant care and support services may be provided to a participant while they are away from home, and where the NIISQ agency has assessed the participant to require the particular care and support provided by the attendant care and support service while away from home. For circumstances where a participant intends to travel overseas, see the [Participants travelling overseas guideline](#).

The NIISQ Agency should be notified as soon as reasonably possible, to ensure that the participant is supported while they are away from home (ideally, at least one month before the intended travel date). Where possible, the NIISQ Agency will assist with sourcing an appropriate attendant care and support provider in the participant's intended location.

This could include where travel is required to receive treatment, care and support funded under the NIISQ, or where the participant is travelling for work, for cultural, for a holiday or for other reasons.

The NIISQ Agency will work with a participant to identify a suitable provider who provides services at the participant's destination. Where this is not possible, the NIISQ Agency may fund costs associated with the participant's existing provider.

The NIISQ Agency may require additional information to assess a participant's needs for attendant care and support services while a participant is away from home where there are:

- additional support hours requested or required during the participant's absence
- accommodation, travel costs, and other costs that will, or are likely to be incurred by an attendant care and support provider (this does not include general holiday costs that are not related to a participant's accepted injury – see [Attendant care and support services that are generally not funded by the NIISQ Agency](#)).



Limitations on support for attendant care and support services

Transport

Attendant care and support services funded under the NISQ are intended to complement, not replace, some transport and transport-related supports available through the Queensland and Australian Government.

These supports include travel concession schemes, and assistance available through Services Australia and the National Disability Insurance Scheme.

Responsibilities for transport may also sit with other authorities, including:

- ensuring that public transport options are accessible to a person with disability, including through the funding of concessions to people with disability to use public transport
- compliance of transport providers and operators with laws dealing with discrimination on the basis of disability, including the *Disability Standards for Accessible Public Transport 2002* and *Disability Discrimination Act 1992*
- transport infrastructure, including road and footpath infrastructure, where this is a part of a universal service obligation or reasonable adjustment (including managing disability parking and related initiatives)
- support to compensate for the lack of a public transport system.

Services provided by a public hospital

Services provided by a hospital as part of a public sector health service in Queensland are excluded treatment, care and support and are funded by the NISQ through a Queensland Health payment.

Assistance for everyday tasks

The level of attendant care and support services funded under the NISQ must also reflect community expectations. A central principle for all decisions made by the NISQ agency to fund attendant care and support services, is that the attendant care and support services must assist a participant with everyday tasks, and the assistance is required because of the participant's accepted injury.

Services which assist participants with everyday tasks cover tasks which are difficult for the participant to do without assistance, at home, or in the community.



Attendant care and support services that are generally not funded by the NIISQ Agency

The following costs are generally not considered necessary and reasonable treatment, care and support:

- attendant care and support services provided by a friend or a family member
- attendant care and support services provided to a person other than the participant
- general transportation costs (for example, bus, train, hire car and plane tickets) for travel which is not related to necessary and reasonable, treatment, care and support
- holiday and general activity costs while a participant is away from home (including hotel accommodation, meals and tourist attraction entrance fees) which are not related to necessary and reasonable treatment, care and support
- transportation and travel-related expenses that are the responsibility of other service systems
- transport expenses incurred before a person is a participant in the NIISQ, and where the travel is for someone other than the participant
- services which support a business operated by a participant including performing tasks or labour ordinarily required in the context of that business
- extensive or excessive landscaping for larger properties, including rural properties, which is beyond work required to ensure safe and convenient access to a participant's house, and outdoor family or recreational areas
- services, materials, and other associated costs associated with skilled building or repair works including:
 - carpentry services
 - painting services
 - electrical and plumbing services
 - roofing repair services
- general accommodation costs (distinguished from costs associated with a participant in residential aged care).



Treatment, care and support guideline 7

Assistive technology and consumables guideline



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Definitions

Defined terms are shown throughout in **bold underlined text** when they first appear.

Allied health provider	<p>for this guideline, means allied health professionals regulated under the <i>Health Practitioner Regulation National Law (Queensland)</i> including:</p> <ul style="list-style-type: none"> • occupational therapists • physiotherapists. <p>Allied health provider also includes persons who are a part of a self-regulated allied health profession, which includes speech pathologists who are certified with Speech Pathology Australia.</p>
Health Practitioner Regulation National Law	<p>is Queensland's modified application of <i>Health Practitioner Regulation National Law (Queensland)</i> under the <i>Health Practitioner Regulation National Law Act 2009 (Qld)</i>.</p>
MyPlan	<p>means a support plan prepared by the NISQ Agency and approved under the <i>National Injury Insurance Scheme Act (Queensland) Act 2016</i>.</p>
Public sector health service	<p>means any service provided by, or under any of the following:</p> <ul style="list-style-type: none"> • Cairns and Hinterland Hospital and Health Service • Central Queensland Hospital and Health Service • Central West Hospital and Health Service • Children's Health Queensland • Darling Downs Health • Gold Coast Hospital and Health Service • Mackay Hospital and Health Service • Metro North Health • Metro South Health • North West Hospital and Health Service • South West Hospital and Health Service • Sunshine Coast Hospital and Health Service • Torres and Cape Hospital and Health Service • Townsville Hospital and Health Service • West Moreton Health • Wide Bay Hospital and Health Service.



Supporting a participant who needs assistive technology and consumables

The NISQ Agency will identify a participant's needs for (or relating to) assistive technology and consumables and will fund these supports in accordance with the *National Injury Insurance Scheme (Queensland) Act 2016*, the *National Injury Insurance Scheme (Queensland) Regulation 2016*, this guideline, and other relevant guidelines.

There is a plain language version of this guideline which is shorter and uses simpler words. To access it, view [MyGuide 7 – Supports for everyday life](#).

The *National Injury Insurance Scheme (Queensland) Act 2016* defines treatment, care and support needs to include aids and appliances, other than ordinary personal or household items. For the purposes of this guideline, aids and appliances that are ordinarily funded under the NISQ are referred to as assistive technology.

This guideline should be read in conjunction with the:

- [Necessary and reasonable guideline](#)
- [Home modifications guideline](#)
- [Attendant care and support services guideline](#)
- [Medical and pharmaceutical guideline](#)
- [Rehabilitation guideline](#)
- [Orthoses and prostheses guideline](#).

Assistive technology

Assistive technology is a broad term which can include assistive products that maintain or improve a person's functioning and independence and enhances their wellbeing. Assistive technology includes products or devices that help a participant to do things which they cannot do because of their accepted injury (see: [assistive technology](#)).

Consumables

Consumables are generally lower-cost, disposable items that a participant needs because of their accepted injury. For example, consumables may include continence products and low-cost equipment (see: [consumables](#)).

Ordinary personal or household items

Assistive technology and consumables are different to ordinary personal or household items. Ordinary personal or household items include items which are unrelated to a participant's accepted injury. For example, a laptop, linen, a mobile phone, a personal computer, or a washing machine.

In limited circumstances, the NISQ Agency may still decide to fund or contribute the cost of an ordinary personal or household item in accordance with section 26(1)(e) of the *National Injury Insurance Scheme (Queensland) Act 2016*. These decisions are based on the participant's individual circumstances but are outside the scope of these guidelines (see: [Guidelines limited to necessary and reasonable treatment, care and support](#) in the [Necessary and reasonable guideline](#)).



Approval for assistive technology and consumables

For assistive technology and consumables to be funded under the NISQ, the NISQ Agency must provide written approval before any supports are provided to the participant.

Assistive technology and consumables must be necessary and reasonable

The *National Injury Insurance Scheme (Queensland) Act 2016* and the *National Injury Insurance Scheme (Queensland) Regulation 2016* describe how the NISQ Agency decides whether the assistive technology and consumables are necessary and reasonable and can be funded.

The NISQ Agency has published a guideline which explains how it decides whether a support is necessary and reasonable, and is for a treatment, care and support need (see: [Necessary and reasonable guideline](#)).

When the NISQ Agency is assessing if a participant's needs for assistive technology is necessary and reasonable, it will give particular attention to the following:

- whether the assistive technology or consumable is likely to empower the participant to maximise their independence, participation in the community and employment, and any goals identified in their **MyPlan**
- whether the assistive technology or consumable is appropriate for the participant, including whether the assistive technology is consistent with current clinical practice and other industry best practice. The NISQ Agency will assess whether a participant's needs for treatment, care and support is necessary and reasonable by considering whether the assistive technology and consumables adhere to the nationally-recognised [Clinical Framework for the Delivery of Health Services](#) (see: [Necessary and reasonable guideline](#)).
- whether the assistive technology or consumable is provided by an appropriate provider (assistive technology must be compliant with Australian Government and state legislation – see [Limitations on support for assistive technology and consumables](#))
- whether the assistive technology or consumable is cost effective, after considering:
 - the benefit to the participant weighed against the cost of a support (significant benefits to a participant generally support a higher cost for assistive technology)
 - a comparison of alternative assistive technology or consumables (a lower-cost alternative will be generally preferred, unless there is an impact on the effectiveness or safety of the assistive technology or consumable)
 - whether there is a more cost-effective way to provide the support to the participant, including options such as hiring assistive technology for a shorter duration
 - whether the cost of the assistive technology is reasonable having regard to the period for which it is required (it is generally expected that higher-cost assistive technology would be used for a longer period of time by a participant).



Assessment of needs for assistive technology and consumables

In assessing a participant's needs for assistive technology and consumables, the NISQ Agency will ordinarily require information from a suitably-qualified provider to decide whether a support is necessary and reasonable.

Identifying a participant's treatment, care and support needs is done in collaboration with the participant, their family and/or other informal supports, and providers.

Information required to assess a participant's need for assistive technology and consumables

The NISQ Agency will generally require any existing information about the participant's accepted injury and need for assistive technology or particular consumables, including information requested in the:

- [Equipment request form](#)
- [Continence and consumables request form](#).

The NISQ Agency may require additional information, including an assessment by a suitably-qualified provider or medical specialist. The NISQ Agency ordinarily requires a post evaluation and summary report once the assistive technology has been delivered, to assess whether the assistive technology has supported the participant to achieve any goals identified by the participant.

Access to public sector health services

A person's participation in the NISQ does not affect their entitlement to a broad range of support provided as part of a **public sector health service**. These services include in-patient services, outpatient services, transition care, outreach supports, and community-based rehabilitation.

Basic assistive technology or consumables which are ordinarily provided in an inpatient and/or outpatient setting are the responsibility of Queensland Health and are funded by the NISQ Agency through a direct Queensland Health payment.

Assistive technology and consumables must be provided by an appropriate provider

Providers of assistive technology and consumables do not need to be a registered provider under the *National Injury Insurance Scheme (Queensland) Act 2016* nor the *National Injury Insurance Scheme (Queensland) Regulation 2016*. However, the NISQ Agency will assess providers of assistive technology and consumables to determine whether they are appropriately qualified to provide the support.

Assistive technology

Assistive technology must be provided under the supervision of a suitably-qualified person who is an **allied health provider**. The allied health provider must ensure that the assistive technology is suitable for the participant.

For more complex or higher risk assistive technology, the NISQ Agency may require additional information from a medical practitioner (see: [Medical and pharmaceutical guideline](#)).



Consumables

Higher-risk consumables must be provided under the supervision of a:

- registered nurse
- clinical nurse or nurse practitioner.

Specific types of assistive technology and consumables funded under the NISQ

There is a broad range of assistive technology and consumables which may be funded for a participant in the NISQ. The supports described below are not exhaustive, and there may be other supports a participant may require.

Consumables

Examples of consumables that may be funded under the NISQ include (but not limited to):

- continence pads or absorbent pull-ups or briefs
- continence aids
- home enteral nutrition (HEN) and percutaneous endoscopic gastrostomy (PEG) equipment and maintenance
- HEN and PEG consumables including feeding tubes, bags or bottles
- bowel therapy equipment.

Consumables covered in other guidelines

Other guidelines which address specific treatment, care and support needs contain information about consumables which are related to those needs, including:

- [Orthoses and prostheses guideline](#): for consumables relating to a prosthesis (for example, gels, creams and stockings)
- [Attendant care and support guideline](#): for support workers to assist with continence needs and/or the management of HEN or PEG requirements
- [Medical and pharmaceutical guideline](#): for consumables including medical devices, bandages, medical gloves and continence care products which are ordinarily available at a chemist, or provided by a pharmacist. The medical and pharmaceutical guideline also provides for specially-formulated foods.



