Practice Incentives Program Indigenous Health Incentive Guidelines

Effective 1 July 2025

The Practice Incentives Program (PIP) Indigenous Health Incentive (IHI) supports general practices and Indigenous health services (practices) to provide better health care for their Aboriginal and/or Torres Strait Islander patients. This includes best practice management of chronic conditions and mental disorders.

The PIP IHI commenced in 2010. It was a component of the Council of Australian Governments’ National Partnership Agreement on Closing the Gap: Tackling Indigenous Chronic Disease.

Read more about [chronic disease and Aboriginal and Torres Strait Islander people](http://www.health.gov.au/indigenous-chronic-disease-support) and the [Aboriginal and Torres Strait Islander mental health program](https://www.health.gov.au/initiatives-and-programs/aboriginal-and-torres-strait-islander-mental-health-program). on the Department of Health, Disability and Ageing website.

You can also get information on the programs relevant to practices from your local affiliate of the [National Aboriginal Community Controlled Health Organisation](https://naccho.org.au/) (NACCHO).

# Eligibility

To be eligible for the PIP IHI sign-on payment, your practice must:

* be eligible for the PIP
* meet the [sign-on payment](#signonpayment) requirements.

To be eligible for the PIP IHI patient registration and outcome payments, your practice must:

* be eligible for the PIP
* be approved for the PIP Indigenous Health Incentive
* meet the relevant requirements for [patient registration and outcome payments](#_2._Patient_registration).

Read more about [PIP eligibility requirements](https://www.servicesaustralia.gov.au/who-can-get-practice-incentive-program-payments?context=23046).

# Payments

The PIP Indigenous Health Incentive has 3 payment types:

* sign-on payment
* patient registration payment
* outcome payments.

Rural loading ranges from 15 – 50 per cent and depends on the remoteness of the practice. It’s applied to the payments of practices located in Rural, Remote and Metropolitan Areas (RRMA) classifications 3 – 7.

**Table 1: Payments under the PIP Indigenous Health Incentive**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Payment type and amount | | | | Payment description |
|  | **1 January 2023** | **1 January 2024** | **1 January 2025** |  |
| 1. Sign-on  payment | $1,000 per practice | $1,000 per practice | $1,000 per practice | One-off payment to practices that register for the Indigenous Health Incentive. Practices agree to undertake specified activities to improve the provision of care to their Aboriginal and/or Torres Strait Islander patients with a chronic [condition](#_Definition_of_a) or [mental disorder](#_Definition_of_a_1). |
| 2. Patient registration payment | $150 per eligible patient per calendar year | $100 per eligible patient per calendar year | $0 | A payment to practices for each Aboriginal and/or Torres Strait Islander patient 15 and over. These patients are registered with the practice as their ‘[usual care provider’](#_‘Usual’_practice_patients).  Patient registration payments aren’t payable for patients under 15, but you can still register them. |
| 3. Outcome payment | Tier 1: $100 per eligible patient per 12-month assessment period | Tier 1: $100 per eligible patient per 12-month assessment period | Tier 1: $100 per eligible patient per 12-month assessment period | A payment to practices that either:   * prepares and reviews a GP Management Plan or Team Care Arrangements prior to 1 July 2025, a GP Chronic Condition Management Plan (from 1 July 2025) or GP Mental Health Treatment Plan for a registered patient within a 12-month assessment period. * completes 2 reviews of an existing GP Management Plan or Team Care Arrangements prior to 1 July 2025, GP Chronic Condition Management Plan (from 1 July 2025), or GP Mental Health Treatment Plan for a registered patient or contribute to a review of a multidisciplinary care plan for a patient in a Residential Aged Care Facility within a 12-month assessment period. |
| Tier 2: $150 per eligible patient per 12-month assessment period | Tier 2: $200 per eligible patient per 12-month assessment period | Tier 2: $300 per eligible patient per 12-month assessment period | A payment to practices that provide a target level of care for a registered patient within a 12-month assessment period ([read tier 2 outcome payment requirements](#Tier2outcomes)). |

Only usual care provider practices will be eligible for the registration payment, but any practice providing a target level of tier 1 and tier 2 services will be eligible for the outcome payments.

## 1. Sign-on payment

Practices can get a one-off sign-on payment of $1,000 if they register for the PIP Indigenous Health Incentive. We pay the amount to practices in the next quarterly payment after they’re approved.

