



Changing your plan

Quick summary: we may need to change your plan for many reasons. If your situation changes, your disability support needs may change. You might need more supports, fewer supports, or different supports. There are different ways we can change your plan. In certain situations, we might be able to vary your current plan. If we need to make major changes we'll do a plan reassessment, and you'll get a new plan.

We'll check in with you during your plan to see if you need any changes to your plan. We'll talk with you about your situation and look at any information you have given us to work out if we need to change your plan. If a change is needed, we'll then decide what type of change we need to do. You can ask us for a change to your plan at any time, or we could decide to do this. If you want us to review a decision we have already made about your plan, talk to us first. A plan change isn't used to review any of our decisions.

We'll work with you to make any changes to your plan. We'll talk with you about your situation to work out what we need to change. We'll then either update your plan or create a new plan. We still need to follow the laws for the NDIS that apply when making a change to your plan. For example, any changes to the reasonable and necessary supports in your plan must meet the NDIS funding criteria.

Note:

- When we say 'your plan' we mean your NDIS plan.
- 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, 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. The information in this Our Guideline is about our 'old framework' plans, which includes the recent changes to the NDIS laws.

- 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](#).

What's in this guidance?

This guidance covers:

- [What do we mean by changing your plan?](#)
- [How can I ask for a change to my plan?](#)
- [What happens after I request a change to my plan?](#)
- [When do we decide to change your plan?](#)
- [How do we make a change to your plan?](#)
- [How can I prepare for my plan change?](#)
- [When would we decide not to change your plan?](#)
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You may also be interested in:

- [Reviewing our decisions](#)
- [Creating your plan](#)
- [Reasonable and necessary supports](#)
- [Your plan](#)
- [What principles do we follow to create your plan?](#)

What do we mean by changing your plan?

Your NDIS plan has information about you and your goals and aspirations. We call this the 'participant's statement of goals and aspirations'.¹

Your plan also has information about:

- any general supports provided
- your reasonable and necessary supports that meet the NDIS funding criteria
- how your NDIS funds and the other parts of your plan will be managed.

We call this the 'statement of participant supports'.² To learn more go to [Our Guideline – Creating your plan](#).

Every plan must include a reassessment date.³ We need to look at your plan with you by this date and decide if we need to make any changes. You can [ask us to change your plan at any time](#). [We can also decide to change your plan at any time if we think we need to](#). You

don't have to wait until the reassessment date to ask about changing your plan. We'll work with you to change your plan if we need to.

In certain situations, we can change your plan by updating part of your current plan. We call this a [plan variation](#).⁴ Or we can decide to approve a new plan after a [plan reassessment](#).⁵ Both the decision to vary your plan and the decision to approve a new plan are reviewable decisions.⁶

If you're not happy with a decision we've made about your plan, you can ask for an internal review of our decision.⁷ A plan change is not the right pathway to seek a review of a decision we have made.

Learn more about the difference between [plan variations](#), [plan reassessments](#) and [internal reviews](#).

What is a plan variation?

A plan variation is where we make changes to your current plan. We can make changes to your current plan without doing a plan reassessment. There are certain situations when we can do this and the laws for the NDIS tell us what these situations are.⁸ The NDIS rules can also say how we should vary your plan. If we decide to make changes to your plan, we'll prepare the varied plan with you.⁹

We can vary your plan if you ask us to, or if we think a plan variation is required.¹⁰ When you ask for a variation, we call it a 'participant-initiated plan variation'. When we decide to vary your plan, we call this a 'CEO-initiated plan variation'. The varied plan we approve may be different to what you ask for.¹¹ We'll talk to you about this when we're varying your plan. If the plan variation is about funding in your plan, the varied plan must still meet the [NDIS funding criteria](#).¹²

We'll vary your plan to:

- [fix a small or technical error](#)¹³
- [vary your total funding amount](#) (limitations apply)¹⁴
- [vary your funding component amount\(s\) and funding periods](#)¹⁵
- [change the reassessment date of your plan](#)¹⁶
- [update how the funds or other aspects of your plan are managed](#)¹⁷
- [update who must provide a support or how a support must be provided](#)¹⁸
- [add crisis or emergency supports because of a significant change to your NDIS support needs](#).¹⁹

Fix a small or technical error

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This document is correct at the date of publication.

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

If there is a minor or technical error in your plan, we can usually update your plan to correct it.²⁰ For example, a small mistake in your plan might be a spelling mistake we need to fix. Or we may need to add in a word that was missed.

A technical error is where there has been a mistake in how we have processed something. For example, if we have classified or calculated a support the wrong way, we can fix it so it's right.

We'll fix any small or technical errors as fast as we can. We'll let you know if we have fixed an error in your plan.

If there's an error in your participant's statement of goals and aspirations, we'll contact you before we make any changes or corrections.

Vary your total funding amount

Your plan will have a total funding amount. We'll call this a 'total budget amount' in your plan. We can vary the total funding amount in your plan in certain situations.²¹ These include:

- where you need crisis or emergency funding because of a significant change to your support needs²²
- the CEO (delegate) receives requested information after the plan comes into effect (for example, on an item of assistive technology)²³
- a change to your reassessment date,²⁴ or
- a minor variation which means the total funding amount in your plan has increased.²⁵

New and reassessed plans approved **on or after 9 October 2024** will have funding component amounts and funding periods.

Vary your funding component amount(s) and funding periods

Funding component amount(s) is funding for a specific support or group of reasonable and necessary supports funded in your plan.²⁶

Your funding period is the time that a 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. Funding periods can be for the total funding amount of your plan or each funding component amount in your plan.²⁷

The laws for the NDIS state what we can change in your plan without making a whole new one. If your plan has funding component amount(s) and funding periods,²⁸ we can change:

- how we group your NDIS supports. This may change some funding component amounts, but not the total funding amount in your plan.

- changes to funding periods, if these are already in your plan. This may change the time we provide funding for, or the amount in some funding periods. If we vary your funding periods, it won't change the total amount of funding in your plan.
- your general supports, if you have any.²⁹

We don't add funding component amounts and funding periods to plans through a plan variation if you don't already have them in your plan. We'll include them in new plans and plan approval decisions made through a plan reassessment.

Learn more about funding component amount(s) and funding periods in [Our Guideline – Creating your plan](#).

Change the reassessment date of your plan

How far in advance we set a plan reassessment date isn't the same for everyone. Your reassessment date will be specific to you and your situation. In some situations, we can change your reassessment date to a later date or an earlier date if we need to.³⁰ We'll talk with you and work with you if we need to make these types of changes.

For example, if your plan is working for you, we may change the reassessment date to a later date. We call this a plan continuation.

We need to make sure we reassess your plan at least every 5 years. This means we can't change the reassessment date if this would extend your plan longer than 5 years from when it started.³¹ We won't change your reassessment date if there are concerns about how your plan is working for you. Or, you haven't been using the funds in your plan. In this situation we'll check-in with you.

If we change the reassessment date in your plan, we may need to vary the statement of participant supports in your plan. We'll work with you to do this.³²

Case example

Fatima is a 27-year-old participant who lives with a mild intellectual disability. She speaks Arabic and uses an interpreter.

At Fatima's last check-in, she and her planner discussed that her current plan was working well for her. At the time, Fatima requested that her current NDIS supports continue for the next 12 months. We didn't make any changes during her check-in as her plan was near its reassessment date.

When developing Fatima's next plan, her planner suggests they continue her current plan for 3 years. Fatima's planner can see that she has found providers she is working well with, and she is working towards her goals. Her current supports have been working well over the past 12 months and are likely to continue to meet her support needs.



At the plan meeting, Fatima and her planner discuss continuing her plan. Fatima would like to continue with her current supports. Fatima's planner approves a variation to her reassessment date. Fatima's plan will continue with the same supports for the next 3 years. Fatima's planner also tells her that if her situation changes, she can contact the NDIS.

Update how the funds or other aspects of your plan are managed

We can update your plan to change how the funds or other aspects of your plan are managed.³³ You can ask us to do this, or we may decide to do this. When we decide to change how the funds or other aspects of your plan are managed, this is called a CEO-initiated plan variation. When we make a decision about how your plan funds are managed, we'll consider if you³⁴, your child representative³⁵, your plan nominee³⁶, or registered plan manager³⁷ are unlikely to spend your funding only on NDIS supports and in line with your plan³⁸

If we think this is the case, we may not approve your request to change your fund management type.

There are some situations that mean we would have to manage your plan for you. This is when you or your plan nominee:

- have been convicted of an offence that is punishable by imprisonment of 2 years or more³⁹
- have been convicted of an offence that involves fraud or dishonesty.⁴⁰

We'll also think about if there's an unreasonable risk to you if you, your nominee, child representative or registered plan manager manages your funding.⁴¹ Learn more about how we decide who manages your funding in [Our Guideline – Creating your plan](#).

If we change how your funds are managed, this may change how we group the funding components in your plan. For example, if you self-manage one part of your plan, and Agency manage another part, we'll split these into separate components. Learn more in our [Guide to self-management](#).

When self-managing plan funding, we understand that most people try to do the right thing but sometimes make mistakes. We want to help you do the right thing. This means if you do make a mistake, such as spending your NDIS funds on something that's not an NDIS support, we'll work with you to resolve the issue. We'll also look at supports and strategies we can include in your plan to help you manage your funding in the way you want. Find out more about spending in accordance with [your plan](#).

If we think there's an unreasonable risk to you if you, your nominee, child representative or registered plan manager manages your funding, we may need to do a CEO-initiated plan variation. We might also do this if you don't spend your funding in line with your plan or on

NDIS supports. Learn more about what we mean by an unreasonable risk to you in [Our Guideline – Creating your plan](#).

Update who must provide a support or how a support must be provided

If your current plan specifies that an NDIS support must be provided in a certain way or by a specific provider your plan can be updated. We do this to update who must provide a support or how a support must be delivered.⁴² Learn more about how we include NDIS supports in your plan in [Our Guideline – Creating your plan](#).

For example, your plan might say that a specific provider must provide your NDIS supports. If that provider closes down, then we can vary your plan to update who the new specific provider is.

Add crisis or emergency supports because of a significant change to your NDIS support needs

If a significant and unexpected change happens in your life, we may be able to vary your plan to add crisis or emergency supports.⁴³ To do this, there are certain criteria that must be met.

We'll do this when your needs for NDIS supports have changed and you need an urgent change to your NDIS plan.⁴⁴ Sometimes we won't need to vary your plan if you have a crisis or emergency because we don't need to change your NDIS supports. When we're thinking about varying your plan to include crisis or emergency supports, we must look at if there has been a significant change to your:

- functional capacity. When we say functional capacity, we mean the things you can and can't do because of your disability⁴⁵
- informal supports. This means a change in family, friends and unpaid carers who were providing you with support but suddenly they can't⁴⁶
- living situation.⁴⁷ For example, following a natural disaster you may need extra supports to live in temporary housing that doesn't meet your disability support needs.

We must also make sure that the crisis or emergency support is for either:

- a specific period of time.⁴⁸ For example, this could be for one-month if a family member who supports you every day suddenly goes to hospital. We could fund a support worker until the family member can support you again.
- a once-off support.⁴⁹ For example, if a sudden change in your mobility means you urgently need a wheelchair.

We may need to respond quickly in the event that you need crisis or emergency supports. In this case, we may need to do a plan variation. This is to make sure your disability support needs are met until we can do a plan reassessment.

We must also think about if we should be funding the support. Some supports are funded by other state, Commonwealth or territory programs.⁵⁰ For example, if a storm damages your home, they may offer you a natural disaster payment and crisis accommodation funding. In this case, we won't vary your plan to include crisis or emergency supports.

When we add these emergency supports to your plan, we'll let you know how you can use them and for how long. Generally, these NDIS supports won't be for the whole length of your plan. We'll check in with you regularly over this time. Near the end of this specific time period, we'll check in to see if your plan can continue without these emergency supports. If it can't, we may need to do a plan reassessment.

If we're not sure your disability-related support needs will be met, we might decide to vary your plan. We may add funds for a specific period of time and bring your reassessment date forward. This is so we can provide the immediate support you need and see if your disability-related support needs are met. Towards the end of this specific time period, we'll do a reassessment to see what your ongoing disability-related support needs are.

We might decide not to vary your plan if there are supports in your plan that you can use flexibly.

Case example

Leigh is 20 years old and lives at home with his dad, Geoff. Geoff is Leigh's only informal support and helps him with all of his personal care needs. Leigh also has support workers to help him get around his house and the community.

Recently, Geoff had an accident and suffered a broken leg. Geoff needs rehabilitation and won't be able to help Leigh like he usually does. Geoff is expected to recover well and receive medical clearance to provide care to Leigh again in 10 weeks' time.

Because of Geoff's accident, Leigh needs urgent personal care support as he is unable to manage this independently. This is a significant change for Leigh because Geoff usually supports him with all of his personal care needs. He needs an increase in his support worker hours for personal care and support with his mobility. He calls his local area coordinator and asks for a change to his plan to get more NDIS supports to cover this.

Leigh's planner thinks about all the information and can see that his current plan won't cover his urgent support needs. Leigh's change in support needs is only for a short time so his planner decides to vary his current plan.

Leigh's planner approves 10 weeks of personal care support to cover this specific period of time. We don't need to reassess Leigh's plan because we can include crisis or emergency funding in a plan variation.

Leigh's local area coordinator checks in with him to see if he needs more help or linkages to supports in the community.

Understand section 45(5) amendments

Plans approved on or after 9 October 2024 now include total funding amounts, funding components and funding periods. You must stay within the funding amounts set out in your plan, including any funding component amounts and funding periods.

Staying within your plan funding helps you manage your supports and makes sure your plan lasts for the full length of time so you can continue to pay for the supports you need. Usually, we are not allowed to pay for supports outside of your plan if you use up your funding before the end of your funding period.

Under the laws for the NDIS, there are some very limited circumstances when we may pay for supports outside of your plan. This might happen if there's a serious risk to your life, health or safety, if you couldn't ask for a plan change because of your disability, or if your plan funding was misused due to fraud. We'll generally only consider paying for essential supports you rely on every day, like personal care, disability-related health supports or behaviour supports.

Learn more about what if you spend your funding before the end of the funding period in [Our Guideline – Your Plan](#).

We receive information or reports after your plan has started that we requested during planning

We can vary your plan if it relates to the information or report we requested.⁵¹

For example, when we created your plan, we asked for an occupational therapist assessment and report. This told us about your assistive technology needs to support your mobility goal. If we receive this report after we have already approved your plan, we may decide to vary your plan to include any assistive technology that is recommended in the report which meet all the NDIS funding criteria.

We need to adjust your plan due to a change to the reassessment date

If we extend your plan reassessment date, the NDIS supports in your plan will not change. As the funding will now be for a longer time, we'll adjust the funds in your plan to account for the longer timeframe.⁵²

For example, if your plan is meeting your needs, we might change the reassessment date, so your plan goes for longer. If we do this, we'll adjust the funding for NDIS supports to cover the extra time.

If we bring your reassessment date forward, the NDIS supports in your plan won't change. However, as the funding is now for a shorter time, we'll adjust the funds to account for the shorter plan timeframe.⁵³

We make a minor variation to your plan which increases your funding

Sometimes we'll make a minor variation to your plan which increases your funding by adding another reasonable and necessary support.⁵⁴ We can do this if the support is:

- only needed for a specific amount of time. For example, one-month
- a once-off support.⁵⁵ For example, a wheelchair.

We must also make sure that the support is not the same or doesn't give you the same support outcomes as another support already included in your plan.⁵⁶ It must also be one or more of the following. The support is:

- for replacing, repairing or maintaining assistive technology in your previous or current plan.⁵⁷
- urgently needed to support your economic participation for a period of time.⁵⁸ For example, if you have an opportunity to start a job before there is time to do a plan reassessment. In this case, we may add specific employment supports that you need so you don't miss out on the opportunity.
- urgently needed to help you build your skills or support a life change.⁵⁹ For example, if your child is starting school a year earlier than planned. Now they may need more support to help build their skills to manage this life change.

We may decide to increase the amount of funding for a reasonable and necessary support in your current plan.⁶⁰ We can only do this if the support is:

- a home modification, design or construction⁶¹
- vehicle modification⁶²
- assistive technology.⁶³

We can vary the funding for one of these supports if:

- you can't buy that support with the funding in your current plan.⁶⁴ For example, you have funding in your plan for vehicle modifications based on an approved quote. When you contact the provider the cost of materials has increased. In this case, you'll need more funding to cover the cost of the same vehicle modifications.
- the way the supports were agreed to be provided has changed.⁶⁵ For example, you are living in a remote area and a single physiotherapist travels there regularly. They had agreed to fit your assistive technology on one of their regular trips. The provider

shuts down and there are no other physiotherapists in the area who can fit your assistive technology. You now have to pay extra for another physiotherapist to travel and fit your assistive technology. In this case, you'll need more funding to cover the cost of the same supports.

- there is extra unexpected information needed such as quotes, assessments, services or materials.⁶⁶ For example, you're having home modifications completed. After work started, termites and rot were discovered in the floor. The floor must be repaired for the home modifications to be completed. So, you'll need more funding to cover the costs of the same home modifications.

To learn more go to [Home modifications explained](#).

We may need to respond quickly in the event that you need urgent supports before your plan reassessment date. In this case, we may need to do a plan variation. This is to make sure your disability support needs are met until we can do a plan reassessment.

Case example

Elijah is 5 years old and has cerebral palsy. Elijah requires an ankle foot orthotic (AFO) to improve his walking pattern and stability.

He has had a growth spurt and his current AFO is now too small and needs to be changed.

Elijah's mum Rose is his child representative. Rose asks their early childhood partner to help them make this change to Elijah's plan.

It is clear to Elijah's planner that Elijah still requires the use of an AFO. We said this was a reasonable and necessary support in his current plan.

Elijah's planner decides to vary his plan and approves funding for a new AFO. Elijah doesn't need any other changes to his plan.

What is a plan reassessment?

A plan reassessment is when we replace your current plan with a new one. You may need a plan reassessment to make sure you have an NDIS plan that meets your support needs and helps you pursue your goals.

When can your plan be reassessed?

We can do a plan reassessment at any time.⁶⁷ Under the laws for the NDIS, the reasons we may reassess your plan are:

- you ask us for a plan reassessment⁶⁸ and we agree with your plan reassessment request⁶⁹
- we think your current plan is not meeting your support needs⁷⁰

- your plan reaches its reassessment date.⁷¹

When you ask us to do a reassessment, we have to think about all the information you tell us and any evidence you give us. Once we have looked at this information, we may decide not to reassess your plan. We won't reassess your plan if it doesn't meet the criteria in section **When can we reassess your plan** or we don't have enough evidence to change your plan.⁷²

When we do a plan reassessment, we create a new plan.⁷³ We can also decide not to reassess your plan and vary your current one.⁷⁴ We may decide to vary your current plan instead if this meets your need for NDIS supports. Whether we choose to vary your current plan or create a new one will depend on your situation.

When can we reassess your plan?

When we decide if we can reassess your plan we think about if there has been a significant change in your situation. We can only reassess your plan where the evidence you give us shows your change in situation has led to a significant change to your need for NDIS supports.

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

The types of changes in your situation that we'll look at to decide if we do a plan reassessment are:

- if your functional capacity has changed.⁷⁵ When we say functional capacity, we mean the things you can and can't do because of your disability
- if your informal supports have changed.⁷⁶ This means a change in family, friends and unpaid carers who were providing you with support. For example, a family member's situation changes, and they can no longer support you on an ongoing basis
- if your living situation has changed⁷⁷
- if life is changing in a significant way. For example, you are starting or leaving school, tertiary education or employment⁷⁸
- if there's been a change to your right to compensation for personal injury. For example, you're eligible to get an amount of money for personal injury under an insurance claim following a car accident⁷⁹
- anything you, your plan nominee or child representative tell us that we think is relevant or that we think we should look at.⁸⁰

Some other reasons we may need to reassess your plan are:

- we need to include funding periods, funding components or the total funding in your plan for the first time. This is because of the updated laws for the NDIS

- if it's been 5 years since your last plan reassessment.⁸¹

We'll also think about when your next plan reassessment is due.⁸² For example, if your next plan reassessment date is in one month we'll wait until then. If it's in 6 months, we may reassess your plan earlier.

When we think about doing a plan reassessment, we'll look at any documents or information you give us. To reassess your plan the evidence you give us needs to show your change in situation and significant change to your need for NDIS supports. For example, you can give us a report from your allied health professional.

We'll also think about your individual situation and anything you tell us.⁸³ We may use this information, or other information that we think is relevant, to decide if we need to do a plan reassessment.⁸⁴

To learn more, go to [What happens if we need more information?](#)

What is an example of a significant change in support need?

Mara has multiple sclerosis and until recently her NDIS plan was working well to meet her support needs. In the past few months, Mara has found it more difficult to get dressed for work in the morning. She can no longer do this without assistance. She met with her health professional, and they assessed that Mara's fine motor skills have declined, and this is likely to be permanent.

Mara has requested a change to her plan so she can access a support worker to help her get ready for work in the morning. Mara's decline in motor skills is a change in Mara's functional capacity which has significantly changed her need for NDIS supports. The change is also likely to be permanent so to make sure Mara has access to the NDIS supports she needs, we decide to reassess her plan.

Mara is also able to provide us with evidence about her change in situation and NDIS support needs. Mara gives us a report from her health professional so her planner can make a decision to reassess her plan. It also helps us to include the right NDIS supports in Mara's new plan.

What is an example that isn't a significant change in support need?

Liam is 32 years old and lives in a one bedroom flat. He is an attendant propelled wheelchair user and uses assistive technology for his job as a children's writer. Stuart is Liam's support worker and helps Liam with his personal care and going out to work meetings.

Liam has recently bought a new 2-bedroom house which has space for his office. He will be moving in 3-months. He got in touch to let us know his living arrangements will be changing and he may need a new plan or a change to his current one.

A planner calls Liam to discuss the home move. The new 2-bedroom house is already accessible for Liam's wheelchair. Stuart is also going to continue to be Liam's support worker in his new home providing the same amount of support. Liam and Stuart think that 3 months will be enough time to prepare for the move.

Liam's planner decides that he doesn't need a change to his plan. This is because even though Liam's living arrangements will change it hasn't caused a significant change in Liam's need for NDIS supports.

We can update Liam's personal details to make sure we can contact him about his NDIS plan when he moves to his new home.

Liam can let us know at any time if his situation changes and ask for a change to his plan in the future.

How can I ask for a change to my plan?

A change to your plan could be a [plan variation](#) or a [plan reassessment](#).

There are 3 ways you can ask us for a change in your plan:

- complete [change of details or change of situation form](#)
- [call us](#)
- visit one of [our offices](#).

You may decide to ask for a change to your plan if, for example:

- there has been a change in your situation that is significantly impacting your need for NDIS supports
- you want to change how the funding is managed
- you urgently need a change in supports.

You need to give us any new information to help us decide if we'll do a plan change. The type of information or evidence we need can depend on the reason you're asking for a plan change. This may include any assessments, reports, or other information. These are important to help us understand how your situation has changed and make a decision on whether your plan needs to be changed.

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

You can give us any new evidence about your support needs when you get it. If you're not sure what to give us, you can talk to us, your my NDIS contact, support coordinator or recovery coach. You can also give us new evidence during your check-in.

For example, you might ask for a change in your plan because your disability needs have changed. You may have trouble doing things you used to be able to do. We'll need an assessment or report from an appropriately qualified professional about how your support needs have significantly changed. This may be your doctor, a specialist, or an allied health professional like an occupational therapist.

If you only want to change [how the funding is managed](#) in your plan, we might be able to do a [plan variation](#). We may not need new information if everything else is the same, for example, you probably won't need assessments or reports. We may ask you some questions about this change to make sure there aren't any risks to you.

There may be some situations where you won't be able to self-manage or use a registered plan manager for your NDIS funding.⁸⁵ Learn more about your options for managing your funding [Our Guideline – Creating your plan](#).

Can someone else ask to change my plan?

Your [plan nominee or child representative](#) can ask us to make a change to your plan on your behalf.

You can also give consent for someone else to ask us to do a change to your plan on your behalf. For example, this could be an advocate, family member or friend.

If you want to give consent for this, there are 3 ways you can do it:

- fill in the [Consent for a third party to act on your behalf](#) form
- send us a letter or [email](#)
- [contact us](#) and we'll make a written note.

Learn more about [consent](#).

Before you decide to give consent for someone else to ask for a change to your plan, you should think about if they have a conflict of interest. You should think about:

- if you've given the person consent to make a plan change request
- how long you have given them consent for.

To learn more go to [conflict of interest](#).

You can't ask for a change to your plan if your plan is suspended.⁸⁶ Learn more about plan suspensions and when can't you use your plan in [Our Guideline – Your plan](#).

How can I change my goals?

You can change your statement of goals and aspirations at any time, you just need to let us know.⁸⁷ We'll update your plan with your new statement of goals and aspirations. We'll give

you a copy of your varied plan within 7 days of getting your changed statement.⁸⁸ This change results in a variation to your statement of goals and aspirations rather than a new plan.⁸⁹ We can only change your statement of goals and aspirations if you ask, we can't decide to change them for you.

We don't make any other changes to your plan if you only ask us to change your participant statement of goals and aspirations. The NDIS supports funded in your plan, how your funding is managed, and when we must reassess your plan, all stay the same.⁹⁰

Learn more about setting goals and the information about you in [Our Guideline – Your plan](#).

What happens after I request a change to my plan?

When we receive your request to change your plan, we'll look at the information you have given us to make our decision.

Request for a plan variation

If you request a [plan variation](#), we can decide to:

- vary your plan⁹¹
- not vary your plan⁹²
- let you know we need more time to make our decision.⁹³

We must make our decision about your request for a plan variation request within **21 days** of receiving your request.⁹⁴ We'll send you a letter telling you about our decision and our reasons behind it.⁹⁵

There may be times we'll tell you we need more time to make our decision. When we do, then we must either vary the plan or decide to not vary the plan as soon as reasonably practicable.⁹⁶ What is reasonable will depend on whether we have requested any information or reports.⁹⁷ We may ask you to provide more information to help us make our decision.⁹⁸ Or we may ask you to get an assessment or examination or both, and provide us with a report or reports.⁹⁹

If we request more time to make our decision, we'll decide whether to vary your plan within:

- 28 days; or
- 50 days if we are addressing complex needs.¹⁰⁰

If you don't agree with our decision to vary your plan, or not vary your plan, you can ask us to review this decision.¹⁰¹ Learn more about internal reviews in [Our Guideline – Reviewing our decisions](#).

Request for a plan reassessment

If you request a [plan reassessment](#), we can decide to:

- vary your plan¹⁰²
- reassess your plan¹⁰³
- not reassess your plan.¹⁰⁴

Just like plan variations, we must make our decision about your request for a plan reassessment within **21 days** of receiving your request.¹⁰⁵

We'll send you a letter telling you about our decision. If we decide to vary your plan, or not reassess your plan, we'll provide you with reasons for our decision.¹⁰⁶ If you don't agree with our decision to vary your plan, or not reassess your plan, you can ask us to review this decision.¹⁰⁷

If we don't decide within **21 days**, we are taken to have decided not to reassess your plan.¹⁰⁸ We'll review this decision automatically.¹⁰⁹ We call this an automatic internal review. We'll let you know in writing if we do an automatic internal review.¹¹⁰ You don't need to do anything.

Learn more about internal reviews in [Our Guideline – Reviewing our decisions](#).

If we decide to reassess your plan, we must complete the reassessment¹¹¹ and either:

- vary your plan (as a result of the reassessment)¹¹² or
- prepare and approve a new plan.¹¹³

When do we decide to change your plan?

We may decide to do a CEO-initiated plan change if your plan needs a [variation](#)¹¹⁴. For example, to make changes to how your funding is managed if you, your child representative, your plan nominee or registered plan manager have not:

- spent funding on NDIS supports
- spent funding in line with your plan.¹¹⁵

We understand that people can make mistakes when they or their plan manager are managing their NDIS funding. This is why before we change your plan management type, we'll think about supports and strategies you could use that reduce the risks to you. This is so that you can use your preferred plan management type. To find out more about when we may do a CEO-initiated plan variation to change your fund management type, go to [Our Guideline – Creating your plan](#).

We may also decide to do a CEO-initiated plan change if your plan needs a [reassessment](#)¹¹⁶. For example, due to a significant change in your situation or if there is an issue with how your funding is being used.

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.

There are rules that help us decide if you'll spend your NDIS funds only on NDIS supports and in line with your plan. For more information, go to [What supports can you buy with your NDIS funding?](#)

When you buy supports in line with your plan, you need to make sure they're:

- NDIS supports or
- an agreed replacement support that relates to your disability.

For information on what is an NDIS support, what is not an NDIS support, and what can be considered a replacement support, go to [What does the NDIS fund?](#)

If we decide to change your plan, we'll let you know we're doing this and what type of plan change we're doing.¹¹⁷

We must also reassess your plan before the reassessment date in your plan.¹¹⁸ We'll write to you around 3 months before your plan reassessment date to let you know it's coming up. We'll confirm the check-in details in the letter. After the reassessment we may decide to approve a new plan¹¹⁹ or vary your current plan,¹²⁰ depending on your situation. We'll prepare the variation of your plan, or your new plan, with you.¹²¹

If you don't agree with our decision to vary your plan, or approve a new plan, you can ask us to review this decision.¹²² Learn more about internal reviews in [Our Guideline – Reviewing our decisions](#).

If we can't reassess your plan before your reassessment date, your current plan will continue beyond the reassessment date. We'll write to you to let you know if this is going to happen.

Sometimes a plan will say that in certain situations we must reassess the plan.¹²³ For example, your plan might say we need to reassess it once you leave school.

We must reassess your plan at least every 5 years. However, this doesn't mean we'll only reassess your plan every 5 years. This will depend on your individual situation. We'll talk to you about this to work out when your plan reassessment will be, based on what best suits your needs.

During your plan, we'll check in to see how you're going. We'll talk with you about how the NDIS supports in your plan are meeting your disability support needs.

We'll check in with you:

- at regular times, for example each year
- if we think your plan might not be working for you.

Learn more about check-ins in [Our Guideline – Your plan](#).

If the check-in shows your plan is meeting your disability support needs, we won't do a plan change and your current plan will continue. If we find you have a significant change to your NDIS support needs, we will discuss changing your plan.

We may decide to do a plan change if we know your plan isn't working for you. For example, you may not have the right NDIS supports you need, or you may not be using your NDIS supports. This information might come from:

- you or someone else in your life
- your local area coordinator, early childhood partner, or support coordinator
- our system that shows how you're using the funding in your plan.

If we think you need a change to your plan, we'll get in touch to explain why a plan change is needed. We'll also make sure you understand what this means for you and what happens next.

We'll prepare your plan with you, and we might not need to ask you all the usual planning questions. Your goals can stay the same if you don't want to change them.¹²⁴

If we decide to change your plan, we must provide you with a copy of your:

- varied plan **within 7 days** of being approved¹²⁵
- new plan **within 7 days** after your plan is approved.¹²⁶

There may be times where you only want to change your statement of goals and aspirations. When you do, we'll provide you with a copy of your varied plan **within 7 days** of receiving your changed statement.¹²⁷

Learn more about how long this takes in our [Participant Service Charter](#).

How do we make a change to your plan?

We'll work with you to change your plan. We'll think about the type of change your plan needs to meet your disability support needs. We'll let you know what type of plan change we're doing, a [plan reassessment](#) or [plan variation](#), and what that means.

We'll do a plan change either in person or over the phone. It depends on what suits you best. You can ask a family member, friend, advocate, or other support person to be involved in your plan change.

Everyone's plan changes are different. When we're working with you to change your plan, we may look at different things. This will depend on what type of change we're doing and the sort of changes we're making.

Until we have finished updating our computer systems, new and reassessed plans completed in our new computer system will go for one year.

Sometimes when we're doing a plan reassessment or plan variation we may also check to see if you're still eligible for the NDIS. We call this process an eligibility reassessment. This is a normal part of the plan reassessment and variation process. Learn more about [when you're no longer eligible for the NDIS](#).

What happens during a plan variation?

When we do a plan variation, we'll work with you to understand how your situation has changed. We may be able to make changes to your plan without doing a full plan reassessment. We think about the information you have provided and work with you to make any necessary changes to your current plan.

All NDIS supports in your varied plan must meet the [NDIS funding criteria](#). This includes the NDIS supports that were already in your plan.

When we vary your plan, we'll let you know the date when the variation to your plan starts. This can only be on or after the day we decide to vary your plan.¹²⁸

What happens during a plan reassessment?

When we do a plan reassessment, we must complete the reassessment and decide to either:

- make changes to vary your plan without doing a full reassessment¹²⁹
- prepare and approve a new plan.¹³⁰

If we vary your plan, it will only include a total funding amount, funding component amounts and funding periods if they're already in your plan.

If we prepare and approve a new plan because of a reassessment, your new plan will include:

- a total funding amount
- funding component amount(s) and
- funding periods.¹³¹

This is because of changes to the laws for the NDIS.

