Tuesday, 15 July 2025

To Whom It May Concern,

Re: Formal Submission – Improving NDIS Support Rules and Support Catalogue

Please accept this letter as a formal submission outlining critical recommendations to improve the clarity, accessibility, and integrity of the NDIS Support Rules and Catalogue. These recommendations reflect the lived experience and operational knowledge of NDIS participants, registered providers, support coordinators, plan managers, allied health professionals, and informal carers.

The aim of this submission is to ensure consistency, safety, and goal-directed outcomes across the Scheme, while reducing administrative burden and improving system navigation for all stakeholders.

1.Provide Plain English Descriptions

- Translate each support line item into everyday language with clear, practical examples.
- Include information on who can deliver it, when it is appropriate, and any restrictions or requirements.

2. Create a Searchable, Interactive Online Tool

- Develop a user-friendly NDIS web portal or app where users can:
- Search by keyword, goal, disability type, support category
- Apply filters (e.g. flexible, quote required, plan-managed only)
- Export selected items for quotes or service agreements

3. Use Visual Aids and Icons

- Provide visual flowcharts and icons to help explain rules such as:
- Flexible claiming
- Travel and kilometre allowances
- Whether a quote or approval is required

4. Include Real-World Case Examples

- A searchable case study library showing:
- How different supports can be combined to meet goals
- Scenarios across age, disability type, and life stage
- Examples of CORE and CB used in integrated ways

5. Develop Role-Specific Resources

Tailor content for:

- Participants and families
- Support coordinators
- Plan managers
- Providers and allied health professionals

6. Expand Easy Read and Translated Resources

- Make Easy Read versions of support categories and examples available
- Translate these into major community languages
- Develop a visual glossary with pictorial aids

7. Free Quoting and Service Planning Tools

- Offer publicly available tools that:
- Suggest line items by goal or need
- Auto-calculate travel and capital costs
- Generate quotes and service agreements in a compliant format

8. Real-Time Notifications

- Provide email/app notifications for:
- Price guide updates
- Rule or policy changes
- Support category adjustments

9. Develop a Mobile NDIS App for Registered Providers and Participants

This should include:

- Support search and definitions
- Budget tracking
- Plan document storage
- Alerts and help desk features

10. Incorporate Travel and Centre Capital Costs into Plans

- Registered providers operating from physical centres or supporting rural participants often bear substantial unreimbursed travel and infrastructure costs.
- Plans should explicitly fund these costs where justified by:
- Behaviour support needs
- Lack of local workforce
- Trauma-informed care requiring staff consistency
- Clarify Modified Monash Model (MMM) rules and travel hour thresholds.

11. Support Coordination for Plan Reviews

- Many participants are overwhelmed when preparing for plan reviews and need guidance.
- In addition to traditional Support Co-Oridination - Fund Support Coordination specifically for:
    - Reviewing support usage
    - Gathering supporting documentation

- Identifying unmet needs or gaps

12. Independent Support Workers vs Registered Providers: Addressing Systemic Risk and Inequity

- The current system allows independent (unregistered) support workers to deliver supports without the same oversight or training required of registered providers. While they are excluded from delivering supports under authorised BSPs, they can still work with participants with behaviours of concern if no BSP or behaviour funding exists.
- This creates a serious safety and compliance gap.
- Recommendations:
- Limit independent workers to low-risk supports (e.g. domestic tasks, community access)
- Prohibit them from delivering complex supports like medication, mealtime plans, or behaviour management
- Require independent worker audits and make them accountable to plan managers
- Disallow auto-approval of their invoices
- Introduce tiered pricing that recognises the compliance costs of registered providers

13. Ensure Behaviour Support Funding is Available Where Needed

- Participants showing behaviours of concern should have automatic access to Behaviour Support funding to:
- Develop BSPs
- Prevent informal restrictive practices
- Provide guidance for safe and appropriate support

14. Adjust Price Guide to Reflect Registration Costs

- Registered providers incur significant compliance and safeguarding costs.
- Implement a tiered pricing model to support provider sustainability and quality.

15. Improve SIL Transparency and Flexibility

- SIL quotes often lack detail, are front-loaded, or don't allow for trial/flexible SIL.
- Introduce templates for:
- Ratio breakdowns for ROC
- Funding period rationale
- Irregular SIL planning
- Ensuring Adequate Community Participation in conjunction with SIL funding

16. Clarity Around Restrictive Practices and Reporting

- Providers and practitioners need clearer guidance across:
- NDIS Commission Portal
- RIDS
- State-based APO systems (e.g. Victoria)
- Provide aligned templates and checklists to streamline compliance.

