Spinal Cord Injuries Australia

Submission

NDIS Supports Rules

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July 2025

About Spinal Cord Injuries Australia

SCIA is a for-purpose organisation working for people living with spinal cord injury (SCI) and other neurological and physical disabilities. SCIA was founded by people with SCI over fifty years ago; people with disability make up over 35% of our staff, 25% have an immediate family member with disability and the majority of our Board live with SCI.

SCIA is national and member-focussed, serving over 3,000 members made up of people living with disability, their family, carers, researchers, and other professionals in the sector. SCIA's Systemic and Representative Advocacy Team work closely with our members to understand their aspirations and concerns and to promote full inclusion for our members living with disability.

Introduction

SCIA welcome the consultation on NDIS Support Rules. The Explanatory Statement for the NDIS Supports Transition Rules[1] sets out reasoning behind the legislative amendments that will lead towards a more flexible budget based planning framework and that includes setting out definitions of what NDIS supports are. Much of the feedback we have been receiving from participants has suggested the opposite – plan managers and support coordinators taking a very rigid approach to the support lists when approving and submitting invoices out of caution to ensure their operations don't fall outside the current (transitional) rules.

In setting out the new rules for what defines an NDIS support (and what an NDIS support is not) it's important that flexibility remains at the core for how plans are structured and formally written, without the need to list every item funded in each participant plan. As highlighted in the explanatory statement, "the definition of NDIS supports has an even more important role in guiding participants to understand the supports that are able to be funded by the NDIS, as most supports will no longer be identified in participant's plans."[2] This guidance will be equally important for intermediaries managing participant plans. This is important to ensure that plans are not prescriptive and participant flexibility and choice and control remains central.

SCIA has used the structure of the DSS Summary Paper: NDIS Supports rules consultation[3] to set out our response to the development of rules for Section 10 of the NDIS Act.

We've heard the rules give some participants and providers a better understanding about what the NDIS can or cannot fund.

To give one example, many SCIA members with high level spinal cord injury (SCI) would be utilising substantial NDIS funding to cover daily personal activities which gives a clear definition under the NDIS support lists as assistance with eating and drinking, dressing and toileting; maintaining personal hygiene, including showering, bathing et cetera. This also includes moving and positioning. These supports would be provided daily by support workers and would also extend to social and community support.

[1] Explanatory Statement for the NDIS Supports Transition Rules
[2] Ibid, page 3
[3] Summary paper: NDIS Supports rules consultations

The flexibility provided under "core" funding is generally well understood by most participants, and using the above participant example, the core component would represent a substantial amount of the participant's funding. For many, it does a great deal of the heavy lifting in terms of its coverage of funding, including domestic assistance and home maintenance. Consumables is another important area for the SCI cohort where it would cover daily continence products for bowel and bladder maintenance. Also sitting under the core component would be monthly subscriptions to monitoring services such as wearable pendants with a "panic button" that alerts a call centre when someone is in trouble.

There is likely to be confusion and doubts when we look into areas such as "daily adaptive equipment", and/or low cost assistive technology covering items that might be deemed otherwise regular standard household products.

The lists of NDIS supports are too restrictive and create confusion.

There are many low-cost items that NDIS participants use in their daily lives that might be categorised as standard household products. The most common example would be smart lights or bulbs. They are usually wi-fi enabled and connect to smart devices that allow the user to turn on and off the lights through voice command or apps. They are relatively cheap, costing $60 to $120, and give people Independence in operating lights where needed.

Smart locks have been on the market for a while, they offer significant benefits for people with disability because they are able to be operated remotely. This allows the user to unlock their front door using their phone from anywhere. They might be in bed waiting for a support worker to come into their home for assistance with daily living. They also allow the user to issue individual pin numbers to each support worker. In order to get in, the worker uses their unique pin to unlock the door. With the pin number linked to the person, through the app, you can see a record of who has come into the home and at what times, giving added security to the person with disability. And through the app you can also customise when a pin number is active so you could set it for different days or different times of the day. These customisations are important to highlight because they exemplify how such devices give significant benefits to some participants at a cost of between $400 and $600 that you can pick up at your local hardware store.

Under the current rule, "standard item for a participant or prospective participant means an item that is not modified or adapted to address the functional impairments of the participant or prospective participant."4 Devising rules must account for products that are bought off the counter but give significant benefits to people with disability because of their customisation.

Further to this, this should be about participant outcomes. To what degree does a support lead to positive comes for the participant? The NDIS actively monitors and measures participant journeys through its outcomes framework so this should be an important consideration in declarations of supports.

[4] Section 10 Transitional Rule, section 4, Definitions

Everyday products and services can be a better way to support disability needs and save money.

SCIA agrees with this statement in relation to some areas. Terms such as “standard household items” and “everyday products” are quite vague in what they represent. This can include, as written in the previous section, low cost assistive technology items. Another example would be a standard computer track-ball that gives someone with limited hand function the ability to navigate a computer where they cannot use a conventional mouse. It allows for customisation to control the speed of the movement and program the buttons for holding and dragging without having to continually click, to give one example.