Assistive technology

Examples of assistive technology which may be funded under the NISQ include (but are not limited to):

- non-slip bath mats
- large print labels
- walking sticks
- shower chairs
- augmentative and/or alternative communication devices
- manual wheelchairs
- power wheelchairs
- mobility devices (scooters)
- ventilators (ventilators also require the support of a medical practitioner – see: [Medical and pharmaceutical guideline](#))
- mobile hoists.

Hiring assistive technology

The NISQ Agency will fund the hire of assistive technology in certain circumstances including:

- where the participant's medical condition, functional status or circumstances will, or are likely to change in the near future
- hiring assistive technology has been recommended by an allied health provider to assess the benefits over a longer-term period of time, before committing to the purchase of assistive technology
- the participant's need for the assistive technology is short term (for example, while the participant is away from home).

Maintenance, repair and use of assistive technology

The NISQ Agency will fund the maintenance in accordance with manufacturer recommendations, and repair of assistive technology as the need arises.

If the assistive technology is under a manufacturer warranty or the Australian Consumer Law, the NISQ Agency will generally require the assistive technology to be replaced under warranty (see: [Manufacturer warranties](#)).

The NISQ Agency may also fund training the participant, family members and allied health workers in the use of assistive technology, particularly where such support is likely to ensure assistive technology is used correctly, and consistently, and reduce the likelihood of the abandonment of funded assistive technology.

Non-standard and higher risk assistive technology

The NISQ Agency recognises that some participants may require advanced or specialised components or features and will consider funding non-standard assistive technology on a case-by-case basis.

The NISQ Agency will ordinarily require information (including assessments) from an allied health provider for non-standard assistive technology.

For some types of assistive technology, the NISQ Agency may require additional information to ensure the assistive technology is safe to use by a participant.



Assistive technology covered in other guidelines

Other guidelines which address specific treatment, care and support needs contain information about assistive technology which are related to those needs, including:

- [Home modifications guideline](#): for assistive technology which is required in the course of the home assessment, for example a ceiling track hoist to assist a participant to get in and out of bed
- [Orthoses and prostheses guideline](#): for orthoses (external devices to assist with mobility) and prostheses (replacement limbs for participants who have had an amputation)
- [Rehabilitation guideline](#): for assistive technology related to a rehabilitation support (for example, gym-based exercise).

Recreational assistive technology

A participant may identify a goal in their MyPlan which relates to a recreational activity that requires assistive technology.

When this occurs, the NIISQ Agency will consider funding necessary and reasonable equipment, or modifications to equipment a participant already owns to support participation in a recreational activity that:

- a participant did before the motor accident, or
- a participant wants to do as a substitute for something they did before the motor accident, or
- is a new activity which enhances a participant's ability to participate in social and community activities.

Support funded under the NIISQ may also include:

- funding to support the participant to engage in the recreational activity safely
- recommendations for suitable equipment for the participant, including modifications to standard equipment which is required for the participant
- the trial or hire of equipment, where recommended or supported by an allied health provider.

Partial funding for assistive technology

The NIISQ Agency may agree to fund a part of assistive technology in circumstances where the total cost exceeds the participant's treatment, care and support needs. For example, a participant has a certain preference for a cosmetic feature, which costs more than the assistive technology without the feature.

A decision to partially fund assistive technology is made by the NIISQ Agency after having regard to the matters listed in section 26(1)(e) of the *National Injury Insurance Scheme (Queensland) Act 2016*. These kinds of decisions are outside the general scope of the treatment, care and support guidelines (see: [Guidelines limited to necessary and reasonable treatment, care and support](#) in the [Necessary and reasonable guideline](#)) However, when the NIISQ Agency is considering partial funding of assistive technology, it will generally require additional information, including (but not limited to):

- cost difference
- the participant's agreement to meet the additional costs related to the assistive technology
- confirmation by a suitably-qualified person that the assistive technology is otherwise safe for use by the participant.



Manufacturer warranties

Where repair or replacement of assistive technology is covered under a manufacturer warranty or the Australian Consumer Law, the NISQ Agency will generally require a participant to pursue repair or replacement.

If a participant requires assistive technology during a repair or replacement, the NISQ Agency may fund the hire of a suitable, temporary assistive technology.

Limitations on support for assistive technology and consumables

The NISQ Agency does not fund assistive technology and consumables which are required by a participant for a condition which existed prior to the event which caused their accepted injury.

The NISQ Agency does not fund assistive technology and consumables which are:

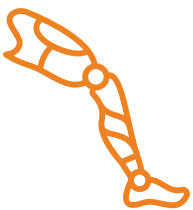
- provided as part of a **public sector health service** (see: [access to public sector health services](#))
- the responsibility of another Australian Government or state scheme
- inconsistent with relevant Australian Government or state legislation – for example:
 - standards set by the Australian Therapeutic Goods Administration (TGA)
 - Queensland road rules.

The NISQ Agency is not required to fund assistive technology provided on an experimental basis.

Assistive technology and consumables generally not funded by the NISQ Agency

The NISQ Agency will generally not fund:

- costs associated with the repair or replacement of assistive technology funded under the NISQ, as a result of intentional neglect, abuse, or misuse, and where there is no reasonable excuse for the neglect, abuse, or misuse
- sport or recreational clothing, which is unrelated to a participant's accepted injury
- participation costs, such as event registrations, membership fees, court hire, entry fees or coaching (except where the activity is supported under the NISQ – see [Rehabilitation guideline](#))
- replacement of an ordinary personal or household item, which would be owned and replaced by the participant or their household. This applies even if the ordinary personal or household item was initially funded under the NISQ. Following the initial purchase, the NISQ expects the general household or personal item will be replaced by the participant.



Treatment, care and support guideline 8

Orthoses and prostheses guideline



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Definitions

Defined terms are shown throughout in **bold underlined text** when they first appear.

Certified orthotist or prosthetist	is an orthotist or prosthetist certified by the Australian Orthotic Prosthetic Association.
Definitive prosthesis¹	<p>is a more permanent, or long-term prosthesis. A definitive prosthesis is provided after initial rehabilitation is completed and when limb volume has stabilised, indicated by consistent prosthetic fit over a period of time. A participant will ordinarily need to be assessed and deemed competent and suitable to use definitive prostheses by an amputee clinic including:</p> <ul style="list-style-type: none"> • the issue of a valid <u>Clinical Prosthetic Clearance</u> (the clearance must be issued within six months of the signature date) • completion of the <u>Amputee Mobility Predictor Assessment tool</u>.
Interim prosthesis	is the first prosthesis a participant receives, once the wound is seen to be healing well and swelling has started to be controlled. The interim prosthesis is normally provided between three and six weeks after amputation surgery. The purpose of the first prosthesis is to allow gait re-training to begin.
K classification	<p>are the prosthesis Medicare Functional Classification Levels which are:</p> <ul style="list-style-type: none"> • Level 0: does not have the ability or potential to ambulate or transfer safely with or without assistance and a prosthesis does not enhance their quality of life or mobility • Level 1: has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence – typical of the limited and unlimited household ambulator • Level 2: has the ability or potential for ambulation with the ability to traverse low level environmental barriers such as curbs, stairs, or uneven surfaces – typical of the limited community ambulator • Level 3: has the ability or potential for ambulation with variable cadence – typical of the community ambulator who has the ability to traverse most environmental barriers and may have vocational, therapeutic, or exercise activity that demands prosthetic utilization beyond simple locomotion • Level 4: has the ability or potential for prosthetic ambulation that exceeds basic ambulation skills, exhibiting high impact, stress, or energy levels – typical of the prosthetic demands of the child, active adult, or athlete.
MyPlan	means a support plan prepared by the NISQ Agency and approved under the <i>National Injury Insurance Scheme Act (Queensland) Act 2016</i> .

¹ Some definitions have been adapted from material published by the [Australian Orthotic Prosthetic Association](#).



Prostheses socket	is the socket which receives an interim prosthesis or a definitive prosthesis – the prostheses socket may be replaced multiple times after amputation surgery, as the residual limb changes and limb volume stabilises.
Public sector health service	<p>means any service provided by, or under any of the following (and includes ambulance transportation):</p> <ul style="list-style-type: none"> • Cairns and Hinterland Hospital and Health Service • Central Queensland Hospital and Health Service • Central West Hospital and Health Service • Children's Health Queensland • Darling Downs Health • Gold Coast Hospital and Health Service • Mackay Hospital and Health Service • Metro North Health • Metro South Health • North West Hospital and Health Service • South West Hospital and Health Service • Sunshine Coast Hospital and Health Service • Torres and Cape Hospital and Health Service • Townsville Hospital and Health Service • West Moreton Health • Wide Bay Hospital and Health Service.
Queensland Health Amputee Clinic	is a clinic listed on the Queensland Health website list of 'Amputee Clinics', as updated from time to time.



Supporting a participant who needs orthoses or prostheses

The NISQ Agency will identify a participant's needs (or relating to) for orthoses or prostheses and will fund these supports in accordance with the *National Injury Insurance Scheme (Queensland) Act 2016*, the *National Injury Insurance Scheme (Queensland) Regulation 2016*, this guideline, and other relevant guidelines.

There is a plain language version of this guideline which is shorter and uses simpler words. To access it, view [MyGuide 8 – Artificial limbs and other devices](#).

This guideline should be read in conjunction with the:

- [Necessary and reasonable guideline](#)
- [Medical and pharmaceutical treatment guideline](#)
- [Rehabilitation guideline](#)
- [Assistive technology and consumables guideline](#).

Orthoses

An orthosis is an external device which is designed and fitted to a participant's body to achieve a functional goal and can improve a participant's engagement in daily activities. Commonly prescribed orthoses include:

- foot orthoses
- ankle orthoses
- knee orthoses
- ankle-foot orthoses, and more complex knee-ankle-foot orthoses.

Orthoses are intended to improve mobility and support a participant's rehabilitation. There are other kinds of orthoses for the upper body, including upper limb orthoses, fracture orthoses and spinal orthoses which are used to support injuries and to provide immobilisation or support for spinal injuries.

Orthoses can be prefabricated or custom-made depending on a participant's requirements. Orthoses are made by, or under the supervision of, an orthotist.

Prostheses

A prosthesis (sometimes called prosthetic, or artificial limb) is a device which provides a proportion of functions comparative to functions that are provided by natural arms and legs. All prostheses are individually prescribed, designed, and fitted. Prostheses are made by, or under the supervision of, a prosthetist.

Approval for orthoses or prostheses

For orthoses or prostheses to be funded under the NISQ, the NISQ Agency must provide written approval before any treatment or services are provided to the participant.



Orthoses or prostheses must be necessary and reasonable

The *National Injury Insurance Scheme (Queensland) Act 2016* and the *National Injury Insurance Scheme (Queensland) Regulation 2016* describe how the NIIAQ Agency decides whether the orthoses or prostheses support is necessary and reasonable, and can be funded.

The NIIAQ Agency has published a guideline which explains how it decides whether a support is necessary and reasonable, and is for a treatment, care and support need (see: [Necessary and reasonable guideline](#)).

When the NIIAQ Agency is assessing if a participant's needs for orthoses or prostheses are necessary and reasonable, it will give particular attention to the following:

- whether the orthoses or prostheses will maximise the participant's independence, participation in the community and employment, and will empower the participant to manage their injury, having regard to:
 - whether the orthoses or prostheses relate directly to any goals identified by the participant and/or stated in the participant's **MyPlan** (for example, whether a prosthetic leg will improve following an amputation)
 - whether the orthoses or prostheses will improve or maintain the participant's ability to conduct daily activities, or participate in the community or employment
 - whether the effectiveness of the orthoses or prostheses has a measurable outcome
 - whether the orthoses or prostheses have associated risks, and how these risks are weighed against the benefit for the participant
- whether the orthoses or prostheses are consistent with current clinical practice and other industry best practice for persons with similar injuries, having regard to:
 - whether the orthoses or prostheses are consistent with the participant's future need for orthoses or prostheses
 - whether the orthoses or prostheses could be harmful to the participant
 - whether there is evidence to support the effectiveness of the orthoses or prostheses for the participant (refer to the clinical framework, as described in the [Necessary and reasonable guideline](#), and the [Guideline for non-established, new or emerging treatment, care and support](#))
- whether the provider of the orthoses or prostheses is an appropriate provider (see: [Orthoses and prostheses must be provided by an appropriate provider](#))
- whether the orthoses or prostheses are cost effective for the participant's treatment, care and support needs, having regard to whether there is a more cost-effective way to provide the prostheses support (for example, for a prostheses, whether the lease or hire of a **definitive prosthesis** is more cost effective, in a participant's particular circumstances).

