

Guide - Psychosocial disability Appendix C - Supports - Guide for decision makers

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This document was released under the Freedom of Information Act 1982 by the National Disability Insurance Agency

This article provides guidance for a **planner delegate, internal review delegate, national reassessment delegate, local area coordinator, early childhood partner, technical advisors, liaison officers (HLO/JLO)**, or a **planner (non-partnered area)** to understand:

- planning for participants living with psychosocial disability.

1 Recent updates

December 2023

Updated work and study options in the learning, work and volunteering section.

2 Before you start

You have read and understood:

- [Our Guideline – Reasonable and necessary supports \(external\)](#)
- [Our Guideline – Mainstream and community supports \(external\)](#)
- article [Guide – Complex support needs \(CSN\) pathway](#).

3 Appendix C – Supports – Guide for decision makers

This list contains important considerations when working with participants with psychosocial disability and their informal, mainstream and community supports.

Support by a recovery coach

Support by a psychosocial recovery coach (recovery coach) is funded by the National Disability Insurance Scheme (NDIS). The recovery coach will work with the participant to:

- build capacity and resilience
- manage the complex behaviours involved in psychosocial disability issues
- improve social and economic participation
- identify, plan, design and coordinate supports
- plan and maintain engagement through periods of increased support needs.

Note: Some participants may already have a support coordinator and may choose to continue working with their support coordinator, rather than changing to a recovery coach.

However, intensive case management is funded and provided by the mental health system, where a significant component of case management is related to stabilising the impacts of psychosocial disability.

Co-existing conditions, secondary disability and dual diagnosis

If a participant experiences co-existing conditions (for example, a secondary disability alongside a diagnosed psychiatric condition), we are responsible for:

- additional, ongoing functional supports associated with the comorbidity to the extent that the comorbidity impacts on the participant's overall functional capacity.

Other types of supports are generally funded by mainstream services. For example, clinical treatment of conditions or symptoms such as:

- ambulatory care
- hospital/acute inpatient care
- rehabilitation
- hospital diversion services
- time-limited follow-up treatment or support, relating to hospital or hospital discharge
- all medical services such as treatment by a GP, mental health professional, psychiatrist or psychologist
- treatment related specifically to substance abuse.

Medication support

We will generally fund assistance with maintaining a participant's medication regime where they experience difficulties due to the functional impact of their disability. This support must align with their goals and enhance the participant's functional capacity.

For example, support to:

- assist the participant to develop a structured routine that integrates medication support and encourages the participant to self-manage their medication.
- develop strategies for self-care.

Supports that are generally funded by other mainstream services include:

- clinical treatment. This is where medication support is solely for the purpose of assisting or requiring a participant to take medication and does not form part of other daily living supports. This is the responsibility of health and mental health systems (for example a mental health nurse to administer/supervise the taking of medication in the home).
- clinical monitoring or assessment of side effects related to medications.
- 'hospital in the home' services.
- medication supervision, including the administration and monitoring of medication in compliance with treatment or other legal orders.
- medications or pharmaceuticals, including medications and other items including both those listed and not listed on the Pharmaceuticals Benefits Scheme (PBS).

Transport

We generally fund supports such as:

- support to attend appointments that the participant is unable to access independently due to their disability (where no other transport option is appropriate and not substituting for parental responsibility).
- transport training to build capacity and travel-related skills if the participant's goal is to use transport independently. For example, learning to understand timetables, read maps or use ticket systems, or if the participant cannot leave the house due to symptoms of their mental health condition. Another example is if social interaction is impacted by specific behaviours, and these functional impacts may be addressed through transport training

We don't fund:

- accessible public transport systems.
- public transport concessions.

Social participation

We generally fund supports like:

- support to attend individual or group activities of the participant's choice.
- non-labour costs associated with providing transport to participants accessing community participation supports.
- support to build capacity to participate independently in activities in the future.

We don't generally fund treatment of underlying symptoms (such as panic attacks) that prevent a participant from leaving the house and accessing the community.

Assistance with daily life

We generally fund supports like:

- supports to assist with activities of daily living, such as self-care tasks, grooming and hygiene.
- meal planning and meal preparation, such as developing skills related to cooking, shopping and budgeting.
- personal domestic and household assistance.

We don't fund day-to-day living costs, for example, rent, groceries or utility fees.

Home and living

We generally fund home and living supports, this may include:

- supported independent living (SIL)
- short term accommodation or respite (STA)
- medium term accommodation (MTA)
- individualised living options (ILO)

Learn more about home and living supports in [Our Guideline - Home and living supports \(external\)](#).

We don't fund day-to-day living costs, for example, rent, groceries or utility fees.

Therapeutic support

Therapeutic support is non-clinical and provided as a standalone service, aimed at managing or reducing a specific functional impact of a participant's mental health condition or impairment.

We generally fund therapeutic support to:

- build a social skill, for example, to build self-confidence and communication skills to increase community participation.
- increase independence and build independent living skills, such as cooking, cleaning or budgeting to achieve the goal of living independently.
- develop an individualised exercise plan that the participant can implement independently following program development (with reviews as required).

Behavioural skill building and behavioural support from counselling must be time-limited, outcomes focussed and part of a strategy to support a participant's goals and functional capacity. For example, individual counselling to build behavioural skills with the goal of using public transport.

We don't generally fund:

- ongoing mental health treatment including therapy and medication to manage symptoms.
- mental health crisis services, including mental health crisis assessment services.
- neurofeedback or brain mapping.
- therapy or therapeutic support where the support is integrally connected to a package of clinical support provided by the health or mental health system (such as services accessible under, or encompassed by, a Mental Health Treatment Plan, Mental Health Care Plan, Better Access to Mental Health Care initiatives)
- individual counselling for treatment of a condition or impairments.
- hospital avoidance services.

- early interventions related to mental health, including clinical support for child and adolescent developmental needs.
- counselling for treatment. For example, to treat social anxiety or paranoia symptoms that arise when a participant uses public transport.

Sustaining informal supports and training for carers

We generally fund ongoing psychosocial recovery supports that focus on a participant's functional ability.

For example, family or carer supports to help the participant increase their involvement in the community and in social and economic life. This could be training for family or carers on how to implement therapy recommendations or behavioural strategies.

We don't fund general family support services, such as counselling, support and educational programs for family and carers that are not directly related to the participant's disability.

Coordination of Supports

We generally fund:

- capacity building support to help the participant to access and maintain participation in mainstream and community activities, including recreation, education, training and employment, housing and primary health care.
- the coordination of NDIS funded supports and supports offered by the mental health system.

For more information on mainstream and community supports, refer to [Our Guidelines – Mainstream and community supports \(external\)](#).

We don't fund intensive case coordination. This is provided by the mental health system where a significant component of case coordination is related to stabilising the impacts of psychosocial disability.

Learning, work and/or volunteering

We generally fund:

- skill development. For example, organisational skills or essential foundation skills in work settings .
- supports to access mainstream employment (for example, Disability Employment Services (DES) providers or other employment services to secure employment, like [Job Access \(external\)](#) and further education services
- supports for young participants of working age to help them get ready for work when they leave school. For example, to support a participant to try different types of work, and learn new work tasks and how to behave at work. Or help connect to the right job and employer.

For more information on school leaver employment support and other work and study supports, go to article [Understand work and study supports](#).

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We don't fund:

- early interventions related to mental health, including clinical support for child and adolescent developmental needs.

- support for learning in educational facilities. This is the responsibility of the Education system.
- workplace adjustments or equipment that may be required for increased functional capacity at work. [Employment Assistance Fund \(EAF\) – Job Access \(external\)](#) provides work related modifications and services to eligible people with disability and mental health conditions (above reasonable adjustment, which is the responsibility of the employer).

For more information about work and study supports, refer to article [Understand work and study supports](#) and [Our Guideline – Work and study \(external\)](#)

Accommodation

We generally fund:

- support for accessing accommodation, assistance with obtaining and/or maintaining accommodation, where these supports enhance functional capacity or are required due to the impact of the participant's impairment on their functional capacity.
- support for budgeting expenses and assistance with financial management.
- coordination to establish a detailed plan of housing options.

We don't fund:

- any clinical residential care or residential services where the primary purpose is for inpatient treatment or clinical rehabilitation, or where the service model primarily employs clinical staff.
- rent or other costs directly associated with housing or tenancy.
- public housing provided by State and Territory Housing Authorities.
- homelessness support and programs.

Assistive Technology (AT)

We generally fund:

- devices (for example, wall planners) that can assist with enhancing cognitive skills (organisation, concentration and planning) due to a functional impact.

We generally don't fund:

- additional items that are not related to the participant's functional impairment or required to meet the participant's goals.
- aids or AT required as a result of medication side effects.

Learn more about assistive technology supports in [Our Guideline – Assistive technology \(external\)](#).

Managing life stages

We generally fund:

- life or transition planning to assist in major life stages. This could be moving house, leaving school, wanting to start or find a job, wanting to begin tertiary study like university or TAFE

- mentoring, peer support, individual skill development.
- referral and support to access mainstream and informal supports during times of crisis.

We don't provide funding where the majority of the coordination and transition supports relate to those funded by the health or mental health system or other parties (such as treatment for the impact of drug or alcohol conditions).

Please refer to [Guide – Psychosocial disability Appendix A – Discharge planning](#).

Support Categories

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This article provides guidance for all NDIA staff and partners to understand NDIS support categories.

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1 Recent updates

3 April 2025

Link to Guide – Behaviour support has been removed, as it's now replaced with guidance in Our Guideline – Behaviour support.

17 March 2025

Article updated with:

- 2 links updated with new article names
- new link Guide – Behaviour support added to the table in the Behaviour Support section.

2 Our Guidelines

[Our Guidelines \(external\)](#) are based on the NDIS Legislation and Rules. They explain what you need to consider and how we make decisions based on the legislation. You should use Our Guidelines to help your reasonable and necessary decision making when you review the participant's NDIS funded supports.

3 Published Guides

- [Guide – Aboriginal and Torres Strait Islander supports](#)
- [Guide – Assisting communication](#)
- [Guide – Assisting communication – Accessible formats](#)
- [Guide – Assisting communication – Considerations when arranging interpreting services](#)
- [Guide – Assisting communication – Disability-related interpreting and translation supports](#)
- [Guide – Assisting communication – Non-disability related interpreting and translation supports](#)
- [Guide – How to support children and young people to remain in their family home](#)
- [Guide – Children living in statutory out-of-home care](#)
- [Guide – Complex support needs \(CSN\) pathway](#)
- [Guide – Conversation style guide](#)
- [Guide – Conversation style guide appendix A – During the conversation](#)
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- [Guide – Hearing supports](#)
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- [Guide – Respiratory supports](#)
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- [Guide – Safeguarding the participant's interests – Context and background](#)
- [Guide – Therapy supports](#)
- [Guide – Therapy supports Appendix A](#)
- [Guide – Therapy supports Appendix B](#)
- [Guide – Transition to adulthood checklist for participants living outside the family home.](#)

4 How support categories have changed from SAP CRM to PACE

In PACE, we add funds at the support category level. The reason for this change is to allow the participant more choice and control to buy the supports that they need.

