Australian Federation of Disability Organisations

NEW FRAMEWORK PLANNING RULES

and

NDIS SUPPORTS TRANSITIONAL RULE

Submission to the

Department of Health, Disability and Ageing

19 October 2026

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Acknowledgements

Aboriginal and Torres Strait Islander people

Australian Federation of Disability Organisations (**AFDO**) acknowledges Aboriginal and Torres Strait Islander people as the First Peoples and traditional custodians of the land now called Australia. We recognise their deep and continuing connection to Country and community. We pay our respects to the traditional custodians of Country where we work, connect, or meet, which always was, and always will be, Aboriginal land. We also pay our respects to Elders past, present, and emerging.

People with disability

AFDO acknowledges people with disability in all their diversity, particularly those individuals who have experienced or are continuing to experience violence, abuse, neglect, or exploitation. We also acknowledge their families, carers, supporters, and representative organisations and express our thanks for the continuing work done by the many people supporting, protecting, and advancing the rights of people with disability.

Language used in this document

AFDO has chosen to use person-first language (like "people with disability") in this document. Person-first language puts the person before the disability and values the individual by seeing them as a person, not a condition. This aligns with the CRPD and matches the language used by all governments in Australia. Most other Australian disability peaks also use person-first language.

We recognise many people with disability prefer identity-first language. Disability is a part of their identity and shows a connection to their community and pride in disability. Views on language reflect people's identities, experiences of disability, and community attitudes. It is a matter of individual choice and agency. AFDO respects everyone's right to choose how to describe their identity and experiences.

About AFDO

Since 2003, the Australian Federation of Disability Organisations (AFDO) has been the pre-eminent national peak for people with disability, championing their rights through our extensive member organisation network uniquely representing both disability-specific and cross-disability population-based communities with a reach of over 4.5 million Australians.

We are, firstly, a Disabled People's Organisation (DPO), led, governed, and predominantly staffed by people with disability. We are also a Disability Representative Organisation (DRO) funded by the Australian government.

Our member organisations are national disability-specific or cross-disability peak bodies, other disability-specific advocacy, family and support organisations. This ensures that our work is informed by lived expertise and experience, truly representing our communities.

AFDO is a strong, trusted voice for the disability sector. We advocate on national policy, inquiries, and initiatives with the Federal and state and territory governments. We work to build a community where people with disability:

- have real participation in community life
- can build respectful, valued relationships
- participate socially and economically, and
- contribute as valued citizens.

Our vision

All people with disability can take part equally in all aspects of social, economic, political, and cultural life.

Our mission

Using the strength of our member organisations to harness the collective power of uniting people with disability to change society into a community where everyone is equal.

Our strategic objectives

- To represent the interests and united voice of our members and people with disability at a national and international level in all relevant forums.
- To build the capacity, profile, reputation, and sustainability of AFDO through the strength of our member organisations.
- To enhance the connection and influence in international disability initiatives by policy, advocacy, and engagement, focused on the Asia Pacific region.

Our members

AFDO's member organisations contribute to the national policy agenda and address issues that impact the lives of people with disability in Australia. We understand that disability-specific organisations play a key role in the provision of information and peer support to people with disability and their families. This role keeps them closely connected to their grassroots communities. Each community has its peak organisation that uses its voice to advocate on issues. Information about AFDO's members can be found on **our website.**

Every Australian Counts

AFDO has been involved in Every Australian Counts since the beginning of the grassroots campaign that successfully advocated for the introduction of the NDIS.

AFDO continues to support Every Australian Counts by auspicing the campaign, holding a position on the Steering Committee, and providing administrative, governance, marketing and communications support.

More information about Every Australian Counts, including its current priorities and activities, is available on the **Every Australian Counts website**.

Australian Consumers & Carers Mental Health Forum

The Australian Consumers and Carers Mental Health Forum (Forum) is a national initiative that brings together consumer and carer perspectives to develop shared positions on mental health, suicide prevention and psychosocial disability reform. The Forum supports stronger connections between mental health and disability policy and promotes collaboration across a diversity of lived experience communities.

AFDO supports the Forum by providing administrative, coordination and organisational support as well as holding a position on its Steering Committee. More information is available at **The Forum**.

1 Acronyms and abbreviations

This list of terms may assist users of this document to understand what we mean when we use the following terms or abbreviations.

Act	National Disability Insurance Scheme Act 2013 (Cth)
AFDO	Australian Federation of Disability Organisations
Amending Act	National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Act 2026 (Cth)
Article	An article in a convention or treaty is a specific rule that outlines a particular obligation or right agreed upon by the parties.
Category A rules	Rules made for the purposes of any of the provisions of the Act specified in Item 1 of the table in section 209(8) of the Act. All states and territories must agree with the rules before the Minister can make or amend these rules.[1]
Category D rules	Rules made for the purposes of any of the provisions of the Act specified in Item 4 of the table in section 209(8) of the Act. These rules deal with administrative rather than policy matters that the NDIS Minister may make. The Minister must consult all state and territory governments before the Minister makes these rules. However, the government does not need the consent of any state or territory to make these rules (or to change them).[2]
CRPD	United Nations Convention on the Rights of Persons with Disabilities[3]
CRPD Committee	United Nations Committee on the Rights of Persons with Disabilities. This is a body of independent experts that monitors implementation of the CRPD by countries and provides recommendations to support the implementation of the provisions of the CRPD.
Department	Department of Health, Disability and Ageing
DPO	Disabled People's Organisation. A non-government organisation governed, led, and constituted by people with disability, to be distinguished from organisations for people with disability. AFDO is a DPO.
DRCO	Disability Representative and Carers Organisation. AFDO is one of 27 DRCOs funded by the Agency, which collectively represent thousands of people with disability and their families

DRO	Disability Representative Organisation. The Department funds DROs to represent and communicate the views of people with disability to the Australian Government. AFDO is a DRO
First 2026 Consultation	The public consultation the Department undertook between 23 January 2026 and 6 March 2026 on the following four (of a total of eight) proposed NFP rules for the NDIS: 1. Notice of impairments 2. Transition to new framework plan 3. New framework plan spending rules 4. Stated supports
General Comment No. 7	General comment no. 7 (2018)[4] on the participation of persons with disabilities, including children with disabilities, through their representative organisations, in the implementation and monitoring of the Convention, adopted by the CRPD Committee in 2018. A "General Comment" is an authoritative interpretation of the provisions of a treaty. It provides detailed guidance on the scope and meaning of specific provisions, helping countries understand their obligations and how to implement them effectively. General Comment No. 7 is the CRPD Committee's interpretation of the obligations of government, provided for in Article 4(3) of the CRPD.
ICAN	Instrument for the Classification and Assessment of Support Needs, version 6, developed by the Centre for Disability Studies.[5]
July 2025 Consultation	The public consultation the Department undertook on the NDIS supports rules, which are about assessment and determination of the reasonable and necessary supports that will be funded and the general supports that will be provided to Scheme participants.[6] The consultation period ran from 16 June to 27 July 2025.
NDIA or Agency	National Disability Insurance Agency
NDIS or Scheme	National Disability Insurance Scheme
NDIS Review	Independent Review into the National Disability Insurance Scheme
NFP	New Framework Planning. A new approach to planning under the NDIS, following changes made to the Scheme by the National Disability Insurance Scheme (Getting the NDIS Back on Track) No. 1) Act 2024 (Cth). Four of the proposed NFP rules are the subject of the NFP Consultation Paper. Another four of the proposed NFP rules were the subject of the First 2026 Consultation.
NFP Consultation	The Department's New Framework Planning Rules consultation

Paper	paper, issued in August 2026[7]. The consultation period ran from 19 August to 14 October 2026.
PECQ	The Personal and Environmental Circumstances Questionnaire, which is described by the Agency as a key component of the new Support Needs Assessment. The PECQ is designed by the NDIA to help assess a participant's life context, supports, risks, and environmental factors. intended to provide a structured way for NDIS assessors to understand a participant's broader life circumstances.
Supports Rules	National Disability Insurance Scheme (Supports for Participants) Rules 2013 (Cth) as in force from 4 March 2025[8], as amended by the National Disability Insurance Scheme Amendment (Management of Funding and Plan Management) Rules 2025 (Cth).
Supports Transitional Rules	National Disability Insurance Scheme (Getting the NDIS Back on Track No. 1) (NDIS Supports) Transitional Rules 2024 (Cth) that commenced on 3 October 2025.
Transitional Rules Consultation Paper	The Department's NDIS Supports Transitional Rules Consultation paper, issued in August 2026[9]. The consultation period ran from 19 August to 14 October 2026. The changes proposed are informed by the feedback the Department received as part of the July 2025 Consultation. Confusingly, the branding used on the document is "Department of Health", and not the correct name of "Department of Health, Disability and Ageing".

2 Executive summary

Trust in the new system will depend on whether participants:

- can see and understand how decisions are made
- can have a say in their own assessment
- can challenge errors quickly
- keep the supports they rely on, and
- are protected during the transition.

Clarity must not come at the cost of access.

The Department has said the changes are not intended to remove supports. The tests of that commitment are whether the explicit inclusions in Appendix C are preserved, whether participants on current plans keep what they have, and whether the replacement supports process is replaced by something that works.

The Department has not released exposure drafts of the proposed legislative instruments that will establish the four rules that are the subject of the NFP Consultation Paper (Instrument). In addition, the Department has not published, nor provided on any other more restricted basis, any explanatory documentation for any of the Instruments. Without these materials stakeholders cannot understand how the different components of the framework will operate together or how they will affect participants.

The Consultation Papers ask the community to comment on rules whose most consequential part, how assessment results become dollars, has not yet been published. Comparing the current and proposed support wording also shows explicit inclusions that do not appear in the new text (Appendix B), even though the Department says the changes “are not intended to remove broad types of supports currently funded through the NDIS”. Our answers concentrate on what must be visible, reviewable and safe before the rules are finalised, and during rollout from April 2027.

As a result, the consultation process does not provide the disability community with sufficient information to offer informed and constructive feedback on the proposed reforms. The absence of key documentation and design information also raises serious concerns regarding Australia’s obligations under Article 4(3) of the Convention on the Rights of Persons with Disabilities, which requires governments to closely consult with and actively involve people with disability and their representative organisations in the development and implementation of disability policy.

AFDO is also concerned that the reform process appears to be proceeding in a fragmented way. The planning framework is being developed and tested operationally before the policy settings and

rules that govern the system have been fully defined and consulted on. This risks embedding system constraints into policy and legislation rather than ensuring that operational systems are designed to reflect agreed policy objectives.

AFDO is committed to constructive engagement with government to ensure that reforms to the NDIS planning framework strengthen participant rights, safety, and scheme sustainability. However, the current consultation process does not provide the transparency, information, or level of engagement required to achieve this outcome.

AFDO calls on the government to release all outstanding materials relating to the proposed reforms, including exposure drafts of the relevant legislative instruments, and to undertake a genuine consultation process that enables people with disability and their representative organisations to meaningfully influence the design and implementation of the new framework.

2.1 Priority recommendations

1. **Publish the budget method before the rules are finalised, and give every participant a personal explanation of their budget.** Each plan should show the assessed needs, the rule applied for each support category, the prices and hours used, every adjustment and offset, and any delegate decision.
2. **Keep a human decision-maker accountable.** Delegates must be able to depart from the calculated result, must give reasons, and must be subject to review. Apply automated decision-making safeguards: testing for bias, audit, error reporting and public reporting of outcomes.
3. **Make the assessment safe, accessible and fair,** and make a replacement assessment a right in defined circumstances, with no penalty for asking.
4. **Finalise the support categories, the Rules and the budget method together,** and show which supports are flexible and which are stated, at sub-category level, with the reasons for each stated support.
5. **Guarantee no net loss of access.** Before the Rules are finalised, restore or expressly provide for every explicit inclusion in Appendix B, or publish the reason it has been dropped. Keep the “not intended to remove supports” commitment in the explanatory statement, and protect worker qualifications, pricing and other safeguards when categories are merged.
6. **Do not remove the replacement supports process until its replacement is working.** Complete all pending and in-progress requests under the current process; provide a fast pathway for old framework participants; keep a narrow “alternative or mainstream item”

principle inside the reasonable and necessary test; and extend the stated support to apps, subscriptions and accessories.

7. **Make exclusions principled and clear.** Keep the word “generally” in Schedule 2, add an exception test and examples for each of the five new items, publish the evidence of disputes, and add no further exclusions without consultation.
8. **Protect participants in the transition.** Apply the supports changes to new plans only; provide notice, continuity of supports, and an explained path where funding fall.
9. **Make retail purchase usable by everyone,** including participants whose plans are agency-managed, with consumer protections and guidance on when professional advice is needed.
10. **Make plan variations fast, proportionate and reviewable,** with published timeframes, and add a partial reassessment so that a change in one area does not require a full new assessment.
11. **Fix the templates and make the Rules usable.** Explain restricted flexible funding, list every adjustment, add a “my view” section and review steps, use one set of category names, and provide a searchable “find my support” tool and a reverse index.
12. **Communicate with people with disability, not at them.** Co-designed, multi-format, just-in-time information, with funded peer-led delivery by disabled people’s organisations, and Easy Read and other accessible formats.

2.2 Our answers at a glance: NFP Consultation Paper

Q	Question (short)	AFDO’s headline answer
1	Parts of the assessment needing more explanation	Assessor independence and expertise, the modified I-CAN and its validation, how scores become funding, preparation and supports, fluctuating needs, targeted assessment evidence, safeguards, timeframes and rights
2	Draft support needs assessment report	Add the participant’s voice, show how information feeds the budget, define the scales, align categories, explain sensitive fields, add a summary and accessible versions
3	When a replacement assessment should occur	A right in defined circumstances (inaccuracy, access failures, assessor error, new evidence, change in circumstances, delay), with no penalty

Q	Question (short)	AFDO's headline answer
4	Information to understand a budget	Publish the method and worked examples, and give a personal budget statement for every plan
5	Draft participant plan	Explain the budget, adjustments and restricted funding, add decision reasons, review steps, advocacy and accessible formats
6	Plan variations and reassessments	Fast, light-touch variations with timeframes and review rights, plus partial reassessment and safeguards for five-year plans
7	Changes to NDIS supports	Welcome retail purchase and animal-assisted therapy clarity; the paper's "no supports removed" statement is not borne out; use a principle-based test, apply to new plans only
8	Impact of removing replacement supports	Removes a pathway used for 11,051 requests, mostly approved; keep it until a fast alternative works, protect communication devices, and cover apps and subscriptions
9	Most useful information	Attachments 3 and 4, the four-part description, the draft templates, the transition timeline and the supports paper's data
10	Questions we still have	A list of 26 unanswered questions
11	What would help understanding	Co-designed, peer-led, just-in-time information with worked examples
12	Accessible formats	Easy Read, Auslan, accessible HTML and PDF, tactile and DeafBlind formats, community languages, audio, with a recorded format preference
13	Focus of future communications	Preparing for assessment, understanding the budget, using the plan, rights and review, and transition

2.3 Our answers at a glance: Transitional Rules Consultation Paper

Ref	Question or matter	AFDO's headline answer
1	Are the proposed support categories clear?	Partly. Fewer categories and examples help, but the number and names of categories are inconsistent, the flexible or stated status is not shown, the boundary between assistive technology categories is unclear, and a participant cannot easily find where their support now sits
2	Where would more guidance, examples or guidance help?	Flexible and stated supports, assistive technology, retail purchase, alternative items, exclusions, assistance animals and therapy animals, and transition
3	Which support types need more guidance?	Assistive technology, communication supports, disability-related health supports, high-intensity personal supports, tailored community supports, transport, respite, employment and education, early childhood, therapy and housing-related supports
4	Practical issues and unintended impacts	Immediate effect on current plans, agency-managed participants, pending replacement requests, loss of explicit inclusions, worker qualifications and pricing, and regional access
	Removal of replacement supports	Do not remove until a fast alternative is working; keep an alternative-item principle; extend the stated support to apps and subscriptions
	Five proposed exclusions	Keep "generally", add exceptions and examples, apply to new plans only, and publish the evidence
	Flexible or stated	Default to flexible; publish the status and reasons for every stated support
	Retail purchase	Welcome, but make it work for agency-managed participants and keep specialised items available
	Animal-assisted therapy	Welcome the clarity; define and give examples

3 Introduction

Australian Federation of Disability Organisations (**AFDO**) welcomes the opportunity to provide this submission to the Department and to give feedback on:

1. the four NDIS rules for new framework planning that were not included in the First 2026 Consultation, set out in the NFP Consultation Paper, and
2. proposed changes to the Supports Transitional Rule, set out in the Supports Transitional Consultation Paper, responding to feedback provided by the July 2025 Consultation.

The two consultation papers are linked. The support categories in the Supports Transitional Rules drive the budget method and the plan templates in the New Framework Planning Rules. Both reforms change what participants can buy and how funding is worked out. We have decided to respond to both consultation papers in this submission.

Discussions with our members and other member feedback have informed this response. AFDO is committed to constructive engagement with government to ensure that reforms to the NDIS planning framework strengthen participant rights, safety, and scheme sustainability. Our assessment and recommendations are developed from our systemic advocacy work and a human rights perspective, grounded in the rights of people with disability established by the CRPD and the Australian government's obligations to protect and promote those rights in Australia's domestic laws and policies.[10]

According to the NFP Consultation Paper, the four proposed rules the subject of the consultation are each of the following:

(a) Support needs assessment rules, that will set out how a participant's disability support needs will be assessed
(b) Budget method rules, that will set out how reasonable and necessary budgets will be developed
(c) Plan variation and reassessment rules, that will set out how a new framework plan can be changed, and
(d) NDIS supports rules, that will set out how a participant can use their plan, and make changes to NDIS supports for old and new framework planning.[11]

Each of these proposed rules, and the Supports Transitional Rule, are Category A rules.