17. Improve Clarity on Medication Purpose Forms

- Medical professionals often complete these forms incorrectly.
- They must clearly state:
- The diagnosis
- The purpose of the medication
- Whether it is for behaviour management or clinical treatment

18. Early Identification and Transition Planning for School Leavers

- Many young participants are not flagged early for SLES or transition planning.
- Recommend:
- Automatic flagging at age 15–18
- Inclusion of education exit goals
- Activation of CB supports for skill-building and employment

19. The Unseen Cost: Informal Carer Burnout

Families and informal carers are under immense pressure navigating:

- NDIS applications, reviews, and reassessments
- Service disruptions
- A lack of funded respite or carer support
- Burnout is widespread, particularly among parents of neurodivergent children.
- Recommendations:
- Fund Support Coordination to help carers manage the system
- Prioritise respite and STA/ILO access
- Recognise carer wellbeing in planning goals
- Streamline CoS (Change of Situation) processes for families in crisis

20. Financial Viability of Service Providers

The financial sustainability of service providers is critical to the long-term success of participants.

Providers must have stable and viable business operations in order to:

- Include estashmishment fees into participant for primary supports where the participant has requirements for Behaviious Support Plans, OT assessments, Letters of Support and ongoing plan assessments
- Retain skilled staff
- Invest in training, compliance, and infrastructure
- Offer consistent, high-quality supports
- Without viable providers, participants face frequent disruption, workforce turnover, and reduced support options. This directly impacts participants supports that focus on participants and Capacity Building Supports.
- Financial models should reflect the true cost of service delivery, especially for registered providers meeting all compliance obligations.

21. Establishment Fees for Complex Support Needs

Where participants require significant planning, allied health input, and regulated supports, registered support worker providers should be able to claim establishment or onboarding fees under Primary Supports.

These fees reflect the substantial administrative, planning, and coordination responsibilities taken on by support worker organisations, particularly during intake and throughout the participant's plan.

These costs cover:

- Collecting and synthesising participant history and needs
- Coordinating with allied health professionals to facilitate assessments (e.g. OT, behaviour support)
- Preparing supporting documentation including risk and functional summaries
- Attending and minuting team meetings with allied health and informal supports
- Drafting initial care plans and implementation strategies
- Setting up systems for ongoing goal tracking and reporting

These foundational services are essential to designing safe, appropriate, and person-centred care models that enable capacity building and continuity of supports.

While the ability to claim establishment fees technically exists, in practice many support worker providers are forced to absorb these costs due to tight participant budgets. This results in unfunded work at intake and planning stages, which is unsustainable. Clear and consistent funding allocation for establishment and planning activities—particularly in complex cases—would enable support worker providers to deliver more structured, collaborative, and high-quality support, without compromising the availability of regular services.

Conclusion

Improving the NDIS Support Rules and Catalogue is critical to the sustainability and effectiveness of the Scheme. The current lack of clarity, consistency, and equitable funding allocation puts undue pressure on participants, informal carers, and providers alike—especially registered support worker organisations that carry significant compliance and coordination responsibilities.

These recommendations reflect the pressing need for reform across funding rules, plan clarity, system accessibility, and provider accountability. A transparent and structured approach will:

- Reduce stress and burnout for carers and families
- Improve collaboration across allied health, support workers, and plan managers
- Protect participant safety and improve long-term outcomes
- Strengthen the financial viability of registered providers, enabling continuity of care

The long-term success of the NDIS depends on recognising the foundational role of registered support worker organisations and funding their essential, often invisible, contributions to participant care. These recommendations aim to restore balance, accountability, and sustainability to the system.

If support worker businesses were financially viable and funding was appropriately allocated toward consistent, capacity- and goal-oriented supports, the sector could deliver truly impactful and sustainable outcomes. This would increase the likelihood of participants living more independent, fulfilling lives, ultimately reducing the need for intensive funded supports over time. Such a model would ensure that high-level funding remains available for those who continue to need it most.

Thank you for considering this submission. I would welcome the opportunity to contribute further to discussions or working groups aimed at refining the NDIS Support Rules and Catalogue.

Yours sincerely,

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Best Fit Disability Group