



IPSP Fact Sheet 3: Documentary evidence for Inclusion Support Subsidy



Note: This fact sheet contains information about the documentation required to be submitted as evidence when applying for Inclusion Support Subsidy (ISS). It should be read in conjunction with the IPSP Guidelines for 2013–2016, which provides information on eligibility, purpose for which the subsidy can be used and other conditions and requirements for funding.

1. Introduction

When applying for Inclusion Support Subsidy (ISS), a child care and early learning service (the Service) must provide documentation that details the ongoing high support needs of a child or children to be included in the application for ISS. The ISS application must include documentary evidence of the child's assessed/diagnosed disability, continuing assessment of disability, or refugee status.

2. Documentary evidence

The documentation must be signed or validated and have sufficient information that confirms:

- a diagnosed disability or a diagnosed medical condition (refer to Attachment B: Determining if a disability is considered permanent)
- a disability diagnosis which may include, but is not limited to, developmental delay. Evidence must be dated within 12 months of the application being submitted
- continuous assessment of disability. Documentary evidence must be dated within 12 months of the application being submitted. The National Inclusion Support Subsidy Provider (NISSP) can accept further documentary evidence, demonstrating the child is still undergoing continuing assessment for disability, to support ISS applications for periods totalling no more than 18 months.
- refugee or humanitarian intervention status.

All evidence will be considered by the NISSP during the assessment of ISS applications.

3. Certified documentary evidence

Documentary evidence from medical practitioners, registered psychologists, registered nurses or nurse practitioners, or allied health practitioners will be accepted to support the application for ISS. Evidence provided from allied health professionals and registered nurses or nurse practitioners must provide more detailed information that confirms the diagnosis and detail the child's needs. This will minimise follow up from the NISSP.

A list of allied health professionals whose documentary evidence can be accepted from is provided at **Attachment A**.

Documentary evidence for **diagnosed disability** may include:

- a qualified medical practitioner's confirmation of a diagnosis
- diagnosis by a registered psychologist
- the child's health care card stating the disability code
- documentation stating a child's eligibility for Child Disability Allowance or parent's/guardian's eligibility for Carers Allowance with respect to the child
- the child's Disability Support Pension, if the child is over 16 years of age
- detailed information that supports diagnosis provided by allied health professionals, registered nurses or nurse practitioners.

Documentary evidence for a child **undergoing continuous assessment** for disability may include:

- supporting documentation, such as a diagnostic report, signed by a qualified medical practitioner or registered psychologist
- a report or supporting documentation signed by an allied health professional, registered nurse or nurse practitioner of the continuing assessment of a child for the purpose of diagnosing disability
- an appointment letter or referral for an assessment by a qualified medical practitioner or registered psychologist. This can include outcomes of appointments or assessments conducted.

Evidence of a **child's refugee or humanitarian intervention** status may include:

- documentary evidence of the child's refugee status. Please note, as visa codes are subject to change, ISAs and/or services must check with the Department of Immigration and Border Protection for the current humanitarian-related visa codes.

The NISSP may request further documentary evidence to assist determining eligibility.

4. Evidence of a diagnosed permanent disability

Documentary evidence that supports permanent disability will not be required to be submitted with future applications while the child is enrolled at the same Service. On approval of an application for ISS the NISSP will confirm on the Inclusion Support case that evidence of permanent disability has been submitted.

Change of Circumstances Applications:

- Documentary evidence is not required to be attached for existing children in a change of circumstance application, unless a child was undergoing continuing assessment for disability and now has confirmation of a diagnosed disability.
- Documentary evidence is required and should be attached for a new child entering the care environment, unless notification has been provided by the NISSP that this child has permanent disability status while at this service.

Renewal and New Applications:

- Documentation is not required to be attached for those children where the NISSP has provided notification that the child has permanent disability status while at this service. Current documentary evidence is required for all other children included in the IS Case.

Please note although evidence of permanent disability may have been accepted, future applications for ISS will require sufficient information to demonstrate the impact that the child's current needs have on the care environment and whether the support is required to include the child in the care environment.

The list of permanent disabilities is at **Attachment B**.

5. Documentation and eligibility for ISS

Meeting documentary evidence requirements is only one component of eligibility for ISS. Child care and early learning services must demonstrate the need for an additional educator and the impact of supporting the inclusion of a child with ongoing high support needs with their typically developing peers. In home care based services must demonstrate the impact on the educator by supporting a child/ren with ongoing high support needs. The application must demonstrate that the service intends to use ISS for approved purposes only, as outlined in the IPSP Guidelines 2013-2016.

