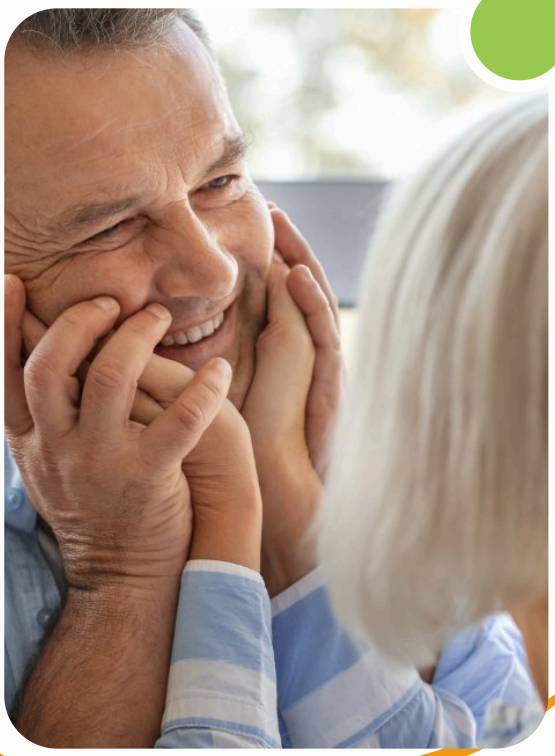
United Health Professionals

Complex care and your NDIS plan meeting: how to describe high-intensity needs clearly.

A guide for families

For families of an adult who needs PEG feeding, catheter care, bowel care, seizure support or other complex care. How to show the NDIS what really happens, day and night.



1. What the NDIS needs to understand
2. Reports that help, and what to bring
3. How to describe each need
4. A complex-care diary
5. Questions, and what happens next

Describe the care as it really happens, day and night.

United Health Professionals
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1 What the NDIS needs to understand about complex care.

The planner can only plan for what they know about. Your job is to describe the care clearly, fully and accurately. Leave nothing out, and add nothing that doesn't happen.

The NDIS (National Disability Insurance Scheme) calls some complex care **high-intensity daily personal activities**. The NDIS Practice Standards, the quality rules for registered providers, list eight. For these, the person helps write their own support plan. A qualified health practitioner reviews their health regularly, and workers are trained in the person's specific needs.

Epilepsy and seizure support isn't one of the eight, but it has its own skills descriptor (a guide to the skills workers need). Describe it in the same detail.

Tick the needs your family member has

- [ ] Complex bowel care (a bowel routine that needs training)
- [ ] Severe dysphagia (serious trouble chewing or swallowing)
- [ ] Urinary catheter care (a tube draining the bladder)
- [ ] Subcutaneous injections (under the skin)
- [ ] Epilepsy and seizure support
- [ ] Enteral feeding, such as a PEG (a stomach feeding tube)
- [ ] Tracheostomy care (a breathing tube in the neck)
- [ ] Ventilator care (a machine that helps breathing)
- [ ] Complex wound care, such as serious pressure injuries
- [ ] Other health needs linked to the disability

What the planner needs to see

That each need comes from the disability. The NDIS may fund disability-related health supports, such as a trained worker for PEG feeds. Hospital care, treatment and medicines come from the health system.

When each task happens, day and night. NDIS guidance says plans usually mix high-intensity and standard support, based on when the high-intensity tasks happen.

Who can safely do each task. A trained support worker can do some tasks. Others need a nurse. A registered nurse decides which tasks can be handed to a trained worker.

How planning works right now

In October 2026, plans are still made the current way. The NDIA (National Disability Insurance Agency) runs the NDIS. An NDIA planner creates the plan from your information and evidence, such as reports, then explains it at a plan meeting. From April 2027, the NDIA plans to start a new way of planning with a support needs assessment (a guided conversation with a trained assessor). You'll be told before anything changes for you.

2 Reports that help, and what to bring.

The NDIS uses evidence to decide what goes in a plan. Recent reports from professionals who treat your family member help most. Sending them before the meeting can help the NDIA approve the plan sooner.

GP

Your family member's family doctor. They can describe health conditions, how these link to the disability, and who else is involved in their care.

Specialist

For example, a neurologist for epilepsy. They can describe the condition, what can go wrong, and the day-to-day support it needs.

Registered nurse

A nurse care plan, or the discharge summary from a hospital stay, should list each task, how complex it is and its risks. It should say who has the skills.

Continence nurse

For bladder and bowel care. The NDIS checks that a continence assessment has been done by a continence nurse or similar professional, and asks to see it.

Speech pathologist

For dysphagia. They write a mealtime management plan, which sets out how your family member can eat and drink safely. They should assess where the person usually eats.

Dietitian

For PEG or tube feeding. The dietitian in the medical team works out the type of feed, how much and how often.

A useful report says

- [ ] What support is needed, and how much
- [ ] How the support helps your family member
- [ ] Where the support happens
- [ ] How the need affects daily life
- [ ] How the need links to the disability
- [ ] Who should do it: family, a trained worker or a nurse
- [ ] The risks, and what to do if things go wrong
- [ ] That it's recent, and specific to your family member

What to bring to the meeting

- [ ] Your family member's current NDIS plan, if they have one
- [ ] Each written care plan, such as a mealtime management plan
- [ ] Your diary and worksheets from this guide
- [ ] A list of who helps now, and when
- [ ] Recent reports from their health professionals
- [ ] Recent hospital discharge summaries
- [ ] A list of equipment and supplies used
- [ ] Your questions, and something to take notes

3 How to describe each need.

Planners don't see your home at 3am, so give them the facts. Describe a usual day and a hard day. Fill in one worksheet for each need you ticked in section 1. Make copies first.