According to the Transitional Rules Consultation Paper, the proposed changes to the Supports Transitional Rule would:

(a) reduce the number of support categories

(b) use broader, “purpose-based” descriptions
(c) seek to align support categories with participant needs and planning arrangements
(d) remove replacement supports, and
(e) make the Rules easier to understand and use across both old framework planning and new framework planning.[12]

The Transitional Rules Consultation Paper also seeks feedback on:

(a) the proposed changes to NDIS support categories, reducing the current 36 support categories based on provider registration groups to 18 new support categories[13], and
(b) whether the proposed changes would help participants, families, carers, providers and representative organisations better understand what supports can be purchased using NDIS funding.[14]

This submission answers:

(a) each of the 13 consultation questions posed in the NFP Consultation Paper, and
(b) the four questions and other matters raised in the Supports Transitional Rules Consultation Paper.

This submission begins with AFDO’s overall position, the principles that frame our answers, and our position on the consultation process. We respond to the consultation questions in the order they appear in the NFP Consultation Paper, followed by the order in the Transitional Rules Consultation Paper. **Appendix A** identifies inconsistencies or unclear wording in the NFP Consultation Paper. **Appendix B** identifies inconsistencies or unclear wording in the Transitional Rules Consultation Paper. We ask the Department to correct each of these matters. **Appendix C** analyses Attachment 1 to the Transitional Rules Consultation Paper, which maps the current support categories to the proposed support categories.

4 Principles behind our answers

1. Transparency and explainability

Transparency measures are essential for accountability. A budget that cannot be explained is a budget that cannot be trusted nor challenged. The NFP Consultation Paper fixes the objective of NFP as

> a more consistent, equitable and transparent approach to determining participant budgets. …allocating budgets that are person-centred rather than deciding funding based on the costs of individual supports.[15]

This objective can only be met if participants can see the effects that their personal circumstances have on the budget allocation to fund their supports. This requires a process that is truly person-centred, transparent, fair, able to be validated, and trusted.

2. Human decision-making and review

The budget method in the rules will operate as a rule-based calculation that is applied to assessment data. Even where a delegate approves the plan (including the budget), the risk is that the calculated result is treated as the answer, with little or no further consideration.

The Robodebt experience demonstrates that this approach in social security and disability-related decision-making can significantly degrade, rather than improve, outcomes for the people subject to it.

The Robodebt Royal Commission's Recommendation 17.1[16] called for legislative reform to establish a consistent legal framework for automated decision-making by government and automated processes that determine or influence government decision-making. A similar framework for NFP must be in place. This framework must include:

(a) a clear, accessible, and supported pathway for affected individuals to seek review, which must include an opportunity to be heard, a thorough review of the decision and the possibility to obtain a review decision by a person
(b) plain language public disclosure of the rules applied to assessment data
(c) regular and consistent independent expert assessments of the business rules and algorithms used, and
(d) regular and consistent public disclosure of the testing, validation, auditing, and independent expert processes, and their results, assessments, recommendations, and other relevant data.

AFDO asks the Department to ensure that the rules:

(a) preserve genuine delegate discretion
(b) require reasons irrespective of whether a delegate departs from, or adopts, the calculated budget figure
(c) provide for testing for bias and error, audit, and public reporting of outcomes, and
(d) keep full review rights over the outcome.

These safeguards reflect the lessons of the Robodebt Royal Commission.

3. Nothing about us without us

Article 4(3) of the CRPD requires governments, when developing law and policy that affect people

with disability, to commit to and undertake close consultation with, and the active involvement of, people with disability in that process.

The Agency's internal processes, NFP and supports determinations procedures, operational guidance, and workflows, document templates, staff training and ongoing professional development, and NFP and supports determinations communications must be co-designed with people with disability and their representative organisations. The co-design process must continue throughout the whole life cycle of NFP, with people with disability actively involved in identifying issues or failures, reviewing, assessing, recommending, designing, testing, approving, and implementing improvements to those systems, processes, procedures, and resources.

The Department and the Agency must allow for reasonable periods for this work to be undertaken.

The Department and the Agency must also clearly document, publish, properly resource, and publicly report on co-design processes.

4. Continuity and safety in transition

The government's commitments to:

(a) maintaining current plans until a new framework plan is approved, and
(b) informing and supporting participants before changes that affect them are made

are confirmed in the NFP Consultation Paper[17]. AFDO supports both commitments. We ask that, in delivering on these commitments, the government ensures that the Agency provides participants with more:

(a) clear notice of any change that affects them
(b) support to prepare for the effects of the change, and
(c) protection against unexplained reductions.

5. Equity and intersectionality

The same process will land differently on participants who are First Nations peoples, people of colour, LGBTQIA+, gender diverse, older, from culturally and linguistically diverse backgrounds, live in regional, rural, or remote areas.

The same process will also mean different experiences for participants who experience different barriers to their full and equal participation in society as others. For example, the experience of a person who is Deaf will be different to a person with complex communication needs, or who has little or no informal supports.

The NDIS Review recognised this and the potential for people to be overlooked, excluded or not properly supported. It made several important recommendations to address the issue.[18]

Evidentiary, assessment, supports determination, budget allocation and communications processes must recognise this, capture every person's unique circumstances, account for compounding barriers of intersectionality. and be transparently tested against different groups and disability types, across a broad range of domains.

5 Threshold issues undermining the process

5.1 No draft rules or draft explanatory documents for consultation

The NFP Consultation Paper asserts that, as part of the First 2026 Consultation:

> **Four rules were drafted** and were subject to public consultation between January and March 2026.[19] (our emphasis)

That is not correct. It is a clear misrepresentation of the documents that were the subject of the First 2026 Consultation. As we noted in AFDO's submission as part of the First 2026 Consultation,

> the Department has not released exposure drafts of the proposed legislative instruments that will establish the rules (the subject of the First 2026 Consultation).[20]

The Department could not release any exposure drafts of the proposed rules because none of those documents had been drafted. They did not exist. As far as we know, any drafting that has happened has not been completed. If drafting of any rules has been completed, the Department has not yet published those documents. It also has not disclosed (on a confidential or any other restricted basis) to any DROs any draft rules.

Despite our strong criticism of the Department's approach, again the Department has not released a draft Instrument for any of the proposed rules the subject of this current consultation. The Department advises that exposure drafts of all eight new framework planning rules

> will be available for information and further consultation later this year"[21] (that is, before the end of 2026).

We note this is directly inconsistent with the statement included in the NFP Consultation Paper referred to above.

Further, the end of this year is less than three months away. The transition to new framework plans for NDIS participants aged 18 years and over will start from April 2027. Yet, the Department is unable, or unwilling, to commit to a date for releasing exposure drafts of the eight rules.

In addition, unlike the First 2026 Consultation, the Department has not released any explanatory documents for the four proposed rules that are the subject of this consultation process. As part of

the First 2026 Consultation, the Department provided an explanatory document for each proposed rule. Each explanatory document outlined the intended operation of the proposed Instrument. The relevant explanatory document will also form the basis of the explanatory statement that must accompany each Instrument when it is tabled in Parliament[22].

Without these materials, stakeholders cannot understand how the different components of the framework will operate together, how processes or decisions are sequenced, or how those different components, and how they interact, will affect participants. As a result, the consultation process does not provide the disability community with sufficient information to offer informed and constructive feedback on the proposed reforms.

The consultation process does not provide the transparency, information, or level of engagement needed for the government to deliver its stated goal that the proposed changes will

> improve the experience of participants and help participants get the most out of their NDIS plans to live the life they choose.[23]

5.2 Relevant obligations under the CRPD

Australia ratified (that is, agreed to the terms of) the CRPD on 17 July 2008[24].

The CRPD creates an obligation on Australia (as a "States Party") when developing and implementing disability policy to "closely consult with and actively involve" people with disability through their representative organisations[25].

The CRPD Committee has clarified the scope of this central obligation of government. Consultation with and the involvement of persons with disability is

> a **mandatory step prior to the approval of laws**, regulations and policies, whether mainstream or disability specific. Therefore, consultations should begin in the early stages and provide **an input to the final product in all decision making** [*sic*] **processes**.[26] (our emphasis)

Further, to closely consult with and actively involve people with disability and their representative organisations requires government to

> systematically and **openly** approach, **consult and involve**, in a **meaningful and timely manner**[27] (our emphasis)

people with disability and their representative organisations. We must also have access to all relevant information.[28]

The government must also give

> due consideration and **priority to the opinions and views of organizations of persons with disabilities when addressing issues directly related to persons with disabilities** [and has] a duty to inform organizations of persons with disabilities of the outcomes of [decision-making] processes, including an **explicit explanation in an understandable format of the findings, considerations and reasoning** of decisions on how views [of DPOs] were considered and why.[29] (our emphasis)

Without each of these essential features, any consultation the government undertakes in connection with the NFP, including the NFP rules, will not comply with Australia's obligations under Article 4(3) of the CRPD.

5.3 Process, order of steps and timing is wrong and piecemeal

AFDO is very concerned that the reform process is continuing to proceed in a fragmented way.

While this consultation process is occurring, and after it is completed, the Agency

> is working with participants to explore **detailed design questions** and understand how the approach may **work in practice**. This testing is to help ensure participants with similar support needs receive similar budget outcomes and that budgets reflect participants' disability support needs.[30]

The new planning framework is being developed and tested operationally before the policy settings and rules that govern the system have been fully defined and consulted on. This risks embedding system constraints into policy and legislation rather than ensuring that operational systems are designed to reflect agreed policy objectives.

5.4 Requirements for Category A rules

As we have noted above, each of these proposed rules, and the Supports Transitional Rule, are Category A rules. The Department's Table of new framework planning rules (providing the Department's description of all eight proposed NFP rules) states that

> Category A rules require **at least majority agreement** of states and territories.[31]

This is not a correct interpretation of section 209 of the Act. Subsection 209(4) provides that the Minister must not make Category A rules

> unless the Commonwealth and **each** host jurisdiction (that is, each of the states, the Australian Capital Territory and the Northern Territory)[32] **have agreed** to the making of the rules (our emphasis).

Agreement by a majority of the states and territories to Category A rules (which, more accurately, is deemed to be agreement by each jurisdiction)[33] is only possible if each of the following occurs:

1. the rule-making process in:
    a. section 209A is completed without all the states and territories giving notice agreeing to the rules[34], or being deemed to have agreed to the making of the rules[35], or
    b. for rules that the Minister considers do not have any substantial financial or policy implications for the Scheme[36], the rule making process in section 209B is completed and at least one Disability Minister has given written notice to the Minister and each other Disability Minister[37] that the state or territory does not agree to the making of the rules[38]
2. the Minister activates the dispute resolution process in section 209C[39]
3. within 14 days of that activation, the Prime Minister gives written notice to all the premiers and chief ministers seeking the agreement of each **host jurisdiction** to the making of the rules [40]
4. a majority of the premiers and chief ministers give to the Prime Minister notice in writing that the relevant jurisdiction agrees to the making of the rules[41], and
5. each notice is given before the end of 14 days after the Prime Minister's notice is given.[42]

5.5 Transitional rules

The Table also states that

> Transitional rules can be made by the Minister following a formal agreement making process with state and territory Disability Ministers.[43]

We agree that the Minister has the power to make transitional rules. This power is given by the provisions in Schedule 5 of the Amending Act. It does not require any formal agreement-making process with state and territory Disability Ministers.

If the government does not have the required unanimous consent (or that consent is deemed under subsection 209C(8) by the agreement by a majority of states and territories) to Category A rules by April 2027, we understand that the Commonwealth will proceed to implement the NFP without that consent, using transitional rules. During the term of the transitional rules, the government will continue to negotiate with, and hope to secure the necessary consent of, the states and territories before the Minister makes final rules.

It is important to note that

(a) any transitional rules expire, at the latest, 12 months after the rules are made[44]

(b) transitional rules relating to amendments or repeals made by:

(i) Part 5 or 6 of Schedule1 or to Schedule 4 of the Amending Act, cannot be made after 28 August 2027[45], and

(ii) any other provisions of the Amending Act, cannot be made after 27 January 2027[46].

As we understand the government's position, there is no suggestion that, absent unanimous consent of the states and territories by April 2027, the Minister will make a mix of final rules and transitional rules, in separate Instruments, to start the NFP rollout. Rather, we understand the position is that if the government does not have unanimous consent of the states and territories by April 2027, the Minister will make all Instruments as transitional rules, which will operate until all consents are given. It will be at that point that the Minister will, by the relevant Instruments, make the final rules.

AFDO is very concerned that the Minister makes transitional rules but, ultimately, the government cannot get the required unanimous consent of the states and territories for those rules. By that time, the Minister will have lost the power to make transitional rules, and any Category A rules will need the consent of the states and territories.

Relying on transitional rules when you do not know what the final rules will look like, and which may be significantly different, will create confusion and uncertainty and undermine the operation and efficiency of the Scheme.

AFDO urges the Department to obtain the unanimous consent of the states and territories to all NFP rules before commencing the NFP rollout.

the Department was also not able to provide any information about the details of the management of the risk of one part of the system operating validly and executing correctly but having an adverse or unintended effect on how another component operates or interacts with it, or the operation of the system as a whole

6 What this means for the consultation

6.1 Process, order of steps and timing is wrong and piecemeal

AFDO believes that the Department is approaching the setting of the NFP rules in completely the wrong way. It will draft rules that support a system and processes that have been (or are being) implemented, tested and accepted. Policy is being dictated by the constraints of that system and those processes. The proper process is to set policy and draft rules aligned with that policy, before implementing a system that aligns with that policy and complies with those rules.

It is also AFDO's position that the NFP system must be designed and considered holistically, and not in the piecemeal, fragmented way that the Department has adopted. The Department's approach is inconsistent with, and contrary to, the government's approach (as published by the Department of the Prime Minister and Cabinet) to achieve the Government's vision and goals for the care and support economy, in which an "holistic, harmonised approach to the implementation of these reforms is vital".[47]

6.2 Inability to provide meaningful feedback on the released information

The government will not meet its obligations under Article 4(3) of the CRPD if it proceeds with the current consultation, and without full disclosure of all necessary and relevant materials.

Further, the current deficiencies in the information available as part of the consultation process prevent AFDO, the other DROs, and the broader disability community from developing any understanding of each of the component parts and their relationships with the other components. It also means that we cannot properly analyse, nor provide fully informed, constructive feedback on, the government's proposed framework, systems, and processes. As a result, the integrity of the consultation process is compromised.

We are unable to provide any real, meaningful comment on the NFP without the benefit of all the draft Instruments, and complete explanatory documents for all topics of the proposed rules, namely

1. Notice of impairments
2. Transition to new framework plan
3. New framework plan spending rules
4. Stated supports
5. Plan budgets
6. Support Needs Assessments
7. NDIS supports and
8. Plan variations.

It is not sufficient to provide (in the First 2026 Consultation) some of the explanatory documents (which themselves are incomplete) in replacement of draft Instruments for people to understand each of the separate components of NFP and to understand how these separate components relate to and interact with each other, as a whole.

6.3 No confidence that consultation will be ongoing

The Department's stated intention is to release exposure draft documents at some as yet unidentified time before the rollout of NFP commences. There is no information about when that might be, other than a date before April 2027. We remain significantly concerned that (given the release of an exposure draft is a decision of government and not the Department) there is no assurance that exposure drafts of any NFP rules will be released, or that the government will consult with people with disability and the representative organisations on the proposed NFP rules.

We have no confidence that any exposure draft Instruments or associated explanatory documents will be released, or that any consultation process will occur in respect of those exposure draft documents. This is particularly so because of our recent experience with the National Disability Insurance Scheme Amendment (Integrity and Safeguarding) Act 2025.

We think there is a significant likelihood that the government will make a similar decision in relation to any Instruments, and determine that release of exposure draft documents is not necessary because of the current "consultation" process.

If the government proceeds with transitional rules, in addition to the close consultation with and active involvement by people with disability and their representative organisations in an open, meaningful, and timely process to set and finalise those transitional rules, the government must ensure that:

(a) any changes to those transitional rules before they are replaced with final rules, and
(b) the policy, content and drafting of all final rules,

are developed and finalised through a consultation process with people with disability and representative organisations that is open, meaningful, and timely. This must include a commitment to publish at the start of the consultation exposure drafts of proposed final Instruments and explanatory documentation.

6.4 Conclusions government may not draw from this submission

AFDO ultimately decided to participate in this consultation and to make this submission, because we believe improvements can be made. We also think it is important to remain constructive and

engaged with government to meet our obligations to our members and the wider disability communities.

AFDO is participating in the current flawed and inadequate process that the government describes as consultation, in a spirit of making the NFP the best it can be, with the participants at its centre, and that ensures the safety, dignity and agency of all participants and the sustainability of the Scheme. However, no government can assume that, if all our recommendations are adopted completely:

(a) AFDO will be content that the consultation process has been adequate and compliant with Article 4(3) of the CRPD
(b) the NFP system will be fit for purpose, participant centred, safe, and sustainable, and
(c) the fact that we do not comment on a particular matter means AFDO accepts, agrees with or supports that matter.

Where we comment on any matter, that comment is limited to our assessment based on the information currently available. We reserve the right to review, amend or withdraw those comments, in light of any additional information that may be disclosed by government or that otherwise enters the public domain, or because of that component's proper relationship to or effects on other parts of the system.

7 AFDO's responses to the NFP consultation questions

7.1 Support needs assessment rules

Question 1. What parts of the support needs assessment process need more explanation?

Most parts of the process need more explanation than the NFP Consultation Paper provides. We have sought to identify the areas of greatest concern. We list these below.