This means when the participant's plan is approved in PACE, the funding will be set out differently.

Some of the participant's funding may be included in new support categories. For example, home and living and recurring transport supports have their own support category.

We're not changing the supports we'll fund, the names of support items or the way participants claim from these support categories.

4.1 Understand frequency type in continued plans

It's important to understand what happens to NDIS supports when a plan is continued. A plan continuation is where a participant's plan is continued for up to 12 months. This can happen if the participant has stable support needs and a plan that is working for them, or if we haven't created a new plan by their reassessment date. To learn more, go to articles [Understand and talk about a plan continuation in SAP CRM](#) and [Understand and talk about a plan continuation in PACE](#).

An NDIS support funded with **Once-off** as the **Frequency type** is intended to be purchased once, for example Assistive Technology. Once-off NDIS supports will not be provided again if a plan is continued unless they've not been spent yet. When they've not been spent, the date the participant can claim the funds will extend with the continued plan.

An NDIS support funded with **Regular** as the **Frequency type** is intended to continue for the duration of the participant's plan, for example Assistance with Daily Living. Regular NDIS supports will be repeated if a plan is continued, adjusted in line with annual indexation. This is to make sure the participant can continue to access funds for their usual NDIS supports.

5 Core support categories

5.1 Assistance with daily life

NDIS supports to assist or supervise you with your personal tasks during day-to-day life that allow you to live as independently as possible. These supports can be provided individually in a range of environments, including your own home.

PACE support category name	Assistance with Daily Life
SAP CRM support category name	Assistance with Daily Life
Fund management options	Self-managed, Agency-managed or Plan-managed
Budget type options	Flexible or Stated
Frequency type	Regular
Knowledge Articles	Understand self-care and community access supports Understand disability-related health supports – core supports Understand and add onsite shared support in specialist disability accommodation Understand interim supports when there are expected changes to a home and living situation

5.2 Assistance with social, economic and community participation

NDIS supports that assist with or supervise you to engage in community, social, recreational, or economic activities. These supports can be provided in a range of environments, such as in the community or a centre.

PACE support category name	Assistance with Social, Economic and Community Participation
SAP CRM support category name	Assistance with Social, Economic and Community Participation
Fund management options	Self-managed, Agency-managed or Plan-managed
Budget type options	Flexible or Stated
Frequency type	Regular
Knowledge Articles	Understand self-care and community access supports Understand work and study supports Understand supports in employment (core) funding Apply the home and living decision in PACE

5.3 Consumables

NDIS supports to assist with purchasing disability-related everyday items. By everyday items, we mean the things you would use. For example, continence products like catheter bags, pads, bottles and straps and enteral nutrition products are included in this category.

PACE support category name	Consumables
SAP CRM support category name	Consumables
Fund management options	Self-managed, Agency-managed or Plan-managed
Budget type options	Flexible or Stated
Frequency type	Regular
Knowledge Articles	Determine hearing support funding Understand disability-related health supports – core supports

5.4 Transport (not recurring)

NDIS supports to allow you to pay a provider to transport you to an activity that is not itself a support, or to a support that is delivered by another provider. This enables you to travel to and from appointments, your place of work, or to another activity in the community.

PACE support category name	Transport
SAP CRM support category name	Transport
Fund management options	Self-managed, Agency-managed or Plan-managed
Budget type options	Flexible or Stated
Frequency type	Regular
Knowledge Articles	Understand transport supports

6 Home and living

We've moved home and living supports from the SAP CRM assistance with daily life support category. The PACE Home and Living support category includes:

- Individualised Living Options (ILO)
- Medium Term Accommodation (MTA)
- Supported Independent Living (SIL).

Home and living supports are stated supports but can be flexible with other home and living supports. However, they are not flexible with other core supports such as consumables or assistance with daily life. This means the participant may have both stated home and living supports and flexible core supports in their plan.

For example, the participant has SIL funding in their plan and the funding is allocated to the home and living category. However, they also need support to access the community. This community access support will need to be added to the flexible core budget, not the home and living support category.

6.1 Individualised Living Options (ILO)

An ILO lets you choose the home you live in and set up supports in the way that best suits you. It can include things like personal care, help to build your skills, or support with household tasks like shopping or cooking. Family, friends, and other networks can complement your paid supports.

PACE support category name	Home and Living
SAP CRM support category name	Assistance with Daily Life
Fund management options	Self-managed, Agency-managed or Plan-managed
Budget type options	Stated
Frequency type	Regular
Knowledge Articles	Add Individualised Living Options (ILO) Stage 1 Exploration and Design funding Add Individualised Living Options (ILO) Stage 2 Supports funding Understand interim supports when there are expected changes to a home and living situation Apply the home and living decision in PACE

6.2 Medium Term Accommodation (MTA)

MTA gives you somewhere to live if you can't move into your long-term home because your disability supports aren't ready. To be eligible, you must have a home you'll move into, and you need somewhere else to live in the medium-term. We usually fund medium-term accommodation for up to 90 days.

PACE support category name	Home and Living
SAP CRM support category name	Assistance with Daily Life
Fund management options	Self-managed, Agency-managed or Plan-managed
Budget type options	Stated
Frequency type	Regular
Knowledge Articles	Add medium term accommodation (MTA) funding Understand interim supports when there are expected changes to a home and living situation Apply the home and living decision in PACE

6.3 Supported Independent Living (SIL)

SIL is to help you live in your home. It includes help or supervision with daily tasks, like personal care or cooking meals. It helps you live as independently as possible, while building your skills. SIL is for people with higher support needs, who need some level of help at home all the time.

PACE support category name	Home and Living
SAP CRM support category name	Assistance with Daily Life
Fund management options	Self-managed, Agency-managed or Plan-managed
Budget type options	Stated
Frequency type	Regular
Knowledge Articles	Add supported independent living (SIL) funding Understand interim supports when there are expected changes to a home and living situation Apply the home and living decision in PACE

6.4 YPIRAC – Cross billing

In PACE, we've created a new support category for Younger People in Residential Aged Care (YPIRAC). Cross-billing payments are an agreement we have with the Department of Health and Aged Care to pay some of the fees and charges for younger people in residential aged care. Cross-billing is a stated support in the participant's plan and must be agency-managed.

Only a YPIRAC planner delegate can add the funding to the participant's plan.

PACE support category name	YPIRAC – Cross Billing
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SAP CRM support category name	Assistance with Daily Life
Fund management options	Agency-managed
Budget type options	Stated
Frequency type	Once-off
Knowledge Articles	Add funding for Younger People in Residential Aged Care (YPIRAC)

7 Capital support categories

7.1 Assistive Technology (not maintenance, repair and rental)

Assistive technology (AT) support is the equipment you might need to help you with everyday tasks. AT may be equipment or items to support a person with a disability reach their potential at home, in the community and the workplace.

PACE support category name	Assistive Technology
SAP CRM support category name	Assistive Technology
Fund management options	Self-managed, Agency-managed or Plan-managed
Budget type options	Stated
Frequency type	Once-off, Regular
Knowledge Articles	Understand high-cost assistive technology (AT) funding Calculate vehicle depreciation Complete checks for vehicle modifications Determine hearing support funding Understand disability-related health supports – capital supports

7.2 Assistive Technology – maintenance, repair and rental

We've moved assistive technology, maintenance, repair and rental from the SAP CRM assistive technology support category to its own support category in PACE.

These supports are to repair and maintain assistive technology. This also includes short-term rental and trial of your assistive technology supports.

If the participant's plan has moved from SAP CRM to PACE, you need to:

- talk with the participant to understand what supports need to stay in the assistive technology budget. For example, a customised wheelchair. If required, explain changes to their assistive technology supports
- check the assistive technology – maintenance, repair and rental supports in the participant's previous SAP CRM plan
- move the funded amount from the SAP CRM assistive technology budget to the PACE support category **Assistive Technology – Maintenance, Repair and Rental supports**.

Explain to the participant the changes to their assistive technology supports.

PACE support category name	Assistive Technology – maintenance, repair and rental
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SAP CRM support category name	Assistive Technology
Fund management options	Self-managed, Agency-managed or Plan-managed
Budget type options	Stated
Frequency type	Once-off, Regular
Knowledge Articles	Understand assistive technology (AT) maintenance, repairs, rentals and trials funding

7.3 Home modifications

NDIS supports to make changes to the structure, layout or fittings of your home, so you can safely access it and move around comfortably.

PACE support category name	Home modifications
SAP CRM support category name	Home modifications
Fund management options	Self-managed, Agency-managed or Plan-managed
Budget type options	Stated
Frequency type	Once-off
Knowledge Articles	Add complex home modifications funding Add minor home modification funding Add home modification capacity building support

7.4 Specialist Disability Accommodation (SDA)

Specialist Disability Accommodation (SDA) has been moved from SAP CRM home modifications support category to its own PACE support category called **Specialist Disability Accommodation (SDA)**.

SDA is a range of housing for people with very high support needs or who need to live in a specially designed house.

PACE support category name	Specialist Disability Accommodation (SDA)
SAP CRM support category name	Home modifications (SDA items)
Fund management options	Self-managed, Agency-managed or Plan-managed
Budget type options	Stated
Frequency type	Once-off, Regular
Knowledge Articles	Add specialist disability accommodation (SDA) funding

8 Capacity building support categories

8.1 Behaviour support

NDIS supports to help you develop behavioural management strategies to reduce behaviours of concern. This includes specialist behavioural intervention supports to help improve your quality of life.

We've moved behaviour support from the SAP CRM improving relationships support category to its own support category in PACE.

If the participant's plan has moved from SAP CRM to PACE, you need to:

- check the participant's previous SAP CRM plan
- move **behaviour support** from the SAP CRM **improving relationships** budget to the PACE support category **behaviour support**
- confirm what supports the participant needs to stay in the PACE **behaviour support** budget. For example, support for social skill development
- explain to the participant changes to their behaviour supports.

PACE support category name	Behaviour Support
SAP CRM support category name	Improving Relationships
Fund management options	Self-managed, Agency-managed or Plan-managed
Budget type options	Stated
Frequency type	Once-off, Regular
Knowledge Articles	Understand behaviour support

8.2 Choice and control

NDIS supports to help you manage your plan funding and pay for services using a registered plan manager.

PACE support category name	Choice and control
SAP CRM support category name	Choice and control
Fund management options	Plan-managed
Budget type options	Stated
Frequency type	Regular
Knowledge Articles	Make fund management decision

8.3 Finding and keeping a job

NDIS supports to help build employment skills to successfully find and keep a job. This includes employment supports for participants of all ages who have an employment goal and supports for young people to develop a pathway from school to work. This may also include employment-related assessments and counselling to support participants to select and successfully engage in employment that suits their abilities and interests.

PACE support category name	Finding and Keeping a Job
SAP CRM support category name	Finding and Keeping a Job
Fund management options	Self-managed, Agency-managed or Plan-managed
Budget type options	Stated
Frequency type	Once-off, Regular
Knowledge Articles	Understand work and study supports Understand capacity building employment supports

8.4 Health and wellbeing

NDIS supports that are directly related to the impact of your disability. This may include swallowing assessments and mealtime care plans. This doesn't include gym memberships.

