

NDIS Supports Rules Consultation

Response to consultation

July 2025

Recipient

Department of Social Services

NDISConsultations@dss.gov.au

Dietitians Australia contact

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Dietitians Australia acknowledges all traditional custodians of the lands, waters and seas that we work and live on across Australia. We pay our respect to Elders past, present and future and thank them for their continuing custodianship.

The leading voice in nutrition and dietetics

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About Dietitians Australia

Dietitians Australia is the national association of the dietetic profession with over 9000 members, and branches in each state and territory. Dietitians Australia is the leading voice in nutrition and dietetics and advocates for the profession and the people and communities we serve.

Dietitians Australia's credentialing program, the Accredited Practising Dietitian program, provides an assurance of safe, quality practice, and it is the foundation of self-regulation of the dietetic profession in Australia. Accredited Practising Dietitians (APDs) are uniquely trained to provide one-on-one medical nutrition therapy to patients in a clinical context across a broad range of disease and health conditions. Dietitians must hold the APD credential and meet continuing professional development and recency of practice standards annually to access Medicare, Department of Veterans Affairs, National Disability Insurance Scheme, worker's compensation schemes and most private health insurers. APDs have an important role in supporting the function, health and wellbeing of people with disability.

Recommendations

Dietitians Australia urges the Department of Social Services (DSS) and the National Disability Insurance Agency (NDIA) to adopt the recommendations listed in the table below to provide clarity in the NDIS Supports Rules and Lists and related processes and to ensure essential dietetic and nutrition supports are available and accessible to NDIS participants.

Dietitians Australia recommends:

1.	Add 'Dietetics' as a separate category to the 'Supports that are NDIS Supports' List
2.	Include a list of eligible professions, including Accredited Practising Dietitians, to the 'Supports that are NDIS Supports' list to ensure Accredited Practising Dietitians are recognised as appropriate professionals able to deliver supports.
3.	Explicitly include Accredited Practising Dietitians to the 'Supports that are NDIS Supports' list under 'Early intervention supports for early childhood'
4.	Recognise and explicitly list Accredited Practising Dietitians in mealtime management plan development and review, and training for carers and support staff
5.	Add 'pre-thickened fluids' and 'thickener' to the 'Supports that are NDIS Supports' list
6.	Explicitly list 'Eating and Drinking' under 'Therapeutic Supports' in the 'Supports that are NDIS Supports' list
7.	7.1 Add to the 'Supports that are NDIS Supports' list: - Oral nutrition supplements, oral nutrition support products (including fibre supplements), micronutrient supplementation, enteral tube feeds, any other nutrition support product, as recommended by an Accredited Practising Dietitian - Enteral tube feeding consumable items, as recommended by an Accredited Practising Dietitian or Registered Nurse 7.2 Remove micronutrients from the 'Supports that are <u>not</u> NDIS Supports' list and add to the 'Supports that are NDIS Supports' list.

8.	Add household items recommended by an Accredited Practising Dietitian to the 'Replacement Supports' list
9.	Remove 'food processors' from the 'Supports that are <u>not</u> NDIS Supports', instead adding these essential disability-related items to the 'Supports that are NDIS Supports' list. Add the following essential disability-related safety items to the 'Supports that are NDIS Supports' list: • Blenders, for the purpose of dysphagia management and blended food via feeding tube, as recommended by an Accredited Practising Dietitian • Liquid aerators.
10.	10.1 Collaborate with Dietitians Australia and our members to inform policy on the unique role and scope of practice of APDs supporting people with disability. We recommend this include co-development of policy documents, operational guidelines and NDIS staff upskilling that pertain to nutrition and dietetic supports to reduce adverse events among participants. 10.2 Consult with Dietitians Australia and our members in developing guidelines and training to improve consistent application of legislative requirements. 10.3 Provide key training regarding the risks of participants not receiving appropriate and timely dietary advice and support to prevent harm such as preventable hospitalisations, deaths, and poor developmental outcomes.
11.	Serious consideration be given to complete removal of the Supports lists. A list approach cannot capture every support that unique individuals need and leads to unintentional harm.
12.	Improve transparency in decision-making

Introduction

Dietitians Australia welcomes the opportunity to provide feedback on the Department of Social Services' NDIS Supports Rules consultation.

