

Continence Aids Payment Scheme 2020

made under section 12 of the

National Health Act 1953

**Compilation No. 7**

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**Includes amendments:** F2024L01275

**About this compilation**

**This compilation**

This is a compilation of the *Continence Aids Payment Scheme 2020* that shows the text of the law as amended and in force on 14 October 2024 (the ***compilation date***).

The notes at the end of this compilation (the ***endnotes***) include information about amending laws and the amendment history of provisions of the compiled law.

**Uncommenced amendments**

The effect of uncommenced amendments is not shown in the text of the compiled law. Any uncommenced amendments affecting the law are accessible on the Register (www.legislation.gov.au). The details of amendments made up to, but not commenced at, the compilation date are underlined in the endnotes. For more information on any uncommenced amendments, see the Register for the compiled law.

**Application, saving and transitional provisions for provisions and amendments**

If the operation of a provision or amendment of the compiled law is affected by an application, saving or transitional provision that is not included in this compilation, details are included in the endnotes.

**Editorial changes**

For more information about any editorial changes made in this compilation, see the endnotes.

**Modifications**

If the compiled law is modified by another law, the compiled law operates as modified but the modification does not amend the text of the law. Accordingly, this compilation does not show the text of the compiled law as modified. For more information on any modifications, see the Register for the compiled law.

**Self‑repealing provisions**

If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.

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Part 1*—*Preliminary

1 Name of Instrument

 This Instrument is the *Continence Aids Payment Scheme 2020*.

3 Repeal of previous instrument and maintenance of Scheme

(2) This Instrument maintains in existence the Continence Aids Payment Scheme formulated by the *Continence Aids Payment Scheme 2010*.

4 Interpretation

 (1) In this Instrument:

***Act*** means the *National Health Act 1953*.

***Amendment Act*** means the *National Health Amendment (Continence Aids Payment Scheme) Act 2010*.

***approved form***, when used in a provision of this Instrument, means a form approved, whether before or after the commencement of this Instrument, by the Secretary or Chief Executive Medicare in writing for the purposes of that provision.

***authorised payment recipient***, for a participating person, means the person referred to subsection 20(3).

***authorised representative*** means a person referred to in subsection 18(3).

***CAPS payment***, for a participating person, means:

 (a) for a financial year—the amount specified in subsection 11(1); or

 (b) for part of a financial year—the amount calculated in accordance with, subsection 11(2).

***continence aid*** means a product intended to assist in the management of incontinence and, for the avoidance of doubt, includes continence‑related products.

***correspondence recipient*** means a person referred to in section 19.

***eligibility criteria*** has the meaning given by section 5.

***eligible neurological condition*** means a condition listed in Part 1 of the Schedule.

***eligible other condition*** means a condition listed in Part 2 of the Schedule.

***family member***, in relation to a participating person, means:

 (a) the partner or a parent of the participating person; or

 (b) a sister, brother or child of the participating person; or

 (c) any other person who, in the opinion of the Chief Executive Medicare, should be treated for the purposes of this definition as one of the relevant person’s relations described in paragraph (a) or (b).

***health professional***:

 (a) means:

 (i) a person engaged in a health care related vocation or profession who must be registered or licensed (however described) under a Commonwealth, State or Territory law in order to practise that vocation or profession; or

 (ii) a person who is an eligible Aboriginal health worker under the *Health Insurance (Allied Health Services) Determination 2009* made under the *Health Insurance Act 1973*; but

 (b) does not include a person who is a family member of the relevant participating person.

Note: Section 10 of the *Acts Interpretation Act 1901* dealswith references to legislation that has been amended or replaced.

***legal representative*** means a person with legal authority under a law of a State or Territory to act for another person such as a guardian or attorney under a power of attorney.

***organisation*** means an entity, including a body politic, with an Australian Business Number which provides, will provide or will facilitate the provision of continence aids to a participating person, but does not include a person:

 (a) with legal authority under a law of a State or Territory to act for the applicant or participating person; or

 (b) a person referred to in paragraphs 18(2)(a) to (c) or 20(1)(a) to(c).

***participating person*** means:

 (a) a person approved under section 6 to participate in the Scheme; or

 (b) a person taken to participate, and to be eligible to participate, in the Scheme under item 3 of the Amendment Act,

unless the person’s participation has ceased to have effect under this Instrument.

Note: Item 3 of the Amendment Act and section 10 of this Instrument deal with when a person’s participation ceases to have effect.

***permanent and severe incontinence*** means frequent and uncontrollable moderate to large loss of urine or faeces which impacts on a person’s quality of life and which is unlikely to improve with medical, surgical or clinical treatment regimes.

***residential care*** has the same meaning as in the *Aged Care Act 1997*.

***residential care service*** has the same meaning as in the *Aged Care Act 1997*.

***respite care*** has the same meaning as in the *Aged Care Act 1997*.

***Scheme***means the Continence Aids Payment Scheme formulated by the *Continence Aids Payment Scheme 2010* and maintained in existence by this Instrument.

***Secretary*** includes a person authorised by the Secretary to act on his or her behalf in approving forms for, or related to, this Instrument.

 (2) Nothing in this Instrument is intended to affect the operation of any law of a State or Territory that deals with legal representatives.

 (3) References to a legal representative in particular provisions and not in others is not intended to limit a legal representative’s powers to act for the represented person.