Who the assessors are, what knowledge, skills and competencies assessors must demonstrate, and how their independence is protected.

The glossary in the NFP Consultation Paper says assessors are NDIA employees who are "trained and accredited"48. The NFP Consultation Paper does not provide any further information about the required training and accreditation. The Support needs assessment rules must specify, at least, the following:

(a) minimum requirements for assessor accreditation, training, continuing professional development, supervision, performance measures (including separation of assessors' performance measures from budget outcomes) and quality assurance requirements

(b) training must include developing and testing knowledge and competencies across different disability types (including psychosocial, intellectual and cognitive disability, autism, communication disability, d/Deafness, blindness and DeafBlindness), the compounding barriers of intersectionality, cultural safety, trauma-informed and person-centred practice, the CRPD, and the Disability Discrimination Act 1992 (Cth)

(c) how the requirements are demonstrated and assessed

(d) assessor accreditation must not be limited to an exclusive supplier

(e) the mandatory conditions and minimum requirements that any organisation providing accreditation of assessors must demonstrate and maintain

(f) the Agency's obligations to report and publish:

  (i) de-identified assessor data, including assessors' numbers, diversity characteristics (including proportion of people with disability), knowledge, skills, competencies, training, and performance, and

  (ii) accreditation and accrediting organisations data; and

(g) how a participant can raise any concern about an assessor .

Choice of assessor

Can a participant ask for an assessor of a particular gender, ethnicity, or cultural background, or an assessor with disability, lived experience of disability, or knowledge or expertise in the disabling barriers of the participant's disability?

Can a participant ask for their assessor to be replaced if the participant believes that the assessor does not understand the participant's circumstances, disability, or need for, or levels of, support?

If the support needs assessment process gives all participants this small level of choice and control over an aspect of the assessment process, recognising and empowering autonomy and agency, assessments will be more accurate, fairer in the eyes of the person being assessed, and safer for them all.

Choice, control, agency, and autonomy are central to the human rights of people with disability, and to Australia's obligations under the CDRP.[49]

Separate from the rights of people with disability under the CDRP, the objects of the Act[50] include: each of the following

(a) in conjunction with other laws, to give effect to Australia's obligations under the CRPD
(b) to support the independence and social and economic participation of people with disability, and
(c) to enable people with disability to exercise choice and control in the pursuit of their goals and the planning and delivery of their supports.

Further, the guiding principles of the Act (which the Parliament intends guide the performance of all functions and powers under the Act, having regard to the need to ensure the financial sustainability of the Scheme)[51] recognise that people with disability should be supported to exercise choice and control[52], and to participate in and contribute to the community.[53] Further, people with disability must be

> supported in all their dealings and communications with the Agency … so that their capacity to exercise choice and control is maximised in a way that is appropriate to their circumstances and cultural needs.[54]

In AFDO's opinion, the combination of these provisions requires the government to include in NFP, including the support needs assessment process, processes and supports that give all participants and potential participants choice, control, agency, and autonomy. Participant input into the choice of assessor is part of this.

We recommend that the rules provide for this input, and set out clearly the circumstances in which requests can be made, what any request must include, and how the Agency must respond to any request.

The tool

The core needs assessment is "a modified version" of the I-CAN version 6.[55] No further information is provided in the Consultation Paper.

The government must provide further, detailed information on:

(a) what was modified
(b) the reasons for the modifications
(c) the evidence on which the decision to modify was made
(d) the testing undertaken to validate the modifications, and
(e) the results of that validation testing.

How results become funding

The draft proposed report records frequency and level scores (the draft template shows, for example, frequency from 0 to 3 and level from 0 to 4). The rules must explain how those scores, the personal and environmental circumstances questionnaire (**PECQ**) and any targeted assessments become "assessed categories of NDIS supports", and then how those results are converted to hours and dollars. Where the Consultation Paper says funding levels are "driven by policy decisions" (for example, for assistive technology (other), behaviour support and private vehicle transport), participants need to know what those policy decisions are.

What delegates can and cannot change

The Consultation Paper says a delegate reviews the report "to make sure it is complete". It is not clear what a delegate can do as part of that review. Further information must be provided about this process, including whether a delegate can alter scores, add information or otherwise modify or override the result, the basis of those actions, and the rights of a participant to know or have access to any report changed following review.

Preparing for the assessment

Further information is needed, including:

- what participants should bring
- who can attend
- the role of a support person, nominee, or advocate

- who pays for an advocate
- the options for in-person, home, phone and video assessments
- how long will it take
- what happens if the participant is unwell, distressed or in crisis on the day, and
- whether the assessment be split over more than one session, paused or rescheduled.

Communication supports

The Consultation Paper says the NDIA will arrange and pay for interpreters. It should say the same of Auslan and Deaf interpreters, tactile and DeafBlind communication, Easy Read materials, augmentative and alternative communication, and supported decision-making. It should also say how a participant makes the request, how the NDIA will respond, the timing within which a response must be given. Further information is also needed about what happens if the request is not approved, and if that decision is reviewable.

Fluctuating, episodic and hidden needs

A scale of "never, occasionally, weekly, daily" may not capture needs that vary with health, stress or time of day, which is common in psychosocial disability, chronic illness, epilepsy, neurological conditions and autism.

How will "typical" and "worst" periods be recorded, and how will the assessor distinguish a good day from a typical day?

The rules should also make clear that recording a participant's strengths will not reduce their funding.

Targeted assessments and evidence

Most targeted assessments depend on reports from medical or allied health professionals. The rules should say who pays for those reports, what happens when a participant cannot obtain one (long waiting lists, regional and remote areas, cost, language), whether the NDIA will fund the assessment itself, and whether a missing report will mean that no funding is assessed.

The participant should not bear the cost or the delay.

Informal supports

How does the assessor decide what informal support a participant has, and how is the carer's willingness, capacity and consent established? (See also Question 4 on the informal supports offset.)

Risk and safeguarding

The NFP Consultation Paper says the process will give "appropriate consideration" to risk and safeguarding requirements. It does not say how these are assessed, recorded or turned into funding.

Privacy and data

How will assessment data be stored?

Who will see it?

Will it be used for any other purpose, such as compliance, audit or research?

Timeframes and sequencing

How long will participants wait to book an assessment?

How soon after the assessment will the report and plan be provided ("as soon as possible" is not a standard)?

How will participants be selected for transition, in what order, and with what notice?

Can a participant postpone?

Rights

Which decisions can be reviewed, how, and with what support? This includes the decision not to arrange a replacement assessment (Question 3).

Transition protection

AFDO recommends that the Department includes in the rules the protections that will apply when a first new framework plan is lower than the previous plan.

Question 2. What questions and feedback do you have about the draft support needs assessment report template?

AFDO welcomes a draft support needs assessment report template that is written to the participant in plain language, includes a cover letter that says what happens next, and records the participant's circle of support.

We recommend the following changes.

1. **Give the participant a voice**

The draft says that no action is needed unless the participant thinks there are errors, and the "assessor's comments" fields are for the assessor only. Participants should receive a written

draft, have a fixed time to check it (we propose 10 business days), and have a section for their own comments or disagreement that stays attached to the report and is seen by the delegate. The cover letter should invite review and explain how to ask for a replacement assessment and where to get advocacy.

2. Show how the information feeds the budget

For each domain and each PECQ response, say what it means for the assessed support categories. Factors that affect funding, such as remoteness, living arrangements, informal supports and “degenerative condition”, should be visible, with a plain statement of their effect.

3. Define the scales

Terms such as “Managed”, “Minor”, “Moderate” and “Extensive” are ambiguous, and “Independent (0)” and “Not applicable (0)” score the same. Each level should have a plain definition and an example. The report should have a place to record variability, such as “good and bad days”, and the time of day or conditions in which support is needed.

4. Align the categories

Section 2 of the draft lists “Daily supports (flexible)” and “Travel and transport arrangements (flexible)”. Neither matches the 18 categories in Attachment 3 to the NFP Consultation Paper. “Private vehicle transport” is a stated support in that Attachment, not a flexible one. The report should use the same category names.

5. Show the PECQ

The NFP Consultation Paper says the report will include “the responses to each question relevant to the participant”. The draft appears to include some PECQ-type fields in the “About you” section without naming the PECQ. The report should clearly show every PECQ response, and let the participant correct any of them.

6. Treat informal supports carefully

Where the report records a “main informal support” and a circle of support, it should also show:

- how much informal support the assessor has assumed will continue
- how often, and
- with whose agreement.

The report must acknowledge that a carer’s circumstances can change, and how the participant can ask for the assessment to be updated if that occurs.

7. Explain sensitive fields

The draft includes fields on identifying as Aboriginal and/or Torres Strait Islander, “degenerative condition”, guardianship, administrative or protection orders, and “access to a partner in the community”. The purpose of “access to a partner in the community” is unclear to us. This needs to be clarified.

Further, the report should must include:

- why this data is collected
- whether and, if so, how the data affects the assessment or the report, and
- that it is the participant’s choice to provide the information.

The wording should be respectful.

8. Add a section on risk and safeguards

The NFP Consultation Paper says potential risks and safeguards will be considered, but the draft has no section for them. Participants should be able to see what potential risks have been identified, and the safeguards the assessor has proposed to manage those risks. The participant must be able to respond to those matters and to whether risks and safeguards have been properly considered,

9. Explain the role of goals

The draft records goals with start and review dates. If budgets are based on assessed need rather than goals, the report should say so, so that participants do not think that how they express a goal changes the funding.

10. Make it shorter to read and easier to use

The draft runs to about 32 pages. Add a one or two-page summary at the front and produce an Easy Read version. Ensure the report is a tagged, screen-reader-accessible document with properly structured tables.

Participants should receive the report in their recorded preferred format (as the NFP Consultation Paper proposes).

11. Clarify version control

The draft cover letter says the report “replaces the previous one we shared with you”. Identify the date of that previous version.

In addition, include a "version history" section in the report. In that section, list each version of the report (for example, version 1, version 2, ..) and identify the date that version was produced by the Agency, and the date the report was provided to the participant. Make it clear which version is current.

12. Record evidence and gaps

Where a targeted assessment is "not assessed" or evidence is missing, the report should say why and what the participant can do about it.

Question 3. In what circumstances should a replacement assessment be arranged? Are there additional circumstances that should be considered?

AFDO's position is that a replacement assessment should be a right in defined circumstances, not a matter of delegate discretion. The NFP Consultation Paper says the delegate will "work with" the participant to decide whether a replacement assessment is needed. A discussion can be part of the process, but the rules should list the circumstances in which a replacement assessment must be arranged.

We suggest the following:

(a) The participant believes the report does not accurately reflect their needs, and the delegate cannot resolve this by correcting the report.

(b) The assessment was not accessible or appropriate. Examples: requested interpreters or communication supports were not provided; the support person or advocate was excluded; the assessor lacked relevant expertise; the setting was unsuitable; the participant was unwell, in crisis, exhausted or distressed in a way that was not typical; or there were cultural safety concerns.

(c) Assessor error or conduct. The assessor recorded material information wrongly or incompletely, applied the tool incorrectly, missed a domain or a relevant targeted assessment, or acted inappropriately or with a conflict of interest.

(d) New material evidence. A new diagnosis, report or other evidence becomes available before the plan is approved, or soon after.

(e) A significant change in circumstances. For example, hospitalisation, loss or illness of a carer, a change of housing or living arrangement, or a significant change in health, between the assessment and approval of the plan.

(f) Delay. A long gap between the assessment and the approval of the plan. CONFIRM: a proposed limit, for example three months

(g) A request for a different assessor for reasons of gender, cultural safety, expertise or a breakdown of trust.

(h) Technical or data error, including a system or scoring error identified by the NDIA or the participant.

(i) A review outcome. A review decision-maker or tribunal finds the assessment was flawed.

(j) Quality assurance. The NDIA's own audit identifies a problem with the assessment.

A replacement assessment should:

(a) be done by a different assessor

(b) be requested without penalty, with the participant told that asking will not reduce funding

(c) be decided within a short time, with written reasons if refused (we suggest a decision within 5 business days and the assessment within 15 business days

(d) not delay existing supports

(e) have the refusal reviewable, and

(f) be treated as distinct from a plan reassessment: it corrects or reconsiders the assessment. It is not a request for more funding without a change in need. It should not be refused on the mistaken basis that it is one.

7.2 Budget method rules

Question 4. What information would help participants understand how a budget is calculated?

The NFP Consultation Paper says details of the budget method calculations will be published later in 2026. AFDO asks that the Department commits to a date of publication, which is a date before the exposure drafts are released for public consultation and no later than 24 December 2026. People with disability and their representative organisations must be given a further opportunity to respond. The following information must be included:

1. **The budget method in plain language,** with a separate technical version. For each of the 18 categories: which part of the assessment is used, the rule that converts it into funding, the price source (for example the pricing arrangements and price limits), and how hours or units are determined.

2. **Worked examples** for a range of participants: psychosocial disability; intellectual disability; cerebral palsy; DeafBlind; a person with a degenerative condition; a person in a remote community; a First Nations participant; someone from a culturally and linguistically diverse background; someone with and without informal supports; someone living in SDA or medium term accommodation. Examples should show the inputs, the calculation and the result.

3. **A personal budget statement with every plan.** It should show, line by line: the assessed need and category, the rule applied, the rate and hours or quantity used, each **adjustment** (such as remoteness) and **offset** (such as informal supports, aged care or driver vehicle modifications), the amount, and any delegate decision with reasons. The draft plan states that "there are adjustments applied to your plan" without saying what they are, and this is not enough.

4. **The "policy decision" settings.** Where funding is set by eligibility and set funding levels (for example assistive technology (other), behaviour support levels, private vehicle transport, specialised driver training, the four employment cohorts and default community supports), publish the eligibility criteria, the levels, how they were set and how they will be indexed. Set levels can create cliffs, where a small difference in assessed need changes funding sharply, and participants should be able to see where the cliffs are.

5. **The informal supports offset.** The paper says the offset is "based on frequency and durability of informal support". Publish the method and the evidence for it, who judges frequency and durability, and how a participant or carer can challenge it. AFDO is concerned about the effect on carers, who are disproportionately women and older parents, and on participants whose informal supports are fragile. The offset should be based on what is actually provided, freely agreed and sustainable, and should not reduce funding for support the carer cannot or will not continue to give.

6. **Adjustments.** Explain how the remoteness adjustment is set (and whether it reflects real costs, such as travel and thin markets, and not only a location classification), and the "limited circumstances" in which medium term accommodation receives a 1:1 ratio for in-home supports.

7. **Flexible, stated and restricted funding.** Explain why each category is flexible or stated, what share of the average budget each makes up, and how any restriction on flexible funding is decided (see Question 5). The status should be published for every sub-category, with the reasons for each stated support.

8. **Plan length and funding periods.** Explain how the length of a plan (up to five years) is decided, how funding periods are set, whether and how funds roll over, how funding is indexed when prices change, and what happens to unspent funds at the end of a plan.

9. **Plan management and support coordination.** Attachment 4 notes that plan management is a "delegate decision" funded potentially outside the budget method following primary legislative amendment, and that support coordination funding may change with

commissioning reform. Participants need to know what is proposed. Choice over how to manage a plan should not be narrowed without clear justification.

10. **Testing results.** Publish the results of the NDIA's testing: how the method performed for people with similar needs, how outcomes varied by disability type, age, location, cultural background and informal supports, and what changes were made as a result. Report on these measures publicly every year after rollout.
11. **Where to get help.** Say where to ask questions and get an independent review of a budget, and how to get funded advocacy.
12. **Formats.** All of the above, in Easy Read, Auslan, accessible formats and community languages (see Question 12).

Question 5. What questions and feedback do you have about the draft participant plan template?

AFDO welcomes a participant plan template that is organised into a budget overview, a budget by category, goals and information about the participant, informal and mainstream supports, and funding periods, and that includes information about what to do if something changes. We recommend the following.

1. **Add "How your budget was worked out."** See Question 4, item 3. A plan that gives amounts without reasons is hard to check and hard to challenge.
2. **Explain "restricted" flexible funding.** The paper describes two parts of a budget: flexible and stated supports. The draft plan shows three: flexible funding "without restrictions" ($90,000), flexible funding "with restrictions" ($240,000) and stated supports ($8,400). The restricted amount is limited to in-home and community supports "because you have high in-home care needs", and makes up most of the budget. Restricted flexible funding is not described in the paper, and appears to limit the choice and control that flexible funding is meant to deliver. The rules must say when funding may be restricted, who decides, the reasons to be given, whether it can be released or moved on request, and how to review it.
3. **List every adjustment.** Name each adjustment and offset, and its dollar effect.
4. **Clarify the "top up" sentence.** The draft says "You can top up this budget with funding from your flexible self-managed budget". It is not clear whether participants can move money between restricted and unrestricted pots, and in which direction.

5. **Explain funding periods.** The draft shows three-month periods and says unspent funds roll over. Explain whether funds can be released early for a large or seasonal need, how providers will be paid across period boundaries, and what happens at the end of the plan.
6. **Explain plan management options.** The draft names the management type (for example “self-managed”, “agency managed”) but does not explain the options and their consequences. Add a short, neutral comparison.
7. **Add decision details.** Include the approval date, the decision-maker, the start and end dates and what happens at the end, and the date of the next planned check-in.
8. **Add review steps.** The draft refers only to applying to the Administrative Review Tribunal within 28 days of an internal review outcome letter. Explain how to ask for an internal review, the timeframe, what a participant can request, and how to get free advocacy and legal help. **CONFIRM the review pathway and timeframes with the Department**
9. **Add how to ask for a variation or check-in.** Explain the plan implementation meeting, and how and when to ask for a variation (see Question 6).
10. **Use the participant’s words.** Goals and information about the person should reflect their own words and priorities. The draft shows one goal. Plans should allow several goals, and say that goals and funding are separate.
11. **Protect privacy.** The plan contains detailed information about a person’s life, living arrangements and relationships. Provide a short “supports summary” that participants can share with providers, so that they do not have to hand over the whole plan.
12. **Accessible formats.** The draft does not mention Easy Read, large print, audio, Auslan or other formats. Offer these, and a one-page summary. Our reading of the draft is that it is written at a reading level that many participants will find difficult. Test it with people with intellectual and cognitive disability.
13. **Quality assurance.** The draft contains errors that would matter in a real plan: the contents list does not match the section numbers, a total reads “$330,00.00”, a funding period date appears out of sequence, and a participant’s name is spelled two ways. Plans determine access to essential supports, so a final check is essential.