The NISSP may request further details for an ISS application to assist determining eligibility.

6. Attaching Documentary Evidence to an IS Portal Application

For applications completed on the IS Portal, services must attach the required documentary evidence. Please refer to Inclusion Support Portal Task Card 3: Setting and Children Tab and Inclusion Support Portal Task Card 5: Attachments Tab for assistance.

7. Attaching Documentary Evidence to a Paper-based application

Budget Based Funded (BBF) approved services apply for ISS by submitting paper-based applications. BBF services must attach the documentary evidence to their application when they provide it to the NISSP for assessment.

Attachment A

Allied Health Professionals:

For the purposes of ISS, the range of Allied Health Professionals that could be accessed by parents and carers to provide documentary evidence may include, but is not limited to:

- Aboriginal Health Workers
- Audiologists
- Occupational Therapists
- Physiotherapists
- Psychologists
- Social Worker
- Speech Pathologists

Each of the professions described in the list above have minimum standards required to be able to claim for services under Medicare, and must meet specific eligibility requirements as detailed below.

Aboriginal Health Workers (consistent with Medicare requirements) that provide services practising in the Northern Territory (NT) must be registered with the Aboriginal Health Workers Board of the NT; in other States and the Australian Capital Territory they must have been awarded a Certificate Level III (or higher) in Aboriginal and Torres Strait Islander Health from a Registered Training Organisation that meets training standards set by the Australian National Training Authority's Australian Quality Training Framework.

Audiologists must be either a 'Full Member' of the Audiological Society of Australia Inc (ASA), who holds a 'Certificate of Clinical Practice' issued by the ASA; or an 'Ordinary Member – Audiologist' or 'Fellow Audiologist' of the Australian College of Audiology (ACAud).

Occupational Therapists in Queensland, Western Australia, South Australia and the Northern Territory must be registered with the Occupational Therapists Board in the State or Territory in which they are practising; in other States and the Australian Capital Territory, they must be a 'Full-time Member' or 'Part-time Member' of OT AUSTRALIA, the national body of the Australian Association of Occupational Therapists.

Physiotherapists must be registered with the Physiotherapists Registration Board in the State or Territory in which they are practising.

Psychologists must be registered, without limitation, with the Psychologists Registration Board in the State or Territory in which they are practising.

A **Social Worker** must be a 'Member' of the Australian Association of Social Workers (AASW) and be certified by AASW as meeting the standards for mental health set out in AASW's 'Standards for Mental Health Social Workers 1999'.

Speech Pathologists across Australia must be eligible for or a 'Practicing Member' of Speech Pathology Australia.

Attachment B

Documentary Evidence – Determining if a disability is considered permanent

The lists below have been developed using the 'Guide to Social Security Law, 1.1.R.90 Recognised disability CA (child)' available on the [Department's website](http://guides.dss.gov.au/guide-social-security-law/1/1/r/90) (<http://guides.dss.gov.au/guide-social-security-law/1/1/r/90>). The lists are not exhaustive and may be amended from time to time. For the purposes of ISS, the Department refers to this guide for permanent disability.

Please note, inclusion on these lists does not mean that a service including a child diagnosed with that disability or medical condition is eligible for ISS. The NISSP must assess all applications in accordance with the IPSP Guidelines.

The following disabilities do not have to be tested against the Disability Care Load Assessment (DCLA):

- Moderate to severe multiple disability or moderate to severe physical disability (including neurological disability) where the child is, or is likely to be, dependent for mobility indoors and outdoors from 3 years of age onwards.
- Severe multiple or physical disability (including uncontrolled seizures), requiring constant care and attention where the child is less than 6 months of age.
- Moderate, severe or profound intellectual disability where IQ is less than 55. This includes a child with a known syndrome.
- Autism Spectrum Disorder when diagnosed by a psychiatrist, developmental paediatrician, or a registered psychologist experienced in the assessment of Pervasive Developmental Disorders and using the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).
- Autistic Disorder or Asperger's Disorder (not including Pervasive Developmental Disorder not otherwise specified) when diagnosed by a psychiatrist, developmental paediatrician, or a registered psychologist experienced in the assessment of Pervasive Development Disorders and using the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).
- Childhood Disintegrative Disorder diagnosed by a psychiatrist using DSM-IV.
- Major depression of childhood diagnosed by a psychiatrist using DSM-IV or DSM-5.
- Childhood schizophrenia diagnosed by a psychiatrist using DSM-IV or DSM-5.
- Bilateral blindness where:
 - visual acuity is less than or equal to 6/60 with corrected vision, or
 - visual fields are reduced to a measured arc of less than 10 degrees.
- A 45 decibels or more hearing loss in the better ear, based on a 4 frequency pure tone average (using 500, 1,000, 2,000 and 4,000Hz).
- Deaf-blindness diagnosed by a specialist multidisciplinary team, including a professional audiological and ophthalmological evaluation.
- Epilepsy (uncontrolled while on medication).
- Cystic Fibrosis.
- Down syndrome.
- Fragile X syndrome.
- Diabetes Mellitus Type 1.
- Phenylketonuria (PKU).
- Other inborn errors of metabolism (not specified elsewhere) that are treated by medically prescribed diet to prevent neurological disability and/or severe organ damage.
 - *Example: Organic acidaemias, urea cycle defects, galactosaemia and some fatty acid or oxidation defects.*