When we do a plan reassessment, we think about all your information including your goals, situation, and disability support needs. We reassess all the supports you require to meet your disability support needs. You may not need some of your supports anymore, while others may increase or change.

We'll usually look at how you've been using your NDIS supports and how well your previous plans worked for you.¹³² We also look at if you have spent your funding on NDIS supports in line with your plan.¹³³ This will help us decide if the NDIS supports are still working for you.

If you haven't used all the funding by your plan reassessment date, it doesn't mean we'll reduce the funding in your next plan. There may be very good reasons why you weren't able to use the funding.

We might talk about any problems you have using your funding and support you may need to get help with this. If you consistently don't use your NDIS funding, we think about whether the supports really do meet the [NDIS funding criteria](#). For example, they may not be effective and beneficial for you if you're not actually using them.

Your needs and situation will most likely change over time. This means your NDIS funding may change over time. For example, your disability support needs might increase, and we might consider funding more NDIS supports.

Or we might fund NDIS supports to help you build your skills in a particular area. Once you have built those skills, you won't need that funding anymore. So, we probably won't include that funding in your next plan. NDIS supports to build your skills may have met the NDIS funding criteria before, but they might not in the future.

All NDIS supports in your new plan must meet all [NDIS funding criteria](#).

What happens if we need more information?

To help us decide whether we can change your plan, we may ask you for more information or to provide an assessment. This information will help us work out your disability support needs. It's important you give us this information as without it, we may need to decline your plan change request.

We'll ask for different types of information for different types of supports. We might ask you for:

- a new assessment and report,¹³⁴ if your last assessment was a long time ago and doesn't tell us about your current support needs. For example, an occupational therapist may write a letter to explain why you need a specific type of wheelchair
- more information about the types of supports you need and how often you need it, from a suitably qualified person. This could be your doctor or psychologist
- information from a provider about how you have progressed towards your goals.

The most important information we gather about what NDIS supports to include in your plan comes from you. We collect this information during check-ins. You can also give us this information anytime there's a change in your situation.

We must give you a reasonable opportunity to give us the information.¹³⁵ We'll review the information you give us to make sure the NDIS supports meet the NDIS funding criteria for you. The sooner you can give us the information, the sooner we can change and approve your plan.

In some situations, we may need to approve your plan before you get an assessment or give us information. If this happens, we may then do a CEO-initiated plan change after we receive the reports. This could be a plan variation or a plan reassessment.¹³⁶

For example, we might approve your plan, so you have funding for urgent self-care supports. We could then do a CEO-initiated plan change afterwards, once you have the assessments and reports for other supports, such as assistive technology.

How can I prepare for my plan change?

We have some guides you can use to help you prepare for your plan change. You can find the [Changing your plan factsheet](#) on our website. You can also check out our pages on [Supports you can access](#) and [Would we fund it](#).

Before your plan change, you need to gather any assessments, reports, and other information to help us change your plan. You might have this information yourself, or you might need to get it from a support coordinator or provider.

If you have a [support coordinator](#) or [specialist support coordinator](#), we'll need a report from them. The report should tell us how your NDIS supports are meeting your needs and helping you pursue your goals.

For children younger than 9, we have an [Early childhood provider report form](#). Providers should complete this form to tell us about the supports the child has received. The form tells us the information we need, such as:

- what services were provided and who provided them
- a progress update, including what stage the child has got to
- future recommendations.

When would we decide not to change your plan?

There may be several reasons we decide not to change your plan if you ask us to do a plan reassessment or plan variation.

When would we decide not to do a plan reassessment?

If you ask us to do a plan reassessment, we need to think about whether your current plan can meet your support needs. We also think about the reason you are asking for a plan reassessment. Reasons we would decide to not do a plan reassessment¹³⁷ include:

- if you don't have any new information or evidence of a significant change to your support needs
- if your request is only about wanting more funding, or NDIS supports that other participants have
- if informal, community or mainstream supports can meet your needs
- if your plan is suspended
- if your plan reassessment date is soon, we may decide to wait until then.¹³⁸

If you don't have any new information or evidence

We generally won't change your funding if there's no new information about how your support needs have changed. For example, we generally won't do a plan change if:

- you changed your mind about the NDIS supports you want after we've approved your plan
- there's no evidence, or not enough evidence to show there has been a change to your situation
- there's no evidence, or not enough evidence there has been a significant change to your need for NDIS supports. This means, you can still do the same things you could do when we approved your plan.

Remember, you can give us new information or evidence anytime there is a change in your situation. Learn more about what [evidence you need to give us before we create or change your plan](#).

If your request is only about wanting more funding, or NDIS supports that other participants have

We can't change your funding just because you want more NDIS supports, or the same supports as other participants. This may include:

- more funding because you've used all the funding in your plan, even though your situation hasn't changed
- extra NDIS supports because another participant has these supports
- NDIS supports added to your plan without enough evidence showing why you need them
- funding for NDIS supports that don't relate to your disability support needs.¹³⁹

If informal, community or mainstream supports can meet your needs

We can't change your funding if friends, family or other services can meet your needs. For example, if you ask for things:

- that are not NDIS supports¹⁴⁰
- that we'd reasonably expect family or friends to do for you. For example, short-term care if the family members who usually support you are sick.¹⁴¹

If your plan is suspended

We can't do a plan change if your plan has been suspended.¹⁴² This usually happens after:

- you've been overseas for more than 6 weeks. However, there are some situations we can extend the 6-week period of your plan.
- [you don't claim compensation](#) you're entitled to after we ask you to, for example, after you've had an injury.

To learn more about plan suspensions and when you can't use your plan in [Our Guideline – Your plan](#).

If your plan reassessment date is soon, we may decide to wait until then

When deciding to reassess your plan we must think about when we'd next be required to reassess it. This will depend on the reassessment date in your current plan.¹⁴³

We do this because it's not practical for us to reassess your plan if your plan reassessment date is soon. For example, if your reassessment is in less than one month it's likely that a planning meeting has already been organised. However, if your reassessment date is 6 months away it may be better to do one sooner.

When might we decide not to do a plan variation?

NDIS laws tell us when we can do a plan variation.¹⁴⁴

We'll decide not to vary your plan if the request doesn't meet the things the [rules say about plan variations](#), or the following reasons.

For example:

- your plan is suspended or ceased¹⁴⁵
- you have flexible funding left in your plan that can be used
- it is to avoid or replace an existing review or appeal pathway
- we don't have enough evidence to support a variation
- you've used all the funds in your plan quicker than specified in your plan, without evidence showing why this was needed
- you're requesting to self-manage or use a registered plan manager, but we think it's an unreasonable risk to you.¹⁴⁶ Learn more in [Our Guideline – Creating your plan](#).

We'll also decide not to vary your plan if we think we should do a plan reassessment instead. The reasons we may decide that your plan needs a reassessment instead of a variation are:

- we have varied your plan several times and your plan isn't meeting your needs, so we need to do a reassessment
- we can't vary your plan without looking at the other supports in it
- your situation has changed significantly, and you need a reassessment
- you're wanting more funding to help with a new or changed goal, and the request is not minor
- your informal, community or mainstream supports can't meet your needs.

How can we support you?

If we decide not to change your plan, we can link you with other services who may be able to help you. Talk to us, your my NDIS contact, support coordinator or recovery coach about how they can help you get other supports you may need.

If you don't agree with our decision not to change your plan, you can ask us for an internal review of that decision. This means another one of our staff, who wasn't involved in the original decision, will look at whether we made the right decision.

Learn more about reviewing our decisions go to [Our Guideline – Reviewing our decisions](#).

What if you're waiting for an internal review decision?

If your situation and support needs change while you're waiting for an internal review, [contact us](#). Depending on the changes to your situation and support needs, we may decide to do a CEO-initiated plan change.¹⁴⁷ You can also ask for a participant-requested plan change.¹⁴⁸

If we decide to change your plan while we're completing the internal review, our decision will form part of that internal review.¹⁴⁹ This will happen automatically, and you don't need to do anything. Learn more about internal reviews in [Our Guideline – Reviewing our decisions](#).

What if you're waiting for an external review decision?

If you're a participant and your situation or disability support needs change during the external review process, contact your case manager. Your case manager is our staff member who helps us at the Tribunal. Your case manager will explain the options available to you. We may also need to let the Tribunal know what we think we should do if it might affect your external review.

You can still use the NDIS supports in your plan while the Tribunal considers your external review.

Learn more about external reviews in [Our Guideline – Reviewing our decisions](#).

What happens after I have had a change to my plan?

After we decide to change your plan, you'll get a copy of it. We'll also give you a letter with the reasons for the decision we made. If we vary your plan, you'll get a copy of your plan within 7 days of the day the variation to your plan starts.¹⁵⁰ If we approved a new plan, you'll get a copy within 7 days of your plan being approved.¹⁵¹

Your local area coordinator, early childhood partner or support coordinator can help you start using your plan. For example, they can explain the NDIS supports in your plan, help you connect with supports outside the NDIS, and help you find service providers.

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

What if I'm not happy with my plan?

If you're not happy with your new plan, you should talk to us, 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 funding amount, we can send this to you. You can contact us and ask for a funding breakdown. This could be when you get your varied plan or when we meet with you to approve your new plan.

If you don't agree with your new plan or varied plan, you can ask us to review our decision. We call this process an internal review.¹⁵² This means another one of our staff, who wasn't involved in the original decision, will look at whether we made the right decision.

It's up to you to decide whether you want an internal review. We don't decide this for you.

You need to ask for an internal review of our decision within 3 months of receiving our decision. We can't do an internal review if you ask us after 3 months has passed. If you ask us after 3 months, we'll let you know what other options you have. To earn more about reviewing our decisions go to [Our Guideline – Reviewing our decisions](#).

Reference list

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- ¹ NDIS Act.s33(1)
 - ² NDIA Act s 33(2)
 - ³ NDIS Act s 33(2)(c).
 - ⁴ NDIS Act ss 47; 47A.
 - ⁵ NDIS Act s 48.
 - ⁶ NDIS Act s 99.
 - ⁷ NDIS Act s 100.
 - ⁸ NDIS Act s 47; NDIS Act s 47A.
 - ⁹ NDIS Act s 47A(1).
 - ¹⁰ NDIS Act s 47A(2).
 - ¹¹ NDIS Act s 47A(9).
 - ¹² NDIS Act s 47A(3).
 - ¹³ NDIS Act s 47A(1)(a)(ii).
 - ¹⁴ NDIS Act s 47A(1A).
 - ¹⁵ NDIS Act s 47A(1A).
 - ¹⁶ NDIS Act s 47A(1A)(d)(iii).
 - ¹⁷ NDIS Act s 47A(1A)(b).
 - ¹⁸ NDIS Act s 47A(1A)(c).
 - ¹⁹ NDIS Act s 47A(1A)(d)(i).
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 - ²¹ NDIS Act s 47A(1A)(d).
 - ²² NDIS Act s 47A(1AB)(j)(i);NDIS Act s 47A(1A)(d)(i).
 - ²³ NDIS Act s 47A(1A)(d)(ii).
 - ²⁴ NDIS Act s 47A(1A)(d)(iii).
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 - ²⁶ NDIS Act s 33(2A)(b)(c).
 - ²⁷ NDIS Act s 33(2A)(d).
 - ²⁸ NDIS Act s 47A.
 - ²⁹ NDIS Act s 47A(1A)(ag).
 - ³⁰ NDIS Act s 47(1A)(a).
 - ³¹ NDIS (Variation and Reassessment of Participants' Plans) Rules r 5.2.
 - ³² NDIS Act s 47A(1A)(d)(iii).
 - ³³ NDIS Act s 47(1A)(b).
 - ³⁴ NDIS Act s 44(1)(c).
 - ³⁵ NDIS (Management of Funding and Plan Management) Rules r 6.5.
 - ³⁶ NDIS Act s 44(2A).
 - ³⁷ NDIS Act s 44(2).
 - ³⁸ NDIS Act ss 44(1)(c), 44(2A)(c), 74(3C)(b).

- 39 NDIS Act s 44(1AA)(i); NDIS Act s 44(2AA)(i).
 40 NDIS Act s 44(1AA)(ii); NDIS Act s 44(2AA)(ii).
 41 NDIS (Management of Funding and Plan Management) Rules r 6.2.
 42 NDIS Act s 33(3); NDIS Act s 47A
 43 NDIS Act s 47A(1A)(d)(i).
 44 NDIS (Variation and Reassessment of Participants' Plans) Rules r 5.3(a,c).
 45 NDIS (Variation and Reassessment of Participants' Plans) Rules r 5.3(b)(i).
 46 NDIS (Variation and Reassessment of Participants' Plans) Rules r 5.3(b)(ii).
 47 NDIS (Variation and Reassessment of Participants' Plans) Rules r 5.3(b)(iii).
 48 NDIS (Variation and Reassessment of Participants' Plans) Rules r 5.3(d)(i).
 49 NDIS (Variation and Reassessment of Participants' Plans) Rules r 5.3(d)(ii).
 50 NDIS (Variation and Reassessment of Participants' Plans) Rules r 5.3(e).
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 53 NDIS Act s 47A(1A)(d)(iii).
 54 NDIS Act s 47A(1A)(d)(iv); NDIS (Variation and Reassessment of Participants' Plans) Rules r 5.4(a).
 55 NDIS (Variation and Reassessment of Participants' Plans) Rules r 5.5(a)(i)-(ii).
 56 NDIS (Variation and Reassessment of Participants' Plans) Rules r 5.5(c).
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 59 NDIS (Variation and Reassessment of Participants' Plans) Rules r 5.5(b)(iii).
 60 NDIS (Variation and Reassessment of Participants' Plans) Rules r 5.6(a).
 61 NDIS (Variation and Reassessment of Participants' Plans) Rules r 5.6(a)(i).
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 65 NDIS (Variation and Reassessment of Participants' Plans) Rules r 5.6(b).
 66 NDIS (Variation and Reassessment of Participants' Plans) Rules r 5.7(c).
 67 NDIS Act s 48(1).
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 69 NDIS Act s 48(3).
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 71 NDIS Act s 49(a).
 72 NDIS Act s 48(3)(c).
 73 NDIS Act s 48(7)(a).
 74 NDIS Act s 4(7)(b)(i-ii).
 75 NDIS (Variation and Reassessment of Participants' Plans) Rules r 6.3(a)(i).
 76 NDIS (Variation and Reassessment of Participants' Plans) Rules r 6.3(a)(ii).
 77 NDIS (Variation and Reassessment of Participants' Plans) Rules r 6.3(a)(iii).
 78 NDIS (Variation and Reassessment of Participants' Plans) Rules r 6.3(a)(iv).
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 80 NDIS (Variation and Reassessment of Participants' Plans) Rules r 6.3(d)-(e).
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 82 NDIS (Variation and Reassessment of Participants' Plans) Rules r 6.3(c).
 83 NDIS (Variation and Reassessment of Participants' Plans) Rules r 6.3(d).
 84 NDIS (Variation and Reassessment of Participants' Plans) Rules r 6.3(e).
 85 NDIS Act s 44(1)(c); NDIS (Management of Funding and Plan Management) Rules r 6.3.
 86 NDIS Act s 41(2)(c).
 87 NDIS Act s 47(1).
 88 NDIS Act s 47(3).
 89 NDIS Act s 47(2).
 90 NDIS Act s 47(2).
 91 NDIS Act s 47A(4)(a).
 92 NDIS Act s 47A(4)(b).

- 93 NDIS Act s 47A(4)(d).
 94 NDIS Act s 47A(4).
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 97 NDIS Act ss 47A(8),50.
 98 NDIS Act s 50(2)(a).
 99 NDIS Act s 50(2)(b).
 100 Participant Service Charter
 101 NDIS Act s 99(1) Items 6, 6A, 6B.
 102 NDIS Act s 48(3)(a).
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 104 NDIS Act s 48(3)(a).
 105 NDIS Act s 48(3).
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 132 NDIS Act s 33(5)(f).
 133 NDIS Act s 33(5)(g).
 134 NDIS Act s 50(2)(b)(i).
 135 NDIS Act s 50(3).
 136 NDIS Act s 50(3) Note.
 137 NDIS Act s 48(3)(c).
 138 NDIS (Variation and Reassessment of Participants' Plans) Rules r 6.3(c).
 139 NDIS Act s 34(1)(aa).
 140 NDIS Act ss 10(4),(9).
 141 NDIS Act s 34(1)(e).
 142 NDIS Act s 41(2)(c).
 143 NDIS (Variation and Reassessment of Participants' Plans) Rules r 6.3(c).
 144 NDIS ss 47, 47A.
 145 NDIS Act s41(2)(c)
 146 NDIS (Management of Funding and Plan Management) Rules r 6.2.

¹⁴⁷ NDIS Act s 48(2).
¹⁴⁸ NDIS Act s 48(2).
¹⁴⁹ NDIS s 101.
¹⁵⁰ NDIS Act s 47A(11).
¹⁵¹ NDIS Act s 38.
¹⁵² NDIS Act s100.



Reviewing our decisions

Quick summary: If you don't agree with a decision we've made, please [contact us](#). We can explain our decision and the reasons behind it. You can also ask for an internal review of the decision. This means that one of our staff, who wasn't involved in the original decision, will have a look and decide if the decision was right. There are a number of decisions we can review. We call these reviewable decisions. If you still don't agree with our decision after the internal review, you can ask the Administrative Review Tribunal (the Tribunal) to review our decision. We call this an external review.

This guideline has information on what decisions we can review and how you can ask for a review of a decision. It also has information on what happens during the review, and what you can do if you don't agree with our review.

What's on this page?

- [What if you don't agree with a decision we make?](#)
- [What are internal and external reviews?](#)
- [When can you ask for an internal review?](#)
- [What happens during an internal review?](#)
- [When can you ask for an external review?](#)
- [What happens during an external review?](#)
- [Appendix 1: What decisions can we review?](#)

You may also be interested in Our Guidelines:

- [Applying to the NDIS](#)
- [Creating your plan](#)
- [Changing your plan](#)
- [Reasonable and necessary supports](#)
- [Principles we follow to create your plan](#)

What if you don't agree with a decision we make?

We're committed to helping you understand how and why we make decisions. We're also committed to helping you have a decision reviewed, if you believe the original decision we



made was wrong. When we say reviewable decisions, we mean decisions that can be reviewed under NDIS laws.

We'll give you written notice and the reasons for our reviewable decisions.¹ You can ask us at any time about how we make decisions. We can explain our decision and answer your questions. If you'd like more information about one of our decisions, get in touch. You can [contact us](#) by phone, email or at one of our offices. If you're a participant, you can also speak to your my NDIS contact, local area coordinator or early childhood partner.

If you don't agree with our decision, you may be able to ask for a review of the decision.

What do we mean by reviewing a decision?

We make decisions under the law for the NDIS.²

This law tells us how we should make decisions that affect you and your NDIS plan. We need to make all our decisions under this law.

We are committed to making the right decisions under the law. If you don't agree with our decision, you may have a right to have that decision reviewed.³ If you want a decision reviewed,⁴ you'll need to ask for a review within 3 months of when we made the decision.

If you ask for a decision review, someone who wasn't involved with the original decision will have a look at it. They'll check if we made the right decision under the law, or if they need to make a new decision.

Learn more about [internal and external reviews](#).

What are my other options besides a review of a decision?

If you want to ask us to make [changes to your plan](#), we call this a [plan reassessment](#) or [plan variation](#). This is different to asking us to review a reviewable decision.

If you're not satisfied with our service, you can always [give us feedback or make a complaint](#).

We're committed to improving our services and making sure you get the reasonable and necessary NDIS supports you need. We encourage you to let us know if things aren't right.

If you're not satisfied with a service provider, you can contact them directly. Or you can contact the [NDIS Quality and Safeguards Commission](#) to [make a complaint](#) about a service provider. The NDIS Quality and Safeguards Commission also handle all internal reviews relating to [provider registration](#).

What are internal and external reviews?

There are processes we have to follow to review our decisions. We call this an internal review. There are also processes the Administration Review Tribunal (ART or Tribunal) needs to follow when reviewing our decisions. We call this an external review.

First, we need to make the decision. You can't ask for a review before we make the decision. We call this the **original decision**. For example, we could decide you're not eligible for the NDIS. Or if you're a participant, we could decide to approve your plan without some requested supports.

If you don't think our original decision is right, you may be able to ask for an **internal review**. This is where one of our staff, not involved in the original decision, checks if the right decision was made the first time.

If you don't agree with the internal review decision, you may then ask the Tribunal for an **external review**. This is where the Tribunal checks if the internal review decision was the right decision.

The Tribunal is an independent legal body that can review reviewable decisions made by the NDIA. The Tribunal is separate to us, so external reviews are independent from our decisions. You can't have an external review until we've done the internal review.

To find out more about the Tribunal, go to [When can you ask for an external review?](#)

What decisions can be reviewed?

The NDIS law tells us what decisions can be reviewed.⁵

Many decisions are reviewable. Some of the common ones include when we decide:

- you're not eligible for the NDIS⁶
- you're no longer eligible for the NDIS⁷
- to approve your plan, which includes approving the supports we fund in your plan⁸
- not to do a plan reassessment⁹
- not to do a plan variation¹⁰
- to vary your plan¹¹
- if you need a [plan nominee or a different child representative](#)¹²
- the categories of impairment you meet for disability requirements, early intervention requirements or both.¹³

If you're a participant and don't agree with your plan, you can ask us to review some parts of your plan. We can review:¹⁴

- what NDIS supports we include in your plan
- how we describe those supports
- how your funding is managed
- how long your plan goes for
- how your plan has been varied
- how we group your NDIS supports
- funding periods we apply to your plan.

Learn more about how we [create your plan](#).

If the original decision we make is reviewable, we'll write to you to let you know about our decision and the reasons for our decision.¹⁵ We include the reasons for our decision in the letter we send you when we make our decision. When we say 'you', we mean only those people who are directly affected by our decision.

If you're not sure if our decision is reviewable, you can look at [Appendix 1: What decisions can we review?](#) for a list of all the decisions we can review.

If you've requested a review of the decision that you aren't eligible for the NDIS, you can't reapply while we are doing the review. This includes when you apply for the NDIS or leave the NDIS after your status as a participant has been revoked.¹⁶ To learn more, you can go to [Leaving the NDIS](#).

What can't be reviewed?

We fund NDIS supports in your plan. NDIS laws set out what we can and can't fund.¹⁷

Sometimes, we may agree that you can spend your funding on a support that isn't an NDIS support if the NDIS laws allow for it.¹⁸ We call this a 'replacement support'. You can only spend your funding on a replacement support if we have agreed in writing that you can buy the support.

You can't ask for a review if we don't agree to your request to buy a replacement support with your NDIS funding. This is because this is not a reviewable decision.

For more information about replacement supports, go to [What does NDIS fund?](#)

When can you ask for an internal review?

After we inform you of the original decision, you then have **3 months** to ask for an internal review.¹⁹ This is 3 months from the day after you receive our decision in writing.²⁰

We can't do an internal review if you ask us after more than 3 months. If you ask us after 3 months, we'll let you know what other options you have.

For example, if we decided you're not eligible for the NDIS, and it's been more than 3 months since we made our decision, you can apply again. You can also apply if you used to be a participant, and it's been more than 3 months since we let you know that you're not eligible anymore. Learn more about [applying to the NDIS](#).

If you want the supports in your plan reconsidered, and it's been more than 3 months since our decision to approve your plan, you can ask for a:

- plan reassessment
- plan variation.

If we decide not to do a plan reassessment or variation, we can always consider your situation at your next check-in.

Learn more about plan reassessments and plan variations in [Changing your plan](#).

Example

Amir is an NDIS participant and just received his first plan. He doesn't think we made the right decision on the NDIS supports we included in his plan. He wants to ask for an internal review.

He received his plan in the mail on 1 July. He has 3 months from 2 July – the day after he received our decision in writing – to ask for an internal review.

This means Amir will need to ask for an internal review on or before 2 October.

Amir can't ask for an **internal review** after 2 October.

If his situation changes after we approved his plan, he can ask us to change his plan with a [plan reassessment](#) or [plan variation](#) at any time.

Who can ask for an internal review?

You can ask for an internal review if you're **directly affected** by our decision.²¹

Who can ask for an internal review depends on the decision. We have a [list of who can usually ask for an internal review](#) for different types of decisions.

Example

Sharon is an NDIS participant. She had funding in her first plan for physiotherapy. Her new plan doesn't include funding for physiotherapy. We didn't have evidence that physiotherapy still meets the [NDIS funding criteria](#) for Sharon.

Sharon can ask for a review of our decision to approve her plan without funding for physiotherapy. She's directly affected by our decision, as it's about her and the NDIS supports we included in her plan.

But her physiotherapist can't ask us for a review, as they're not directly affected by the decision. Even though this might cause Sharon to stop going to the physiotherapist because it's not in her plan, the link isn't direct. It's Sharon's decision if she wants to use her own money to keep going to the physiotherapist.

I need help to ask for an internal review.

You can get help to ask for an internal review from your family or friends.

Your local area coordinator, early childhood partner, my NDIS contact, or an advocate can also help you if you need them to. We can also help you book a [translator or interpreter](#) if you need one.

How to give someone consent to ask for an internal review.

If someone is helping you to ask for an internal review, you need to let us know they have your permission. We call this **consent**. This could be someone like a family member, friend, advocate, or a support coordinator.

We prefer you let us know in writing if you're giving someone consent. You can:

- send us a [letter](#) or [email](#) telling us that you give someone consent to ask for a review
- fill in the [Consent for your NDIS information](#) form
- [contact us](#) and we'll make a written note of this.

We check that your consent is for the internal review we received, and your consent still applies. We may still contact you to check you're happy for us to do an internal review.

You can provide consent for a set period of time and can also take away your consent at any time. Learn more about [consent](#).

Can other people ask for an internal review on your behalf?

You can give someone consent to ask for an internal review on your behalf. If a person wishes to apply for an internal review without your consent, they'll need to have legal authority to act on your behalf.

If you're a participant under 18 years and have a [child representative](#), they'll have legal authority to request an internal review on your behalf.²²

If you're a participant aged 18 years or older and have a [nominee](#), they may be able to request an internal review on your behalf. Your nominee will need to check if the consent you have provided allows them to request this review.

If your support coordinator has your consent to request an internal review, we need to check that you know about this request before we proceed. We won't proceed with an internal review request from your support coordinator if you haven't provided consent for them to request this on your behalf.

How do you ask for an internal review?

There are a few ways to ask us for an internal review. You can:

- complete our [form](#)
- [contact us](#) by phone or at one of our offices
- send us a [letter](#) or [email](#).

Remember, you need to ask for the internal review within **3 months** after we inform you of our original decision.

We need to know why you're asking for an internal review. This will help us understand your situation and make the internal review decision. We'll contact you if we need more information to make our decision.

To help us do the internal review, let us know:

- what decision you were expecting
- why you think we should make a different decision
- if there is any information you've already given us that you'd like us to reconsider
- if you have any new evidence, such as medical or therapy reports, you'd like us to consider.

We'll note the day you ask us for an internal review. This will be either:

- the day you ask us in person or over the phone
- the day we receive your letter or email.

What if we need more information to do the internal review?

In some situations, we may need more information to make our decision. If so, we'll contact you to confirm what information we need and why we need it.

You might also want to give us more information to help with the internal review. If you want to, you can also give us consent to discuss your situation with your doctor or other appropriately qualified person.



If we ask you for more information, or you want to provide more information, we'll wait for up to **28 days**. This means you'll have time to give us the information we need.

If you give us the information we need before 28 days have passed, we can sometimes make the internal review decision sooner.

If we don't get the information within 28 days, we need to make our decision based on the information we have. If you think you need more time to provide the information or send us a report, [let us know](#). We may be able to give you more time if your request is reasonable.

You might give us information that's different to what you're asking for in the internal review. If so, we'll work with you to decide what we should do.

For example, you may be a participant lodging an internal review about a decision we have made that you don't agree with. You may also need different NDIS supports since we approved your plan because your support needs have changed. This may mean you need a plan reassessment or in some limited circumstances, a plan variation. Or we may be able to consider those NDIS supports as part of our internal review.²³

What if you don't want an internal review anymore?

You can withdraw your request for an internal review any time before we make our internal review decision.²⁴

To withdraw your request for an internal review, you can:

- [contact us](#) by phone or in person at one of our offices
- send us a letter or [email](#).

If you tell us in person or over the phone that you withdraw your request, we'll make a note of this. This will include the date you let us know.²⁵

When do we do an internal review without you asking?

There are some situations where we need to do an internal review even though you haven't asked for one. This happens if you've requested a particular decision, and we didn't make that decision within our legal timeframes. This is because under the NDIS law, we must do an internal review if we didn't make our original decision on time. We call this an automatic internal review.

This could happen if you ask for:

- a plan reassessment and we don't decide within **21 days** if we'll do the plan reassessment²⁶

- a plan variation, and we don't decide within **21 days** if we'll do the plan variation²⁷ or inform you that we need more time to decide.²⁸

There are also two situations where this could happen when you [apply to the NDIS](#):

- We don't decide if you're eligible for the NDIS, or ask you to give us more information, within **21 days** of you applying to the NDIS.²⁹
- You provided more information or an assessment, after we made a request³⁰, but we don't decide if you're eligible, or ask for more information again, within **14 days** of receiving the additional information or assessment.³¹

We'll let you know in writing if we'll do an automatic internal review.³² You don't need to do anything. We'll let you know what the outcome is after we have made a decision.

What happens during an internal review?

After you ask for an internal review, our original decision will stand until we finish the review.³³

For example, you might be a participant and ask for an internal review of your current plan. If so, you can keep using the same NDIS supports described in your plan until we have made a decision.

Or you might ask for an internal review because we decided you're not eligible for the NDIS. A local area coordinator or early childhood partner can help you link in with other supports.

Who does the internal review?

The person who does the internal review will be one of our staff. They can only do the internal review if they weren't involved in making the original decision.³⁴ We call this person the internal reviewer.

Your internal reviewer will look at:

- your situation – for example, if you're a participant and we're reviewing our decision to approve your plan³⁵
- NDIS laws
- [Our Guidelines](#)
- reasons for the original decision, and the information we used to make the original decision
- any new information you give us.

We'll make our decision based on the evidence at the time of our internal review decision.³⁶

How long will your internal review take?

We aim to complete all internal reviews within **60 days** after you ask for one. This is 60 days from the day after we receive your request for an internal review.³⁷

If this isn't possible, we will contact you, or the person who asked for the internal review. We'll explain why we need more time, and let you know when we'll make a decision.

Find out more about our [Participant Service Guarantee](#).

Where the [original decision is reviewed automatically](#), the 60 days to make an internal review decision begins on the day after the timeframe to make the original decision ended.³⁸

For example, if you asked for a reassessment to your plan and we didn't make a decision **within 21 days**, then we'll be taken to have made a decision not to reassess your plan.³⁹ This decision will be automatically reviewed.⁴⁰ We will need to make an internal review decision within 60 days, beginning on the day after the 21 days expired.⁴¹

What if you need your internal review done sooner?

We can sometimes do urgent internal reviews sooner. We may do this if:

- there's a risk of harm to your health or wellbeing, or for someone you care for
- you're at risk of homelessness or have unstable accommodation
- your care arrangements are at risk – for example, if your primary carer can't care for you while we make our review decision
- there's a risk relating to your disability – for example, if your disability is rapidly changing or becoming more serious
- you're in hospital waiting for discharge
- you're waiting for urgent [assistive technology](#), home modifications or [supported independent living](#) NDIS supports.

If you're in one of the above situations, let us know when you ask for a review. We'll contact you, or the person who asked for the internal review, within 48 hours to talk about your situation. We'll then complete the internal review as soon as we reasonably can.

What if you need a change to your current plan, while we are completing your internal review?

If you're a participant, and your situation changes while you're waiting for an internal review, [contact us](#). We'll let you know what options are available for your situation, and how this might affect your plan and your internal review.

Your plan may need to change **before** we complete our internal review:

- You can ask for a plan reassessment or plan variation. We call these a participant-requested plan reassessment⁴² or participant requested -variation.⁴³
- Depending on your situation, we may decide to do a plan reassessment or vary your plan. We call these a CEO-initiated plan reassessment,⁴⁴ or CEO-initiated variation.⁴⁵ You can then ask for an internal review of this decision, if you don't agree.

Example

Robert is an NDIS participant.

He has requested an internal review as he is unhappy with the plan management decision in his plan. Robert wants to self-manage some of his NDIS supports.

While the internal review officer is reviewing Robert's request, he mentions his sister has been admitted to hospital.

Robert lives with his sister and relies on her to help him daily.

The internal review officer can vary Robert's plan to include additional supports as part of the internal review decision.

This means Robert will have some new NDIS supports in his plan to help him while his sister is in hospital. His internal review of the plan management decision is then considered at the same time.

If Robert doesn't agree with the decision we make relating to his internal review, he can ask for an external review.

Robert may also decide he doesn't want to proceed with his internal review due to his change of circumstances.