7.3 Plan variation and reassessment rules

Question 6. What feedback and questions do you have about plan variations and reassessments?

AFDO supports the intention that most changes will be made by variation, and that day-to-day spending decisions can be made within a budget without a formal update. For this to work, variations must be quick, proportionate and reliable. We recommend the following.

1. **A right to request a variation at any time,** to which the NDIA must respond within set timeframes. We propose: the same or next business day for crisis and health and safety situations; two business days for critical assistive technology such as mobility and communication devices; and ten business days for other variations. A refusal should come with written reasons and be reviewable.
2. **Light-touch evidence.** A like-for-like repair or replacement should not need a new targeted assessment. A quote and a short statement from a treating professional should be enough, and the NDIA should help to obtain them.
3. **Define "small" and "short term".** The paper describes variations for "small changes" and "short term" needs, but does not define them. If an arbitrary threshold forces a participant into a full reassessment, the process will be slow, stressful and unsafe. Variations should not be limited by an arbitrary dollar or hour threshold when the need is clear.
4. **A partial reassessment.** The paper offers a variation or a full reassessment, which means a new support needs assessment. For a change affecting only one or two domains, such as a new health condition or the loss of a carer, there should be a targeted reassessment limited to what has changed. Otherwise participants may avoid asking for help, or be exposed to a full reassessment and the risk of a reduction.
5. **No reopening of the whole plan.** A variation should not be used to re-examine unaffected parts of a plan or to reduce other funding. Reassessments should not be used to reduce funding without evidence that needs have changed.
6. **Circumstances that must trigger action.** A change in informal supports (for example the loss or reduced capacity of a carer) should trigger a variation or reassessment, because the budget depends on assumptions about informal support. So should a deteriorating or progressive condition, a change in living arrangements, and a move to a different region.
7. **Five-year plans need a safety valve.** Longer plans are welcome, but needs and prices change. Provide (a) automatic indexation of funding when prices change; (b) a voluntary check-in on request, including at the midpoint of a long plan, which is not a reassessment; and (c) clear rules for plans for people with progressive or fluctuating conditions.
8. **Funds in crisis.** Allow a variation to release or advance funds across funding periods or from restricted to unrestricted pots in a crisis.

9. **Misuse and restoring funding.** The fact sheet lists “restoring funding after misuse” as a reason for variation. Any action that reduces or restricts funding because of alleged misuse should follow a fair process: notice, an opportunity to respond, reasons and review rights, and should not leave the participant without essential supports in the meantime.

10. **Consistency with the budget method.** The paper says variation amounts will be worked out using the budget method. The method for each type of variation should be published and explained, so that participants can see why a variation is the amount it is.

11. **Review rights.** The paper says participants “will continue to have review and appeal rights”. Please state exactly which decisions are reviewable: the assessment, the report, the budget, a refusal to arrange a replacement assessment, a refusal to vary a plan, and a decision to restrict funding.

Questions we still have:

What are the NDIA’s timeframes for variations and reassessments?

Who can request each?

What happens to supports while a variation or reassessment is pending?

Can a participant decline a reassessment?

How does the process work for a participant with a nominee?

7.4 NDIS supports rules

Question 7. What feedback do you have about changes to NDIS supports for old and new framework planning?

Part 8 of this submission responds to the Transitional Rules Consultation Paper, which sets out these changes in detail. In summary:

What we welcome.

- The statement that NDIS supports can be purchased from any retail, hardware, pharmacy or other store, and do not have to be bought from specialist disability providers. This can lower costs and widen choice.
- The clarification that animal-assisted therapy may be funded when it is delivered by a qualified allied health professional as part of therapy.
- The aim of reducing confusion and disputes about what NDIS funding may be used for, and of aligning the supports rules with assessment and budgets.

Our concerns.

1. **The statement that supports are not removed is not borne out.** The Transitional Rules Consultation Paper's table says the new support groups "do not remove supports from NDIS participants". The same table lists items that will be excluded and the removal of "replacement supports". Attachment 1 mapping in the Supports Transitional Rules Consultation Paper also shows explicit inclusions in the current rules that do not appear in the proposed text. Examples include the age range for early childhood intervention (narrowed), supports for people with complex communication needs in hospital, the worker qualification requirement for high-intensity personal supports, and adaptive clothing and menstrual products (See **Appendix C**). The Department should say plainly what will no longer be funded and for whom, and restore or explain each change.
2. **Use a principle-based test, not lists.** The reasonable and necessary test already exists. A list of excluded items creates a presumption against the item, and a participant who needs it for disability-related reasons will have to challenge the list. Any exclusion should be tied to the statutory criteria, accompanied by published reasons and evidence, and subject to an exception where the item is directly related to the participant's disability, is not an ordinary living cost and is supported by professional advice. Publish worked examples of both inclusion and exclusion.
3. **The five proposed exclusions** need an exception test and examples. In brief: noise-cancelling headphones, safety fencing and adapted grooming aids should remain fundable where they are disability-related and recommended by a professional; the hydrogen and electric vehicle exclusion must not disadvantage participants because of the type of vehicle they use; and scuba therapy should be tested in the same way as animal-assisted therapy.
4. **Apply changes to new plans only.** The changes apply to both old and new framework planning. Existing participants should keep funding for supports in their current plans until the plan ends, and no one should lose a support mid-plan because of a rule change.
5. **Consumer protection for retail purchases,** and a payment pathway for agency-managed participants.
6. **Moving items into stated supports reduces flexibility.** Stated funding can only be used for the stated purpose and often requires quotes or approval. Where an item is moved to a stated support, the rules should say what that means in practice and how fast replacement will be.

7. **Interaction with other systems.** Explain how the supports rules interact with mainstream, state and territory services, so that participants do not fall into gaps between systems.
8. **Review rights and consultation.** A decision that a support is excluded should be reviewable, with reasons that cite the specific rule. The supports rules should be co-designed with disabled people's organisations before the exposure draft.

Question 8. What impacts do you think will be experienced as a result of removing replacement supports? What items or services will no longer be available?

What is being removed. The Supports Transitional Rules paper explains that the replacement supports process relies on comparing an individual support with an alternative support. We understand that it lets a participant on an old framework plan ask the NDIA to fund an alternative item that meets the same disability-related need as a listed support, including items not usually funded. The proposal is that "no items, including standard commercially available household items, would be available through a replacement supports process". The most commonly requested items (smartphones, tablets, smartwatches, and communication and accessibility apps) would instead become stated supports.

How much it is used. By 17 July 2026 the NDIA had received 11,051 requests. Of these, 5,545 (50%) were approved, 1,995 (18%) refused, 1,439 (13%) invalid and 2,072 (19%) still pending. Of the 7,540 requests that had been decided, about 74% were approved. This is a heavily used pathway that mostly works for the people who reach it.

Impacts we expect.

- **A lost pathway for items that are not on the list.** Participants will no longer be able to ask for a mainstream or lower-cost alternative that meets the same need. Examples we would expect include a robotic vacuum cleaner or dishwasher in place of paid domestic assistance, a smart speaker or smart home device for a person who cannot reach controls, or a mainstream tablet in place of a specialised communication device. **CONFIRM: add member examples of items that were approved or refused**
- **2,072 people waiting for a decision.** Their requests should not lapse.
- **Devices that are a lifeline.** For many participants a smartphone or tablet is a communication device (including AAC apps), a navigation tool for a person who is blind, a hearing support, a safety alarm or a health monitor. If one fails or is lost, the participant can lose their means of communication or safety immediately. Replacement must be fast (we suggest within two business days, with a loan device in the meantime **CONFIRM**) and must not require a new assessment for a like-for-like replacement.

- **Gaps in the new rule.** The draft rule covers only “portable personal smart devices”. It does not cover apps, subscriptions, data, cases, mounts or accessories, which make a device usable.
- **Ring-fenced funding and short device life.** Stated supports can only be spent for their purpose and may need quotes, which can slow replacement. Consumer devices need replacing every few years, which is shorter than a five-year plan, so funding must allow for at least one replacement.
- **A single price may be inadequate.** Specialised hardware (such as eye-gaze or rugged devices) costs more than a standard device, so funding should follow assessed need.
- **Lost, stolen and damaged items, and fluctuating or degenerative conditions,** where needs for replacement items can change faster than a plan.

What we ask. Existing participants should keep access to the current process until a faster or equivalent pathway is working; every pending request should be decided under the current rules; a narrow “alternative or mainstream item” principle should be added to the reasonable and necessary test; the stated support should cover apps, subscriptions and accessories; and the Department should publish how long replacements take. The full recommendations are in Part 8.5.

7.5 General questions

Question 9. What information was most useful?

Most useful were:

- **Attachment 4,** which for the first time shows, for each of the 18 categories, the assessment pathway, the funding type, how funding is worked out and the adjustments and offsets;
- **Attachment 3,** which sets out the 18 categories and whether each is flexible or stated;
- **the four-part description of the support needs assessment** (core needs assessment, PECQ, targeted assessments, assessed support categories) and the list of 12 domains and 23 targeted assessments;
- **the “what is changing” table** (although it needs to be more candid; see Question 7)
- **the draft plan and draft report templates,** which make the proposal concrete
- **the data on replacement supports in the Supports Transitional Rules paper** (11,051 requests, with approval and refusal rates), and its Attachment 1 mapping, which for the first time lets the community compare current and proposed wording, and

- **the timeline** (from April 2027, to be completed by December 2030) and the commitments that current plans will stay in place until a new framework plan is approved and that participants will be told before changes affect them.

Less useful were the high-level statements of intent that do not explain how outcomes will be achieved.

Question 10. What questions do you still have?

1. How will old framework participants get smart devices, apps and other replacement items once the replacement supports process is removed, and what will happen to the 2,072 requests that were pending in July 2026?
2. What exactly was modified in I-CAN version 6, and what validation exists for each disability group?
3. How do frequency and level scores convert into hours, support categories and dollars?
4. How were “set funding levels” and eligibility rules determined, and how will they be indexed?
5. How will the informal supports offset be calculated, by whom, and how can it be challenged?
6. When and why will flexible funding be restricted, and who decides?
7. What are the funding rules for plan management and support coordination, and what is the proposed legislative change?
8. What discretion do delegates have, and what safeguards apply to automated or rule-based calculation?
9. How will fluctuating, episodic and hidden needs be captured?
10. Who pays for the evidence needed for targeted assessments, and what happens if it cannot be obtained?
11. How will participants be selected for transition, in what order, with what notice, and can they postpone?
12. What protections apply when a first new framework plan is lower than the previous plan?
13. When and how will children and young people under 18 move to the new framework?
14. How is the remoteness adjustment set, and how will it address thin markets?
15. What are the timeframes for booking an assessment, producing the report, approving the plan, and deciding variations and reassessments?
16. Which decisions can be reviewed, and what help is available?

17. What will fund advocacy and support to participate in the assessment?
18. How will assessment data be stored, used and shared?
19. How will the NDIA measure and publicly report whether people with similar needs receive similar budgets, and for whom outcomes are worse?
20. What results did the NDIA's testing produce, and what changed as a result?
21. How does supported decision-making work in the assessment, and what is the role of a nominee?
22. How will plans be indexed over a five-year period?
23. What happens at the end of a plan to unspent funds?
24. How will the new rules interact with mainstream, state and territory services and other reforms?
25. Will the explicit inclusions in the current supports rules that do not appear in the proposed text (Appendix B) be restored, and if not, why not?
26. Which supports are flexible and which are stated, at sub-category level, and why?

Question 11. What would help people with disability better understand the NDIS new framework planning rules?

- **Co-design with disabled people's organisations,** who should be paid to develop, test and deliver information.
- **Peer-led delivery.** Workshops and videos presented by people with lived experience, and information sessions run by disabled people's organisations, including for people in regional and remote areas, First Nations communities and culturally and linguistically diverse communities.
- **Worked examples and stories** for different kinds of disability, showing each stage from assessment to budget to using the plan.
- **"What to expect" and preparation guides** for the assessment, including checklists, sample questions and videos.
- **Just-in-time information.** Information at the point it is needed (for example when a participant is told they will transition, before the assessment, after the report and with the plan) rather than a single information release.

- **A single, easy-to-find hub,** with a plain-language glossary and answers to common questions, including questions from the testing.
- **Training for NDIA staff, local area coordinators, partners, providers and support coordinators** so that participants receive consistent, accurate information.
- **Information for families, carers, nominees and providers.**
- **Responsive channels.** A phone line and in-person help with trained staff who can use interpreters, relay services and communication supports.
- **"You said, we did".** A "What We Heard" report that shows how feedback changed the rules.

Question 12. What communication formats would make the information more accessible?

- **Plain English** and **Easy Read,** tested with people with intellectual and cognitive disability.
- **Auslan videos with captions,** and **captioned videos** more generally, including **audio description** where there are images.
- **Accessible web content (HTML) first,** with **tagged, screen-reader-accessible PDFs and Word documents.** Complex tables, such as Attachment 4, which has multiple header rows, should have a clear structure and a text alternative.
- **Large print, Braille-ready files and audio.**
- **Tactile and DeafBlind formats and interpreting,** including tactile signing.
- **Translations** in community languages and **First Nations languages,** including audio and video.
- **Pictorial, social-story and visual formats.**
- **Formats compatible with augmentative and alternative communication.**
- **Live webinars and sessions with live captions, Auslan and interpreters.**
- **Telephone, text relay, video relay and in-person options,** and printed copies.
- **A recorded format preference.** A participant should be able to state their preferred format once, and have it applied to every notice, report, plan and communication.

Question 13. What should we focus on in future communication products?

1. **Preparing for the support needs assessment:** what to expect, how to prepare, the role of a support person or advocate, and how to ask for communication supports.

2. **Understanding the budget:** the difference between flexible, stated and any restricted funding; adjustments and offsets; how to read the budget statement.
3. **Using the plan:** what can be bought and from whom, how funding periods work, and how to manage a plan.
4. **Rights and review:** how to ask for a replacement assessment, a variation or a review, and where to get free advocacy.
5. **The transition:** timing, notice, what stays the same, and what to do if a first plan is lower than expected.
6. **Targeted products** for people with psychosocial, intellectual and cognitive disability, Deaf, Blind and DeafBlind people, people with complex communication needs, First Nations people, people from culturally and linguistically diverse backgrounds, and people in regional and remote areas.
7. **Products for families, carers, nominees and providers.**
8. **What has changed because of feedback,** and what the testing has shown.

8 Transitional Rules Consultation Paper

This Part responds to the Transitional Rules Consultation Paper.

The paper says the changes "are not intended to remove broad types of supports currently funded through the NDIS". We hold the Department to that commitment. Our concern is that the draft does not yet meet it. Broad descriptions are easier to read, but they are less certain for the participants and families who rely on specific examples, and for delegates. At the same time, the Rules are to apply to current participants straight away. Replacement supports will be removed without a clear alternative pathway.

8.1 Responses to the four consultation questions

Question 1. Are the proposed support categories clear?

Partly. The move from 36 to 18 categories, the use of purpose-based descriptions instead of provider registration language, and the inclusion of examples are all improvements. But the categories are not yet clear, for the following reasons.

1. **The number and names of the categories are inconsistent.** The paper says there are 18 categories and lists them. The amending rule text in Attachment 1 numbers up to 20 categories, includes "Early intervention supports for early childhood" (item 7), which is not in the paper's list, calls the respite category "Short term respite" (item 16) where the paper

says “Short term accommodation”, and refers to “Therapy support” where the paper says “Therapy supports”. We cannot see an item 11. Participants cannot comment on categories that are not described consistently. (See Appendix C.)

2. **The flexible or stated status is not shown.** The paper says that most supports will be flexible and that some will be stated, but this paper does not say which categories are which. (That information appears in the New Framework Planning paper, Attachment 3.) The status determines how a participant can use their funding, so it should be shown next to each category here.

3. **The line between “Assistive technology – Assets” and “Assistive technology – Other” is unclear.** In the draft rule text, “Assets” are devices that “may require repair and maintenance”, and “Other” are devices that “do not require maintenance”. That is a test about maintenance, which a participant or delegate cannot easily apply. A manual wheelchair cushion, a hearing device, a communication app and adapted cutlery could fall either way. Because “Assets” appear to be stated and “Other” flexible, a wrong classification affects choice and control. The paper should give a clear test and a list of examples. The names “Assets” and “Other” should be replaced with names a participant would understand.

4. **A participant cannot find where their support now sits.** Attachment 1 is organised by current category, with the new rule text alongside. There is no way to start from an item (such as “adapted clothing” or “a smart watch”) and find the category, whether it is flexible or stated, and whether it is covered. A reverse index and a searchable tool are needed.

5. **Some explicit examples have disappeared,** which makes the new categories less certain for the people who rely on them (Appendix B).

6. **Jargon and acronyms.** “IHCS”, “stated supports”, “assets” and “DRHS” are not plain language. Category names should be tested with participants.

7. **Easy Read and other formats.** The paper does not say whether the categories will be available in Easy Read, Auslan or other formats (see Supports Question 2).

