Continence Aids Payment Scheme 2020

I, Richard Colbeck, Minister for Aged Care and Senior Australians, make the following Instrument under section 12 of the *National Health Act 1953*.

Dated 17 June 2020

Richard Colbeck
Minister for Aged Care and Senior Australians

Contents

Part 1—Preliminary

1 Name of Instrument

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

2 Commencement

This Instrument commences on 1 July 2020.

3 Repeal of previous instrument and maintenance of Scheme

(1) The *Continence Aids Payment Scheme 2010* is repealed.

(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* deals with 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.

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

Scheme means the Continence Aids Payment Scheme formulated by the *Continence Aids Payment Scheme 2010* and maintained in existence by 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) whose classification level includes any of the following:

(A) high ADL domain category;

(B) high CHC domain category;

(C) high behaviour category;

(D) a medium domain category in at least 2 domains; or

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

Note: The following expressions are defined in the *Classification Principles 2014*

- ADL domain
- CHC domain
- behaviour domain
- domain
- domain category

(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 a high level of residential care in a residential care facility: see subparagraph 5(2)(c)(i).

(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 $623.80.

(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.

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):
   (a) the Chief Executive Medicare must comply with the direction; and
   (b) the Secretary must inform the participating person and the organisation in writing that the organisation is no longer able to act as an authorised payment recipient.

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

(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 Appeals Tribunal.

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
	Caudal Regression Syndrome
	Cerebral Neuronal Migration Disorders
	Charge Syndrome
	Cloacal Exstrophy
	Congenital Epispadias
	Congenital Hydrocephalus
	Dandy-Walker malformation
	Developmental Cord Disorder
	Hirschsprung's Disease
	Holoprosencephaly
	Imperforate Anus
	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
	Velocardiofacial Syndrome
Category 2	**CEREBRAL PALSY**
	Dystonic Cerebral Palsy
	Hereditary Spastic Paralysis
	Spastic Quadriplegia
	Mixed cerebral palsy
Category 3	**SYNDROMES ASSOCIATED WITH INTELLECTUAL IMPAIRMENT**
	2-Hydroxyglutaric Aciduria
	Alpers Disease
	Angelman Syndrome
	Alpha Thalassaemia X-linked intellectual disability Syndrome
	Bardet Biedl Syndrome
	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

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	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

Schedule
Part 1 Eligible neurological condition

	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)

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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 MyopathySphincter 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