What happens if we make a second decision to approve a new plan, or vary your current plan, before your internal review is complete?

If we approve a new plan or vary your current plan **before** we make our internal review decision, then the internal review will cover both:

- the first decision to either approve a new plan, or vary your plan (**original decision**); and
- the later decision to either approve a new plan, or to vary your plan (**second decision**).⁴⁶

This means if you're unhappy with the second decision, you **won't** need to ask for another internal review. This is because the internal reviewer will review the second decision

automatically (as part of the current review process). The internal reviewer will consider if both decisions have been made correctly.

What if we approve a new plan, or vary your current plan, after your internal review is complete?

If the second decision is made **after** we make our internal review decision, then we can't consider the second decision as part of the existing internal review. This is because the internal review decision has already been made.⁴⁷

If you're unhappy with the decision, you'll need to ask for an internal review within 3 months after you receive notice of the second decision in the usual way.⁴⁸

Example

Neha is an NDIS participant. We undertake a reassessment of Neha's plan and approve a new plan (**original decision**). Neha isn't happy with the NDIS supports in her new plan and requests an internal review.⁴⁹

What happens if we make a second decision to vary or approve a new plan before Neha's internal review is complete?

If our **second decision** occurs **before** our **internal review decision**, Neha's internal review will now include both:

- our **original decision** to approve her plan; and
- our **second decision** to vary her current plan.

This means the internal reviewer will review both decisions.⁵⁰

What happens if we decide to approve a new plan, or vary Neha's current plan, after we have made her internal review decision?

If the **second decision** occurs **after** our **internal review decision**, then Neha will need to ask for an internal review if she's not happy with the decision. Neha will need to ask for an internal review within 3 months from when she receives the notice of our decision.

In the letter we send Neha with the outcome of our decision we would tell her about her review rights.

What internal review decisions can we make?

When we complete the internal review, there are 3 different types of decisions we can make. We can:⁵¹

- **confirm** the original decision – we don't make any changes

- **vary** the original decision – we make some changes to the original decision
- **set aside** the original decision and make a new decision.

We review all the information we have when we make our internal review decision. For example, we can look at new information you give us after we made our original decision.

When we conduct an internal review of the original decision to approve your plan, we look at the decision we've made. We do this based on the evidence we have at the time we make our internal review decision.⁵² We call the decision that fits best, based on NDIS laws, the preferable decision.

The internal reviewer can also consider NDIS supports that were not raised, or requested, by you when we made our original decision to approve your plan.⁵³

When would we confirm the original decision?

We may confirm the original decision.⁵⁴ This means there's no change to the original decision.

We confirm the original decision if we decide it was the correct or preferable decision.⁵⁵ This means, out of the decisions we could make, the internal reviewer decides the original decision is the correct decision, or the decision that fits best, based on:

- NDIS laws
- the evidence
- the facts.

For instance, we might decide you're not eligible for the NDIS, and the internal reviewer confirms the original decision. This means you're still not eligible for the NDIS.

Example

Jasmine asked for an internal review of our decision to approve her NDIS plan. Her plan includes \$3,000 funding for therapy, but she believes she needs more.

Jasmine's internal reviewer looks at all the information we have about Jasmine and her NDIS supports. Her internal reviewer decides the original plan was the preferable decision under the law. This means her plan does not change. She still has \$3,000 funding for therapy.

Example

Aimee seeks an internal review of the decision not to give her access to the NDIS.

Aimee's internal reviewer looks at the information about Aimee's age. Aimee was 70 years of age when she made her access request. The internal reviewer decides the original decision was the correct decision under NDIS laws because Aimee doesn't meet the age

requirements.⁵⁶ This means the original decision not giving Aimee access to the NDIS does not change.

When would we vary the original decision?

We may also vary the original decision.⁵⁷ This means we decide to change part of the original decision.

For example, we could decide to include a different funding component amount, or a different number of hours, for a particular NDIS support. If so, you'll get a new plan with a revised funding component amount or hours for that NDIS support. The rest of the plan will stay the same.

Example

Sam asks for an internal review of our decision to approve her plan. Her plan includes \$3,000 for therapy.

Sam's internal reviewer looks at all the information we have, including a new report from her occupational therapist with additional information.

Sam's internal reviewer decides to vary the original plan and include \$4,000 for therapy in a new plan. All the other NDIS supports in Sam's plan stay the same.

When would we set aside the original decision, and make a new decision?

Finally, we may set aside the decision and make a new decision.⁵⁸ This means the original decision no longer applies. The internal reviewer will now make a new decision.

We do this if we decide the original decision wasn't correct or preferable. Out of the decisions we could make, there's one that fits better with the NDIS laws based on the facts and evidence.

For example, if we originally decided you're not eligible for the NDIS, the internal reviewer could decide you are eligible.

Example

Jamal asks for an internal review of our decision to approve his plan. His plan did not include funding for occupational therapy. We didn't have enough evidence that it met the [NDIS funding criteria](#). After asking for an internal review, Jamal gives us more evidence on why he needs occupational therapy.

Jamal's internal reviewer looks at all the information, and decides the original plan wasn't the correct or preferable decision.

His internal reviewer decides to set aside the original decision. His internal reviewer makes a new decision to approve a plan that includes funding for occupational therapy.

What happens after we make the internal review decision?

We'll let you know in writing about what decision we made and why.

Our letter or email will explain:

- our internal review decision
- the reasons for our decision
- what evidence we looked at if we decided to confirm or vary the original decision, or make a new decision
- what you can do if you don't agree with the internal review decision.

If we vary or set aside the decision, your internal reviewer will make the changes to your NDIS record or NDIS plan to reflect their new decision.

What happens to your plan after an internal review decision?

If you're a participant, your plan may need to change depending on our internal review decision.

If we confirm the original decision to approve your plan, your plan will stay the same. You'll have the same NDIS supports, the same plan management, and your plan review date will stay the same.

If we vary or set aside the original decision, we'll then vary or replace your plan. This means your replacement plan will have any changes we decided to make about.⁵⁹

- the reasonable and necessary supports in your plan
- how we describe the NDIS supports in your plan
- how the funding in your plan is managed
- how we group your NDIS supports
- funding periods within your plan
- when we'll next review your plan.

What if you're still not happy after the internal review decision?

If you disagree with our internal review decision, you can ask for an external review of the decision. You have **28 days** after you receive our internal review decision to ask the Tribunal for an external review.

When can you ask for an external review?

If you don't agree with the internal review decision, you can ask the Administrative Review Tribunal to review it.⁶⁰ We call this an external review. You can't ask for an external review until after we make the internal review decision.

The Administrative Review Tribunal reviews decisions made by Australian Government ministers, departments and agencies. This includes our decisions, as well as decisions from other parts of government like Centrelink.

We call the Administrative Review Tribunal 'the Tribunal' in this guideline. It is also called the ART.

The Tribunal is separate from us. It has different processes on how it makes decisions, and it has different staff and its own laws. The reviews it does are independent of our decisions.

For more information about asking for an external review of an NDIS decision, check out the [Tribunal website](#).

Who can ask for an external review?

You can ask for an external review if you're **directly affected** by the internal review decision.⁶¹

If you were able to ask for an internal review, you should be able to ask for an external review. But the Tribunal will decide if you can ask for an external review.

You can also ask a friend, family member, advocate, or lawyer to help you.

How long do you have to ask for an external review?

After we make the internal review decision, you then have **28 days** to ask for an external review. This is 28 days from the day after you receive our internal review decision in writing.

In some situations, you can get more than 28 days to ask for an external review. The Tribunal may give you more time if it thinks it's reasonable, based on your circumstances.⁶²

If you need more time, you'll need to fill out an [application for extension form](#) on the Tribunal's website or write to the Tribunal. Learn more about [how the Tribunal can help you](#).

How do you ask for an external review?

You can apply for a Tribunal review [online](#), or you can fill out an [application form](#). Lodge the form directly with the Tribunal in person, by email, by fax, or by post.

You can also [give the Tribunal new information](#), if you think it will help them with the external review.

If you need help asking for an external review, you can [contact the Tribunal](#).

What if you don't want an external review anymore?

You can write to the Tribunal at any time to withdraw your application.⁶³ You must notify the Tribunal in writing. You can use the [notice of withdrawal form](#) or send them an email or letter. For more information go to [Ending a review without a hearing](#).

What happens during an external review?

When you ask the Tribunal for an external review, it'll go through a few steps before making a decision.

You can find information about the steps in the external review process on the [Tribunal website](#).

You can provide more information to the Tribunal to help them make a decision. We may also ask you, or other people, for more information to help us resolve the issue or help the Tribunal decide. If you're a participant or applying for the NDIS, we may ask you to get an assessment.

If you're a participant, you can still use the same NDIS supports described in your plan during the Tribunal process.

What support can you get at the Tribunal?

If you want an advocate or legal support at the Tribunal, you may be eligible for the [NDIS Appeals Program](#). For example, someone could represent you at the Tribunal and help you explain your situation.

If you're a participant, you can use your NDIS funding for NDIS supports during the hearings. For example, you might need support for personal care or communication supports to help you participate in discussions.

But you can't use your NDIS funding for someone to represent you at the Tribunal. For example, you can't use your NDIS funding for a lawyer, support coordinator or other provider to represent you. We also can't fund any legal advice or legal support when you go to the Tribunal.⁶⁴

Learn more about the [support you can get at the Tribunal](#).

What's our role and how can we support you at the Tribunal?

We are committed to the principles of our [Participant Service Charter](#). We want a fair outcome and to support you through the Tribunal process.

We'll let you know in writing which of our staff is assigned to work with you at the Tribunal. We call them a case manager.

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You can contact your case manager if you have any questions about the process. They can also answer any questions you might have on how the process could affect you.

We will also have a lawyer if we are not able to resolve your issues quickly. They will help you and the Tribunal with the legal aspects of the review. For example, they prepare documents that explain the issues.

We need to have lawyers to meet our legal obligations at the Tribunal. We need to [help the Tribunal make its decision](#), and act as a model litigant at the Tribunal.⁶⁵

For example, this means we must act honestly and fairly at the Tribunal by:⁶⁶

- dealing with matters quickly and without unnecessary delay
- acting consistently, and working with you the same way we work with all other people at the Tribunal
- avoiding or limiting Tribunal hearings where possible, including trying to [reach an agreement together](#) where this is the best outcome for everyone
- not taking advantage of people who don't have a lawyer at the Tribunal.

We can still act firmly and properly at the Tribunal to pursue our interests as a government agency.⁶⁷ For example, we can still defend our decision at the Tribunal if we think the right decision was made.

In some situations, we may need the Tribunal to make a decision, instead of us making an agreement together. This might be if there's a complex and unclear area of law we need to resolve at the Tribunal.

You can read more about our legal obligations in the [Legal Services Directions](#) on the Federal Register of Legislation website.

What if your situation changes while waiting for the external review?

An external review means the Tribunal decides if we made the correct or preferable decision, or if it needs to make the decision again.

If you're a participant and your situation changes during the external review process, [contact us](#). You may need a plan reassessment or a plan variation while the Tribunal is reviewing a decision about your plan.

Your case manager will explain the options available to you. We may also need to let the Tribunal know what we think we should do, as it might affect your external review.

You can still use the NDIS supports described in your plan while the Tribunal considers your external review. And you can [contact us](#) at any time if you have questions about your plan.

What if we approve a new plan or vary your current plan before the Tribunal completes their external review?

Some decisions that affect your plan will be reviewed by the Tribunal automatically, as part of an existing external review.⁶⁸

If you're unhappy with our internal review decision and have applied for an external review, the Tribunal will review the original decision. This is the decision reviewed by the internal reviewer. But they will also review any later decisions made after you applied to the Tribunal that either approve a new plan or vary your plan.⁶⁹

Example

Tim is an NDIS participant and is unhappy with our internal review decision. Tim applies to the Tribunal for an external review **on 1 July 2022**.

Any later decisions to approve a new plan or vary Tim's existing plan, made after 1 July 2022, will be included in the Tribunal's external review.

This means that the Tribunal will be able to review all decisions that have changed Tim's plan after he applied to the Tribunal for an external review. The Tribunal will consider all plans and variations approved after Tim applied to the Tribunal. The Tribunal's review will not be limited to the original decision, which was reviewed by the internal reviewer.

Can we make an agreement together instead of waiting for a Tribunal decision?

Yes. We can make an agreement together at any time during the external review. This means we come to an agreement about the decision, instead of the Tribunal making a decision.

This often means you can get the decision faster and avoid some of the Tribunal process.

Any agreement we make needs to follow NDIS laws. The Tribunal also needs to approve the agreement, to make sure it's fair and you're happy with it. This is called a consent decision.

If we don't come to an agreement, the Tribunal will make a decision after the hearing.

What external review decisions can the Tribunal make?

The Tribunal will take an independent look at:

- your situation – for example, if you're a participant and the Tribunal is reviewing our decision to approve your plan⁷⁰
- NDIS laws

- [Our Guidelines](#)
- the reasons for our internal review decision, and the information we used to make the internal review decision
- any new information you give the Tribunal.

The Tribunal will then make the 'correct or preferable' decision.⁷¹ This means, out of the decisions it can make, it will make the decision it thinks is the correct decision, or the best decision, under the law based on the evidence.

When the Tribunal reviews our decision to approve your plan, the Tribunal will look at whether we made the correct or preferable decision based on the evidence at the time the Tribunal makes its decision.⁷²

After the hearing, the Tribunal can make one of 4 types of decisions. It can either:

- **affirm** the internal review decision⁷³ – the Tribunal agrees with the internal decision and doesn't make any changes
- **vary** the internal review decision⁷⁴ – the Tribunal makes some changes to the internal review decision
- **set aside** the internal review decision and **make a new decision**⁷⁵
- **set aside** the internal review decision and **send it back to us** for further consideration.⁷⁶

If the Tribunal sends the decision back to us, it often gives us instructions on how to make the new decision.

The Tribunal will give reasons for its decision and provide you with a written copy of the decision. Most of the time, it'll publish those reasons on the [AustLII website](#).

Learn more about the [types of decisions the Tribunal can make](#).

Learn more about the [steps in the external review process](#).

What happens after the Tribunal makes its decision?

Once the Tribunal makes the external review decision, it'll let you and us know. The Tribunal may tell you their decision verbally or in writing. For more information about how you will receive the decision, go to the Tribunal's [website](#).

If the Tribunal changes our decision, we'll then apply its decision. This means we may need to make changes so your NDIS record or NDIS plan reflects the Tribunal's decision. We're committed to doing this within **28 days** of the Tribunal's decision.

What if you don't agree with the Tribunal's decision?

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You can't ask for an internal review or an external review of the Tribunal's decision.

The Tribunal's decision can only be [appealed to a Federal Court](#). It's a good idea to get legal advice if you're thinking of appealing to a Federal Court.

A lawyer can tell you if you can appeal the decision. If so, they can help you lodge an appeal if that's what you want to do.

Appendix 1: What decisions can we review?

This list has all the decisions we can review under NDIS laws. It also has a list of the common groups of people who can ask for a review of those decisions.

If this list says you can ask for a review, you can also give someone else consent to ask for you.

If you're not on this list, you may still be able to ask for a review. But you'll need to show us that you're directly affected by our decision.

If you're not sure if you can ask for a review, [contact us](#) and we'll help you work it out.

Applying to the NDIS

- if we decide you're not eligible to become an NDIS participant⁷⁷
- if we decide not to give you more than 90 days to give us information or a report for your NDIS application⁷⁸
- if we decide to vary, or not to vary, a notice of impairment.⁷⁹

Who can usually ask for a review?

- the person who applied to the NDIS
- a person appointed by a court or tribunal to make decisions for the person who applied to the NDIS
- a parent or legal guardian for a child younger than 18 applying to the NDIS.

Leaving the NDIS

- if we decide you're no longer eligible for the NDIS.⁸⁰

Who can usually ask for a review?

- the person who used to be a participant
- a person appointed by a court or tribunal to make decisions for the person who used to be a participant

- a [nominee or child representative](#) of the person who used to be a participant.

Creating your plan

- approving your plan.⁸¹ This includes:
 - what NDIS supports we include
 - how we describe those NDIS supports
 - how we group your supports
 - funding component amounts and funding periods
 - how long your plan goes for, and
 - who manages the funding in your plan.

Who can usually ask for a review?

- the participant
- a [nominee or child representative](#) for the participant
- a person appointed by a court or tribunal to make decisions for the participant.

Your plan

- if we decide not to extend a grace period for your temporary absence from Australia.⁸²
 - the grace period is 6 weeks unless we decide to extend it. Your plan is suspended from the end of the grace period, until you return to Australia.

Who can usually ask for a review?

- the participant
- a [plan nominee or child representative](#)
- a person appointed by a court or tribunal to make decisions for the participant.

Varying your plan

- if we decide to vary your plan,⁸³ or decide not to vary your plan when you request a variation to your plan.⁸⁴

Who can usually ask for a review?

- the participant
- a [plan nominee or child representative](#)

- a person appointed by a court or tribunal to make decisions for the participant.

Plan reassessment

- if we decide not to do a participant-requested plan reassessment.⁸⁵

Who can usually ask for a review?

- the participant
- a [plan nominee or child representative](#)
- a person appointed by a court or tribunal to make decisions for the participant.

Child representatives

- if we decide that someone, who doesn't have parental responsibility, is a child representative for a participant younger than 18. Or, if we don't decide they're the child's representative⁸⁶
- if we decide that a child can't represent themselves⁸⁷
- if we decide that someone with parental responsibility for a child is the child's representative, instead of the child's guardian.⁸⁸ Or, if we don't decide they're the child's representative
- if we decide that only some of the people with parental responsibility are child representatives.⁸⁹ For example, if we decide one parent is a child representative, and another parent isn't.

Who can usually ask for a review?

- a participant younger than 18
- a person who has parental responsibility for someone younger than 18, including a parent or guardian
- a State or Territory Minister, or the head of a State or Territory government department.

Nominees

- if we decide to appoint a plan nominee⁹⁰
- if we decide to appoint a correspondence nominee⁹¹
- if we decide whether we cancel or suspend the appointment of a nominee.⁹²

Who can usually ask for a review?

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- the participant
- a person appointed by a court or tribunal to make decisions for the participant
- a nominee, someone who wants to be appointed as a nominee, or someone who used to be a nominee.

Compensation

- if we decide that a participant must take reasonable action to claim or obtain compensation⁹³
- if we refuse to extend how much time a participant has to take reasonable action to claim or obtain compensation⁹⁴
- if we decide to take action to claim or obtain compensation⁹⁵
- if we decide to take over the conduct of a compensation claim⁹⁶
- if we give notice that we propose to recover an amount of compensation.⁹⁷ We call this a 'recovery notice'.
- if we decide that not all or part of a compensation payment was fixed by a judgment or settlement, for the purposes of calculating how much we can recover.⁹⁸

Who can usually ask for a review?

- the participant
- a [plan nominee or child representative](#)
- a person appointed by a court or tribunal to make decisions for the participant.

Debt recovery

- if we decide not to write off a debt.⁹⁹ That is, we decide we'll still try to recover a debt.
- if we decide not to waive a debt, or we don't need to waive a debt.¹⁰⁰ That is, we decide a person still owes us money.

Who can usually ask for a review?

- the person who owes us money.

Specialist Disability Accommodation – dwelling enrolment

- if we decide not to enrol a dwelling¹⁰¹
- if we decide to cancel a dwelling enrolment.¹⁰²

Who can usually ask for a review?

- the service provider who wants to enrol the dwelling, or had enrolled it, as specialist disability accommodation.

Reference List

-
- ¹ NDIS Act s 100(1).
 - ² NDIS Act and delegated legislation made under the NDIS Act.
 - ³ NDIS Act ss 99 and 100(2).
 - ⁴ NDIS Act s 100(2); also see s 100(1A)(a)(ii) for the decisions that will be reviewed automatically.
 - ⁵ NDIS Act s 99.
 - ⁶ NDIS Act ss 99(1) item 1; 20(1)(a); 21(3); 26(2)(c).
 - ⁷ NDIS Act ss 99(1) item 3; 30(1)(5); para 30A(1)(c); subs 30A(7).
 - ⁸ NDIS Act s 99(1) item 4; 33(2).
 - ⁹ NDIS Act s 99 (1) item 6C.
 - ¹⁰ NDIS Act s 99 (1) item 6B.
 - ¹¹ NDIS Amendment Act 2022 s 99 (1) item 6.
 - ¹² NDIS Act s 99(1) items 17-22.
 - ¹³ NDIS Act ss 32(BA); 99(1) item 3A.
 - ¹⁴ NDIS Act s 99(1).
 - ¹⁵ NDIS Act s 100(1).
 - ¹⁶ NDIS Act s 19(2).
 - ¹⁷ NDIS Act s 10.
 - ¹⁸ NDIS Act s 10.
 - ¹⁹ NDIS Act s 100(2).
 - ²⁰ Acts Interpretation Act s 36.
 - ²¹ NDIS Act s 100(2).
 - ²² NDIS Act s 74(1).
 - ²³ *QDKH, by his litigation representative BGJF v National Disability Insurance Agency* [2021] FCAFC 189.
 - ²⁴ NDIS Act s 102.
 - ²⁵ NDIS Act s 102(2).
 - ²⁶ NDIS Act ss 48(4); 100(1A)(a)(ii).
 - ²⁷ NDIS Act ss 47A(5); 100(1A)(a)(ii).
 - ²⁸ NDIS Amendment Act 2022 s 47A(4)(d).
 - ²⁹ NDIS Act ss 20; 21(3)(a); 100(1A)(a)(ii).
 - ³⁰ NDIS Act ss 21(1)(b); 26(1).
 - ³¹ NDIS Act ss 21(3)(b); 26(2); 100(1A)(a)(ii).
 - ³² NDIS Act ss 21(3); 47A(5); 48(4); 100(1).
 - ³³ NDIS Act s 100(7).
 - ³⁴ NDIS Act s 100(5)(d).
 - ³⁵ NDIS Act s 33(2).
 - ³⁶ *Frugniet v Australian Securities and Investment Commission* (2019) 266 CLR 250 at [14]-[15] (Kiefel CJ, Keane and Nettle JJ).
 - ³⁷ NDIS Act s 100(6A)(b)(i).
 - ³⁸ NDIS Act s 100(6A)(b)(ii).
 - ³⁹ NDIS Act s 47A(5).
 - ⁴⁰ NDIS Act s 100(1A)(a)(ii).
 - ⁴¹ NDIS Act s 100(6A)(b)(ii).
 - ⁴² NDIS Act s 48(2).
 - ⁴³ NDIS Act s 47A(2).
 - ⁴⁴ NDIS Act s 48(2).

- 45 NDIS Act s 47(2).
- 46 NDIS Act s 101(2).
- 47 NDIS Act s 101(2).
- 48 NDIS Act s 100(2).
- 49 This means that the *new* subsection 101(2) of the NDIS Act applies. See *NDIS Amendment (Participant Service Guarantee and Other Measures) Act 2022*, s68(1).
- 50 NDIS Act s 101(2)(c).
- 51 NDIS Act s 100(6).
- 52 *Frugtniet v Australian Securities and Investment Commission* (2019) 266 CLR 250 at [14]-[15] (Kiefel CJ, Keane and Nettle JJ).
- 53 *QDKH, by his litigation representative BGJF v National Disability Insurance Agency* [2021] FCAFC 189.
- 54 NDIS Act s 100(6)(a).
- 55 *Drake v Minister for Immigration and Ethnic Affairs* (1979) 24 ALR 577 at 591 (Bowen CJ and Deane J).
- 56 NDIS Act s 22.
- 57 NDIS Act s 100(6)(a).
- 58 NDIS Act s 100(6)(c).
- 59 NDIS Act ss 33(2); 33(2A).
- 60 NDIS Act s 103.
- 61 NDIS Act s 103; ART Act s 17.
- 62 ART Act s 19.
- 63 ART Act s 95.
- 64 NDIS Act s 200A.
- 65 Legal Services Directions 2017; see also ART Act s 56.
- 66 Legal Services Directions 2017, Appendix B, paragraphs 2-3.
- 67 Legal Services Directions 2017, Appendix B, paragraph 2, Note 4.
- 68 NDIS Act s 103(2).
- 69 NDIS Act s 103(2); NDIS Amendment (PSG and Other Measures) Act 2022 s 68(2).
- 70 NDIS Act s 33(2).
- 71 *Drake v Minister for Immigration and Ethnic Affairs* (1979) 24 ALR 577 at 591 (Bowen CJ and Deane J).
- 72 *Frugtniet v Australian Securities and Investment Commission* (2019) 266 CLR 250 at [14]-[15] (Kiefel CJ, Keane and Nettle JJ).
- 73 ART Act s 105 (a).
- 74 ART Act s 105 (b).
- 75 ART Act s 105 (c)(i).
- 76 ART Act s 105 (c)(ii).
- 77 NDIS Act ss 20(a); 21(3); 99(1) item 1.
- 78 NDIS Act ss 26(2)(b); 99(1) item 2.
- 79 NDIS Act ss 32(BA); 99(1) item 3A.
- 80 NDIS Act ss 99(1) item 3; 30(1)(5); para 30A(1)(c); subs 30A(7).
- 81 NDIS Act 2013, ss 33(2); 99(1) item 4.
- 82 NDIS Act ss 40(2)(b); 99(1) item 5.
- 83 NDIS Act ss 99(1), item 6; 47A(1).
- 84 NDIS Act ss 99(1), item 6A and item 6B; 47A(4)(b); 47A(5); 47A(8).
- 85 NDIS Act ss 99(1) item 6C; 48(3)(c); 48(4).
- 86 NDIS Act ss 99(1) item 17; 74(1)(b).
- 87 NDIS Act ss 99(1) item 18; 74(5)(c).
- 88 NDIS Act ss 99(1) item 19; 75(2).
- 89 NDIS Act ss 99(1) item 19; 75(3).
- 90 NDIS Act ss 99(1) item 20; 86.
- 91 NDIS Act ss 99(1) item 21; 87.
- 92 NDIS Act ss 99(1) item 22; 89-91.
- 93 NDIS Act ss 99(1) item 23; 104.
- 94 NDIS Act ss 99(1) item 24; 104(5A).

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- ⁹⁵ NDIS Act ss 99(1) item 25; 105(4)(a).
⁹⁶ NDIS Act ss 99(1) item 25; 105(4)(b).
⁹⁷ NDIS Act ss 99(1) item 26; 111.
⁹⁸ NDIS Act ss 99(1) item 27; 116.
⁹⁹ NDIS Act ss 99(1) item 29; 190.
¹⁰⁰ NDIS Act ss 99(1) items 30-33; 193; 195.
¹⁰¹ NDIS Act s 99(2); NDIS (SDA) Rules r 26(3).
¹⁰² NDIS Act s 99(2); NDIS (SDA) Rules r 27(4).

Make a plan change decision

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This article provides guidance for a participant support officer, planner delegate or review officer to:

- understand the considerations for plan change request decisions
- make a decision on a plan change request
- record an overall plan change decision
- add free text sub-justifications
- communicate your decision.

1 Recent updates

15 December 2025

Guidance updated to:

- advise staff they must cancel a plan change case if it was generated after a scheduled check-in where the decision was made to automatically continue the plan
- to align with National Disability Insurance Scheme (Variation and Reassessment of Participants' Plans) Rules 2025
- make sure relevant information and evidence is considered before making a plan change decision
- check the participant has consented to the plan change request
- consider any conflict of interest with the plan change request.

2 Before you start

Note: if you have a plan change request over 21 days **do not** use this article. Instead, go to [Progress a plan change \(s47A and s48\) request over 21 days](#).

You have:

- been allocated or assigned yourself a plan change case (received less than 21 days ago)
- reviewed the plan change request. Go to article [Assign and review a plan change case](#)
- confirmed there isn't pending advice from the Technical Advice and Practice Improvement Branch (TAPIB) that may impact your decision
- read and understood [Factsheet: What evidence do you need to give use before we create or change your plan? \(external\)](#)
- read and understood [Our Guideline – Changing your plan \(external\)](#).

IMPORTANT: if the **Plan Change** case was created as part of a plan continuation and you determined the plan doesn't need to be reassessed, you need to cancel it. If you don't, the plan continuation won't work due to limitations of the **Participant Budget Update** case that will be created if you progress the case.

Note: this is only for plans approved after 9 October 2024.

To check if the case is part of plan continuation:

1. Go to the **Details** tab and confirm the **Case Reason** is **Plan continuation**.
2. Go to the **Decision** tab and confirm the **Plan Continuation Confidence** option shows. This only shows for cases created as part of a plan continuation.
3. Go to the **Request** tab and select **Next** at **Initiate Request**. Confirm **Change the reassessment date** is automatically selected at **Plan Change Requests**.

After you've confirmed the case is part of a plan continuation, cancel it using article [Cancel or close a plan change case](#).

Note: delegates must consider all the current plan change requests in this plan. If the plan has an open participant variation request you must determine if it can be completed and finalised prior to the plan end date. You can add it to an open case or you may need to create a new case.

To learn how to find an open case, go to section **Check for related open cases** in article [Prepare to submit a plan change request](#).

3 Considerations for plan change request decisions

3.1 Considerations for a plan variation

A plan variation is for minor, specific changes to a participant's current NDIS plan. These changes can be made without doing a plan reassessment. It means we can vary their plan to:

- add crisis or emergency supports due to a significant change in the participant's NDIS support needs. This can be for a once-off support or for a specific period of time
- include a new support, once-off or for a specific period of time
- change the fund management type
- change the plan reassessment date.

3.2 Considerations for a plan reassessment

A plan reassessment is for a change to a participant's situation which has led to a significant change in their need for NDIS supports.

To make the decision to reassess the participant's plan, when it's outside a scheduled plan reassessment, the changes in situation you need to consider are:

- if the participant's functional capacity has changed
- if the participant's informal supports have changed
- if the participant's living situation has changed
- if there has been a significant life transition, like starting or leaving school
- if the participant's right to compensation for personal injury has changed.

You can make a decision to reassess the participant's plan only if there has been a change in situation listed above and that change has meant a significant change to the participant's need for NDIS supports. You must have evidence of a significant change to NDIS support needs. If you don't have evidence, ask for it.

A plan reassessment means we'll prepare and approve a new NDIS plan.

To learn more about the new NDIS rules (variations and reassessments) and plan change criteria, go to [Our Guideline – Changing your plan \(external\)](#).

When making your decision, you'll need to think about the date the plan was approved, and the changes requested. This information will help you decide what steps to follow.

3.3 Plans approved before 9 October 2024

These plans have no funding periods. When you have made your decision, you can complete the case that is generated.

3.4 Plans approved on or after 9 October 2024

These plans have funding periods. Before you make your decision, you need to work out if the request is related to any of the changes in the list below. You can't complete changes through a plan variation (s47A) to:

- reduce the total funding amount
- reduce funding in a previous or current funding period
- change the plan reassessment date
- change the budget type from flexible to stated or stated to flexible
- change the fund management of one core support if it's grouped with other core supports in a funding component. You'll need to complete a reassessment (s48) if you need to change one core support and it's grouped with other supports. You can complete a plan variation (s47A) if you need to change all core supports grouped in a funding component. You can also complete one to change one core support that is in its own funding component and not grouped with other core supports
- change the instalment type from regular to once-off or once-off to regular
- remove a support category
- change the length of a past or current funding period.

If the change isn't related to one of the above reasons, decide if a plan variation or a plan reassessment is the most appropriate option.

Plans approved on or after 9 October 2024 that don't have a plan duration of 12 months won't have funding periods. The above limitations only apply to plans with funding periods. You can decide if a plan variation or a plan reassessment is the most appropriate option.

4 Make a decision on a plan change request

The NDIS Act and NDIS rules (variations and reassessments) govern how and when a participant's plan can be varied or reassessed and specify the conditions under which we can change a plan either through a variation (minor changes) or a reassessment (a new plan). All NDIS supports in the changed plan must meet the [NDIS funding criteria \(external\)](#).

When making a plan change decision, you'll need to think about:

- the participant's situation and how this impacts their need for NDIS supports
- any relevant information or evidence the participant has given us. You must make sure this information or evidence supports the participant's plan change request
- when the plan change is a participant-initiated request, the participant or their authorised representative has given consent for the plan change request. To learn more, go to article [Check consent, nominee, child representative or self-representation authorities](#)
- any conflicts of interest with the plan change request being made. To learn more, go to article [Understand conflict of interest](#)
- the criteria that must be met to decide to vary a plan or complete a plan reassessment
- the type of plan change request and the changes requested. For example, if the participant or their authorised representative has specifically requested a plan variation and it can't be completed due to any of the above reasons, contact them first. Explain the situation and obtain their agreement to change the request from a plan variation (s47A) to a plan reassessment (s48). If they don't agree, you will need to make a decision not to approve the request, then proceed to a CEO-initiated plan reassessment (s48) to make the change. To learn more, go to article [Create a CEO-initiated plan change request](#)
- the information recorded at the reassessment check-in, linked as a parent case to the generated plan change case. For example, the recommendation from the reassessment check-in to vary the participant's plan and continue the same NDIS supports. Learn more about how to do this in section **If the plan change request is generated from a reassessment check-in** of article [Assign and review a plan change case](#)
- if a variation to change the plan reassessment date will result in the plan not being reassessed for more than 5 years.