Question 2. Are there areas where further guidance, examples or guidance would be helpful?

Yes. We suggest the following.

1. **A searchable “find my support” tool** and a reverse index. A participant, family member, support coordinator or provider should be able to type an item or service and see: the

category; whether it is flexible or stated; whether it is covered, and any conditions; and what to do if it is not clear.

2. **Flexible and stated supports.** Which sub-items are stated and why; how a stated support is approved; what a quote must contain; how long approval takes; and whether stated funding can be moved if the participant's needs change.
3. **Assistive technology.** The test between "Assets" and "Other" (Supports Question 1); when a participant needs an assessment or trial and when they can buy directly; how ongoing costs such as repairs, batteries, accessories, apps, subscriptions and data are treated; and what happens when a device is lost, stolen or damaged.
4. **Retail purchase.** What "where appropriate" means.
5. **Alternative and mainstream items.** If replacement supports are removed, the Rules should explain when a mainstream item may be funded because it meets a disability-related need.
6. **Schedule 2 exclusions.** For each item, what is and is not excluded, with examples, and how an exception is considered.
7. **Assistance animals and animal-assisted therapy.** The difference between them, and from pets and emotional support animals.
8. **Worked examples by disability type.** Examples for people with psychosocial, intellectual, cognitive, sensory, physical and complex communication disability, and for children and families, showing which categories apply to which supports.
9. **Transition.** What happens to supports in existing plans, to pending requests, and to quotes already obtained.
10. **Provider guidance.** How the new categories relate to provider registration, price limits and invoicing, so that providers and plan managers apply the Rules consistently.
11. **Accessible formats.** Easy Read, Auslan, accessible web and document formats, audio, and community languages, produced with disabled people's organisations.

Question 3. Are there particular support types where more guidance may be needed?

Based on the comparison of the current and proposed text in Attachment 1, we suggest more guidance (and, in some cases, a change to the text) is needed for:

- **Assistive technology and smart devices.** The paper says tablets, smartphones, smartwatches and apps for accessibility and communication will be stated supports. The rule text (item 11) refers only to “portable personal smart devices”. The Rules should cover apps, subscriptions, accessories, cases, mounting systems and data, and should say when a device counts as a disability support and when it is an everyday consumer item.
- **Communication supports.** Including people with complex communication needs, and the supports they need in hospital and mental health services, which are listed in the current rules but not in the proposed text.
- **Disability-related health supports.** Including consumables such as modified foods for enteral feeding, and nursing supports, and the specialist allied health supports for people with recently acquired severe conditions such as spinal cord or brain injury.
- **High-intensity daily personal activities.** The current category requires a worker with additional qualifications and experience. The proposed in-home and community supports category does not say this.
- **Tailored supports for people with extraordinary support needs.** The current “innovative community participation” category has no clear equivalent.
- **Transport.** School transport, in-kind specialist school transport, provider travel costs and travel training are not clearly mapped. The proposed private vehicle transport category excludes transport that is “ancillary to the provision of an NDIS support”, and the paper does not explain how ancillary transport works.
- **Respite and short term accommodation.** The proposed “short term respite” is defined as time apart from primary informal supports “overnight”.
- **Employment and education.** The current category includes further education and training and employment preparation at and after school.
- **Early childhood intervention.** The age range is narrowed (Appendix B).
- **Therapy.** Exercise physiology and personal training, audiology services, and the “reduce the decline” wording for degenerative conditions.
- **Housing-related supports.** Tenancy assistance is mapped to support coordination, which is a stated support.
- **Everyday and personal items.** Adaptive and modified clothing, adaptive menstrual products, and visual and tactile alerting systems are listed in the current rules but not in the new text.

Question 4. Are there any practical issues, or unintended impacts that need to be considered?

Yes. We ask the Department to consider the following.

1. **Immediate effect on current participants.** The Rules apply to old framework planning as well. A participant with a current plan who has already been funded for a support, or who has a quote, a pending request or a review underway, should not lose it because of a rule change. The changes should apply to new and reassessed plans only, and existing plans should be honoured to their end date.
2. **Old framework budgets and categories.** Will the consolidation of 36 categories into 18 change how current plan budgets are labelled or how funds can be used within a plan? Will participants gain or lose flexibility? The paper should explain what changes in a current plan and what does not.
3. **Pricing and invoicing.** Many categories carry specific price limits (for example, for high-intensity supports). When categories are merged, price limits must not fall, and providers, plan managers and participants need time and guidance to adjust their systems.
   CONFIRM: AFDO to check how the pricing arrangements are linked to categories
4. **Provider registration and safeguards.** The paper moves from “provider registration language” to purpose-based descriptions. Registration groups drive worker screening, qualification and practice standards. The Department should explain how safeguards will be maintained, especially for high-intensity supports, behaviour support and nursing.
5. **Agency-managed participants and retail purchase.** Participants whose plans are agency-managed can generally only pay registered providers. A rule that supports can be bought from “any retail, hardware, pharmacy or other stores” does not help them unless there is a payment pathway.
6. **Pending replacement support requests.** At 17 July 2026 there were 2,072 pending requests (and 1,951 “in progress”, see Appendix C). Each of these people is waiting for a decision. They should not lapse.
7. **Loss of explicit inclusions** (Appendix C), which may lead to disputes, refusals and reviews.
8. **Stated supports reduce flexibility.** Where an item moves from a flexible to a stated support, such as smart devices, participants lose the ability to use that money elsewhere, and may face quote requirements and delays.

9. **Regional and remote participants.** Retail purchase and mainstream alternatives are harder to use where stores are far away, delivery is slow or the item must be trialled. Allied health professionals needed for assistive technology assessments are scarce in these areas.
10. **People without informal supports or advocates.** A complex rule change will most affect people who have no one to help them understand it.
11. **Reviews and disputes.** The paper says the changes aim to reduce disputes. Removing explicit inclusions and adding exclusions is likely to increase them unless the exceptions are clear.
12. **Interaction with other systems.** How the supports rules interact with mainstream, state and territory services, and with the new framework planning budget method, which is still being developed. The supports categories drive the budget method, so the two should be finalised together.
13. **Accessibility of the Rules themselves.** The Rules, the mapping and any tools must be accessible to people with disability, including those who use screen readers.

8.2 Removal of replacement supports

The Transitional Rules Consultation Paper proposes that “no items, including standard commercially available household items, would be available through a replacement supports process”, and asks whether removing the process for old framework planning “would create any practical issues for participants”. It also proposes that tablets, smartphones, smartwatches and apps for accessibility and communication be included as stated supports.

What the paper tells us. The replacement supports process “relies on comparing an individual support with an alternative support”. We understand this to mean that a participant can ask the NDIA to fund an alternative item that meets the same disability-related need as a listed support, including items that are not usually funded. As at 17 July 2026, 11,051 requests had been received. Of these, 5,545 (50%) had been approved, 1,995 (18%) refused, 1,439 (13%) were invalid applications and 2,072 (19%) were pending. Of the 7,540 requests that had been decided, about 74% were approved. The most requested items were tablets, accessibility and communication apps, smartwatches and smartphones.

What we take from this. The process has been used a great deal, and most decided requests have been approved. That suggests it has been meeting a real need. The 13% of invalid applications and the number of refusals fit the feedback that the process is confusing. The right

response to confusion is a clearer process that still meets the need, not the removal of the pathway.

Our position. AFDO supports including commonly requested smart devices and apps as stated supports, and supports simpler rules. We do not support removing the replacement supports process for old framework participants until a faster or equivalent pathway is operating. We recommend the following.

1. **Finish what has started.** All requests received before the change, including the pending and “in progress” requests, should be decided under the current process, with decisions made on the rules in force when the request was lodged. Approved items and quotes should be honoured. No participant should need to apply again.
2. **Provide a pathway for old framework participants.** The paper says smart devices will be included “where they have been determined reasonable and necessary under old framework planning”. It does not say how. If the answer is a plan review or variation, then those processes need published timeframes (we suggest two business days for a communication or safety device, with a loan device in the meantime, and ten for other items), and evidence requirements should be light (a short statement from the participant or a treating professional should be enough).
3. **Keep an “alternative or mainstream item” principle.** The replacement supports process allowed a participant to use a lower-cost or mainstream item in place of a listed support. Under new framework planning, flexible budgets are meant to give participants “more flexibility in how they use their funding”. A flat rule that “no items, including standard commercially available household items” can ever be funded is inconsistent with that aim, and would stop participants from choosing cheaper or more independent options. Examples we would expect to be considered include a robotic vacuum cleaner or dishwasher in place of paid domestic assistance, a smart speaker or smart home device for people who cannot reach controls, and a mainstream tablet in place of a specialised communication device. We recommend that the reasonable and necessary test include a short statement that a mainstream or alternative item may be funded where it:
   - meets a disability-related need that the participant has, or that would otherwise be met by a funded support;
   - is value for money, which will usually mean costing no more than the support it replaces or reduces; and

- can be explained by the participant, with advice from a professional where needed. Within a flexible category, no pre-approval should be needed. This is a clarification of the existing test and not a new process.

4. **Cover apps, subscriptions and accessories.** The Transitional Rules Consultation Paper says "apps for accessibility and communication" and smartwatches will be stated supports. The draft rule says "portable personal smart devices". The rule should say what the Transitional Rules Consultation Paper says, and also cover the ongoing costs that make a device usable: software and app licences, subscriptions, data, cases, mounts, chargers, screen protectors, warranties and insurance.
5. **Say what "relevant requirements" are.** The Transitional Rules Consultation Paper says these items would be stated supports "where they meet the relevant requirements". The requirements should be published, and should not require a full assessment for a like-for-like replacement of a device the participant already uses.
6. **Fast replacement for devices that are a lifeline.** For a participant who uses a device to communicate, navigate, hear, call for help or manage their health, a failed or lost device is an emergency. Replacement should happen within days, with a loan device in the meantime. Funding should allow for at least one replacement during a plan.
7. **Support people to apply.** Provide a plain-language form, help for people who need it, and a way for a participant with an invalid application to correct it without starting again.
8. **Do not remove the process until the alternative is working,** and publish quarterly data after the change on decision times, refusal rates and reasons, so that problems are found early.

8.3 Proposed new exclusions in Schedule 2

The Transitional Rules Consultation Paper proposes adding five items to Schedule 2 (supports that are "generally not NDIS supports"): electronic noise-cancelling headphones; fencing and gates; hair styling tools (brushes, hair dryers and straighteners); hydrogen fuel and electric vehicle charging costs; and scuba therapy. It asks whether the exclusions are clear and whether more explanation is needed.

General points.

- **Publish the evidence.** The Transitional Rules Consultation Paper says there has been "confusion and disputes" about these items, but gives no numbers: how many requests,

how many were refused, how many were reviewed, and with what result. Without this, the community cannot judge whether an exclusion is the right response.

- **Keep "generally".** Schedule 2 lists supports that are *generally* not NDIS supports. That word should remain, and each entry should say how an exception is considered.
- **Add an exception test with examples.** An item should remain fundable where it is directly related to the participant's disability, is not an ordinary living cost, meets the reasonable and necessary criteria, and is supported by professional advice. Each of the five entries should say what is and is not excluded, with examples.
- **Apply to new plans only.** A participant whose current plan includes one of these items should keep it until the plan ends.
- **No further exclusions without consultation.** The Transitional Rules Consultation Paper says it welcomes feedback on "additional excluded items". AFDO asks that none be added beyond these five without a separate consultation and published reasons, and that the Department also review Schedule 2 for entries that should be removed or clarified.

The five items.

- *Electronic noise-cancelling headphones.* The boundary is not clear. Are they excluded for everyone? These are widely used by autistic people and people with sensory sensitivities or processing difficulties, are low cost, and can prevent distress and enable participation. They should remain fundable where recommended by a health professional. **s**
- *Fencing and gates.* It is not clear whether this covers all fencing, including fencing that is part of a home modification, fencing needed for a person at risk of absconding, or fencing for the safety of an assistance animal. Safety-related fencing should remain fundable as a home modification or under a behaviour support plan where the criteria are met.
- *Hair styling tools (brushes, hair dryers and straighteners).* The exclusion should state that it does not apply to adapted or ergonomic grooming aids for people with limited dexterity, reach or sensory tolerance, which are assistive technology.
- *Hydrogen fuel and electric vehicle charging costs.* We have no objection to ordinary fuel and running costs being treated as everyday living costs. But the paper should say whether it covers charging equipment, and should confirm that private vehicle transport funding does not disadvantage participants because of the type of vehicle they use, and that accessible charging infrastructure needed because of disability can be considered.
- *Scuba therapy.* The paper should explain why this is excluded when animal-assisted therapy is fundable if delivered by a qualified allied health professional as part of a

therapeutic intervention. The test should be the same for both: is it delivered as part of therapy by an appropriately qualified professional, and does it meet the reasonable and necessary criteria? The paper should also confirm that hydrotherapy and other aquatic therapy remain fundable.

8.4 Flexible or stated supports

The Transitional Rules Consultation Paper says "most supports would be flexible", and that some "may need to be stated", where a support "requires specific approval, oversight or funding set aside for a particular purpose". We make the following points.

1. **Default to flexible.** A support should be stated only where there is a clear reason: safety, quality oversight, high capital cost or a need for approval. The reason should be published for each stated support.
2. **Show the status for every category and sub-item,** in the Transitional Rules Consultation Paper and in the Rules. The classification should not be left to guidance or operational decisions.
3. **Explain how stated supports work in practice.** How to get approval, the time it takes, what evidence or quotes are required, how funds are held, whether unspent stated funds can be moved or kept, and what happens if needs change.
4. **Be consistent.** Where an item moves from flexible to stated, for example smart devices, the paper should say so and explain the effect on participants.
5. **Tenancy assistance, life transitions and hospital discharge supports** are mapped to support coordination (items 1 and 3 in Attachment 1), and support coordination appears to be a stated support. A participant who has no support coordination funding in their plan could then lose access to tenancy assistance and transition supports. These supports should remain available to participants who do not have support coordination, through in-home and community supports or a short-term allocation.
6. **Allow movement in a crisis.** A participant should be able to ask for funds to be moved between stated and flexible budgets, or between categories, where their needs change urgently.

8.5 Retail purchase of supports

AFDO welcomes the statement that assistive technology and consumables may be purchased from retail stores, pharmacies and hardware stores "where appropriate", so that participants do not

have to buy from disability-specific providers when a suitable mainstream product is available. This can lower costs and widen choice. We ask the Department to address the following.

1. **Agency-managed participants.** These participants can generally only pay registered providers, and a retail store is not one. There must be a payment pathway for them, such as reimbursement, a pre-paid method or a payment card, with clear timeframes.
2. **What "where appropriate" means.** The rules should say when a retail purchase is appropriate and when specialised advice or an assessment is needed, so that participants are not left to guess and delegates do not refuse specialised equipment because a cheaper mainstream product exists. Where a professional has recommended a specialised item, that advice should prevail.
3. **Consumer protection.** Participants buying outside the provider system lose some of the quality and safety oversight that applies to registered providers. The rules should address warranty, safety, returns, repairs, price limits and fraud, and how a purchase is shown to meet the rules.
4. **Regional and remote access.** Online purchase, delivery and returns are harder in remote areas. Online stores and checkouts must also be accessible.
5. **Choice remains.** Participants who prefer to buy from a disability-specific provider should be able to do so.

8.6 Animal-assisted therapy

AFDO welcomes the clarification that animal-assisted therapy may be funded where it forms part of a therapeutic intervention delivered by an appropriately qualified allied health professional. The paper says this is intended to distinguish it from "other animal-related supports that may not meet the requirements for NDIS funding". We ask the Department to:

- define animal-assisted therapy and give examples (such as equine-assisted or dog-assisted therapy delivered by a qualified professional)
- list the professions that count as "qualified allied health professionals" for this purpose, and say what is expected of the animal and the handler
- explain the difference between animal-assisted therapy, assistance animals, therapy or companion animals and pets, so that people are not wrongly refused, and
- confirm that nothing in the change affects funding for assistance animals. We welcome the addition of boarding to the assistance animal category.

9 The consultation process

AFDO makes five points about the process, for both consultation papers.

1. **Finalise the support categories, the Rules and the budget method together, and consult again on the budget method.** The planning paper says the budget method detail will follow “later in 2026”, and the supports paper says that “some aspects of new framework planning, including detailed budget settings, are still being developed and tested”. The support categories drive the budget method, so participants should be able to see both before either is fixed. Decisions about how assessment results become funding are the heart of the reform. We ask for a further round of consultation, with adequate time to respond (we suggest at least six weeks).
2. **Consult on the actual wording.** The exposure drafts should include the full text of the amending rules, and be released with enough time to respond and in accessible formats.
3. **Publish the testing results.** The NDIA’s testing is intended to show whether people with similar needs get similar budgets. The community should see the results, including the variation between disability types and groups, before the rules are made.
4. **Resource disabled people’s organisations.** Meaningful engagement requires funded time and support for organisations of people with disability to consult their members, test the language, produce accessible material and take part in co-design.
5. **Show how feedback was used.** The “What We Heard” report should explain what changed, and what did not and why.