It is critical people with disability have equitable access to Accredited Practising Dietitians (APDs) to enable optimal functional capacity and health and wellbeing outcomes. Choking and respiratory disease are the leading causes of death amongst people with disability¹ and people with disability have higher dietary risk factors² that must be adequately managed to maintain function. Adequate access to APDs can help to significantly reduce the incidence of avoidable hospitalisations and death.

We note and agree with the objectives of the *NDIS Supports rules (section 10)* to clarify what supports NDIS participants can spend their funds on. However, the transitional rules that commenced in October 2024 have resulted in unintended consequences of reduced access to vital support services provided by APDs for NDIS participants. The ambiguity in the wording of the NDIS support lists have created differences in

¹ ['Scoping review of causes and contributors to deaths of people with disability in Australia'](#)

² <https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/summary>

interpretation about whether supports delivered by APDs and nutrition support products are NDIS supports.

Our members report that this has led to significant numbers of NDIS participants being denied access to dietetic supports, and funding that is significantly less than the hours clinically recommended, despite clear justification against the NDIS legislative criteria being provided. This places participants at significant risk, including preventable hospital admissions and deaths.

“The landscape we are all working in is extremely unsafe for the wonderful people with disabilities who we support, and for ourselves. We are constantly being placed in the position of providing less than adequate support, or none at all. Submitting end of plan reports is anxiety producing as the goal posts keep changing and in many cases, participants' funding is being stripped away regardless of what we write. We are doing the best we can, with often very little. Something has to give, or break - let it not be the participants or us.”

Accredited Practising Dietitian - July 2025

The risk that APDs will leave the disability sector is real and increasing, particularly in rural and remote areas, due to the negative impacts of NDIS reforms and support list inconsistencies that are preventing APDs from providing essential support to people with disability. A survey of Dietitians Australia members in July 2024 found 1 in 4 APDs across Australia intended to withdraw from disability-related work due to the reforms and supports lists issues. Since the introduction of the legislative changes in October last year, our members have reported a marked decrease in business confidence and service provision, and significantly increased risk of market failure. In July 2025 following the changes to the Pricing Arrangements and Price Limits for 2025-26, Dietitians Australia surveyed its members again. The results are startling and further compound the problems stemming from lack of clarity in the NDIS Supports Lists. This survey of 157 members shows that 46% of respondents said the 2025-26 travel cuts would force them to cease outreach NDIS services in regional and remote areas, while another 37% were unsure, leaving only 17% confident they could continue.

This demands urgent safeguarding measures to ensure participants retain access and have choice and control for essential dietetic and nutrition-related supports delivered by APDs under the NDIS. Our recommendations are detailed in full below.

We urge the DSS and NDIA to adopt our recommendations.

Detailed recommendations

The following recommendations address urgent gaps in the NDIS Supports Rules that are currently undermining the safe provision of dietetic supports.

Recommendation 1: Add ‘Dietetics’ as a separate category to the ‘Supports that are NDIS Supports’ list

- Add ‘Dietetics’ as its own category after “Exercise physiology and personal well-being activities” (p.12) and before “Group and centre based activities”. This will also make it consistent with the Pricing Arrangements and Price Limits 2025-26 (p.87).

While the NDIS Pricing Arrangements and Price Limits 2025-26 include both dietetics and exercise physiology under the ‘Capacity Building – Improved Health and Wellbeing’ category (pg. 86-87), the

‘Supports that are NDIS Supports’ list only mentions ‘exercise physiology and physical wellbeing activities’, omitting ‘dietetics’ entirely (p.12).

Since the ‘Supports that are NDIS Supports’ list is a key reference for participants, planners, and other stakeholders in determining what supports can be accessed, it is crucial that the ‘Supports that are NDIS Supports’ list is consistent with the pricing arrangements.

Our members report that by not explicitly listing ‘dietetics’ as an NDIS support, participants have been denied these essential supports. The NDIA must address confusion and ambiguity by adding ‘dietetics’ as a clearly listed NDIS support, and ensure consistency across all related documents and policies.

Recommendation 2: Include a list of eligible professions, including Accredited Practising Dietitians, to the ‘Supports that are NDIS Supports’ list to provide clarity

- Add a list of eligible professions to the ‘Supports that are NDIS Supports’ list to provide clarity and ensure equitable recognition for APDs and other professionals to reduce persistent funding denials and confusion.
- The NDIS Supports list currently only includes explicit reference of some allied health professions. Our members report that this has resulted in outright refusal to add ‘dietetics’ as a support to NDIS participant plans despite clear, evidenced need.