Part 2—Participation in the Scheme

5 Eligibility criteria

 (1) The eligibility criteria for a person to participate in the Scheme are that the person:

 (a) suffers from permanent and severe incontinence:

 (i) caused by an eligible neurological condition; or

 (ii) Caused by an eligible other condition; and the person has or is eligible to have a pensioner concession card issued under Division 1 of Part 2A.1 of the *Social Security Act 1991* or is the dependant of a holder of a pensioner concession card, as defined in section 6A of the *Social Security Act 1991*; or

 (iii) caused by an eligible other condition and the person has a Department of Veterans’ Affairs Pensioner Concession Card or entitlement, whether as a primary cardholder or a dependant of a cardholder; and

 (b) is an Australian citizen or permanent resident within the meaning of those terms in the *Australian Citizenship Act 2007*; and

(c) is not ineligible because of subsection (2).

 (2) A person in any of the following categories is not eligible to participate in the Scheme:

 (a) (for the avoidance of doubt) people who suffer from transient, rather than permanent and severe, incontinence;

 (b) children under 5 years of age;

 (c) care recipients, under the *Aged Care Act 1997*:

 (i) who are being provided with residential care through a residential care service (other than residential care provided as respite care); or

 (ii) who are receiving a home care package and the care recipient’s care plan includes continence aids;

 (d) NDIS participants where an NDIS plan is in effect for the NDIS participant and the NDIS plan includes a consumables budget (that includes continence aids) as evidence that reasonable and necessary support will be funded under the National Disability Insurance Scheme;

 (e) people eligible to receive assistance for continence aids under the Rehabilitation Appliances Program (or replacement program if the name of that program is changed) through the Department of Veterans’ Affairs;

 (f) Australian citizens or permanent residents who have resided outside Australia for a continuous period of three years (including any periods of leave from the country in which that person resides);

 (g) a person serving a prison sentence.

 (3) For a person who:

 (a) is eligible to participate in the Scheme under subparagraph (1)(a)(iii); and

 (b) meets the other eligibility criteria for participation in the Scheme; and

 (c) applied to participate in the Scheme between 1 July 2010 and the commencement of the *Continence Aids Payment Scheme Variation 2011 (No.2)*;

the CAPS payment is the amount calculated in accordance with section 11 with effect from the date of application.

 (4) Subsection (3) applies, even if the person’s application was rejected, provided that the person would have been eligible to participate in the Scheme if subparagraph (1)(a)(iii) had been in effect at that time.

 (5) For the purposes of this section:

***NDIS participant*** means a participant within the meaning of the *National Disability Insurance Scheme Act 2013*.

***NDIS plan*** means a plan, for an NDIS participant, within the meaning of the *National Disability Insurance Scheme Act 2013*.

6 Application to participate in the Scheme

 (1) A person may apply to the Chief Executive Medicare to participate in the Scheme.

 (2) The Chief Executive Medicare must approve a person to participate in the Scheme if:

 (a) the applicant meets the eligibility criteria; and

 (b) the application is made on the approved form; and

 (c) the application:

 (i) includes a statement prepared and signed by a health professional certifying that the applicant has been diagnosed by a doctor with an eligible neurological condition or eligible other condition, as the case may be, which has caused permanent and severe incontinence; and

Note: Health professional is defined in subsection 4(1).

 (ii) includes any other document or information required by the approved form.

Note: Section 14 of the Act provides that if an application is refused the Chief Executive Medicare must give the applicant a signed notice that includes the reasons for the decision and advising that the person may apply to the Chief Executive Medicare for a review of the decision. The application for review of the decision is dealt with in section 25 of this Instrument.

7 Notification to Chief Executive Medicare

 (1) A participating person, legal representative or authorised representative must notify the Chief Executive Medicare promptly on becoming aware that the participating person does not meet the eligibility criteria.

Example: A participating person must notify the Chief Executive Medicare if the person
begins receiving residential care through a residential care service (other than residential care provided as respite care) or a home care package that includes continence aids: see paragraph 5(2)(c).

 (2) A legal representative or authorised representative must notify the Chief Executive Medicare promptly on becoming aware that the participating person has died.

8 Requirement to notify change of circumstances

 A participating person, or their legal representative or authorised representative, must notify the Chief Executive Medicare promptly if:

(a) an event or change of circumstances happens that affects, or might affect, the participating person’s eligibility to participate in the Scheme; or

(b) the participating person, or their legal representative or authorised representative, becomes aware that such an event or change of circumstances is likely to happen.

9 Decision that a person has ceased to be eligible

 If notification has not been given under subsection 7(1) or section 8, but the Chief Executive Medicare is satisfied that a participating person does not meet the eligibility criteria, the Chief Executive Medicare must decide, by determination in writing, that the person is not eligible to participate in the Scheme and the date on which the person ceased to be eligible.

Note : Section 15 of the Act provides that if the Chief Executive Medicare decides that a participating person is not eligible to participate in the scheme, he or she must give the person a signed notice that includes the reasons for the decision and advising that the person may apply to the Chief Executive Medicare for a review of the decision. The application for review of the decision is dealt with in section 25 of this Instrument.

10 When participation ceases to have effect

 A person’s participation in the Scheme ceases to have effect:

 (a) if notification is given under paragraph 7(1)—from the date the person ceased to meet the eligibility criteria; or

 (b) if the Chief Executive Medicare decides that the person is not eligible to participate—from the date specified in the determination under section 9.

Note: Where a person entitled to a CAPS payment has died, payment will be made to the estate: see paragraph 12(1)(c).

Part 3—Payments

11 Amount of CAPS payment

 (1) The amount of the CAPS payment for a financial year is $694.80.

 (2) However, if a person is approved under section 6 as a participating person after the beginning of a financial year, the CAPS payment for the person for that financial year is calculated on a pro rata basis, being the period starting on the date the application under section 6 was received and ending on 30 June (inclusive) of the financial year.