To be eligible to get the PIP Indigenous Health Incentive sign-on payment, practices must:

* create and use a system to make sure their Aboriginal and/or Torres Strait Islander patients with a chronic condition or mental disorder are followed up. For example, a recall and reminder system, or staff actively seeking out patients to make sure they return for ongoing care.
* undertake [cultural awareness training](#_Cultural_awareness_training) within 12 months of joining the incentive unless the practice is exempt.

## 2. Patient registration payment

Practices can register patients aged 15 years and over for the PIP Indigenous Health Incentive to get the patient registration payment. The patient must be an Aboriginal and/or Torres Strait Islander person who:

* has a chronic condition or a [mental disorder](#_Definition_of_a_1)
* has had or been offered [a health assessment for Aboriginal and/or Torres Strait Islander people](#_Aboriginal_and/or_Torres) using Medicare Benefits Schedule (MBS) items 228 or 715. Or, telehealth Items 92004 and 92011 which can be provided every 9 months. Residential Aged Care patients can be offered MBS items 701, 703, 705 and 707.
* has a current Medicare card
* has nominated the practice as their ‘usual care provider’ and provided informed consent to be registered for the PIP Indigenous Health Incentive.

Patients need to complete the patient consent and declaration in the [PIP Indigenous Health Incentive patient registration and consent](https://www.servicesaustralia.gov.au/organisations/health-professionals/forms/ip017)form.

Where patient registration payments are applicable [(Table 1)](#Table1), we pay once per patient, per calendar year for patients:

* 15 and over
* registered between 1 January and 31 October.

If you register a patient 15 years and over for the first time in November or December, they’ll be registered for both the current and next calendar years.

Practices will get 1 patient registration payment in the February payment quarter. The payment will be at the rate applicable in the year we make the payment.

Once the young patient reaches 15, they must be re-registered under their own consent.

If the young patient provides their consent to continue to be registered for the IHI program, then the practice must both:

* withdraw the current registration
* re-register them under their own consent.

If the patient’s consent is not obtained and re-registration isn’t recorded by the time the patient reaches 16, the patient is automatically withdrawn from the PIP IHI program.

A patient who has been automatically withdrawn at 16, can be re-registered under the PIP IHI at any time. They must still meet the PIP IHI eligibility requirements and provide their own consent. However, any gap in registration may impact outcome payment assessment.

**Patients under 15**

Patient registration payments aren’t payable for patients under 15, but you can still register them for outcome payments. A parent or guardian must provide consent to register a patient under 15.

**Table 2: Patient registration dates**

|  |  |  |
| --- | --- | --- |
| **Date Registered** | **Registration Period** | **Patient Registration Payment** |
| 1 January to 31 October | 1 January to 31 December of that year | In the next quarterly payment |
| 1 November to 31 December | 1 January to 31 December of that year, and 1 January to 31 December of the following year | February of the next year |

You must submit patient registrations during the current registration period. We can’t backdate them to past registration periods.

Your practice won’t get a patient registration payment for a patient who’s already registered for the PIP IHI with another practice for that calendar year.

You can find out if an eligible patient is already registered with your practice by checking your practice’s registered patients either:

* through [HPOS](http://servicesaustralia.gov.au/hpos) using your [Provider Digital Access (PRODA) account](https://proda.humanservices.gov.au/prodalogin/pages/public/login.jsf?TAM_OP=login&ERROR_CODE=0x00000000&URL=%2F&OLDSESSION=)
* by [contacting PIP](https://www.servicesaustralia.gov.au/health-professionals-contact-information?context=60090#incentiveprogrammes) on **1800 222 032**.

We must receive the [PIP Indigenous Health Incentive patient registration and consent](https://www.servicesaustralia.gov.au/organisations/health-professionals/forms/ip017) form at least 7 days before the relevant point-in-time date so the practice can get a patient registration payment in the following quarter (Table 3).

**Table 3: Point-in-time dates**

|  |  |
| --- | --- |
| **Point-in-time date** | **Payment made** |
| 31 January | February |
| 30 April | May |
| 31 July | August |
| 31 October | November |

From 1 January 2025, all new registrations for patients 15 years and above, will be lifetime (ongoing) with a start date of the patient’s date of consent. It’ll continue until the patient withdraws their consent to participate in the program. Annual re-registration of patients will no longer be required.