Appendix A: New Framework Planning Consultation Paper

Matters that need correction or clarification

Ref	Issue in the paper	What we ask
1	“Replacement supports” are not defined in this paper, yet Question 8 asks about the impact of removing them (the term is explained only in the companion Supports Transitional Rules paper)	Define the term here or cross-refer to the companion paper, list the items and services affected, and say what replaces each
2	The “what is changing” table says the changes “do not remove supports” while listing exclusions and the removal of replacement supports	State what will and will not be funded after the change, and address the explicit inclusions listed in Appendix B
3	The paper describes two budget parts (flexible and stated), but the draft plan shows a third (“flexible with restrictions”)	Explain restricted flexible funding in the paper and the rules
4	Attachment 3 lists private vehicle transport as a stated support, but the draft report lists “Travel and transport arrangements (flexible)”; “Daily supports” in the draft report is not one of the 18 categories	Use one set of category names and one flexible or stated status in all documents
5	The paper says the report will include PECQ responses, but the draft report does not appear to label them	Show the PECQ in the draft template

Ref	Issue in the paper	What we ask
6	The paper describes Group 2 targeted assessments as “assistive technology and home modifications (12 assessments)” and Group 3 as “some environment supports”, while Attachment 2 lists Group 2 as assistive technology only and Group 3 as “Home environment supports”	Align the group names and the contents of each group
7	The plan variation section lists “a small increase in work hours” within a list that appears to merge two items	Correct and clarify the list (and check whether “support hours” was meant)
8	The draft plan’s contents list does not match its section numbers, and contains typographical and date errors	Correct the draft and add a quality assurance step before plans are issued
9	Attachment 4 has a complex, multi-row table header and a “Plan management” row that appears to place information in the wrong column	Simplify the table structure and check that it is accessible to screen readers
10	Typographical errors in the paper (for example “transparent riles” under “Future focus”, and “What questions and feedback to you have”)	Correct before the paper is reused in any final materials

Appendix B: Supports Transitional Rules Consultation Paper

Matters that need correction or clarification

Ref	Issue	What we ask
1	The consultation paper lists 18 proposed categories, but the amending rule text in Attachment 1 numbers up to 20, includes "Early intervention supports for early childhood" (7) and "Short term respite" (16) rather than "Short term accommodation", and we cannot see an item 11. "Therapy supports" and "Therapy support" are both used	Use one list, one set of names and one numbering
2	The paper says the Rules move from 36 current categories, but the number for item 26 ("Management of funding for supports") is struck through in Attachment 1	Confirm the number of current categories
3	Replacement supports data: the paper reports 1,951 requests "in progress" and 2,072 "pending"	Explain the difference between the two figures
4	Items in the draft rule text have repeated list letters ("e)" repeated five times in the support coordination text for item 3, and "d)" repeated in the in-home and community supports text for the same item)	Correct the lettering
5	Incomplete or truncated text: "early childhood teachers or educators including;" (item 17); "transport which is ancillary to the provision of these support" (items 12 and 32); and a bracketed italic phrase "[and do not require maintenance]" in the assistive technology – other text (item 36)	Correct before the exposure draft
6	The two definitions of therapy differ ("improve or maintain" and "improve, maintain or reduce the decline")	Use the wider definition throughout (Appendix B, item 18)

Ref	Issue	What we ask
7	The same assistive technology – other text (“facilitate communication and support cognitive functioning”) appears against both hearing equipment and vision equipment	Check that the mapping text is correct for each item
8	The section “What we are consulting on” lists “additional excluded items” as a feedback topic, but the section “What is not a NDIS support” refers to “minor changes” and five items	Clarify whether the Department is seeking suggestions for further exclusions
9	Supports Question 2 repeats a word (“examples or guidance” in “guidance, examples or guidance”)	Correct the question
10	Attachment 1 is a complex table with multiple columns and no reverse index	Provide an accessible version and a searchable tool

Appendix C: Attachment 1 to the Transitional Rules Consultation Paper

Mapping: explicit inclusions that do not appear in the proposed text

The Transitional Rules Consultation Paper says the changes "are not intended to remove broad types of supports currently funded through the NDIS". This table compares the wording of current support categories with the proposed rule wording in Attachment 1 to the Transitional Rules Consultation Paper.

Item numbers are those used in Attachment 1.

We identify text that is currently included as supports that are NDIS supports but is missing from the proposed wording of the amending rule **like this**.

We identify text that is proposed to be included in the wording of the amending rule and which is not currently included as supports that are NDIS supports **like this**.

We note that:

The table does not map any supports to new proposed categories 9 or 11, and

Despite there being only 18 new categories, support co-ordination and therapy supports are numbered 19 and 20, respectively. This is the proposed list of categories as used in the table in the Transitional Rules Consultation Paper:

1 Assistance animals

2 Assistive technology – Assets

3 Assistive Technology – Other

4 Behaviour support (*sic*)

5 Disability-related health supports

6 Disability-related health supports – Consumables

7 Early intervention supports for early childhood

8 Employment supports

10 In-home and community supports

12 Interpreting and translation supports

13 Medium term accommodation

14 Plan management

15 Private vehicle transport

16 Short term respite

17 Specialised driver training

18 Specialist disability accommodation

19 Support coordination

20 Therapy support (*sic*)

Item	Current wording	Proposed change	What we ask
1	Supports that build capacity, guide, prompt, or assist a participant to do activities for finding or keeping appropriate accommodation. This includes the following: (a) supports that help a participant **apply for a rental tenancy** or to take part in **tenancy obligations in line with their tenancy agreement**; (b) **medium term** accommodation where a participant cannot move into long term accommodation due to that accommodation **or other supports** not being ready and current accommodation is not suitable.	**13. Medium term accommodation:** **Interim, time limited** accommodation required to support a participant who is unable to move into their long-term **or permanent** accommodation because that accommodation is not yet ready and their current accommodation is **unsafe** or unsuitable.	1. In the context of medium-term accommodation, greater clarity and more information are needed so that participants can understand: (a) the characteristics that make accommodation "interim" (b) the significance of the accommodation being "time-limited", given that long-term accommodation under a rental lease for a fixed term is also "time-limited", and (c) the reason for the introduction of "permanent accommodation", which is a form of "long-term" accommodation. 2. The Scheme must continue to support a participant with medium-term accommodation in circumstances where the participant cannot move into long-term accommodation because

Item	Current wording	Proposed change	What we ask
			other supports that are necessary for the participant to be able to live in the accommodation, or that without which the long-term accommodation is not safe.
		19. Support coordination: (*sic*) Supports that assist participants to connect with informal community and funded supports (including as part of psychosocial recovery supports). This includes: **tenancy assistance** and arranging and transitioning to new living arrangements.	We understand that there will be a maximum of 18 categories of support. We do not understand the numbering of this category. In the context of support co-ordination, accommodation, greater clarity and more information are needed so that participants can understand what is included within the broad term "tenancy assistance". In particular, confirmation that the term encompasses: (a) Support to apply for a rental tenancy, and (b) performing tenancy obligations in line with the tenancy agreement.
2	Support provided by an eligible assistance animal. This includes the following: (a) assessment, matching and provision of an eligible assistance animal; (b) dietary needs; (c) grooming; (d) veterinary services **including flea and**	**1. Assistance animals** Support provided by an eligible assistance animal. This includes the following: (a) assessment, matching and provision of an eligible assistance animal (b) dietary needs	No comments.

Item	Current wording	Proposed change	What we ask
	worm treatments, medication, and vaccinations; (e) yearly reviews to maintain accreditation	(c) **boarding and** grooming (d) veterinary services **(e)** yearly reviews to maintain accreditation	
3	Supports provided on a short-term basis that provide assistance to manage life transitions. This includes the following: (a) transition from or to new educational or employment settings; (b) transition to new living arrangements; (c) support before and immediately following hospital discharge where there has been a change to a participant's disability support needs prior to hospital admission; (d) transition out of a mental health setting; (e) transition out of a custodial setting.	**19. Support coordination:** (*sic*) Supports that assist participants to connect with informal community and funded supports (including as part of psychosocial recovery supports). This includes: (a) **assistance to** transition from or to new educational or employment settings; (b) **tenancy assistance and arranging** and transitioning to new living arrangements; (c) support before and immediately following hospital discharge where there has been a change to a participant's disability support needs prior to hospital admission; (d) **assistance to** transition **in and** out of a mental health setting; (e) **assistance to** transition out of a custodial setting; (f) **transport which is ancillary to the provision of these supports**.	We understand that there will be a maximum of 18 categories of support. We do not understand the numbering of this category. Greater clarity and more information are needed so that participants can understand if there is any intended difference in supports for "transition" and supports that are "assistance to transition".

Item	Current wording	Proposed change	What we ask
4	Supports that build a participant's capacity to successfully prepare for, find or keep employment in the open labour market (including self-employment and micro-enterprise) or the supported labour market. This includes the following: (a) **employment preparation complementary to that delivered while at school and when leaving school**; (b) assistance for a participant to transition to employment; (c) **further education and training**.	**8. Employment supports:** Supports that build a participant's capacity to successfully prepare for, find or keep employment in open employment (including self-employment and micro-enterprise) or supported employment. This includes: (a) **employment-related assessment, counselling and advice to assist a participant to identify and obtain employment that is suitable for them**; (b) **employment assistance, including building capacity to obtain and participate in employment**, support to transition into employment, **career planning and connection with vocational education and support**; (c) **day-to-day assistance in the workplace to support participants to maintain their employment and assist with career development**; (d) **transport which is ancillary to the provision of these supports.**	The current supports category is "Assistance to access and maintain employment **or higher education**". Further education and training supports have been removed the proposed draft. We have not identified any other categories of support that include supports for a participant to engage in education and training. Greater clarity and more information are needed so that participants can understand what supports are available (in addition to "connection with vocational education"). We are also concerned that "transport which is ancillary to the provision of these supports" does not include, or is sufficiently vague to create uncertainty whether it covers, transporting a participant to and from their employment. Paragraph (d) needs to be amended to remove the uncertainty and explicitly refer to these supports.

Item	Current wording	Proposed change	What we ask
5	Supports that provide assistance with or supervision of daily living tasks to participants in a shared living environment. This includes the following: (a) **supports provided on a temporary or ongoing basis**; (b) supports for **short term accommodation** and respite; (c) **supports provided to participants living in residential aged care facilities**.	**10. In-home and community supports:** Supports that assist and/or build the capacity of, participants to engage in daily tasks **and engage safely in the home**. **The supports may be delivered in any living arrangement or environment, including in an individual** or shared setting. These include: (a) assistance with self-care activities, such as personal care, showering and dressing, toileting and continence care, mobility support and transfers, eating and drinking assistance; (b) overnight support, including active and passive monitoring; (c) assistance with household activities, including cleaning, laundry, garden and outdoor maintenance, meal preparation, and meal planning.	No comments on new proposed category 9.
		16. Short term respite: Supports that enable participants to have time **apart from their primary informal supports overnight**. This includes: (a) accommodation;	As drafted, new support category 16 limits respite to time apart from **informal supports.** Those supports are important for informal carers and participants, including in an individual or private setting. .

Item	Current wording	Proposed change	What we ask
		(b) supports that allow a participant to stay in the accommodation. **These supports may be provided in both group and individual settings.**	Respite for participants in shared accommodation settings must include time apart from others in that shared environment. Further, the limitation of the time being "overnight" excludes any form of day respite (which is at a lower cost than overnight respite) as a support. Make clear that day respite remains available. Explain the supports available to a participant living in an aged care environment (including a participant who is under 65 (or 50 for First Nations participants).
6	Supports that provide transport assistance to participants that cannot travel or use public transport independently. This includes the following: **(a) transport for the purposes of participants undertaking community-based activities;** **(b) transport for the purposes of participants attending school or other educational facilities;** (c) **provider travel costs**; (d) costs associated with the use of taxis or private transport;	**15. Private vehicle transport:** Costs associated with **private transport** for participants who cannot travel or use public transport independently. Private vehicle transport may be provided by: (a) taxis; (b) **rideshares**; (c) other private travel options. **This does not include transport that is ancillary to the provision of an NDIS support.**	Greater clarity and more information are needed so that participants can understand: (a) how transport that is ancillary to the provision of an NDIS support, but the cost of which is not funded as a support under another category, is dealt with (b) whether other point-to-point transport options, in addition to taxis and rideshares, are included, and (c) whether provider travel costs (including the costs of a provider providing a participant transport assistance and the costs of a

Item	Current wording	Proposed change	What we ask
	(e) in-kind specialist school transport; (f) **travel training to build a participant's confidence and skills to use public transport safety and independently.**		provider accompanying a participant when travelling charged in addition to the costs of the participant's travel (if any)).
7	The provision of assistive products **used in sports or other recreational activities**. This includes the following: (a) **personal** recreation equipment modification and sporting equipment modification; (b) services to **assess and prescribe**, deliver, **adjust and train** a participant in successful use of an assistive product; (c) maintenance, spare parts and **consumable items** specific to an assistive product.	**2. Assistive technology - Assets:** Devices or products that support participants to **perform tasks as safely and independently as possible**. **This includes rental or purchase of supports, which may require repair and maintenance**. This includes: (a) **disability specific equipment** for sport and recreation activities; and the modification **and adaptation of mainstream recreational equipmen**t; (b) services to deliver and **set-up** assistive technology; (c) maintenance, spare parts and **repairs** specific to assistive product.	Greater clarity and more information are needed so that participants can understand: (a) how supports to assess and prescribe an assistive product are funded (b) the extent to which supports to adjust and train a participant in the use of an assistive product are included in "set-up" of assistive technology, (c) what is considered "maintenance" and what is considered "upkeep" or the regular care and effort needed to keep an assistive product in good condition over time, and (d) how the costs of consumable products specific to an assistive product are funded. Amend "supports, which may require repair **and** maintenance" to "supports, which may require repair **or** maintenance". We note that the table does not map "6. Disability-related

Item	Current wording	Proposed change	What we ask
			health supports – Consumables" to these supports. It needs to include this.
8	The provision of assistive products that support a participant to carry out domestic and everyday actions and tasks **within a participant's home**. This includes the following: (a) **assistive products for the preparation of food and drink**; (b) **assistive products to facilitate house cleaning, gardening or laundry**; (c) **additional** costs to **upgrade** or modify **standard** household items to household items that include accessibility features that address a participant's support needs; (d) services to **assess and prescribe**, deliver, **adjust and train** a participant in successful use of an assistive product; (e) maintenance, spare parts and **consumable items** specific to an assistive product.	**2. Assistive technology – Assets** Devices or products that support participants to perform tasks **as safely and independently as possible. This includes rental or purchase of supports, which may require repair and maintenance**. This includes (a) costs to modify **existing or new** household items to items that include accessibility features that address a participant's support needs; (b) devices for accessing and controlling a participant's environment, including automation for operating household fixtures; (c) services to deliver and **set-up** assistive technology; (d) maintenance, spare parts and **repairs** specific to assistive product. **3. Assistive Technology – Other**	Greater clarity and more information are needed so that participants can understand: (a) how supports to assess and prescribe an assistive product are funded, (b) the extent to which supports to adjust and train a participant in the use of an assistive product are included in "set-up" of assistive technology (c) why assistive products that support or enable a participant to carry out domestic and everyday activities that **do not require maintenance** are explicitly included in proposed new category 3, but assistive products that support or enable a participant to carry out domestic and everyday activities **that may require repair and maintenance** are not included in proposed category 2 (d) what is considered "maintenance" and what is considered "upkeep" or the regular care and effort needed to keep an assistive product in

Item	Current wording	Proposed change	What we ask
		Devices or products that support a participant to perform tasks as safely and independently as possible and **do not require maintenance**. This includes: (a) assistive products that support or enable a participant to carry out domestic and everyday activities.	good condition over time (e) automation (as part of accessing or controlling a participant's environment) is not limited to household "fixtures", and extends to or includes household fittings and other devices Amend "supports, which may require repair **and** maintenance" to "supports, which may require repair **or** maintenance".
		6. Disability-related health supports – Consumables Single use, or limited re-use, items that are **required to manage a participant's health conditions**, where supports are required due to the functional impact of a participant's disability.	We are concerned that this drafting excludes consumables required for the proper operation or use of a support, **where the support is required to manage a participant's health conditions**, but the consumable itself is not required to manage a participant's health conditions. Greater clarity and more information are needed so that participants can understand what is considered "maintenance" and what is considered "upkeep" or the regular care and effort needed to keep an assistive product in good condition over time.

Item	Current wording	Proposed change	What we ask
9	Provision of assistive products for self-care activities and participation in self-care. This includes the following: (a) **modified foods, including for the purposes of percutaneous endoscopic gastrostomy feeding**; (b) **products to facilitate washing and drying the participant's body, caring for the participant's body and body parts, dressing and protecting the participant's body**; **(c) modified or adaptive clothing;** (d) **modified or adaptive products to manage menstruation including applicators and period underwear**; (e) **products to manage incontinence**; (f) furniture **and other products that are adapted or specifically made to be placed in or added to a participant's home (including indoor and outdoor areas)** to help with movement, positioning and other safety needs, **including**	**2. Assistive technology – Assets** Devices or products that support participants to perform tasks **as safely and independently as possible. This includes rental or purchase of supports, which may require repair and maintenance**. This includes (a) furniture **designed to address a disability support need**, to help with movement, positioning and other safety needs; (b) **devices and products that help a person safely and effectively perform personal care**; (c) **postural support devices for sitting, lying or standing**; (d) **transfer devices and hoists including slings**; (e) services to deliver and **set-up** assistive technology; (f) maintenance, spare parts and **repairs** specific to assistive product. **3. Assistive Technology – Other** Devices or products that support a participant to perform tasks as safely and independently as possible	Greater clarity and more information are needed so that participants can understand: (a) how supports to assess and prescribe an assistive product are funded, (b) the extent to which supports to adjust and train a participant in the use of an assistive product are included in "set-up" of assistive technology (c) the difference between "devices and products that help a person safely and effectively **perform personal care**", and "assistive products that support or enable a participant to carry out **selfcare activities**" (d) if there is a difference between "personal care" and "self-care", the reasons for including **devices for personal care**, but excluding **devices for selfcare** (e) why furniture that is adapted to address a disability support need is excluded, and (f) why assistive devices for positioning, mobility, safety, accessing and carrying objects are excluded.