The NIIAQ Agency will assess whether a participant's needs for treatment, care and support is necessary and reasonable by considering whether the orthoses or prostheses adhere to the nationally-recognised [Clinical Framework for the Delivery of Health Services](#) (see: [Necessary and reasonable guideline](#)).

The NIIAQ Agency will fund the associated transport costs incurred by a participant when obtaining necessary and reasonable orthoses or prostheses (see: [Transport-related expenses](#) in the [Attendant care and support services guideline](#)).



Assessment of needs for orthoses or prostheses

In assessing a participant's needs for orthoses or prostheses, the NIIAQ Agency will ordinarily require information from a **certified orthotist or prosthetist** to decide whether a support is necessary and reasonable.

Identifying a participant's treatment, care and support needs is done in collaboration with the participant, their family and/or other informal supports, and providers.

Information required by NIIAQ Agency to assess a participant's need for orthoses or prostheses

The NIIAQ Agency will generally require any existing information about the participant's amputation, or accepted injury (in relation to orthoses).

For prostheses, the NIIAQ Agency will generally require information provided through a rehabilitation program in a public hospital, as well as information provided by a **Queensland Health Amputee Clinic**.

In some circumstances, the NIIAQ Agency may require information provided by a certified orthotist or prosthetist.

Access to public sector health services

A person's participation in the NIIAQ does not affect their entitlement to a broad range of rehabilitation supports provided as part of a **public sector health service**. These services include in-patient services, outpatient services, transition care, outreach supports, and community-based rehabilitation.

These public sector health services are not required to be funded by the NIIAQ Agency and remain the responsibility of Queensland Health.

Prosthetic funding through Queensland Health

There are a number of supports and services which are provided as part of a Queensland public sector health service, including:

- rehabilitation programs in a public hospital interim clinic, including support provided by a prosthetist and physiotherapist in the period following amputation surgery
- **interim prosthesis**.

Where a participant requires prosthetic funding for a definitive prosthesis, the NIIAQ Agency will fund the prosthesis in accordance with this guideline.

Orthoses and prostheses must be provided by an appropriate provider

Certified orthotist or prosthetists do not need to be a registered provider under the *National Injury Insurance Scheme (Queensland) Act 2016* or the *National Injury Insurance Scheme (Queensland) Regulation 2016*.

However, both provider types must be health professionals which are regulated by the Australian Orthotic Prosthetic Association, which is the professional association that is responsible for the self-regulation of the orthotic and prosthetic profession in Australia.



The NISQ Agency expects orthotist or prosthetists to comply with their obligations including:

- maintaining appropriate professional indemnity insurance
- complying with any requirements set out by the Australian Orthotic Prosthetic Association, including competency standards, and scope of practice guidance.

In Queensland, the NISQ Agency will generally fund prostheses provided by a [Prosthetic Service Provider](#), recognised by the Queensland Artificial Limb Service.

Providers in states other than Queensland

Where a participant requires support while residing in another state or territory, the NISQ Agency will fund prostheses and orthoses from a provider listed by [Limbs4Life](#).

NISQ Agency supports a multidisciplinary approach for orthoses or prostheses

It is expected that all orthoses or prostheses providers supporting participants will work within multidisciplinary teams.

The NISQ Agency will generally not fund recommendations for a prosthesis from a prosthetist without endorsement by the participant's treating team (for example, a Queensland Health Amputee Clinic, and where relevant, a physiotherapist, occupational therapist and rehabilitation physician).

Consumable and supply items relating to prostheses

Where a participant requires consumable items relating to a prosthesis, the NISQ Agency will fund consumable items including:

- cosmetic gloves and foot shell covers
- stockings
- donning aids
- foam covers
- gel or silicon liners
- lotions, creams or sprays
- sheaths or gaiters
- shower or wet covers
- stump shrinkers
- suspension sleeves
- socks, including cotton, wool and gel varieties.

The supply limit for the above consumables will be based on advice provided by a prosthetist.



Non-standard orthoses or prostheses

The NIISQ Agency recognises that some participants may require advanced or specialised components or features, and will consider funding non-standard orthoses or prostheses on a case-by-case basis.

This section is intended to be read in conjunction with other necessary and reasonable considerations (see: [orthoses or prostheses must be necessary and reasonable](#)), and is intended to illustrate how the NIISQ Agency will decide whether or not to fund a non-standard orthoses or prostheses.

The considerations described in this section are not exhaustive.

The definition of non-standard prostheses components is broad but will generally include:

- high-grade materials including titanium and carbon fibre
- design for specific uses (for example, waterproof or high working load)
- secondary, spare or emergency orthoses or prostheses, occupational or recreational use orthoses or prostheses
- higher cost cosmetic components or modifications
- myoelectric prosthesis.

To approve a non-standard orthoses or prostheses, the NIISQ Agency will generally require additional information about the proposed use of the orthoses or prostheses, including:

- the use of non-standard orthoses or prostheses in a vocational or occupational context
- proposed recreational activities
- information linking the need for the non-standard orthoses or prostheses to any goals identified by the participant.

Microprocessor prosthesis or components

The NIISQ Agency may fund microprocessor joint and computerised components for a participant where:

- the participant has been assessed at **K classification** level 3 or K classification level 4
- there is clinical evidence supporting the safety and appropriateness of the support, with reference to any goals identified by the participant, in addition to their abilities and limitations.

Where a participant has been assessed at **K classification** level 2, the NIISQ Agency may consider funding a microprocessor prosthesis, where there is evidence which shows that the prosthesis is adaptable to rehabilitation, and improving or decreasing mobility situations, resulting in a lower likelihood of a subsequent prosthesis.

Prosthesis review interval

The NIISQ Agency will assess a participant's needs for a replacement prosthesis (or parts of a prosthesis) typically every three years for most adults, and as needed, however generally no more than twice yearly.

For participants who are under the age of 18, the NIISQ Agency will assess needs for a replacement of a prosthesis on a more frequent basis as these participants are more likely to require shorter interval reviews, and replacements of prostheses or orthoses due to growth.

Prosthesis sockets may be replaced as often as once every six months, or otherwise as frequently as required.



Manufacturer warranties

Where repair or replacement of a prosthesis or orthosis (or a part or component) is covered under a manufacturer warranty, the NIISQ Agency will generally require a participant to pursue repair or replacement.

If a participant requires a prosthesis or orthosis during a repair or replacement, the NIISQ Agency may fund the hire of a suitable, temporary prosthesis.

Limitations on support for orthoses or prostheses

The NIISQ Agency does not fund orthoses or prostheses which are required by a participant for a condition which existed prior to the event which caused their accepted injury.

The NIISQ Agency does not fund orthoses or prostheses which are:

- provided as a part of a public sector health service (see: [access to public sector health services](#))
- inconsistent with relevant Australian Government or state legislation – for example, standards set by the Australian Therapeutic Goods Administration (TGA).

The NIISQ Agency is not required to fund orthoses or prostheses provided on an experimental basis.

Orthoses or prostheses generally not funded by the NIISQ Agency

The NIISQ Agency will generally not fund the costs associated with the repair or replacement of an orthosis or prosthesis funded under the NIISQ, if it is as a result of intentional neglect, abuse, or misuse, and where there is no reasonable excuse for the neglect, abuse, or misuse.



Treatment, care and support guideline 9

Vocational rehabilitation support and education support guideline



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Definitions

Defined terms are shown throughout in bold underlined text when they first appear.

Health Practitioner Regulation National Law	is Queensland's modified application of <i>Health Practitioner Regulation National Law</i> under the <i>Health Practitioner Regulation National Law Act 2009 (Qld)</i> .
MyPlan	means a support plan prepared by the NISQ Agency and approved under the <i>National Injury Insurance Scheme Act (Queensland) Act 2016</i> .
Vocational rehabilitation support provider and education support provider	<p>includes the following persons, of which some are regulated under the <i>Health Practitioner Regulation National Law</i>:</p> <ul style="list-style-type: none"> • occupational therapists • physiotherapists • psychologists • speech therapists • rehabilitation counsellors • school support officers • teacher's assistants. <p>Providers must have the relevant qualification, skills and experience and any relevant registration required to practice in their specialty.</p>



Supporting a participant who needs vocational rehabilitation support and education support

The NISQ Agency will identify a participant's needs (or relating to) for vocational rehabilitation supports and education supports and will fund these supports in accordance with the *National Injury Insurance Scheme (Queensland) Act 2016*, the *National Injury Insurance Scheme (Queensland) Regulation 2016*, this guideline, and other relevant guidelines.

There is a plain language version of this guideline which is shorter and uses simpler words. To access it, view [MyGuide 9 – Jobs and training supports](#).

This guideline should be read in conjunction with the [Necessary and reasonable guideline](#).

Approval for vocational rehabilitation support and education support

For vocational rehabilitation supports and education supports to be funded under the NISQ, the NISQ Agency must provide written approval before the vocational rehabilitation supports and education supports are provided to the participant.

Vocational rehabilitation support and education support must be necessary and reasonable

The *National Injury Insurance Scheme (Queensland) Act 2016* and the *National Injury Insurance Scheme (Queensland) Regulation 2016* describe how the NISQ Agency decides whether a treatment, care and support need is necessary and reasonable, and can be funded.

The NISQ Agency has published a guideline which explains how it decides whether a support is a necessary and reasonable, treatment, care and support need (see: [Necessary and reasonable guideline](#)).

When the NISQ Agency is assessing if vocational rehabilitation supports and education supports are necessary and reasonable, it will give particular attention to the following:

- whether the vocational rehabilitation support and education support is appropriate, having regard to:
 - whether providing the support aligns with recommended clinical practices, and other industry best practices, for the rehabilitation of persons with similar injuries
 - whether the participant is receiving similar vocational rehabilitation support and education support that is intended to meet their needs
 - whether there is evidence to support the effectiveness of the vocational rehabilitation support and education support
- whether the **vocational rehabilitation support provider and education support provider** (vocational rehabilitation and education support provider) has the necessary skills and experience and is appropriately qualified
- whether the vocational rehabilitation and education support provider is appropriate for the participant
- whether the vocational rehabilitation support and education support is a cost-effective way to meet the participant's needs, having regard to the benefits that the vocational rehabilitation support and education support has for the participant.



Who is a vocational rehabilitation and education support provider?

A vocational rehabilitation and education support provider supports a participant and works with them to identify and achieve their work and education-related goals and activities.

A vocational rehabilitation and education support provider has expertise in addressing the physical, psychological and/or workplace or education barriers that may prevent an injured worker or student returning to work.

The NISQ Agency will generally not fund a family member to provide vocational rehabilitation support and education support services to the participant.

Assessment of needs for vocational rehabilitation supports and education supports

In assessing a participant's needs for vocational rehabilitation support and education support, the NISQ Agency will ordinarily require information from vocational rehabilitation and education support providers which assists the NISQ Agency to decide whether the support is necessary and reasonable.

Where information about a participant's needs for vocational rehabilitation support and education support is unavailable, the NISQ Agency may fund an assessment including a written report provided by a vocational rehabilitation and education support provider, or other suitably-qualified provider where the NISQ Agency considers it appropriate.

Identifying a participant's treatment, care and support needs is done in collaboration with the participant, their family and/or other informal supports, and providers.

Information required by the NISQ Agency to assess needs

The information required by the NISQ Agency generally includes matters which relate to:

- whether the need for the vocational rehabilitation support and education support is directly related to the participant's accepted injury (and if only partially, the extent to which the participant's needs are related to their accepted injury)
- the participant's pre-accident life roles, career and intended study plans
- the participant's engagement
- the participant's capacity to engage in vocational rehabilitation support and education support
- existing rehabilitation services or training that can be accessed through alternative pathways
- alternatives to training
- previous vocational rehabilitation and education expenses funded under the NISQ
- the cost and duration of any requested vocational rehabilitation supports and education supports.



