



National Disability Insurance Scheme Legislation Amendment (Quality Indicators) Guidelines 2021

I, Samantha Taylor, Acting Commissioner of the NDIS Quality and Safeguards Commission, make the following guidelines.

Dated 29 October 2021

Samantha Taylor
Acting Commissioner of the NDIS Quality and Safeguards Commission

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1 Name

This instrument is the *National Disability Insurance Scheme Legislation Amendment (Quality Indicators) Guidelines 2021*.

2 Commencement

- (1) Each provision of this instrument specified in column 1 of the table commences, or is taken to have commenced, in accordance with column 2 of the table. Any other statement in column 2 has effect according to its terms.

Commencement information		
Column 1	Column 2	Column 3
Provisions	Commencement	Date/Details
1. The whole of this instrument	15 November 2021.	15 November 2021

Note: This table relates only to the provisions of this instrument as originally made. It will not be amended to deal with any later amendments of this instrument.

- (2) Any information in column 3 of the table is not part of this instrument. Information may be inserted in this column, or information in it may be edited, in any published version of this instrument.

3 Authority

This instrument is made under subsection 181D(2) of the *National Disability Insurance Scheme Act 2013*.

4 Schedules

Each instrument that is specified in a Schedule to this instrument is amended or repealed as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to this instrument has effect according to its terms.

Schedule 1—Amendments

Part 1—Mealtime management

National Disability Insurance Scheme (Quality Indicators) Guidelines 2018

1 After section 26

Insert:

26A Mealtime management

Outcome: Each participant requiring mealtime management receives meals that are nutritious, and of a texture that is appropriate to their individual needs, and appropriately planned, and prepared in an environment and manner that meets their individual needs and preferences, and delivered in a way that is appropriate to their individual needs and ensures that the meals are enjoyable.

To achieve this outcome, the following indicators should be demonstrated:

- (1) Providers identify each participant requiring mealtime management.
- (2) Each participant requiring mealtime management has their individual mealtime management needs assessed by appropriately qualified health practitioners, including by practitioners:
 - (a) undertaking comprehensive assessments of their nutrition and swallowing; and
 - (b) assessing their seating and positioning requirements for eating and drinking; and
 - (c) providing mealtime management plans which outline their mealtime management needs, including for swallowing, eating and drinking; and
 - (d) reviewing assessments and plans annually or in accordance with the professional advice of the participant's practitioner, or more frequently if needs change or difficulty is observed.
- (3) With their consent, each participant requiring mealtime management is involved in the assessment and development of their mealtime management plans.
- (4) Each worker responsible for providing mealtime management to participants understands the mealtime management needs of those participants and the steps to take if safety incidents occur during meals, such as coughing or choking on food or fluids.
- (5) Each worker responsible for providing mealtime management to participants is trained in preparing and providing safe meals with participants that would reasonably be expected to be enjoyable and proactively managing emerging and chronic health risks related to mealtime difficulties, including how to seek help to manage such risks.
- (6) Mealtime management plans for participants are available where mealtime management is provided to them and are easily accessible to workers providing mealtime management to them.

- (7) Effective planning is in place to develop menus with each participant requiring mealtime management to support them to:
 - (a) be provided with nutritious meals that would reasonably be expected to be enjoyable, reflecting their preferences, their informed choice and any recommendations by an appropriately qualified health practitioner that are reflected in their mealtime management plan; and
 - (b) if they have chronic health risks (such as swallowing difficulties, diabetes, anaphylaxis, food allergies, obesity or being underweight)—proactively manage those risks.
- (8) Procedures are in place for workers to prepare and provide texture-modified foods and fluids in accordance with mealtime management plans for participants and to check that meals for participants are of the correct texture, as identified in the plans.
- (9) Meals that may be provided to participants requiring mealtime management are stored safely and in accordance with health standards, can be easily identified as meals to be provided to particular participants and can be differentiated from meals not to be provided to particular participants.

Part 2—Severe dysphagia management

National Disability Insurance Scheme (Quality Indicators) Guidelines 2018

2 After section 30

Insert:

30A Severe dysphagia management

Outcome: Each participant requiring severe dysphagia management receives appropriate support that is relevant and proportionate to their individual needs and preferences.