To learn more about changing a plan, go to [Our Guidelines – Changing your plan \(external\)](#).

Note: sometimes a participant is eligible for specialist disability accommodation (SDA) but hasn't located an enrolled dwelling or isn't ready to move in. In this case, a \$1 amount is included in the SDA support category as a placeholder. The plan comment is used to let the participant know of the SDA decision. Once the participant finds an enrolled SDA dwelling and confirms they can move in, we can consider a s47A to include the SDA funding. In this situation this s47A can only be considered when the request is only for SDA funding.

You'll need to record your decision for each individual plan change request in the plan change case, before you can make an overall decision. Not all individual plan change requests need to match the overall decision to vary the participant's plan. To learn more about the different outcomes and decision letters, go to article [Understand and view plan change decision letters](#).

Depending on the legislative type selected, some plan change requests may be marked as **Not**

Required. If the status of the plan change request is Not Required, you don't need to do anything.

4.1 Plan change request decisions

To make a decision on each plan change request:

1. In the **Plan Change** case, select the **Decision** tab.
2. Select the correct hyperlink within the **Plan Change Requests** table.
3. At **Plan Change Request**, select the **Decision** tab.
4. Select a decision from the **What decision do you want to make?** drop-down list.

Note: if any of the plan change requests are CEO-initiated, you won't be able to decline the request.

5. Select a **Justification** from the drop-down list.
6. Select the most suitable **Sub-justification** from the drop-down list.

Note: if you decide to decline a plan change request or partially vary the plan, the **Sub-justification** you select will be printed on the decision letter.

If you:

- need to include additional sub-justifications, go to section **Add free text sub-justifications** in this article
- don't need to include additional sub-justifications, go to step 7.

7. Select **Edit Detail** if you want to add any relevant information.
8. Select **Save**.
9. If needed, add any supporting evidence for the decision by selecting **New**.
10. To add evidence, select the **Evidence Type** from the drop-down list:
 - If you select **Document**, go to step 11.
 - If you select **Other**, go to step 12.
11. Record the **Evidence Link** name. You can view linked evidence on the **Evidence** tab of the **Plan Approval** case. To learn more about linking evidence, go to article [Add and link evidence to a case](#).
12. Record an **Explanation** of the new evidence in the free text field.

Note: using personal information in AI tools such as Copilot is a breach of privacy. Don't add any participant information into AI tools to help you write your explanation.
13. Select **Save**.
14. Select **Submit**.
15. Repeat for all **Plan Change Requests** if needed.

5 Record an overall plan change decision

5.1 s47A variation decisions

For s47A requests, you'll need to record an overall plan change decision. You'll need to do this after you've recorded each plan change request decision in the plan change case.

1. In the **Plan Change** case, select the **Decision** tab.
2. Select **Overall Decision**.
3. At **Decision**, select **Vary** from the drop-down list.

Note: if the overall decision is not to vary the participant's plan because a plan reassessment (s48) is needed, you'll need to create a new request for a **CEO's own initiative – s48**. Go to article [Create a CEO-initiated plan change request](#).

4. Select **Justification** from the drop-down list.
5. Record **Justification Details** into the free text field.

Note: using personal information in AI tools such as Copilot is a breach of privacy. Don't add any participant information into AI tools to help you write justifications.

6. If you need to add evidence to the decision, select **New** and go to step 7. Otherwise, go to step 11.
7. To add evidence, select the **Evidence Type** from the drop-down list:
 - If you select **Document**, go to step 8.
 - If you select **Other**, go to step 9.

8. Record the **Evidence Link** name. You can view linked evidence on the **Evidence** tab of the **Plan Approval** case. To learn more about linking evidence, go to article [Add and link evidence to a case](#).

9. Record an **Explanation** of the new evidence in the free text field.

Note: using personal information in AI tools such as Copilot is a breach of privacy. Don't add any participant information into AI tools to help you write your explanation.

10. Select **Save**.
11. Select the checkbox to confirm the overall decision is to vary the participant's plan and complete your intended changes in a Participant Budget Update case. If not, you'll need to consider changing the legislative type of the plan change request to a plan reassessment s48 to complete a Plan Approval case. Go to section **Change the legislative type of a plan change request from s47A to s48** in article [Assign and review a plan change case](#).

Note: this checkbox will only show if at least one of the individual plan change requests are about the participant's NDIS budget.

12. Select **Submit**.

Note: once the overall decision is made, this can't be changed.

13. In the **Plan Change** case, select the **Decision** tab.
14. Select **Generate Decision Letter**.
15. Select **Yes** at **Are you sure you want to generate the Decision Letter?**
16. Select **Submit**.

To view decision letters, go to article [Understand and view plan change decision letters](#).

Notes:

- If the participant has a statutory guardian and the relationship is established with an organisation account, you'll need to manually send the automatically generated decision letter to the statutory guardian. To do this, go to article [Send a letter to a statutory guardian or trustee](#).
- If the overall decision is to vary the reassessment date to continue the participant's current NDIS supports for up to 12 months, you'll need to send the plan continuation letter to the participant. This is automatically generated when the plan change case is complete and closed.

5.2 s48 reassessment decisions

The overall decision on a s48 plan change case is determined when making the decision on the individual plan change request.

1. In the **Plan Change** case, select the **Decision** tab.
2. Select the correct hyperlink within the **Plan Change Requests** table.
3. Select a decision from the **What decision do you want to make?** drop-down list.

Note: you can't decline a CEO-initiated request.

4. Select a **Justification** and **Sub-justification** from the drop-down lists.
5. Select **Edit Detail** and enter a free text explanation of your decision in the **Detail field**. Go to the **Add free text sub-justifications** section of this article for help.

Note: using personal information in AI tools such as Copilot is a breach of privacy. Don't add any participant information into AI tools to help you write justifications.

6. If you need to add evidence to the decision, select **New** and go to step 7, otherwise go to step 11.
7. To add evidence, select the **Evidence Type** from the drop-down list. If you select:
 - **Document**, go to step 8
 - **Other**, go to step 9.
8. Enter the **Evidence Link** name. To learn more about linking evidence, go to article [Add and link evidence to a case](#).
9. Enter the **Explanation** into the free text field.
10. Select **Save**.

11. Select **Submit**.

Note: once the decision is made, this can't be changed.

12. In the **Plan Change** case, select the **Decision** tab.

13. Select **Generate Decision Letter**.

14. Select **Yes** at **Are you sure you want to generate the Decision Letter?**

15. Select **Submit**.

To view decision letters, go to article [Understand and view plan change decision letters](#).

Note: if the participant has a statutory guardian and the relationship is established with an organisation account, you'll need to manually send the automatically generated decision letter to the statutory guardian. To do this, go to article [Send a letter to a statutory guardian or trustee](#).

6 Add free text sub-justifications

Use the relevant free text sub-justifications by copying and pasting them in the **Details** field by selecting **Edit Detail**.

Information in the details field won't print on the decision letter.

You can select multiple free text sub-justifications listed below.

6.1 Plan variation sub-justifications

6.1.1 Not to vary – add crisis or emergency funding in the plan

- There is funding available in the participant's plan which can be used flexibly to meet their support needs.
- The participant's plan can't be changed as it is suspended.
- The participant's plan can't be varied as their situation has changed significantly. The participant's plan needs to be reassessed.
- Not enough information has been provided to support the participant's request.
- The support the participant has requested can be met by informal, mainstream, or community supports.
- The evidence provided doesn't show a significant change in the participant's support needs that requires urgent crisis or emergency funding.
- The funding requested doesn't meet the conditions in the rules for the NDIS.
- The information provided doesn't show the participant's NDIS support needs have changed significantly.
- The funding requested doesn't meet the conditions in the NDIS rules. The information provided doesn't show a significant change in the participant's support needs is due to a change in situation.
- The funding requested doesn't meet the conditions in the NDIS rules. The information provided doesn't show a significant change in the participant's support needs is due to a change in functional capacity.
- The funding requested doesn't meet the conditions in the NDIS rules. The information provided doesn't show a significant change in the participant's support needs is due to a change in informal supports.
- The funding requested doesn't meet the conditions in the NDIS rules. The information provided doesn't show a significant change in the participant's support needs is due to a change in living arrangements.
- The funding requested doesn't meet the conditions in the NDIS rules. The funding can't be provided by the NDIS as it is best funded or provided by another commonwealth, state or territory program.

6.1.2 Not to vary – correct a minor or technical error in the plan

- There are no errors that need to be fixed in the participant's plan.
- The participant's plan can't be changed as it is suspended.
- The participant's plan can't be varied. The plan needs to be reassessed to fix an error and look at other supports in the plan.

- The participant's plan can't be varied. The plan needs to be reassessed, as the participant's request relates to a significant change in situation and not a technical error.
- The participant's request is to understand how a previous decision was made and not to fix an error. To request a change to the previous decision, the participant needs to ask for a review of the original decision.

6.1.3 Not to vary – add supports to the plan

- The participant's plan can't be changed as it is suspended.
- The support the participant requested doesn't meet the NDIS funding criteria.

6.1.4 Not to vary – make minor changes to funding in the plan

- The participant's request relates to a previous decision. To request a change to the previous decision, the participant needs to ask for a review of the original decision.
- The participant's plan can't be varied. The plan needs to be reassessed, as the participant has used their funds quicker than expected.
- The information provided shows that the participant can use their funding flexibly to meet their needs.
- The participant's plan can't be varied as their situation has changed significantly. The participant's plan needs to be reassessed.
- The participant's plan can't be changed as it is suspended.
- Not enough information has been provided to support the participant's request.
- The increase in funding requested doesn't meet the conditions set out in the rules for the NDIS.
- The increase in funding requested doesn't meet the conditions set out in the rules for the NDIS as it isn't for a home modification, vehicle modification or assistive technology support.
- The increase in funding requested doesn't meet the conditions set out in the rules for the NDIS. Additional funding isn't required as there's available funding in the plan to pay for the support.
- The increase in funding requested doesn't meet the conditions set out in the rules for the NDIS. The support can still be provided in the same way as expected in the plan.
- The increase in funding requested doesn't meet the conditions set out in the rules for the NDIS. The support in the plan can be provided without additional information, services or materials.
- The participant's plan can't be varied. The plan needs to be reassessed to make a minor change to the plan and look at other supports in the plan.

6.1.5 Not to vary – make minor change to supports in the plan

Note: you'll need to add this free text sub-justification into the **Details** field for Make minor changes to funding in the plan.

- The participant's request relates to a previous decision. To request a change to the previous decision, the participant needs to ask for a review of the original decision.
- The participant's plan can't be varied. The plan needs to be reassessed to look at other supports in the plan.
- The request is for a support that isn't in line with what the NDIS rules say we can fund.

- The information provided shows the support requested is the same as a support already in the plan.
- The request is for a support that isn't in line with what the NDIS rules say we can fund. The support isn't for a set period of time or a once-off support.
- The request is for a support that isn't in line with what the NDIS rules say we can fund. The support requested isn't to replace, repair or maintain assistive technology funded in the current or previous plan.
- The request is for a support that isn't in line with what the NDIS rules say we can fund. The support requested isn't urgently needed to support economic participation for a set period of time.
- The request is for a support that isn't in line with what the NDIS rules say we can fund. The support requested isn't urgently needed to help build skills or support a life change over a set period of time.
- The request is for a support that isn't in line with what the NDIS rules say we can fund. The support requested is the same as or has the same outcome as a support already provided in the plan.
- The information provided shows the support requested can be met by informal, community and mainstream supports.
- The participant's plan can't be varied. The plan needs to be reassessed as the changes the participant has asked for are too significant to consider in a variation.
- The participant's plan can't be changed as it is suspended.
- Not enough information has been provided to support the participant's request.

6.1.6 Not to vary – change to funding periods

- The participant has requested multiple changes to the plan without supporting evidence.
- The funding period can't be changed based on risk and safety considerations for the participant.
- The funding period can't be changed as the participant hasn't spent in accordance with their plan.
- The funding period can't be changed because recurring supports can't be grouped with supports that aren't recurring.
- The funding period can't be changed because the support is a once-off or lump sum purchase such as high cost assistive technology or home modifications and 100% of these funds must be available in the first funding period.
- The funding period can't be changed as the support is SIL, SDA, YPIRAC or Behaviourally based interventions (including ABA).
- The funding period can't be changed as there is more than one type of fund management in the plan.

6.1.7 Not to vary – change the plan reassessment date

- A plan can't go for more than 5 years without a reassessment. This means we'll work with the participant to create a new plan before the plan's current reassessment date.
- The participant's plan can't be changed as it is suspended.
- The participant's plan can't be varied. The plan needs to be reassessed, to change the reassessment date and look at other supports in the plan.

- The participant's plan can't be varied as their situation has changed significantly. The participant's plan needs to be reassessed.
- The information provided shows that the participant can use their funding flexibly to meet their needs.

6.1.8 Not to vary – change the plan management type

- The plan nominee is bankrupt or insolvent under administration.
- There is evidence that the participant is bankrupt or insolvent under administration.
- The participant has been convicted of an offence punishable for 2 or more years in prison or involves fraud or dishonesty.
- The plan nominee has been convicted of an offence punishable for 2 or more years in prison or involves fraud or dishonesty.
- The participant's plan can't be changed as it is suspended.
- The participant's plan can't be varied. The plan needs to be reassessed, to change the plan management type and look at other supports in the plan.
- The type of plan management requested poses an unreasonable risk, even with supports, safeguards and strategies in place.
- The rules for the NDIS say these supports can't be self-managed.
- There is evidence of non-compliance with requests to provide required information or documents.
- There is evidence of conduct involving fraud or mismanagement or misuse of funds or other assets.
- There is evidence of the participant or the person managing the funding being subjected to legal or financial exploitation or coercion.
- There is evidence the participant or the person managing the funding doesn't have capacity to make decisions or appropriately manage finances.
- The funding is unlikely to be spent on NDIS supports.
- The funding is unlikely to be spent in line with the plan.
- The funding is unlikely to be spent on NDIS supports and in line with the plan.

6.1.9 Vary – add crisis or emergency funding

- Urgent crisis or emergency funding is needed for a period of time or one off due to the significant change in support needs.

6.1.10 Vary – change the plan management type

- The participant's plan can be self-managed by the participant.
- The participant's plan can be self-managed by their nominee.
- The participant's plan can be agency-managed as requested.
- The participant's plan can be plan-managed by a registered plan management provider as there is no evidence of unreasonable risk to the participant.

6.1.11 Vary – change to funding periods

- The funding period can be changed as there is no risk to the participant.

- The funding period can be changed as there is only one funding component in the plan, only one fund management type and there is no risk to spending in line with the plan.
- The funding period can be changed because each component can have the same number, duration or proportion of funds allocation in the funding period. There is only one funding component in the plan, only one fund management type and there is no risk to spending in line with the plan.

6.1.12 Vary – correct a minor or technical error in the plan

- The participant's plan is being varied to correct the error in how their funded supports are calculated.
- The participant's plan is being varied to correct an error.
- The participant's plan is being varied to correct the error in how their funding is managed.

6.1.13 Vary – make minor change to the funding in the plan

- The information provided shows a minor change to the funding in the plan will meet the participant's needs and the conditions in the NDIS rules.

6.1.14 Vary – make minor change to the supports in the plan

Note: you'll need to add this free text sub - justification into the **Details** field for Make minor changes to funding in the plan.

- The information provided shows a minor change to the supports in the plan will meet the participant's needs and the NDIS funding criteria.

6.1.15 Vary – change the plan reassessment date

- The participant's plan is being varied to change the reassessment date as the evidence shows the current plan is likely to continue to meet the participant's needs.

6.2 Plan reassessment justifications

6.2.1 Not to reassess – change in situation

- The information provided shows that the participant can use their funding flexibly to meet their needs.
- Not enough information has been provided to support the participant's request.
- The information provided doesn't show a significant change in the participant's need for NDIS supports due to a change in situation.
- There's no new information which shows the participant's need for NDIS supports has significantly changed.

6.2.2 Not to reassess – change to the funding in the plan

- There's no new information which shows the participant's need for NDIS supports has significantly changed.
- Not enough information has been provided as to why the participant needs the support.
- The support the participant has requested doesn't relate to their disability.

- The changes requested can be considered when the plan is due for reassessment.
- The support the participant has requested should be met by informal, mainstream, or community supports.
- There's been no change to the participant's entitlement to compensation.
- There's been no change to the participant's right to personal injury supports under a scheme of insurance or commonwealth, state or territory law.

6.2.3 Not to reassess – change while the plan is suspended

- The participant's plan can't be changed as it is suspended.

6.2.4 Reassess – change in situation

- The participant's plan will be reassessed.
- The information provided shows that a minor change will meet the participant's needs and the NDIS funding criteria.

6.2.5 Reassess – change to the funding in your plan

- The information provided shows that a minor change to the supports in the plan will meet the participant's needs and the NDIS funding criteria.
- The change the participant has requested meets the NDIS funding criteria. We will contact the participant to make a time to work with them to create a new plan.

7 Communicate your decision

You'll need to let the participant or their authorised representative know once you've made your decision.

Use the discussion points in article [Explain a plan change decision](#) when contacting the participant.

To record your contact attempts, go to article [Contact attempts and unable to contact in a plan change case](#).

When you've let the participant know about your decision, go to the **Next Steps** section of this article.

8 Next steps

If your overall decision is a plan variation (s47A), you'll need to follow different steps depending on the date the plan was approved.

For plans approved:

- before 9 October 2024, go to article [Action a budget update](#)
- on or after 9 October 2024 go to article [Action a budget update with funding periods](#).

To complete a plan reassessment (s48), from the **Plan Change** case:

1. Select the **Reassessment** tab.
2. Select the **Case** hyperlink to open the **Plan Approval** case to complete the reassessment. Go to article [Change the draft budget](#).

For decisions not to vary or reassess, no further steps are needed. Correspondence has been generated, and the plan change case will move to the **Completed** stage. The plan change case is now closed.

Progress a plan change (s47A and s48) request over 21 days

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This article provides guidance for a planner delegate and national reassessment delegate to:

- understand what happens when a plan change request hasn't met the Participant Service Guarantee (PSG) timeframe of 21 days
- contact the participant about their request
- update the plan change request status
- create an internal review case
- make a decision on an internal review case.

1 Recent updates

15 December 2025

Guidance updated to advise staff to cancel plan change cases generated after a check-in where the plan was automatically continued.

2 Before you start

You have:

- been assigned a participant plan change request where the PSG timeframe to make a decision in 21 days has not been met
- the right delegations and validations to submit and approve internal review decisions in PACE. For this you'll need **Validation Delegation Review of Decisions** and **Validation Internal Review Decision Preparation skills**. If needed, use the PACE User Management case to request the skills be added. Go to intranet page [Troubleshoot PACE access issues](#).
- read and understood relevant sections of [Our Guideline – Changing your plan \(external\)](#). For example, **What is a plan variation?** and **What is a plan reassessment?**
- read and understood relevant sections of [Our Guideline – Reviewing our decisions \(external\)](#). For example, **What are internal and external reviews?**
- reviewed the plan change request. For participant plan change request types, determine if s47A or s48 is most appropriate for the request.

3 Understand what happens when a plan change request hasn't met the PSG timeframe of 21 days

The Participant Service Guarantee (PSG) needs us to make a plan change decision within 21 days of receiving the request. When we don't meet this timeframe, we're taken to have decided not to reassess or vary the plan. This creates an automatic internal review. Go to section **What happens after I request a change to my plan?** in [Our Guideline – Changing your plan \(external\)](#).

You need to:

- attempt to contact the participant (or their authorised representative) about their request if you need more information
- complete or cancel the plan change request
- create an internal review case
- make a decision on the internal review case to action the outcome for the participant. This includes sending a manual letter with the outcome of your decision.

4 Contact the participant about their request

To action the plan change request, you may need to contact the participant to clarify their request or gather additional details. To learn more about discussing this with the participant, go to article [Discuss a participant plan change request](#).

When you contact the participant, use their preferred methods of communication and correspondence. To learn more, go to article [Check a person's preferred contact method](#). If their preferred method is electronic text or delivery by post, you should still attempt to call them to clarify the request.

Note: the exceptions are if the person has requested no phone calls and to contact them via the National Relay Service, or if they haven't provided a phone number.

When you contact the participant, you should:

- go to section **Understand SMS options in PACE** in article [Send an SMS in PACE](#)
- make 3 contact attempts (a maximum of 2 per day, at different times of the day) to the participant
- leave a brief message and ask them to call the NDIA on 1800 800 110, if you reach voicemail and the person identifies themselves
- record each contact attempt on the plan change case. Go to article [Log an activity or internal note](#).

You should also contact the participant to tell them the outcome of your decision. Go to section **Confirm the decision** or **Set aside the decision** in this article.

5 Update plan change request status

The chevron must be In Progress to complete the following process. You can't move the chevron manually.

You'll need to make sure there's a plan change request submitted. You can check this in the **Plan Change** case. Select the **Decision** tab and review the **Plan Change Requests** table.

IMPORTANT: if the plan change case was automatically created as part of a plan continuation, you need to cancel it. If you don't, the plan continuation won't work due to limitations of the **Participant Budget Update** case that will be created if you progress the case. This is for plans approved after 9 October 2024.

To check if the case is part of a plan continuation:

1. Go to the **Details** tab and confirm the **Case Reason** is **Plan continuation**.
2. Go to the **Decision** tab and confirm the **Plan Continuation Confidence** option shows. This only shows for cases created as part of a plan continuation.

After you've confirmed the case is part of a plan continuation, cancel it using article [Cancel or close a plan change case](#).

If the plan change request in this case was made after the scheduled check-in, you'll need to add it to a different plan change case that's not part of a plan continuation. You can add it to an open case or you may need to create a new case.

To learn how to find an open case, go to section **Check for related open cases** in article [Prepare to submit a plan change request](#).

1. The case will be assigned to a plan change routing queue. You'll need to reassign the case to yourself. In the top right-hand corner of the plan change case, select **Change Case Owner**.
2. At **Please select if the case owner is a user or a queue**, select **User**.
3. At **Select User**, enter your name into the field.
4. Select **Change Owner** to assign the case to yourself.
5. Select **Finish**. The case stage will move to **In Progress**.

5.1 Complete the plan change case

This option is only for **Participant requested – S48** requests with the milestone '**Decide on Participant Requested Plan Reassessment**'. For all other plan change requests, you'll need to cancel the plan change case. Go to section **Cancel the plan change case** in this article.

1. In the top right-hand corner of the case, select **Complete Case**.
2. Select **Next**.
3. At **Closure Reason** drop-down list, select **Lapsed plan change request**.
4. At **Closure Comments**, copy the below comment and paste in the free text field:

Case completed without making a decision as the request is over 21 days and will

progress to an internal review.

Note: you'll need to remember the **Plan Change** case number as you need this when creating the **Internal Review** case.

5. Select **Confirm**.
6. You'll see a note confirming the case has been completed successfully. Select **Done**.
7. The chevron will show as **Closed**. The plan change case is now closed.

5.2 Cancel the plan change case

Use this option for plan change requests with the milestone, **Make Plan Change Decision 21 days SLA**.

Note: for **Participant requested – S48** requests, you'll need to complete the plan change case. Go to section **Complete the plan change case**.

1. In the top right-hand corner of the case, select **Cancel Case**.
2. Select **Next**.
3. At **Closure Reason** drop-down list, select **Outstanding planning activities in SAP CRM**.
4. At **Closure Comments**, copy the below comment and paste in the free text field:

Case cancelled without making a decision as the request is over 21 days and will progress to an internal review.

Note: you'll need to remember the **Plan Change** case number as you need this when creating the **Internal Review** case.

5. Select **Confirm**.
6. You'll see a note confirming the case has been cancelled successfully. Select **Done**.
7. The chevron will show as **Cancelled**. The plan change case is now closed.

6 Create an internal review case

You need to create an internal review case to make your decision.

From the **Person Account**:

1. Select **Cases** tab.
2. Select **New**.
3. Select **Internal Review**.
4. Select **Next**.
5. At **Type**, select the relevant option from the drop-down list.
6. Check **Internal** is selected for **Case Origin**.
7. Select **Save**. The **Internal Review** case will now show as **Draft**.

7 Create an internal review request

From the **Internal Review** case, select **Request** tab.

1. Select **Date review request received**. Record the date as 21 days after the plan change request was received.
2. If you're backdating the request, record a reason for this in the **Provide a reason why the request is being backdated and reference evidence** free text field. For example, 'An automatic internal review has been created as plan change request decision was not made in the PSG timeframe of 21 days'.
3. Select the relevant **Who is requesting review?** option. Record this as the person who initially submitted the plan change request.
4. Select **Next**.

7.1 Complete the Decisions

1. Select **Decision from SAP CRM**.

Note: the decision won't be available from **Decision Log** as the plan change request has been automatically declined.
2. Select **Planning** from the **Type** drop-down list.
3. Select **New**.
4. On the **Reviewable SAP CRM decisions** pop-up screen, select the **Decision Name** from the drop-down list. This will be **Lapsed S47** or **Lapsed S48**.
5. Add **Original Decision Date**, record this as 21 days after the plan change request was received.
6. Record the **Decision Reference** as the plan change case number.
7. Select the checkbox **Unable to find original decision maker user ID**.
8. Record your user ID in the **Decision user code** field. This is because you're the person who received the plan change request where the decision was not made within the PSG timeframe of 21 days. If the request is made:
 - within 100 days, go to step 11
 - outside of 100 days, go to step 9.
9. Select **Other extenuating circumstances** from the **Reason for selecting decision over 100 days** drop-down list.
10. Record a reason in the **Provide details of why you are submitting this request outside of 100 days** free text field. For example, 'An automatic internal review has been created as plan change request decision was not made in the PSG timeframe of 21 days'.
11. Select **Save**.
12. Select **Next**.

7.2 Complete the Add Request Details

1. Record the reason in the **Capture Reasons for Review Request** free text field:
 - for a **variation**: 'An automatic internal review has been created as plan change request decision was not made in the PSG timeframe of 21 days. The delegate is taken to have decided not to vary the plan'.
 - for a **reassessment**: 'An automatic internal review has been created as plan change request decision was not made in the PSG timeframe of 21 days. The delegate is taken to have decided not to reassess the plan'.
2. Select **Save**.
3. Select **Next**.

7.3 Complete the Documents

1. Link any documents provided in the plan change request, if needed. Select **Link Documents** to link documents from the plan change case to the internal review case. To learn more about adding or linking documents, go to article [Add documents to a case](#).
2. Add any new documents provided by the participant, if needed. Select **Add Documents** to upload new documents.
3. Select **Next**.

7.4 Complete the Risk Matrix

1. Under **Has there been any risk identified that may impact the participant, nominee or NDIS associated with this request?**, select **Yes** or **No**.
2. If **Yes**, you need to select **Yes** or **No** to each risk question.
3. For each risk identified, select the relevant risk level: **LOW, MEDIUM, HIGH** or **EXTREME**.
4. Select **Next**.

7.5 Complete the Request Summary

1. Review the information recorded.
2. If any information needs to be corrected or added, select the relevant step to return and update.
3. Once everything is correct, select **Next**.

7.6 Complete the Submit Internal Review Request

1. Record your call notes for conversations with the participant in the **Call Notes** free text field, if applicable.
2. Select **Submit**.

3. The **Internal Review** case stage will change to **New**. New internal review cases are automatically assigned to the **Internal Review Routing Queue** and you'll need to update the case owner to yourself.
4. From **Change Case Owner**, in the top right-hand corner of the case, in **Please select if the case owner is a user or a queue**, select **User**.
5. In **Select User** search and select yourself.
6. Select **Change Owner** and **Finish**.
7. The chevron will now move to **In Progress**.

8 Make a decision on an internal review case

From the **Internal Review** case:

1. Select **Decision** tab.
2. From the **Request for PACE Decisions** table, select the hyperlink under **Name** heading.
3. On the **RORD Request** screen, select **Make a decision** on the right-hand side of the screen.

8.1 Complete the Decision pop-up

1. Within the decision pop-up, complete the free text fields that can be completed. Most of the fields will be automatically populated.
2. From **Decision** step in **Decision Outcome** select the relevant option for the plan change request:
 - select **Set Aside** if you disagree with the decision to not change the plan and intend on changing the plan
 - select **Confirm** if you agree with the decision to not change the plan.
3. In **Additional Information** free text field add information, if needed.
4. Select **Next – Justification**.
5. From **Justification** step, select available **Justification**.
6. Select available **Sub-justification**.
7. Select **Next – Evidence**.
8. From **Evidence** step, complete **Evidence Name** free text.
9. Select **Evidence Type** from the drop-down list.
10. If selecting **Document**, complete **Evidence Link**. The **Evidence Link** name can be found in the **Evidence** tab under the **Document Type** heading. The evidence linked must relate to your justifications.
11. Complete **Explanation** free text field.

Note: using personal information in AI tools such as Copilot is a breach of privacy. Don't add any participant information into AI tools.
12. Select **Next**.
13. From the **Confirmation** step, select **Done** which will move the decision to the **Drafted decision status** in the **Requests for PACE decisions** table.

8.2 Submit the internal review decision

From the **Internal Review** case:

1. From the **Decision** tab, select **Submit Decisions**.
2. From the **Confirmation** step, select **Next**.

3. From the **Summary** step, select **Done**. The decision will now show as a **Completed decision**.
4. From the **Decision** tab, select **Confirm manual letter has been sent**.
5. From the **Confirmation** step, select an appropriate option from **Did you speak to the participant about decision**. Select **Next**.
6. From the **Decision Letter Sent** step, select **Next**.
7. You'll now be returned to the **Internal Review** case.
8. You send the letter when you either:
 - Confirm the decision by following the steps in section **Confirm the decision**.
 - Set aside the decision by following the steps in section **Set aside the decision**.
9. You may need to manually close the **Internal Review** case. To learn more about closing the **Internal Review** case, go to article [IRT – Complete remaining closure tasks for an internal review](#).

8.2.1 Confirm the decision

1. Advise the participant you've decided to confirm the automatic decline of their request. You'll need to explain what this means. Confirm you'll send them a letter with the outcome of your decision. Tell them they have Administrative Review Tribunal (ART) rights and if they want a review from the ART, they'll need to lodge an application within 28 days.
2. Follow the guidance in article [Send a manual letter](#) to send the participant the **Letter – s47A and s48 decision outside 21 days manual – decline**.

8.2.2 Set aside the decision

1. From the **Decision** tab, select either:
 - **Create Budget Update Case** if you've decided to vary the plan.
 - **Create a Plan Approval Case** if you've decided to reassess the plan.

Note: only the option relevant to your decision will be available to select.
2. A child case will now be created.
3. Select **View Child Case** to either:
 - progress the **Create Budget Update Case**, go to article [Action a budget update](#)
 - progress the **Create a Plan Approval Case**, go to article [Change the draft budget](#).
4. When the plan has been updated, or a new plan is approved, you need to advise the participant of your decision.
5. Explain to the participant you've decided to vary or reassess the plan. Tell them:
 - how the plan will be provided
 - what has changed in the plan and offer them support to implement their plan

- advise them you'll send a letter with the outcome.
6. Use article [Send a manual letter](#) to send the manual decision outcome letter:
- for a variation send the participant **Letter – s47A and s48 decision manual – vary**
 - for a reassessment send the participant **Letter – s47A and s48 decision outside 21 days manual – reassess.**

Identify and record a change in situation during a check-in

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This article provides guidance for a planner delegate, review officer, planner (non-partnered area), quality officer, participant support officer, local area coordinator or early childhood partner to:

- identify a change in situation
- record a change in situation during a check-in.

1 Recent updates

15 December 2025

Guidance updated to:

- explain you need to have the participant or their authorised representative's consent to submit a participant-initiated plan change request.
- link relevant plan change articles.

2 Before you start

You have:

- read and understood article [Guide – Conversation style guide](#)
- read and understood [Our Guideline – Your plan \(external\)](#)
- read and understood [Our Guideline – Changing your plan \(external\)](#)
- completed the budget and funded supports step of the check-in case using article [Record the budget and funded supports during a check-in.](#)

3 Identify a change in situation

When you talk with the participant or their authorised representative, ask them how they've been since their last check-in. You can then discuss any changes in their situation. The information they give you will help you decide if they need a referral to other supports or services. Also, the information you record will impact the participant's confidence level in PACE which is calculated daily.

A high confidence level may indicate the participant's plan can be continued. A low to medium, not set or not suitable confidence level may indicate that a plan reassessment is needed. However, when thinking about if the participant's plan can be continued, consider any changes to their situation, risks and vulnerabilities, and any other new information. To learn more, go to article [Understand types of check-ins](#).