Example: A person applies on 1 August 2020. The person’s CAPS payment is calculated for the period 1 August to 30 June 2021 (inclusive).

 (3) A participating person may not receive:

 (a) more than the amount of the CAPS payment for a financial year in any one financial year;

 (b) more than one payment for the same period in a financial year.

12 Payment procedure

 (1) The Chief Executive Medicare must pay a CAPS payment, or an instalment of a CAPS payment, to which a participating person has become entitled under the Scheme to:

 (a) the person; or

 (b) if there is an authorised payment recipient for the person—the authorised payment recipient; or

 (c) if the person has died, the person’s estate.

 (2) The CAPS payment must be made:

 (a) in one transaction unless the person has elected, in the approved
form, to receive the payment in two instalments (except where subsection 13(4) applies); and

 (b) by way of electronic funds transfer to the bank account notified, in the approved form, to the Chief Executive Medicare.

13 Payment by instalments

 (1) A person may elect to receive the CAPS payment in two instalments, worked out in accordance with this section, in a financial year.

 (2) If the person is a participating person on 1 July in the financial year:

 (a) the first instalment is half of the CAPS payment specified in subsection 11(1), to be paid no later than 30 July in the financial year; and

 (b) the second instalment is the remaining half of the CAPS payment, to be paid on or after 1 January but no later than 31 January in the financial year.

 (3) If an application under section 6 is received after 1 July but before 1 January in the financial year and is approved, the CAPS payment for the financial year is the amount calculated in accordance with subsection 11(2) with:

 (a) the first instalment a pro rata amount calculated for the period starting on the day the application was received and ending on 31 December (inclusive) in that financial year, to be paid within 30 days of approval of the application; and

 (b) the second instalment is the remaining amount of the CAPS payment, to be paid on or after 1 January but no later than 31 January in the financial year.

 (4) If an application under section 6 is received after 31 December in the financial year and is approved, the CAPS payment for that financial year is the amount calculated in accordance with 11(2), to be paid within 30 days of approval of the application.

 (5) However, despite anything in this Instrument, a second instalment must not be paid if the person’s participation has ceased to have effect before January in the financial year.

14 Payment to approved person

 (1) This section applies to a person who is a participating person because of an approval under section 6 of this Instrument (***approved person***).

 (2) The approved person is entitled to:

 (a) the CAPS payment specified in subsection 11(1) or 11(2), whichever applies in the circumstances, in the financial year in which the application is approved; and

 (b) the CAPS payment specified in subsection 11(1) in each subsequent financial year as long as the person’s participation has not ceased on a date before 1 July of that financial year.

 (3) The Chief Executive Medicare must make a CAPS payment for the approved person:

 (a) if the person is a participating person on 1 July in the financial year:

 (i) by 30 July in the financial year; or

 (ii) if the payment is by instalments, in the manner specified in subsection 13(2); or

 (b) if an application under section 6 is received after 1 July but before 31 December in the financial year and is approved:

 (i) within 30 days of approving the application; or

 (ii) if the payment is by instalments, in the manner specified in subsection 13(3);or

 (c) if an application under section 6 is received after 31 December in the financial year and is approved—within 30 days of approving the application.

15 Notification of details of payments

 (1) The Chief Executive Medicare, as soon as practicable after making a CAPS payment, must give a written statement containing details about the payment to:

 (a) the participating person or his or her correspondence recipient; and

 (b) if the payment was made to an organisation—the organisation.

Part 4—Representatives and organisations

16 Interpretation

 (1) In this part:

***assisted person*** means:

 (a) a person applying to participate in the Scheme; or

 (b) a participating person,

who is unable to act on his or her own behalf because of a physical or mental impairment.

17 Ceasing representation of a person

 In this Part:

 (a) if a person is recognised as representing another person because of a particular status under the social security law or veterans’ entitlements law, and the person ceases to hold that status, the person’s representation of the other person under the Scheme is also taken to cease;

 (b) if a person may authorise, in accordance with this Part, another to do something, the person may also revoke the authorisation by notice in writing to the Chief Executive Medicare;

 (c) if a person is authorised, in accordance with this Part, to do something and wishes to end the arrangement, the person may cease the arrangement by notice in writing to the Chief Executive Medicare.

18 Authorised representative

 (1) This section applies to an assisted person who does not have a legal representative.

 (2) The assisted person may be represented for the purposes of the Scheme, other than to receive payments, by one of the following, subject to subsection (3):

 (a) the assisted person’s correspondence nominee appointed under section 123C of the *Social Security (Administration) Act 1999*; or

 (b) the assisted person’s Department of Veterans’ Affairs (***DVA*)** trustee, as recognised by DVA for the purposes of veterans’ entitlements (see the *Veterans’ Entitlements Act 1986*); or

 (c) if the person does not have a representative mentioned in paragraph (a) or (b)—a responsible person approved as an authorised representative under section 21.

 (3) A person mentioned in subsection (2) who signs the application form for an assisted person, or nominates him or herself, in the approved form, after the application has been made, as the person authorised to represent the assisted person is taken to be the assisted person’s authorised representative.

 (4) An authorised representative must act in the interests of the assisted person at all times.

19 Correspondence recipient

 An applicant, participating person or an assisted person’s legal representative or authorised representative may authorise, in the approved form, another person (***correspondence recipient***) to receive correspondence under the Scheme for the applicant or participating person.

20 Authorised payment recipient

 (1) One of the following people may receive payments as agent for a participating person if the conditions mentioned in subsection (2) are satisfied:

 (a) the person recognised as the participating person’s payment nominee for the purposes of the social security law; or

 (b) the person recognised as the participating person’s trustee or agent for the purposes of veterans’ entitlements; or

 (c) a responsible person approved as an authorised payment recipient under section 21; or

 (d) an organisation authorised in accordance with subsection 22(2).