To achieve this outcome, the following indicators should be demonstrated:

- (1) Providers identify each participant requiring severe dysphagia management.
- (2) With their consent, their individual severe dysphagia management needs are assessed by appropriately qualified health practitioners, including by practitioners conducting regular and timely reviews if needs change or difficulty is observed.
- (3) Each participant requiring severe dysphagia management is involved in the assessment and development of their severe dysphagia management plan. The plan identifies:
 - (a) their individual needs and preferences (such as for food, fluids, preparation techniques and feeding equipment); and
 - (b) how risks, incidents and emergencies will be managed to ensure their wellbeing and safety, including by setting out any required actions and plans for escalation.
- (4) Appropriate policies and procedures are in place in relation to the support provided to each participant requiring severe dysphagia management, including training plans for workers supporting them.
- (5) Each worker responsible for providing severe dysphagia management to participants has received training, relating specifically to each participant's needs, managing any severe dysphagia related incident and the high intensity support skills descriptor for severe dysphagia management, delivered by an appropriately qualified health practitioner with expertise in severe dysphagia management.

Part 3—Emergency and disaster management and related matters

National Disability Insurance Scheme (Quality Indicators) Guidelines 2018

3 Section 4

Insert:

PPE is short for personal protective equipment.

4 Subsection 12(2)

Omit “documented system”, substitute “documented risk management system”.

5 Subsection 12(3)

Repeal the subsection, substitute:

- (3) The risk management system covers each of the following:
 - (a) incident management;
 - (b) complaints management and resolution;
 - (c) financial management;
 - (d) governance and operational management;
 - (e) human resource management;
 - (f) information management;
 - (g) work health and safety;
 - (h) emergency and disaster management.
- (4) Where relevant, the risk management system includes measures for the prevention and control of infection and outbreaks.
- (5) Supports and services are provided in a way that is consistent with the risk management system.
- (6) Appropriate insurance is in place, including professional indemnity, public liability and accident insurance.

6 At the end of section 17

Add:

- (7) Workers with capabilities that are relevant to assisting in the response to an emergency or disaster (such as contingency planning or infection prevention or control) are identified.
- (8) Plans are in place to identify, source and induct a workforce in the event that workforce disruptions occur in an emergency or disaster.
- (9) Infection prevention and control training, including refresher training, is undertaken by all workers involved in providing supports to participants.
- (10) For each worker, the following details are recorded and kept up to date:
 - (a) their contact details;
 - (b) details of their secondary employment (if any).

7 Subsections 18(5) and (6)

Repeal the subsections, substitute:

- (5) Alternative arrangements for the continuity of supports for each participant, where changes or interruptions are unavoidable, are:
 - (a) explained and agreed with them; and
 - (b) delivered in a way that is appropriate to their needs, preferences and goals.

8 At the end of Division 2 of Part 2

Add:

18A Emergency and disaster management

Outcome: Emergency and disaster management includes planning that ensures that the risks to the health, safety and wellbeing of participants that may arise in an emergency or disaster are considered and mitigated, and ensures the continuity of supports critical to the health, safety and wellbeing of participants in an emergency or disaster.

To achieve this outcome, the following indicators should be demonstrated:

- (1) Measures are in place to enable continuity of supports that are critical to the safety, health and wellbeing of each participant before, during and after an emergency or disaster.
- (2) The measures include planning for each of the following:
 - (a) preparing for, and responding to, the emergency or disaster;
 - (b) making changes to participant supports;
 - (c) adapting, and rapidly responding, to changes to participant supports and to other interruptions;
 - (d) communicating changes to participant supports to workers and to participants and their support networks.
- (3) The governing body develops emergency and disaster management plans (the *plans*), consults with participants and their support networks about the plans and puts the plans in place.
- (4) The plans explain and guide how the governing body will respond to, and oversee the response to, an emergency or disaster.
- (5) Mechanisms are in place for the governing body to actively test the plans, and adjust them, in the context of a particular kind of emergency or disaster.
- (6) The plans have periodic review points to enable the governing body to respond to the changing nature of an emergency or disaster.
- (7) The governing body regularly reviews the plans, and consults with participants and their support networks about the reviews of the plans.
- (8) The governing body communicates the plans to workers, participants and their support networks.
- (9) Each worker is trained in the implementation of the plans.

9 Subsection 20(2)

Repeal the subsection, substitute:

- (2) In collaboration with each participant:

- (a) risk assessments are regularly undertaken, and documented in their support plans; and
 - (b) appropriate strategies are planned and implemented to treat known risks to them.
- (2A) Risk assessments include the following:
- (a) consideration of the degree to which participants rely on the provider's services to meet their daily living needs;
 - (b) the extent to which the health and safety of participants would be affected if those services were disrupted.