There is an urgent need to address the negative impacts of the NDIS Supports List. Since the introduction of the NDIS Supports list in October 2024, Dietitians Australia members have reported increased denial of access to dietetic supports. Examples include:

- Planners denying requests to add a ‘health and wellbeing’ line item for dietetics, incorrectly stating dietetic services are not supported under the NDIS.
- Planners adding ‘stated’ supports to other disciplines under ‘Improved Daily Living’, limiting participant choice and control to be able to access dietetic services, despite evidence-based recommendations and legislative justification being provided.
- Significant reductions in funding for dietetic supports, risking compromising participants’ functional capacity and health, ultimately increasing costs to the NDIS and the wider healthcare system in the longer term. This also compromises an APD’s ability to provide safe, effective, high quality support services.
- Planners incorrectly stating that occupational therapists, speech pathologists and nurses are able to provide dietetic supports which is not appropriate.
- Planners incorrectly stating that APDs are unable to provide food therapy because it is not within their scope of practice.
- Planners incorrectly and frequently asserting that any issue related to sensory-based eating difficulties falls under the scope only of occupational therapy.
- Planners incorrectly stating that APDs cannot support a client in their eating skill development and independence.
- Incorrect assumptions that disability-related supplements are comprehensively funded by the PBS. In reality, very few and only highly specialised supplements are funded by the PBS, leaving unfunded most clinical and disability-related supplements required by participants.

Including a list of eligible professions will ensure that participants and providers clearly understand which services can be funded by the NDIS, reducing misunderstandings and supporting consistent access to essential supports.

The NDIS Supports Rules includes provision for the delivery of services for disability-related health and wellbeing supports. The Pricing Arrangements and Price Limits 2025-26 (p.87) clearly states:

“Dietetics: This support item provides advice to participants on managing diet for health and wellbeing due to the impact of their disability.”

Yet, one of the most frequently reported reasons for dietetic service denials is that they are funded by other government departments. This is despite dietetic advice being offered to manage diet for health and wellbeing due to the impact of the individual’s disability.

We strongly urge that such services be recognised and accessible under the NDIS as indicated above to ensure that participants can rightfully access the supports they need and to avoid significantly higher costs to the NDIS and the broader healthcare system.

Recommendation 3: Explicitly include Accredited Practising Dietitians in the ‘Supports that are NDIS Supports’ list under ‘Early intervention supports for early childhood’

- Replace: “therapy provided by allied health professionals including speech pathologists and occupational therapists” with “*therapy provided by allied health professionals including Accredited Practising Dietitians, speech pathologists, and occupational therapists.*” (p.12). This will also make it consistent with the Pricing Arrangements and Price Limits 2025-26 (p.90 and p.92).

Dietetics is absent from the statement about Early Intervention Supports for Early Childhood (p.12), while speech pathologists and occupational therapists are explicitly mentioned: “*therapy provided by allied health professionals including speech pathologists and occupational therapists*”. This omission creates barriers for other allied health professionals who need an APD to provide dietetic supports to participants, while also causing confusion for participants and providers.

APDs play a vital role in early childhood intervention, supporting children with disability to achieve optimal growth, development and function, including brain development. APDs often work alongside speech pathologists and occupational therapists to support children and their families. Including APDs in the provider list will clarify which professionals are available to support these children and their families.

Furthermore, the 2025-26 NDIS Pricing Arrangements and Price Limits lists several professions under the Therapy Supports and Early Childhood Supports categories. However, the ‘Supports that are NDIS Supports’ omits these references, which could lead to further confusion and inconsistency in access and planning. We implore the DSS to implement a consistent approach across all related documents and policies.

Recommendation 4: Recognise and explicitly list Accredited Practising Dietitians in mealtime management plan development and review, and training for carers and support staff

- Recognising and explicitly listing APDs to develop and review individualised mealtime management plans, deliver hands-on training to carers and support staff will ensure safe, evidence-based nutrition support for participants.

Our members report a rising trend in dietetic support denials which are based on misconceptions and a poor understanding of the essential role of APDs in the delivery of these supports.

NDIS supports for speech pathologists to develop mealtime management plans and provide carer training has been acknowledged by NDIA. However, APDs perform key components of these activities in collaboration with speech pathologists, as detailed in the [joint statement by Speech Pathology Australia and Dietitians Australia](#) (September 2024). Both professions play important complementary roles in these supports.