 (2) The conditions are:

 (a) the person who is to receive the payments as agent for the participating person has been notified to the Chief Executive Medicare, in the approved form, that that person is to receive the payments; and

 (b) if the applicant or participating person has a legal representative—the Chief Executive Medicare has not been notified by the legal representative that the CAPS payments are to be made to another person in accordance with this Instrument.

 (3) The person who is to receive the payments as agent for the participating person is the authorised payment recipient of the participating person.

21 Responsible person for a participating person

 (1) The Secretary may approve an individual to represent an assisted person or a minor:

 (a) as an authorised representative to act for the person; or

 (b) as an authorised payment recipient to receive payments as agent of the person; or

 (c) as both (a) and (b).

 (2) However, the Secretary must not approve an individual unless the Secretary is satisfied that:

 (a) if the assisted person has a legal representative, or representation by a person referred to in paragraph 18(2)(a) or (b) or 20(1)(a) or (b)—the representative does not oppose the approval; and

 (b) the individual provides care or assistance to the person; and

 (c) the arrangement for the receipt of CAPS payments is for the benefit of the person; and

 (d) the individual seeking approval will use the funds only for the purpose for which they are provided.

 (3) The Secretary may revoke an approval if satisfied that it is appropriate to do so in the circumstances, having regard to the matters mentioned in this section.

Note: Section 26 of this Instrument provides that if the Secretary makes a decision under subsection (1) or (3), he or she must give the participating person and the individual a signed notice that includes the reasons for the decision and advising that the person may apply to the Secretary for a review of the decision.

22 Organisations authorised to receive CAPS payments

 (1) In paragraphs 4(c), (d), (e) and (f) and subsections (5) and (6), a reference to a “participating person” includes a former participating person and, where the context permits, an authorised representative or correspondence nominee.

 (2) An applicant, participating person, or assisted person’s legal representative, authorised representative or authorised payment recipient, other than an organisation, may authorise, in the approved form, an organisation to receive CAPS payments, or instalments of CAPS payments, as the authorised payment recipient for a person entitled to the payment.

 (3) If the organisation agrees to receive the CAPS payments as agent, the organisation must provide details to the Chief Executive Medicare for the payments in the approved form.

 (4) The organisation must comply with the following obligations:

 (a) assist the participating person to obtain continence aids that are appropriate to his or her needs;

 (b) assist the participating person to use the CAPS payment as a contribution towards to the cost of purchasing continence aids;

 (c) inform the participating person of any unused CAPS payment amount 30 days before the end of the financial year to which the payment relates;

 (d) refund to the estate of a participating person who has died any unused portion of a CAPS payment;

 (e) refund to the participating person any unused portion of a CAPS payment if notified, in writing, that:

 (i) the person has ceased to meet the eligibility criteria; or

 (ii) the person wishes to terminate the payment arrangement with the organisation;

 (f) refund to the participating person any unused portion of a CAPS payment if the participating person was not entitled to the payment at the time it was made;

 (g) inform the Chief Executive Medicare promptly on becoming aware that the participating person does not meet the eligibility criteria.

 (5) An organisation which receives a CAPS payment as agent for a participating person must:

 (a) keep records that:

 (i) are in a collated and accessible form; and

 (ii) contain details of the amounts received and the dates the amounts were received; and

 (iii) contain details of how the amounts were used; and

 (b) in relation to each of those records, retain the record for the period ending 3 years after 30 June of the year in which the record was made.

 (6) An organisation must provide details on the use of a CAPS payment if requested to do so by the participating person or his or her authorised representative.

 (7) The Secretary may direct, in writing, the Chief Executive Medicare to decline to make a CAPS payment to an organisation if the Secretary is satisfied that:

 (a) the arrangement for the payment is not operating to the benefit of the participating person; or

 (b) the organisation has not complied with an obligation imposed by this Instrument in respect of any participating person.

 (8) If a direction is given under subsection (7) the Chief Executive Medicare must comply with the direction.

Note: Section 26 of this Instrument provides that if the Secretary makes a decision under subsection (7), he or she must give the participating person and the organisation a signed notice that includes the reasons for the decision and advising that the person or organisation may apply to the Secretary for a review of the decision.

Part 5—Miscellaneous

23 Debts

 If a participating person or former participating person has received, either directly or through an agent, a CAPS payment to which the person was not entitled, the amount paid is a debt due to the Commonwealth, recoverable by the Chief Executive Medicare.

24 Investigations

 The Chief Executive Medicare may conduct investigations, as he or she thinks appropriate, in order to ensure that an applicant or a participating person meets the eligibility criteria.

25 Review of decisions relating to eligibility

 (1) For sections 14 and 15 of the Act, a person aggrieved by a decision under section 6 or 9 of this Instrument may apply, in the way set out in subsection (2), to the Chief Executive Medicare for review of the decision.

 (2) The application for review must:

 (a) be made by written notice given to the Chief Executive Medicare within 28 days after the day on which the person received notice of the decision; and

 (b) set out the reasons for making the request.

Note: Sections 14 and 15 of the Act provide for the reconsideration of decisions by the Chief Executive Medicare and review of such decisions by the Administrative Review Tribunal.

26 Review of Secretary’s decisions

Decisions to which this section applies

 (1) This section applies to decisions of the Secretary under the following provisions of this Instrument:

 (a) subsection 21(1);

 (b) subsection 21(3);

 (c) subsection 22(7).