10 Subsection 20(6)

Repeal the subsection, substitute:

- (6) Each participant's support plan is:
 - (a) provided to them in the language, mode of communication and terms they are most likely to understand; and
 - (b) readily accessible by them and by workers providing supports to them.
- (7) Each participant's support plan is communicated, where appropriate and with their consent, to their support network, other providers and relevant government agencies.
- (8) Each participant's support plan includes arrangements, where required, for proactive support for preventative health measures, including support to access recommended vaccinations, dental check-ups, comprehensive health assessments and allied health services.
- (9) Each participant's support plan:
 - (a) anticipates and incorporates responses to individual, provider and community emergencies and disasters to ensure their safety, health and wellbeing; and
 - (b) is understood by each worker supporting them.

11 At the end of section 21 (before the note)

Add:

- (5) Service agreements set out the arrangements for providing supports to be put in place in the event of an emergency or disaster.

12 Subsection 22(2)

Repeal the subsection, substitute:

- (2) For each participant (with their consent or direction and as agreed in their service agreement) links are developed and maintained by the provider through collaboration with other providers, including health care and allied health providers, to share their information, manage risks to them and meet their needs.

13 Section 23 (heading)

Omit "the", substitute "a".

14 Subsections 23(2) and (3)

Repeal the subsections, substitute:

- (2) Risks associated with each transition to or from the provider are identified, documented and responded to, including risks associated with temporary transitions from the provider to respond to a risk to the participant, such as a health care risk requiring hospitalisation.
- (3) Processes for transitioning to or from the provider (including temporary transitions referred to in subsection (2)) are developed, applied, reviewed and communicated.

15 Section 24

Repeal the section, substitute:

24 Safe environment

Outcome: Each participant accesses supports in a safe environment that is appropriate to their needs.

To achieve this outcome, the following indicators should be demonstrated:

- (1) Each participant can easily identify workers who provide supports to them.
- (2) Work is undertaken with each participant, and others, in settings where supports are provided (including their home), to ensure a safe support delivery environment for them.
- (3) Where relevant, work is undertaken with other providers (including health care and allied health providers and providers of other services) to identify and manage risks to participants and to correctly interpret their needs and preferences.
- (4) For each participant requiring support with communication, clear arrangements are in place to assist workers who support them to understand their communication needs and the manner in which they express emerging health concerns.
- (5) To avoid delays in treatments for participants:
 - (a) protocols are in place for each participant about how to respond to medical emergencies for them; and
 - (b) each worker providing support to them is trained to respond to such emergencies (including how to distinguish between urgent and non-urgent health situations).
- (6) Systems for escalation are established for each participant in urgent health situations.
- (7) Infection prevention and control standard precautions are implemented throughout all settings in which supports are provided to participants.
- (8) Routine environmental cleaning is conducted of settings in which supports are provided to participants (other than in their homes), particularly of frequently-touched surfaces.
- (9) Each worker is trained, and has refresher training, in infection prevention and control standard precautions including hand hygiene practices, respiratory hygiene and cough etiquette.
- (10) Each worker who provides supports directly to participants is trained, and has refresher training, in the use of PPE.
- (11) PPE is available to each worker, and each participant, who requires it.

16 Subsection 27(1)

Repeal the subsection, substitute:

- (1) Policies, procedures and practices are in place for the safe and appropriate storage, handling and disposal of waste and infectious or hazardous substances (including used PPE), and each policy, procedure and practice complies with current legislation and local health district requirements.

17 Subsection 27(4)

Repeal the subsection, substitute:

- (4) Each worker involved in the management of waste, or infectious or hazardous substances, is trained in the safe and appropriate handling of the waste or substances, including the use of PPE or any other clothing required when handling the waste or substances.

18 At the end of section 56

Add:

- (5) Alternative arrangements for the continuity of supports for each child participant, when changes or interruptions are unavoidable, are:
 - (a) explained and agreed with them (taking into account their capacity to understand and agree to alternative arrangements) and their family;
and
 - (b) delivered in a way that is appropriate to their needs, preferences and goals.

19 At the end of section 74

Add:

- (3) Each worker is trained, and has refresher training, in infection prevention and control standard precautions including hand hygiene practices, respiratory hygiene and cough etiquette.
- (4) Each worker who provides supports directly to participants is trained, and has refresher training, in the use of PPE.
- (5) PPE is available to each worker, and each participant, who requires it.

20 Subsection 77(1)

Omit “documented system”, substitute “documented risk management system”.