PACE support category name	Health and Wellbeing
SAP CRM support category name	Health and Wellbeing
Fund management options	Self-managed, Agency-managed or Plan-managed
Budget type options	Stated
Frequency type	Once-off, Regular
Knowledge Articles	Understand disability-related health supports – capacity building supports

8.5 Improved daily living skills

NDIS supports which include assessment, training, or therapy (including Early Childhood Intervention) to assist the development of, or to increase, your skills and capacity for independence and community participation. These services can be delivered in groups or individually.

We may fund therapy supports which aim to increase functional capacity and independence where it's reasonable and necessary based on the participant's individual circumstances. This includes in areas such as communication and personal care. This may include, but is not limited to, psychology, occupational therapy, speech therapy and physiotherapy.

Therapy supports must be evidence based and delivered by an allied health professional who is

registered with an appropriate governing body. This may include psychologists, occupational therapists, speech pathologists and physiotherapists.

For example, a participant may see a psychologist to help them feel more confident in social situations. This will help them work towards their goal of engaging with a community group.

These supports are funded under the Capacity building budget type in a participant's plan.

PACE support category name	Improved Daily Living Skills
SAP CRM support category name	Improved Daily Living Skills
Fund management options	Self-managed, Agency-managed or Plan-managed
Budget type options	Stated
Frequency type	Once-off, Regular
Knowledge Articles	Guide – Therapy supports Guide – Hearing supports Understand disability-related health supports – capacity building supports

8.6 Improved living arrangements

NDIS supports to help you find and maintain an appropriate place to live.

PACE support category name	Improved Living Arrangements
SAP CRM support category name	Improved Living Arrangements
Fund management options	Self-managed, Agency-managed or Plan-managed
Budget type options	Stated
Frequency type	Once-off, Regular
Knowledge Articles	Add home modification capacity building support

8.7 Increased Social and Community participation

NDIS supports to allow you to take part in skills-based learning to develop independence in accessing the community.

PACE support category name	Increased Social and Community Participation
SAP CRM support category name	Increased Social and Community Participation
Fund management options	Self-managed, Agency-managed or Plan-managed

Budget type options	Stated
Frequency type	Once-off, Regular
Knowledge Articles	Understand social and community participation supports for participants in a shared living arrangement Add capacity building supports (coming soon)

8.8 Lifelong learning

NDIS supports to assist you to move from school to further education. Examples include training, advice and help to move from school to university or TAFE.

PACE support category name	Lifelong Learning
SAP CRM support category name	Lifelong Learning
Fund management options	Self-managed, Agency-managed or Plan-managed
Budget type options	Stated
Frequency type	Once-off, Regular
Knowledge Articles	Understand work and study supports Understand capacity building employment supports

8.9 Relationships

NDIS supports to help you develop positive social skills and interact with others in the community.

PACE support category name	Relationships
SAP CRM support category name	Improving Relationships
Fund management options	Self-managed, Agency-managed or Plan-managed
Budget type options	Stated
Frequency type	Once-off, Regular
Knowledge Articles	Add capacity building supports (coming soon)

8.10 Support coordination and psychosocial recovery coaches

We've renamed the support coordination support category to support coordination and psychosocial recovery coaches.

NDIS supports to help you understand your plan and connect with NDIS providers, community and mainstream and other government supports. These supports help you to build confidence and coordinate your supports.

PACE support category name	Support coordination and psychosocial recovery coaches
SAP CRM support category name	Support coordination
Fund management options	Self-managed, Agency-managed or Plan-managed
Budget type options	Stated
Frequency type	Once-off, Regular
Knowledge Articles	Understand support coordination and psychosocial recovery coach funding

9 Recurring support categories

9.1 Recurring transport

In PACE, we've included a new support category for **Recurring Transport**.

NDIS supports paid by us on a regular basis to your nominated bank account for transport supports.

PACE support category name	Recurring Transport
SAP CRM support category name	New Category
Fund management options	Self-managed
Budget type options	Stated
Frequency type	Recurring
Knowledge Articles	Understand transport supports

Understand behaviour support

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This article provides guidance for all NDIA staff and partners to:

- understand behaviour support
- understand when to include behaviour support
- understand when to include intensive and complex behaviour support.

1 Recent updates

19 May 2025

Guidance updated to add new Participant Budget Update (PBU) pathway links and link to new article Action a budget update with funding periods.

3 April 2025

Guidance updated to:

- remove link to article Understand behaviours of concern and restrictive practices in a technical advice case
- remove links to article Guide – Behaviour support
- add links to article Our Guideline – Behaviour support
- add section Behaviour support in supported independent living (SIL)
- add section Fund management.

2 Before you start

You have read and understood:

- [Our Guideline – Reasonable and necessary supports \(external\)](#)
- [Our Guideline – Creating your plan \(external\)](#)
- [Our Guideline – Behaviour support \(external\)](#)
- article [Complete a streaming case \(Streaming and Restreaming\)](#). If a participant is streamed as General or Supported and needs behaviour support, you may need to restream them to Intensive or Super Intensive
- article [Support Categories](#).

3 Understand behaviour support

Behaviour support includes:

- specialist behavioural support
- an interim behaviour support plan
- a functional behavioural assessment
- a comprehensive behaviour support plan
- training for formal and informal supports in behaviour management strategies
- monitoring and reporting
- ongoing review of effectiveness of the behaviour support plan
- individual social skills development.

A behaviour support practitioner works with the participant, their family, supports and carers to complete a functional behavioural assessment. They'll also develop the behaviour support plan.

If a participant needs behaviour support, their plan duration should be 12 months. This is because of the need to monitor and review outcomes and their situation. If you need to change the plan duration, go to article [Change plan duration](#).

Use [Our Guideline – Reasonable and necessary supports \(external\)](#) and article [Our Guideline - Behaviour support \(external\)](#) to support your decision-making for behaviour support.

4 Understand when to include behaviour support

To determine if behaviour support should be included in a participant's plan, you must have read and understood [Our Guideline - Behaviour support \(external\)](#).

When you include behaviour support in a participant's plan, you'll need to make sure they receive the appropriate support in their plan to address any behavioural complexities in their current life situation. Think about a participant's individual situation and supporting information to understand the support they need in their plan. This may include extra supports to build capacity and implement strategies in the participant's behaviour support plan.

To help develop a draft budget, use the Plan Conversation Support Tool (PCST). You must use the PCST for all new plans and plan reassessments and attach to the participant record. Go to article [Understand and update the plan conversation support tool](#).

4.1 What to think about when including behaviour support

You need to think about:

- reports or information from family, providers or supports that indicate they are concerned about the participant's behaviour
- recommendations from providers or allied health professionals like occupational therapists or psychologists, including strategies already used and any further interventions that have been identified as necessary
- behaviours of concern that could require single or minimal interventions
- any lack of services willing to engage with the participant due to presenting behaviours and risk to staff, participants or the community
- any changes in the participant's situation that will result in withdrawal of service support and need for immediate intervention
- multiple complexities that may require multiple interventions
- behaviours of concern where there's use of regulated restrictive practice. Refer to [Our Guideline – Behaviour support \(external\)](#)
- behaviours of concern involving various stakeholders. For example, multiple issues for intensive intervention requiring comprehensive assessment, planning, support and training for the participant and carers
- participants who may have 1:1 or 1:2 support in the community more than 30% of the day due to their behaviour. This includes high level supports at home
- participants who need extra support to implement newly developed strategies in the community or in newly engaged activities or services
- participants who are anticipated to experience a significant transition during the plan period. For example, they may move into supported independent living (SIL) or from school to day program.

4.2 Behaviour support in supported independent living (SIL)

A participant with behaviours of concern may live in supported independent living (SIL). Behaviour support needs to take a whole of house approach if:

- the participant lives with other people with disabilities
- there are regular incidents such as assaults, self-harm or property damage
- high-level staffing ratios are needed to manage risk to staff and residents
- restrictive practices are used which impact all residents, such as a locked fridge or removing people to a safe area during an incident.

Behaviour support for a whole of house approach may include:

- a shared living environmental assessment, also known as ecological assessment
- a behaviour support systems review
- program development
- staff training.

The cost of the environmental assessment should be shared between all the people living in the home. For example, if there's one shared living environmental assessment completed by one provider to understand the household situation.

5 Understand when to include intensive and complex behaviour support

A participant may need intensive and complex behaviour support if they:

- display frequent behaviours of concern that have a significant effect on their or others wellbeing and safety
- need intensive support and frequent daily implementation of intensive proactive strategies, skill development and response strategies. This may include the use of restrictive practices to reduce the risk of harm to themselves or others
- may or are likely to, experience other issues that worsen or increase the complexity of their behaviour support needs.

5.1 What to think about when including intensive and complex behaviour support

You'll need to make a decision to include intensive and complex behaviour support using [Our guideline – Reasonable and necessary supports \(external\)](#). To help you understand if the participant needs intensive and complex behaviour support, you can use information from the participant, their providers, functional assessments, therapy reports, behaviour reports and medical information.

Intensive and complex behaviour support can be included and claimed as part of:

- assistance with daily life
- assistance with social, economic and community participation
- Supported Independent Living (SIL).

You must use the PCST for all new plans and plan reassessments and attach to the participant record. Include intensive and complex behaviour support using article [Understand and update the plan conversation support tool](#).

5.2 Who can provide intensive and complex behaviour support

To provide intensive and complex behaviour support to a participant, a provider must:

- be implementing behaviour support with the participant and in accordance with their interim or comprehensive behaviour support plan, and
- be registered with the NDIS Quality and Safeguards Commission and assessed for Module 2A (Implementing Behaviour Support Plans), or
- have submitted a registration amendment application or new registration application to the NDIS Quality and Safeguards Commission. This includes a completed audit assessment against Module 2A by 30 June 2025.

Learn about the responsibilities and registration requirements for providers in [Behaviour support and restrictive practices fact sheet \(external\)](#). **Note:** plan managers should only approve claims

for implementing intensive and complex behaviour supports from registered NDIS providers who meet these requirements.

6 Fund management

We recommend that behaviour support is Agency-managed to support the use of registered NDIS providers. However, the participant may choose to self-manage their supports or use a registered plan manager. Whichever way they choose to manage their behaviour support, they must use registered providers.

7 Next steps

1. Add a provider relationship for behaviour supports. If the participant hasn't chosen a provider, add the relationship as soon as the provider is confirmed. This is mandatory so the provider can access funds for payment. For guidance, go to article [Add or update a provider relationship](#).

Note: when a participant transitions from SAP CRM to PACE with an active behaviour support service booking, PACE will create a my provider relationship with the behaviour support category, as well as a general my provider relationship. This could take up to 5 minutes after the plan is approved. You must check the relationships have been created correctly.

Talk with the participant to check if they want to use the same provider and if they want to share any plan information with them. For more information, read section **Understand what happens with existing provider relationships when a participant transitions to PACE** in article [Understand provider relationships](#).