Item	Current wording	Proposed change	What we ask
	entry and exit of the environment; (g) services to **assess and prescribe**, deliver, **adjust and train** a participant in successful use of an assistive product; (h) maintenance, spare parts and **consumable items** specific to an assistive product; (i) visual and tactile alerting systems.	and **do not require maintenance**. This includes: (a) **assistive products that support or enable a participant to carry out selfcare activities**; (b) **assistive products for positioning, mobility, safety, accessing and carrying objects.**	It will assist participant understanding to provide examples of the types of assistive products and devices, including modified or adaptive clothing, adaptive menstrual products (including applicators and period underwear), visual and tactile alerting systems, and modified foods including for percutaneous endoscopic gastrostomy feeding. Amend "supports, which may require repair **and** maintenance" to "supports, which may require repair **or** maintenance".
		6. Disability-related health supports – Consumables Single use, or limited re-use, items that are **required to manage a participant's health conditions**, where supports are required due to the functional impact of a participant's disability. This includes items to manage dysphagia, diabetes, continence, wound and pressure care, respiration, nutrition and **podiatry and foot care**.	We are concerned that this drafting excludes consumables required for the proper operation or use of a support, **where the support is required to manage a participant's health conditions**, but the consumable itself is not required to manage a participant's health conditions. Greater clarity and more information are needed so that participants can understand what is considered "maintenance" and what is considered "upkeep" or the regular care and effort needed to keep an assistive product in good condition over time. For consistency with item 16 (see below), include

Item	Current wording	Proposed change	What we ask
			tracheostomy care and seizures in this part of "6. Disability-related health supports – Consumables"
10	Supports that are provided **by professionals with specialist skills in positive behaviour support**. This includes the following: (a) assessment, development and delivery of a comprehensive plan that aims to reduce and manage behaviours of concern; (b) training and ongoing monitoring of **staff** in implementation of a behaviour support plan; (c) training and capacity building for a participant's informal supports in the use of positive behaviour support; (d) **development and delivery of interim or transitional plans**.	**4. Behaviour support:** Supports relating to the development, implementation and co-ordination of a behaviour support plan. This includes: (a) assessment, development and delivery of a comprehensive behaviour support plan that aims to address and reduce behaviours of concern; (b) **development and delivery behaviour support plans**; (c) training and ongoing monitoring of **disability support workers** in implementation of a behaviour support plan; (d) training and capacity building for a participant's informal supports in the use of positive behaviour support **strategies**; (e) **supports to assist participants with behaviours of concern to develop their social skills for participation in**	Paragraph (b) of the proposed wording repeats, in part, paragraph (a). Meanwhile, there is no specific reference to interim or transitional plans. Delete proposed paragraph (b) and replace it with the wording in paragraph (d) of current category 10, namely: "development and delivery of interim or transitional plans".

Item	Current wording	Proposed change	What we ask
		community, social, cultural and civic activities; (f) **transport which is ancillary to the provision of these supports**.	
11	The provision of assistive products to support communication and information management. This includes the following: (a) products that help a participant to receive, send, produce and/or process information **in different forms**; (b) **products that facilitate a participant communicating by language, signs and symbols, receiving and producing messages, having conversations and using communication devices and techniques**; (c) services to **assess and prescribe**, deliver, **adjust and train** a participant in successful use of an assistive product; (d) maintenance, spare parts and **consumable items** specific to an assistive product.	**2 Assistive technology - Assets:** Devices or products that support participants to perform tasks **as safely and independently as possible. This includes rental or purchase of supports, which may require repair and maintenance.** This includes: (a) **devices and products to assist with communication, including portable personal smart devices**; (b) **adapted devices and** products to **assist with information management**, that help a participant to receive, send, produce and/or process information; (c) **devices to allow objects to be carried, including mounting systems**; (d) services to deliver and **set-up** assistive technology; (e) maintenance, spare parts and **repairs**	Greater clarity and more information are needed so that participants can understand: (a) how supports to assess and prescribe an assistive product are funded, (b) the extent to which supports to adjust and train a participant in the use of an assistive product are included in "set-up" of assistive technology (c) why assistive products to facilitate communication and support cognitive functioning, that do not require maintenance are included, but assistive products to facilitate communication and support cognitive functioning, that do require repair and maintenance Amend "supports, which may require repair **and** maintenance" to "supports, which may require repair **or** maintenance".

Item	Current wording	Proposed change	What we ask
		specific to assistive product. **3 Assistive Technology – Other** Devices or products that support a participant to perform tasks as safely and independently as possible and **do not require maintenance**. This includes: (a) **assistive products to facilitate communication and support cognitive functioning**.	We note that the table does not map "6. Disability-related health supports – Consumables" to these supports. It needs to include this.
12	Supports that provide disability-related nursing care for **participants with high care needs (not including high intensity daily personal activities), requiring a high level of clinical skill**. This includes the following: (a) **catheter care**; (b) **skin integrity checks**; (c) tracheostomy care; (d) medication management; (e) intramuscular injections; (f) training **of** support workers to **respond to a participant's complex needs**.	**5. Disability-related health supports:** Health related supports delivered by or under the supervision of **clinically trained nursing staff or allied health practitioners**, **which arise out of a participant's disability** or are required due to the functional impact of a participant's disability. These include: (a) supports to manage dysphagia, diabetes, continence, wound and pressure care, respiration, tracheostomy care, nutrition and seizures; (b) **supports for** medication management, including intramuscular	Greater clarity and more information are needed so that participants can understand: (a) how a support "arises out of a participant's disability" and how this relates to the requirement introduced by the Amending Act that, pursuant to paragraph 34(1)(aa) of the Act, the support is necessary to address needs of the participant arising directly from an impairment, (b) how supports for catheter care and skin integrity checks are funded, and (c) consistent with items 98 and 16, add "podiatry and foot care" to paragraph (a).

Item	Current wording	Proposed change	What we ask
		injections **and subcutaneous injections;** (c) training for **informal supports or disability** support workers to **undertake any of the above tasks where it is safe and appropriate to do so**. **(d) transport which is ancillary to the provision of these support.**	
13	Assistive products externally applied to replace, wholly or in part an absent or deficient body segment which assists participant control and functioning of their neuromuscular skeletal systems. This includes the following: (a) design, manufacture and fit of customised functional prosthetics and **orthotics;** **(b) assessment and specification (prescription) of a product by a professionally qualified prosthetist, orthotist, pedorthist, podiatrist, or occupational therapist trained in provision of that product;** (c) **osseo-integrated, external products**;	**2. Assistive technology - Assets:** Devices or products that support participants to perform tasks **as safely and independently as possible. This includes rental or purchase of supports, which may require repair and maintenance**. This includes: (a) design, manufacture and fit of customised functional protheses and orthoses **and accessories and supplies required for the use of prostheses**; (b) services **to deliver and set-up** assistive technology; (c) maintenance, spare parts and **repairs** specific to assistive product.	Include in paragraph (a): (a) an explicit reference to "osseo-integrated, external products", and (b) accessories and supplies required for the use of orthoses. Greater clarity and more information are needed so that participants can understand: (a) how supports for assessment and specification (prescription) of protheses and orthoses are funded (b) the extent to which supports to train a participant in the use of an assistive product are included in services to "deliver and set-up" assistive technology. Greater clarity and more information are needed so that participants can

Item	Current wording	Proposed change	What we ask
	(d) services to **train a participant in successful use** of an assistive product; (e) maintenance, spare parts and **consumable items** specific to an assistive product.		understand what is considered “maintenance” and what is considered “upkeep” or the regular care and effort needed to keep an assistive product in good condition over time. Amend “supports, which may require repair **and** maintenance” to “supports, which may require repair **or** maintenance”. We note that the table does not map “6. Disability-related health supports – Consumables” to these supports. It needs to include this.
14	Supports that provide supervision or assistance with **personal** daily **living** tasks to help a participant to **live as independently as possible** in their own home and **in the community**. This includes the following: (a) assistance with eating and drinking, dressing and toileting; (d) maintaining **personal hygiene**, including showering, bathing, **hair washing and drying, fingernail and toenail cutting and cleaning**; (e) **moving and positioning**; (f) **in-kind personal care in school**.	**10. In-home and community supports:** Supports that assist and/or build the capacity of participants to engage in daily tasks and **engage safely** in the home. **The supports may be delivered in any living arrangement or environment, including in an individual or shared setting**. These include: (a) assistance with **self-care activities**, such as **personal care**, showering and dressing, toileting **and continence care**, **mobility support and transfers**, eating and drinking assistance;	No comments.

Item	Current wording	Proposed change	What we ask
	(sic)	(b) **transport which is ancillary to the provision of these supports**.	
15	Supports that provide training and development activities for participants or carers to increase a participant's ability to live as independently as possible (including as part of psychosocial recovery supports). This includes increasing the participant's ability to independently undertake the following activities: (a) shopping; (b) meal preparation; (c) managing finances; (d) managing a participant's own personal care; (e) travel and use public transport; (f) engage in social activities; (g) improve relationship and social skills.	**10. In-home and community supports:** These include: (a) support to build daily living skills and independence, including developing personal care, household and domestic skills; (b) assistance with decision making; (c) assistance to develop life skills that promote independence and social connection, including accessing training and skill building activities. Supports that assist and/or build the capacity of, participants to engage in daily tasks outside of the home and engage safely in the community. These include: (a) assistance to access the community including for community, cultural, civic, social and recreational activities; (b) assistance to access the community for daily life tasks including shopping, personal care and	The introductory paragraph that follows the heading"10 In-home and community supports in other parts of the table is missing. We think it should read: Supports that assist and/or build the capacity of, participants to engage in daily tasks and engage safely in the home. The supports may be delivered in any living arrangement or environment, including in an individual or shared setting. These include: …"

Item	Current wording	Proposed change	What we ask
		attending appointments; (c) assistance to develop life skills that promote independence and social connection, including accessing training and skill building activities, engaging in social activities, safely navigating and engaging in the community and accessing public transport.	
16	**Health supports that relate** to the functional impact of a participant's disability. This includes the following: (a) supports, **services and assistive products** to manage dysphagia, diabetes, continence, wound and pressure care, respiration, nutrition, **podiatry and foot care**, and seizures; (b) **supports for people with complex communication access needs or behaviours when accessing health or mental health services, including hospitals and in-patient facilities**; (c) **specialist allied health services and**	**5. Disability-related health supports:** Health related supports **delivered by or under the supervision of clinically trained nursing staff or allied health practitioners**, which **arise out of a participant's disability** or are **required due to the** functional impact of a participant's disability. These include: (a) supports to manage dysphagia, diabetes, continence, wound and pressure care, respiration, **tracheostomy care**, nutrition and seizures; (b) **supports for medication management, including intramuscular**	1. Greater clarity and more information are needed so that participants can understand: (a) how a support "arises out of a participant's disability" and how this relates to the requirement introduced by the Amending Act that, pursuant to paragraph 34(1)(aa) of the Act, the support is necessary to address needs of the participant **arising directly from** an impairment, and (b) the types of services and assistive products referred to in 16(a) that will no longer be funded. 2. Introducing terms that are different to the terms of the Act will only create further uncertainty and

Item	Current wording	Proposed change	What we ask
	supports that facilitate enhanced functioning and community re-integration of people with recently acquired severe conditions including newly acquired spinal cord and severe acquired brain injury; (d) training support workers, family and friends to perform **roles** where appropriate.	**injections and subcutaneous injections;** (c) training **for informal supports** or disability support workers to undertake any of the **above tasks** where it is **safe** and appropriate to do so. **(d) transport which is ancillary to the provision of these supports**	confusion, both within the Agency and among participants. 3. Explicitly retain: (a) podiatry and foot care (b) supports for people with complex communication access needs or behaviours when accessing health or mental health services, including hospitals and in-patient facilities; and (c) specialist allied health services and supports that facilitate enhanced functioning and community re-integration of people with recently acquired severe conditions including newly acquired spinal cord and severe acquired brain injury. We note that the table does not map "6. Disability-related health supports – Consumables" to these supports, which includes items to manage dysphagia, diabetes, continence, wound and pressure care, respiration, nutrition and **podiatry and foot care**. See item 9 above. Also, include tracheostomy care and seizures in this part

Item	Current wording	Proposed change	What we ask
			of “6. Disability-related health supports – Consumables”
17	Early childhood intervention is currently for “children **0-9 years** (including children **aged 0-6** with developmental delay)”.	**7 Early intervention supports for early childhood** “Participants **0-8 years** (including children **aged 0-5** with developmental delay)”.	Until 1 January 2028 (when children over 8 (and over 5 for children with developmental delay) will no longer be able to access the NDIS), all children currently funded for early childhood intervention supports must continue to be funded for those supports, to the same level, at least, as existing funding.
18	Supports that maintain or increase physical mobility or well-being through personal training or exercise physiology to address the functional impact of the participant’s disability. This includes the following: (a) accessing services from an appropriately qualified professional; (b) assessment and development of a personalised exercise program which aims to increase or maintain a participant’s functional capacity; (c) maintenance of **muscle strength**, **range of motion, balance** and mobility.	**20. Therapy support:** (*sic*) Supports that provide **evidence-based therapy** to help participants improve or maintain their functional capacity in areas such as language and communication, personal care, **mobility and movement**, interpersonal interactions, functioning (including psychosocial functioning) and community living. This includes an assessment by allied health professionals for support planning and review as required.	We understand that there will be a maximum of 18 categories of support. We do not understand the numbering of this category. We also note that this proposed wording is different to the wording for therapy supports proposed in item 34 below. Amend the wording to be the same as that proposed in item 34, including as follows: (a) replace “improve or maintain their functional capacity” with “improve, maintain or reduce the decline of their functional capacity”. (b) at the end, after “as required”, insert “, including assessment, prescription, implementation, adjustment and training in the use of assistive products where

Item	Current wording	Proposed change	What we ask
			required to support functional outcomes". Replace "mobility and movement" with "muscle strength, range of motion, balance, mobility, and movement".
19	Supports for participants to access and participate in community, social, cultural and recreational activities that are provided in a group setting, either in the community or in a centre.	**10. In-home and community supports:** Supports that assist and/or build the capacity of participants to engage in daily tasks outside of the home and **engage safely in the community**. These include: (a) assistance to access the community including for community, cultural, **civic,** social and recreational activities; (b) assistance to access group and centre based activities; (c) **transport which is ancillary to the provision of these supports**.	
20	The provision of hearing equipment directly related to a participant's permanent hearing impairment that is not provided through the Hearing Services Program for the participant.	**2. Assistive technology - Assets:** Devices or products that support participants to perform tasks **as safely and independently as possible. This includes rental or purchase of supports, which may require repair and maintenance.**	Greater clarity and more information are needed so that participants can understand what is considered "maintenance" and what is considered "upkeep" or the regular care and effort needed to keep an assistive product in good condition over time. Amend "supports, which may require repair **and**

Item	Current wording	Proposed change	What we ask
		This includes hearing equipment directly related to a participant's permanent hearing impairment that is not funded through the Hearing Services Program. **3. Assistive Technology – Other** Devices or products that support a participant to perform tasks as safely and independently as possible and **do not require maintenance**. This includes assistive products to facilitate communication and support cognitive functioning.	maintenance" to "supports, which may require repair **or** maintenance".
21	Supports that assist a participant with **complex [or psychosocial needs]** to undertake **high intensity daily personal activities**. These supports must be provided by a worker with additional qualifications and experience relevant to the participant's complex or psychosocial needs. This includes the following: (a) a suitably qualified worker undertaking the activities; (b) a suitably qualified worker supervising the participant or another person in the participant's support network undertaking the activities.	**10. In-home and community supports:** Supports that assist and/or build the capacity of, participants to engage in daily tasks and engage safely in the **home. The supports may be delivered in any living arrangement or environment, including in an individual or shared setting**. These include: **(a) assistance with self-care activities, such as personal care, showering and dressing, toileting and continence care, mobility support and transfers, eating and drinking assistance;**	It is important to make a distinction between in-home supports for a participant with complex or psychosocial need who may require greater assistance to undertake high intensity daily personal activities within this category. It is important to recognise that a worker with additional qualifications and experience relevant to the participant's complex or psychosocial needs may be needed to: (a) undertake the activity, or (b) supervise the participant or another person in the participant's support network to undertake the activity.

Item	Current wording	Proposed change	What we ask
		(b) implementation of intensive and complex behaviour supports by support workers trained in positive behaviour support strategies; (c) **overnight support, including active and passive monitoring**.	
22	Supports that **design**, change or modify a participant's home to help the participant live as independently as possible and to live safely at home. This includes the following: (a) installing equipment or changing a building's structure, fixture or fittings; (b) internal and external building modifications to remedy damage arising exclusively from disability-related behaviours or use of NDIS funded assistive technology or equipment; (c) regulatory certification requirements for works.	**9. Home modifications:** Supports that change or modify a participant's home so the participant can live as safely and independently as possible at home. This includes the following: (a) installing equipment or changing a building's structure, fixture or fittings; (b) internal and external building modifications to remedy damage arising exclusively from disability related behaviours or use of NDIS funded assistive technology or equipment; (c) **the design, planning, implementation and review of these changes or modifications**; (d) regulatory certification requirements for works; (e) **maintenance and repair to disability specific fixtures and modifications**.	Greater clarity and more information are needed so that participants can understand what is considered "maintenance" and what is considered "upkeep" or the regular care and effort needed to keep disability specific fixtures and modifications in good condition over time.