Encourage the participant to provide any supporting evidence during the check-in. For example, recent assessments or progress reports from allied health professionals. If you need to add evidence, go to article [Add evidence during a check-in](#).

Use your knowledge of the participant to tailor your questions to their situation. You can discuss:

- if they're doing well
- if they've built capacity in any areas
- if they have any concerns about their current situation
- any changes in their situation
- any risks to the participant
- their current budget and how they can use their funds flexibly
- if they can access services in their community
- if they are accessing suitable mainstream services
- any barriers to accessing services
- strategies to improve access to the community
- possible referrals to other areas of the NDIS or external services.

The following topics and suggested questions can guide your conversation.

If you identify the participant's situation and need for NDIS supports have changed they may need a change to their plan. You need to talk to the participant or their authorised representative and confirm they understand what this means for them and get the relevant consent. To learn more, go to article [Prepare to submit a plan change request](#).

3.1 Informal supports or living arrangements

To guide your conversation, go to article [Discuss informal, community and mainstream supports](#).

3.2 Employment status

You could talk with the participant about:

- any changes to their work or volunteering
- the reason for any changes.

3.3 Financial arrangements

If the participant has concerns about their financial management, you can talk to them and find out if they need support to manage their money. Be mindful this may be a sensitive topic. You could talk with the participant about:

- how they manage their money
- if anyone else uses their bank account or money
- if they have recently changed their bank account. If the participant makes a request to update their, or their nominee or child representative's bank account details, go to article [Add, update or remove bank account details](#)
- if they often give money or possessions to anybody else
- if they can buy the groceries they need, and any barriers that prevent them from doing this.

Note: you can still check bank account details for participants who self-manage their funding, have recurring payments, or have a nominee or child representative managing their funding. Go to article [View bank account details](#).

3.4 Health and wellbeing

You could talk with the participant about:

- how they access health services like doctors and specialists
- how often they use health services
- how they feel about their current health services
- how they can make changes to their health services and supports.

3.5 Supports

You could talk with the participant about:

- how they feel about their funded supports
- if they're waiting on any assessments or requests for supports
- their equipment and technology
- their informal supports

- how they can use their plan flexibly to buy supports they need.

3.6 Abilities and function

You could talk with the participant about any changes to their disability-related health support needs.

3.7 Participant at risk or vulnerable

To identify any new risk factors or vulnerabilities, go to articles [Identify risks and vulnerabilities](#) and [Record risks and vulnerabilities during a check-in](#).

3.8 Life stage

Think about any upcoming life transitions for the participant. For example:

- are they a child approaching 6 years? Consider if they might need an eligibility reassessment
- are they about to start or leave school?
- do they have informal supports who can't support them anymore?
- are they approaching 65? Consider if you need to talk about aged care supports working alongside NDIS supports.

Learn more in article [When to refer the participant for an eligibility reassessment](#). Or go to [Our Guideline – Mainstream and community supports \(external\)](#) and [Our Guideline – Applying to the NDIS \(external\)](#).

3.9 Nominee changes

When you talk with the participant, think about:

- if they want to change their authorised representative arrangements
- if they still need support for decision making
- if they'd benefit from more support to build their decision-making skills
- if the authorised representative or any relationships have an upcoming end date, for example if the participant is nearly 18
- if they still have capacity to request a nominee, or whether a legal referral to consider their options may be appropriate, such as appointing a guardian.

Learn more in [Our Guideline – Appointing a nominee \(external\)](#) and [Our Guideline – Child representatives \(external\)](#).

4 Record a change in situation during a check-in

At **Changes in situation**:

1. **Select what has changed:**
 - if there haven't been any changes to the participant's situation, select **No changes identified**. Go to step 3
 - if there have been changes to the participant's situation, select the relevant options. Go to step 2.
2. A free text field will appear. For each option you selected, **Record the strategies you've used to manage the participant's change in situation, and help them continue to use their plan.**
3. At **Confirm that you have discussed eligibility requirements and the eligibility reassessment process with the participant or their family**, select **Yes** or **No**
Note: this question will only display if you select **Yes** to question **Is the participant likely to need their eligibility reassessed** during the Check-in Preparation step.
4. At **A new plan with similar supports is suitable?**, select **Yes** or **No**.
5. At **A longer plan duration is suitable for the participant?**, Select **Yes** or **No**.
Note: check for a plan duration internal note. Learn more in article [Complete a desktop review before a check-in](#).
6. Select **Next**.

5 Next steps

To continue with the check-in, go to articles [Identify risks and vulnerabilities](#) and [Record risks and vulnerabilities during a check-in](#).

Discuss a participant plan change request

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

- contact the participant or their authorised representative
- discuss a plan change request
- discuss information and evidence to support a plan change request
- discuss a plan change request without any evidence.

1 Recent updates

15 December 2025

Guidance updated to:

- make sure you talk with the participant or their authorised representative about what relevant information and evidence is needed for us to make a plan change decision
- check the participant has consented to the plan change request
- consider any conflict of interest with the plan change request.

10 November 2025

Guidance updated to advise:

- you need to submit requests as a Participant plan change request unless it request specifies a plan variation (s47A) or plan reassessment (s48) or you have delegation to make a decision
- content about discussing a plan change decision moved to article, Explain a plan change decision
- link to new article Action a request to explain a decision.

2 Before you start

You have received a plan change request from a participant or their authorised representative, and you have read and understood:

- [Prepare to submit a plan change request](#)
- [Our Guideline – Changing your plan \(external\)](#)
- [Consider a request for personal information](#)
- [Our Guideline – Your privacy and information \(external\)](#)
- [Guide – Conversation style guide.](#)

Use the discussion points below when you've received a plan change request from a participant or their authorised representative. If you need to explain a decision or action a formal explanation of a decision, go to article [Explain a plan change decision](#) or [Action a request to explain a decision](#).

3 Contact the participant or their authorised representative

Introduce yourself.

If the participant or their authorised representative can't continue with the conversation:

1. Discuss a suitable time for you to contact them.
2. Record your contact attempt in the log activity panel in the plan change case.
3. Use article [Log an activity or internal note](#).

If the participant or their authorised representative can continue with the conversation, continue to section **Check identity**.

3.1 Check identity

You **must** check the identity of the person asking for the plan change:

1. Tell the person you need to confirm their details before proceeding.
2. Complete a security check by requesting 3 pieces of personal or unique information about themselves over the phone. For example, date of birth, home address, mobile phone number or email address. Use section **How to complete a security check** in article [Consider a request for personal information](#).
3. Check the person has the right authority. Use article [Check consent, nominee, child representative or self-representation authorities](#).

3.2 Check consent and authority to request a plan change

If the participant hasn't made the request:

1. Check the person who made the request has permission to **Submit a request for a Plan Change**. You should check with the participant or their authorised representative that they understand and consent to the specific plan change request being made. Go to article [Check consent, nominee, child representative or self-representation authorities](#).

Note: you should confirm with the participant or their authorised representative that they know about and agree to this request. You should do this even when the person making the request has consent to act on behalf of the participant.

2. If they don't have consent or the right permission, don't proceed.
3. If you're unsure about permission to make a plan change request, talk to your line manager.
4. Think about if there are any conflicts of interest with the plan change request being made. To learn more, go to article [Understand conflict of interest](#).

Note: if the person is recorded in SAP CRM and hasn't transitioned to the PACE person account, you must verify their identity and consent. Go to articles [Understand consent](#)

[requirements](#) and [Understand the articles to use for the Managed Authorised Representative case](#).

To learn more, go to section **Check authority to request a plan change** in article [Prepare to submit a plan change request](#).

4 Discuss a plan change request

Ask the participant or their authorised representative to briefly describe the reason for the plan change request. If you need to clarify the reason, ask about any changes to the participant's situation, functional capacity and support needs.

You must select **Participant plan change request** for all requests unless:

- the participant or authorised representative specifically states they're requesting a plan variation (s47A) or plan reassessment (s48)
- you have delegation to make a decision.

You need to explain to the participant or their authorised representative that if the request:

- doesn't specify a legislative type, the delegate making the decision can consider both options. If they decide to change the plan, they'll choose the most suitable option to best meet the participant's needs. They can vary or reassess the plan.
- is made under a specific section of the NDIS Act, the delegate's decision is limited to that section only.

Note: due to limitations in plans with funding periods, some changes can't be completed as a plan variation. Go to section **Understand the Plan change request type** in article [Prepare to submit a plan change request](#).

- is submitted under s47A, the delegate can only decide to vary or not vary the plan. The requested changes must meet the criteria of s47A. The delegate can't consider a plan reassessment. This means their request may not be approved.

To learn more, go to article [Create a participant plan change request](#).

If the participant or authorised representative still wants to make the request under a specific section, you can't refuse.

Ask about any risks which may impact the participant's supports or how their funding is managed. To learn more about risk, go to section **How do we think about risks when we create your plan?** of [Our Guideline – Creating your plan \(external\)](#).

4.1 Confirm you understand the request

Use the following as a guide for your conversation to understand their reasons:

- They need a plan change because there's an urgent and unexpected change in their support needs. For example, the participant may need personal care supports if their informal support becomes ill, or the participant's functional capacity changes and they have trouble doing the things they used to do.
- They want to change the way their funds are managed. For example, the participant may ask for support from a registered plan manager, or they may want to switch from agency-managed to managing their own funding

- They want to change the reassessment date to an earlier or later date. For example, if a plan is working well for a participant and their support needs are stable, the reassessment date can be changed to a later date.

Note: you can't change the reassessment date if this means the plan duration would be longer than 5 years from when it started.

- They need to change who provides a support or how a support is delivered. For example, if a specific provider of NDIS supports closes down, the participant may request another specific provider be added to their plan.
- There's an error in their record or plan that they want us to fix. For example, if the participant wants us to fix spelling mistakes, add missing words or correct errors in the classification or calculation of supports.

Note: don't create a plan change request for participants who only want to change their statement of goals and aspirations. You need to action the requested updates as an s47 plan variation. Use article [Complete a s47 request to update a participant's goals, About Me and informal, community and mainstream supports](#).

- They need additional funding for a support which is needed for a specific amount of time or is a once-off support. For example, the participant may need extra funding to repair assistive technology or need employment supports before the reassessment date so they can start work.
- They need a change in funding periods. If a plan has funding periods, the participant can ask us to vary their plan to change when the funding is available or how much is provided in each funding period. We may be able to do this by adjusting how the supports are grouped. Changing the funding periods doesn't affect the total funding amount of the plan.
- There are significant changes to their situation. For example, their functional capacity or informal supports have changed in a significant way, they're leaving school or starting a new job.

5 Discuss information and evidence to support a plan change request

Ask the participant or authorised representative for any information to support their plan change request which shows their situation has changed. For reassessments and crisis or emergency funding, you'll also need to ask for evidence of a significant change to their need for NDIS supports. This includes new assessments, reports or other documents. The type of information or evidence we need depends on the reason they're asking for a plan change.

Explain that this will help us understand how their situation has changed. A delegate will use all the relevant information and evidence they send us to make a decision.

To learn more, go to [Factsheet: Evidence you need to give us before we create or change your plan \(external\)](#).

Note: we generally don't need evidence to make a change to how funds are managed if that's the only change.

5.1 Evidence is available to support the request

If the participant or their authorised representative has relevant information or evidence available, you can add these to the documents tab in the plan change case. Go to article [Add and link evidence to a case](#).

For more information, go to section **Check supporting information for a plan change request** in article [Prepare to submit a plan change request](#).

If the participant or their authorised representative doesn't have information or evidence available, continue to section **No evidence is available to support the request**.

5.2 No evidence is available to support the request

Explain to the participant or their authorised representative if they don't:

- have the relevant information or evidence now, they can take their time to gather evidence and make a request for plan change later
- provide evidence with their request, the delegate may need to ask for some to make their decision. This may delay the decision.
- give us any relevant evidence, or if the evidence doesn't support their plan change request, the delegate may decide not to vary or reassess their plan.

If the participant wants to collect the relevant information and evidence and submit the plan change request later, don't create a plan change request now. You need to record this conversation by creating an enquiry case. Go to article [Create an enquiry case](#).

Note: you can't refuse to submit a plan change request if no evidence is being provided.

If the participant or their authorised representative wants to submit the plan change request first and provide the evidence or supporting information later, you need to explain:

- we need their information within 21 days because when a request is received, we only have 21 days to make a decision
- the delegate will make their decision using the information available to them at the time
- if there's not enough information, the delegate may decide not to approve the request
- they can email any additional information or evidence to enquiries@ndis.gov.au or upload it to the my NDIS participant portal
- we'll contact them to explain the decision using their preferred contact method and send a letter.

Note: you must log an activity to document this discussion. Use article [Log an activity or internal note](#).

If the participant or authorised representative isn't going to provide any information or evidence to support the plan change request, continue to section **No further information or evidence will be provided**.

5.3 No further information or evidence will be provided

Explain to the participant or authorised representative that:

- a delegate will now make a decision about their request
- we'll contact them to explain the decision using their preferred contact method and send a letter
- we'll talk to them about their review rights if they don't agree with the decision.

If you don't have delegation to make a decision, the process for you ends here.

6 Discuss a plan change request without any evidence.

If you do have delegation to make a decision, you'll need to consider a range of additional things. In your role as a delegate, you'll need to discuss these with the participant or their authorised representative.

Sometimes the participant won't be able to provide relevant information or additional evidence. When this happens, or when there's risk involved, you'll need to take this into consideration and decide if the participant's plan needs to be varied or reassessed.

It's important to check that you've reviewed all available information and evidence on the person account before contacting the participant or their authorised representative.

To learn more, go to article [Identify risks and vulnerabilities](#).

6.1 Evidence needed to understand a participant's change in situation

Explain that to make a decision, you need more information to confirm how their situation and support needs have changed.

Ask if they've got any more information which hasn't been provided yet, such as [reports from allied health professionals \(external\)](#).

Repeat the participant's answers back to them, check you've understood their request and haven't missed anything. Ask them to confirm if their plan change request is due to:

- an urgent change in their situation that's significantly impacting support needs
- their plan running out of funds
- a need or choice to change the way funding is managed
- an urgent need for a change to their supports
- a need for additional funding for assistive technology, vehicle modifications or home modification design and construction.

To learn more, go to [Factsheet: Evidence you need to give us before we create or change your plan \(external\)](#).

6.2 Loss of informal support or change beyond participant's control

When you talk to the participant about this loss of informal supports, be mindful this may be a sensitive or upsetting topic.

Ask the participant about how this change to their informal supports has impacted them. You can ask them to give us information from their allied health professional confirming the change to informal supports. For example, a letter from their occupational therapist.

If the participant or authorised representative doesn't have written confirmation, ask about:

- the impact of this change or loss of informal support
- informal supports which are no longer able to meet their support needs
- who is available to provide this support for them until a decision is made
- community and mainstream supports which may meet their needs.

Note: if the participant or their authorised representative is unsure, discuss the options available to them relevant to their individual situation.

6.3 Insufficient evidence to vary or reassess a plan

You'll need to make a delegate decision even if there's not enough information provided. You'll need to explain to the participant that the information they've given us doesn't meet the criteria to vary or reassess their plan. This means you've made the decision not to vary or not to reassess their plan at this time.

If the participant or their authorised representative is unhappy with your decision, you can guide them to section **When would we decide not to change your plan?** in [Our Guideline – Changing your plan \(external\)](#) to learn more.

However, you should make sure you have explained the decision clearly. Go to article, [Explain a plan change decision](#).

7 Next steps

If you've decided not to vary or reassess the plan, you need to book a discretionary check-in with the participant at a later date. This is important to reduce risks and add safeguards. This will allow you to review the participant's situation and check if there's any change in the participant's risk profile and whether any further action is needed.

Make an appointment in 2 weeks, a month or a suitable time to check-in with the participant.

To learn more, go to article [Book change or cancel a check-in](#).

Prepare to submit a plan change request

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

- check authority to request a plan change
- check supporting information for a plan change request
- understand if the participant is at risk
- check if the participant's current plan is in PACE or SAP CRM
- check for related open cases
- understand the plan change request type.

1 Recent updates

15 December 2025

Guidance updated to

- advise staff to cancel the plan change case that's created as part of a plan continuation
- align with National Disability Insurance Scheme (Variation and Reassessment of Participants' Plans) Rules 2025
- make sure relevant information and evidence is considered before making a plan change decision
- check the participant has consented to the plan change request
- consider any conflict of interest with the plan change request
- link to article 'Create and action a request for a replacement support' renamed to 'Understand, create and action a request for a replacement support'

10 November 2025

Guidance updated to explain:

- you need to submit requests as a Participant plan change request unless it specifies a plan variation (s47A) or a plan reassessment (s48) or you have delegation to make a decision
- you need to submit the plan change request if the participant confirms there's no supporting evidence for their request
- how to action a plan change request if the plan is still in SAP CRM.

2 Before you start

You have:

- received a plan change request
- read and understood [Our Guideline – Changing your plan \(external\)](#)
- read and understood [Our Guideline – Your privacy and information \(external\)](#)
- read and understood article [Consider a request for personal information](#)
- read and understood the [NDIS operations instrument of delegation](#).

3 Check authority to request a plan change

When you receive a request for a plan change, you'll need to check if the person is authorised to make the request. You can only accept a plan change request from the participant or their authorised representative. Authorised representatives must have the right permission.

If you think there's a risk to the participant, go to section **Understand if the participant is at risk** in this article.

3.1 Check identity and consent

You **must** check the identity of the person asking for the plan change.

1. Tell the person you need to confirm their details before proceeding.
2. Complete a security check by asking for 3 pieces of personal or unique information about themselves. For example, date of birth, home address, mobile phone number or email address. Use section **How to complete a security check** in article [Consider a request for personal information](#).
3. Check the person has the right authority. Use article [Check consent, nominee, child representative or self-representation authorities](#) and make sure they have **Submit request for a Plan Change** permission.

If the person tells you they have consent, but it's not recorded in PACE, you must not proceed. To get the participant's consent to make a plan change you can:

- make an outbound call to the participant or their authorised representative
- have the participant provide written consent through an email, letter or consent form. To find the consent form, go to [Consent forms \(external\)](#).

If consent is given, you must record this in PACE. Go to article [Record consent to share information or for a third party to act](#).

Note: if the person is recorded in SAP CRM but this information hasn't transitioned to PACE, you must verify their identity and consent. Use articles [Understand consent requirements](#) and [Understand the articles to use for the Managed Authorised Representative case](#).

If you aren't sure if the person asking for the plan change has the right authority or consent, talk to your team leader. If your team leader is also unsure, they may seek advice from privacy@ndis.gov.au.

4 Check supporting information for a plan change request

You may receive a plan change request verbally, by email or in a [Change of details or change of situation form \(external\)](#). The form doesn't need to be completed to submit a plan change request.

The participant or authorised representative may provide information to support their plan change request which shows how their situation has changed. This can include new assessments or reports about disability-related support needs. Make sure they understand supporting evidence will help us make a decision about their plan change request. Explain that if we don't have the necessary information or evidence we need, the participant's request may be declined.

To learn more about the information we need, go to [Fact sheet: Evidence you need to give us before we create or change your plan \(external\)](#).

You must not delay submitting the request if the participant or authorised representative confirms they don't have any supporting information. If participant tells you they want to submit evidence later, help them understand the [Evidence you need to give us before we create or change your plan \(external\)](#). Tell them they can send us their information by email to enquiries@ndis.gov.au or via the [my NDIS participant portal \(external\)](#).

You'll need to upload and link any new information to the plan change case. Use articles [Add documents to a case](#) and [Add and link evidence to a case](#).

Tell the participant or authorised representative they'll receive a letter after the plan change request is submitted with information about what to expect next. Check their correspondence preferences in PACE are correct. Go to article [Check a person's preferred contact method](#). Confirm the participant's personal details in PACE are correct. If not, create the relevant cases in PACE to record or update this information. These may include:

- an **Update Person Account** case to record any changes to the participant's details. Go to article [Update a person account](#). If the participant wants to report a new condition, use article [Update the participant's disabilities using the update person account case](#)
- a **Check-In** case to talk to the participant and find out more about the change in their situation. Go to article [Create a check-in case](#).

Don't create a new check-in case if this plan change case was generated from a reassessment check-in. You can review information recorded at the reassessment check-in, which will be linked as the parent case.

1. From the **Person Account**, select the **Cases** tab.
2. Select the relevant **Plan Change** case from the **Open Cases** list.
3. Select the **Case Activity** tab then select **Related Cases**.

You'll need to gather as much relevant information as possible for the delegate to think about when they're considering the plan change request.

To learn more about how to discuss information and evidence for plan change requests, go to article [Discuss a participant plan change request](#).

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

5 Understand if the participant is at risk

You may identify that the participant is at risk because their situation has changed.

Note: if you identify an immediate threat or risk of harm, you **must** call emergency services on **000**.

When you create the plan change request, you must complete the risk matrix. This will help you escalate the request, if needed.

You may need to report a risk to the participant using the Participant Critical Incident Framework on the [Participant Critical Incidents](#) intranet page. Reportable Participant Critical Incidents must be submitted using the Participant Critical Incident case.

To learn more, go to articles [Understand participant critical incidents](#) and [Create a participant critical incident case](#).

If you need more help, talk to your line manager.

You should also think about if there are any conflicts of interest with the plan change request being made. To learn more, go to article [Understand conflict of interest](#).

6 Check if the current plan is in PACE or SAP CRM

You'll need to check the person account to see if the participant's current plan is in PACE or SAP CRM. The plan will still be in SAP CRM if:

- **SAP CRM** is displayed on the **Details** tab, at **Overview**, next to **Current Plan**
- **No** is displayed on the **Details** tab, at **Account Information**, next to **Planning Ceased in SAP CRM**
- The **My Profile** tab has no plans listed on its **Plan** tab.

If the participant is requesting a change to their plan but their current plan is in SAP CRM, you **must** submit the request as a **Participant plan change request**. Use article [Create a participant plan change request](#).

7 Check for related open cases

When you prepare to submit a plan change request, you must check if the participant has any relevant open cases for the same request or issue. To check for any open plan change or internal review cases:

1. From the **Person Account**, select the **Cases** tab.
2. At **Open Cases**, select **Case Record Type**. This will sort the list of open cases by type. You need to avoid the drop-down arrow in the column header.

IMPORTANT: if there's an open plan change case that was created as part of a plan continuation, you need to cancel it. If you don't, the plan continuation won't work due to limitations of the **Participant Budget Update** case that will be created if you progress the case.

Note: this is only for plans approved after 9 October 2024.

To check if the case is part of a plan continuation:

1. Go to the **Details** tab and confirm the **Case Reason** is **Plan continuation**.
2. Go to the **Decision** tab and confirm the **Plan Continuation Confidence** option shows. This only shows for cases created as part of a plan continuation.
3. Go to the **Request tab** and select **Next** at **Initiate Request**. Confirm **Change the reassessment date** is automatically selected at **Plan Change Requests**.

After you've confirmed the case is part of a plan continuation, cancel it using article [Cancel or close a plan change case](#). The plan will now progress and will automatically continue at the current plan expiry date. No further action is needed for this to occur.

7.1 For Partner staff

If there's already an open plan change case, you'll need to:

- add further information to the existing case. Use article [Add documents to a case](#)
- log an activity and record the details to help the delegate make their decision. Use article [Log an activity or internal note](#).

If there's already an open internal review case and you've confirmed it relates to the same issue, you'll need to:

- add further information to the existing internal review case. Use article [Add documents to a case](#)
- log an activity and record the details to help the delegate make their decision. Use article [Log an activity or internal note](#).

If there's no relevant open cases, all Partner staff need to go to article [Discuss a participant plan change request](#). You'll continue your conversation with the participant or their authorised representative before creating the plan change request in PACE.

7.2 For NDIA staff with delegation

If there's already one or more open plan change cases, you'll need to determine if this is a new request or if it's further information about an existing request.

If it's further information for an existing plan change request:

- add this to the existing case. Use article [Add documents to a case](#)
- log an activity and record the information you've been provided. Use article [Log an activity or internal note](#).

If it's a new plan change request:

- go to the **Decision** tab in the **Plan Change** case
- go to **Legislative Type Details** to check the **Legislative Type**.

You must complete this check as it may show a different legislative type to the **Plan Change Requests** table on the **Decision** tab. You may need to use this information in your discussion with the participant before you create the plan change request.

If the existing legislative type is:

- **S47A**, you'll need to create another s47A request. Use section **Create a participant requested plan variation (s47A) request** in article [Create a participant plan change request](#)
- **S48**, you'll need to create another s48 request. Use section **Create a participant requested plan reassessment (s48) request** in article [Create a participant plan change request](#).

If there's an open internal review case:

- add further information to the existing internal review case. Use article [Add documents to a case](#)
- log an activity and record the details to help the review delegate make their decision. Use article [Log an activity or internal note](#).

7.3 Cancel or close a plan change case

Don't close an open plan change case and create a new case if it's been generated from a reassessment check-in case.

If it's still in progress or pending outcome and you have delegation to make a decision:

- you can change the legislative type
- you need to talk to the participant if you're changing the legislative type from a plan variation (s47A) to plan reassessment (s48)

- complete the steps in section **If the plan change case is generated from a reassessment check-in** in article [Assign and review a plan change case](#).

Only close the open plan change case if:

- there's no plan change request recorded, or
- there's a closure reason, but the case is still open. For example, if the case was created as part of a plan continuation and needs to be cancelled so the plan can automatically extend.

To do this, go to article [Cancel or close a plan change case](#).

7.4 Withdraw a plan change request

A plan change request can be withdrawn if the participant or their authorised representative has:

- asked us to withdraw their plan change request
- endorsed the withdrawal of the plan change request after you've explained to them the plan change requests will be included in another case in PACE
- told us their situation has changed.

To withdraw a plan change request, you'll need expressed and informed consent from the participant or authorised representative. You need to make sure the authorised representative has the correct permission. Use articles [Check consent, nominee, child representative or self-representation authorities](#) and [Withdraw a plan change request](#).

If the request has been withdrawn, you can create a new plan change request that captures the participant's current circumstances.

8 Understand the Plan change request type

Make sure you've discussed the plan change request with the participant or authorised representative before creating the request in PACE.

If you don't have delegation to make a decision, you need to select **Participant plan change request** for all requests, unless the participant or authorised representative specifically states they are requesting a plan variation (s47A) or plan reassessment (s48). You'll learn more in article, [Create a participant plan change request](#).

If you have delegation to make a decision to vary or reassess a plan and have identified a need for a CEO-initiated plan change, go to article [Create a CEO-initiated plan change request](#). You can check your [Delegations and authorisations](#) on the intranet.

When a participant makes a request for a plan change and isn't specific, the delegate will consider the most suitable option to meet the participant's needs.

8.1 Plan variation (s47A)

This request type is to make minor changes to a plan. For example, to:

- add crisis or emergency funding due to a significant change in the participant's NDIS support needs. This can be for a once-off support or for a specific period of time
- include a new support as a once-off or for a specific period of time
- change the fund management type
- change the reassessment date after a reassessment check-in to continue the participant's current NDIS supports for up to 12 months.

Due to limitations for plans with funding periods, some changes can't be completed in a plan variation (s47A).

You can't:

- change the plan reassessment date. This is because those funding periods don't calculate correctly when a new reassessment date is selected. This will be updated in a future PACE release
- change the budget type or instalment type of a support category in the participant's plan. For example, from flexible to stated, or from once-off to regular
- change the length or reduce funding for past or current funding periods
- remove a funded support from the participant's plan. In certain circumstances, you can reallocate funds to another funded support, but this still has to meet the NDIS funding criteria. This doesn't apply to updating a participant's plan through an s100 decision, though you're still unable to remove a funded support
- change the fund management type for an individual flexible core support category when it's been grouped with other flexible core supports in the same funding component
- change the fund management type for individual flexible core supports at the support category level. You can still do this at the funding component level.

Note: if the plan was approved between 9 October 2024 and 18 May 2025 and has a duration other than 12 months, it won't have funding periods. The above limitations don't apply.

8.2 Plan reassessment (s48)

This is a request to initiate the plan reassessment process outside of the scheduled plan reassessment. A plan can only be reassessed if the participant has had a significant change in their need for NDIS support due to a change in their situation.

The situations we think about are:

- if the participant's functional capacity has changed
- if the participant's informal supports have changed
- if the participant's living situation has changed
- if there has been a significant life transition, like starting or leaving school
- if the participant's right to compensation for personal injury from another Commonwealth, state or territory agency or under another insurance scheme has changed.

To learn more about these requests, go to article [Understand and choose the right plan change request](#).

To learn more go to section **What is a plan reassessment?** in [Our Guideline – Changing your plan \(external\)](#).

Note: if the participant or authorised representative requests a replacement support, go to article [Understand, create and action a request for a replacement support](#).

9 Next Steps

Discuss the plan change request with the participant or authorised representative before creating it in PACE. To learn more, go to article [Discuss a participant plan change request](#).

To create a participant plan change request, go to article [Create a participant plan change request](#).



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Actioning Internal Review Home and Living Requests

This Standard Operating Procedure is to be used by internal review officers (IROs) in Home and Living (HaL).

1. Recent updates

Date	What's changed
November 2025	<p>Amended content:</p> <p>Naming convention for SDA and Home and Living Calculator.</p> <p>Home and Living Complex Queue updated to HaL Complex Queue.</p> <p>Determine if CRAM is required updated to Decision consultation and is now optional and moved to an Appendix. Items removed from the table: AD request, Participants under 18 requesting SIL, SDA, ILO, Participants with a degenerative condition, Change to the SDA decision such as reducing/increasing funding and New to SDA.</p>

2. Checklist

Topic	Checklist
Pre-requisites	<p>You have:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not been involved in the making of the original decision which is being reviewed. The internal review must be completed by a different delegate. <input type="checkbox"/> Role delegation, skill tags and applicable PACE permission access. <input type="checkbox"/> Identified an internal review intake has been completed on the request.



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Topic	Checklist
	<ul style="list-style-type: none"> <input type="checkbox"/> Allocated the internal review home and living work item to yourself. <input type="checkbox"/> Familiarised yourself with Home and Living resources.
Actions	<ul style="list-style-type: none"> <input type="checkbox"/> 3.1 HaL PACE Application Review <input type="checkbox"/> 3.2 HaL desktop review <input type="checkbox"/> 3.3 SDA eligibility decision <input type="checkbox"/> 3.4 Record a Home and Living decision <input type="checkbox"/> 3.5 Home and Living Calculations <input type="checkbox"/> 7.1 Appendix A – Level 5 High Decision Delegate <input type="checkbox"/> 7.2 Appendix B – PACE Closure Status Definitions <input type="checkbox"/> 7.3 Appendix C – Decision consultation - optional

3. Procedure

3.1 HAL PACE Application Review

1. Identify if Home and Living (HaL) supports are in dispute as part of s100. These are defined on the [Home and Living intranet page](#).
2. When HaL supports are in dispute, a home and living application is required to be recorded as part of the s100. Refer to article [Create and submit a home and living application](#).
3. If HaL supports are not in dispute, continue to follow relevant knowledge articles for completing s100, no further action is required within this standard operating procedure.
4. Once HaL supports are identified as in dispute – check the **RORD** has the correct characteristic assigned as **Home and living**. If not, send an email to REVIEWS.OPERATIONS.SUPPORT@ndis.gov.au requesting an update of the characteristic to include HaL.

3.2 HaL desktop review

Note: A Decision consultation is available following the desktop review where additional guidance may be required. Refer to [Appendix C – Decision consultation](#).

1. Check alerts and contact the participant or authorised representative. Refer to articles
 - [IRT - Conduct a desktop review](#)
 - [IRT - Contact the participant or applicant](#)

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2. Refer to and follow the steps in the article [Create and submit a home and living application](#) and also complete the below steps in alignment with the article.
3. Link the main documents reviewed and considered for the s100. This includes the original internal review request lodged by the authorised representative.

3.3 SDA eligibility decision

If an SDA eligibility decision is made to remove SDA, the following needs to be considered:

If the participant is living in SDA:

SDA cannot be removed from the plan.

When reviewing the SDA decision, if you identified that the current SDA eligibility decision is not reasonable and necessary complete an implementation interaction for HALPO to be notified and for them to review and support transitional arrangements.

If the participant is not living in SDA:

Once the SDA revoke decision has been completed the IRO will need to complete an Explanation of decision call to the stakeholders of the participant.

To complete the call and to create an enquiry case linked to the internal review case, refer to article [IRT - Explanation of a decision](#)

An implementation interaction will need to be completed with the details to support future transitional planning. This will include an outcome for all removed SDA decisions.

3.4 Record a Home and Living Decision

1. From the Housing Application case, select the **Eligibility Decision tab** to record the decision using the Home and Living Justification Framework template below.

Make sure you have filled in relevant fields and preview details of the **Eligibility Decision**. Home and Living Justification Framework Template.

Decision Justification Template:

Decision Made By:

SME input user ID:

Participant Summary

Name:

NDIS Participant Number:

S100 PACE Case Number:



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Age:

Disability/ies considered:

Expected progression: (are the Participant's needs stable, increasing or declining?)