2. Use the Plan Conversation Support Tool (PCST) to include behaviour support. Go to article [Understand and update the plan conversation support tool](#). You can use the PCST when completing a budget update but you must use the PCST for all new plans and plan reassessments.
3. For a:
 - **Plan Approval** case, you'll need to use the **Plan Conversation Support Tool** to calculate the funded supports. To add or update this support in a draft budget go to article [Change the draft budget](#)
 - **Plan Change** or **Participant Budget Update** case where the plan was approved before 9 October 2024, go to article [Action a budget update](#)
 - **Plan Change** or **Participant Budget Update** case where the plan was approved on or after 9 October 2024, go to article [Action a budget update with funding periods](#).



Creating your plan

Quick summary: we'll work with you to create your NDIS plan. We'll speak with you to help us decide what NDIS supports to fund in your plan. We'll also talk to you about what informal, community and mainstream supports you have access to and include them in your plan. Your plan will have a total funding amount. We will call this a 'total budget amount' in your plan. We'll work with you to decide how your NDIS funding will be managed, and when we'll create your plan.

This guideline is about what we think about when we create your plan including the laws and rules we need to follow.

Note:

- When we say 'your plan', we mean your NDIS plan.
- If you're aged between 9 and 65 years and are looking for information about community connections, go to [Our Guideline – Community connections](#).
- If your child is younger than 9 and you're looking for information about early connections, go to [Our Guideline – Early connections](#).
- As part of the recent changes to the NDIS laws we are moving towards a new framework for planning. Rules need to be developed for this new framework. We're working on how and when we'll introduce these changes.

Until then, the information in this Our Guideline is about our old framework for planning, which includes the legislation changes we are introducing from now. All current plans will be known as 'old framework' plans, and we will continue to develop these until all participants have transitioned to the new framework.

What's on this page?

This page covers:

- [What is an NDIS plan?](#)
- [How do we create your plan?](#)
- [How do we decide what NDIS supports to include in your plan?](#)
- [How do we include the NDIS funding in your plan?](#)
- [What are your options for managing your funding?](#)



- [How do we decide who manages your funding?](#)
- [How long will your plan go for?](#)
- [When will we approve your plan?](#)
- [What happens once you have your plan?](#)

You may also be interested in:

- [Applying to the NDIS](#)
- [What principles do we follow to create your plan?](#)
- [Your plan](#)
- [Changing your plan](#)
- [Reviewing our decisions](#)
- [Guide to self-management](#)
- [NDIS Guide to Plan Management](#)

What is an NDIS plan?

Once you're an NDIS participant, we'll work with you to create your NDIS plan. You can find out more about how to become a participant in [Applying to the NDIS](#).

Your NDIS plan sets out your goals and the supports that may help you pursue those goals and live as independently as possible. We call this the 'participant's statement of goals and aspirations'.¹ We create your plan based on your disability support needs.² Your plan will be just for you.

Your plan will include:

- your NDIS number
- your my NDIS contact
- your NDIS plan start date
- your NDIS plan reassessment date
- your total budget amount
- your NDIS supports
- funding component amounts
- funding periods



- information about you
- your goals, or things you want to work towards
- how you can use your NDIS funding
- who will manage your NDIS funding
- your supports outside of the NDIS, for example, informal supports such as family and friends, as well as mainstream and community supports
- what to do if something changes.

How do we create your plan?

We create your plan based on your individual disability support needs.³ We'll use the information you give us about your lived experience and how your disability impacts your day-to-day life. We will:

- get to know you and discuss your situation
- ask you about your goals, or things you want to work towards
- think about what supports your family, friends, community and other government services can provide
- think about any [NDIS supports](#) you may need
- review any information gathered by your local area coordinator or early childhood partner if they supported you to apply to the NDIS
- ask for further information about your support needs if we need to
- meet with you to approve your plan
- send your plan to you.

You can ask other people to help you if you want to. For example, you can have friends, family or an advocate join any conversation we have with you. They can also help you make your own decisions about your plan.

If you need someone else to make decisions for you about your NDIS plan, we can help you set this up. This may be:

- a [plan nominee](#) if you're an adult
- a [public guardian or trustee](#) if you're an adult with a guardianship arrangement
- a [child representative](#) if you're under 18 years old.



We'll start making your plan within **21 days** after you become an NDIS participant.

What information do we look at?

We want to get a good understanding of your disability support needs. We know you're the expert in your own life, and we use your lived experience as much as we can.

To learn about your life and the supports you need, we'll look at:

- your goals and aspirations
- where you live and your living arrangements
- how you move around your home and your community
- who supports you now, like your family, friends, or service providers
- support available from community and other government services to help you learn new skills and become more independent
- what self-care support you need
- if you use or need [equipment, technology or devices](#), also known as assistive technology
- what [social and recreation activities](#) you'd like to do now or in the future
- if you need help to build friendships or connect with your family
- if you'd like to [work or study](#) now or in the future
- what support you need to build your skills and do more things yourself.

We also look at:

- the information you gave us when you applied to the NDIS
- any support you may get through [community connections](#)
- any reports from your doctors or allied health professionals
- other information you give us, for example from other government agencies, or disability service providers
- other relevant information we have about your support needs, such as functional assessments, like the PEDI-CAT or WHODAS
- any other information you give us, including about your lived experience.

We use the information you give us as evidence to help us decide what NDIS supports to include in your plan. We use this evidence to create your plan with you. Sometimes we may



ask for more evidence to consider funding an NDIS support. We may not be able to fund an NDIS support if we don't have enough evidence to support including it.

We look at different types of evidence for different types of supports. We may need a report or assessment from your doctor or health professional who specialises in helping you manage your disability.

Reports and assessments may tell us why you need the support and how the support relates to your disability.⁴ For example, an occupational therapist may send us a letter about why you need a specific type of wheelchair.

We'll keep your personal information safe and secure.

Learn more about what [evidence you need to give us before we create or change your plan](#).

How do you set the goals in your NDIS plan?

We need to know your goals and aspirations so we know how we can help you.

Your goals are your own and tell us about the things you'd like to do. You can have as many or as few goals as you want.

Your goals can be big or small, short term or long term, simple or complex. They can be about anything you want to work towards.

You may express your goals broadly, or you may have specific goals. For example, one of your goals might be to 'live independently', and another might be 'to have an accessible bathroom'.

You, your plan nominee or child representative set your goals and tell us what information you want to include about your life.

If you want, your family and friends who support you can also give us information about their life.

You can tell us about your goals at any time, even after we've approved your plan. If you tell us your goals, we'll record them and send you a new copy of your plan with your updated goals.⁵

They are your goals, and we'll write them down in your own words. We can't change your goals or choose them for you. But we can help you choose what words to use if you want us to.

Who can help you set your goals?

You can ask other people for help to set your goals if you want to. For example, your friends, family, or my NDIS contact can help you.



We'll talk with you about what your goals will mean for your NDIS plan. For example, we could talk about:

- what your goals will look like for you
- how you can work towards your goals
- when you'd like to work on your goals
- what NDIS supports you need to work towards your goals. But just because you have a goal doesn't mean we have to fund supports for it
- where you might get supports to work towards your goals, for example community or mainstream services
- what NDIS supports we might be able to fund to help you work towards your goals
- what supports you need to overcome any challenges in working towards your goals
- how you could develop skills and talents you haven't focused on before
- if you'd like to include smaller goals as part of a big goal
- if you'd like to add a few steps to work towards your goals.

For example, you might choose a goal, 'I want to find a part time job where I can use my computer skills.' You might also want to choose to add steps to work towards this goal, like building your skills in looking for a job.

Learn more about [setting your goals](#).

Will we always fund supports for your goals?

NDIS laws determine what we can and can't fund. Things we fund are called NDIS supports. NDIS supports are the services, items and equipment that can be funded by the NDIS. You can use the funding in your plan to buy NDIS supports if they are related to your disability and are [in line with your plan](#).⁶

The NDIS supports we fund should help you pursue your goals,⁷ but you don't need a specific goal for every support in your plan. When we decide if an NDIS support will help you pursue your goals, we think about your whole situation. There are some things to remember when setting goals:

- setting more and bigger goals doesn't mean we'll provide more NDIS supports or more funding
- setting a goal doesn't mean we have an obligation to fund NDIS supports that help you pursue that goal



- setting a goal about an explicit type or amount of support you might want doesn't mean we have to fund that support or in that amount.

This is because helping you pursue your goals is only one of the [NDIS funding criteria](#). So not all supports that help you pursue your goals will be reasonable and necessary supports we can fund in your plan.

For example, you might be ready to look for work and have a goal to find a job. [Disability Employment Services](#) help people with a disability look for jobs. This is not an NDIS support that we can fund.⁸

But we can help you connect with a Disability Employment Service. We can also think about what NDIS supports we could fund to help build your job skills. Learn more about [work and study supports](#).

Learn more about [how we consider your goals](#) when we decide what NDIS supports to include in your plan.

How do we think about risks when we create your plan?

You have the right to decide what you do each day and to make your own life choices. For all of us, our choices come with some risks. We all make our own choices about how much risk we want to take in our lives. You should also be able to choose how much risk you want to take when you make your life choices.⁹

We'll work with you to understand areas of risk in your life and things that may increase risk of harm to you. This includes being aware of your individual situation, the transitions in your life and recognising your own experience.

We'll help you think about supports that help you live your life the way you want to.¹⁰ We balance your right to take reasonable risks in pursuing your goals, with your safety and the safety of other people.¹¹

There might be risks to your personal safety, your personal finances, or your NDIS funding.¹²

For example:

- there might be risks to your family or friends' health if they keep supporting you when they get older
- there could be risks if you're socially isolated or if you rely only on providers for support
- there could be risks of physical injury to you or the people who support you.

Some of these risks might affect:



- the NDIS supports in your plan
- [who manages your NDIS funding](#)
- how we include the funding in your plan.

We'll support you to make your own choices wherever possible. But we can't fund NDIS supports that are likely to risk harming you or someone else.¹³

When we create your plan, we'll talk with you about how we can help you reduce risks. There are a few things we could do to reduce risk and make sure your plan meets your needs.

For example, we could:

- check in with you regularly about how your plan is meeting your disability support needs and if you need any changes
- connect you with mainstream services related to health or education
- fund NDIS supports to help you build your support network. For example, to help you make friends or build relationships in your community
- include NDIS supports to help build your skills so you can manage the funding in your plan
- include shorter funding periods in your plan. Learn more about [how we decide how long your funding periods go for](#)
- consider how we apply funding component amounts in your plan
- help you understand if any providers are using restrictive practices. Providers using restrictive practices need to be registered with the [NDIS Quality and Safeguards Commission](#) and follow the requirements of registration for this support
- let you know how you can make a [complaint](#) about your service providers
- tell you how to ask for a review of a decision we have made.

Sometimes, there might be an unreasonable risk to you when you or someone else manage your funding. Learn more about [how we decide if there is an unreasonable risk to you](#).

What can you expect from us when we create your plan?

We'll create a plan that will:¹⁴

- be personalised and guided by you
- respect the role of family, carers and other people who are important to you



- look at the support your friends and family provide, and the support services available to everyone in the community
- respect your right to have control over your life and make your own choices
- help you participate in the community, and help you study or find and keep a job, if you want to
- focus on choice and flexibility when it comes to your goals, needs and your supports
- build the capacity of families, carers, and your community to support you, where appropriate
- support you to manage any risks that may have been identified in discussions with you.