Vocational rehabilitation support and education support must be provided by an appropriate provider

Vocational rehabilitation support and education support must be provided by a vocational rehabilitation and education support provider.

Vocational rehabilitation and education support providers do not need to be a registered provider under the *National Injury Insurance Scheme (Queensland) Act 2016*, nor the *National Injury Insurance Scheme (Queensland) Regulation 2016*.

However, all vocational rehabilitation and education support providers that are required to be registered under the national regulation, which is administered by the Australian Health Practitioner Regulation Agency, or through self-regulation by a professional association that is responsible for certifying qualifications, must comply with these registration requirements.

Where applicable, the NIISQ Agency expects the vocational rehabilitation and education support provider to comply with their legal and professional obligations under the *Health Practitioner Regulation National Law* including (but not limited to):

- maintaining appropriate professional indemnity insurance
- complying with the shared [Code of conduct](#) published on the Australian Health Practitioner Regulation Agency's website, or
- where the profession is self-regulated, complying with the code of conduct published on the [Rehabilitation Counselling Association of Australasia](#) website

Types of vocational rehabilitation supports and education supports funded by NIISQ Agency

There are a broad range of vocational rehabilitation supports and education supports which may be funded for participants in the NIISQ.

Vocational rehabilitation support

Vocational rehabilitation support is support for a participant to overcome barriers in returning to or commencing work. Vocational rehabilitation support is sometimes referred to as 'occupational rehabilitation' and may include:

- vocational rehabilitation counselling
- vocational assessment
- labour market analysis and research
- resume writing
- interview preparation
- functional capacity evaluations
- suitable duties programs
- host indemnity insurance.



It is goal directed and has a core objective of restoring capacity for work and participation in work activities including volunteer or paid employment. It can include training such as instructional and hands on programs or courses that focus on skill building and development and is directly related to a **MyPlan** goal.

Education support

Education support is support for a participant to overcome any accepted injury-related barriers in returning to or commencing education and may include:

- social support – support accessible to an individual through social ties to other individual groups and the larger community
- tutorial support – support accessible to an individual following the exhaustion of any available community resources. It is focused to help the student reach specific educational goals
- additional support with life transitions such as starting school or tertiary studies.

Limitations on support for vocational rehabilitation supports and education supports

Vocational rehabilitation supports and education supports funded under the NISQ are intended to complement, not replace, related supports provided by other services or programs operated by other Australian and Queensland Government entities available to a participant.

The NISQ Agency does not fund:

- government-funded primary, secondary and tertiary education supports
- services or supports accessible under other Australian Government or state legislation, such as FEE-HELP
- government funded vocational job finding supports such as Disability Employment Services
- support provided by [Services Australia](#).

The NISQ does not replace existing obligations for individuals and organisations to comply with their obligations under the *Disability Discrimination Act 1992*.



Vocational rehabilitation supports and education supports that are generally not funded by NISQ Agency

The NISQ Agency will generally not fund the following:

- general education-related costs including school fees, fees for excursions or school camps, stationery and uniforms which are unrelated to the participant's accepted injury
- activities which fall under the ordinary responsibilities of a parent or guardian, including supervising homework and assisting school projects
- activities related to the operation of a business, such as paying staff to do a participant's job
- uniforms, licensing or equipment that are to be provided by the employer
- standard furniture and other items associated with the participant's place of employment or work health safety requirements
- training courses that the participant had enrolled in or commenced prior to the event that caused their accepted injury
- training that is:
 - related to maintaining an existing qualification, licence, registration or accreditation once the participant obtains the qualification, licence, registration or accreditation
 - part of induction, ongoing skill maintenance or development that is the responsibility of the participant or their employer
 - associated with voluntary career changes or personal development (which is not caused by, or initiated as a result of a participant's accepted injury)
- ongoing training costs where the training or educational institution determines that the participant is guilty of serious academic misconduct or has failed to maintain satisfactory academic progress
- supports (including modifications to a workplace or education setting) that an employer or other person is required to make under a statutory obligation (for example, a law relating to reasonable adjustments).



Treatment, care and support guideline 10

Home modifications guideline



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Definitions

Defined terms are shown throughout in **bold underlined text** when they first appear.

Home assessment report	<p>includes:</p> <ul style="list-style-type: none"> a report prepared by a NISQ-approved home modifications adviser which includes a completed <u>home modification functional assessment report</u> a report or advice provided by a NISQ-registered Building Project Manager, builder or other suitably-qualified provider approved by the NISQ Agency.
Home automation	is the use of one or more devices to control functions and features in a residence through a mobile application and/or a voice-controlled hands-free device.
Home modifications	include changes to the structure, layout and fittings of a participant's residence that are required to enable a participant to safely access and move around frequently used areas in their residence as a result of their accepted injury, or accepted injury-related disability, undertaken by a registered provider.
Illegal structure	<p>is a structure that is <u>any</u> of the following:</p> <ul style="list-style-type: none"> requires approval by a local planning authority but is not, or cannot be approved is not permitted under Australian state or territory laws.
Local planning authority	is any council, shire, or authority (however named) that has responsibility for approving building works, including where building works may be certified by a private certifier.
Major home modifications	<p>are home modifications that meet <u>any</u> of the following:</p> <ul style="list-style-type: none"> have a total project cost of \$20,000 (including GST) or more require structural changes or requires approval from a local planning authority do not meet the definition of minor home modifications.
Minor home modifications	<p>are home modifications that meet <u>all</u> of the following:</p> <ul style="list-style-type: none"> have a total project cost of less than \$20,000 (including GST) do not require structural changes or approval from a local planning authority can be made in circumstances where the NISQ Agency has not identified any environmental barriers (see: <u>Identifying environmental barriers</u>).
MyPlan	means a support plan prepared by the NISQ Agency and approved under the <i>National Injury Insurance Scheme Act (Queensland) Act 2016</i> .



NIISQ-registered building project manager	<p>is a person who meets all of the following:</p> <ul style="list-style-type: none"> • is appropriately qualified • is registered as a NIISQ service provider.
NIISQ-approved home modifications adviser	<p>is a person who meets all of the following:</p> <ul style="list-style-type: none"> • is appropriately qualified, including registration in Australia as an occupational therapist and has experience in providing professional advice in relation to home modifications for people with complex support needs • is approved by the NIISQ Agency to provide advice to the NIISQ Agency about the participant's treatment, care and support needs for home modifications.
Residence	means a unit, house, townhouse or other building that is legally habitable.
Scope of works	means a completed scope of works in the form approved by the NIISQ Agency and includes a completed home modification functional assessment report that has been approved by the NIISQ Agency.
Transitional accommodation	is time-limited accommodation whilst home modifications are underway.
Transitional home modifications	are minor home modifications or major home modifications which enable a participant to return to their residence – these modifications are essential modifications which can be completed quickly while further home modifications are being completed or will be completed.
Written funding approval	means an approval in the form prescribed by the NIISQ Agency.



Supporting participants who need home modifications

The NISQ Agency will identify a participant's needs for (or relating to) **home modifications** for their **residence** and will fund home modifications in accordance with the *National Injury Insurance Scheme (Queensland) Act 2016*, the *National Injury Insurance Scheme (Queensland) Regulation 2016* (the NISQ Regulation), this guideline, and other relevant guidelines.

There is a plain language version of this guideline which is shorter and uses simpler words. To access it, view [MyGuide 10 – Changes to your home](#).

The assessment of a participant's support needs for home modifications may include:

- identifying the participant's short-term living arrangements, as well as their long-term living arrangements
- exploring accommodation options with a participant as a part of preparing their **MyPlan**
- identifying accommodation options which best suits the participant's treatment, care and support needs
- supporting the participant to pursue the most appropriate option which may include funding home modifications.

The participant is central in all decision-making processes relating to their home modifications. The participant should agree with any proposed modifications identified as necessary and reasonable, treatment, care and support needs.

This guideline should be read in conjunction with the:

- [Necessary and reasonable guideline](#)
- [Assistive technology and consumables guideline](#)
- [Attendant care and support services guideline](#).

Approval is required for all home modifications

For home modifications to be funded under the NISQ there must be a **written funding approval** before any building works commence.

The NISQ Agency will not fund anything in relation to works done without a written funding approval.

Participant-centred approach to support

The NISQ Agency will work directly with participants and may fund **transitional home modifications**, **minor home modifications**, and **major home modifications**.

Where there is evidence that a participant's level of functioning is likely to change or improve, the NISQ Agency may approve temporary assistive technology (see: [Assistive technology and consumables guideline](#)), transitional home modifications or other supports (as appropriate) to ensure that the participant's treatment, care and support needs are met.

The NISQ Agency may also support participants in other ways, including funding expenses relating to their relocation to a more suitable residence, or funding temporary, transitional accommodation while home modifications are occurring.



The approach taken by the NISQ Agency takes into account factors unique to rental, family-owned residences, and participant-owned residences, with the assessment of a participant's treatment, care and support needs focusing on any goals identified by the participant, in addition to their abilities and limitations.

Home modifications must be necessary and reasonable

The *National Injury Insurance Scheme (Queensland) Act 2016* and the *National Injury Insurance Scheme (Queensland) Regulation 2016* describe how the NISQ Agency decides whether a treatment, care and support need is necessary and reasonable and can be funded.

The NISQ Agency has published a guideline which explains how it decides whether a support is a necessary and reasonable, treatment, care and support need (see: [Necessary and reasonable guideline](#)).

When the NISQ Agency is assessing prospective home modifications to decide whether the home modifications are necessary and reasonable, it will give particular attention to the following:

- whether the home modifications will help the participant achieve any goals identified by the participant, and/or outlined in their MyPlan
- the short and long-term impact of the participant's accepted injury, including whether the injury or injury-related disability restricts or prevents the participant from accessing their residence and/or being able to utilise existing standard fittings and facilities
- whether the need for home modifications relates to their accepted injury
- whether the home modifications will increase the participant's independence, reduce the participant's need for other kinds of supports (such as attendant care) and facilitate participation in the community
- whether the home modifications will promote the safety of the participant, family members and attendant care workers
- whether the home modifications will assist the participant in managing their accepted injury
- whether the participant's need for home modification is unlikely to change over a considerable period of time
- whether the proposed home modifications are cost effective relative to the benefits which the home modifications may have for the participant.

When a participant may require home modifications, the NISQ agency will first assess the need for home modifications. This assessment will inform the NISQ Agency's decision regarding any necessary and reasonable home modifications.

The NISQ Agency will assess whether home modifications are necessary and reasonable based on all available and relevant information.

The NISQ Agency may require other information or reports not referred to in this guideline but are determined by a NISQ Agency delegate to be relevant to a decision to fund home modifications.

Before funding any home modifications, the NISQ Agency will assess a participant's support needs, which includes a consideration of any goals identified by the participant, including their medium- and long-term requirements for home modifications, and may fund support to assist the participant with transitional modifications while suitable longer-term accommodation is found, which may be suitable for modification (see: [When a participant relocates to another residence](#)).



Assessment of the need for home modifications

To understand a participant's needs for home modifications, the NISQ Agency requires a **home assessment report** provided by a **NISQ-approved home modifications adviser**, and where required, other relevant service providers.

The home assessment will include:

- the participant's current level of functioning
- the participant's estimated long-term needs
- proposed environmental requirements
- identification of environmental barriers or constraints relating to the accepted injury, including all options to overcome these barriers or constraints
- advice on the overall suitability of a residence for modification and alternatives if a residence is assessed as not suitable for modification.

Advice for home modifications from the NISQ-approved home modifications adviser must include clinical and practical justification as to why home modifications are necessary and reasonable in the **home modification functional assessment report form** available on the NISQ website, including the outcomes to be achieved and the feasibility of the proposed home modifications compared with alternatives.

The clinical justifications must make reference to the relevant codes, Australian Standards and Australian design rules where appropriate.

Identifying a participant's treatment, care and support needs is done in collaboration with the participant, their family and/or other informal supports, and providers.

Identifying environmental barriers

The NISQ Agency will consider environmental barriers or constraints in assessing a participant's need for home modifications, such as:

- permissions required from an owner's corporation or body corporate for any home modifications
- whether there is significant work required to a wet area in the residence
- whether the proposed home modifications require removal of asbestos, or where unconventional construction techniques have been used in the residence (for example, mudbrick, pole house, modified shipping container)
- whether there are requirements for mitigation works to address a significant risk of a natural disaster occurring (for example, significant flood risk, bushfire risk, cyclone risk)
- whether the residence is in a remote location, or has difficult or restricted access
- where there are other complicating factors, including identified barriers to engaging with involved persons such as landlords, co-tenants etc.