## 3. Outcome payments requirements and 12-month assessment period

There are 2 tiers of outcome payments available for each registered patient.

Outcome payments are:

* based on MBS services provided to registered patients within a 12-month assessment period.
* only made to PIP practices that are approved for the Indigenous Health Incentive.

For both Tier 1 and Tier 2 payments, the assessment period starts from the date the first eligible MBS service is provided and ends 12 months later.

Your Practice won’t be eligible for outcome payments for patients who either:

* are no longer registered for the PIP IHI
* withdraw their consent for the PIP IHI prior to the requirements for payment being met.

Practices that have met the requirements of the outcome payment don’t have to take any action to get a payment. Practices will get the payments automatically paid as part of the PIP quarterly payment to the practice’s nominated PIP bank account.

You can download information on eligible services your practice has provided to patients through HPOS.

Tier 1 outcome – chronic condition and mental health management

We pay $100 per patient, per 12-month assessment period to practices that either:

* prepare a General Practitioner Management Plan (GPMP) using MBS items 721, 229, 92024 or 92055 before 1 July 2025
* coordinate the development of Team Care Arrangements (TCA), using MBS items 230, 723, 92025 or 92056 before 1 July 2025
* prepare a General Practitioner Chronic Condition Management Plan (CCMP) using MBS items 392, 965, 92029, or 92060 from 1 July 2025
* coordinate GP Mental Health Treatment Plan (MHTP), using MBS items 272, 276, 281, 282, 2700, 2701,2715, 2717, 92112, 92113, 92116, 92117, 92118, 92119, 92122 or 92123 for the patient.

Your practice must also complete at least 1 review of either a:

* GPMP, TCA, using MBS items 732, 233, 92028 or 92059 before 1 July 2025
* 2025CCMP using MBS items 393, 967, 92030 or 92061 from 1 July 2025
* MHTP using MBS item 277, 2712, 92114, 92120, 92126 or 92132.

If a GPMP, TCA, CCMP or MHTP is already in place for the patient, we’ll pay practices that either:

* complete 2 reviews of the patient’s GPMP or TCA using MBS items 732, 233, 92028 or 92059 before 1 July 2025
* complete 2 reviews of the patient’s CCMP using MBS items 393, 967, 92030 or 92061 from 1 July 2025
* complete 2 reviews of the patient’s MHTP using MBS item 277, 2712, 92114, 92120, 92126 or 92132 within the 12-month assessment period.

If the patient is a resident of a residential aged care facility, we’ll pay practices that contribute to a review of a multidisciplinary care plan for a patient in a Residential Aged Care Facility using MBS items 232, 731, 92027 or 92058 twice within the 12-month assessment period.

Read more about frequency and claiming rules for [Chronic Condition Management items](http://www9.health.gov.au/mbs/fullDisplay.cfm?type=note&q=AN.0.47&qt=noteID&criteria=AN%2E0%2E47) on the MBS Online website.

[MBS Online](http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Home) also has guidance on the frequency and claiming restrictions for Mental Health Treatment Plan Preparation and Review items.

Tier 2 outcome – total patient care

We pay Tier 2 outcome payments to all practices that provide a minimum of 5 eligible MBS services to a registered patient within the patient’s 12-month assessment period. This may include the services your practice provided to qualify for the Tier 1 outcome payment.

For the purposes of this incentive, eligible MBS items include professional attendance and procedural items delivered by either:

* a GP
* a medical practitioner who practices in general practice.

We exclude all items under Category 4 (Oral and Maxillofacial Services), Category 6 (Pathology Services) with the exception of P9 and P12, Category 7 (Cleft Lip and Cleft Palate Services) and Category 8 (Miscellaneous Services).

12-month assessment period

From 1 January 2023, an individual registered patient’s 12-month assessment period starts from the date of their first eligible Tier 1 or Tier 2 service provided by your practice.

We pay Tier 1 outcome payments in the next PIP payment quarter after we’ve successfully processed the MBS services. To be eligible for payment, the 2 eligible MBS services your practice provided must be within the 12-month assessment period.

We pay Tier 2 outcome payments in the next PIP payment quarter after we’ve successfully processed your 5th eligible MBS service. To be eligible for payment, the 5 eligible MBS services your practice provides must be within the 12-month assessment period.