SCIA has been given feedback that since the legislative changes, even consumables for continence such as enemas that help someone with paralysis go to the toilet and bought through the local pharmacy have been denied by intermediaries. Would this represent an everyday product? This is where confusion and doubt about how to categorise some items leads to poor outcomes for participants. Adding to this was a recent decision to delist a popular enema brand from the PBS that participants were able to order monthly for free through regular disabilities suppliers. Now they have to be ordered through pharmacies and purchased at full cost.

Household tasks (which includes house and yard maintenance) are on the NDIS supports list, however, standard home repairs, home improvements, standard renovations and maintenance are items on the out lists. This is another area leading to doubts about levels of support and coverage for services such as providing lawn mowing to participants that live alone.

There are some clear examples of everyday products that participants make regular use of. It would include everyday cleaning items like Milton that can be purchased at supermarkets, as well as disability suppliers and used for sterilising continence equipment. Personal protection equipment (PPE) is another example, especially disposable gloves for hygiene, that many participants need to purchase for support workers attending to personal care needs.

Types of therapies funded by the NDIS.

There has been significant inconsistency in how exercise physiology as a therapy has been allocated and funded for some participants. We know that some of our members have received negative decisions to fund ongoing exercise physiology in their plans, whilst others have received it. There doesn't appear to be consistent reasoning by the NDIA to approve or deny someone exercise physiology, where it has been exhaustively explained that it plays a vital role in maintaining physical strength for some participants with SCI with upper or lower body partial paralysis.

We have also been advised that participant plans with capacity building funding such as Improved Daily Living and Improved Health and Wellbeing, that would normally cover such therapies as occupational therapy, nursing, physiotherapy and exercise physiology are being interpreted as stated supports where those items are explicitly listed and losing flexibility across the range of therapy support where they are not listed.

We have also received feedback that some people have received new plans with capacity building therapy support only listed as stated support and losing all flexibility across those services. The explanatory statement document emphasises the importance of developing a more flexible budget based planning framework and continuing to provide participants with choice and control but these examples suggest the opposite is happening. This may be unintentional where plan managers and

other stakeholders are interpreting information and funding under the spotlight of evolving reforms happening in real time.

It is important to consider participants and how they are coming to terms with these substantial changes. They need assurances and certainty that when issued a new plan it is going to be fit for purpose and provide the levels of support intended. Because, as highlighted in the introduction, most supports won't be identified in a participant plan, and therefore we don't want inconsistencies in how plans are being interpreted.

Support coordinators, plan managers and providers need to be more consistent in how they understand and use the lists.

We have had substantial feedback from participants and disability advocates that confirms issues experienced with intermediaries acting on behalf of participants managing plan payments. The most consistent response is of plan managers acting as gatekeepers, limiting plan flexibility where they are interpreting the support lists differently to the way participants understand the lists, because of concerns of the possibility of approving funding that would fall outside the approved supports. Much to the frustration of the participant, and how they understand their plan and the importance of flexibility and choice. One example that was given, had to do with home maintenance, and how many hours was appropriate to allocate funding to, where the participant had spent some considerable time in hospital, returned home and needed additional hours to cover home maintenance, which included lawnmowing. The plan manager thought the number of hours needed was excessive and denied the funding. However, there was nothing written in the plan that would suggest placing limits on such a support, especially given the circumstance.

Core funding in plans is usually written in a way that provides general statements about supports – unless there are specific stated supports – giving the participant flexibility across the four areas covered under core (assistance with daily living, transport, consumables and assistance with social, economic and community participation) to use their funding as necessary. This wouldn't generally send a signal to a plan manager to place a limit on an area of funding. This is where misunderstanding or confusion about the lists leads to inconsistent decisions being made. It also explains different interpretations of household items and standard items, as discussed above.

So, what can the writing of rules do to give greater consistency to participants? It's generally well understood that NDIS supports must relate to a person's functional need. So, a participant living alone in the community who receives regular daily personal care (including assistance with mobility), uses a smart light in their bedroom at night because they can't physically get up to turn the light off. This scenario would be one example that helps answer any queries or doubts in how we understand and utilise "standard" household items. In this sense, it shouldn't be controversial because it solves a functional need. And in that sense, this is how the Section 10 rules need to be written and applied. As referenced in the explanatory statement, the supports list is not exhaustive so it doesn't cover all possible supports that participant might need.

As mentioned above, consumables as a core category is an area creating confusion and inconsistency in approval of funding. In the NDIS Pricing Arrangements and Price Limits 2025 –26, consumables are defined as, "a support category available to assist participants with purchasing everyday use items. Support such as Continence and Home Enteral Nutrition (HEN) products are

included in this category"5. Understanding and interpreting what "everyday use items" represents is obviously leading to doubts by some support coordinators and plan managers. From the point of view of participants affected by these decisions, it's a serious and hopefully undesired outcome of these recent changes. Any impact on participants for the regular purchasing of vital continence products (regular daily use of enemas, prophylactics, catheters, catheter bags, etc.) will have a substantial impact on their daily life.

Disability peak bodies and others have asked for a principles-based approach to the NDIS Supports rule.