Dietitians Australia calls for clarity to ensure dietetic supports, including mealtime management plan development and review and training for carers and support staff delivered by APDs are recognised, accessible and made available to participants under the NDIS.

Recommendation 5: Add 'pre-thickened fluids' and 'thickener' to the 'Supports that are NDIS Supports' list

- Change 'modified foods' to 'Modified foods and fluids' under 'assistive products for personal care and safety' (p.8)
- Add 'thickener' under 'disability-related health supports' (p.11) as an assistive product to manage dysphagia.

To manage dietary and swallowing needs, supports like modified foods and fluids, thickening agents, liquid aerators, food processors, and blenders are essential. These must be included in the approved Lists of Supports when recommended by qualified allied health professionals, including APDs, acting within their scope of practice. Currently, only modified foods are listed as NDIS supports, not modified fluids or thickening agents, despite their importance.

We acknowledge that representatives of the NDIA have advised Dietitians Australia that 'modified fluids' and 'thickeners' are NDIS supports and fall under 'disability-related health supports' (p.11 of 'Supports that are NDIS Supports' list). They have also indicated that further clarification will be provided on the NDIS website. While these items are therefore understood as implicitly included in the list, we recommend they be explicitly listed to ensure there is no room for misinterpretation. Our members report that planners are interpreting this section of the list inconsistently, leading to denials of essential supports.

Recommendation 6: Explicitly list 'Eating and Drinking' under 'Therapeutic Supports' in the 'Supports that are NDIS Supports' list

- Add 'eating and drinking' as a therapeutic function to highlight its importance and ensure participants can access necessary supports.

Eating and drinking should be explicitly listed as a therapeutic function to highlight this essential bodily process and showcase its importance to NDIS planners and key stakeholders to ensure participants can access necessary supports.

Recommendation 7.1: Add to the 'Supports that are NDIS Supports' list:

- **Oral nutrition supplements, oral nutrition support products (including fibre supplements), micronutrient supplementation, enteral tube feeds, any other nutrition support product, as recommended by an Accredited Practising Dietitian**
- **Enteral tube feeding consumable items, as recommended by an Accredited Practising Dietitian or Registered Nurse**

Dietitians Australia recommends that 'modified foods including for the purposes of percutaneous endoscopic gastrostomy (PEG) feeding' be changed to more precise language, such as: 'oral nutrition support products (eg, fibre supplements), enteral tube feeds and associated tube feeding formula supplements such as fibre or specific micronutrients, and tube feeding consumable items as recommended by an APD.'

Members report that this clarity is needed because participants and support coordinators have incorrectly ordered their preferred products, instead of following expert recommendations.

The term 'modified foods' on page 8 of the NDIS Supports list is ambiguous and does not clarify that this terminology is inclusive of thickeners, pre-thickened fluids, nutrition support products and enteral nutrition products. Members report that this has led to an increase in funding denials and confusion by participants about what they can and cannot purchase from their NDIS funds.

Recommendation 7.2: Remove micronutrients from the ‘Supports that are not NDIS Supports’ list and add to the ‘Supports that are NDIS Supports’ list

Micronutrients are currently on the ‘out’ lists. However, micronutrients are at times essential and needed, for example, when:

- an enteral formula lacks a specific micronutrient
- an oral diet, due to disability, is significantly lacking in a particular nutrient.

Micronutrients should therefore be moved to ‘Supports that are NDIS Supports’ list from the ‘Supports that are not NDIS Supports’ list.

Recommendation 8: Add ‘household items recommended by an APD’ to the ‘Replacement Supports’ list.

- Add household items recommended by an APD to address a participant’s dietary or swallowing needs in the ‘Replacement Supports’ list under ‘Category - Day to day living, Replacement support: standard commercially available household items’ (p.2).

Members report that this omission is currently creating confusion.

Household items needed to address a participant's dietary or swallowing needs, as recommended by an APD, must be eligible as replacement supports. Various household items are crucial for participants who require support to eat and drink safely due to their disability. Examples of items recommended by APDs include:

- sensory based food play tools for children, such as kid safe knives or separated plates
- recipe books
- scales
- measuring cups
- blenders
- food processors.

