NDIA provider registration

This fact sheet describes options for the registration of providers with the National Disability Insurance Scheme (NDIS).

These options present different ways in which a government can decide whether a person, business, government or non-government organisation is suitable to provide support to participants under the NDIS.

It is expected that a registration system for the NDIS should:

* support participants’ choice and control, including their confidence in the safety and competence of their chosen providers
* create the least possible burden on individuals and support providers
* recognise where providers have demonstrated they are meeting equivalent standards via other service systems.

## NDIS code of conduct and safe practice

Professional behaviour in some sectors is promoted through a code of conduct that sets out the values and expectations for the industry, often by specifying the kinds of behaviour or actions that would breach those values and expectations.

Some behaviour may not breach the law but would never be acceptable in the NDIS — such as neglect, financial or sexual exploitation, bullying, intimidation or vengeful behaviour. An NDIS Code of Conduct would make these behaviors unacceptable.

There are also basic professional standards that would be expected, for example, that providers do not make false or misleading claims, or offer a support that is outside of their approved scope of practice.

The code would provide a basis for determining whether a penalty should be applied after a complaint is lodged about a provider or an individual’s behaviour.

Penalties could include suspension, imposing additional conditions, or a warning. In the most serious cases, a breach of the code could lead to a person being banned from working with NDIS participants.

A provider who has acted in serious breach of the code could be deregistered or subject to certain working conditions.

The proposed NDIS Code of Conduct would be consistent with the National Standards for Disability Services.

## Possible approaches

Four options have been developed for provider registration. They build on each other and are not mutually exclusive.

Providers of support who are in the lower‑risk category, or already subject to regulation via other service systems, may be subject to fewer registration conditions.

The higher regulation options would apply to a smaller number of providers, generally those who offer the kinds of support that may carry a higher risk of harm to participants.

### Option 1: requirement to comply with the law and an NDIS code of conduct and safe practice

Registered providers would be required to comply with:

* all existing Commonwealth, state or territory legislation
* all relevant minimum qualifications, licensing, membership and industry codes relevant to professionals
* an NDIS code of conduct and safe practice.

This is a ‘light touch’ option which, in most jurisdictions, will significantly reduce what organisations presently need to do to obtain funding to provide services to people with disability.

### Option 2: additional registration conditions

This option imposes additional registration conditions on providers and build on those under Option 1. The purpose of the additional conditions would be to enable the CEO of the NDIA to check if a registering organisation or individual has the systems required to limit risks to participants.

Examples of additional conditions might be a requirement to demonstrate that a provider uses appropriate practices when recruiting staff or notifying the NDIA, and where appropriate, the police, if there is a serious incident.

### Option 3: mandated independent quality evaluation requirements

Providers would be expected to comply with all requirements under Options 1 and 2.

The additional element proposed under this option would require certain providers to participate in a quality‑evaluation process that would focus on the participants’ experience of the services they receive.

The assessment would be independent of both the NDIA and the organisation.

The quality evaluation report could, in all or in part, be made public.

New providers would have 12 months to be assessed, but they would have to meet any additional conditions prescribed by the CEO (as under Option 2). Providers that have completed their evaluation would be expected to participate in ongoing periodic evaluation and assessment.

### Option 4: mandated participation in an external quality assurance system

While Option 3 focuses on the participants’ experiences of the organisation and other key elements such as staffing and timeliness, Option 4 would also involve looking into how support providers manage risk and improve quality inside their organisations. This could include governance systems so that the NDIS could be assured that they are viable, safe and effective organisations.

As with Option 3, the results from the assessment could be made public either entirely or partially.

Auditors would work with providers to find opportunities for improvement.

New providers would have 12 months to acquire certification, but they would have to meet any additional conditions set by the CEO (as under Options 2 and 3). Providers that have obtained certification would be expected to take part in periodic evaluation and assessment.

Questions

* Which NDIA provider registration option, described above, would provide the best assurance for providers? Which option would provide the best assurance for participants?
* Should the approach to registration depend on the type of support? For example, imposing additional registration conditions on providers offering supports that carry a higher risk of harm?
* How can we achieve the right balance between providing assurance and letting people make their own choices?