The above factors do not limit the matters that the NISQ Agency may consider to be an environmental barrier or constraint.



Assessing whether a residence can be modified

The factors which are relevant to deciding whether a residence is suitable for modification include:

- whether modifications will cost an excessive amount of money relative to the benefits to the participant
- whether the modifications will enhance the safety of the participant, family members and attendant care workers
- whether home modifications will or are likely to result in an **illegal structure** (see: [Home modifications that are generally not funded by NISQ Agency](#))
- any structural or environmental constraints such as size, surrounding terrain and condition of the residence (see: [identifying environmental barriers](#)).

Approval from a local planning authority is required before the NISQ Agency will fund any home modifications.

Where a residence is not suitable for modification

If the NISQ Agency decides that the participant-owned residence is not suitable for modification, the NISQ Agency may assist the participant by funding:

- professional assistance to locate an appropriate residence (see: [when a participant relocates to another residence](#))
- transitional home modifications in either location in advance of minor or major home modifications in their new residence (see: [when a participant relocates to another residence](#))
- transitional accommodation only if required (see: [NISQ funding for transitional accommodation](#))

Prior to funding any of the above, the NISQ Agency ordinarily requires the identification of another residence which requires no modification or minimal modification and which is suitable or appropriate for the participant's treatment, care and support needs.

In limited circumstances, the NISQ Agency may also decide to fully or partially fund other costs related to home modifications in accordance with section 26(1)(e) of the *National Injury Insurance Scheme (Queensland) Act 2016*, however these decisions are outside the scope of these guidelines (see: [Guidelines limited to necessary and reasonable treatment, care and support](#) in the [Necessary and reasonable guideline](#)). The kinds of costs which may be funded under section 26(1)(e) include:

- real estate agent fees and advertising costs associated with selling the participant's residence
- legal and conveyancing fees at both ends of the transaction
- stamp duty
- titles Queensland fees
- cleaning costs associated with preparing a residence for sale
- costs associated with moving to an appropriate residence (for example, furniture removal).

Modifications to a residence owned by the participant or their family member

The NISQ Agency will pay for home modifications where the residence to be modified is the participant's principal place of residence or if owned by their family member, is intended to become the primary place of residence for the participant.



For major home modifications, the NIISQ Agency generally expects that the participant will remain living at that residence for a minimum of five years.

Where the NIISQ Agency has funded major home modifications and the participant, or their family subsequently sells the property with the intention to re-purchase another residence for the participant to live in, the NIISQ Agency will assist the participant or their family to find a residence which is accessible by funding specialist advice on the suitability of a prospective residence for the participant and their treatment, care and support needs.

The participant and the property owner may also be required to enter into a deed in relation to major home modifications at the request of the NIISQ Agency. A deed may cover a variety of circumstances, including where proposed home modifications may increase the value of a residence.

If a participant or their family sells their residence and there have been major home modifications undertaken on the residence which have objectively increased the sale price, the NIISQ Agency may limit funding available for subsequent home modifications by the amount directly attributable to the home modifications at the point of sale.



Example: A participant's residence is modified, which involved extensive structural works. The modifications cost \$100,000. Several years later, the participant wants to move to another residence, to be closer to their family and to pursue employment opportunities. The participant sells their modified residence and the NIISQ Agency, using advice provided by a specialised property assessor, decides that \$50,000 is directly attributable to the home modifications previously funded by the NIISQ Agency at the point of sale.

The NIISQ Agency is able to support the participant to find a new residence that requires minimal modifications and is acceptable to the participant based on their identified goals. The cost of the modifications is \$40,000, and because this amount is less than the amount attributable to the home modifications previously funded by the NIISQ Agency, the Agency does not contribute to the cost of the modifications.

Modifications to a residence rented by a participant

The NIISQ Agency will consider the length of a residential tenancy agreement in the context of whether home modifications represent value for money. The agency anticipates that home modifications for a residence rented by a participant will generally exclude major home modifications.

The NIISQ Agency will generally consider a minimum residential tenancy agreement of 12 months to be sufficient to fund home modifications to a participant-rented residence.

The NIISQ Agency must receive written consent from the owner of the rented residence before deciding to fund any home modifications to the residence.

If a contract is required for the home modifications, the owner of the rented residence must agree to, and enter into, a building contract with the home modifications provider (see: [Whether a contract is required for home modifications](#)).



Reversion works for rental properties after a participant vacates

If the participant moves out of a rented residence, the NIISQ Agency will pay for the necessary and reasonable costs of returning the residence to its former state, only when the costs directly relate to the home modifications funded by the NIISQ Agency.

The owner of the rented residence must specifically request the removal of installed home modifications within a reasonable period of time. The NIISQ Agency will not fund reversion of structural modifications completed as home modifications for a rented residence.



Example: A participant has NIISQ-funded home modifications to their rental property. The participant leaves the rental property, and the NIISQ Agency pays for the removal of grab rails, wedge ramps and replacement of a shower screen at the end of their tenancy.

When a participant relocates to another residence

The NIISQ Agency recognises it may be necessary and reasonable to fund more than one home modification across a participant's life and as their circumstances change.

Such circumstances may include, but are not limited to:

- a participant living with others who becomes able to live independently, such as a young adult leaving home
- deterioration in the participant's health as a direct result of their accepted injury
- a participant who may need to relocate to access employment or services more readily
- other significant changes in the participant's personal circumstances such as marriage, separation, retirement or having children.

The NIISQ Agency is required to balance the need to assist and support participants to pursue any goals identified by the participant, which may include relocation to a residence which is not suitable for modification, with other obligations under the *National Injury Insurance Scheme (Queensland) Act 2016*, including:

- that the level of support received by participants under the NIISQ reflects community expectations
- that the home modifications provide value for money
- managing the NIISQ in a way that ensures its operation is financially sustainable.

As a result, when a participant who has received, or is likely to require NIISQ-funded home modifications relocates to a new residence, the NIISQ Agency will assist a participant to locate a residence that does not require substantial modification.

If a participant, their partner or family intend to build a new residence, the NIISQ Agency can fund advice on the extent of modifications required for the participant to maximise the accessibility of the residence.

If a participant or their family is buying an established residence, or the participant is moving into a rented residence, the NIISQ Agency will fund a review of the residence by a NIISQ-approved home modifications adviser or other suitably-qualified person to inform both the participant and the NIISQ Agency of the suitability of a prospective residence for the participant's support needs, including the suitability for modification.



If the NISQ Agency has previously funded major home modifications, it may limit funding for home modifications to a subsequent residence (see: [Modifications to a residence owned by the participant or their family member](#)).

If a participant decides to relocate to a residence which is not suitable for modification, the NISQ Agency may be limited in how it can support the participant.

NISQ funding for transitional accommodation

The NISQ Agency may pay for the necessary and reasonable costs of **transitional accommodation** when a participant's residence is not accessible due to home modifications being undertaken.

The NISQ Agency will require the participant to fully meet all other ordinary costs of housing and living while they are in transitional accommodation.

Transitional accommodation require approval in writing by the NISQ Agency and is always time limited.

General scope for home modifications and NISQ Agency requirements

When home modifications are assessed as necessary and reasonable, the NISQ Agency will support modifications to enable the participant to access different rooms and areas of a residence. Accessible areas for a residence are generally expected to include:

- a bathroom and toilet
- a bedroom
- a communal living area
- a dining area
- a kitchen.

For all home modifications the NISQ Agency requires and will fund an assessment of suitability by a NISQ-approved home modifications adviser.

For major home modifications, a current building report and pest report by a suitably-qualified person is required and will be funded by the NISQ Agency.

Generally, for a new build or significant renovation which requires modifications, the NISQ Agency will not fund a room or item that is considered a standard inclusion in an existing residence which is not directly related to a participant's accepted injury, such as an additional bedroom or laundry.

When a participant lives in two residences concurrently

The NISQ Agency recognises that there may be circumstances where a participant lives in two residences concurrently. For example, a participant who is a child may require a second residence modification to stay at the residence of the parent, guardian or family member who is not the primary carer but has joint custody or has agreed regular overnight access visits.

The NISQ Agency will support participants who live in two residences concurrently, however it will consider the nature and extent of any previous home modifications approved by the NISQ Agency.

In addition, the NISQ Agency will consider the estimated amount of time that the participant is expected to spend in the second residence, as well as whether it is a second residence due to different circumstances, including shared parenting arrangements, or a holiday home, or required for work or employment purposes.



Repairs and maintenance on home modifications

The NISQ Agency will pay for the necessary and reasonable cost of repairs to and maintenance of home modifications funded by the NISQ Agency that are essential for participant access or safety.

The NISQ Agency will consider funding the costs of repairs and maintenance for any additional wear and tear to a property that is a result of the motor accident injury, for example, damage to floorboards from wheelchair use.

If costs for building works are not paid for in full by the NISQ Agency (for example, the costs of the building works include a necessary and reasonable home modifications contribution by the NISQ Agency, and a contribution from the property owner), then the NISQ Agency will fund the cost of repairs or maintenance proportional to the necessary and reasonable home modifications contribution funded by the NISQ Agency.

The participant or property owner is responsible for any repairs and maintenance as a result of normal wear and tear (such as replacement of bathroom fittings or fixtures), for the general upkeep of a residence (such as house painting) or maintenance of any additional works not funded by the NISQ Agency.

Specific home modifications

Room temperature control equipment

The NISQ Agency will fund the cost of room temperature-control equipment if the participant is unable to self-regulate their body temperature as a result of their accepted injury, or if the lack of room temperature control causes or is likely to cause secondary complications.

For a participant with a complete spinal cord lesion at or above the level of T6, the NISQ Agency does not require the certification of a medical specialist for the provision of room temperature control equipment.

For participants, other than those who have sustained a complete spinal cord lesion at or above the level of T6, the NISQ Agency will ordinarily require certification by an appropriately-qualified medical specialist that the participant has an impaired or absent ability to regulate their body temperature, and which will not resolve or causes significant secondary care complications.

Costs associated with room temperature control equipment

Where an increase in the total consumption of energy can be shown to relate directly to the running of the room temperature control equipment, the NISQ Agency may contribute to the costs associated with its operation, if the participant is unable to self-regulate their body temperature as a result of an accepted injury. A decision by the NISQ Agency to partially fund energy costs is made after considering the matters described in section 26(1)(e) of the *National Injury Insurance Scheme (Queensland) Act 2016*, and these decision sit outside the general scope of the treatment, care and support guidelines (see: [Guidelines limited to necessary and reasonable treatment, care and support](#) in the [Necessary and reasonable guideline](#)).

Before the NISQ Agency will pay for any contribution to room temperature control equipment, maintenance or running costs, the participant must have fully claimed and/or utilised any entitlement to concessions, grants or rebates, including the [Medical Cooling and Heating Electricity Concession Scheme](#).



Home automation

The NISQ Agency may fund **home automation** as home modifications for a participant who has an accepted injury which has impacted their mobility and hand function, resulting in difficulty accessing their residence and controlling devices in their home environment. For example, difficulty using standard remote controls, operating light switches or opening and closing doors.

The NISQ Agency will consider home automation when there is a likelihood that this support will assist a participant to effectively control their home environment.

Examples of functions that can be automated include:

- switching lights on and off
- controlling power points
- opening and closing blinds
- controlling a television and home entertainment or audio-visual systems
- opening and closing doors, including use of an intercom
- controlling taps
- controlling electric or adjustable bed functions.

The NISQ Agency will consider the following circumstances when assessing a participant's needs for home automation:

- a participant's functional abilities, such as mobility, amount of hand function and ability to understand and use an integrated home automation system
- attendant care needs and the type and amount of approved attendant care supports required at a residence
- whether a home automation system will promote a participant's functional independence in day-to-day tasks
- home modifications are in place or that are being planned
- the participant's individual circumstances, including goals identified by the participant, life roles, family environment, and any safety risks.

The home automation will usually be identified as part of the [assessment of the need for home modifications](#).