Home and Living supports requested as part of s100: (SIL, ILO, 24/7 x 1:1, SDA)

Is this their first time requesting Home and Living supports: Yes/No (make sure checks are undertaken for legacy decisions)

If no, what was the previous Home and Living decision: (include SIL and/or SDA, and/or ILO)

Does this decision include a transition: yes/no

Justification

Include :

Current living situation (For example, SIL/own home/ SDA/in hospital/aged care).

Describe what has changed as part of the Home and Living Decision (for example change in function, change in living situation, new evidence).

Clearly outline the purpose of the funded supports (including focus on functional impairment, cognitive function), provide a clear justification for the changes made.

Describe any additional considerations noted in the evidence including other support models that were considered (for example SIL considered prior to 24/7 x 1:1), DRHS considerations, BOC.)

Housing Decision templates – Delete if not required

ADL decision (can be adjusted for 24/7)

I have been unable to determine the participant suitable for Supported Independent Living (SIL) as their current disability-related support needs do not suggest they meet SIL suitability requirements. As outlined in Our Guideline - Supported Independent Living, to be suitable for SIL an individual must require 24/7 formal support including a minimum of 8 hours per day of direct, active support. I have instead determined <Participant Name> suitable for drop-in assistance with daily living (ADLs) support.

Total Assistance with Daily Life, including short term respite(STR): \$

Considering the disability-related support needs I concluded <Participant Name> suitable for <Insert hours and ratio of support for example 3 hours per day of 1:1> assistance with daily living supports (ADLs) at standard/higher intensity to support them



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with disability-related support needs. These hours can be used flexibly within the provided budget according to their disability-specific support needs.

In addition to this, I determined <Participant name> suitable for <insert hours per week> of social and civic community participation to support them to safely access the community and Coordination of Support <insert hours> to support him/her/them to establish and maintain his/her/their support services.

SIL Suitability – delete if not required

<Participant name> is suitable for SIL as they require 8 or more hours of active support and 24/7 support and monitoring to complete activities of daily living, with on-site overnight support from a disability support worker. Suitable SIL supports are as follows:

- Remoteness: (Metro, Remote, Very Remote)
- Intensity Price level: (Standard/Higher Intensity)
- Base Support Ratio:
- Individual support hours per week:
- Other support hours per week:
- Overnight Support: Inactive/Active

SIL support and budget determination:

Regular SIL plan annual value: \$

Irregular SIL supports annual value: \$

Total SIL plan value (Category Level Amount): \$

SDA Eligibility – Delete if not required

<Participant name> is eligible for SDA pursuant to the SDA Rules as they have an extreme functional impairment and/or very high support needs. The SDA decision is:

- Design category:
- Building type and number of residents:
- Location:

Fire Sprinklers and onsite overnight assistance allowances are available, provided they choose to reside in SDA with these features. This equates to a maximum national annual budget of \$<insert amount> for the 2025/2026 financial year.

ILO Suitability – Delete if not required



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<Participant name> is suitable for ILO as they require at least 6 hours of active support per day and may need assistance with problem solving at other times. Suitable ILO supports are as follows:

Stage One – Exploration and Design: (up to 30, 50 or 100 hours)

Stage Two – Supports: (Level 1 up to \$105,000 per year/Level 2 up to \$150,000 per year/Level 3 up to \$230,000 per year)

SIL Transition Budget Determination – Delete if not required

Transition Duration: x weeks

Transition Value (total): <Total – from Step-Down HaL Calculator or PCST>

Initial transition support and budget determination

(inclusive of step-down calculation):

Delete if not required SIL decisions only

SIL support and budget determination:

Regular SIL plan annual value: \$

Irregular SIL supports annual value: \$

Total SIL plan value (Category Level Amount): \$

Delete if not required (All other HaL Decisions)

Declined Supports: if applicable, detail any declined supports and your justification for declining (For example Requested active overnights declined as the evidence provided does not indicate the need for more than 2 hours per night of active support).

What evidence was assessed as part of this Home and Living decision?

List the reports/evidence that was used to inform only the Home and Living decision including the document number

- Refer to article [View and update a home and living application](#) to finalise the housing application.

Note: Final HaL Documents Naming conventions:

Home and Living Calculator:

Participant SURNAME Participant Name s100 Outcome – HaLC NOT FOR DISTRIBUTION YYYY-MM-DD



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SDA Calculator:

Participant SURNAME Participant Name s100 Outcome - SDA Calc NOT FOR DISTRIBUTION YYYY-MM-DD

3. Refer to article [Update housing and accommodation details](#), which must be completed when making a housing decision.
4. Refer to the [IRT - Enacting a planning review decision](#) to implement the decision (including writing and sending the decision letter and plan build if applicable).

3.5 Home and Living Calculations

1. For a shared Supported Independent Living (SIL), refer to the below articles which will support you in making the SIL decision:
 - [Understand supports for participants who can move independently in shared living arrangements](#)
 - [Understand supports for participants who need help to move around in shared living arrangements](#)
2. Use the [Home and Living Calculator \(HaLC\)](#) to calculate SIL decisions.
3. For Assistance with Daily Life (ADL), Onsite Shared Supports (OSS), Individual 24/7 Support Model and Individualised Living Options (ILO) use the [Plan Conversation Support Tool \(PCST\)](#) to calculate the Home and Living decision.
4. Refer to the below articles to identify the correct value to include in the Assistance with daily life budget:
 - [Understand self-care and community access supports](#)
 - [Understand and update the plan conversation support tool](#)

Note: When a decision is returned from CRAM, do not copy the decision into the justification, refer to article [Understand support justifications](#).

5. When the decision has been made, close and finalise the **PACE** case. Make sure the decision is implemented in **PACE** and the chevron is moved to **completed**.
6. Refer to [Appendix B – PACE Status Definitions](#) to make sure the correct status is selected in **PACE**.

Progress decision as per BAU, complete any other requests and finalise as per Internal Review Knowledge articles.

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7. If the plan requires High Decision Delegate (HDD) level 4 approval, follow the current HDD level 4 process.
8. Once the decision has been actioned on **PACE** along with the decision being implemented in **PACE** and the chevron moving to **completed**, make sure applicable closure tasks are completed.

Note: Refer to [Appendix B – PACE Closure Status Definitions](#) to make sure the correct closure status is selected in **PACE**.

4. Related procedures or resources

- [IRT – Enacting a planning review decision](#)
- [View and update a home and living application](#)
- [Update housing and accommodation details](#)
- [When to update housing accommodation details](#)
- [Escalation Prioritisation Matrix](#)
- [Specialist Disability Accommodation Intranet Page](#)
- [Home and Living Directory - Welcome Page](#)
- [Understand interim supports when there are expected changes to a home and living situation](#)
- [Housing and accommodation definitions](#)
- [Index - Supports - Home and living knowledge articles | Knowledge | Salesforce](#)

5. Feedback

If you have any feedback about this Standard Operating Procedure, submit a ticket via the [Internal Review Branch – Operations Support and Governance Service Desk](#).

6. Version control



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Version	Amended by	Brief Description of Change	Status	Date
1.0	CAP525 LW0022 KMM575	Initial Version.	APPROVED	2022-10-20
2.0	KMM575	Email subject line for level 4 delegate approval to include case age. Level 4 delegate approval interaction now located on IR planning interaction templates.	APPROVED	2023-03-10
3.0	KMM575	At Appendix A, point 9, queue name updated to HaL HLIRT. At 7.4 PACE closure status definitions added. At 3.3.1, point 12, note added on what to include in the justification when a decision is returned from CAM. Note ensuring the decision is implemented in PACE and Chevron is completed. Added Appendix D for steps on Creating and Implementing SDA Quotes.	APPROVED	2023-04-24
4.0	KMM575	Removal of Appendix A Triaging s100 Home and Living Requests	APPROVED	2023-06-09
5.0	KMM575	Process update for CAM being conducted within IRT. Appendix E added.	APPROVED	2023-06-16
6.0	KMM575	Section 7.1.1, attach a copy of the SIL and SDA calculations to your approval email.	APPROVED	2023-09-29
7.0	KMM575	Document updated in line with current processes MJF611 & FTO009.	APPROVED	2025-07-24

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Version	Amended by	Brief Description of Change	Status	Date
8.0	KMM575	Feedback provided by MJF611 & FTO009. Pathway for CRAMs updated and justification added.	APPROVED	2025-08-28
9.0	KMM575	Loop link updated, Pathway table updated. Revoke SDA CRAM template and Pathway 1 and 2 AD templates added.	APPROVED	2025-09-11
10.0	KMM575	Added content: Template for sending proposed decisions to revoke SDA to lead AD delegate. Explanation of decision call to be completed once the SDA revoke decision has been completed. Amended content CRAM criteria definition table, Naming convention for SDA and Home and Living Calculator. STA updated to STR.	APPROVED	2025-11-07
11.0	KMM575	Naming convention for SDA and Home and Living Calculator. Home and Living Complex Queue updated to HaL Complex Queue. Determine if CRAM is required updated to Decision consultation and is now optional and moved to an Appendix. Items removed the table: AD request, Participants under 18 requesting SIL, SDA, ILO, Participants with a degenerative condition, Change to the SDA decision such as reducing/increasing funding and New to SDA.	APPROVED	2025-11-21

7. Appendices

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7.1 Appendix A - Level 5 High Decision Delegate

Internal Review officers will only need to raise a housing application where there is a request to change the support categories **Home and Living** or **Assistance with Daily Life**. It will be evident that it is a Del 5 Housing Application because:

- the previous decision was made by a level 5 delegate or
- continuous 2:1 supports have been requested or
- the total plan value will be \$1.265 million or over.

To create and submit a Housing Application case, refer to article [Create and submit a home and living application](#). Make sure to complete the following steps as part of your application.

1. At **New Case: Housing Application**, in **Parent Case**, enter the case number of the Internal Review case associated with the housing application. This will create a link between the two cases.
2. At **Description**, you must note your IRO Login ID. This is so that Del 5 can contact you and assign the decision back to you when it has been completed.
3. At **Risk Level**, select **Complex** from the drop-down list.
4. At **Prioritisation Reason**, select 4 – **Accepted s100**.
5. On the **Assessment** tab, complete all required information until you reach Additional Information and Supporting Documents.

Note: Review of an SDA decision should include specific information in relation to the model. For example, Robust, High Phys, Fully Accessible, and the number of beds or residents requested.

6. At **Will this application require or likely require Delegate Level 5 plan approval** (Annualised plan value greater than \$1M)? select **Yes**.
7. At **Is there a reason for prioritisation?** select 4 – **Accepted s100** from the drop-down list.
8. At **Prioritisation Comment**, you need to list everything requested under **s100**.
For example:
 - 24/7 nursing supports – registered nurse
 - Funding for 2:1 supports in the community – 8 hours 3 days per week
 - 2:1 24/7 with one active and one inactive overnight support – higher intensity



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- SDA – Single occupancy, Robust – 2 bed, 1 res. Be specific about overnight supports – for example. 2:1 active, 1:1 inactive.
9. At **Application Source**, select **Accepted Review of a Reviewable Decision (s100)**.
 10. Enter the review request day, month and year in Review Request date day (DD), Review Request date month (MM) and Review Request date year (YYYY}.
 11. Once submitted, assign your application to the **HaL Complex Queue**.
- Refer to article [Develop a delegate level 5 \(Del 5\) plan](#) for further information.

7.1.1 Del 5 Process Map

Initial Home and Living Assessment:

1. Internal Review Officer (IRO) raises the Home and Living (HaL) Application.
2. Del 5 Secretariat team will triage the work and
 - Potentially return to IRO for RFI if further information or
 - TAPIB advice is required or
 - allocate to the next available Home and Living Assessment Meeting
3. Home and Living panel will assess the Home and Living request and make a Home and Living Decision.

Note: This is only based on the Home and Living supports requested, the Home and living panel will not determine other requests such as transport, therapies etc.
4. If the Home and Living panel Decision:
 - Results in the total plan value falling **under the current Del 5** Instrument of Delegation (IoD) (\$1.265m), the Home and Living Decision will be returned to the IRO to build into the plan and Del 5 will have no further involvement. Del 4 can approve the plan if plan value falls under the current Del 4 IoD.
 - Results in the total plan value **exceeding the current Del 5** IoD, the Home and Living Decision and the plan build component will be returned to the IRO to complete and once built, is then sent back to Del 5 via the Plan Approval (PA) /Participant Budget Update (PBU) case.

Note: Refer to the [NDIS Act 2013 Operations Instrument of Delegation 1 of 2025 – signed](#) for current delegation information



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7.1.2 Participant Budget Update/Plan Approval

1. IRO complete PA/PBU and assign the completed plan to the Higher Decision Delegate 5 Routing Queue.
2. Del 5 Planner is allocated the PA/PBU and reviews the plan.
3. If changes/remediation required, the Del 5 Planner will be in contact with the IRO to make the necessary changes.
4. Once both parties are satisfied, the Del 5 Planner schedules the PA/PBU to be presented to a Level 5 Delegate (General Manager, SES Band 3).
5. If Level 5 Delegate approves the plan, this is actioned ASAP and returned to IRO for implementation.

Note: You can find the Del 5 process map on the intranet at [Home and Living Operations \(HALO\)](#).

Points to Remember:

1. If the ratio of 24/7 support is at the 1:1 or 2:1 level (individualised 24/7 supports), these supports should be built into the PCST and not the HaL calculator. Irregular supports are not required in this context. The SIL provider can claim funding from the flexible Core Social Economic Community Participation (SECP) budget on days when the participant is sick and requires to be supported at home.
2. If the participant is living at home, the funding for these supports is included in the Core - All Daily Living (ADL) budget. If the participant is living in a Supported Independent Living (SIL) home, the funding is included in the HaL budget. Refer article - [Add supported independent living \(SIL\) funding](#)

7.2 Appendix B – PACE Closure status Definitions

Pace Closure Status	Definition
Completed	<ul style="list-style-type: none"> • Home and living decision completed • Set aside decision • Plan build completed
Completed – build not required at this time	<ul style="list-style-type: none"> • Home and living decision completed • Plan not required due to: <ul style="list-style-type: none"> - Decision declined all supports



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Pace Closure Status	Definition
	- No change to plan
Cancelled	<ul style="list-style-type: none"> • HaL decision not required, is not a HaL s100 • Withdrawal of s100
Completed – decision with delegate for build	<ul style="list-style-type: none"> • Do not use for s100 decisions

7.3 Appendix C - Decision consultation optional

HaL supports in dispute as part of s100: SIL / SDA / MTA / ILO / OSS / Appendix H.

7.3.1 Pathway for HAL decision consultation

There are two **optional** support pathways for Home and living Decision consultations – Refer to the [Decision consultation criteria definition table](#) for case examples.

1. Pathway 1 – Decision consultation with Assistant Director

Your AD will communicate with you regarding the progress. The aim of the Decision consultation is to support the review officer in coming to a decision. Your AD may choose to link in with another AD to support the Decision consultation in more complex cases and you may be asked to follow Pathway 2.

2. Pathway 2 – Decision consultation with an additional Assistant Director

If another AD is consulted as part of the case consultation process, a Justice or YPIRAC SME may also be included to support the decision consultation.

- Input the consultation details into the [IRB - CRAM Loop. CRAMs | GM-AAD-RB- Home & Living | Microsoft Teams](#). The date and times of the invite will be updated in the loop.
- If a Justice or YRPIAC SME is required, the AD of the review officer will arrange for the SME to attend.

Note: For participant privacy please only enter the housing application number in the shared loop.



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During the Decision consultation, the role of the IRO is to guide the conversation and seek any advice required to support in coming to a decision. Once the IRO has the required guidance to inform the decision, the Review officer will progress to 3.5 record a home and living decision.

7.3.2 Decision consultation criteria definition table

CRAM Criteria definition	Pathway 1	Pathway 2
Participants streamed as YPIRAC.	<ul style="list-style-type: none"> • Hospital Discharge • Diversion – participants at risk of re-entry to hospital or aged care as noted in alert. • Some participants with a diagnosed rapidly progressing degenerative condition will also have a YRPIAC stream. 	Participants living in a residential aged care facility (including STR).
Participants streamed as Complex.	Participants streamed complex requesting home and living supports.	Participants streamed complex and have Justice Liaison Officer involved as per alert on PACE. Note: your AD will organise for the Justice Subject Matter Expert (SME) to attend the pathway 2 CRAM.
Revoking SDA eligibility when s34 and SDA rules are not met.	Not applicable.	For consideration: SDA eligibility determined and not living in SDA and s34 and SDA rules are not met. Propose to remove SDA.

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CRAM Criteria definition	Pathway 1	Pathway 2
Participant is requesting 24/7 1:1 support in any accommodation setting.	All requests for 24/7 1:1 support in any setting with a proposed decision to set aside, vary or confirm.	Not applicable.
ILO is in dispute and either stage 1 and or Stage 2 declined. ILO in dispute and we have received a services proposal.	<ul style="list-style-type: none"> • 1 - Participant is requesting suitability for ILO for the first time. • 2 - Participant is requesting any changes to ILO supports (increase or decrease). • Service proposal received and stage 2 ILO in dispute. 	Not applicable.

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Title: IRT - Complete an access or revocation Internal Review Case

Description:

This article provides guidance for an internal review officer to complete internal review requests for access and revocation decisions. It also includes process steps for non-delegates including business support officers and participant support officers, troubleshooting tips and contact process in appendix.

You can also refer to the article [IRT - Access and revocation practice guide](#) which will support decision making. Internal review officers should always be considering relevant legislation and policy in the first instance when making decisions.

Recent updates

15 December 2025

Additional steps added at Making a set-aside decision.

Removal of Proposing a set-aside outcome section.

Removal of references to mandatory TAPIB requests.

Additional scenario added at Appendix 7.

Conduct a desktop review

An initial assessment of the internal review should be completed using the information available on the applicant's record in **PACE**.

From the **Person Account**:

1. Review and take note of any **Alerts** on the applicant's record and follow any instructions detailed within the alert.
2. Confirm the **Tier Role** shows **Person with a disability** and if it doesn't, send an email to the Intake and Triage Team, cc'ing in your team leader and include the applicant's name, their NDIS number, a description of the error and a request to change the tier role to **Person with a disability**.

Note: You will not be able to make a decision in **PACE** until the tier role has been corrected. This requires an ICT ticket to be lodged by the Intake and Triage team via the [ICT Service Desk](#).

Tier role status and Revocations: It is essential that IROs check both the **Leaving the NDIS Date** and the **Tier Role** status for each internal review of a revocation decision. Please refer to the scenarios in **Appendix 7** to determine

the appropriate steps to follow in these cases.

3. Within the **Details** tab, confirm the **Identity Confirmation Status**. Refer to article [Understand the identity confirmation status](#).

Note: Identity can also be confirmed and recorded within interactions from **SAP CRM**. If identity cannot be verified via a Centrelink check, complete steps to verify Age and Residency through a request for further information and/or completing an AIM referral. Refer to the heading **Referrals to the Access Integrity Management team** for information on AIM referrals. For more information on identity confirmation, refer to the article [IRT - Access and revocation practice guide](#).

4. Confirm a postal address is recorded for the applicant and/or authorised representative. To add or change information, refer to article [Update a person account](#).
5. Select the **Cases** tab and confirm there isn't concurrent cases open for a new access request or a review. New access requests can only be made once a review is complete.

Applicants have the option to withdraw the **Internal Review Case** or the **Access Request**. You must contact the applicant to confirm if they want to continue with the internal review or withdraw it and continue with the access request. Refer to the heading **Contact the applicant** and article [IRT- Withdraw or cancel an internal review](#).

6. Select the **Documents** tab to confirm the access not met (ANM) letter has been uploaded. If the letter isn't uploaded refer to article [IRT- Access not met letter not on record](#).
7. Select the **My Profile** tab, and from the **Disabilities** view and note the disabilities recorded.

Validate consent

From the **Person Account**:

1. Select the **Relationships** tab.

2. From the **Authorised Reps** tab, in **Roles and Relationships**, confirm the person who requested the review is listed as an **Authorised Person** with a **Status** of **Active**.
3. Select **Check Authorities** to make sure the **Submit request to review a decision made by the NDIA (S100)** box is selected. If a person has the correct roles and authorities, you can continue to the heading **Validate the request lodgement date**. If the person does not have the correct authorities, continue to **step 4**.

Note: select the **Relationships** tab for relationship details and parental responsibility when completing an internal review for a child.

4. Make one attempt to contact the applicant, or their authorised representative to seek consent for the internal review to proceed. This attempt requires an SMS and either a phone call or email. If contact is successful and consent is not provided, or contact is unsuccessful and you are unable to obtain consent, proceed to **step 6**.
5. Send the **Internal Review Unauthorised Request Letter**. Refer to the article [IRT – Sending a manual letter](#).
6. Withdraw the **Internal Review Case**. Refer to the heading **Withdraw an internal review case** in the article [IRT - Withdraw or cancel an internal review](#). As the unauthorised request letter is being sent, a withdrawal letter is **not required** to be sent.

Validate the request lodgement date

1. From the **Internal Review Case**, select the **Request** tab and confirm the **Date review request submitted** date is correct by comparing the date the NDIA received any written communication or recorded contact requesting the internal review.
2. If the **Date review request submitted** date was entered incorrectly, but still within 3 months of the original decision, you must withdraw the **Internal Review Case**. Refer to the heading **Withdraw an internal review case** in the article [IRT- Withdraw or cancel an internal review](#) and proceed to step 4. If the **Date review request submitted** date was entered incorrectly, and the timeframe to request an internal review has expired, refer to article [IRT- Miscategorised request](#).
3. Confirm the access not met or revocation **Decision Date** is correct and if not you must cancel the **Internal Review Case**. Refer to the heading **Cancel an internal**

review in the article [IRT- Withdraw or cancel an internal review](#) and proceed to step 4.

4. Re-create the internal review with the valid request date, refer to article [Submit a request for an internal review \(s100\)](#).

Check for legislation used in original decision

Check the **Access Decision Case** to see what legislation was used in the original decision.

From the **Access Decision Case**:

1. Select the **Decision** tab and check the legislation that was used at the time of the original decision. For review of a decision to revoke a person's status as a participant, apply the same legislation that was applied at the original eligibility reassessment decision.

Validate the request type

1. From the **Request** view, confirm the below details:
 - At **Decisions**, the **Decision User Code** does not show as NA or blank.
 - At **Requests for PACE Decisions**, the RORD line (**Name**) is not blank or does not have a forward slash / and the **Decision Type** is **Access**.
 - If the above details are incorrect, you must cancel the **Internal Review Case** and recreate it.
2. Refer to the heading **Cancel an internal review case** in the article [IRT- Withdraw or cancel an internal review](#) and proceed to step 3.
3. Re-create the internal review with the valid request date, refer to article [Create an internal review \(s100\) for all PACE decisions and SAP CRM access not met and statement of support decisions excluding compensation](#).

Technical advice

1. If Technical Advice and Practice Improvement Branch (TAPIB) input is required, refer to article [Create a technical advice case](#). If evidence indicates an applicant has a substantially reduced functional capacity but permanency of an impairment is not clear, it is recommended that IROs discuss this with their line manager before submitting a TAPIB request.

Note:

- if you need to create a **Technical Advice Case** you must create this from the **Internal Review Case**.
- when creating a Technical Advice Case, within the **Case Information view**, in the **Subject Line** of the advice request, enter **s100**.

2. Wait for TAPIB to action the **Technical Advice Case** before progressing with making a decision.

Revocation cases only - Confirming Requests for PACE Decisions

Within the **Requests for PACE Decisions** view, confirm the correct **Name** is displaying.

From the **Internal Review case**:

1. Select the **Decisions** tab.
2. In the **Requests for PACE Decisions** view, if the **Name** field displays as **Eligibility Reassessment**, the **Internal Review Case** will need to be cancelled and recreated. Refer to **Appendix 4 – Cancel and recreate a revocation case**.

Scheme integrity

When completing the desktop review, make sure you review and check all documents for integrity issues. Refer to article [IRT – Checking for integrity](#).

If there is scheme integrity information, such as an **Internal Note** or an **Alert**, review the information and contact your team leader if guidance is required.

Referrals to the Access Integrity Management team

The Access Integrity Management (AIM) team can perform verification checks on all access not met and revocation internal reviews.

Identity Verification – Applies to set aside internal review decisions only

If you identify concerns surrounding the identity verification steps taken you must submit an enquiry to the AIM team through the **Refer to AIM** button in **PACE**.

Note: this referral should be made prior to completing the set-aside outcome.

From the **Person Account**:

1. Select the drop down menu located on the **Person Account** banner.
2. Select **Refer to AIM**.
3. From the **Referral Reason** drop-down menu, select the appropriate reason.
4. Complete the **Other details** section with concerns and information relating to identity verification.
5. Select **Next**.
6. Do not proceed with the decision until a response is received.

Residency – Applies to all internal review decisions

If there are concerns regarding residency status, referrals to the AIM team to request validation from the Immigration database are to be made via the [AIM Hub](#).

1. Open to the [AIM Hub](#).
2. Select the **Integrity & Residency Enquiries** button
3. Under the heading **What is your role?** select **IRT Access**.
4. Select your enquiry type and complete the applicable fields.
5. Once the enquiry has been submitted AIM will review the enquiry and respond via email.

Validating evidence of a disability – Applies to all internal review decisions

If there are concerns surrounding validating evidence of a disability, referrals to the AIM team are to be made via the [AIM Hub](#).

1. Open the [AIM Hub](#).
2. Select the **Integrity & Residency Enquiries** button
3. Under the heading **What is your role?** select **IRT Access**.
4. Select your enquiry type and complete the applicable fields.

5. Once the enquiry has been submitted AIM will review the enquiry and respond via email.

Contact the applicant

You will need to contact the applicant to clarify their request and gather additional details.

When completing an internal review, the applicant must be part of the decision-making process.

When contacting an applicant or authorised representative, you must first check their preferred communication method and authorisations. Refer to the article [Check a person's preferred contact method](#) for further information.

When contacting an applicant, or authorised representative, you must also log an Activity. Activity types include:

- SMS messages
- phone calls
- emails
- face-to-face meetings.

Refer to article [Log an activity or internal note](#) for guidance on creating case activities.

As the Reviews Branch is a virtual team with a limited footprint, we do not include face-to-face meetings as part of the standard service offering. If a face-to-face meeting is requested, the review officer must discuss and explore other options, such as engaging with advocates/authorised representatives, interpreting supports, and organising specific times to call, it is determined that a face-to-face meeting may be necessary, seek assistance from your line manager to identify a pathway forward.

If during contact, there is a media threat, advise your line manager who will contact the Media Team and advise of any follow up action if required.

Phone

If the applicant's preferred contact method is by phone:

1. Make one contact attempt. This attempt requires a pre-call SMS. Refer to **Appendix 1 – SMS process**. If contact is unsuccessful, leave a voicemail (if possible) and refer to the article [IRT – Unable to contact process](#).
2. If contact is successful begin by:
 - Stating your name, advising you are from the NDIA.
 - Verifying the identity of the person you are calling. Refer to article [Understand how to verify identity documents](#).
 - Acknowledging the type of internal review.
 - Listing the documents received that will be considered as part of the internal review.
 - Confirming whether the applicant would like to supply further information, and if so, refer to the article [IRT – Requests for further information](#). If they do not wish to provide further information, advise them the review will progress based on the available information.
3. Confirm their preferred method of contact for the internal review outcome notification.
4. Remind the applicant of the support pathways available via their Local Area Coordinator, Early Childhood Partner and/or Support Coordinator, the contact centre, and local NDIS office. This will assist with connecting to mainstream supports and gathering and submitting information for their internal review.

Email

If an applicant's preferred contact method is email:

1. Send an email. Refer to **Appendix 2 – Email process**.
2. The next business day after the introduction email timeframe has lapsed, if there has been no response, proceed with the review based on the information available.

Mail

If an applicant's preferred contact method is mail:

1. If appropriate send the **Internal Review Request for Information Letter** to the applicant's listed address and request a reply within 14 days. Refer to the article [IRT – Sending a manual letter](#).
2. The next business day after the request for further information letter timeframe has lapsed, if there has been no response, proceed with the review based on the information available.

Adding evidence to the internal review case

From the **Internal Review case**:

1. Navigate to the **Evidence** tab and select **Add Evidence**.
2. Select the **Evidence Type** and **Document Type**, then select **Next**.
3. Complete the mandatory fields.
4. Complete **Evidence description** using the following format:

Recipient surname, Recipient first name, NDIS number, Letter Type, Date
For example, Jones Ruby 88888888 Name of document, 2024-Mar-29

Note: for **Health Professional Details** AHPRA Number. Refer to website [Australian Health Practitioner Regulation Agency \(external\)](#).

5. Select the document from **Attachments** list, then select **Submit**.
6. Select **Link to case**.

Repeat the above steps until all evidence used in the decision is recorded individually.

Review the evidence

Evidence in both **SAP CRM** and **PACE** needs to be reviewed.

If documents are in **SAP CRM**:

- they do not need to be transferred to **PACE**

- an internal note must be created advising the documents are located in **SAP CRM**. Refer to article [Log an activity or internal note](#).

During your review of the evidence, you may determine that additional information is needed, refer to article [IRT – Requests for further information](#).

If the original decision was made post 3 October 2024, you must consider whether the applicant meets the Disability (s24) requirements, Early Intervention (s25) requirements, or both.

Enacting an access or revocation review decision

Making a confirmed decision

From the **Internal Review case**:

1. Select the **Decision** tab.
2. From **Request for PACE Decisions**, select **Pending Decision**.
3. Select **Make a Decision**.
4. From the **Decision** view, complete the mandatory fields for decision.
5. Select **Next – Justification**.
6. From the **Justification** view, select relevant **Justification**.
7. Select relevant **Sub-Justifications**. Add any further **Justifications** or **Sub-Justifications** by selecting **Add**.
8. Record the reasoning for each Sub-Justification in the **Explanation** section.

Note: select all **Justifications** and **Sub-Justifications** where Disability (s24) and Early Intervention (s25) has not been met.

9. Select **Next – Evidence**.
10. From the **Evidence** view, complete mandatory fields for evidence.
11. Select **Next**.
12. From the **Confirmation** view, select **Done**.
13. The **Decision** will now show as a **Drafted decision**.

Note: if the **Decision** remains as **Pending Decision** rather than **Drafted Decision**, or the **Justifications** and **Sub Justifications** do not display, refer to **Appendix 5 – Confirmed decisions**.

Note: if the **Justifications** duplicate, a [3P Support Suite ticket](#) will need to be raised. When submitting the ticket via the Service Desk you will need to select the option to Share the ticket for tracking. Refer to your team leader for who this is to be shared with.

14. **For non-delegates**, progress to the heading, **Non delegate decisions** to send a drafted decision for approval.
15. Return to the **Internal Review case** and from the **Decisions** tab select **Submit Decisions**.
16. From the **Confirmation** view, select **Next**.
17. From the **Summary** view, select **Done**. The decision will now show as a Completed decision.
18. From the **Decision** tab, select **Confirm manual letter has been sent**.
19. From the **Confirmation** view, select the appropriate option.
20. Select **Next**.
21. From the **Decision Letter Sent** view, select **Next**. You will now be returned to the **Internal Review Case**.
22. Send the decision outcome letter, refer to article [IRT – sending a manual letter](#).
23. The applicant or their authorised representative who requested the review will need to be informed of the outcome. Refer to **Appendix 3 – Communicate an outcome for guidance on communicating the decision outcome**.

Complete closure tasks for the internal review

From the **Internal Review Case**:

1. From the **Log Activity** view, create an Internal Communication to note the decision has been made using the correct template from [IRT- Access and revocation request internal note templates](#). Refer to article [Log an activity or internal note](#) for guidance on creating case activities.
2. From the **Details** view, in the banner, select the **Complete Case** button.
3. At **Closure Reasons** options, from the drop down menu, select **Completed**.

4. Closure comments can be added to advise of a confirmed decision
5. Select **Confirm** and then select **Done**.
6. From the **Person Account** navigate to the **Cases** tab and check **Open Cases** to see if any other cases relevant to the internal review have a status of **New** or **In Progress**. These cases can be **Closed** or marked **Completed** if there is no further action required.

Making a set aside decision

From the **Person Account**:

1. Confirm the correct **Tier Role** is reflected.

Note: In the majority of cases, the **Tier Role** should reflect **Person with a Disability**, however in some revocation scenarios the **Tier Role** may still reflect **Participant** or **N/A**. Refer to **Appendix 7 - Tier role status in revocation internal review decisions** for guidance on correcting the **Tier Role** before progressing to the next steps.

2. Complete a **Streaming Case**. Refer to article [Complete a streaming case \(streaming and restreaming\)](#).

From the **Internal Review Case**:

1. Select the **Decision** tab.
2. From the **Decision** tab select **Pending Decision** from **Request for PACE Decisions**.
3. Select **Make a Decision**.
4. From the **Decision** view, complete the mandatory fields.
5. Select **Next – Justification**.
6. From the **Justification** view, select the relevant **Justification**.
7. Select the relevant **Sub-Justification**. Add any further **Justifications** or **Sub-Justifications** by selecting **Add**.
8. Record the reasoning for each Sub-Justification in the **Explanation** section.