21 At the end of section 77

Add:

- (3) The risk management system includes emergency and disaster planning.
- (4) Risk assessments are regularly undertaken, and include the following:
 - (a) consideration of the degree to which participants rely on the provider’s services to meet their daily living needs;
 - (b) the extent to which their health and safety would be affected if those services were disrupted.
- (5) Infection prevention and control standard precautions are implemented throughout all settings.

Part 4—Other amendments

National Disability Insurance Scheme (Approved Quality Auditors Scheme) Guidelines 2018

22 Subsection 7(2)

Omit “(Quality Indicators)”, substitute “(Quality Indicators for NDIS Practice Standards)”.

23 Subsection 7(2) (note)

Omit “(Quality Indicators)”, substitute “(Quality Indicators for NDIS Practice Standards)”.

24 Subsection 19(5)

Omit “NDIS (Quality Indicators)”, substitute “National Disability Insurance Scheme (Quality Indicators for NDIS Practice Standards)”.

25 Paragraph 35(1)(b)

Omit “NDIS Practice Standards or the National Disability Insurance Scheme (Quality Indicators)”, substitute “NDIS Practice Standards or the National Disability Insurance Scheme (Quality Indicators for NDIS Practice Standards)”.

26 Subsection 35(3) (note)

Omit “(Quality Indicators)”, substitute “(Quality Indicators for NDIS Practice Standards)”.

National Disability Insurance Scheme (Quality Indicators) Guidelines 2018

27 Section 1

Omit “(Quality Indicators)”, substitute “(Quality Indicators for NDIS Practice Standards)”.

28 Section 4 (note)

Repeal the note, substitute:

Note 1: A number of expressions used in this instrument are defined in section 9 of the Act, including the following:

- (a) National Disability Insurance Scheme;
- (b) National Disability Insurance Scheme rules;
- (c) nominee;
- (d) participant;
- (e) restrictive practice.

Note 2: A number of expressions used in this instrument are defined in section 4 of the NDIS Practice Standards Rules, including the following:

- (a) regulated restrictive practice;
- (b) worker.

29 Section 4 (definition of *NDIS behaviour support practitioner*)

Relocate the definition to its appropriate alphabetical position, determined on a letter-by-letter basis.

30 Section 4

Insert:

high intensity support skills descriptor, for an activity, means the descriptor for the activity described in the *NDIS Practice Standards: skills descriptors*, July 2018 (Version 1), published by the NDIS Quality and Safeguards Commission, as existing on 1 October 2021.

Note: The *NDIS Practice Standards: skills descriptors* could in 2021 be viewed on the NDIS Quality and Safeguards Commission website (<https://www.ndiscommission.gov.au>).

31 Section 4 (definition of *skills descriptor*)

Repeal the definition.

32 Section 4

Insert:

NDIS Practice Standards Rules means the *National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018*.

positive behaviour support capability framework means the *Positive behaviour support capability framework: For NDIS providers and behaviour support practitioners*, published by the NDIS Quality and Safeguards Commission, as existing on 1 October 2021.

Note: The *positive behaviour support capability framework* could in 2021 be viewed on the NDIS Quality and Safeguards Commission website (<https://www.ndiscommission.gov.au>).

33 Section 4 (definitions of *regulated restrictive practice and worker*)

Repeal the definitions.

34 Before subsection 4A(1)

Insert:

References to providers and participants

35 Before subsection 4A(3)

Insert:

References to participants providing consent

36 At the end of section 4A

Add:

Expressions in this instrument to have the same meaning as in the NDIS Practice Standards Rules

- (4) Expressions used in this instrument have the same meaning as in the NDIS Practice Standards Rules.

(5) Subsection (4) is subject to any contrary intention in this instrument.

37 Section 5

Repeal the section.

38 Before section 6

Insert:

5 Quality indicators for NDIS Practice Standards—rights of participants and responsibilities of providers

This Division sets out the quality indicators for the NDIS Practice Standards about rights of participants and responsibilities of providers, as follows.

Quality indicators: rights of participants and responsibilities of providers		
Item	The quality indicators set out in this instrument at ...	are for the NDIS Practice Standards set out in the NDIS Practice Standards Rules at ...
1	section 6	clause 3 of Schedule 1
2	section 7	clause 4 of Schedule 1
3	section 8	clause 5 of Schedule 1
4	section 9	clause 6 of Schedule 1
5	section 10	clause 7 of Schedule 1

39 Subsection 6(3)

Omit “family, friends”, substitute “support network”.