Requirements and procedure for home modifications including consent and co-contributions

Consent requirements

Consent from the owner, and (if relevant) owners corporation or strata authority, must be obtained in writing before the home modifications are approved. The NISQ Agency may approve home modifications subject to the required consent being provided, prior to the commencement of any building works.

If a participant wants to make a co-contribution to a rental property, the owner of the property must consent to the proposed works relating to the co-contribution (see: [Co-contributions by owner or participant](#)).

Consent may also be required from a mortgagee where there is a loan secured against the property which is intended to be modified.

Home modifications also will require signed consent by the owner of the residence and a NISQ-approved home modifications adviser.

If unexpected changes are required to the **scope of works** or written funding approval, these will be discussed between the participant, the NISQ Agency and any other relevant party, and any necessary and reasonable changes will be dated and provided in writing to the participant. Changes that have not been approved by the NISQ Agency in writing may result in the NISQ Agency no longer being responsible for payment of the modifications.

Assessment of home modifications

The assessment of treatment, care and support needs in connection with home modifications will ordinarily include a home assessment undertaken by a NISQ-approved home modifications adviser.

People who provide advice to the NISQ Agency about a participant's treatment, care and support needs for home modifications must be approved specifically to provide advice about the particular participant's treatment, care and support needs, or who have been approved specifically to provide advice about a class of participants (i.e. participants who may require home modifications).

Home modifications will be assessed by the NISQ Agency following the receipt of a completed home modification functional assessment report and a quotation for works to deliver the proposed modifications by a suitably-qualified service provider including, but not limited to licensed builders, structural engineers or architects, or other services and trades people.

All major home modifications will be overseen by a NISQ-registered Building Project Manager and the NISQ Agency, and some minor home modifications will be overseen by a NISQ-registered Building Project Manager.

Requirements relating to service providers undertaking home modification works

Quotes for major home modifications are to be provided to the NISQ Agency in a report from a NISQ-registered Building Project Manager.

All home modifications funded by the NISQ Agency must be provided by a NISQ Agency-registered, and appropriately-qualified licensed builder or qualified tradesperson, who holds current registration as a company or as a business or sole trader and has appropriate insurance.



Home modifications undertaken by service providers must be in accordance with the scope of works (including approved variations to a scope of works) and any quotations approved in writing by the NISQ Agency.

If there is any proposed variation to a scope of works, written approval from the NISQ Agency is required before the variations have effect.

Home modifications subject to owner entering into a contract for home modifications

If approved home modifications require a contract, the contract will need to be executed by the builder and the owner of the residence (see: [Whether a contract is required for home modifications](#)).

If there are additional works funded by the owner this must be specifically detailed in the contract.

The contract must align to the scope of works and written funding approval (and/or any agreed changes) provided by the NISQ Agency.

If a contract is not required but there is a co-contribution by an owner, the NISQ Agency and the contributing owner must agree in writing to their respective contributions.

Whether a contract is required for home modifications

A contract is required under the *Queensland Building and Construction Commission Act 1991* (QBCC Act) when the value of the building work (the contract price) related to the home modifications is greater than \$3,300 (which includes all labour, materials and GST – but does not include any reviews, or reports prepared by a NISQ-approved home modifications adviser).

When a contract is required under the QBCC Act, the NISQ Agency will generally require the contract to be in the form of the contract maintained by the Queensland Building and Construction Commission (QBCC).

Most home modifications will be defined as 'domestic building work' under the QBCC Act. There are two types of contracts for domestic building work in Queensland:

- level 1 regulated contracts have a contract price of more than the regulated amount of \$3,300, but less than \$20,000 (the level 1 amount)
- level 2 regulated contracts have a contract price of more than \$20,000 (the level 2 amount).

The thresholds for minor and major home modifications align with the level 2 amount under the QBCC Act.

All providers of home modifications must comply with the QBCC Act requirements, and other legislative obligations regardless of the contract price.

Co-contributions by owner or participant

If an owner of the property, the participant or family member desire additional building works in excess of assessed necessary and reasonable home modifications because of aesthetic, architectural or other reasons, these works need to be quoted separately, and borne by the owner of the property, the participant or family member. A decision by the NISQ Agency to partially fund building works is made after considering the matters described in section 26(1)(e) of the *National Injury Insurance Scheme (Queensland) Act 2016*, and these decision sit outside the general scope of the treatment, care and support guidelines (see: [Guidelines limited to necessary and reasonable treatment, care and support](#) in the [Necessary and reasonable guideline](#)).



Any additional work must not adversely impact the participant, including in relation to the participant's access to any part of the residence.

The NIIAQ Agency is not responsible for funding any expenses related to works funded by a participant.

Limitations on support for home modifications

Home modifications funded under the NIIAQ are intended to complement, not replace, accommodation related support provided by other services or programs operated by other Australian Government or Queensland Government entities and available to a participant. This includes support available from the Queensland Department of Housing, and the National Disability Insurance Scheme.

The NIIAQ Agency will not fund the capital cost of a residence, and will only fund home modifications in accordance with the *National Injury Insurance Scheme (Queensland) Act 2016*, the *National Injury Insurance Scheme (Queensland) Regulation 2016*, this guideline, and other relevant NIIAQ Agency guidelines.

Home modifications that are generally not funded by NIIAQ Agency

The following home modifications (or related costs) are generally not considered necessary and reasonable treatment, care and support:

- repairs or maintenance to home modifications that result from misuse or failure to maintain reasonable standards
- costs related to fittings, fixtures or materials which are above a standard grade (see: [Co-contributions by owner or participant](#))
- any structural additions not directly related to a participant's accepted injury (see: [Co-contributions by owner or participant](#))
- cost of repairs for conditions in the residence that existed before the motor accident, for example, termite damage or concrete cancer (see: [Assessing whether a residence can be modified](#))
- building or construction of in-ground or above-ground pools, spas or other aqua-therapy facilities
- items or labour not included in the final contract for modifications agreed by NIIAQ Agency, unless prior approval has been obtained from NIIAQ Agency (see: [Approval is required for all home modifications](#))
- any loss of value to the residence resulting from any home modification
- any loss of value to the residence resulting from the removal of home modifications
- home modifications where consent from the owner is not provided (see: [Consent requirements](#))
- the costs of modifications where the residence is assessed as unsuitable for modification and a participant subsequently proceeded to purchase or rent the home (see: [Assessing whether a residence can be modified](#))
- costs of any repairs or maintenance issues identified in strata, building or pest inspection reports
- body corporate, strata fees or building management fees (however described) that are unrelated to a participant's treatment, care and support needs
- council or water rates



- insurance of the residence in which the modifications have been installed
- insurance costs associated with the approved home modifications
- items that are normal household items (such as furniture or whitegoods, smoke alarms, surge protectors, towel rails, fans, lights, hot water services, security doors, windows, NBN and Wi-Fi connection or fees) that are not related to the participant's needs arising from the accepted injury
- where the home modification constitutes, is likely to constitute, or will result in, an illegal structure
- removal or rectification of illegal structures, or elements of a property which have not or cannot be approved by a local planning authority
- additional fees or costs arising from modifications or variations not arising from an accident-related needs (see: [Co-contributions by owner or participant](#))
- the cost of fixtures and fittings that are non-disability specific and can be re-used from an existing room being modified, such as tapware, cabinets, flooring, windows
- in relation to room temperature control equipment, the NISQ Agency will not generally pay for:
 - any room temperature control equipment that another agency or department is responsible for providing
 - energy services and supply charges
 - the entire costs of energy
 - prospective payments for energy costs in advance
 - areas of a home that a participant does not use or that is not a high-use area (for example, rooms other than bedrooms and living areas)
- in relation to a residence rented or leased by a participant, the costs associated with the end of a tenancy that are a condition of the lease including:
 - advertising costs associated with breaking a lease
 - steam cleaning of carpets or cleaning a property at the end of a tenancy
- in relation to relocation costs for the sale or purchase of a participant or participant's family-owned residence:
 - real estate agent fees
 - buyer's agent fees
 - advertising costs
 - legal and conveyancing fees
 - stamp duty
 - capital gains tax
 - Titles Queensland transfer fee
 - mortgage registration or discharge fees
 - cleaning costs associated with preparing a home for sale or rental.



Treatment, care and support guideline 11

Motor vehicle modifications guideline



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Definitions

Defined terms are shown throughout in **bold underlined text** when they first appear.

<u>CTP insurance policy</u>	means a compulsory third party (CTP) insurance policy defined under the <i>Motor Accident Insurance Act 1994</i> .
<u>Medical clearance</u>	means written confirmation that the participant is suitable to drive a modified vehicle provided by one of the following people: <ul style="list-style-type: none"> the participant's treating general practitioner a medical specialist (for example, ophthalmologist, neurologist, rehabilitation physician).
<u>MyPlan</u>	means a support plan prepared by the NIISSQ Agency and approved under the <i>National Injury Insurance Scheme Act (Queensland) Act 2016</i> .
<u>Transport</u>	for this guideline means transport by a vehicle that requires modification for use by a person with disability, or cannot otherwise be used by a participant because of the accepted injury-related impairments and may include: <ul style="list-style-type: none"> disability specific transport services taxi services rideshare services the costs associated with a support worker's services to transport a participant using the participant's vehicle.
<u>Vehicle</u>	for this guideline, means a motor vehicle that is: <ul style="list-style-type: none"> designed and intended to be used as a passenger vehicle on public roads registered or ordinarily capable of registration in Queensland a vehicle that has not been manufactured as a goods vehicle (unless specifically approved by the NIISSQ Agency in the circumstances of the participant) capable of coverage under a CTP insurance policy has a gross vehicle mass of 4.5 tons or less.
<u>Vehicle modifications</u>	are modifications to a vehicle which allows a participant to travel in the vehicle as a passenger, or as a driver and include: <ul style="list-style-type: none"> adapted controls to assist with steering assistance, acceleration and braking fitted to a vehicle assistive technology including hoists, ramps and other modifications which enable access to a vehicle modifications to parking brakes, rear vision mirrors, seat belts or indicators.



Vehicle modification adviser	<p>is a person who meets all of the following:</p> <ul style="list-style-type: none"> • is appropriately qualified and has experience in providing professional advice in relation to vehicle modifications for people with complex support needs • where the advice relates to vehicle modifications to allow the participant to drive a modified vehicle, the person must be registered in Australia as a driver assessor occupational therapist • is approved by the NISQ Agency to provide advice about the participant's treatment, care and support needs for vehicle modifications.
Vehicle modification assessment	<p>is the NISQ Agency's assessment of a participant's needs for vehicle modifications and/or driver supports, and includes advice provided by a vehicle modification adviser.</p>