Secretary must give notice of decision

 (2) After making a decision referred to in subsection (1), the Secretary must give each person or organisation referred to in subsection (3) a signed notice that states:

 (a) the decision; and

 (b) the day when the decision has effect; and

 (c) the reasons for the decision; and

 (d) that, within 28 days after receiving the notice (or such longer period allowed by the Secretary), the person or organisation may apply to the Secretary for a review of the decision; and

 (e) how the person or organisation may apply for the review.

 (3) For subsection (2), the persons or organisations are:

 (a) for a decision under subsection 21(1) or (3):

 (i) the participating person; and

 (ii) the individual; and

 (b) for a decision under subsection 22(7):

 (i) the participating person; and

 (ii) the organisation.

Aggrieved person or organisation may seek internal review of decision

 (4) A person or organisation that is aggrieved by a decision of the Secretary referred to in subsection (1) may apply for a review of the decision.

 (5) An application under subsection (4) must:

 (a) be made by written notice given to the Secretary;

 (b) be made within:

 (i) 28 days after the day on which the person or organisation received notice of the decision; or

 (ii) if the Secretary allows a longer period (whether before or after the end of the 28‑day period referred to in subparagraph (i))—that longer period; and

 (c) set out the reasons for making the request.

 (6) If an application is made under subsection (4), the Secretary must review the decision and give the person or organisation a signed notice that states:

 (a) the decision; and

 (b) the day when the decision has effect; and

 (c) the reasons for the decision; and

 (d) that the person may apply to the Administrative Review Tribunal for a review of the Secretary’s decision.

External merits review

 (7) An application may be made to the Administrative Review Tribunal for the review of the Secretary’s decision mentioned in subsection (6).

Part 6—Application, transitional and saving provisions

27 Application of the *Continence Aids Payment Scheme Amendment (Eligibility) Instrument 2022*

 (1) This section applies in relation to a person who was, immediately before 1 October 2022, eligible to participate in the Scheme.

 (2) Despite the amendments made by Schedule 1 to the *Continence Aids Payment Scheme Amendment (Eligibility) Instrument 2022*,this instrument, as in force immediately before 1 October 2022, continues to apply to the person until the end of 30 June 2023.