# Requirements

## Identification of Aboriginal and/or Torres Strait Islander patients

For practices to register patients for the PIP Indigenous Health Incentive, patients must self-identify as being of Aboriginal and/or Torres Strait Islander origin to either:

* the GP
* practice staff.

They don’t need to provide evidence to support this.

GPs or practice staff should ask all patients if they identify as being of Aboriginal and/or Torres Strait Islander origin. The Australian Institute of Health and Welfare’s 2010 report, *‘National Best Practice Guidelines for Collecting Indigenous Status in Health Data Sets’* recommends the use of a standard national question: ‘Are you of Aboriginal or Torres Strait Islander origin?’ to identify, record and report the Aboriginal and Torres Strait Islander status of patients of health services.

If a child or patient can’t respond on their own behalf, ask an accompanying responsible parent or guardian.

Self-identification is voluntary, but your practice needs to make sure patients can make an informed decision to self-identify. A patient can choose whether to reveal their cultural background. You should record their answer as stated in their patient record. Practices should respect the patient’s choice to self-identify.

The Royal Australian College of General Practitioners (RACGP) *Standards for general practices* state practices need to work towards the routine recording of patients’ cultural background, including self-identified Aboriginal and/or Torres Strait Islander Australians. This helps tailor your patients’ care.

## Cultural awareness training

At least 2 staff members from your practice (one must be a GP) must complete appropriate cultural awareness training within 12 months of the practice being approved for the PIP Indigenous Health Incentive.

For the purpose of the PIP Indigenous Health Incentive, appropriate training is any endorsed by a professional medical college, including those either:

* offering Continuing Professional Development (CPD) points
* endorsed by the NACCHO or one of its state or territory affiliates.

Practices must provide evidence of training completed or that exemptions apply. Approved exemptions include:

* appropriate training completed up to 12 months before the practice is approved for the PIP Indigenous Health Incentive
* practices under the management of an Aboriginal Board of Directors or a committee made up mainly of Aboriginal community representatives.
* a GP at your practice works at an Indigenous Health Service on a regular basis, provided that at least 1 other staff member has met the requirement or is considered exempt. There is no prescribed definition of ‘regular’ for the purposes of the PIP Indigenous Health Incentive. Practices must demonstrate appropriate cultural awareness gained from the interaction with an Indigenous Health Service. For this purpose, “Indigenous Health Service” means an Indigenous Health Service under the management of an Aboriginal Board of Directors, or a committee made up mainly of Aboriginal community representatives.
* if there are only 2 staff members at a practice, it’s sufficient for only one staff member to complete appropriate cultural awareness training or be considered exempt.
* a staff member qualified as an Aboriginal Health Worker.
* if the only GP at the practice is on a temporary contract with a tenure of 6 months or less, provided that at least 1 other staff member has met the requirement or is considered exempt.

Where a staff member, including a GP, counted towards meeting this requirement leaves the practice, another staff member of the practice needs to meet the training requirement or be considered exempt. This needs to happen within 12 months of the separation date of the previous staff member.

Consideration of other non-prescribed circumstances for exemption from this requirement may be considered on a case-by-case basis.

## Usual care provider

Only the patient’s ‘usual care provider’ should register the patient for the PIP Indigenous Health Incentive. This is the practice that provided the majority of care to the patient over the previous 12 months and/or intends to continue over the next 12 months.

Patients must confirm they want the practice written on the [PIP Indigenous Health Incentive patient registration and consent](https://www.servicesaustralia.gov.au/organisations/health-professionals/forms/ip017) form to be their usual care provider and the practice responsible for their chronic condition or mental disorder management.

Before a GP submits the [PIP Indigenous Health Incentive patient registration and consent](https://www.servicesaustralia.gov.au/organisations/health-professionals/forms/ip017) form, they should be satisfied their peers would agree their practice is the usual care provider of the patient, given the patient’s needs and circumstances. The term ‘usual care provider’ wouldn’t apply to a practice that, for example, provides only one service to a patient.

## Definition of a chronic condition

A chronic condition is a condition that has been, or is likely to be, present for at least 6 months or is terminal. Whether a patient meets the eligibility requirement of having a chronic or terminal condition is for a GP to determine using their clinical judgement.