40 Before section 11

Insert:

11A Quality indicators for NDIS Practice Standards—provider governance and operational management

This Division sets out the quality indicators for the NDIS Practice Standards about provider governance and operational management, as follows.

Quality indicators: provider governance and operational management		
Item	The quality indicators set out in this instrument at ...	are for the NDIS Practice Standards set out in the NDIS Practice Standards Rules at ...
1	section 11	clause 9 of Schedule 1
2	section 12	clause 10 of Schedule 1
3	section 13	clause 11 of Schedule 1
4	section 14	clause 12 of Schedule 1
5	section 15	clause 13 of Schedule 1
6	section 16	clause 14 of Schedule 1
7	section 17	clause 15 of Schedule 1
8	section 18	clause 16 of Schedule 1
9	section 18A	clause 16A of Schedule 1

41 Before section 19

Insert:

19A Quality indicators for NDIS Practice Standards—provision of supports to participants

This Division sets out the quality indicators for the NDIS Practice Standards about the provision of supports to participants, as follows.

Quality indicators: provision of supports to participants

Item	The quality indicators set out in this instrument at ...	are for the NDIS Practice Standards set out in the NDIS Practice Standards Rules at ...
1	section 19	clause 18 of Schedule 1
2	section 20	clause 19 of Schedule 1
3	section 21	clause 20 of Schedule 1
4	section 22	clause 21 of Schedule 1
5	section 23	clause 22 of Schedule 1

42 Before section 24

Insert:

24A Quality indicators for NDIS Practice Standards—environment in which supports are provided to participants

This Division sets out the quality indicators for the NDIS Practice Standards about the environment in which supports are provided to participants, as follows.

Quality indicators: environment in which supports are provided to participants

Item	The quality indicators set out in this instrument at ...	are for the NDIS Practice Standards set out in the NDIS Practice Standards Rules at ...
1	section 24	clause 24 of Schedule 1
2	section 25	clause 25 of Schedule 1
3	section 26	clause 26 of Schedule 1
4	section 26A	clause 26A of Schedule 1
5	section 27	clause 27 of Schedule 1

43 Section 28

Repeal the section, substitute:

28 Quality indicators for NDIS Practice Standards—provision of high intensity daily personal activities

This Division sets out the quality indicators for the NDIS Practice Standards about the provision of high intensity daily personal activities, as follows.

Quality indicators: provision of high intensity daily personal activities

Item	The quality indicators set out in this instrument at ...	are for the NDIS Practice Standards set out in the NDIS Practice Standards Rules at ...
1	section 29	clause 3 of Schedule 2
2	section 30	clause 4 of Schedule 2
3	section 30A	clause 4A of Schedule 2
4	section 31	clause 5 of Schedule 2
5	section 32	clause 6 of Schedule 2
6	section 33	clause 7 of Schedule 2
7	section 34	clause 8 of Schedule 2
8	section 35	clause 9 of Schedule 2

44 Section 36

Repeal the section, substitute:

36 Quality indicators for NDIS Practice Standards—provision of specialist behaviour support

This Division sets out the quality indicators for the NDIS Practice Standards about the provision of specialist behaviour supports, as follows.

Quality indicators: provision of specialist behaviour support

Item	The quality indicators set out in this instrument at ...	are for the NDIS Practice Standards set out in the NDIS Practice Standards Rules at ...
1	section 38	clause 3 of Schedule 3
2	section 39	clause 4 of Schedule 3
3	section 40	clause 5 of Schedule 3
4	section 41	clause 6 of Schedule 3
5	section 42	clause 7 of Schedule 3
6	section 43	clause 8 of Schedule 3
7	section 44	clause 9 of Schedule 3

45 Section 45

Repeal the section, substitute:

45 Quality indicators for NDIS Practice Standards—implementing behaviour support plans

This Division sets out the quality indicators for the NDIS Practice Standards about implementing behaviour support plans, as follows.

Quality indicators: implementing behaviour support plans

Item	The quality indicators set out in this instrument at ...	are for the NDIS Practice Standards set out in the NDIS Practice Standards Rules at ...
1	section 47	clause 3 of Schedule 4
2	section 48	clause 4 of Schedule 4

Quality indicators: implementing behaviour support plans

Item	The quality indicators set out in this instrument at ...	are for the NDIS Practice Standards set out in the NDIS Practice Standards Rules at ...
3	section 49	clause 5 of Schedule 4
4	section 50	clause 6 of Schedule 4
5	section 51	clause 7 of Schedule 4
6	section 52	clause 8 of Schedule 4
7	section 53	clause 9 of Schedule 4
8	section 54	clause 10 of Schedule 4

46 Subsection 50(3)

Omit “behaviour support skills descriptor”, substitute “positive behaviour support capability framework”.