Schedule

Part 1—Eligible neurological condition

|  |  |
| --- | --- |
| Category 1 | CONGENITAL MORPHOLOGICAL DISORDERS |
|  | Agenesis of Corpus Callosum |
|  | Anorectal Malformation |
|  | Apert Syndrome |
|  | Arnold‑Chiari Syndrome |
|  | Arthrogryposis |
|  | Bladder Exstrophy |
|  | Caudal agenesis |
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|  | Cerebral Neuronal Migration Disorders |
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|  | Cloacal Exstrophy |
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|  | Congenital Hydrocephalus |
|  | Dandy‑Walker malformation |
|  | Developmental Cord Disorder |
|  | Hirschsprung’s Disease |
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|  | Incomplete Corpus Callosum/Aicardi Syndrome |
|  | Lissencephaly |
|  | Megalencephaly |
|  | Microcephaly |
|  | Neural tube defect |
|  | Polymicrogyria |
|  | Pontocerebellar Hypoplasia |
|  | Posterior Urethral Valve Syndrome  |
|  | Prune Belly Syndrome  |
|  | Sacral Agenesis |
|  | Schizencephaly |
|  | Spinal Agenesis |
|  | Spinal Dysraphism |
|  | Spinal Hemangioma |
|  | Syringobulbia |
|  | Syringomyelia |
|  | Tethered spinal cord |
|  | Vater Syndrome/Vacterl Syndrome  |
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|  |  |
| Category 2 | CEREBRAL PALSY |
|  | Dystonic Cerebral Palsy |
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|  | Beare‑Stevenson Syndrome |
|  | Cyclin Dependent Kinase‑Like 5 Gene Mutation |
|  | Chime Syndrome |
|  | Chromosome 1 Deletion |
|  | Chromosome 5q deletion (Cri Du Chat Syndrome) |
|  | Chromosome 13q Deletion Syndrome |
|  | Chromosome 15q Duplication Syndrome |
|  | Chromosome 18q Deletion Syndrome |
|  | Chromosome 1p36 Deletion Syndrome/Mono 1p36 |
|  | Chromosome 22 Ring |
|  | Chromosome 2q Deletion Syndrome |
|  | Chromosome 6 Ring Syndrome |
|  | Chromosome 8 Inversion or Duplication |
|  | Chromosome 9p Deletion Syndrome |
|  | Chromosome 9q Deletion Syndrome |
|  | Chromosome 11q (Jacobsen Syndrome) |
|  | Chromosome Xp Duplication |
|  | Cockayne Syndrome |
|  | Coffin‑Lowry Syndrome |
|  | Cognitive Impairment |
|  | Cohen Syndrome |
|  | Congenital disorders of glycosylation |
|  | Congenital Neurological Infections |
|  | Cornelia de Lange Syndrome |
|  | Costello Syndrome |
|  | Cowden Disease |
|  | Developmental Delay |
|  | Developmental Delay associated with Autism, Autism Spectrum Disorder and Aspergers Syndrome |
|  | Dravet Syndrome |
|  | Fragile X Syndrome |
|  | Fumarase Deficiency |
|  | GLUT1‑Deficiency Syndrome  |
|  | Glutaric Aciduria Type 1 |
|  | Goldenhar’s Syndrome |
|  | Hunter Syndrome |
|  | Hurler‑Scheie Syndrome |
|  | Hypomyelination disorders |
|  | Joubert Syndrome |
|  | Kabuki Syndrome |
|  | Langer‑Gideon Syndrome |
|  | Lawrence Moon Biedel Syndrome |
|  | Lennox‑Gastaut Syndrome |
|  | Lesch‑Nyhan Syndrome |
|  | Lowe Syndrome |
|  | Mannosidosis |
|  | Maple Syrup Urine Disease |
|  | Meningitis |
|  | Menkes Syndrome |
|  | Mitochondrial Dieases |
|  | Molybdenum Cofactor Deficiency |
|  | Mowat‑Wilson Syndrome |
|  | Mucolipidosis IV |
|  | Myotonic Dystrophy (Type 1) |
|  | Neonatal Hypoxic ischaemic encephalopathy |
|  | Neonatal Onset Multisystem Inflammatory Disease |
|  | Neuronal ceroid lipofuscinosis |
|  | Normal Pressure Hydrocephalus |
|  | OHDO Syndrome |
|  | Opitz Trigonocephaly Syndrome |
|  | Ohtahara Syndrome |
|  | Ouvrier Syndrome |
|  | Pallister‑Killian Mosaic Syndrome |
|  | Peroxisome Biogenesis Disorder |
|  | Phelan McDermid Syndrome/22q 13 Deletion Syndrome |
|  | Phenylketonuria |
|  | Prader‑Willi Syndrome |
|  | Pyruvate Dehydrogenase Deficiency/Leigh’s Disease |
|  | Rasmussen’s Disease |
|  | Rett Syndrome |
|  | Rubinstein‑Taybi Syndrome |
|  | Sensory Integration Disorder/Dysfunction |
|  | Smith‑Lemli‑Opitz Syndrome |
|  | Smith‑Magenis Syndrome |
|  | Sotos Syndrome |
|  | Sturge‑Weber Syndrome |
|  | Subcortical Band Heterotopia |
|  | Translocation of Chromosome 2 |
|  | Translocation Trisomy 5/18 |
|  | Trichothiodystrophy |
|  | Triploidy |
|  | Trisomy 10 |
|  | Trisomy 13 (Patau syndrome) |
|  | Trisomy 18 (Edward Syndrome) |
|  | Trisomy 20p |
|  | Trisomy 21 (Down Syndrome) |
|  | Trisomy 47 |
|  | Trisomy 4p |
|  | Trisomy 9 |
|  | Tuberous Sclerosis |
|  | Turner Syndrome |
|  | Urea Cycle Defect |
|  | Valproate Embryopathy |
|  | West Syndrome |
|  | Williams Syndrome |
|  | Wolf‑Hirschhorn Syndrome |
|  | X‑Linked Adrenoleukodystrophy |
|  | Young‑Simpson Syndrome |
|  |  |
| Category 4 | PARAPLEGIA and QUADRIPLEGIA |
|  | Paraparesis |
|  | Spinal Cord Compression |
|  | Spinal Cord Infarction |
|  | Spinal Cord Damage |
|  | Tetraplegia |
|  | Transverse Myelitis |
|  |  |
| Category 5 | ACQUIRED NEUROLOGICAL CONDITIONS |
|  | Acquired Brain Injury |
|  | Acute disseminated encephalomyelitis |
|  | Adhesive Arachnoiditis |
|  | Alcoholic Encephalopathy |
|  | Alzheimer’s Disease |
|  | Amyloidosis |
|  | Arachnoiditis |
|  | Ascending Polyneuropathy |
|  | Astrocytoma |
|  | Autonomic Neuropathy  |
|  | Basal Ganglia Infarction |
|  | Benign Meningioma |
|  | Brown‑Sequard Syndrome |
|  | Cauda Equina compression syndrome |
|  | Cerebral Abscess  |
|  | Cerebral Aneurysm |
|  | Cerebral Anoxia |
|  | Cerebral Toxoplasmosis |
|  | Cerebral Tumour |
|  | Cerebrovascular Disease |
|  | Chronic Hypoxia |
|  | Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) |
|  | Cortical‑Basal Ganglionic Degeneration |
|  | Dementia (any cause) |
|  | Developmental/Motor Dyspraxia |
|  | Diabetic Autonomic Neuropathy |
|  | Diabetic Neuropathic Bladder |
|  | Dorsal Pontine Band Syndrome |
|  | Encephalitis |
|  | Ependymoma |
|  | Epilepsy |
|  | Focal Cerebral Degeneration |
|  | Glioblastoma Multiforme |
|  | Glioblastoma of Spine |
|  | Hepatic Encephalopathy |
|  | Hydrocephalus (communicating or non‑communicating) |
|  | Hypoxic Brain Injury |
|  | Inoperable Neurogenic Incontinence |
|  | Intracerebral Haemorrhage (Subarachnoid Haemorrhage, Subdural Haematoma) |
|  | Korsakoff’s Syndrome |
|  | Lambert‑Eaton Myasthenic syndrome |
|  | Lewi Body Disease |
|  | Macroencephaly |
|  | Malignant Meningioma |
|  | Meningoencephalitis |
|  | Metastatic Carcinoma with Neurological Syndrome |
|  | Multiple Systems Atrophy |
|  | Myopathy |
|  | Nemaline Myopathy |
|  | Oligodendroglioma |
|  | Pachymeningitis |
|  | Periventricular Leukomalacia |
|  | Picks Disease |
|  | Pilocytic Astrocytoma |
|  | Poliomyelitis |
|  | Polymyoneuropathy |
|  | Posterior Leuco Encephalopathy |
|  | Primary Dystonia (case by case) |
|  | Primary or secondary CNS B‑cell neoplasm |
|  | Progressive supranuclear palsy |
|  | Progressive Systemic Sclerosis |
|  | Sacral Neuroplexy |
|  | Sacral Plexopathy |
|  | Schizophrenia (Catatonic) |
|  | Schwannoma |
|  | Spinal Canal Disease |
|  | Spinal Chordoma |
|  | Spinal Ependymoma |
|  | Spinal Tumour |
|  | Stroke/Cerebrovascular Accident (CVA) |
|  |  |
| Category 6 | DEGENERATIVE NEUROLOGICAL DISEASES |
|  | Alexander Disease |
|  | Amyotrophic Lateral Sclerosis |
|  | Ataxia Telangiectasia |
|  | Canavan disease |
|  | Cauda Equina Syndrome |
|  | Cervical Myelopathy |
|  | Creutzfeldt‑Jakob Disease (CJD) |
|  | Cytochrome C Oxidase Deficiency |
|  | Dejerine‑Sottas Disease |
|  | Demyelinating Neuropathy |
|  | Demyelination of White Matter |
|  | Fahr’s Disease |
|  | Friedreich’s Ataxia |
|  | Guillain Barre Syndrome |
|  | Huntington Chorea |
|  | Huntington Disease |
|  | Hypoxic Ischaemic Encephalopathy |
|  | Idiopathic Axonal Neuropathy |
|  | Krabbe disease |
|  | Kugelberg‑Welander Syndrome |
|  | Machado Joseph Disease |
|  | Metachromatic Leukodystrophy |
|  | Mitochondrial Myopathy with Encephalopathy |
|  | Morquio Syndrome |
|  | Motor Neurone Disease |
|  | Multiple Sclerosis |
|  | Muscular Dystrophy |
|  | Myotonic dystrophy |
|  | Myoneural Disorders |
|  | Neuroaxonal Dystrophy |
|  | Neurofibromatosis NF |
|  | Neurogenic Bowel |
|  | Neuromyelitis optica |
|  | Niemann‑Pick Disease Type C |
|  | Pallister‑Hall Syndrome |
|  | Parkinson Disease |
|  | Parkinsonism |
|  | PEHO Syndrome (Progressive encephalopathy with oedema, hypsarrhythmia and optic atrophy) |
|  | Pelizaeus Merzbacher Disease |
|  | Primary Lateral Sclerosis |
|  | Progressive Supranuclear Palsy/Steele Richardson Syndrome |
|  | Sanfilippo Syndrome |
|  | Sarcoidosis of the Brain |
|  | Shy‑Drager Syndrome |
|  | Spinal Cord Syndrome |
|  | Spinal Muscular Atrophy Type 1 |
|  | Spinal Muscular Atrophy Type 2 |
|  | Spinocerebellar Degeneration |
|  | Stiff‑Mans Syndrome |
|  | Striato‑Nigral Degeneration |
|  | Subacute sclerosing pan‑encephalitis |
|  | Thiamine deficiency |
|  | Vascular Myelopathy |
|  | Vertebral Canal Stenosis |
|  | Vertebral Degeneration |
|  | Wallerian Degeneration of White Matter |
|  | Wilson’s Disease |
|  |  |
| Category 7 | BLADDER OR BOWEL INNERVATION DISORDERS |
|  | Atonic Bladder/Hypotonic Bladder |
|  | Bladder Innervation Urgency |
|  | Cystocele (not suitable for surgery) |
|  | Dysfunctional Voiding |
|  | Dystonic Bladder |
|  | Ectopia Vesica |
|  | Linear Sebaceous Nevus Genetic |
|  | Myasthenia Gravis |
|  | Neurogenic Bladder |
|  | Neuronal Intestinal Dysplasia |
|  | Neuropathic Bladder |
|  | Post Bladder Surgery |
|  | Prostatectomy with nerve removal or damage |
|  | Pudendal Nerve Palsy |
|  | Radical Prostatectomy |
|  | Schmidli Autonomic Neuropathy |
|  | Slow Transit Constipation |
|  | Smooth Muscle Myopathy |
|  | Sphincter Deficiency (anal or bladder) |
|  | Spinal Stenosis |