## Definition of a mental disorder

A mental disorder means a significant impairment of any or all of an individual’s cognitive, affective and relational abilities that: (a) may require medical intervention; and (b) may be a recognised, medically diagnosable illness or disorder. Ultimately, as with chronic conditions, whether a patient meets the eligibility requirement of having a mental disorder is for a GP to determine using their clinical judgement.

## Aboriginal and/or Torres Strait Islander people’s Health Assessment

Conducting Aboriginal and/or Torres Strait Islander health assessments using MBS items 715 or 228 or telehealth Items 92004 and 92011, which may be provided once every 9 months, is a useful first step to make sure Aboriginal and/or Torres Strait Islander patients receive the best level of health care.

These assessments may assist with the early detection, diagnosis and intervention of health and physical, psychological and social conditions. Your practice can bulk-bill their Aboriginal and/or Torres Strait Islander patients to help reduce barriers to accessing care.

Find out more about:

* [Health Assessment for Aboriginal and Torres Strait Islander People](http://www9.health.gov.au/mbs/fullDisplay.cfm?type=note&q=AN.0.43&qt=noteID&criteria=715)
* [eligibility to access additional services under a CCMP, GPMP or TCA.](https://www9.health.gov.au/mbs/fullDisplay.cfm?type=note&q=AN.0.47&qt=noteID&criteria=AN%2E0%2E47)

# Applying

Practices can apply for the PIP Indigenous Health Incentive when they apply for the PIP either:

* through [HPOS](http://servicesaustralia.gov.au/hpos) using your [PRODA](https://proda.humanservices.gov.au/prodalogin/pages/public/login.jsf?TAM_OP=login&ERROR_CODE=0x00000000&URL=%2F&OLDSESSION=) account
* by completing the [Practice Incentives application form](https://www.servicesaustralia.gov.au/ip001).

Practices already participating in the PIP can apply for the Indigenous Health Incentive:

* through [HPOS](http://servicesaustralia.gov.au/hpos) using your [PRODA](https://proda.humanservices.gov.au/prodalogin/pages/public/login.jsf?TAM_OP=login&ERROR_CODE=0x00000000&URL=%2F&OLDSESSION=) account
* by completing the [Practice Incentives Program Indigenous Health Incentive practice application form](https://www.servicesaustralia.gov.au/ip026).

Find out [how to register a PRODA account](https://www.servicesaustralia.gov.au/how-to-register-for-individual-proda-account?context=33786).

# Patient registration, re-registration and withdrawal

## Registering patients

From 1 January 2025, all new registrations for patients 15 years and above, will be lifetime (ongoing). From 1 November 2023, practices can begin obtaining consent for lifetime registration as part of all patient registrations and re-registrations for patients aged 15 years and above. Lifetime registration will be automatically applied from 1 January 2025.

Patients will still be able to withdraw their consent to participate in the program at any time.

Patients under 15 years, who are registered under a parent or guardian’s consent, will be registered until they turn 15. They will then need to provide their own consent to continue to participate in the program.

Your practice must apply for the PIP Indigenous Health Incentive before you register patients. We won’t process any [PIP Indigenous Health Incentive patient registration and consent](https://www.servicesaustralia.gov.au/organisations/health-professionals/forms/ip017)forms dated before your practice is registered.

Your practice should verbally explain the PIP Indigenous Health Incentive to patients. The GP needs to be sure the patient understands the incentive before asking them if they want to register.

You can register eligible patients:

* through [HPOS](http://servicesaustralia.gov.au/hpos) using your [PRODA](https://proda.humanservices.gov.au/prodalogin/pages/public/login.jsf?TAM_OP=login&ERROR_CODE=0x00000000&URL=%2F&OLDSESSION=) account
* by faxing a completed [PIP Indigenous Health Incentive Patient Registration and consent](https://www.servicesaustralia.gov.au/organisations/health-professionals/forms/ip017) form.

If registering patients through [HPOS](http://servicesaustralia.gov.au/hpos), you don’t need to send us the [PIP Indigenous Health Incentive Patient Registration and consent](https://www.servicesaustralia.gov.au/organisations/health-professionals/forms/ip017). You must complete and retain the patient consent and declaration section of the form for 6 years.

If your practices can’t register your patients through [HPOS](http://servicesaustralia.gov.au/hpos), mail us the [PIP Indigenous Health Incentive patient registration and consent](https://www.servicesaustralia.gov.au/organisations/health-professionals/forms/ip017) form for manual processing. We won’t process incomplete forms.