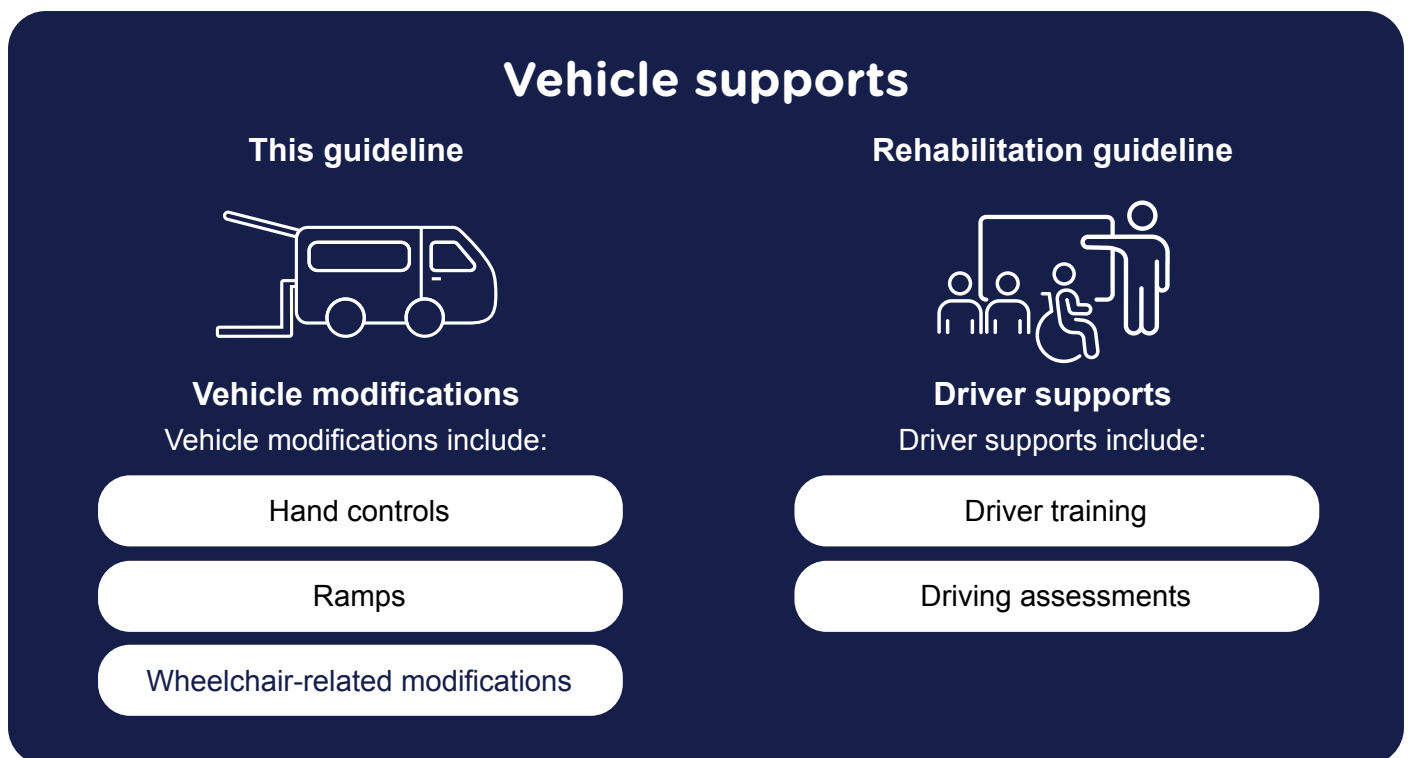


Supporting a participant who needs vehicle supports

The NISQ Agency will assess a participant's needs for (or relating to) vehicle modifications and will fund these supports in accordance with the *National Injury Insurance Scheme (Queensland) Act 2016*, the *National Injury Insurance Scheme (Queensland) Regulation 2016*, this guideline, and other relevant guidelines.

There is a plain language version of this guideline which is shorter and uses simpler words. To access it, view [MyGuide 11 – Changes to your car](#).

The NISQ Agency can also fund driver supports (including driving assessment and driver training supports). For more information, refer to the [Rehabilitation guideline](#).



This guideline should be read in conjunction with the:

- [Necessary and reasonable guideline](#)
- [Rehabilitation guideline](#).

Approval for vehicle modifications

For vehicle modifications to be funded under the NISQ, there must be a written funding approval provided by the NISQ Agency before any modification works commence.



Vehicle modifications must be necessary and reasonable

The *National Injury Insurance Scheme (Queensland) Act 2016* and the *National Injury Insurance Scheme (Queensland) Regulation 2016* describe how the NISQ Agency decides whether a vehicle modification is necessary and reasonable, and can be funded.

The NISQ Agency has published a guideline which explains how it decides whether a support is necessary and reasonable, and is for a treatment, care and support need (see: [Necessary and reasonable guideline](#)).

When the NISQ Agency is assessing a participant's needs for a vehicle modification, including whether the modification is necessary and reasonable, it will give particular attention to the following:

- whether the vehicle modification will help the participant achieve any goals identified by the participant and/or outlined in their **MyPlan**
- whether the vehicle modification is likely to assist the participant to increase their independence, and facilitate participation in the community
- whether the vehicle modification will promote the safety of the participant, family members and attendant care workers
- whether the vehicle modification may reduce the participant's needs for other treatment, care and support, including attendant care and support services (see: [Attendant care and support services guideline](#)).

The NISQ Agency will assess a participant's need for vehicle modifications. This assessment will inform the NISQ Agency's decisions regarding any necessary and reasonable vehicle modification works and is based on all available and relevant information.

The NISQ Agency may require other information or reports not referred to in this guideline but are determined by a NISQ Agency delegate to be relevant to a decision to fund a vehicle modification.

Relationship with the *Rehabilitation guideline*

This guideline is related to the [Rehabilitation guideline](#), which provides information about the assessment and funding for driver-related supports including driving assessments, and driver training.

Vehicle modifications must be supported by advice from someone who is approved by the NISQ Agency

In accordance with the *National Injury Insurance Scheme (Queensland) Regulation 2016*, the NISQ Agency is required to obtain advice from a person that is specifically approved by the NISQ Agency to provide advice about a participant's needs for vehicle modifications.

Only NISQ-approved advisers (**vehicle modification advisers**) can provide advice about a participant's treatment, care and support needs for vehicle modifications and related driver supports.



Assessment of needs for vehicle modifications

To understand a participant's needs for vehicle supports, the NISQ Agency will require a **vehicle modification assessment** informed by advice provided by one or more vehicle modification advisers.

Advice provided by vehicle modification advisers will cover:

- modifications needed by a participant as a result of their accepted injury (including any trials which may be appropriate for the participant, see: [trialling vehicle modifications](#))
- suitability of the participant's vehicle for modification
- alternatives to any recommended modifications (including other vehicle modifications, or other treatment, care and support)
- other supports required by the participant relating to vehicle modifications (for example, extra insurance costs directly related to a vehicle modification, regular maintenance costs for the modifications and driver or passenger training costs).

Advice from a vehicle modification adviser must include clinical and practical justification as to why the supports are necessary and reasonable including the outcomes to be achieved.

Identifying a participant's treatment, care and support needs is done in collaboration with the participant, their family and/or other informal supports, and providers.

Prerequisites for an assessment of a participant's needs for vehicle modifications

Vehicle modifications will only be considered where one of the following circumstances apply:

- a vehicle is owned by the participant
- a vehicle owned by the participant's parent or guardian for participants who are under 18 years old
- a vehicle is owned by the participant's spouse
- a vehicle is owned by a member of the participant's family and the vehicle will be available for use by the participant once modifications are made
- a participant is in the process of identifying and purchasing a vehicle that is suitable for modification (see: [Assistance to identify a suitable vehicle](#)).

Advice about modifications needed by a participant

The vehicle modification adviser will provide the following information about the participant:

- information about the participant's abilities and limitations arising from their accepted injury including whether the participant's accepted injury prevents the participant from:
 - safely driving an unmodified vehicle
 - accessing an unmodified vehicle
 - travelling as a passenger in an unmodified vehicle
- consideration of how vehicle modifications reduce a participant's needs for other treatment, care and support including transport-related attendant care and support services.



The NISQ Agency and/or the vehicle modification adviser may require other information to assess or provide advice on a participant's needs for vehicle supports, including:

- information about needs which relate to injuries, conditions, or disability which are not directly attributable to the participant's accepted injury
- evidence that the participant or intended driver of a modified vehicle has a current and valid driver licence (modifications will not be supported under the NISQ without evidence of a valid driver licence)
- information about risks to the participant or other passengers in a modified vehicle, including strategies to mitigate these risks, or where these risks cannot be appropriately managed, alternatives to provide support to the participant (modifications will not be supported under the NISQ if a participant has been assessed as being unsafe to drive)
- medical clearance, or written confirmation by a vehicle modification adviser that the participant is likely to receive medical clearance to drive a vehicle (see: [Who can provide medical clearance?](#))
- confirmation that any modifications can be completed in accordance with any legal requirements, including engineering certification requirements which apply in the jurisdiction where the vehicle is to be registered (see: [vehicle modification requirements](#)).

Who can provide medical clearance?

Confirmation in writing, by one of the following people that the participant is suitable to drive a modified vehicle:

- the participant's treating general practitioner
- a medical specialist (for example, ophthalmologist, neurologist, rehabilitation physician).

The appropriate specialist is based on a participant's individual circumstances, taking into consideration the nature and severity of the participant's accepted injury.



Advice about the suitability of a vehicle for modification

The vehicle modification adviser will obtain and provide advice to the NISQ Agency about the suitability of a participant's vehicle for modification.

As part of this advice, the advice will provide the NISQ Agency with the following information:

- the owner of the vehicle
- the vehicle's make, model and year of manufacture
- the date the vehicle was purchased
- whether people other than the participant have access to the vehicle, and if so, information about who will have access to the vehicle other than that participant
- whether the vehicle is second hand
- whether the vehicle has [been imported into Australia](#)
- whether there are any existing modifications (including factory-fitted modifications) to the vehicle, and if so information about the modifications (including any evidence that the existing modifications comply with local laws, codes and regulations)
- certificate of registration
- consent from the participant (if the participant is the owner of the vehicle) for the vehicle to be modified, alternatively consent from the owner of the vehicle.

Where a vehicle is second hand, already modified, or over five years old and no longer under manufacturer's warranty, the vehicle modification adviser will also obtain a vehicle condition report from a licensed vehicle modifier which contains information about the suitability of the vehicle for modification.

The vehicle modification adviser will also provide evidence that the modified vehicle will be legal and safe for a participant to use and meets the requirements for registration in Queensland, or the equivalent registration requirements in the participant's state – including any evidence required by the NISQ Agency described in [Vehicle modifications requirements](#).

Vehicles which are generally not suitable for modification

Vehicles are generally not suitable for modification where:

- the vehicle is over 10 years old from date of manufacture
- the vehicle has travelled more than 160,000 kilometres.



Vehicle modifications requirements

The NISQ Agency requires all vehicle modification works to be:

- consistent with the written approval provided by the NISQ Agency
- performed by a suitably-qualified and accredited person with relevant engineering experience
- inspected and certified by a suitably-qualified and accredited person (and where required, by an approved person under the [Approved Person Scheme](#) for complex modifications). Where required, the NISQ Agency will ask for evidence which shows there is a certificate of modification, and that a modification plate is attached to the vehicle for the modification
- compliant with the Australian Design Rules and Queensland-approved modification and certification codes for vehicle modifications, including the *Queensland Code of Practice: Vehicle modifications and Queensland Road Vehicle Modification Handbook*
- modified in accordance with minimum safety standards and approved by an approved examiner at an Approved Inspection Station with relevant inspection certificates (including [Safety certificate](#) provided to the NISQ Agency)
- compliant with Queensland's applicable legislative framework and regulatory frameworks which apply to modified vehicles
- compliant with the applicable state legal and regulatory framework for works completed outside Queensland, or for use outside Queensland.

Trialling vehicle modifications

After receiving advice from a vehicle modification adviser, the NISQ Agency may decide that it is appropriate for the participant to trial vehicle modifications under the supervision of a vehicle modification adviser or other suitably-qualified provider.

Where the participant has trialled vehicle modifications, the vehicle modification adviser will provide information about:

- the duration of the trial
- the outcomes of the trial, including any recommendations.

Where the participant has not trialled any vehicle modifications, the vehicle modification adviser will provide information about whether a trial is appropriate for the participant.

Other vehicle-related supports available under the NISQ

Assistance to identify a suitable vehicle

The NISQ Agency may fund a vehicle modification adviser to assist a participant to identify a suitable vehicle for the participant. A suitable vehicle is a vehicle which requires minimal modification to address the participant's support needs.

Where a vehicle modification adviser has identified a modified vehicle which meets the participant's support needs, the NISQ Agency may contribute to the costs of the modifications.

Where possible, participants should apply for tax concessions which are available to them. For more information, visit the [Australian Taxation Office](#) website.



Insurance

The NISQ Agency may fund the private insurance costs relating to vehicle modifications. Vehicle modifications must be identified on the certificate of currency for the vehicle's policy of insurance.

The NISQ Agency will assess its contribution based on the difference between insurance premiums assessed with, and without, the modifications.

Other insurance costs, including the costs of a **CTP insurance policy** remain the responsibility of the participant, or the registered owner of the vehicle.

Assistance with costs relating to vehicle modifications

The NISQ Agency may fund the costs relating to the maintenance, repairs, and transfer costs of vehicle modifications.

Frequency of NISQ-funded vehicle modifications and subsequent vehicle modifications

The ordinary interval between vehicle modifications is approximately eight years. This means that the NISQ Agency expects that a modified vehicle will last a participant at least eight years before the participant requires a subsequent vehicle.

The ordinary interval between vehicle modifications may be shorter where the participant's medical condition prevents the participant using or operating the previously-modified vehicle.