47 Section 55

Repeal the section, substitute:

55 Quality indicators for NDIS Practice Standards—provision of early childhood support

This Division sets out the quality indicators for the NDIS Practice Standards about the provision of early childhood supports, as follows:

Quality indicators: provision of early childhood support

Item	The quality indicators set out in this instrument at ...	are for the NDIS Practice Standards set out in the NDIS Practice Standards Rules at ...
1	section 56	clause 3 of Schedule 5
2	section 57	clause 4 of Schedule 5
3	section 58	clause 5 of Schedule 5
4	section 59	clause 6 of Schedule 5
5	section 60	clause 7 of Schedule 5
6	section 61	clause 8 of Schedule 5
7	section 62	clause 9 of Schedule 5

48 Subsection 61(2)

Omit “families”, substitute “each participant’s support network”.

49 Section 63

Repeal the section, substitute:

63 Quality indicators for NDIS Practice Standards—provision of specialised support coordination

This Division sets out the quality indicators for the NDIS Practice Standards about the provision of specialised support coordination, as follows:

Quality indicators: provision of specialised support coordination

Item	The quality indicators set out in this instrument at ...	are for the NDIS Practice Standards set out in the NDIS Practice Standards Rules at ...
1	section 64	clause 3 of Schedule 6
2	section 65	clause 4 of Schedule 6
3	section 66	clause 5 of Schedule 6

50 Section 67

Repeal the section, substitute:

67 Quality indicators for NDIS Practice Standards—provision of specialist disability accommodation

This Division sets out the quality indicators for the NDIS Practice Standards about the provision of specialist disability accommodation, as follows:

Quality indicators: provision of specialist disability accommodation

Item	The quality indicators set out in this instrument at ...	are for the NDIS Practice Standards set out in the NDIS Practice Standards Rules at ...
1	section 68	clause 3 of Schedule 7
2	section 69	clause 4 of Schedule 7
3	section 70	clause 5 of Schedule 7
4	section 71	clause 6 of Schedule 7
5	section 72	clause 7 of Schedule 7

51 Section 73

Repeal the section, substitute:

73 Quality indicators for NDIS Practice Standards—verification

This Division sets out the quality indicators for the NDIS Practice Standards that must be met by providers whose compliance with the standards is to be assessed by verification, as follows:

Quality indicators: verification

Item	The quality indicators set out in this instrument at ...	are for the NDIS Practice Standards set out in the NDIS Practice Standards Rules at ...
1	section 74	clause 6 of Schedule 8
2	section 75	clause 5 of Schedule 8
3	section 76	clause 4 of Schedule 8
4	section 77	clause 3 of Schedule 8

Part 5—Application, saving and transitional provisions

National Disability Insurance Scheme (Quality Indicators) Guidelines 2018

52 At the end of the instrument

Add:

Part 10—Application, saving and transitional provisions

78 Application of amendments made by the *National Disability Insurance Scheme Legislation Amendment (Quality Indicators) Guidelines 2021*

Definitions

- (1) In this section:

amending Guidelines means the *National Disability Insurance Scheme Legislation Amendment (Quality Indicators) Guidelines 2021*.

existing registered NDIS provider means a person or entity who was a registered NDIS provider immediately before 15 November 2021.

Delayed application of criteria for certain standards for existing registered NDIS providers

- (2) The amendments of this instrument made by Part 3 of the amending Guidelines apply in relation to an existing registered NDIS provider on and after 24 January 2022.

Note: For the delayed application of clause 16A (mealtime management standard) and clause 26A (emergency and disaster standard) of the NDIS Practice Standards Rules for existing registered NDIS providers, see subsections 31(2) and (3) of the NDIS Practice Standards Rules.

Application of amendments to applications for registration

- (3) The amendments of this instrument made by the amending Guidelines apply in relation to an application under section 73C of the Act:
- made on or after 15 November 2021; or
 - made but not decided before 15 November 2021, if the assessment under paragraph 73E(1)(c) of the Act has not been made before that day.

Application of amendments to mid-term audits

- (4) Subject to subsections 31(2) and (3) of the NDIS Practice Standards Rules and subsection (2) of this section, the amendments of this instrument made by the amending Guidelines apply in relation to a mid-term audit under section 13B of those Standards carried out on or after 15 November 2021.