We'll start making your plan within **21 days** after you become an NDIS participant.¹⁵

You can ask us to change your plan at any time. You'll need to give us supporting information about why you'd like us to change your plan when you ask for this.

Learn more about what you can expect from us and what we consider when we create your plan in our [Participant Service Charter](#).

You can also read about [the principles we follow to create your plan](#).

How do we decide what NDIS supports to include in your plan?

We fund NDIS supports that relate to your disability. NDIS supports are the services, items and equipment we fund under the NDIS.¹⁶

These NDIS supports may help you pursue your goals,¹⁷ but you don't need a specific goal for every support in your plan.

Your NDIS supports funded in your plan need to meet all [NDIS funding criteria](#). For example, a support will only be a reasonable and necessary support for you if:

- it's related to your disability¹⁸
- it's an NDIS support.¹⁹

Learn more about how we decide what supports to include in your plan in [Our Guideline – Reasonable and necessary supports](#).

What are informal, community and mainstream supports?



When we create your plan, we help you connect with supports and activities in your area. For example, we can help you connect with:

- **informal supports** like your friends, family, or other people you know in your community. They can sometimes be your best supports. They know you and can often help in ways other supports can't
- **community supports** that are open to everyone in the community, like sporting clubs, activity groups or libraries. They offer a wide range of services that may help with your disability support needs. They are often a great way to get involved in your local community, meet new people, and learn new skills
- **mainstream supports** which are other government services such as employment, education, health, and family support services. They are available to everyone, including people without disability. There are many ways they can help you. For example, they can help you learn new skills or how to live as independently as possible.

How do we include your NDIS supports in your plan?

We include your NDIS supports in funding component amounts in your plan. When we create your plan, we'll include funding for a specific support or groups of reasonable and necessary supports in your plan. Your plan could include one funding component or more than one funding component.

We'll describe each NDIS support in the funding component. Learn more about [funding components](#).

Currently, plans show your supports as funding components grouped under 4 different support budgets:

- **Core supports**

These NDIS supports help you with everyday activities, like helping you to take part in activities in the community. Core supports are usually flexible. If your Core supports are flexible, you will have lots of choice over the Core supports you buy under your plan.

If your Core supports are stated, you can only use the funding to buy the approved NDIS supports in the Core supports budget. It can't be used to pay for anything else.

If you have different plan management types for different supports within the Core supports budget, this may also reduce the flexibility of how you can use your NDIS funding.



- **Capacity building supports**

These NDIS supports help you build your skills and increase your independence. This should reduce the need for the same level of support in the future. We'll discuss your progress and outcomes from these supports at each plan reassessment.

Capacity building supports are stated. This means you can only use this funding to buy the NDIS supports described in the capacity building budget.

- **Capital supports**

These NDIS supports include high-cost assistive technology, equipment, vehicle modifications, home modifications and specialist disability accommodation.

Your capital supports are stated. This means you can only use this funding to buy the NDIS supports described in the capital supports budget.

- **Recurring supports**

Your funding for recurring supports will be paid regularly to your nominated bank account. This funding is not included anywhere else in your budget.

Learn more about the [support budgets and support categories in your plan](#).

We are moving to a new way of showing your budget in your plan to give you more flexibility in how you manage your individual supports. Your next plan may not show your capacity building, capital and recurring supports in the same way. Your NDIS supports will be included in your plan as individual funding components instead of being grouped as a support budget, like capacity building or capital. Your plan will still show if the supports are flexible or stated.

Learn more about flexible and stated NDIS supports in [How do we describe the supports in your plan?](#)

How do we include the NDIS funding in your plan?

Some of the changes to the NDIS laws are how we include the funding in your plan. Your next plan will include:²⁰

- a total funding amount
- funding component amounts
- funding periods.

What is your total funding amount?



Your total funding amount is the total amount for all reasonable and necessary supports in your plan. We'll call this a 'total budget amount' in your plan.

We develop the total plan funding amount by using the information you gave us and the [NDIS funding criteria](#).

For each reasonable and necessary support, we look at:

- if you share this support with anyone
- how much of this support you need, including hours, items or equipment
- how often you need this support, including days, weeks, months or years.

We use price limits to help participants and disability support providers to understand how price controls for supports and services work in the NDIS. You can find more information in the [NDIS Pricing Arrangements and Price Limits](#) guide on the NDIS website.

We then work out the funding for each support and combine these amounts to arrive at your plan's total funding amount.

We display your total funding amount at the beginning of your plan and in your plan approval letter.

What are funding component amounts?

A funding component amount is the total amount of funding for a specific support, or a group of reasonable and necessary supports in your plan. This will show the total amount of funding you have for these supports over the full length of your plan. You can only use this funding for the NDIS supports included in each funding component.

Your plan could include one funding component or more than one funding component.

A funding component can be for a group of supports. For example, you may have a funding component for core supports. This can include support categories for assistance with daily life, assistance with social, economic and community participation, consumables and transport. You may also have a funding component for another group of supports, like behaviour supports, assistive technology, or specialist disability accommodation (SDA).

You may also have a funding component for a specific support in your plan. For example, funding for assistive technology that must be spent on a power wheelchair.

There are things we need to consider when we decide to include a funding component for a specific support in your plan.²¹ These are:

- the type of support
- the cost of the support. This includes thinking about quotes for the support



- how the support will be provided, including who will be providing the support
- early intervention. This means thinking about if the support will meet your needs under early intervention
- risk to you
- who will be managing the funding for the supports
- if you haven't spent your funding on NDIS supports and in line with your plan in previous plans.

What are funding periods?

Your funding will also be divided into funding periods. A funding period is the time that part of your funding becomes available and how long it needs to last. You can spend up to the amount of funding that is available in that time. If you don't spend all your funds in a funding period, they will roll over into your next funding period within the same plan.

Any unspent funds won't roll over to your next plan, as this is a new plan that we need to make sure meets your disability support needs.

Funding periods can be for either the total budget amount of your plan or for each funding component amount in your plan.

Funding periods can go for different lengths of time. For example, your plan might have funding periods of 1, 3, 6 or 12 months. You might have one funding component amount with 3-month funding periods, and one funding component amount with shorter 1-month funding periods.

Most plans will have more than one funding period. If your plan goes for longer than 12 months, you will always have more than one funding period in your plan. Each funding period will start immediately after the previous one, so you won't be left without funding.

Your plan will show:

- if funding periods apply to your whole plan or to funding component amounts
- the dates each funding period starts and ends
- how much funding you can use during each funding period.

There are some things we must think about when deciding how long your funding periods should be. Learn more about [how we decide how long your funding periods go for](#).

Example



Sal has recently become an NDIS participant and has received their first plan. Their plan goes for 5 years and includes two funding component amounts.

1. Their first funding component amount includes \$160,000 for Core supports. Sal can use this funding to pay for NDIS supports to help them in their daily life, and to participate in the community.

Their funding period is 3 months, so they'll receive \$8,000 every 3 months to use on these Core supports.

In the first funding period of Sal's plan, they spend \$5,000 on NDIS supports. This means that \$3,000 will roll over to the next funding period, when they will now have \$11,000 they can buy NDIS supports with.

2. The second funding component amount in Sal's plan is \$1,500 for assistive technology, because they need a shower chair. This is the only support Sal needs for assistive technology, so we create a funding component amount for this specific support. We expect Sal to spend most of this funding in one go when they buy the shower chair. So, we include the \$1,500 for assistive technology in the first funding period of their plan. This funding period is for 3 months. Sal won't need funding for assistive technology included in the other funding periods of their plan.

Any unspent funds in the last funding period of a plan won't roll over to the next plan. We'll need to make a new plan to make sure it meets your disability support needs.

Learn more about how to use your funding in [Our Guideline – Your plan](#).

How do we decide how long your funding periods go for?

Before setting funding periods, we have to think about:²²

- the total funding amount in your plan
- the type and cost of supports in your plan
- how long you'd like your funding periods to go for.

We also think about if:²³

- you're unlikely to spend your funding on NDIS supports and [in line with your plan](#)
- you are at risk of experiencing fraud or financial exploitation
- [you are at risk of experiencing physical, mental or financial harm](#) because of the length of your funding periods
- you, your plan nominee or child representative are [currently insolvent under administration](#)



- you've overspent your funding in previous plans
- a payment for a support is more than the amount you have in your plan for the funding period
- you've asked several times for a change to your plan but haven't given us information about a change in your support needs
- you haven't spent your funding on NDIS supports and in line with your plan in previous plans.

For most supports, funding periods will generally go for 3 months. They may be able to go for longer if all of these apply to you:

- you tell us you'd like longer funding periods
- there's a special reason you need longer funding periods. For example, if you have a degenerative condition where your support needs are uncertain
- you've previously [spent your funding on NDIS supports and in line with your plan](#)
- we don't think there is a risk to you
- you're likely to spend your funding on NDIS supports and in line with your plan.

Some regular supports in your plan will generally have 1-month funding periods. This includes:

- supported independent living (SIL) and individualised living options (ILO)
- funding for a registered plan manager
- specialist disability accommodation (SDA)
- cross billing payments for residential aged care subsidies and supplements
- home and living or core funding for assistance with daily living that is more than \$200,000 per year.

You can tell us if you'd like shorter funding periods. For example, you might want 1-month funding periods to help you manage your funding.

Funding periods may also go for 1 month if:²⁴

- [you, your plan nominee or child representative are currently insolvent under administration](#)
- you've overspent your funding in previous plans



- you haven't spent your funding on NDIS supports and in line with your plan in previous plans
- you've asked several times for a change to your plan but haven't given us information about a change in your support needs.

When will you get your funding?

Funding will generally be spread evenly across the funding periods of your plan. This is to make sure you have funding to pay for supports over the whole length of your plan. For example, if you have 3-month funding periods and your plan goes for 12 months, you will generally get 25% of your funding at the start of each funding period.

Sometimes, you may get different funding amounts for regular supports in each funding period. For example, if you have funding for in-home care every day, we think about the number of days in each funding period, including weekends and public holidays.

For some supports with 3-month funding periods, you'll get all the funding in the first funding period of your plan or in the funding period that falls before you need to buy these supports. If you don't buy the supports you need in one funding period, your funding will roll over to the next funding period. Supports that work in this way include:

- assistive technology
- vehicle modifications
- home modifications
- repair and maintenance of assistive technology
- therapy supports related to assistive technology, vehicle modifications and home modifications. For example, funding for an allied health professional to assess what assistive technology you need before you buy it
- medium term accommodation.

If you have supports for enteral feeding products, you'll get 12 months of funding for these in the first funding period of each year of your plan.

We may also provide more funding in the first funding period of your plan for other supports, including:

- behaviour support. For example, if you need funding to work with your behaviour support practitioner to develop a behaviour support plan
- if you have changing support needs
- if you have a change of situation, like being discharged from hospital



- if you need intensive capacity building supports for a time
- to cover set-up costs for your first plan
- to bulk buy consumables, like continence products.

What are your options for managing your funding?

You have [three options for how you can manage the funding in your plan](#).²⁵

- [Self-managed](#): you, your plan nominee or child representative, manage the funding and pay your providers.
- A [registered plan manager](#): they manage the funding and pay your providers.
- [Agency-managed](#): we manage the funding and pay your providers.