Part 2—Eligible other condition

|  |  |
| --- | --- |
| Category 8 | OTHER |
|  | Anal Carcinoma |
|  | Anal Fistula |
|  | Anterior rectal Prolapse |
|  | Atonic Bladder |
|  | Bilateral Nephrostomy Tubes |
|  | Bladder Cancer |
|  | Bladder Muscle Dysfunction |
|  | Bladder Neck Dysfunction |
|  | Bladder Neck Fibrosis |
|  | Bladder Prolapse |
|  | Bowel Cancer |
|  | Bowel Prolapse |
|  | Cervical Cancer |
|  | Chronic Urinary Retention |
|  | Crohn’s disease |
|  | Detrusor Instability |
|  | Detrusor Overactivity |
|  | Endometriosis |
|  | Enterocutaneous Fistula |
|  | Faecal Incontinence Post‑Colectomy |
|  | Hypertonic Bladder |
|  | Irradiated Rectum/Radiation Proctitis/urethritis/Cystitis |
|  | Ovarian or fallopian tube Carcinoma |
|  | Post Ileorectal Anastomosis |
|  | Post Ileal J Pouch Anastomosis |
|  | Prostate Cancer |
|  | Benign Prostatatic hypertrophy |
|  | Rectal Prolapse |
|  | Rectal Ulcer Syndrome |
|  | Recto‑vaginal fistula |
|  | Ulcerative Colitis or Proctitis |
|  | Transurethral Resection of the Prostate sequelae |
|  | Urethral Stenosis |
|  | Urinary Tract Fistula |
|  | Uterine Cancer |
|  | Uterine Prolapse |
|  | Vaginal Prolapse |
|  | Vesico‑Vaginal Fistula |
|  | Vulval carcinoma |

Endnotes

Endnote 1—About the endnotes

The endnotes provide information about this compilation and the compiled law.