Note: select all **Justifications** and **Sub-Justifications** where Disability (s24) and Early Intervention (s25) has been met.

9. Select **Next – Evidence**.

10. From the **Evidence** view, complete mandatory fields for evidence.

11. Select **Next**.

12. From the **Confirmation** view, select **Done**. The decision will now show as a Drafted decision.

Note: if the justifications duplicate a [3P Support Suite ticket](#) will need to be raised. When submitting the ticket via the Service Desk you will need to select the option to **Share** the ticket for tracking. Refer to your team leader for who this is to be shared with.

13. Return to the **Internal Review Case** and from the **Decisions** tab select **Submit Decisions**.

14. From the **Confirmation** view, select **Next**.

15. In the **Summary** view, select **Done**. The decision will now show as a Completed decision.

16. From the **Decision** tab, select **Confirm manual letter has been sent**.

17. From the **Confirmation** view, select the appropriate option.

18. Select **Next**.

19. From the **Decision Letter Sent** view, select **Next**. You will now be returned to the **Internal Review Case**.

20. Select the **Case Activity** tab and review the list of **Open Activities**.

- If there are no open activities, proceed to **step 21**.
- If you identify an open **Participant has left the NDIS** activity:
 - Select the **Participant has left the NDIS** activity hyperlink in the subject field.

- Select **Mark Complete**.
- Confirm this updates to **Completed**.
- Select the refresh icon.

The **Participant has left the NDIS** activity should no longer appear in the list of open activities.

- Return to the **Decision** tab, proceed to **step 21**

21. From the **Decision** tab, select **Create Access Decision Case**.
22. Select **View Child Case**. The **Access Decision Case** will open automatically.
23. From the **Access Decision Case**, update the case status from New to **In Progress** by selecting the **Progress Case** button.
24. From the **Access Decisions Case** view, select the **Decision** tab.
25. From the **Pre-Assessment** view, select the **Legislation version that will be used for the access decision** from the drop-down options by identifying the date of the original access request.

Note: when setting aside a decision to revoke a person's status as a participant apply the same legislation that was used in the original eligibility reassessment decision not the date of the original access met decision.

- If the date of the original access request is before 3 October 2024, select **National Disability Insurance Scheme Act 2013**.
- If the date of the original access request is on or after 3 October 2024, select - **National Disability Insurance Scheme Amendment (Getting the NDIS Back on Track No. 1) Bill 2024**.

26. Complete the mandatory fields for **Further Information** and **Identity Evidence**.
27. From **Disability Evidence**, confirm that you have verified the evidence of disability. Once confirmed, the **Impairment Assessment** will appear.
28. Complete the **Select assessed Impairment field** and add all impairments that meet the disability or early intervention criteria. If the criteria has been met for

multiple impairments, select the **Add** button to add details of any further impairments.

29. Complete all remaining mandatory fields.

30. Select **Next**.

31. From the **Age & Residency Sub Criterion** view complete the mandatory fields.

32. Select **Next**.

33. From the **Early Intervention Sub Criteria view** complete the mandatory fields.

34. Select **Next**.

35. From the **Disability Sub Criteria** view complete the mandatory fields.

36. Select **Next**.

37. From the **Decision Main Criteria** screen, complete the relevant step depending on the legislation used:

- **National Disability Insurance Scheme Act 2013**, make sure the **Overall Access Decision** is **ACCESS MET**. You can return to the previous screens by selecting **Back** if changes are required.
- **National Disability Insurance Scheme Amendment (Getting the NDIS Back on Track No. 1) Bill 2024.**, you must select one or more of the related impairments that meet the requirements for disability, early intervention, or both. For guidance on how to complete this, refer to **Appendix 8 - Impairment Categories**. Under this legislation, participants will receive an automatically generated **PACE** letter. For decisions where the original access request was made on or after 1 January 2025, the letter will include impairments categories information. The impairments selected at this step will be included in the impairments categories information.
- Make sure the **Overall Access Decision** is **ACCESS MET**. You can return to the previous screens by selecting **Back** if changes are required.

38. Select **Approve**. If you have made the decision under the **National Disability Insurance Scheme Act 2013**, an automatically generated letter will not be issued, and **steps 42-47** will not be relevant.

39. From the **Recipient Details** view, select **Next**.

40. From the **Preview Options** view, under **Do you want to preview the document before sending it?**, select **Yes**. Under **Select a Recipient** for preview, select the appropriate option.
41. From the **Preview Document** view, review the document and select **Next**. You can return to the previous screens by selecting **Back** if changes are required.
42. From the **Correspondence Confirmation** view, select **Submit Correspondence**.
43. From the **Correspondence Summary** view select **Next**.
44. From the **Confirmation** view select **Done**.

The **Access Decision Case** status will automatically change to **Closed**. A **Plan Approval Case** will be automatically generated.

Note: if the plan approval case does not generate, or the review does not automatically close a [3P Support Suite ticket](#) will need to be raised. When submitting the ticket via the Service Desk you will need to select the option to **Share** the ticket for tracking. Refer to your team leader for who this is to be shared with.

45. Send the decision outcome letter, refer to article [IRT – sending a manual letter](#).
46. The applicant or their authorised representative who requested the review will need to be informed of the outcome. Refer to **Appendix 3 – Communicate an outcome** for guidance on communicating the decision outcome.

Note: If making a set aside for a revocation decision, you must action the **Leaving the NDIS Case**. To action the **Leaving the NDIS** case, follow the steps in **Appendix 6 – Actioning an open Leaving the NDIS Case**.

Update the Disabilities tab

1. From the **Person Account**, select **My Profile**.
2. Select the **Disabilities** tab.
3. Review **Active status** to see what disabilities are current.

If required, use article [Update a person account](#) to:

- add any disabilities that meet the eligibility requirements for disability, early intervention, or both.
- remove any disabilities that don't meet the eligibility requirements by adding an **End Date**.

Non-delegate decisions process

Before completing any actions in **PACE**, non-delegates must determine if they are proposing a set aside or confirmed outcome. The non-delegate must complete both the appropriate outcome letter and basis of decision, which must then be uploaded to the Microsoft Teams folder.

The non-delegate must update the subject of the **Internal Review Case** to **ready for delegate**.

If proposing a set aside outcome, the non-delegate must escalate this to their team leader via email. If the team leader agrees with the set aside proposal, the decision will then be sent to the lead delegate to finalise.

Once the letter and basis of decision has been uploaded to the Microsoft Teams folders, the non-delegate must change to **Case Owner** to their team leader.

Appendix 1 – SMS Process

All contact methods and attempts require internal review officers to send a text message to the applicant.

When sending an SMS:

- Make sure the SMS is sent one hour before contact is made.
- Consider appropriate contact times based on varying time zones, gazetted public holidays, and other relevant factors such as school drop off and pick up times.

For every SMS sent, make sure you log an activity to record your SMS contact and include the following:

- which SMS template was sent
- why the SMS was sent
- details of who the NCC need to direct the call to if the SMS sent asks the person to call us.

Refer to article [Log an activity or internal note](#) for guidance on creating case activities.

Send an SMS

In **PACE**:

1. From **Open Cases**, select the case you want to send an SMS from.
2. From the **Activity** panel, select **Send SMS**. The **Mobile Number** will populate from the person account.

Note: if you're sending an SMS from the case you're working in, it will use the mobile number on the person account linked to that case. If the person has an authorised representative, the mobile number won't populate from the authorised representative's account. For more information regarding this, refer to the heading **Understand who an SMS will send to** in the article [Send an SMS in PACE](#).

3. At **Select an SMS Template**, select the type of SMS you want to send from the drop down list.
 - Unable to contact
 - We are going to call you.

Note: You have an appointment and You have missed an appointment SMS templates are not used in the internal review process.

4. Select **Next**.
5. Review the message in **Preview of SMS**. If the message:
6. Is correct, select **Send SMS**. Progress to **step 6**.
7. Needs to be changed, select **Select another template**. Go back to **step 3**.
8. Once the SMS has successfully been sent, select **Finish**.

Appendix 2 – Email process

To send an email in **PACE**, navigate to the **Activity** window:

1. Select the **Email** tab.
2. In **From**, select the account you would like to send your email from.

Note: applicant contact must be sent from enquiries@ndis.gov.au.

3. In **To** enter the email address, or addresses, you would like to send your email to. You may select the **Cc** button if you would like to add the **Cc** field.
4. In **Sensitivity Label Category**, select the appropriate classification.
5. In **Subject**, enter the subject of your email.
6. Complete body of the email, using the [IRT – Internal review email templates](#) as required.
7. Select **Send**.
8. Document the email contact as an **Internal Communication**. Refer to article [Log an activity or internal note](#).

Appendix 3 – Communicate an outcome

The applicant, or their authorised representative who requested the review will need to be informed of the outcome of the internal review. This includes information about how and why the decision was made, where to seek further assistance if required and their review rights. You must document this contact as an **Internal Communication**. Refer to article [Log an activity or internal note](#).

When contacting an applicant, or authorised representative, you must first check their preferred communication method. Refer to article [Check a person's preferred contact method](#).

If making phone contact, refer to article [Guide - Conversation style guide](#) for guidance on how to have authentic and engaging conversations.

Phone

1. Make one attempt to contact the applicant. This attempt requires a pre-call SMS. Refer **Appendix 1 – SMS process**. If contact is unsuccessful, and if the internal review is a priority or escalation, further outcome contact attempts may be required.

2. If contact is successful begin by:

- stating your name, advising you are from the NDIA
- verifying the identity of the person you are calling, refer to article [Understand how to verify identity documents](#).

3. Communicate the outcome of the decision by explaining:

- what evidence was reviewed
- the reasons for the decision, referencing the appropriate legislation and guidelines.

4. Continue the process by referring to one of the relevant headings below:

- For access or revocation internal reviews with an outcome of set aside
- For access or revocation internal reviews with an outcome of confirm.

For access or revocation internal reviews with an outcome of set aside

1. Advise a planner will be in contact to assist in the planning process.
2. Advise a written notice of the decision will be issued by mail or email. Refer to article [IRT – Sending a manual letter](#).

For access or revocation internal reviews with an outcome of confirm

1. Advise the applicant of their Administration Review Tribunal (ART) rights. Explain that ART applications must be lodged within 28 days of the internal review decision date. A Disability Advocate may also be able to help them with lodging an external review. Refer them to the ART website or provide the ART phone number if required (1800 228 333).
2. Where applicable, advise of mainstream services which may be able to assist them such as a General Practitioner care plan or early aged care assessment; their Local Area Coordinator office or Early Childhood Partner will be able to assist them.

3. Advise a written notice of the decision will be issued by mail or email. Refer to article [IRT – Sending a manual letter](#).

Email

Send an email with the outcome internal review letter attached. Refer to **Appendix 2 – Email process** and article [IRT – Sending a manual letter](#).

Mail

Send the outcome internal review letter to the applicant's mailing address. Refer to article [IRT – Sending a manual letter](#).

Appendix 4 – Cancel and recreate a revocation case

To cancel the **Internal Review Case**:

1. From the **Details** view, in the banner, select the **Cancel Case** button.
2. From the **Closure Reason** drop down select **Cancelled-Other**.
3. In the **Closure Comment** field enter closure comments
4. Select **confirm**.

The **Internal Review** has now been cancelled.

To create a new **Internal Review Case**:

1. From the **Person Account**, select the **Cases** tab, then select **New**.
2. Select **Internal Review** then select **Next**.
3. In Categorisation Type select Scheme Eligibility.
4. From the Initiate Request view, select Date review request received.
5. Select the option for **Who is requesting review**.
6. From the Decisions view, select Decision from SAP CRM.
7. At the **Type** drop-down list, select **Access**.
8. Select **New**.
9. At the **Decision Name** drop-down select **Access Revoked** and complete remaining mandatory fields.

10. Select **Save**.
11. Select **Next**.
12. At Reason for review drop-down select Don't agree with original decision.
13. In the **Additional Information** field add the below template:

Eligibility Reassessment revoked dd/mm/yyyy

14. Select **Save**, then select **Next**.
15. Select **Add** or **Link Documents**, then select **Next**.

Note: if adding documents, they must be saved using the following format:

Recipient surname, Recipient first name, NDIS number, Letter Type, Date

For example, Jones Ruby 88888888 Name of document, 2024-Mar-29

16. Select **Next**.
17. Complete **Risk Matrix** then select **Next**.
18. From the Submit Internal Review Request view, add in any Call Notes from original Internal Review Case.
19. Select **Submit**.

Note: The **Status** of the case will show as **New**. Assign the **Internal Review Case** to yourself by selecting **Change Case Owner**. The **Internal Review** case is now created.

Appendix 5 – Confirmed decisions

If the **Decision** remains as **Pending Decision** rather than **Drafted Decision**, or the **Justifications** and **Sub Justifications** do not display, complete the below steps:

1. From **the Decision** view, complete the mandatory fields then select **Next – Justification**.
2. From the **Justification** view, select only the first relevant **Justification**.
3. Select only the first **Sub-Justification**.
4. Select Next **Evidence**.

5. From the **Evidence** view, complete mandatory fields for evidence then select **Next**.
6. From the **Confirmation** view, select **Done**.
7. The **Make a Decision** will now show as **Modify a Decision** which you can now select.
8. Add any further **Justifications** or **Sub-Justifications** by selecting **Add**.

Note: select all **Justification** and **Sub-Justification** where disability (s24) and early intervention (s25) has not been met.

9. Select **Next – Evidence**.
10. From the **Evidence** view, complete mandatory fields for evidence then select **Next**.
11. From the **Confirmation** view, select **Done**.
12. Return to the heading **Making a confirmed decision** and complete the remaining steps in the process.

Appendix 6 – Actioning an open Leaving the NDIS case

For set aside revocation decisions only, internal review officers will now identify one of three scenarios to be able to action an open **Leaving the NDIS Case**. Scenarios 1 and 2 apply when the date in the **Leaving the NDIS Case** has already surpassed, for example, typically 28 days or more. Scenario 3 applies when the **Leaving NDIS Case** date has not been reached, for example, it is less than 28 days.

Scenario 1: Leaving the NDIS Case has been open for more than 28 days and the final checklist is greyed out and no submit button is available

These leaving cases will not be actionable by staff and require Office of the Chief Information Officer (OCIO) support by raising a ticket via the 3P Support Suite, as required.

Scenario 2: Leaving the NDIS Case has been open for more than 28 days and the final checklist has not been completed and the submit button is available

These leaving cases will be actionable by staff and will not require OCIO closure support. Before completing the set aside review outcome in PACE, close the **Leaving the NDIS Case** by answering each checklist question with not applicable (n/a) and select submit. Refer to article [Close the leaving case](#) for further information.

Scenario 3: Leaving the NDIS Case has been open for less than 28 days.

The **Leaving NDIS Case** needs to be cancelled before the internal review set aside decision is made. Only OCIO can cancel the case in this scenario. An escalation email with ticket details will need to be sent to your assistant director using the below template, for OCIO to cancel the in-flight leaving case. This will ensure that the participant is not re-revoked after the internal review has been completed. Raise a ticket via the [3P Support Suite](#).

Service Delivery Hypercare Escalation Request template

Information type	Details
Participant Name	<Insert the participants name>
NDIS Number	<Insert the NDIS number>
PACE Case Number	<Insert the PACE Case number>
PACE Case Type	<Insert the PACE Case Type>
Issue	Leaving NDIS Case needs to be cancelled before the internal review set aside decision is made (Leaving case open for less than 28 days).
Escalation Request	<Enter details regarding the escalation request>
PSDS/PSS Number	<Enter the PSDS/PSS number>
ICTSD Number	<Enter the ICTSD number>
Rise Type	<Enter the risk type>
Additional Information	<Enter any relevant additional information>
Ministerial or Complaints involvement?	<Enter relevant information regarding and ministerial or complaints involvement>

Appendix 7 - Tier role status in revocation internal review decisions

It is essential that IROs check both the **Leaving the NDIS Date** and the **Tier Role** status for each internal review of a revocation decision, as the tier role status may need to be updated before the case can be progressed. Please refer to the following scenarios to determine the appropriate steps to follow.

Scenario one: Internal Review case to be actioned before the leaving the NDIS date has passed

If the IRO is making a confirm revocation decision and the **Leaving the NDIS Date** has not yet passed, they should proceed with finalising the decision and complete the **Internal Review Case** in the system.

If the IRO is making a set-aside revocation decision and the **Leaving the NDIS Date** has not yet passed, they must raise a ticket with [PACE Platform Support](#). Mention [PSS-18395](#) MASTER ISSUE when asked if it is related to an existing defect. If escalation is required, IROs are to escalate to their Assistant Director or Team Leader as per the escalation process as outlined below. The Internal Review Case is unable to be completed until the ticket has been finalised.

Scenario two: Internal Review case to be actioned after the leaving the NDIS date has passed, and the tier role is still 'Participant'

If the **Leaving the NDIS Date** has passed and the tier role is still displaying as **Participant**, a ticket must be raised with [PACE Platform Support](#) and escalated in all circumstances. Mention [PSS-18395](#) MASTER ISSUE when asked if it is related to an existing defect.

For both confirm and set-aside revocation decisions, the IRO is required to raise a ticket with [PACE Platform Support](#), and escalate to their Assistant Director or Team Leader, in line with the escalation process as outlined below.

The **Internal Review Case** cannot be finalised in **PACE** until the ticket has been resolved, and the **Tier Role** has been updated to reflect **Person with a Disability**.

Scenario three: Internal Review case will be actioned after the leaving the NDIS date has passed, the tier role is 'Person with a disability' and the leaving the NDIS case is open

If the IRO is making a confirm revocation decision and the **Leaving the NDIS date** has passed, they should proceed to finalise the decision and complete the **Internal Review Case** in the system.

If the IRO is making a set-aside revocation decision, they must first complete the checklist within the **Leaving the NDIS Case**. If the checklist is greyed out and the submit button is unavailable, a ticket must be raised with [PACE Platform Support](#). Mention [PSS-18395](#) MASTER ISSUE when asked if it is related to an existing defect.

The **Internal Review Case** cannot be finalised until the ticket has been resolved and the **Leaving the NDIS Case** has been closed.

Scenario four: The tier role status is N/A

If the IRO is making a set-aside revocation decision, and the **Tier Role** is **N/A**, they must first update the **Tier Role** to **Person with a Disability** before the **streaming** process can be completed.

To update the **Tier Role**:

From the **Person Account**:

1. Select the **Cases** tab, then select **New**.
2. Select **Update Person Account**, then select **Next**.
3. Complete the mandatory fields, then select **Save**. The **Update Person Account** case will open with a status of **New**.
4. Select the **Update Person Account** tab.
5. At **Who is Making the Request?**, select from the drop-down options, then select **Next**.
6. At **What would like to Update?**, select the **Person Details** checkbox, then select **Next**.
7. From the **Tier Role** drop-down menu, select **Person with a Disability**, then select **Next**.
8. Select **Submit**.
9. Confirm that the **Update Person Account** case status is now **Closed**, and the **Tier Role** on the **Person Account** reflects **Person with a Disability**.
10. Return to **Making a set aside decision** section and proceed with the remaining steps commencing at **step 2** – Complete a **Streaming** case.

Note: IROs are authorised to update the Tier Role from N/A to Person with a Disability via an Update the Person Account case only in this specific circumstances. For all other situations where the **Tier Role** is incorrect in a revocation internal review decision, the matter must be managed in accordance with the other scenarios outlined in **Appendix 7**.

PACE Platform Support Ticket Escalation Process for Tier Role defects

Where escalation regarding a **Tier Role** defect is required, IROs must first raise a ticket with [PACE Platform Support](#). Once the ticket has been submitted, it should be promptly escalated to their Assistant Director or Team Leader.

When escalating the ticket, ensure the following details are included:

- Participant name and NDIS number.
- PACE case number and case type (if applicable).
- A brief summary of the issue, the impact on case progression, and the reason for escalation.
- The Leaving NDIS date.
- PSS/PSDS/PPP number.
- ICT-SD number.
- Any additional information or relevant participant risk factors.
- Ministerial or complaints involvement (if applicable).
- Complaint PACE case number (if applicable).

Ticket Escalation Process for a Tier Role defect (AD/TL only)

To escalate a PACE Platform Support ticket that has been lodged by an IRO for a **Tier Role** defect issue, TLs and ADs are to complete the [Tier Role Status – Internal Review Decisions escalation spreadsheet](#).

Note: This escalation process applies to **Tier Role** defect issues only. All other escalations should continue to follow the usual escalations processes.

Appendix 8 – Impairment Categories

1. Open article [Impairment categories guide](#) to complete the next steps.
2. Search the **ICD 10 Code** or **Condition** name for all impairments that meets the requirements for disability, early intervention, or both.
3. Note the **Highly likely impairment category column**.
4. Consider if any of the Commonly associated impairment categories in the guide apply based on the evidence provided:

- Intellectual
- Cognitive
- Neurological
- Sensory
- Physical
- Psychosocial
- For more information, go to section **What are the categories of impairments?** in [Our Guidelines – Applying to the NDIS \(external\)](#).

Note: this is important as we only fund NDIS supports for eligible impairments that meet the requirements for disability, early intervention or both.

5. If the early intervention requirements are met, at **Which of the following meet the eligibility criteria for access?**, select options that apply for all eligible impairments that met the early intervention requirements:

- Intellectual
- Cognitive
- Neurological
- Sensory
- Physical
- One or more impairments to which a psychological disability is attributable
- Developmental Delay.

Note: the options you select will populate the impairments categories information attached to the Access Met letter.

6. If the disability requirements are met, at **Which of the following meet the eligibility criteria for access?**, select options that apply for all eligible impairments that met the disability requirements:

- Intellectual
- Cognitive
- Neurological
- Sensory
- Physical
- One or more impairments to which a psychological disability is attributable.

Note: the options you select will populate the impairments categories information attached to the Access Met letter.

IRT - Complete an internal review of a decision to vary impairments categories information.

This article provides guidance for an internal review officer to complete an internal review of a decision to vary Impairments categories information.

Recent updates

7 July 2025

Name change and language updates.

Before you start

You have:

- read [Our Guidelines - Applying to the NDIS \(external\)](#), including sections:
- **What happens after we decide?**
- **How do we weigh evidence of disability?**
- **What happens after we decide?**

Conduct a desktop review

An initial assessment of the internal review should be completed using the information available on the participant's record in PACE.

Review the participant's record

From the **Person Account**:

1. Take note of any **Alerts**.
2. Within the **Details** tab, confirm the **Identity Confirmation Status**. Refer to article [Understand the identity confirmation status](#).
3. Review the **Disabilities** tab in the **Person Account** to consider what disabilities met the requirements for disability, early intervention, or both.

Review the participant's impairment categories

Review and take note of the participant's current **Impairment Categories**. To review the participant's **Impairment Categories**:

1. Follow the steps in the article [View Impairment Categories in the Person Account](#).
2. Take note of the participant's **Approved Impairment Categories**.

Review the request details

From the **Internal Review Case**:

1. Review the **Details** tab.
2. Review the **Request** tab.

Validate consent

From the **Person Account**:

1. Select the **Relationships** tab.
2. From the **Authorised Reps** tab, in **Roles & Relationships**, confirm the person who requested the review is listed as an **Authorised Person** with a **Status of Active**.
3. Select **Check Authorities** to make sure the **Submit request to review a decision made by the NDIA (S100)** box is selected. If a person has the correct roles and authorities, you can continue to the heading **Contact the participant**. If the person does not have the correct authorities, continue to step 4.

Note: Select the **Relationships** tab for relationship details and parental responsibility when completing an internal review for a child.

4. Make one attempt to contact the participant, or their authorised representative to seek consent for the internal review to proceed. This attempt requires an SMS and either a phone call or email. If contact is successful and consent is not provided, or contact is unsuccessful and you are unable to obtain consent, proceed to step 6.
5. Send the Internal Review Unauthorised Request Letter. Refer to the article [IRT – Sending a manual letter](#).
6. Cancel the **Internal Review Case**. Refer to the heading **Cancel an Internal Review Case** in the article [IRT - Withdraw or cancel an internal review](#).

Contact the participant

You will need to contact the participant to clarify their request and gather additional details.

When completing an internal review, the participant must be part of the decision-making process.

When contacting a participant or authorised representative, you must first check their preferred communication method and authorisations. Refer to the article [Check a person's preferred contact method](#) for further information.

When contacting a participant, or authorised representative, you must also log an Activity. Activity types include:

- SMS messages
- phone calls
- emails
- face-to-face meetings.

Refer to article [Log an activity or internal note](#) for guidance on creating case activities.

As the Reviews Branch is a virtual team with a limited footprint, we do not include face-to-face meetings as part of the standard service offering. If a face-to-face meeting is requested, the review officer must discuss and explore other options, such as engaging with advocates/authorised representatives, interpreting supports, and organising specific times to call. If it is determined that a face-to-face meeting may be necessary, seek assistance from your line manager to identify a pathway forward.

If during contact, there is a media threat, advise your line manager who will contact the Media Team and advise of any follow up action if required.

Phone

If the participant's preferred contact method is by phone:

1. Make one contact attempt. This attempt requires a pre-call SMS. Refer to **Appendix 1 – SMS process**. If contact is unsuccessful, leave a voicemail (if possible) and refer to the article [IRT – Unable to contact process](#).
2. If contact is successful begin by:
 - Stating your name, advising you are from the NDIA.
 - Verifying the identity of the person you are calling. Refer to the article [Understand how to verify identity documents](#).
 - Acknowledging the type of internal review.
 - Listing the documents received that will be considered as part of the internal review.
 - Confirming whether the participant would like to supply further information, and if so, refer to the article [IRT – Requests for further information](#). If they do not wish to provide further information, advise them the review will progress based on the available information.
3. Confirm their preferred method of contact for the internal review outcome notification.
4. Remind the participant of the support pathways available via their Local Area Coordinator, Early Childhood Partner and/or Support Coordinator, the contact centre, and local NDIS office. This will assist with connecting to mainstream supports and gathering and submitting information for their internal review.

Email

If a participant's preferred contact method is email:

1. Send an email. **Refer to Appendix 2 – Email process**.
2. The next business day after the introduction email timeframe has lapsed, if there has been no response, proceed with the review based on the information available.

Mail

If a participant's preferred contact method is mail:

1. If appropriate send the Internal Review Request for Information Letter to the participant's listed address and request a reply within 14 days. Refer to the article [IRT – Sending a manual letter](#).
2. The next business day after the request for further information letter timeframe has lapsed, if there has been no response, proceed with the review based on the information available.

Review the application

Review the evidence

1. From the **Person Account**, select the **Documents** tab.
2. From the **Internal Review Case**, select the **Evidence** tab.

Note: make sure you review all evidence in the **Internal Review Case** and **Person Account**.

Make a decision

1. Using the available evidence, decide what impairments meet the requirements for disability, early intervention or both.

Note:

- you will also need to consider if there are any other impairments that meet the requirements for disability or early intervention, including developmental delay (under early intervention) for a child younger than 6.
- if you need to add or remove any impairments from the **Disabilities** tab, this will be completed in a later step.
- if you decide that the participant no longer meets the access requirements for disability, early intervention, or both, continue to the heading **Record your decision** and make a decision to not vary the categories of impairments. You must also refer the participant for an eligibility reassessment by following the steps in the article [Complete an eligibility reassessment referral](#), making sure you **only** use sections **Create the Eligibility Reassessment case** and **Complete the eligibility reassessment referral**. If the participant has been on the scheme for less than 12 months, you can create the eligibility reassessment referral, however an eligibility reassessment can't

commence until 14 months after the initial access decision.

2. Use the article [Impairment categories guide](#) to help you decide which categories apply for all eligible impairments that meet the requirements for disability, early intervention, or both.
3. Search the **ICD Code** or **Condition name** for all eligible impairments.
4. Note the impairment listed in the **Required impairment category** column and consider if any of the **Optional impairment categories** meet the requirements for disability, early intervention, or both.

Record your decision

From the **Internal Review Case**:

1. Select the **Decision** tab.
2. From **Request for PACE Decisions**, select **Pending Decision**. The **RORD Request** will open on a new screen.
3. Select **Make a Decision**.
4. From the **Decision** view, complete the mandatory fields.
5. Select **Next – Justification**.
6. From the **Justification** view, select relevant **Justification** and **Sub-Justification**.
7. Select **Next – Evidence**.
8. From the **Evidence** view, complete mandatory fields for evidence.
9. Select **Next**.
10. From the **Confirmation** view, select **Done**.
11. Return to the **Internal Review Case** and from the **Decisions** tab select **Submit Decisions**.
12. From the **Confirmation** view, select **Next**.
13. From the **Summary** view, select **Done**.
14. From the **Decision** tab, select **Confirm manual letter has been sent**.
15. From the **Confirmation** view, select the appropriate option.
16. Select **Next**.

17. From the **Decision Letter Sent** view, select **Next**. You will now be returned to the **Internal Review Case**.
18. Send the decision outcome letter, refer to the article [IRT – sending a manual letter](#).
19. The participant or their authorised representative who requested the review will need to be informed of the outcome. **Refer to Appendix 3 – Communicate an outcome** for guidance on communicating the decision outcome.

Complete closure tasks

From the **Internal Review Case**:

1. From the **Log Activity** view, create an Internal Communication to note the decision has been made using the correct template from. Refer to the article [Log an activity or internal note](#) for guidance on creating case activities.
2. From the **Details** view, in the banner, select the **Complete Case** button.
3. At **Closure Reasons** options, from the drop down menu, select **Completed**.
4. Closure comments can be added to advise of the decision
5. Select **Confirm** and then select **Done**.
6. From the **Person Account** navigate to the **Cases** tab and check **Open Cases** to see if any other cases relevant to the internal review have a status of **New** or **In Progress**. These cases can be **Closed** or marked **Completed** if there is no further action required.

Check the Disabilities tab

The **Disabilities** tab in the **Person Account** must include all disabilities that meet the requirements for disability, early intervention, or both, as this supports planning.

There may be disabilities that you need to add or remove.

1. From the **Person Account**, select **My Profile**.
2. Select the **Disabilities** tab.
3. Review **Active status** to see what disabilities are current.

4. If required, use articles [Update a person account](#) to:

- add disabilities that meet the eligibility requirements
- remove any disabilities that don't meet the eligibility requirements by adding an **End Date**.

Check the participant's Approved Impairment Categories

To check that the participant's **Impairment Categories** have updated correctly in line with your decision:

1. Follow the steps in the article [View Impairment Categories in the Person Account](#).
2. Review the participant's **Approved Impairment Categories**. Make sure that these have updated correctly.

Note: if the **Approved Impairment Categories** do not match your intended decision outcome, please speak to your team leader.

Appendix

Appendix 1 – SMS Process

All contact methods and attempts require internal review officers to send a text message to the participant.

When sending an SMS:

- Make sure the SMS is sent one hour before contact is made.
- Consider appropriate contact times based on varying time zones, gazetted public holidays, and other relevant factors such as school drop off and pick up times.

For every SMS sent, make sure you log an activity to record your SMS contact and include the following:

- which SMS template was sent
- why the SMS was sent
- details of who the NCC need to direct the call to if the SMS sent asks the person to call us.

Refer to article [Log an activity or internal note](#) for guidance on creating case activities.

Send an SMS

In **PACE**:

1. From **Open Cases**, select the case you want to send an SMS from.
2. From the **Activity** panel, select **Send SMS**. The **Mobile Number** will populate from the **Person Account**.

Note: If you're sending an SMS from the case you're working in, it will use the mobile number on the person account linked to that case. If the person has an authorised representative, the mobile number won't populate from the authorised representative's account. For more information regarding this, refer to the heading **Understand who an SMS will send to** in the article [Send an SMS in PACE](#).

3. At **Select an SMS Template**, select the type of SMS you want to send from the drop down list.

- **Unable to contact**
- **We are going to call you.**

Note: **You have an appointment** and **You have missed an appointment** SMS templates are not used in the internal review process.

4. Select **Next**.
5. Review the message in **Preview of SMS**. If the message:

- Is correct, select **Send SMS**. Progress to **step 6**.
- Needs to be changed, select **Select another template**. Go back to **step 3**.

6. Once the SMS has successfully been sent, select **Finish**.

Appendix 2 – Email

To send an email in PACE, navigate to the **Activity** window:

1. Select the **Email** tab.
2. In **From**, select the account you would like to send your email from.

Note: participant contact must be sent from enquiries@ndis.gov.au.

3. In **To**, enter the email address, or addresses, you would like to send your email to. You may select the **Cc** button if you would like to add the **Cc** field.
4. In **Sensitivity Label Category**, select the appropriate classification.
5. In **Subject**, enter the subject of your email.
6. Complete body of the email, using the [IRT – Internal review email templates](#) as required.
7. Select **Send**.
8. Document the email contact as an **Internal Communication**. Refer to article [Log an activity or internal note](#).