Other items include:

- spoons
- cups
- plates and drink bottles
- portable refrigeration or cool packs to keep supplements or enteral feeds safe while accessing community. They may also be the most cost-effective option on the market.

Recommendation 9: Remove ‘food processors’ from the ‘Supports that are *not* NDIS Supports’, instead adding these essential disability-related items to the ‘Supports that are NDIS Supports’ list. Add the following essential disability-related safety items to the ‘Supports that are NDIS Supports’ list:

- **Blenders, for the purpose of dysphagia management and blended food via feeding tube, as recommended by an Accredited Practising Dietitian**
- **Liquid aerators**

Remove the word ‘food processors’ from the ‘Supports that are not NDIS Supports’ under ‘Day-to-day living costs – accommodation and household related’ (p.3). Currently these items are excluded in all circumstances, even if required to support safe eating and swallowing.

Food processors, blenders, and liquid aerators, should be funded following recommendation by a relevant allied health professional, including APDs.

While 'assistive products for the preparation of food and drink' are supported by the NDIS, specific household appliances such as food processors are on 'Supports that are not NDIS Supports' list and therefore excluded.

Food processors, blenders, and liquid aerators are crucial for safe and effective mealtimes, promoting wellbeing and independence and preventing serious health issues for people with dietary and swallowing needs. For example, high-speed blenders and liquid aerators allow food and liquids to be modified to the appropriate texture and consistency, preventing choking and ensuring that participants with dysphagia can consume food and fluids safely. These items should be funded following recommendation by a relevant allied health professional, including APDs. People with disability may not have the financial means to purchase these items that are critical for safe and effective mealtimes.

Recommendation 10.1: Collaborate with Dietitians Australia and our members to inform policy on the unique role and scope of practice of APDs supporting people with disability. This includes co-development of policy documents, operational guidelines and NDIS staff upskilling that pertain to nutrition and dietetic supports to reduce adverse events among participants.

Improvement is needed in NDIA's policy and operational documents and staff training to fully recognise the essential role of nutrition and dietetic supports in supporting functional capacity, and health and wellbeing impacted by disability. We recommend that the NDIA collaborate with Dietitians Australia and our members to ensure NDIA policies, operational guidelines and training are aligned with best practice and are clear.

In order to make appropriate decisions around funding supports delivered by APDs, planners and other stakeholders need to clearly understand the role of APD. From the information our members have shared, there appears to be a persistent misconception that dietetic supports duplicate services provided by other professions, for example, occupational therapists, speech pathologists and nurses. This is not the case.

In the delivery of transdisciplinary feeding therapy supports, it should be clearly recognised that APDs provide feeding therapy supports that are interdisciplinary and may include supports for:

- childhood feeding
- sensory based eating difficulties
- food therapy
- daily living skills related to food and eating
- mealtime management
- dysphagia menu planning
- cooking
- shopping
- staff training in mealtime management
- enteral feeding training.

Recommendation 10.2: Consult with Dietitians Australia and our members in developing guidelines and training to improve consistent application of legislative requirements.

Members consistently report widespread funding inconsistencies, with near-identical participants receiving markedly different funding amounts, even when the NDIA is presented with comparable evidence and reports from the same provider.

Dietitians Australia invites close collaboration with the NDIA to develop training, policies and procedures to eliminate inconsistencies in the application of legislative requirements where they relate to the provision of dietetic supports under the NDIS.

Recommendation 10.3: Provide key training regarding the risks of participants not receiving appropriate and timely dietary advice and support to prevent harm such as avoidable hospitalisations, deaths and poor developmental outcomes.

Risks are related to adverse clinical and health outcomes, negative workforce consequences and market instability, reduced participant choice and control as well as compliance, legal and governance risks. Some of these risks are further detailed in the table below. This list is not exhaustive.

These risks demonstrate why explicit listing of and access to Accredited Practising Dietitians and nutrition products in the NDIS Supports Lists are critical to participant safety, functional outcomes and scheme sustainability.