The following endnotes are included in every compilation:

Endnote 1—About the endnotes

Endnote 2—Abbreviation key

Endnote 3—Legislation history

Endnote 4—Amendment history

**Abbreviation key—Endnote 2**

The abbreviation key sets out abbreviations that may be used in the endnotes.

**Legislation history and amendment history—Endnotes 3 and 4**

Amending laws are annotated in the legislation history and amendment history.

The legislation history in endnote 3 provides information about each law that has amended (or will amend) the compiled law. The information includes commencement details for amending laws and details of any application, saving or transitional provisions that are not included in this compilation.

The amendment history in endnote 4 provides information about amendments at the provision (generally section or equivalent) level. It also includes information about any provision of the compiled law that has been repealed in accordance with a provision of the law.

**Editorial changes**

The *Legislation Act 2003* authorises First Parliamentary Counsel to make editorial and presentational changes to a compiled law in preparing a compilation of the law for registration. The changes must not change the effect of the law. Editorial changes take effect from the compilation registration date.

If the compilation includes editorial changes, the endnotes include a brief outline of the changes in general terms. Full details of any changes can be obtained from the Office of Parliamentary Counsel.

**Misdescribed amendments**

A misdescribed amendment is an amendment that does not accurately describe how an amendment is to be made. If, despite the misdescription, the amendment can be given effect as intended, then the misdescribed amendment can be incorporated through an editorial change made under section 15V of the *Legislation Act 2003*.

If a misdescribed amendment cannot be given effect as intended, the amendment is not incorporated and “(md not incorp)” is added to the amendment history.

Endnote 2—Abbreviation key

|  |  |
| --- | --- |
| ad = added or inserted | o = order(s) |
| am = amended | Ord = Ordinance |
| amdt = amendment | orig = original |
| c = clause(s) | par = paragraph(s)/subparagraph(s) |
| C[x] = Compilation No. x | /sub‑subparagraph(s) |
| Ch = Chapter(s) | pres = present |
| def = definition(s) | prev = previous |
| Dict = Dictionary | (prev…) = previously |
| disallowed = disallowed by Parliament | Pt = Part(s) |
| Div = Division(s) | r = regulation(s)/rule(s) |
| ed = editorial change | reloc = relocated |
| exp = expires/expired or ceases/ceased to have | renum = renumbered |
| effect | rep = repealed |
| F = Federal Register of Legislation | rs = repealed and substituted |
| gaz = gazette | s = section(s)/subsection(s) |
| LA = *Legislation Act 2003* | Sch = Schedule(s) |
| LIA = *Legislative Instruments Act 2003* | Sdiv = Subdivision(s) |
| (md) = misdescribed amendment can be given | SLI = Select Legislative Instrument |
| effect | SR = Statutory Rules |
| (md not incorp) = misdescribed amendment | Sub‑Ch = Sub‑Chapter(s) |
| cannot be given effect | SubPt = Subpart(s) |
| mod = modified/modification | underlining = whole or part not |
| No. = Number(s) | commenced or to be commenced |

Endnote 3—Legislation history

| Name | Registration | Commencement | Application, saving and transitional provisions |
| --- | --- | --- | --- |
| Continence Aids Payment Scheme 2020 | 18 June 2020 (F2020L00758) | 1 July 2020 (s 2) |  |
| Continence Aids Payment Scheme Amendment (Merits Review) Instrument 2020 | 15 Jan 2021 (F2021L00048) | 16 Jan 2021 (s 2(1) item 1) | — |
| Continence Aids Payment Scheme Amendment (Indexation of CAPS Payment) Instrument 2021 | 2 June 2021 (F2021L00682) | 1 July 2021 (s 2(1) item 1) | — |
| Continence Aids Payment Scheme Amendment (Indexation of CAPS Payment) Instrument 2022 | 29 June 2022 (F2022L00872) | 1 July 2022 (s 2(1) item 1) | — |
| Continence Aids Payment Scheme Amendment (Eligibility) Instrument 2022 | 29 Sept 2022 (F2022L01278) | 1 Oct 2022 (s 2(1) item 1) | — |
| Continence Aids Payment Scheme Amendment (Indexation of CAPS Payment) Instrument 2023 | 30 June 2023 (F2023L00911) | 1 July 2023 (s 2(1) item 1) | — |
| Continence Aids Payment Scheme Amendment (Indexation of CAPS Payment) Instrument 2024 | 19 June 2024 (F2024L00705) | 1 July 2024 (s 2(1) item 1) | — |
| Continence Aids Payment Scheme Amendment (Administrative Review Tribunal) Instrument 2024 | 8 Oct 2024 (F2024L01275) | 14 Oct 2024 (s 2(1) item 1) | — |

Endnote 4—Amendment history

| Provision affected | How affected |
| --- | --- |
| **Part 1** |  |
| s 2  | rep LA s 48D |
| s 3  | (1) rep LA s 48C |
| s 4  | am F2022L01278; F2024L00705 |
| **Part 2** |  |
| s 5  | am F2022L01278 |
| s 7  | am F2022L01278 |
| **Part 3** |  |
| s 11  | am F2021L00682; F2022L00872; F2023L00911; F2024L00705 |
| **Part 4** |  |
| s 21  | am F2021L00048 |
| s 22  | am F2021L00048 |
| **Part 5** |  |
| s 25  | am F2021L00048; F2024L01275 |
| s 26  | ad F2021L00048 |
|  | am F2024L01275 |
| **Part 6** |  |
| Part 6  | ad F2022L01278 |
| s 27  | ad F2022L01278 |
| **Schedule** |  |
| Schedule  | am F2022L01278 |