- Moderate to severe Osteogenesis Imperfecta with 2 or more fractures per year and/or significant pain that significantly limits activities of daily living.
- Chromosomal or syndromic conditions (not specified elsewhere) where there is moderate or severe intellectual disability and/or multiple, major and permanent physical abnormalities as diagnosed by a paediatrician, paediatric sub-specialist or clinical geneticist.
 - *Example: Children with a moderate or severe intellectual disability and/or multiple, major and permanent physical abnormalities who have been diagnosed with Cri du chat syndrome, Rett syndrome, Angelman syndrome, Prader-Willi syndrome, Edwards syndrome (Trisomy 18), Williams syndrome, Patau syndrome (Trisomy 13), Coffin-Lowry syndrome, Congenital rubella syndrome, Cornelia de Lange syndrome, Kabuki Make-up syndrome, Larsen syndrome, Opitz G syndrome, Pallister-Killian syndrome, Seckel syndrome, Smith-Magenis syndrome, CHARGE association.*

Note: This category may apply to children diagnosed with other non-listed chromosomal or syndromic conditions who have a moderate or severe level of intellectual disability and/or multiple, major and permanent physical abnormalities.

- Neurometabolic degenerative conditions where there is moderate or severe intellectual and/or moderate or severe physical disability as diagnosed by a paediatrician, paediatric sub-specialist or clinical geneticist:
- Lysosomal storage disorders.
 - *Example: Children with a moderate or severe intellectual and/or physical disability who have been diagnosed with metachromatic Leukodystrophy, Tay Sachs disease, Krabbe disease, Pompe's disease, Mucopolysaccharidoses (Hurler syndrome ((MPS) 1), Hunter syndrome (MPS 2), San Filippo syndrome (MPS 3), Morquio syndrome (MPS IVA), Maroteaux-Lamy syndrome (MPS VI).*
- Neurometabolic conditions.
 - *Example: Children with a moderate or severe intellectual and/or physical disability who have been diagnosed with Lesch Nyhan syndrome, Menkes disease, Zellweger syndrome and related peroxisomal disorders, some mitochondrial respiratory chain disorders.*

Note: This category may apply to children diagnosed with other non-listed neurometabolic degenerative conditions who have a moderate or severe level of intellectual and/or physical disability.

- Neurodegenerative disorders where there is moderate or severe intellectual and/or moderate or severe physical disability as diagnosed by a paediatrician, paediatric sub-specialist or clinical geneticist.
 - *Example: Children with a moderate or severe intellectual and/or physical disability who have been diagnosed with Ataxia Telangiectasia, unclassified Leukodystrophies.*

Note: This category may apply to children diagnosed with other non-listed neurodegenerative conditions who have a moderate or severe level of intellectual and/or physical disability.

The following dermatological conditions:

- Epidermolysis Bullosa Dystrophica
- Hypohidrotic ectodermal dysplasia (synonym: anhidrotic ectodermal dysplasia),
- Hay Wells syndrome (synonym: ankylobepharon, ectodermal dysplasia and clefting (AEC) syndrome)
- Lamellar ichthyosis
- Harlequin ichthyosis
- Sjorgren Larsson syndrome
- Netherton syndrome
- Severe congenital ichthyosiform erythroderma
- Generalised bullous ichthyosis (synonym: bullous ichthyosiform erythroderma epidermolytic hyperkeratosis)

Any of the following neuromuscular conditions:

- Duchenne (or Becker) muscular dystrophy
- Autosomal recessive muscular dystrophy
- Spinal muscular atrophy conditions, for example Werdnig-Hoffman
- Friedrich's Ataxia