Category	Risk
Clinical and health-outcome risks	• Higher hospitalisation rates and public health costs from unmanaged nutrition risks • Accidental choking on food or fluid, the leading external cause of death for people with disability • Aspiration pneumonia and other respiratory deaths arising from unmanaged dysphagia • Fatal mealtime incidents when dietetic mealtime management plans are not implemented • Malnutrition resulting from inadequate dietetic assessment or nutrition support • Dehydration and micronutrient deficiencies when supplements or thickened fluids are unfunded • Delayed wound healing, increased infection, falls and fractures linked to poor nutrition • Functional decline, reduced independence and poorer social participation caused by unmet dietary needs • Developmental delay and impaired growth in children with sensory based feeding difficulties
Workforce and market stability risks	• Escalating provider burnout, liability concerns and intention to exit the NDIS workforce (1 in 4 APDs) • Market failure in rural and remote areas as travel allowance cuts make service delivery unviable (46% APDs ceasing rural/remote outreach)
Participant choice and control	• Reduced participant choice and control when dietetic supports are denied or misallocated
Compliance, legal and governance risks	• Non compliance with NDIS Practice Standards for safe swallowing and mealtime management • Reputational, legal and financial risk to providers and NDIA when nutrition related safeguards fail • Failure to meet NDIS Review Recommendations 15 (workforce) and 16 (safeguarding) if dietetic access deteriorates

Recommendation 11: Serious consideration be given to complete removal of the NDIS Supports lists. A list approach cannot capture every support that a unique individual needs and leads to unintentional harm.

The draft NDIS “in” and “out” lists were introduced to give participants clarity about what the Scheme will and will not pay for. Yet, in practice they have created a grey zone: any support that is not expressly named on either list is frequently deemed ineligible by default. Dietitians Australia members report that

dietetic services and nutrition support most often sit in this gap, leaving participants without essential, clinically justified care. A rigid, static list cannot keep pace with the complex, individual needs of people with disability. A principles-based framework, coupled with a rapid review mechanism, would protect scheme integrity and ensure timely access to dietetic and other supports.

Members have shared the negative impacts they are witnessing as a result of the introduction of 'in' and 'out' lists. Reported impacts include:

- funding cuts
- psychological harm for families as they are threatened with action if they do not follow the lists
- participants ending up in hospital
- participants passing away.

Below is a direct statement from one member to demonstrate the inconsistent interpretation and serious harm that is caused by the current list approach:

"I had one participant completely denied funding for Nutrition Support Products as they were not a majority/sole source of nutrition, and another denied because it was their sole source of nutrition so deemed parental responsibility to provide the cost as they were not purchasing food for the child. I share these examples to highlight the harm and impact of the current status of the scheme. It is incredibly unsafe for both providers and participants right now."
Accredited Practising Dietitian - July 2025

Recommendation 12: Improve transparency in decision-making

In addition to the clarifications needed in the NDIS Supports lists, Dietitians Australia also calls on the NDIA to provide greater transparency in decision-making and reasons for refusal of supports. This is particularly critical to understand the rationale for supports denials where they are directly related to a participant's disability and essential for maintaining or improving functional capacity. Our members report that in many cases, there is no clear rationale provided which adds to the ambiguity of the scheme and places participants at risk.

We recommend the NDIA clearly outlines the decision-making criteria used in these cases and provide streamlined and minimally burdensome mechanisms for escalating serious concerns. This is especially important when refusals relate to supports that, if denied, may compromise a participant's health, safety, and/or a deterioration in function.

Rationale for action

The leading causes of premature death for people with a disability are choking and respiratory disease

The 2019 ['Scoping review of causes and contributors to deaths of people with disability in Australia'](#) identified choking and respiratory disease, with aspiration pneumonia being the most common, as leading causes of death amongst people with disability. More than 80 per cent of choking incidents involved food items. In addition, members also report dysphagia, aspiration and cardiovascular disease as significant causes of death in the communities they serve.

The aforementioned recommendations will ensure that NDIS participants have ongoing access to essential dietetic and nutrition-related supports to improve or maintain their function, and prevent a deterioration in their health, safety, social and economic participation.

When prescribed by an APD, supports for swallowing and dietary needs are essential, not optional. These supports help prevent serious complications such as dehydration, malnutrition, aspiration and related pneumonia, and can be crucial in preventing choking and potential death.

Importantly, our recommendations also ensure that participants have the appropriate professional support for safe eating and drinking, and adequate nutrition.

Our recommendations are consistent with the [NDIS Practice Standards and Quality Indicators](#) for mealtime management and severe dysphagia management, which specify the need for meals that are nutritious and of a texture that is appropriate to a person's individual needs, and require that participants are supported by an appropriately qualified health professional. APDs are essential to this type of support.