## Re-registering patients

You can re-register patients either:

* through [HPOS](http://servicesaustralia.gov.au/hpos) using your [PRODA](https://proda.humanservices.gov.au/prodalogin/pages/public/login.jsf?TAM_OP=login&ERROR_CODE=0x00000000&URL=%2F&OLDSESSION=) account
* by completing a new [PIP Indigenous Health Incentive patient registration and consent form](https://www.servicesaustralia.gov.au/organisations/health-professionals/forms/ip017).

If your practice registers a patient for the first time in November or December, they’ll automatically be registered for the current and following calendar year.

Practices can start registering their patients for the next calendar year from 1 November.

In November 2024, lifetime registration will automatically be applied to all patients with an active 2024 registration who are over 15 years. You won’t need to re-register these patients.

Patients will still be able to withdraw their consent to be registered at any time.

Patients under 15, who are registered under a parent or guardian’s consent, will be registered until they turn 15. They will then need to provide their own consent to continue to participate in the program.

## Withdraw Patients

Patients can withdraw their consent at any time by completing the [Practice Incentives Program Indigenous Health Incentive patient withdrawal of consent](https://www.servicesaustralia.gov.au/organisations/health-professionals/forms/ip029).

Your practice can withdraw consent on behalf of the patient online through [HPOS](http://servicesaustralia.gov.au/hpos) using your [PRODA](https://proda.humanservices.gov.au/prodalogin/pages/public/login.jsf?TAM_OP=login&ERROR_CODE=0x00000000&URL=%2F&OLDSESSION=) account.

If the young patient’s consent is not obtained and re-registration recorded by the time the patient reaches 16 years of age, the patient will be automatically withdrawn from the PIP IHI program.

# Obligations

Your practice must either:

* complete and retain the patient consent and declaration section of the [PIP Indigenous Health Incentive patient registration and consent](https://www.servicesaustralia.gov.au/organisations/health-professionals/forms/ip017) form at the practice if you’ve registered patients online through HPOS, or
* send us all [PIP Indigenous Health Incentive patient registration and consent](https://www.servicesaustralia.gov.au/organisations/health-professionals/forms/ip017) to register patients manually.

When claiming a payment, your practice must provide:

* proof that a system is in place to make sure your Aboriginal and/or Torres Strait Islander patients with a chronic condition are followed up
* proof appropriate cultural awareness training has been completed
* records of consent for patients registered online through [HPOS](http://servicesaustralia.gov.au/hpos)
* information as part of the ongoing confirmation statement audit process to verify that the practice meets eligibility requirements.

The practice must tell us about changes to practice arrangements either:

* online through HPOS, most changes made in [HPOS](http://servicesaustralia.gov.au/hpos) are effective immediately
* by completing the [Practice Incentives Change of Practice Details](https://www.servicesaustralia.gov.au/ip005) form
* by writing to us no later than 7 days before the relevant point-in-time date.

Find out more about [PIP guidelines](https://www.servicesaustralia.gov.au/who-can-get-practice-incentive-program-payments?context=23046).

The point-in-time date is the last day of the month before the next PIP quarterly payment. See Table 3: Point-in-time dates.

On joining the PIP, the practice must nominate an authorised contact person(s). This person confirms any changes to information for PIP claims and payments on your practice’s behalf.

# Rights of review

The PIP has a review of decision process for program decisions.

To ask for a review of a decision, the authorised contact person or owner/s of the practice must complete the [Practice Incentives review of decision](https://www.servicesaustralia.gov.au/ip027). They must submit the completed form within 28 days of the decision you want reviewed.

The Australian Government will review the decision and let you know the outcome in writing.

# For more information

**Online**: [servicesaustralia.gov.au/pip](https://www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/practice-incentives-program/)

**Call**: **1800 222 032**

# Disclaimer

These guidelines are for information purposes and provide the basis on which PIP payments are made. While it’s intended that the Australian Government will make payments as set out in these guidelines, the making of payments is at its sole discretion.

The Australian Government may alter arrangements for the PIP at any time and without notice.

The Australian Government does not accept any legal liability or responsibility for any injury, loss or damage incurred by the use of, reliance on, or interpretation of the information provided in these guidelines.