Item	Current wording	Proposed change	What we ask
23	Supports that provide assistance with **essential household** tasks that a participant is not able to do themselves because of their disability. This includes the following: (a) meal preparation and **delivery;** (b) house or yard maintenance; (c) cleaning and laundry.	**10. In-home and community supports:** Supports that assist and/or build the capacity of participants to engage in daily tasks and **engage safely in the home. The supports may be delivered in any living arrangement or environment, including in an individual or shared setting**. These include: (a) assistance with household activities, including cleaning, laundry, garden and outdoor maintenance, meal preparation, and **meal planning**	
24	Supports that are tailored for individual participants with extraordinary support needs to assist them to participate in the community. Extraordinary support needs arise due to a participant's specific situational and personal circumstances.	**10. In-home and community supports:** Supports that assist and/or build the capacity of, participants to engage in daily tasks outside of the home and engage safely in the community. These include: (a) assistance to access the community including for community, cultural, civic, social and recreational activities; (b) assistance to access the community for daily life tasks including shopping, personal care and	It is important to retain in this category, a distinct pathway for tailored supports to assist individual participants with extraordinary support needs to participate in the community. The table does not map "transport which is ancillary to the provision of these supports" to these supports (unlike the response in items 14 and 19).

Item	Current wording	Proposed change	What we ask
		attending appointments; (c) assistance to access group and centre based activities; (d) assistance to develop life skills that promote independence and social connection, including accessing training and skill building activities, engaging in social activities, safely navigating and engaging in the community and accessing public transport.	
25	Supports that assist a participant with independent communication in personal, social, cultural or community activities where translation and interpretation is needed as a result of their disability.	**12. Interpreting and translation supports:** Supports that assist a participant with independent communication in personal, social, cultural, **civic** or community activities where translation and interpretation is needed.	Amend “where translation and interpretation is needed” to “where translation or interpretation is needed”.
26	Supports provided by a registered plan management provider to manage the funding of supports under a participant’s plan.	**14. Plan management:** Supports provided by a registered plan management provider to manage the funding of supports under a participant’s plan	No comments.
27	Supports that assist a participant to take part in community, social, cultural and civic activities. This includes the following:	**10. In-home and community supports:** Supports that assist and/or build the capacity of participants to engage in daily tasks outside of the	The table does not map “transport which is ancillary to the provision of these supports” to these supports (unlike the response in items 14 and 19).

Item	Current wording	Proposed change	What we ask
	(a) supporting participants during relevant activities; (b) working with participants to develop their ability to partake in these activities.	home and **engage safely in the community.** These include: (a) assistance to access the community including for community, cultural, civic, social and recreational activities; (b) assistance to access the community for daily life tasks including shopping, personal care and attending appointments; (c) assistance to access group and centre based activities; (d) assistance to develop life skills that promote independence and social connection, including accessing training and skill building activities, engaging in social activities, safely navigating and engaging in the community and accessing public transport.	
28	The provision of personal mobility equipment that supports or replaces a participant's capacity to move indoors and outdoors and to transfer from one place to another. This includes the following:	**2. Assistive technology - Assets:** Devices or products that support participants to perform tasks as **safely and independently as possible. This includes rental or purchase of supports,**	Greater clarity and more information are needed so that participants can understand: (a) the extent to which supports to train a participant in the use of an assistive product are included in services to

Item	Current wording	Proposed change	What we ask
	(a) assistive products for walking; (b) **wheelchairs and motorised mobility devices**; (c) transfer devices and hoists; (d) services to **train** a participant in successful use of equipment provided; (e) maintenance, spare parts and **consumable items** specific to equipment provided.	**which may require repair and maintenance.** This includes: (a) **disability specific mobility devices**; (b) transfer devices and hoists **including slings**; (c) assistive products for walking; (d) services to **deliver and set-up** assistive technology; (e) maintenance, spare parts and **repairs** specific to assistive product. **3. Assistive Technology – Other:** Devices or products that support a participant to perform tasks as safely and independently as possible and **do not require maintenance**. This includes: (a) **assistive products for positioning, mobility, safety, accessing and carrying objects**.	"deliver and set-up" assistive technology. (b) what is considered "maintenance" and what is considered "upkeep" or the regular care and effort needed to keep an assistive product in good condition over time. Amend "supports, which may require repair **and** maintenance" to "supports, which may require repair **or** maintenance". We note that the table does not map "6. Disability-related health supports – Consumables" to these supports. It needs to include this.
29	The provision of specialist disability accommodation which is accommodation for a participant who requires specialist housing solutions, including to assist with the delivery of supports that cater for the person's extreme functional	**18. Specialist disability accommodation:** The provision of specialist disability accommodation.	No comments.

Item	Current wording	Proposed change	What we ask
	impairment or very high support needs.		
30	Supports that provide driver training with a specialised vehicle driving instructor. Supports that provide training on the use of adapted equipment or vehicle modifications.	**17. Specialised driver training:** Supports that provide driver training with a specialised vehicle driving instructor. Supports that provide training on the use of adapted equipment or vehicle modifications	No comments.
31	Specialist audiological services provided by an allied health professional for participants with complex needs. This includes the following: (a) assessing hearing impairment; (b) prescription of audiological aids and equipment.	**2. Assistive technology - Assets:** Devices or products that support participants to perform tasks as safely and independently as possible. This **includes rental or purchase of supports, which may require repair and maintenance.** This includes: (a) hearing equipment directly related to a participant's permanent hearing impairment that is not funded through the Hearing Services Program.	Greater clarity and more information are needed so that participants can understand: (a) how supports to assess and prescribe audiological aids and equipment are funded (b) how supports to deliver and set-up assistive technology or supports for maintenance, spare parts and repairs specific to audiological aids and equipment are funded, and (c) what is considered "maintenance" and what is considered "upkeep" or the regular care and effort needed to keep an assistive product in good condition over time. Amend "supports, which may require repair **and** maintenance" to "supports,

Item	Current wording	Proposed change	What we ask
			which may require repair **or** maintenance". We note that the table does not map "6. Disability-related health supports – Consumables" to these supports. It needs to include this.
32	Supports that provide a participant with assistance to prepare for, find and retain a job in the participant's employment setting of choice.	**8. Employment supports:** Supports that build a participant's capacity to successfully prepare for, find or keep employment in open employment (including self-employment and micro-enterprise) or supported employment. This includes: **(a)** **employment related assessment, counselling and advice to assist a participant to identify and obtain employment that is suitable for them;** **(b)** **employment assistance, including building capacity to obtain and participate in employment, support to transition into employment, career planning and connection with vocational education and support;** **(c)** **day-to-day assistance in the**	We are concerned that "transport which is ancillary to the provision of these supports" does not include, or is sufficiently vague to create uncertainty whether it covers, transporting a participant to and from their employment. Paragraph (d) needs to be amended to remove the uncertainty and explicitly refer to these supports.

Item	Current wording	Proposed change	What we ask
		workplace to support participants to maintain their employment and assist with career development; (d) **transport which is ancillary to the provision of these support**	
33	Supports that assist participants to connect with informal community and funded supports (including as part of psychosocial recovery supports). This includes the following: (a) building a participant's capacity to connect with supports; (b) assisting participants to understand and utilise their plan; (c) connecting with providers and mainstream services; (d) addressing barriers and reducing complexity in the support environment.	**19. Support coordination:** (*sic*) Supports that assist participants to connect with informal community and funded supports (including as part of psychosocial recovery supports). This includes: (a) building a participant's capacity to connect with supports; (b) assisting participants to understand and utilise their plan; (c) **assisting** participants to connect with providers and mainstream services; (d) addressing barriers and reducing complexity in the support environment; (e) **assistance to transition from or to new educational or employment settings**;	We understand that there will be a maximum of 18 categories of support. We do not understand the numbering of this category.

Item	Current wording	Proposed change	What we ask
		(f) **tenancy assistance and arranging and transitioning to new living arrangement**s; (g) **support before and immediately following hospital discharge where there has been a change to a participant's disability support needs prior to hospital admission**; (h) **assistance to transition in and out of a mental health setting**; (i) **assistance to transition out of a custodial setting**; (j) **transport which is ancillary to the provision of these supports**.	
34	Supports that provide evidence-based therapy to help participants improve or maintain their functional capacity in areas such as language and communication, personal care, mobility and movement, interpersonal interactions, functioning (including psychosocial functioning) and community living. This includes an assessment by allied health professionals	**20. Therapy support:** (*sic*) Evidence-based therapy to help participants improve, maintain **or reduce the decline** in their functional capacity in areas such as language and communication, personal care, mobility and movement, interpersonal interactions, functioning (including psychosocial functioning) and community living.	We understand that there will be a maximum of 18 categories of support. We do not understand the numbering of this category. Consistent with our response to item 18, replace "mobility and movement" with "muscle strength, range of motion, balance, mobility, and movement".

Item	Current wording	Proposed change	What we ask
	for support planning and review as required.	This includes assessment by allied health professionals for support planning and review as required, **including assessment, prescription, implementation, adjustment and training in the use of assistive products where required to support functional outcomes**.	
35	The provision of assistive products that can be **added to vehicles or modifications made to vehicles that help a participant to operate, enter, exit or ride in the vehicle safely**. This includes the following: (a) passenger and wheelchair hoists; (b) modified controls; (c) modified restraints and modified car seats; (d) certification costs for registration and additional vehicle insurance premium costs **as a direct result of a modification**; (e) services to **assess and prescribe,** deliver, **adjust and train** a participant in **successful use of an assistive product or modification**;	**2. Assistive technology - Assets:** **Devices** or products that support participants to perform **tasks as safely and independently as possible**. **This includes rental or purchase of supports, which may require repair and maintenance**. This includes: (a) modifications to a **privately purchased** vehicle including passenger and wheelchair hoists, **floor lowering and ramp installation**, modified **driver** controls, modified restraints and modified car seats; (b) certification costs of **vehicle modifications** and additional vehicle insurance costs **for the modified component of the vehicle**;	Greater clarity and more information are needed so that participants can understand: (a) the extent to which supports to train a participant in the use of assistive technology are included in services to “deliver and set-up" assistive technology (b) why training in the proper use of the modification is not included as a funded support (c) how the costs of supports to assess and prescribe assistive technology or modifications are funded, and (d) what is considered “maintenance” and what is considered “upkeep” or the regular care and effort needed to keep an assistive product in

Item	Current wording	Proposed change	What we ask
	(f) maintenance, spare parts and **consumable items** specific to an assistive product **or modification**. **This support does not include the purchase of a vehicle**.	(c) **specialised car seat not requiring a vehicle modification**; (d) services to deliver and **set-up** assistive technology; (e) maintenance, spare parts and **repairs** specific to assistive product.	good condition over time. Amend "supports, which may require repair **and** maintenance" to "supports, which may require repair **or** maintenance". We note that the table does not map "6. Disability-related health supports – Consumables" to these supports. It needs to include this.
36	The provision of products for navigation, orientation, braille, magnifiers and note taking equipment.	**2. Assistive technology - Assets:** Devices or products that support participants to perform tasks **as safely and independently as possible. This includes rental or purchase of supports, which may require repair and maintenance**. This includes: (*sic*) (e)devices and products (except those intended for routine vision correction) to support participants with vision impairment. **3. Assistive technology – Other:** Devices or products that support a participant to perform tasks as safely and independently as possible [***and do not require maintenance***] (*sic*) This includes:	Greater clarity and more information are needed so that participants can understand what is considered "maintenance" and what is considered "upkeep" or the regular care and effort needed to keep an assistive product in good condition over time. Amend "supports, which may require repair **and** maintenance" to "supports, which may require repair **or** maintenance". We note that the table does not map "6. Disability-related health supports – Consumables" to these supports. It needs to include this.

Item	Current wording	Proposed change	What we ask
		(a) assistive products to facilitate communication and support cognitive functioning; (b) assistive products for positioning, mobility, safety, accessing and carrying objects.	

Endnotes

[1] Subsection 209(4), National Disability Insurance Scheme Act 2013 (Cth).

[2] Subsection 209(7), National Disability Insurance Scheme Act 2013 (Cth).

[3] United Nations Convention on the Rights of Persons with Disabilities, 2515 UNTS 3 (entered into force 3 May 2008), retrieved from **https://social.desa.un.org/issues/disability/crpd/convention-on-the-rights-of-persons-with-disabilities-crpd**, accessed 7 January 2026.

[4] UNCRPD, General Comment No. 7 (2018) on the participation of persons with disabilities, including children with disabilities, through their representative organizations, in the implementation and monitoring of the Convention, 20th sess., UN Doc CRPD/C/GC/7 (9 November 2018), retrieved from **https://docs.un.org/en/CRPD/C/GC/7**, accessed 10 February 2026.

[5] Centre for Disability Studies, About the I-CAN, retrieved from **https://cds.org.au/clinical-services/i-can/**, accessed 3 March 2026.

[6] Paragraph 1.1, National Disability Insurance Scheme (Supports for Participants) Rules 2013 (Cth).

[7] Department of Health, Disability and Ageing, New Framework Planning Rules Consultation paper – August 2026, Commonwealth of Australia, 19 August 2026, retrieved from **https://consultations.health.gov.au/disability-and-carers-group/nfp-ndis-supports/user_uploads/consultation-paper---new-fra mework-planning_updated-20261006-1.pdf**, accessed 22 September 2026.

[8] Paragraph 2.5, National Disability Insurance Scheme Amendment (Management of Funding and Plan Management) Rules 2025 (Cth).

[9] Department of Health, Disability and Ageing, NDIS Supports Transitional Rules Consultation paper – August 2026, Commonwealth of Australia, 19 August 2026, retrieved from **https://consultations.health.gov.au/disability-and-carers-group/nfp-ndis-supports/user_uploads/consultation-paper---ndis-supports_final.pdf**, accessed 22 September 2026.

[10] Australian Human Rights Commission, Disability Rights Guide, Commonwealth of Australia, 5 May 2025, retrieved from **https://humanrights.gov.au/resource-hub/by-resource-type/pages-missing-assets/chapter-1-legal-and-human-rights-obligations**, accessed 5 August 2026.

[11] Note 7, p. 4,

[12] Note 9, p. 3.

[13] Note 9, p. 6.

[14] Note 12.

[15] Note 7, p. 5.

[16] Royal Commission into the Robodebt Scheme, Report of the Royal Commission into the Robodebt Scheme (Report, 7 July 2023), Volume 1, p. xvi, retrieved from **https://robodebt.royalcommission.gov.au/publications/report**, accessed 8 September 2026.

[17] Note 7, p. 15.

[18] Department of the Prime Minister and Cabinet, Working together to deliver the NDIS. Independent Review into the National Disability Insurance Scheme: Final Report, Commonwealth of Australia, October 2023, p. 91, retrieved from

https://www.ndisreview.gov.au/sites/default/files/resource/download/working-together-ndis-review-final-report.pdf, last accessed 18 May 2026.

19 Note 7, p. 4.

20 Australian Federation of Disability Organisations (AFDO), New Framework Planning Rules Submission to the Department of Health, Disability and Ageing, 6 March 2026, submission ID ANON-N1ZH-C7QA-D, p.11.

21 https://consultations.health.gov.au/disability-and-carers-group/nfp-ndis-supports/, accessed 7 October 2026.

22 Legislation Act 2003, subsection 15G(4).

23 Note 7, p. 3.

24 UN Treaty Body Database, retrieved from https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/Treaty.aspx?Treaty=CRPD, accessed 10 February 2026.

25 Note 3, Article 4(3).

26 Note 4, paragraph 15.

27 Note 4, paragraph 22.

28 Note 27

29 Note 4, paragraph 23.

30 Note 31.

31 Department of Health, Disability and Ageing, Table of new framework planning rules, Commonwealth of Australia, 11 August 2026, p. 2, retrieved from https://www.health.gov.au/resources/publications/table-of-new-framework-planning-rules, accessed 29 September 2026.

32 Section 9, National Disability Insurance Scheme Act 2013 (Cth).

33 Subsection 209C(8), National Disability Insurance Scheme Act 2013 (Cth).

34 Subsection 209A(7), National Disability Insurance Scheme Act 2013 (Cth),

35 Subsection 209A(6), National Disability Insurance Scheme Act 2013 (Cth).

36 Subsection 209B(1), National Disability Insurance Scheme Act 2013 (Cth).

37 Subsection 209B(3), National Disability Insurance Scheme Act 2013 (Cth).

38 Subsection 209B(8), National Disability Insurance Scheme Act 2013 (Cth).

39 Paragraph 209A(7)(b) or Paragraph 209B(8)(b), National Disability Insurance Scheme Act 2013 (Cth).

40 Subsection 209C(2), National Disability Insurance Scheme Act 2013 (Cth).

41 Note 33.

42 Paragraph 209C(3)(a) and subsection 209C(8), National Disability Insurance Scheme Act 2013 (Cth).

43 Note 31.

44 Item 1(4) of Schedule 5, National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Act 2026 (Cth).

45 Item 1(5), Schedule 5, National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Act 2026 (Cth.

[46] Item 1(5A), Schedule 5, National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Act 2026 (Cth).

[47] Department of the Prime Minister and Cabinet, Care and support economy – state of play, 28 May 2024, retrieved from **https://www.pmc.gov.au/resources/care-and-support-economy-state-play**, accessed 24 February 2026.,

[48] Note 7, p. 17.

[49] See Articles 3, 4(3), 12, 19, and 21, Convention on the Rights of Persons with Disabilities.

[50] Subsection 3(1), National Disability Insurance Scheme Act 2013 (Cth).

[51] Subsection 4(17), National Disability Insurance Scheme Act 2013 (Cth).

[52] Section 4, (Guiding Principles 4 and 8, National Disability Insurance Scheme Act 2013 (Cth).

[53] Section 4, (Guiding Principle 5), National Disability Insurance Scheme Act 2013 (Cth).

[54] Section 4, (Guiding Principle 9), National Disability Insurance Scheme Act 2013 (Cth)

[55] Note 7, p.6.