How often

Times a day, week or month, including at night. Write "bag emptied 5 times a day and once overnight", not "needs catheter help".

How long it takes

From start to finish, including setting up, cleaning up and writing notes. Give the time for a usual day and a hard day.

How many people

One person or two? If it takes two, say why. For example, to move or position your family member safely.

Overnight

Who gets up, how often and for how long. Include feeds, turning, suctioning, alarms and checks. Night care is easy to forget.

When it goes wrong

What goes wrong, how often, and what you do. For example, a blocked catheter, a tube that comes out, choking or a seizure. In an emergency, call 000.

Who does it now

Which tasks family does now, and how much you can keep doing. Who trained you, and what a new worker would need to learn.

Worksheet: one need

The need For example, PEG feeding

Reports or care plans about it Who wrote them, and when

How often Day and night

How long each time A usual day and a hard day

How many people, and why

Overnight Who gets up, how often, how long

When it goes wrong, and what you do What happens, how often, who you call

Who does it now, and training needed Family, workers or a nurse. Who trained them.

4 Keep a complex-care diary for one week.

For each task, note the time, how long it took and how many people helped. Use the last row for anything that went wrong and what you did. It shows how needs change from day to day.

Complex-care diary

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning							
Midday							
Afternoon							
Evening							
Overnight							
What went wrong							

5 Questions to ask, and what happens next.

The planner will explain how the plan was made. You can give new information, and they may change the plan in the meeting.

1 How have you described each high-intensity need in the plan?

Why it matters

So you can check nothing is missing, including overnight care.

A good answer sounds like

"The planner goes through each need and explains how they used your evidence."

Their answer

2 Do you need any more evidence from us?

Why it matters

Approval can take longer if the NDIA needs more information or an assessment.

A good answer sounds like

"They tell you what's needed, who should write it and how to send it."

Their answer

3 How is training for workers and family covered?

Why it matters

For high-intensity care, workers need training in your family member's specific needs.

A good answer sounds like

"They explain what training is included and who can give it."

Their answer

After the meeting

1 The plan is approved

This may happen at the meeting or soon after. You'll get a copy. You can also choose a plan implementation meeting to learn how to use the plan.

2 If you don't agree

Ask the NDIA to explain. Within 3 months of getting the decision in writing, you can ask for an internal review, where the NDIA looks at it again. After that, the Administrative Review Tribunal can review it.

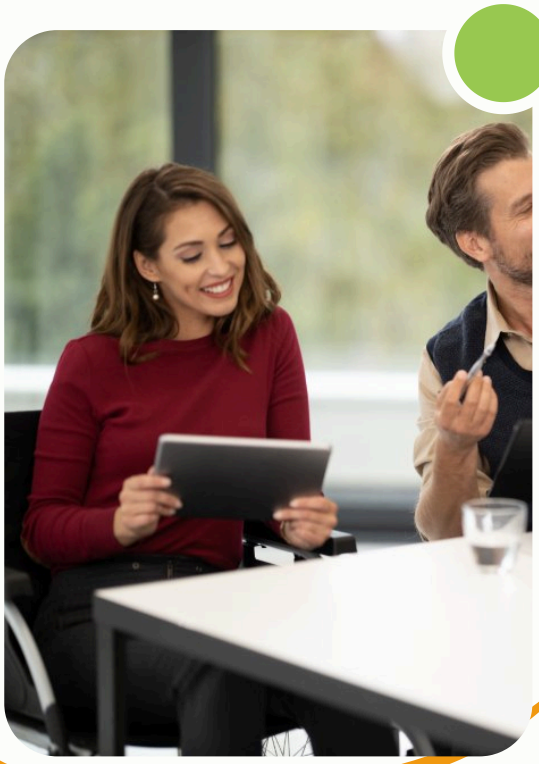
3 Check-ins and changes

Your my NDIS contact (your main contact, named in the plan) checks in at least once a year. If needs change a lot for the long term, the person or their plan nominee can ask for the plan to be reassessed.

United Health Professionals

Personal care at home, including complex care.

We support adults at home in Melton, Caroline Springs, St Albans, Sunshine and Deer Park. Ask us every question in this guide. We'd rather you compare.



Personal care

Showering, dressing, grooming and toileting, at home and on your schedule.

Complex care

Talk to us about PEG feeding, catheter care, bowel care or seizure support.

Household tasks

Cleaning, laundry and meals, alongside personal care.

Registered NDIS provider

Check us on the NDIS Commission's provider register.

ABN 69 649 956 776

United Health Professionals Pty Ltd.

Your plan, your say

Support can be paid from your NDIS funding if it's included in your plan.

How to start

1

Call us

Tell us who the support is for, what's needed and where.

2

Talk it through

We go through the plan, the routine and what matters to the person.

3

Meet us

At home or wherever suits, with family there if you'd like.

4

Sign when ready

A service agreement with every support and price, before anything starts.

Planning complex care at home?

Call us if you'd like to talk through your family member's needs and the questions in this guide.

Call 0416 851 984

info.unitedhealthprofessionals@gmail.com

This guide is general information, not advice about a particular plan. Always follow the person's own support plan and their health practitioner's instructions.