

Guide to Reasonable and Necessary (R & N) decisions

Wound care supports

Case example

Helen is a paraplegic with limited mobility. She has recently developed several pressure sores because of her disability. These are chronic and likely to take months to resolve. Helen asks us to fund the wound care supports her doctor has recommended.

Would we fund this?

Yes, we'd fund wound care supports if they are related to Helen's disability support needs.

Helen will need to give us a wound care plan from her doctor or care nurse. This plan should include details of the wound care supports she needs for her disability-related injury.

Why would we fund this?

NDIS laws determine what we can and can't fund. Things we can fund are called NDIS supports. Helen can use the funding in her plan to buy NDIS supports if they are related to her disability and are in-line with her plan.

To work out whether a support is an NDIS support for you, we look at the information you give us against the [NDIS funding criteria](#).

You need to give us a wound care plan which details what supports your doctor recommends for your disability support needs. We use this to work out whether the wound care supports are NDIS supports for you.

This wound care plan needs to include an assessment and diagnosis which confirms your wounds are chronic. Wounds are chronic when they won't heal, will heal slowly or will heal but reoccur. Chronic wounds are those that have not healed after 3 months.

The plan needs to give us information about:

- how the wound care relates to your ongoing disability support needs
- how your wound or pressure care should be done. This includes how often you need your wound checked, treated or dressed and details of any wound care products you need for its management

- what should be done to prevent new wounds or pressure injuries. This includes any recommendations for assistive technology which would help this.

What else do we think about?

We won't fund wound management supports that are not NDIS supports for you. The health system is responsible for things like:

- wounds being treated in the hospital, or a clinical setting, by a clinician at home, or while in custody
- the early treatment of wounds, such as acute wounds. This includes wounds from cuts, scrapes, abrasions, minor burns or any other type of wound you might get in your daily life which is not because of your disability.

We won't fund consumables, such as dressings, antiseptic cream and medical tape to treat things like minor cuts and grazes that don't require medical support. These are day-to-day living costs and not NDIS supports.

Case example

Mark has a spinal injury and has no mobility in his legs. He recently had an accident while in his kitchen and severely burnt his arm. Mark spent 6 nights in hospital while the burn was treated and dressed. During this time Mark also developed some pressure sores. This was because he was unable to shift his position using his uninjured arm regularly and being on heavy pain medication.

On discharge from hospital, Mark's doctor gave him a wound treatment plan. The plan explained:

- Mark's burn is acute and likely to heal in 8 to 12 weeks
- his burn dressings will need to be changed weekly for about 4 to 5 weeks
- Mark's at-home care needs. This includes how often a nurse will need to visit to treat his burn and make sure his pressure injuries don't get worse
- Mark's pressure sores are deep and chronic. Even with care support, they most likely will take months to resolve
- the type of consumables Mark will need to treat his burns and chronic pressure injuries. For example, dressings.

Mark sends the wound treatment plan to us, asking for funding to cover the cost of his wound care support and consumables. He stresses that due to his limited mobility he will need at-home nursing support.

Would we fund this?

Yes and no.

We can fund Mark's request for a home-care nurse and the consumables, such as dressings, to treat his pressure sores. This is an NDIS support as it relates to Mark's disability support needs.

We won't fund Mark's request for a home-care nurse to treat his burns and the consumables needed for this, such as dressings. The ongoing treatment of his burns is medical treatment requiring a specialist burns nurse. This is not an NDIS support as it does not relate to Mark's disability support needs.

What else do we think about?

NDIS laws determine what we can and can't fund. Things we can fund are called NDIS supports. We won't fund wound management supports that are not NDIS supports for you.

When working out whether these supports are NDIS supports for Mark, we look at the information he gives us against the [NDIS funding criteria](#). This is to work out whether the funding for the supports to manage Mark's burns, pressure sores and buy the required consumables are an NDIS support for him.

The planner also considers:

- if Mark needs help to manage his burns and pressure sores because of his disability support needs or medical needs
- whether Medicare, the health system or other providers are responsible for delivering these types of support after hospital discharge
- if the support requests are related to Mark's disability support needs
- if the supports are value for money
- if the supports are NDIS supports.

In Mark's case the planner decides to approve funding for a home-care nurse and the consumables, such as dressings, to treat his pressure sores. This includes the cost of two visits a week from a home-care nurse to dress his pressure sores and prevent them from getting worse. This is because it meets all [NDIS funding criteria](#) including:

- it's an NDIS support relating to Mark's disability support needs
- it's good value for money
- it will increase Mark's independence and decrease his need for this support over time.

The planner also decides to decline funding for the home-care nurse and consumables to treat Mark's acute burn injury. This is because they don't meet [NDIS funding criteria](#) as they are not NDIS supports relating to Mark's disability support needs.

Mainstream services funded by Medicare and the health system are responsible for treating Mark's acute burn injury, including after hospital discharge.

For more information, go to:

- [Our Guideline - Reasonable and necessary supports](#)
- [Our Guideline - Disability-related health supports.](#)