You can also choose a mix of these options. For example, you might like to manage some of the funding yourself, and we'll manage the rest.

There are different benefits for each plan management option.

Self-management gives you the most flexibility. You manage every decision when it comes to spending your funds on NDIS supports and in line with your plan.²⁶

Using a registered plan manager provides you with support and assistance to manage your funding.

Having your funding Agency-managed means you'll have fewer things to do when it comes to managing your funding.

Whether your funding is managed by you, us, or a registered plan manager, managing NDIS funding means:²⁷

- buying the NDIS supports as described in your plan, including paying GST related to those supports. This means paying for NDIS supports in your plan:
 - in line with the funding periods²⁸
 - within the total funding amount and funding component amounts²⁹
- receiving and managing your NDIS funding, including paying for NDIS supports on time
- keeping track of what you buy with your funding, including keeping receipts and invoices.

Spending in line with your plan means only spending your funding on the NDIS supports included in your plan. To spend in line with your plan, you need to:



- spend your funding in the way we describe. This includes any stated supports, where we describe the supports you can buy more specifically
- make sure your funding will last for the whole length of your plan
- make sure your funding will last for the length of each funding period if your plan includes funding periods and funding component amounts.

When you buy supports in line with your plan, you need to make sure they are [NDIS supports](#) or an agreed replacement support that relates to your disability.

We're committed to helping you have more choice and control when it comes to managing your funding if that's what you want.

We'll talk to you about what you want and what suits you when it comes to managing your funding.

We'll talk more about the different plan management options in the next sections.

Your plan will say who manages your NDIS funding.³⁰

Learn more about [ways to manage the funding in your plan](#).

What does it mean to self-manage your funding?

We're committed to helping you manage your own funding if that's what you want to do, unless there are [reasons why you must not manage your funding](#). Managing your own funding can give you more choice and control over how you use the funding in your plan.

Self-managing your funding means you can choose what NDIS supports you buy in line with your plan. This means paying for NDIS supports in your plan:³¹

- in line with your funding period or funding periods, and
- within the total funding amount and funding component amounts.

You can decide who provides these NDIS supports and how they are delivered. You can also negotiate costs above or below the [NDIS Pricing Arrangements and Price Limits](#). This can help you arrange your NDIS supports in a way that gives you the best value. But you always need to make sure you have enough funding in your plan to last for the funding period.

You'll also be responsible for receiving your funding, arranging your NDIS supports and paying your providers on time. You'll need to keep records of invoices and receipts for 5 years. You'll also need to meet your obligation as an employer if you choose to [employ staff directly](#) or use a contractor.



You might want to self-manage a part of your funding. This can be a good way to develop your skills. It may help you self-manage more of your funding in the future if you want to.

How can you learn how to self-manage your funding?

You might want to learn or improve your skills to help you manage your NDIS funding. For example, you might want to build your skills to:

- budget and keep records of your purchases
- choose your NDIS supports and get the most out of your plan
- claim your NDIS funding, pay providers, and make service agreements.

If you need support to build your skills to manage your funding, we might be able to fund support. If it meets the [NDIS funding criteria](#) we can include funding in your plan for capacity building and training in self-management. Talk to your my NDIS contact about this.

You might choose to use the funding on training with another organisation. As you build your capacity in self-managing, you're likely to need less of this support in the future.

We can also answer questions about self-management and help you problem-solve when you start out.

We'll talk to you about whether there are any [mainstream and community supports](#) which could help you. These are the supports you get outside the NDIS, and are available to everyone, whether or not they have a disability. Supports outside of the NDIS can help you build your skills to manage your own finances and learn about self-management.

You might speak with your informal supports, and other participants who self-manage to learn more about self-management. Community supports can help connect you to important and practical information about self-management. You'll need to decide if information from outside the NDIS is reliable and if you want to use it.

We know you might be nervous about self-managing funds. We understand making mistakes can be an important part of learning to self-manage, and sometimes things can go wrong. If you have any issues, you can always [contact us](#) and we'll work with you to fix them.

You can read our [guide to self-management](#), and learn more about [self-managing](#) on the NDIS website.

Self-management and NDIS registered providers

If you self-manage your funding or use a registered plan manager, you can generally use any provider. But you must use a [registered NDIS provider](#) if they provide:

- [specialist disability accommodation](#)
- [behaviour support](#)



- [supports where the use of restrictive practices occurs or is likely to occur](#).

Sometimes we might also say in your plan which provider you need to use.

A registered provider meets the [NDIS quality and safety standards](#). Workers with registered providers also undergo an [NDIS worker screening check](#) to make sure a worker is safe for you to use.

You can contact the [NDIS Quality and Safeguards Commission](#) to check for registered providers. They can also help if you're worried about a provider's compliance with their legal obligations. If you choose a provider that isn't registered, you'll need to make sure they have the right qualifications, training, and safety checks. You can ask providers, employees or contractors providing you with supports to do an NDIS worker screening check.

When can't you self-manage your funding?

You, your plan nominee or child representative can't self-manage your funding if:

- you, your nominee or child representative are currently bankrupt or insolvent under administration³²
- you or your nominee have been convicted of an offence punishable by 2 or more years in prison³³
- you or your nominee have been convicted of an offence involving fraud or dishonesty.³⁴

Or if we think that:

- you, your plan nominee or child representative are unlikely to spend your funding only on NDIS supports and in line with your plan³⁵
- there's an unreasonable risk to you if you, your nominee or child representative self-manage your funding.³⁶

Are you bankrupt or insolvent?

You can't manage your NDIS funding if you're currently insolvent under administration.³⁷

Your plan nominee or child representative also can't manage your funding if they're insolvent under administration.³⁸

Insolvent generally means you can't pay your debts when they are due.

Your NDIS funding can't be self-managed if you, your plan nominee or child representative:

- are currently [bankrupt](#) – contact the [Australian Financial Security Authority](#) if you're not sure



- have property under the control of people you owe money to.³⁹ For example, your bank or the Australian Financial Security Authority
- have a [personal insolvency agreement](#) to repay money you owe, and you haven't followed the agreement⁴⁰
- have a [debt agreement](#) to repay money you owe.⁴¹

This also applies if you, or your plan nominee or child representative are insolvent under administration in another country.⁴²

You might be able to self-manage your funding if you're no longer insolvent under administration. But we'll consider if there might be an unreasonable risk if you manage your funding.

Your plan nominee might be a company or body corporate, like a service provider or advocacy organisation. If so, they can't be insolvent either.

A company or organisation can't manage your funding if they are under [voluntary administration, liquidation, or receivership](#).

What if you've been convicted of an offence punishable by 2 or more years in prison or involving fraud or dishonesty?

We need to think about if you or your plan nominee have had any criminal convictions. You can't self-manage if you or your nominee have been convicted of an offence that:⁴³

- led to a prison sentence of 2 years or more
- involves fraud or dishonesty.

What if you have a plan nominee or child representative?

If it's part of their nominee arrangement, a plan nominee or child representative, may be able to manage your plan funding.

Your plan nominee may also be able to request who will manage your plan funding. They can do this if their nominee arrangement allows them to make decisions about parts of the preparation, management or changes to your plan.

Your plan nominee needs to work with you to understand what you want. They need to make decisions that help your personal and social wellbeing.⁴⁴ We'll think about [any risks to you](#) if a plan nominee or child representative manage your plan funding. We'll also look at [supports and strategies](#) we can include in your plan to reduce these risks.

We can't let your plan nominee or child representative manage your plan funding if they're currently bankrupt or insolvent under administration.⁴⁵

Or if we think:

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This document is correct at the date of publication.

Always visit ourguidelines.ndis.gov.au for the latest version.



- they're unlikely to spend your funding on only NDIS supports and in line with your plan⁴⁶
- it presents an unreasonable risk to you⁴⁷
- any business or other interests might affect how they manage your money.

We also can't let your plan nominee manage your funding if

- they've been convicted of an offence punishable by 2 or more years in prison⁴⁸
- they've been convicted of an offence involving fraud or dishonesty.⁴⁹

We consider risk in the same way as if you want to self-manage your plan funding.

Learn more about [unreasonable risks](#) and [spending funding on NDIS supports and in line with your plan](#).

Learn more about [nominees](#) or [child representatives](#).

What does it mean when a registered plan manager manages your funding?

You can choose a registered plan management provider to support you to manage your funding. They can buy NDIS supports on your behalf from the funding you provide them from your plan.

A plan manager can help you:

- increase your financial and plan management skills
- pay providers
- increase your choice of providers
- get NDIS plan budget reports and help you monitor your budget.

If you use a registered plan manager to manage your funding, we'll always include funding in your plan to cover plan-management costs.

Your registered plan manager can't claim more than the [NDIS Pricing Arrangements and Price Limits](#).

Having a registered plan manager can reduce risks involved with managing funding in your plan. But there may still be risks to you that we need to consider.

You'll still need to make sure any provider you choose provides NDIS supports that are safe and meet your needs.



We respect your right to take reasonable risks in having a registered plan manager to manage your NDIS funding. We'll talk to you about what might help reduce any risks with having a plan manager manage your funding. We'll also talk about what helped reduce risks in your previous plan.⁵⁰ If there are no suitable [supports or strategies](#) available to manage the risk of harm to you, the risk may be unreasonable.

Before we agree to a registered plan manager managing your funding, we need to think about if:

- it would be an unreasonable risk to you⁵¹
- they're unlikely to spend your funding on supports that are only NDIS supports⁵²
- they're unlikely to spend funding in line with your plan.⁵³

When we think about if there is an [unreasonable risk to you](#), we'll think about if you are at risk of physical, mental or financial harm. We look at unreasonable risk and the strategies available to reduce risk, in the same way as we do for self-managing funding.

We also think about whether a provider has delivered supports to you in a way that has caused you physical, mental or financial harm. Or, if someone might pressure you to do something.

We look at if your plan manager has [spent your funding on NDIS supports and in line with your plan](#) in the same way as we do for self-managing funding.

We can help you change your registered plan manager if you need to.

What does it mean when your funding is Agency-managed?

You can choose for your funding to be Agency-managed. This means we'll pay registered providers directly, from funding in your plan, for services on your behalf.

We may also decide to make part, or all, of your funding Agency-managed when we approve your plan.⁵⁴ We'll do this if you don't choose how you want to manage your funding. Or [if you can't](#), or don't want to, self-manage or use a registered plan manager for any parts of your funding. When we decide if your funding should be Agency-managed, we think about your goals, your NDIS supports and the providers you want to use. For example, if your funding is Agency-managed you'll need to use [registered NDIS providers](#).⁵⁵ If you prefer to use providers that aren't NDIS registered, we'll discuss your options with you. You might agree to use registered NDIS providers or consider self-managing or using a registered plan manager.

If your funding is Agency-managed, your providers can't claim more than the [NDIS Pricing Arrangements and Price Limits](#).



When your funding is Agency-managed, we don't generally need to think about whether management of your plan presents [unreasonable risk](#).

If you already have a plan and we decide to make part, or all, of your funding Agency-managed, we'll work with you to make sure you have the NDIS supports you need.

How do we decide who manages your funding?