The consultation paper makes the point that NDIS support lists need to stay because a principles-based approach would mean there aren't clear definitions. However, the current definitions are clearly showing that there is still much confusion and misunderstanding of the lists as they are currently written. Surely there has to be some room for interpretation? Support lists are not exhaustive and there has to be a degree of flexibility in interpreting and understanding what is deemed an NDIS support i.e., is it broadly in line with meeting the person's disability needs?

The new rules must have real world applications and therefore there must be some accommodation that looks to solve the non-exhaustive support lists with a clause that will acknowledge the item as meeting the functional impairments of a participant.

Section 10 of the NDIS Act stipulates that declarations of support will meet Australia's obligations to the Convention on the Rights of Persons with Disabilities (CRPD) and/or the support enables the provision of sickness benefits. The scope under the CRPD is very broad in coverage of exercising a rights based approach to supports and so to that extent, there is necessarily a degree of interpretation to define what constitutes NDIS supports.

Oversight and Compliance

Will oversight and compliance be written into the new rule? Oversight means the NDIA having a role in monitoring invoices and payments to ensure that participant funding is spent appropriately. The current NDIS payment structure is not fit for purpose to support real time scrutinising of payments; there is a need to make significant changes to invoicing and payment to give the NDIA a line of sight of where funds are being spent. This is an area that has been debated for some time with a need to reform.

It requires the NDIA to make payments directly to providers of services. Currently only NDIA managed participants have this set up. Self-managed participants and plan managers invoice the NDIA, and it then makes payments into their bank accounts for payment to providers. Recommendation 10 of the NDIS Independent Review Final Report6, calls for an investment in digital infrastructure to strengthen market functioning and scheme integrity. Action 10.3 calls for fully electronic payments to improve visibility of payments.

This is about the NDIA having a better system to monitor what's happening with the onus on it to show where compliance hasn't been met. The mechanisms that have been introduced – with the

[5] NDIS Pricing Arrangements and Price Limits 2025-26 Version 1.0 (published 16/06/2025), page 62
[6] Independent Review into the National Disability Insurance Scheme Final Report, recommendations, page 10

commencement of the NDIS (Getting the NDIS Back on Track No. 1) Amendment Act 2024 – that goes towards responding to breaches of compliance, where the NDIA deems a participant to not having spent funds appropriately, need to be robust to ensure appropriate accountability can be shown.

As it stands, there is enough ambiguity, doubt and confusion with the current support lists to show that the drafting of new rules to define what exactly a support represents, will need to weigh up these considerations.

Summary and Recommendations

How well do you understand the NDIS Support rule?

Participants have a good understanding of their disability support needs and so will interpret the support lists from that perspective. Any changes with the development of new rules will require some guidance from the NDIS. We need clearer understandings and definitions that give participants greater certainty in how they understand and utilise support funding.

The NDIS's own summary report has highlighted confusion and a lack of information on the release of the NDIS Supports Lists7 where the NDIS's motive was almost certainly to do the opposite.

What help would make the rule easier to understanding?

Participants want less complexity. New rules on what defines supports should give clarity and greater certainty to participants. This includes acknowledging every day household and standard items, where they improve people's lives and independence, as being appropriate support items.

It is essential that NDIS staff and other intermediaries have comprehensive training to understand the need for individuality and flexibility within an individual plan and to appreciate the need for low-cost essential items such as the lights, smart locks or other examples mentioned above. Failure to do this will result in increased costs for the NDIS as well as significant frustration for participants.

How have the lists of NDIS Supports helped you to know what the NDIS can and cannot fund?

SCIA believes that in many respects, the in and out lists haven't been helpful as they potentially exclude standard items that are low cost and offer many benefits for participants.

There are clearly some areas that represent very high costs, such as personal care for participants with high support needs, but this area, and many others didn't need a support list to give a definition to.

What are some examples of things in the NDIS Supports lists that aren't clear?

[7] The introduction of defined NDIS supports, funding amounts, funding periods and funding components – Early observations on implementation, Version 1.0 – June 2025, Observation 1, page 6

SCIA recommends that the writing of a new NDIS rule will look to clear up any confusion by recognising that NDIS supports include items that give distinct functional benefits to people with disability. As we have shown there are some standard items that have considerable benefits that are relatively inexpensive to purchase.

The NDIS must look to participant outcomes in understanding how supports interact with people's lives. There is no controversy or doubt in showing tangible outcomes to a participant's day-to-day life. This should be the metric for defining an NDIS support.

Adding in such a metric will resolve the significant problem participants are currently facing - gatekeeping by Plan Managers and Support Coordinators - who are uncertain of the lists and limit access to a participant's own funds for beneficial items. Adding this metric will additionally mean that people with disability (participants) are in control of their plans and frustrations with the much-needed purchase of everyday essential items are minimised.

Failure to do consider outcomes as a metric for defining an NDIS support will mean a continuation of what we are currently seeing, gatekeeping, anxiety, and confusion about purchase of the beneficial and essential items listed above. As we are seeing now, this leaves participants, particularly those with complex physical disability such as SCI (who are usually very inventive about "workaround's" for activities of daily living) in an unnecessary and unintended vulnerable position.