Where the participant has purchased a subsequent vehicle, the NISQ Agency may fund the costs of transferring modifications from a participant's previously-modified vehicle (for example, hand controls, swivel seat systems) to the subsequent vehicle where it is:

- more cost effective compared to the costs of funding modifications to the subsequent vehicle
- more viable to transfer the modifications due to the complexity of the modifications.

Where modifications are transferred from one vehicle to another, the vehicle modification requirements described above apply (see: [vehicle modification requirements](#)).

Limitations on support for vehicle modifications

Vehicle modifications funded under the NISQ are intended to support participants with any transport-related goals identified by the participant, and will take into account other transport supports available under the NISQ and other service systems (or as a reasonable adjustment – see: [Attendant care and support services guideline](#)).

The NISQ Agency will not fund the capital cost of a vehicle.



Vehicle modifications that are generally not funded by the NISQ Agency

The following vehicle modifications (or related costs) are generally not considered necessary and reasonable treatment, care and support:

- costs normally associated with vehicle ownership, including running costs and servicing, are the owner's responsibility
- driver education or driver training costs which are unrelated to the participant's accepted injury
- modifications to more than one vehicle
- modifications to caravans or recreational vehicles (for example, camper vans, all-terrain vehicles etc.)
- general maintenance, fuel costs, registration, CTP insurance policy, private insurance (including a comprehensive car insurance policy) and other costs associated with vehicle ownership
- modifications to a vehicle required for a disability, injury or condition which is not related to a participant's accepted injury
- modifications to convert a vehicle's manual transmission to an automatic transmission
- capital cost of a vehicle
- modifications that don't comply with Queensland legal requirements, or the requirements which apply in the jurisdiction where a vehicle is intended to be driven
- additional modifications to imported vehicles which have factory-fitted modifications to achieve compliance with Queensland legal requirements (or the requirements which apply in the jurisdictions where a vehicle is intended to be driven)
- costs of reverting a vehicle to an unmodified state (unless modifications are being transferred to a subsequent vehicle)
- modifications completed outside of Australia
- repairs covered by a supplier's warranty, including vehicle modifier warranty or a private insurance policy (including a comprehensive car insurance policy).



Treatment, care and support guideline 12

Participants travelling overseas guideline



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Definitions

Defined terms are shown throughout in **bold underlined text** when they first appear.

CTP claim	means a claim for damages defined under section 4 of the <i>Motor Accident Insurance Act 1994</i> , but excludes a claim where liability has been denied by an insurer or where it has been decided by a court that the insurer is liable for a participant's accepted injury.
Eligibility review	means the review conducted by the NISQ Agency of an interim participant's participation in the NISQ.
Information notice	means a notice containing: <ul style="list-style-type: none"> • the decision made by the NISQ Agency • the reasons for the decision made by the NISQ Agency • the day the decision has effect, and how a person can apply for review of the decision.
Information request	means a request seeking additional information to enable the NISQ Agency to respond to a service request.
Interim participant	means a participant who has been accepted into the NISQ for the participation period of two years.
MyPlan	means a support plan prepared by the NISQ Agency and approved under the <i>National Injury Insurance Scheme Act (Queensland) Act 2016</i> .
Participation period	is the period of two years.
Payment request	means a request made under section 35 of the <i>National Injury Insurance Scheme (Queensland) Act 2016</i> for payment for treatment, care and support.
Registered service provider	means a provider of treatment, care and support that is required to be registered under the <i>National Injury Insurance Scheme (Queensland) Act 2016</i> and includes: <ul style="list-style-type: none"> • providers of attendant care and support • home modifications providers • services for the coordination of treatment, care and support.
Service request	means a request made under section 28 of the <i>National Injury Insurance Scheme (Queensland) Act 2016</i> for particular treatment, care and support.
Temporary absence	means an absence of three months or less.



Participants must notify the NISQ Agency of their intention to depart Australia

Participants may travel overseas temporarily or permanently. For example, a participant may go on a holiday to a different country, or to return to live in their home country.

There is a plain language version of this guideline which is shorter and uses simpler words. To access it, view [MyGuide 12 – Overseas travel](#).

If a participant intends to travel overseas for any period of time, they must notify the NISQ Agency of their intention to travel overseas to ensure that a participant is supported to the extent possible during the absence, as well as to assist the NISQ Agency to amend or reschedule appointments related to the participant's absence from Australia. The NISQ Agency will require the following information:

- a) the day the participant intends to leave Australia
- b) if the participant intends to return to live in Australia, the day the participant intends to return
- c) the participant's address while outside Australia
- d) any treatment, care and support that the participant wants the NISQ Agency to fund that is intended to be provided outside Australia (including details of medical and allied health support providers).

This information must be provided to the NISQ Agency at least one month before the participant's departure from Australia. The participant may provide notification of their intention to travel either in writing, via email or during a telephone discussion with the NISQ Agency.

If a participant or other person makes a service request for treatment, care and support to be provided during the participant's absence from Australia, the NISQ Agency will treat the service request as a notification to travel overseas and will require the participant to provide the NISQ Agency with all the required information (see a) to d) above).

If the participant does not provide the NISQ Agency with the required information, the NISQ Agency may suspend their participation in the NISQ.

What happens when a participant is suspended

When a person is suspended from participation, they are no longer a 'participant' for the purposes of the *National Injury Insurance Scheme (Queensland) Act 2016*. This means they will not have:

- their needs for treatment, care and support assessed by the NISQ Agency
- a [MyPlan](#)
- the ability to make a **service request** for treatment, care and support
- any entitlements to payments or reimbursements for treatment, care and support under a **payment request**.

If a person is suspended from participation while they are an **interim participant**, and the NISQ Agency is unable to conduct an **eligibility review** of their participation, then their participation in the NISQ may end after the **participation period**.

Similarly, if a participant has a claim and they are suspended, their rights to preserve, and receive treatment, care and support damages paid by the NISQ Agency, may be affected. If a participant has a claim and is legally represented, they should seek advice from their solicitor about the potential impact of suspension on their rights and entitlements.



Temporary absences

Participants will generally be supported by the NISQ Agency for **temporary absences** from Australia. This could include travel for recreational, family or personal purposes. Temporary absences are for periods of less than three months. The scope of this support is described under [What the NISQ Agency will fund for temporary absences](#) and [What the NISQ Agency will not fund for temporary absences](#).

After receiving notification of a participant's intention to travel overseas, the NISQ Agency will amend the participant's MyPlan to remove or reschedule treatment, care and support intended to be provided in Australia during the absence, and include any necessary and reasonable treatment, care and support which the participant will require during their absence from Australia.

The NISQ Agency can also seek clarification of any service requests which were approved before the NISQ Agency received notification of a participant's intention to travel overseas, unless a service request was made by a participant specifically for the period of absence from Australia.

If the NISQ Agency amends the participant's MyPlan, it will provide the participant with an amended MyPlan setting out the approved funding for treatment, care and support. If the NISQ Agency requires additional information in relation to a service request, it will provide the participant with an **information request**. If the NISQ Agency's decision is not to fund the service request or to suspend participation in the NISQ, it will provide the participant with an **information notice** containing reasons for the decision and their rights for review.

The NISQ Agency will work collaboratively with participants who are intending to depart Australia temporarily to develop their MyPlan.

What the NISQ Agency will fund for temporary absences

To the extent possible, the NISQ Agency will decide supports to be provided outside Australia, as though the supports are to be provided within Australia. The NISQ Agency has published information about how it assesses necessary and reasonable treatment, care and support needs (see: [Necessary and reasonable guideline](#)).

For temporary absences, this may include:

- attendant care
- rehabilitation services required to maintain or improve functioning.

Treatment, care and support services approved for temporary absences will be in Australian dollars and will not exceed the costs that would be incurred if the participant were living in Australia.

In addition, the NISQ Agency may decide that brokerage services are required to assist with the administration of the treatment, care and support for the participant while they are overseas.

While the NISQ Agency requires certain service providers to be **registered service providers**, the NISQ Agency may fund service providers that are not registered having regard to the appropriateness of the provider, as well as any other matter which the NISQ Agency considers relevant.

Funding for temporary absences may also be subject to conditions or requirements described in the participant's MyPlan.



What the NISQ Agency will not fund for temporary absences

The NISQ Agency will generally not fund:

- an expense incurred for treatment, care and support that exceeds the cost of a comparable service that can be provided in Queensland or Australia
- treatment, care and support for home modifications or vehicle modifications for temporary absences
- travel expenses which are not directly attributable to the participant's support needs relating to their accepted injury (for example, visa costs, immunisation expenses, flight costs)
- family members or friends to provide support
- treatment, care and support that is not necessary and reasonable.

Suspension for absences longer than three months

If a participant wants to receive support under the NISQ for an absence longer than three months (which includes participants who have decided to return to their home country to live), they must notify the NISQ Agency of their intention at least one month prior to their intended departure.

These requests will be considered on a case-by-case basis, and there may be circumstances where the NISQ Agency decides to suspend a person's participation.

If a participant has a **CTP claim**, the NISQ Agency will not suspend their participation in the NISQ if they are absent for longer than three months, unless their absence is likely to adversely affect them.

When the NISQ Agency may suspend participation because their absence is likely to adversely affect them

The NISQ Agency will suspend a person's participation in the NISQ if their absence will, or is likely to adversely affect their:

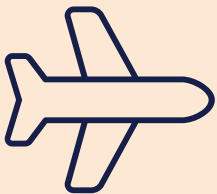
- condition (physical and mental health, or wellbeing) as a result of their accepted injury, or
- prospects of improvement in relation to their accepted injury, or
- prospects of rehabilitation from their accepted injury.



How the NIISQ Agency decides whether an absence will or is likely to have ‘adverse affect’

The NIISQ Agency generally considers that a participant is likely to be adversely affected by their absence from Australia where:

- the participant has travelled, or intends to travel, to a country that the NIISQ Agency considers dangerous or high risk
- the participant has travelled, or intends to travel to receive treatment, care or support which is not supported by the NIISQ Agency (for example, but not limited to, experimental or non-evidence-based treatment)
- where the travel interferes with a treatment plan or program prescribed by a treating health professional
- where the travel is not supported by the participant’s treating health professionals.



Example 1: A participant wishes to travel to a country which has an in-effect ‘Do not travel’ advice issued by the Department of Foreign Affairs and Trade, due to ‘instability and conflict’. The NIISQ Agency decides that there is a real risk that the participant’s condition, prospects of improvement and prospects of rehabilitation will be adversely affected during the period of their absence.


Example 2: A participant wishes to travel to a different country for the purpose of receiving experimental stem cell therapy, which is not supported by the NIISQ Agency due to an absence of research outcomes demonstrating efficacy, and patient safety. The NIISQ Agency decides that the purpose of the travel is to access treatment which is not supported by the NIISQ Agency and that the participant’s condition is likely to be adversely affected by their absence.

The NIISQ Agency may require evidence from a medical professional which it has nominated to provide assurance that the participant’s absence is not likely to adversely affect the participant. If this evidence is not received, the NIISQ Agency may not be able to satisfy itself that the travel is appropriate and may suspend the participant’s participation in the NIISQ.



National Injury Insurance
Scheme, Queensland

Contact us

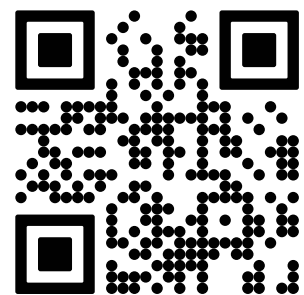
 **Telephone** 1300 607 566 and we will call you back.

If you prefer to talk to us in your own language, call us and we will arrange an interpreter to effectively communicate with you.

If you are d/Deaf, hard of hearing, or have a speech communication difficulty, contact us through the National Relay Service. Choose your access option ([information here](#)) and provide 1300 607 566 when asked by the relay officer.

 **Email** enquiries@niis.qld.gov.au

Visit niis.qld.gov.au
or scan the QR code



If you're in an emergency, please call 000.

We're not a first response medical provider.

The information provided in the *Treatment, care and support guidelines* is intended to provide general guidance. The guidelines are not legal advice. Please refer to the *National Injury Insurance Scheme (Queensland) Act 2016* and *National Injury Insurance Scheme (Queensland) Regulation 2016* for more details about the National Injury Insurance Scheme, Queensland. It is intended that the guidelines will be modified and updated over time as the NIISQ develops.