We'll ask you who you want to manage your funding. We'll discuss strategies to help you do this the way you want to. We'll let you know what your plan management options will mean for you.

You can also ask your friends or family for advice.

You can ask to self-manage your plan or use a registered plan manager.⁵⁶

If you don't let us know how you want your plan to be managed, we will manage it for you.⁵⁷ If you're under 18, your [child representative](#) can choose how to manage your plan funding.⁵⁸

We'll agree to your request, unless:⁵⁹

- you want to self-manage the funding but that would be an [unreasonable risk to you](#)⁶⁰
- you already have a [plan nominee](#), in which case we'll talk to your nominee about your plan management options
- your plan nominee or child representative want to self-manage your funding but that would be an unreasonable risk to you⁶¹
- you want to self-manage the funding but you, or your plan nominee or child representative, are [bankrupt or insolvent under administration](#)⁶²
- you want a registered plan manager to manage your funding but that would be an unreasonable risk to you⁶³
- you, your plan manager, nominee or child representative are unlikely to spend your funding on only NDIS supports and in line with your plan⁶⁴
- you or your nominee have been convicted of an offence punishable by 2 or more years in prison⁶⁵
- you or your nominee have been convicted of an offence involving fraud or dishonesty⁶⁶
- it's for in-kind supports, or cross-billing payments for younger people in residential aged care.

If there are risks with how you want your funding to be managed, we'll:



- find out more about the risks. For example, we'll look at records of spending in previous plans and any other information or documents you or someone else gives us
- look at the risks in more detail. For example, how often they take place and why
- think about supports and strategies we can include in your plan to [reduce the risks](#)
- record our decision and, if we don't agree to your request, let you know our reasons.

If you're not happy with the decision we make about managing your plan, you can ask for a review of our decision.⁶⁷

Learn more about [requesting a review of decisions we make](#).

How do we decide if you will spend your funding on NDIS supports and in line with your plan?

When we decide how your funding should be managed, we also consider if you, your plan manager, plan nominee or child representative have:⁶⁸

- spent funding on NDIS supports
- spent funding in line with your plan.

If you haven't done this and you self-manage your plan, we'll look at:⁶⁹

- if it was a once off or not. For example, you may have spent your funding on one support that wasn't an NDIS support
- why you haven't spent your funding on NDIS supports and in line with your plan
- if someone else was involved in the decision to use your funding in this way.

If your plan was managed by a registered plan manager, they were responsible for making sure your funding was used on NDIS supports and in line with your plan.

We'll also look at if you, your plan manager, plan nominee or child representative:⁷⁰

- have given us the information and documents that we need, and have a reasonable excuse if you or they can't
- have been involved in fraud, mismanagement or the misuse of funds or other assets
- have been legally or financially exploited or pressured to do something. For example, someone spending your funding on supports you don't want or need. We'll think about how often this has happened and why
- have the capacity to make decisions or manage your finances, including when you or they have support from others



- anything you or someone else tells us, or that we think we should look at.

We'll also think about if you had the information and support you needed to spend in line with your plan. For example, if you speak a language other than English, live in a remote area or don't have regular access to internet.

When we look at how you, your plan manager, plan nominee or child representative are likely to spend, or have spent, your funding, we don't look at:⁷¹

- the type of impairments you have, but we do look at how your impairments may affect how you manage your funding
- the total amount of funding in your plan
- not using all your funds in a previous plan
- a period of bankruptcy that has now ended.

The funding in your plan must be spent on the NDIS supports described in your plan. We'll explain the types of supports included under each funding component amount in your plan, so you know how to use your NDIS funding.

Sometimes things can go wrong, or you find something's not right. This can include things like not getting the support you agreed to or providers claiming more than you agreed to.

We understand most people try to do the right thing but sometimes make mistakes. We want to help you to do the right thing when you claim from your plan.

If you think you've spent your funding on supports that aren't in your plan or aren't NDIS supports, or you've made a mistake with your self-managed claims, [contact us](#). We can help you fix any mistakes and understand how to claim for next time. We'll also look at [supports and strategies](#) we can include in your plan to help you self-manage your funding.

We are also here to support your plan manager with any questions they have or claims they make.

If you spend funding on supports that aren't in your plan or aren't NDIS supports, you may owe us a debt.⁷² This means you'll need to pay back to us the amount of money spent on supports that weren't in your plan.

How do we decide if there is an unreasonable risk to you?

You have the same right as all Australians to take reasonable risks in managing your money. We respect your right to take reasonable risks if you self-manage your funding or have a plan manager to manage your funding. But it's also important to understand any risks this might create for you.



In most cases, risks will be small or can be managed. We'll work with you to address risks and support your request to self-manage your plan, or have a plan manager to manage your plan, as much as possible. But you can't self-manage your funding or have a plan manager if we think this would create an unreasonable risk to you.⁷³

Your registered plan manager, plan nominee or child representative also can't manage your funding if that would be an unreasonable risk to you.⁷⁴

An unreasonable risk is where it is likely that you will experience physical, mental or financial harm if you, your plan manager, plan nominee or child representative manage your plan.

When we look at risks to you when you, your plan manager, plan nominee or child representative manage your funding, we look at:⁷⁵

- if there are supports or strategies we can include in your plan, or that were included in a previous plan, to reduce risks
- informal, community and mainstream supports that you, your plan nominee or child representative have, or had, in place
- the types of NDIS supports in your plan. For example, we'll think about how your supports are delivered and who is delivering them
- if you are at risk of physical, mental or financial harm or exploitation. Or if someone might pressure you to do something
- your capacity to make decisions or manage your finances, including when you have support from others
- your plan nominee or child representative's capacity to make decisions or manage your finances, including when they have support from others
- if a court or tribunal has ordered someone else to manage part or all of your property or finances
- if a court or tribunal has ordered someone else to manage part or all of your plan nominee or child representative's property or finances
- anything you, your plan manager, plan nominee or child representative tell us that we think is relevant, or that we think we should look at.

When we look at risks, we don't look at:⁷⁶

- the type of impairments you have, but we do look at how your impairments may affect how you manage your funding
- the amount of funding in your plan



- if you haven't used all your funds in a previous plan.

When we are thinking about unreasonable risk to you, we look at your whole situation, not just one thing by itself. We also look at the supports and strategies we can use to reduce risk, or that we have used in a previous plan. For example, if you only have a little experience managing your finances, but strong informal supports like a family member who can support you with budgeting.

We'll only decide there is unreasonable risk to you if there are no suitable supports or strategies available to reduce the risk of harm to you.

Learn more about the [supports and strategies we can use to reduce risk](#).

How do we decide if there is possible physical, mental or financial harm to you?

When thinking about risks to you, we'll look at if there is evidence of possible physical, mental or financial harm to you. Evidence of possible harm won't always mean there is an unreasonable risk to you if you want to self-manage your funding or have a plan manager to manage your funding. We'll also think about:

- how big the risk of harm is to you
- if the risk of harm will affect how the funding in your plan is managed.

We know it can be difficult to talk about this information. We'll only talk about it to make sure we can identify any possible risks. We can then work out together if we can put [supports and strategies](#) in place to reduce the risks.

Examples of physical harm might include if there is evidence of:

- you being injured from a reckless or intentional act, caused by you or another person, like a fracture, contusion, wound, burn or concussion
- you being physically assaulted by a carer, support person, family member or member of the community, which causes serious harm or injury
- serious unexplained injury to you while receiving NDIS supports
- you having a history of habitual or continued substance abuse within the last 12 months.

Examples of mental harm might include if there is evidence of a family member, carer, or support person:

- denying you food as 'punishment'
- threatening to harm you



- abandoning you by denying support permanently
- consistently not letting you go out and do activities
- secluding or restraining you.

Mental harm might also include an allegation of you being subject to offensive, abusive, or demeaning language by a family member, carer, plan manager, or support person. This may also create an unreasonable risk to you.

Examples of financial harm might include if there is evidence of:

- you being financially exploited⁷⁷
- frequent changes in nominee or child representative
- you, your nominee or child representative having a gambling addiction
- you, your nominee or child representative being the victim of coercion, such as being coerced to sign for a loan or power of attorney
- you, your nominee or child representative being insolvent under administration in the past 5 years
- deliberate misuse of, or fraud, in relation to plan funds, by you, your plan manager, nominee or child representative
- you, your nominee or child representative having been involved with the criminal justice system in relation to funds management or fraud.

Learn more about how we identify, think about and manage risks in our [Participant Safeguarding Policy](#).

What supports or strategies can we use to reduce risks?

We'll talk to you about how we can support you to manage any risks to your funding, whether you are self-managing or using a registered plan manager. Before we make a plan management decision, we'll think about:

- supports and strategies that can reduce the risk to you
- supports and strategies that have reduced the risk to you in a previous plan.⁷⁸

This includes informal, [mainstream and community supports](#).⁷⁹ In many cases this means you, your plan nominee, plan manager or child representative, will still be able to manage part or all of your funding. We just need to make sure the risk to you is not [an unreasonable risk](#).

We'll consider the specific risk to you and look at suitable ways to help you manage the risk.



If you want to self-manage your funding, we can give general advice and information, which might be enough to manage any risks to you. This includes information on things like employing your own staff and working with providers. If you're new to self-management, we can work with you to try and solve any problems you have. We might be able to fund a support coordinator or a registered plan manager to help you get started. Or include funding for training in self-management.

Other strategies we can consider to reduce risks to you include:

- giving you a plan with a shorter length of time or shorter funding periods⁸⁰
- having regular check-ins with you
- stating how a support in your plan needs to be purchased. For example, there might be only a few providers who can safely provide a specialised support.

When we think about risks, we also think about the types of supports you want to manage. If there is an unreasonable risk to you if you, your plan nominee or child representative self-manage some supports, you might be able to manage other supports in your plan. You might also be able to manage some of your funding now and manage more in the future if you're ready.

For example, you may want to self-manage your funding but haven't done it before. You may be unsure how to set up your budget and pay your providers. It might be a good idea to start small. We could support you to link to a peer support network to get information from other self-managers about how they manage their payments. For example, you might be able to start with self-managing the funding component amount for core supports such as social and community participation.

At regular [check-ins](#) you can let us know if you need any help to self-manage your funding, or if you want to manage more of your funding. Once you're familiar with the process of paying providers and keeping records, you might be ready to self-manage other parts of your funding.

If we can reduce the risk to you with supports and strategies, we'll put funding in your plan for additional supports, if needed. We'll also record what we have done and why.

If we can't reduce the risk to you with supports and strategies, we may decide that:

- part or all of your plan should be managed by a [registered plan manager](#)
- part or all of your plan should be Agency-managed.

We'll tell you why we have made this decision and talk about what we can do to support your plan management choice in the future.



If we decide to make part, or all, of your funding Agency-managed, you can only use [registered NDIS providers](#) for your supports. We'll work with you to make sure you have the NDIS supports you need.

How long will your plan go for?

Everyone has different goals, living situations, and circumstances. So, we'll work with you to decide how long it will be before we create your next plan. This will be based on your individual situation.

We think about how long you want your plan to go for. We'll try to make the plan length what you want, where we can.

If you don't tell us what plan length you want and your living and support needs are stable, your plan will usually go for:

- 5 years if you're aged 9 and over
- 2 years if you're younger than 9.