Increased refusals and 'knockbacks' to support NDIS participants with critical dietetic and nutrition supports

Dietitians Australia has collated 61 recent case examples documenting NDIS funding denials experienced by our members. These cases involve refusals for dietetic supports, oral nutrition supplements, enteral nutrition support, food therapy, and other nutrition-related funding. We highlight that our members have reported both funding denials and reductions in funded hours which are significantly less than what is recommended. These refusals lead to higher risk of hospitalisation and increased public spending. The examples, collected from members across Australia early this year, together with further case reports submitted this month demonstrate the ongoing and systemic nature of the issue.

Dietitians Australia invites the NDIA to use these cases in the development of training resources for NDIA staff, planners and other stakeholders. We welcome close collaboration with the NDIA in the development of such resources.

Significant lack of understanding of the critical needs of NDIS participants in relation to nutrition and dietetic supports to enhance their functional capacity

Feedback from our members indicates a significant lack of understanding across the NDIS/ NDIA regarding the critical role of dietetics and nutrition-related support products in supporting the functional capacity of NDIS participants.

[APDs](#) are highly qualified healthcare professionals trained in the delivery of medical nutrition therapy tailored to an individual's specific condition and disability-related needs. NDIS participants experiencing complex functional issues related to food and nutrition require the expertise of an APD.

Dietitians Australia invites close collaboration with the NDIA to ensure that the essential contribution of nutrition and dietetic services needed to enhance participants' functional capacity is preserved as reforms continue to progress.

Avoidable deaths

We refer to the [recent media coverage](#) of a NDIS participant who passed away after choking. This is an example of a death that could have been avoided with the right nutritional supports and prevention strategies in place.

The cost of inaction to the NDIA

The failure to fund appropriate dietetic supports early results in a cascade of avoidable costs borne directly by the NDIS. Members report that when participants experience nutritional decline or swallowing difficulties due to lack of timely dietetic support, they often face loss of function and increased dependency. This leads to greater demand for disability support worker hours to assist with feeding and daily activities, as well as the need for more frequent or complex allied health interventions to manage preventable complications.

Moreover, participants who do not receive early dietetic support frequently require costly specialised equipment, such as feeding tubes, adaptive utensils, or modified consumables. These equipment needs increase plan budgets and add financial strain on the scheme.

In addition, appeals against funding denials are time-consuming and expensive. Dietitians Australia members report numerous cases where participants have successfully appealed denials of dietetic support, but this has come at significant cost with after significant delays, stress, and resource drain on both participants and the scheme. Data from Queensland Advocacy Incorporated (QAI)³ shows that approximately 76% of Administrative Appeals Tribunal (AAT) decisions related to NDIS supports result in the original NDIA decision being set aside or varied in favour of the participant. This means that in most cases, these supports are ultimately funded, but only after incurring unnecessary legal and administrative costs, delays, and participant hardship.

In summary, denying early dietetic supports creates a domino effect: increased disability support worker hours, heightened allied health involvement, additional equipment expenses, and expensive appeals. These outcomes inflate long-term NDIS expenditure and undermine the scheme's goals of participant independence and wellbeing. Investing in timely dietetic supports is therefore essential to controlling costs and improving participant outcomes.

Conclusion and Call to Action

The evidence is clear: nutrition and swallowing-related supports provided by Accredited Practising Dietitians are essential for the safety, health, and functional outcomes of people with disability. Current systemic gaps in the NDIS Support Rules are not only undermining clinical best practice, they are putting lives at risk.

If these issues are not urgently addressed and the exclusions not reversed, people with disability will continue to suffer preventable harm, and in the most severe cases, may die. These outcomes are unacceptable and directly conflict with the principles of the NDIS.

The longer these access barriers persist, the greater the risk to participant safety, the higher the costs of reactive care and hospitalisations, and the more the NDIS will lose valuable members of its provider workforce.

We urge the NDIA and the DSS to:

- act immediately to update the NDIS Support Rules in line with the recommendations outlined

³ https://qai.org.au/wp-content/uploads/2022/08/20220804_QAI-Report-for-DATSIP_NDIS-Appeals-AAT_Final-for-Publication.pdf

- engage with Dietitians Australia to develop and implement supporting education and policy guidance
- prioritise the safety, wellbeing and autonomy of participants with dietary and swallowing needs.

We are available to discuss these matters further and support the development of policy to align with best practice and legal rulings.