5 years is the longest time a plan can go for before we do a plan reassessment. Or 2 years for a child younger than 9.

If your needs are likely to change soon, your plan will be shorter.

Participants younger than 9

These plans will go for one year if:

- participants have early intervention supports, and we expect they'll work for them. This means that they won't generally need NDIS supports long term, after early intervention supports have finished
- participants have developmental delay and need a formal diagnosis
- participants have intensive capacity building supports. This is so we can look at how the intensive supports are working
- participants have a positive behaviour support plan with restrictive practices.

Participants aged 9 and over

Your plan will go for 2 years if:

- you have early intervention supports and we expect they'll work for you. This means you won't generally need NDIS supports after early intervention supports have finished



- you have a degenerative condition, like multiple sclerosis or muscular dystrophy, or a terminal illness and disability. This is because we expect your needs to change. This doesn't include younger people in residential aged care.

Your plan will go for one year if:

- you have a positive behaviour support plan with restrictive practices.

Your plan length may be different if:

- you have a [Compensation Reduction Amount \(CRA\)](#) or a [State and Territory Statutory Scheme \(SATSS\) plan](#). In these cases, your plan length will be based on the review date of your CRA or SATSS
- you're under 65 and in residential aged care (YPIRAC) and have a goal to move out of aged care. In this case, we would provide you with a temporary plan to support your transition out of aged care and to support cross billing.

All participants

Your plan length may be different if:

- you're going to be discharged from hospital. In this case, we would provide you with a temporary plan to support your transition out of hospital
- you have a life milestone coming up, like starting or finishing school or moving out of home.

If you're not happy with how long your plan goes for, you can ask us to vary your plan. We call this a plan variation. Learn more about [plan variations](#).

Your plan will say when we must do a plan reassessment, if we haven't reassessed your plan before this.⁸¹ We call this the 'NDIS plan reassessment date'.

Learn more about [plan reassessments](#).

When will we approve your plan?

We'll approve your NDIS plan as soon as we reasonably can, based on your situation.⁸² We may take longer to approve your plan if we need you to give us more information or get an assessment.

For children younger than 9, we aim to approve your plan within **90 days** after you become a participant.

If you're 9 or older, we aim to approve your first plan within **56 days** after you become a participant.



What happens once you have your plan?

Once we approve your plan, you'll get a copy within **7 days**.⁸³ We'll ask how you'd like to receive your plan.

You can also find it on the [my NDIS portal](#) and [my NDIS app](#) as soon as we approve it.

If you have a nominee or child representative, they'll get a copy too, if they're authorised to get it. You can also ask us to share it with other people. We can only share your plan where you ask us to. Learn more about [your privacy and information](#).

Once you have a plan, you can start using it to buy your NDIS supports. Your plan officially 'starts' on the day we approve it.⁸⁴ Your my NDIS contact, support coordinator or recovery coach can help you start using your plan.

We can only pay for your NDIS supports after your plan starts. We pay for NDIS supports in line with your plan.⁸⁵

During your plan, we'll check in with you to see how you're going, and how your plan is working for you. We may check in with you:

- at least annually, or more often depending on your circumstances
- if we think your plan might not be working for you. For example, if you're using too much or too little of your NDIS supports
- if you would like help to use your NDIS supports in your plan.

Your plan ends when we approve a new one, or you [leave the NDIS](#).⁸⁶ Your plan doesn't expire or stop, even if we haven't created a new plan by the plan reassessment date. You are never left without a plan, unless you leave the NDIS.

Learn more about what happens once you have your plan in [Our Guideline – Your Plan](#).

Can you change your plan?

Once we approve your plan, you can request a change to your plan at any time. We can also change your plan if we need to.⁸⁷

If you want to change the information about you and your goals, we can change your plan to include this at any time.⁸⁸ This new plan will have the new statement about you and your goals.⁸⁹ It will have the same supports.

For other changes to your plan, you'll need to give us information explaining why you think your plan needs to change.

Please contact your my NDIS contact or support coordinator if you'd like to request a change to your plan. We also have [a form you can complete](#).



Learn more in [Our Guideline – Changing your plan](#).

What if you don't agree with your plan?

If you're not happy with your plan, you should talk to your my NDIS contact.

They may be able to explain the decision, clarify how you can use the funding, or help you fix any problems. If you'd like more details about the supports that make up your plan's total budget amount, we can send this to you. You can contact us and ask for a Budget breakdown.

We'll give you written reasons on why we made the decision. [Contact us](#) if you'd like to discuss the reasons for our decision.

If you don't agree with our decision to approve your plan, you can ask for an internal review. Your my NDIS contact, support coordinator or recovery coach can help you ask for an internal review. We also have [a form you can complete](#).

Having an internal review means someone who wasn't involved in creating your plan will review our decision to approve your plan. They'll consider if we made the right decision under NDIS laws. An internal review is different to a change or plan reassessment after a check-in or when your situation changes.

Once you get your plan, you have 3 months to ask for an internal review.⁹⁰

Learn more about [reviewing our decisions](#).

Reference list

¹ NDIS Act s 33(1).

² NDIS Act s 34(1)(aa); NDIS (Supports for Participants) Rules r 5.1(b).

³ NDIS Act s 34(1)(aa); NDIS (Supports for Participants) Rules r 5.1(b).

⁴ NDIS Act s 34(1)(aa); NDIS (Supports for Participants) Rules r 5.1(b).

⁵ NDIS Act s 33(8).

⁶ NDIS Act s 46.

⁷ NDIS Act s 34(1)(a).

⁸ NDIS Act s 10.

⁹ NDIS Act s 4(4).

¹⁰ NDIS Act s 4(4).

¹¹ NDIS Act s 118(1)(a)(v).

¹² NDIS Act s 44 (1)(b)(i).

¹³ NDIS Act s 44; NDIS (Supports for Participants) Rules r 5.1(a).

¹⁴ NDIS Act s 31.

¹⁵ NDIS Act s 32(2).

¹⁶ NDIS Act s 10.

¹⁷ NDIS Act s 34(1)(a).

- 18 NDIS Act s 34 (1)(aa); NDIS (Supports for Participants) Rules r 5.1(b).
 19 NDIS Act s 34(1)(f).
 20 NDIS Act s 33.
 21 NDIS (Old Framework Plans) Determination 2024 s 5(2).
 22 NDIS (Old Framework Plans) Determination 2024 s 7(2).
 23 NDIS (Old Framework Plans) Determination 2024 s 7(2).
 24 NDIS (Old Framework Plans) Determination 2024 s 7(2).
 25 NDIS Act s 42(2).
 26 NDIS Act s 46.
 27 NDIS Act s 42(1).
 28 NDIS Act s 46.
 29 NDIS Act s 46.
 30 NDIS Act ss 33(2)(d), 42(2).
 31 NDIS Act ss 33, 46.
 32 NDIS Act ss 44(1)(a), 44(2A)(a), 74(4)(a).
 33 NDIS Act ss 44(1)(aa)(i), 44(2A)(aa)(i).
 34 NDIS Act ss 44(1)(aa)(ii), 44(2A)(aa)(ii).
 35 NDIS Act ss 44(1)(c), 44(2A)(c), 74(4)(b)(iii).
 36 NDIS Act ss 44(1)(b)(i), 44(2A)(b), 74(4)(b)(i).
 37 NDIS Act s 43(3)(c).
 38 NDIS Act ss 43(6)(d), 74(4)(a).
 39 Bankruptcy Act 1966 (Cth) s 50, pt X div 2.
 40 Bankruptcy Act 1966 (Cth) pt X.
 41 Bankruptcy Act 1966 (Cth) pt IX.
 42 Corporations Act 2001 s 9.
 43 NDIS Act s 44(1)(aa)(i-ii), 44(2A)(aa)(i-ii).
 44 NDIS Act s 80(1); NDIS (Nominees) Rules rr 5.3-5.6.
 45 NDIS Act ss 44(2A)(a), 74(4)(a).
 46 NDIS Act ss 44(5), 74(4)(b)(iii).
 47 NDIS Act s 44(3), 74(4)(b)(i).
 48 NDIS Act s 44(2A)(aa)(i).
 49 NDIS Act s 44(2A)(aa)(ii).
 50 NDIS (Management of Funding and Plan Management) Rules r 6.3(a)-(b).
 51 NDIS Act ss 44(2), 44(3)-(4).
 52 NDIS Act ss 44(2AA), 44(5).
 53 NDIS Act ss 44(2AA), 44(5).
 54 NDIS Act s 43(3)-(4).
 55 NDIS Act s 33(6).
 56 NDIS Act s 43(1)(a)(b).
 57 NDIS Act s 43(8).
 58 NDIS Act s 74(2).
 59 NDIS Act ss 43(2), 44.
 60 NDIS Act s 44(1)(b)(i).
 61 NDIS Act ss 44(2A)(b), 74(b)(i).
 62 NDIS Act ss 44(1)(a), 44(2A)(a), 74(4)(a).
 63 NDIS Act s 44(2).
 64 NDIS Act ss 44(1)(c), 44(2AA), 44(2A)(c), 74(3C)(b).
 65 NDIS Act s 44(1)(aa)(i), 44(2A)(aa)(i).
 66 NDIS Act s 44(1)(aa)(ii), 44(2A)(aa)(ii).
 67 NDIS Act s 100.
 68 NDIS Act ss 46.

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- ⁶⁹ NDIS Act s 44(5); NDIS (Management of Funding Rules) r 5.2(a).
⁷⁰ NDIS (Management of Funding) Rules rr 5.2(b)-(g).
⁷¹ NDIS (Management of Funding) Rules rr 5.3(a)-(d).
⁷² NDIS Act s 182(3).
⁷³ NDIS Act s 43(3)(d).
⁷⁴ NDIS Act ss 43(4A)(b), 43(6)(e), 74(4)(b)(i).
⁷⁵ NDIS (Management of Funding and Plan Management) Rules rr 6.2(a)-(h), 6.3(a)-(e), 6.4(a)-(h), 6.5(a)-(h).
⁷⁶ NDIS (Management of Funding and Plan Management) Rules rr 6.6(a)-(c).
⁷⁷ NDIS (Management of Funding and Plan Management) Rules rr 6.2(d), 6.3(c), 6.4(d), 6.5(d).
⁷⁸ NDIS (Management of Funding and Plan Management) Rules rr 6.2(a)-(b), 6.3(a)-(b), 6.4(a)-(b), 6.5(a)-(b).
⁷⁹ NDIS (Management of Funding and Plan Management) Rules rr 6.2(a)-(b), 6.3(a)-(b), 6.4(a)-(b), 6.5(a)-(b).
⁸⁰ NDIS Act s 33(2A)-(2B).
⁸¹ NDIS Act s 33(2)(c).
⁸² NDIS Act s 33(4).
⁸³ NDIS Act s 38.
⁸⁴ NDIS Act s 37(1).
⁸⁵ NDIS Act s 33.
⁸⁶ NDIS Act s 37(3).
⁸⁷ NDIS Act s 47(A).
⁸⁸ NDIS Act s 47(1).
⁸⁹ NDIS Act s 47(2).
⁹⁰ NDIS Act s 100(2).