Appendix 3 – Communicate an outcome

The participant, or their authorised representative who requested the review will need to be informed of the outcome. This includes information about how and why the decision was made, where to seek further assistance if required and their review rights. You must document this contact as an **Internal Communication**. Refer to the article [Log an activity or internal note](#).

When contacting a participant, or authorised representative, you must first check their preferred communication method. Refer to article [Check a person's preferred contact method](#).

If making phone contact, refer to article [Guide - Conversation style guide](#) for guidance on how to have authentic and engaging conversations.

Phone

1. Make one attempt to contact the participant. This attempt requires a pre-call SMS. Refer **Appendix 1 – SMS process**. If contact is unsuccessful, and if the internal review is a priority or escalation, further outcome contact attempts may be required.
2. If contact is successful begin by:
 - stating your name, advising you are from the NDIA
 - verifying the identity of the person you are calling, refer to article [Understand how to verify identity documents](#).
3. Communicate the outcome of the decision by explaining:
 - what evidence was reviewed
 - the reasons for the decision, referencing the appropriate legislation and guidelines.
4. Explain that there is no change to the participant's eligibility for the scheme, and if the participant feels their funded supports no longer meet their supports needs, they can contact their my NDIS contact to discuss their plan.
5. Advise the participant of their Administration Review Tribunal (ART) rights. Explain that ART applications must be lodged within 28 days of the internal review decision date. A Disability Advocate may also be able to help them with lodging an external review. Refer them to the ART website or provide the ART phone number if required (1800 228 333).
6. Advise a written notice of the decision will be issued by mail or email. Refer to article [IRT – Sending a manual letter](#).

Email

Send an email with the outcome internal review letter attached. Refer to **Appendix 2 – Email process** and article [IRT – Sending a manual letter](#).

Mail

Send the outcome internal review letter to the participant's mailing address. Refer to article [IRT – Sending a manual letter](#).

IRT - Conduct a desktop review

This article provides guidance for an internal review officer, business support officer, or participant support officer to determine what information and documents need to be reviewed as part of the desktop review.

Recent updates

1 December 2025

Before you start section updated.

Before you start

You have completed the steps in the article [IRT - Self-allocate an internal review case](#).

Internal Review Officers should check if they were involved in the reviewable decision or any prior internal reviews. The decision maker can't complete a review if they were involved in the reviewable decision. If this is the case, discuss reallocation with your team leader.

Conduct a desktop review

An initial assessment of the internal review should be completed using the information available on the participant or applicant's record in **PACE**.

Validate consent

1. Navigate to the **Person Account**.
2. Select the **Relationships** tab.
3. From the **Authorised Reps** tab, in **Roles & Relationships**, confirm the person who requested the review is listed as an **Authorised Person** with a **Status** of **Active**.
4. Select **Check Authorities**.
5. Make sure the **Submit request to review a decision made by the NDIA (S100)** box is selected. If a person has the correct roles and authorities, you can continue to the heading **Validate the request lodgement date**. If the person does not have the correct authorities, continue to **step 6**.
6. Make one attempt to contact the participant, applicant, or their authorised representative to seek consent for the internal review to proceed. This attempt requires an SMS and either a phone call or email. If contact is successful and consent is not provided, or contact is unsuccessful, and you are unable to obtain consent, proceed to **step 7**.

7. Send the **Internal Review Unauthorised Request Letter**. Refer to the article [IRT – Sending a manual letter](#).
8. Cancel the **Internal Review Case**. Refer to the heading **Cancel an internal review case** in the article [IRT - Withdraw or cancel an internal review](#).

Validate the request lodgement date and type

1. Check the request date was entered correctly by comparing the date the NDIA received any written communication or recorded contact requesting the internal review.
2. If the request was entered incorrectly, but still within 3 months of the original decision, you must cancel the **Internal Review Case**. Refer to the heading **Cancel an internal review case** in the article [IRT - Withdraw or cancel an internal review](#) and proceed to **step 2**. If the request was entered incorrectly, and the timeframe to request an internal review has expired, refer to article [IRT – Miscategorised requests](#).
3. Re-create the Internal Review Case with the valid request date. Refer to the article [Create an internal review \(s100\) case](#).
4. To confirm the request type created is correct. Refer to article [IRT – Miscategorised requests](#).

Scheme integrity

When completing the desktop review, make sure you review and check all documents for integrity issues. Refer to article [IRT – Checking for integrity](#).

If there is Scheme Integrity information, such as an **Internal Note** or an **Alert**, review the information and contact your team leader if guidance is required.

Note: If there are integrity issues, or you are seeking clarification from your team leader or the Scheme Integrity Team, do not proceed with completion of an internal review decision until a response is received.

Review the internal review case

To review details of the **Internal Review Case**, navigate to the **Person Account** and:

1. Take note of any alerts and follow any instructions detailed within the alert.
2. Review the reasons for the review request, including details such as the participant or applicant's current circumstances or changes, any identified risks, complaints, or previous escalations.

3. Check for any previous decisions and reviews.
4. Check for any open or closed cases that may impact the review. For planning internal reviews check for any requested or open other plan change requests. A variation or reassessment of a plan may also be requested after an internal review request. As part of the internal review the internal review officer has to take into consideration the facts and circumstances at the time of the review outcome.
5. Review evidence and information to support the review request, for example assessments, reports, quotes and activity history such as phone conversations.
6. Link any relevant documents related to the review to the **Internal Review Case**. Refer to article [IRT – Adding and linking evidence to an internal review case](#).
7. Consider if additional evidence is required, and if so, refer to articles [IRT – Requests for further information](#) and [IRT – Identify if further information is required \(access and revocation\)](#).
8. Determine if Technical Advice and Practice Improvement Branch (TAPIB) input is required, and if so, refer to article [Create a technical advice case](#).

Note: If you need to create a **Technical Advice Case** or **Housing Application Case** you must create these from the **Internal Review Case**.

9. Determine if a home and living support is part of the review, as you must create a **Housing Application Case**. Refer to article [Create and submit a home and living application](#).

Note: If the review relates to another open request type, for example an s47A variation or s48 reassessment plan change request, seek advice from your line manager for next steps.

10. Confirm the risk level determined at creation of the internal review request is correct. Refer to the [Matrix - Risk and escalation](#). For access internal reviews, refer to [Our Guidelines – Applying to the NDIS \(External\)](#) section **When do we make priority eligibility decisions?**

Adding a RORD Request to an internal review

Based on the information gathered during the desktop review, the **Requests for PACE Decisions** (RORD) must be entered for each of the requested supports. If a **RORD Request** is missing, or is requested at any point during the internal review process,

follow these steps:

1. From the **Internal Review Case**, select the **Decision** tab.
2. Select **New Request Line**.
3. From the **Choose Decision Type** view, select **Existing Decision**.
4. Select **Next**.
5. From the **Statement of Support Requests** view, use the dropdown to select the type of statement of support request to add from the following options:
 - Funded Support
 - Funded Management
 - Plan Duration
6. Once you have selected one of the above options, a field to enter further information will appear. Once this information is entered, select **Add**.

In the **Capture Reasons for Review Request** free text box, note what is being funded. If an item was not requested as part of the review however it is being funded, insert the reason (for example, Behaviour support plan required due to restrictive practice).

Note: If selecting **Funded Supports**, you will be prompted to input the support category that needs to be added. Selecting **Specific Support Category** will make a picklist appear to select from.

Selecting **General on plan** will add a new RORD where the information be added later.

The new **RORD Request** will now be created.

Next steps

1. Refer to article [IRT - Contact the participant or applicant](#).

IRT - Create an internal review case for compensation recoveries decision

This article provides guidance for Compensation Branch staff to:

- check authority to request an internal review
- create an internal review case for reviewing decisions relating to recovering an amount or special circumstances decisions relating to a recovery.

Recent updates

20 October 2025

New resource.

Before you start

You have:

- read and understood relevant sections of [Our Guidelines \(external\)](#), for example **What are internal and external reviews?**
- read and understood article [Understanding an internal review](#).

Check for a pre-existing internal review case

Prior to creating a new internal review case you will need check if there is a pre-existing internal review case or any open case enquiries in regards to an internal review.

Check authority to request an internal review

You will need to check if the person asking for an internal review has authorisation to do so. You can only start an internal review request from an authorised representative if they have valid consent to submit the request on behalf of the participant or applicant.

A directly affected party such as a compensation payer or insurer may submit a request without consent as they are not making the request on behalf of the participant. Refer to article [Check consent, nominee, child representative or self-representation authorities](#).

You may receive an internal review request from:

- the participant

- their plan nominee or child representative
- a court or tribunal appointed decision maker
- a person who has express consent to act on behalf of the participant, this may include the participant's legal representative or financial trustee
- another directly affected party, such as the compensation payer or insurer.

Validate consent

1. Navigate to the **Person Account**.
2. Select the **Relationships** tab.
3. From the **Authorised Reps** tab, in **Roles & Relationships**, confirm the person who requested the review is listed as an **Authorised Person** with a **Status** of **Active**.

Note: Where the party requesting the review is not an authorised person within PACE, (the compensation payer or insurer), they will not have a relationship.

4. Select **Check Authorities**.
5. Make sure the **Submit request to review a decision made by the NDIA (S100)** authority is listed. If relevant consent authorisation cannot be verified, check **Documents** for any consent forms or legal orders that have yet to be processed. If a person has the correct roles and authorities, you can continue to the heading **Validate the request lodgement date**. If the person does not have the correct authorities, continue to **step 6**.
6. Make one attempt to contact the participant or their authorised representative to seek consent for the internal review to proceed. This attempt requires an SMS and either a phone call or email. If contact is successful and consent is not provided, or contact is unsuccessful, and you are unable to obtain consent, proceed to **step 7**.
7. Send the **Internal Review Unauthorised Request Letter**. Refer to the article [IRT – Sending a manual letter](#).
8. Withdraw the **Internal Review Case**. Refer to the heading **Withdraw an internal review case** in the article [IRT - Withdraw or cancel an internal review](#). A withdrawal letter is not required to be sent.

Create an internal review case

To create an internal review case, complete the following steps:

From the **Person Account**:

1. Select **Cases** tab.
2. Select **New**.
3. Select **Internal Review, Review of a Reviewable decision**.
4. Select **Next**.
5. Select relevant **Case Origin**.
6. From the **New Case: Internal Review** view, at **Categorisation**, for the **Type** select **Compensation Recoveries Amount**.
7. Log an internal note advising who requested the review and confirm they are a directly affected party using the template the below. Refer to article [Log an activity or internal note](#).

Requester <enter entity name> is a directly affected party. Consent is in attached documents.

8. At **System Information**, in the **Subject** field, enter **REC**.
9. Select **Save**. The internal review will now show as **Draft**.

Initiate Request

From the **Internal Review** case:

1. Select **Request** tab.

From **Initiate Request** view:

1. Select **Date review request received**.

Note: you can backdate the request by selecting a date in the past. If backdating, you must complete the mandatory free text field under **Provide a reason why the request is being backdated and reference evi**

dence.

2. At **Who is requesting review?**, select the relevant option. If the legal representative or compensation payer or insurer is requesting the review, select **participant**.

Note: if selecting **Authorised Representative**, use **Selected Contact** field to record the relevant authorised representative making the request.

3. Select **Next**.

From **Decisions** view:

1. Select Decisions from SAP CRM.
2. At the Type drop-down list, select **Compensation Recoveries Amount**.
3. Select **New**.
4. At the **Decision Name** drop-down list, select **Compensation**.
5. Select **New**.

From the **Reviewable SAP CRM decisions** window:

1. At the **Decision Name** drop-down list, select the relevant option:
 - **Recover an amount** – select this option for a section 111 request. This will be a request for an internal review of a decision to recover a compensation amount under s111 of the NDIS Act.
 - **Compensation payment** – select this option for a section 116 request. This will be a request for an internal review of a special circumstances decision not to treat the whole or part of a compensation payment as not having been fixed by a judgement or settlement made under s116 of the NDIS Act.

Note: only select either of the above two options. Do not use the other 4 options in the dropdown menu.

Note: if a review of both an s111 and s116 decision, a separate internal review case will need to be created for each decision type.

2. At the **Original Decision Date** field, select the date the original decision was made. Confirm the correct original decision date by checking the date on the Recovery Notice or the Special Circumstances decision letter.
3. At **Decision Reference**, enter the **Enquiry Case** number that was created to record the original decision made by the Compensation Branch delegate, to give a Recovery Notice under s111 or the Special Circumstances outcome under s116.
4. At **Original Decision User Name**, enter the delegate name.

Note: if original user is not showing, tick **Unable to find original decision maker user ID**. Record email address of original user in **Decision user code**.

5. Select **Save**.
6. Select **Next**.

From the **Requests view**:

1. In the **Reason Information** field, enter a summary of the request be specific about **why** the requestor is asking for a review, and **what** outcome they are expecting.
2. Select **Save**.
3. Select **Next**.

Add documents

You must add or link all documents that were used by the Compensation Branch delegate to make the original decision as well as any supporting evidence and relevant consent forms. Include as much information as possible about the original decision and the review request, including documents and file notes of phone calls containing relevant information. If further information is to be provided for the review, you'll need to

record this in the request. All this information will allow for the review officer to better understand the review request.

1. For s111 Recovery Notice reviews, look at the Recovery Decision Form and the list of documents noted on here can be added or linked to the case, including:
 - Claim finalisation document - judgement, consent judgment, or deed/deed of release
 - Recovery notice
 - Recovery invoice
 - Recovery decision form
 - Medicare notice (if received)
 - Centrelink recovery notice (if received)
 - Statement of Claim
 - Heads of damages/Statement of particulars
 - Breakdown of Supports report
 - Updated Breakdown of Supports report with the same period
 - File notes of any phone calls containing information relating to pre-existing injury/recovery
 - Any emails containing information about pre-existing injury/recovery
 - Pre existing injury assessment
 - Medical evidence
 - Request for Technical Support outcome email.

2. For s116 Special circumstances reviews where it was decided not to treat the whole or part of a compensation payment as having been fixed by a judgement or settlement, look at the Request for Technical support (RTS) Submission and/or the Special Circumstances decision form (if there is one) and the list of documents noted on here can be added or linked to the case, including:

- Special circumstances request – this could be a Special Circumstances Application form (SCAF), a letter or email
- Supporting evidence provided with the special circumstances request or subsequent information provided
- File notes of any phone calls containing information relating to special circumstances
- Any emails containing information about special circumstances
- Statement of claim
- Heads of damages / Statement of Particulars
- Medicare notice (if received)
- Centrelink recovery notice (if received)
- Financial evidence (if applicable)
- Special Circumstances Decision Form (if applicable)
- Special Circumstances Outcome letter
- Request for Technical Support submission
- Request for Technical Support outcome email
- Breakdown of Supports report
- Updated Breakdown of Supports report with the same period.

From **Documents** view:

1. Select **Add Documents** to upload new documents. For more information, go to article [Add documents to a case](#).

Note: you must attach supporting evidence and include as much information as possible about the review request. This will allow the review officer to better understand the review request.

2. Select **Next**.

Risk matrix

From **Risk Matrix** view:

1. Select **Yes** or **No** when asked **Has there been any risks identified that may impact the participant, no minee or NDIS associated with this request?** If you select **No**, continue to step 5.
2. If **Yes**, select the risks that most closely matches the risk you've identified.
3. Select **Yes** for each risk you identify, select **No** for the risks that aren't applicable.
4. Select **LOW, MEDIUM, HIGH** or **EXTREME** for each of the risks you select. Select the level that most closely matches the risk you've identified.
5. Once you've completed the form, select **Next**.

Depending on the risks you've selected, PACE may prompt you to add further information about the identified risk.

Request summary

From **Request Summary** page:

1. Check the recorded information.

Note: if any information needs to be corrected or added, select the relevant section to return to and enter the update.

2. If everything is correct, select **Next**.

Submit internal review request

From **Submit Internal Review Request** view:

1. If applicable, complete the **Call Notes** free text field.
2. Select **Submit**. The status of the internal review will change to **New**.

Note: once you select the **Submit** button, the **Case Owner** will show as PSR Intermediate System Queue. Refresh the page and then the **Case Owner** will change to Internal Review Routing Queue.

Next steps

The internal review will be automatically routed to the internal review routing queue to be allocated to a review officer with the appropriate skill tags to complete the work.

IRT - Intake of an internal review request

This article provides guidance for a business support officer, participant support officer, or internal review officer to complete the intake of an internal review request.

Recent updates

10 November 2025

Update to linked knowledge article to reflect new name

Before you start

- You have read and understood the article [Understanding an internal review](#)
- You have read and understood [Our Guideline - Reviewing our decisions \(external\)](#)
- You have completed the steps in the article [IRT - Self-allocate an internal review case](#).

Complete initial checks

Once you are assigned or have self allocated an **Internal Review Case**, you must review the key case information and complete a procedural fairness check to make sure you are an independent delegate.

Review key information

1. From the **Person Account**, select the **Details** tab.
2. Review and take note of key applicant/participant information including:
 - **Account Name**
 - **Date of Birth**
 - **Age**
 - **Address**

You may use this information to determine if you have any conflict of interest in this case.

Procedural fairness check

Procedural fairness makes sure our decisions are completed by independent delegates and are fair, respectful, and unbiased.

When completing an Internal Review, procedural fairness is applied throughout the review process so the correct decision is made according to the law.

To be an independent delegate means you:

- don't have a personal interest in the applicant/participant's status
- don't have a relationship with the applicant/participant outside the NDIA
- haven't made a previous access not met, revocation or planning decision for the applicant/participant.

Note: for more information, go to the [Policy library– Conflict of Interest](#) on the intranet.

If you identify a conflict of interest, or have determined you are not an independent delegate, you **must** reassign the work item. Contact your line manager to discuss how to reassign the work item.

Validate the internal review request

Before progressing the review request, you must review the details of the **Internal Review Case** and associated cases, documents, and alerts to make sure the request is valid, and it meets all the legal requirements of a s100 request.

For further guidance on actioning an internal review refer to the articles [Understanding an internal review](#) and [Submit a request for an internal review \(s100\)](#). The [Choose the Right Request Tool](#) can also be used to help identify what type of request an applicant/participant is making when they are requesting a review of a decision.

There are four key parts of a validation:

- Validate the applicant/participant
- Validate consent
- Validate the request category
- Validate the request lodgement date

Validate the Applicant/Participant

Before progressing the review request, you must first confirm that the request has been recorded for the correct applicant/participant and in the correct record.

To check you have the right applicant/participant:

From the **Person Account**:

1. Confirm that the applicant/participant's name, address and NDIS number on the record match any documentation submitted with the review request by comparing the documentation to the **Details** tab.

Note: if you are unsure that the request relates to the current applicant/participant's file, contact the applicant/participant to confirm they have requested the review.

If the request is not recorded against the correct record, identify the correct applicant/participant record using the name, NDIS number, address, and details of the request. You must notify your line manager and [Report a Privacy Incident](#).

Validate Consent

Before progressing the review request, you must confirm that the review requestor has the appropriate consent and authority to request a review.

A person directly affected by a reviewable decision can request the decision be reviewed by the NDIA.

Who is considered to be a directly affected person will depend on the reviewable decision type and the individual circumstances of each request.

A directly affected person may include:

- an applicant (access not met decisions, access revoked decisions)
- a participant (plan related decisions, notice of impairments decisions)
- a person with parental responsibility for a child (decisions made relating to a child under 18 years of age, decisions to appoint, or not appoint a child's representative)

- a plan or correspondence nominee, or a person seeking to be appointed as a nominee (decisions to appoint, not appoint, suspend or revoke someone's nominee status).

For more information, refer to [Our Guideline - Your privacy and information \(external\)](#).

A directly affected person or their representative can submit a request internal review using the methods outlined on the page [How to request an internal review of a decision \(external\)](#).

If an applicant wants someone to act on their behalf throughout the internal review process, you will need their consent. An applicant can choose who they want to act on their behalf. This could include a:

- family member, friend, or carer
- support worker or service provider
- residential aged care facility staff member
- treating health professional or hospital staff.

The person requesting the internal review must be the applicant/participant, their authorised representative, or a representative who has consent to act on their behalf.

If an applicant/participant is younger than 18, parental responsibility applies. This is usually the applicant's parents or legal guardian or someone else who has parental responsibility.

For an adult applicant/participant, the representative can be a:

- person the applicant/participant has given consent to act as their representative
- guardian
- person with power of attorney who can make personal and health decisions for the applicant
- person with an active advance care health directive.

Participant requested reviews

People with disability are presumed to have capacity to make decisions that affect their own lives. However, in some cases, the participant or NDIA may appoint a person or a nominee where it is possible to support, and build the capacity of participants to make their own decisions for the purposes of the National Disability Insurance Scheme (NDIS).

You must check all **Internal Notes** and the **Relationships** tab to make sure the participant does not have a nominee. There may also be an **Alert** to provide information about a nominee. If there is a nominee on file, but the review was participant requested, speak with your team leader to determine next steps.

If the review is participant requested and the participant does not have a nominee, you may progress to the heading **Validate the request lodgement date**.

If the review is not participant requested, and has been requested by someone else, progress to the heading **Check roles and authorities** to validate that the requestor has the relevant consent.

Check roles and authorities

To validate the requestor consent:

1. From the **Person Account**, select the **Relationships** tab. To view:
 - revoked, cancelled or removed authorities, go to **step 2**
 - participant authorities, go to **step 3**
 - current roles and authorities, go to **step 4**.
2. Select **Inactive Roles and Relationships** tab. Review inactive roles and authorities that are removed, cancelled or revoked.
3. Select the **Participant Authorities** tab and make sure the **Submit request to review a decision made by the NDIA (S100)** box is selected. If the review is participant requested and you have verified this box is selected, you can continue to validate the request by progressing to the headings **Validate Request Category** and **Validate the request lodgement date**.

4. If the review is not participant requested, select the **Authorised Reps** tab to view current **Roles and Relationships** and view **Role** type. Confirm the person who requested the review is listed as an **Authorised Person** with a **Status** of **Active**.
5. Select **Check Authorities** and:
 - review the **Guardian Type**. This could be a **Public Guardian, Private Guardian** or **Financial Manager**
 - make sure the **Submit request to review a decision made by the NDIA (S100)** box is selected.
6. If the review requestor has the correct roles and authorities, you can continue to validate the request by progressing to the headings **Validate Request Category** and **Validate the request lodgement date**. If the review requestor does not have the correct authorities, continue to **step 8**.
7. Make one attempt to contact the participant, applicant, or their authorised representative to seek consent for the internal review to proceed. This attempt requires an SMS and either a phone call or email. If contact is successful and consent is not provided, or contact is unsuccessful, and you are unable to obtain consent, proceed to **step 9**.
8. Send the **Internal Review Unauthorised Request Letter**. Refer to the article [IRT – Sending a manual letter](#).
9. Cancel the **Internal Review Case**. Refer to the heading **Cancel an internal review case** in the article [IRT - Withdraw or cancel an internal review](#).

Validate the Request Category

Before progressing the review request, you must confirm that the request is for a review of a reviewable decision as stated in section 99 of the NDIS Act, and not for any other request for change in participant plan (section 48 plan reassessment or section 47A plan variation).

Section 100 reviews may include:

- an access or revocation internal review
- a review of a decision to vary or not vary a Notice of impairments

- a decision to approve the statement of participant supports in a participant's plan
- a decision to vary a participant's plan
- a decision not to vary a participant's plan
- a decision not to conduct a reassessment of a participant's plan
- a decision to appoint a plan nominee

If the review request is not a valid s100 request, follow the article [IRT - Miscategorised request](#) and contact the applicant/participant to get consent to withdraw the s100 internal review and if required, use the articles [Create a plan variation \(s47A\) request](#) or [Create a plan reassessment \(s48\) request](#) to action a plan change request.

For further information on the following categories, please refer to **Appendix 1 - Review Categories** in this article:

- Second disability requests
- Valid section 100 request for decisions to vary, or not vary, or the outcome of the variation of a Notice of impairments (NOI)
- Review request with incorrect decision type.

Validate the request lodgement date

Before progressing the review request, you must confirm that the internal review request has been submitted within three months of the applicant/participant receiving notification of the outcome of the original decision. This is 3 months from the day after they receive the decision.

Note: if the review request is not within 3 months of the notice of decision, the request for review is out of time and cannot be actioned as an s100 (refer to article [IRT- Miscategorised request](#)).

However, requests outside the 3 month timeframe can be considered if there are **extenuating circumstances**. In these cases, escalate to your line manager. The **specific reasons or circumstances** why the request would be accepted outside of the timeframes must be stated.

To validate the request lodgement date:

1. From the **Internal Review Case**, select the **Request** tab and confirm the **Date review request submitted** date is correct by comparing the date the NDIA initially received any written communication or recorded contact requesting the internal review.
2. If the **Date review request submitted** date was entered incorrectly, but still within 3 months of the original decision, you must cancel the **Internal Review Case**. Refer to the heading **Cancel an internal review case** in the article [IRT- Withdraw or cancel an internal review](#) and proceed to **step 4**.

If the **Date review request submitted** date was entered incorrectly, and the timeframe to request an internal review has expired, refer to article [IRT- Miscategorised request](#).

3. Confirm the **Decision Date** of the original decision is correct, and if not you must cancel the **Internal Review Case**. Refer to the heading **Cancel an internal review** in the article [IRT- Withdraw or cancel an internal review](#) and proceed to **step 4**.
4. Re-create the internal review with the valid request date, refer to article [Submit a request for an internal review \(s100\)](#).
5. After you create the new **Internal Review Case** you must upload all relevant information and supporting documentation from the cancelled case to the new one.

Conduct a desktop review

To support the intake of an internal review, it is important to review the applicant/participant's information to understand:

- the type/characteristic of internal review being requested
- the participant's situation and request details
- any identified alerts, risks or vulnerabilities
- if there are any in-progress or recently closed cases and decision outcomes
- the information and evidence available.

A desktop review is completed using the information and documents on the participant or applicant's record in **PACE**.

As part of the desktop review, the following applicant/participant information should be reviewed regardless of the review type.

Note: for additional considerations for access and revocation reviews or planning reviews, navigate to the headings **Additional desktop review considerations for access and revocation reviews** or **Additional desktop review considerations for planning reviews**.

Review and update the person account

If during the desktop review it is identified that incorrect details are on the applicant/participant record, this needs to be updated. Refer to the article [Update a person account](#) for process guidance.

This includes updating:

- person details (name, gender identity, indicators)
- addresses
- communication preferences (phone number and email)
- correspondence preferences (format and delivery method of correspondence)
- non-compliant behaviour (for use by Compliance/Fraud team only)
- housing and accommodation
- relationship information
- residency and visa information
- consents
- my NDIS contact
- disabilities.

Check file alerts

From the **Person Account**:

1. Review and take note of **Alerts** on the applicant/participant's record and follow any instructions detailed within the alert.

Note for Business Support Officers: BSOs may be required to undertake additional actions at this step. Please refer to the heading **Additional considerations for Business Support Officers** for further instructions.

Check for any risks, complaints, or previous escalations

From the **Person Account**:

1. Select the **Cases** tab and review any information documented in **Feedback & Complaints** and **Critical Incidents**.
2. Confirm the risk level determined at creation of the internal review request is correct. Refer to the [Escalation Prioritisation Matrix](#) and the article [Review the escalation and prioritisation matrix](#).

Note: for access internal reviews, refer to the Appendices When do we make priority eligibility decisions in [Our Guidelines – Applying to the NDIS \(external\)](#).

Note for Business Support Officers: BSOs may be required to undertake additional actions at this step. Please refer to the heading **Additional considerations for Business Support Officers** for further instructions.

Check for any open or closed cases, previous decisions or reviews

You must check for any open or closed cases that may impact the review, and for any previous decisions or reviews that have been completed.

From the **Person Account**:

1. Select the **Cases** tab and review any open or closed cases.

Note: for access internal reviews you must confirm there isn't concurrent cases open for a new access request or a review. New access requests can only be made once a review is complete. Applicants have the option to withdraw the **Internal Review** or the **Access Request**. You must contact the applicant to confirm if they want to continue with the internal review or withdraw it and continue with the access request. Refer to the articles [IRT – Contact the participant or applicant](#) and [IRT- Withdraw or cancel an internal review](#).

Note: for planning internal reviews check for any requested or open other plan change requests. A variation or reassessment of a plan may also be requested after an internal review request. As part of the internal review the review officer has to take into consideration the facts and circumstances at the time of the review outcome.

2. Select the **Decision** tab and review any recently made decisions or any other review requests.

Review the request details

You must review the information recorded in the internal review request to determine the type of review the applicant/participant is requesting.

From the **Internal Review Case:**

1. Review the **Details** tab.
2. Review the **Request** tab.

Check the type/characteristic

You must review the applicant/participant information to determine that the correct review type and characteristics have been selected. This may include reviewing the applicant/participant's **Request for a Review of a Decision** form, any internal notes from recent enquiries, the **Decisions** tab from the **Person Account**, and the **Details** and **Request** tabs from the **Internal Review Case**.

Then, from the **Internal Review Case:**

1. Select the **Details** tab and from the **Categorisation** drop-down confirm that the correct review **Type** has been selected.

Note: access review types include **Scheme Eligibility, Not to vary a notice of impairment or Outcome of a variation**. Planning review types include **Statement of Supports, Not to reassess a plan, Not to vary a plan, or Outcome of a variation**. Other review types include **Compensation Recoveries Amount, SDA Enrolment, and Not to extend a grace period**.

2. Confirm the correct **Characteristic** has been selected.

Note: access review case characteristics include **Access, Access Revoked, EC,** and **Notice of Impairment**. Planning review characteristics include **Home and Living, Statement of Supports, Planning,** and **EC**.

Internal review officers will have the relevant **PACE** permissions to edit the review **Type**, however they are unable to edit the review **Characteristic**.

3. If you identify that the internal review case has been created with a blank or incorrect **Characteristic**, send an email to the Operations Support and Governance team [s47E\(d\) - certain operations of agencies](#) using the email template below:

Subject: Blank/Incorrect Characteristic – <Case number>

Email Body:

Good morning/afternoon,

Please update <case number – xxxxxx> with the following characteristic:

<Access/Access Revoked/EC/Notice of Impairment/Home and Living/Statement of Supports/ Planning>

<email signature>

Confirm the Tier Role

From the **Person Account**:

1. Confirm the **Tier Role**.

For access reviews the tier role should show **Person with a disability**. For planning internal reviews the tier role should show **Participant**.

If the tier role needs to be changed, an ICT ticket must be lodged via the [ICT Service Desk](#).

Note: you will not be able to make a decision in **PACE** until the tier role has been corrected.

Confirm the Disabilities

From the **Person Account**:

1. Review the **Disabilities** tab and note the disabilities recorded for the applicant/participant.

Confirm the impairment categories

From the **Person Account**:

1. Review the **Impairment Categories** tab and take note of any **Approved Impairment Categories**.

Note: a participant will only have impairment categories recorded if they met access on or after 1 January 2025, or have had their access revoked and were then reinstated on or after 1 January 2025.

Link any relevant documents

From the **Person Account**:

1. Review the **Documents** tab and link any relevant documents related to the review to the **Internal Review Case**. Refer to article [IRT – Adding and linking documents to an internal review case](#).

Consider if additional evidence is required

As part of the desktop review, consider if there are any key indicators to determine whether further information may be required.

Refer to articles [IRT – Requests for further information](#) and [IRT – Identify if further information is required \(access and revocation\)](#).

Check the acknowledgement letter has been sent

From the **Internal Review Case**:

1. Review the **Documents** tab for the acknowledgment letter. If the acknowledgement letter has not been sent, progress to step 2.
2. Follow the steps in the article [IRT – Sending a manual letter](#) to create and send the acknowledgement letter.

Additional desktop review considerations for Access and Revocation reviews

For Access or Revocation reviews, the following applicant/participant information should also be checked as part of the desktop review.

Scheme Integrity

As part of the desktop review, the internal review officer must check all documents for integrity issues.

If have concerns regarding document integrity, you should make a referral to the Access Integrity Management (AIM) team. The AIM team can perform verification checks on all access not met and revocation internal reviews.

Identity Verification

If you identify concerns surrounding the identity verification steps taken, follow the below steps.

Note: this referral should be made prior to the completion of the internal review outcome.

From the **Person Account**:

1. Select the **Refer to AIM** button.
2. From the **Referral Reason** drop-down menu, select the appropriate reason.
3. Complete the **Other details** section with concerns and information relating to identity verification.
4. Select **Next**.
5. Do not proceed with the decision until a response is received.

Residency Validation

If there are concerns regarding residency status, referrals to the AIM team to request validation from the Immigration database are to be made via the [AIM Hub](#).

1. Open to the [AIM Hub](#).
2. Select the **Integrity & Residency Enquiries** button.
3. Under the heading **What is your role?** select IRT Access.
4. Select your enquiry type and complete the applicable fields.
5. Once the enquiry has been submitted AIM will review the enquiry and respond via email.

Validating evidence of a disability

If there are concerns regarding validating evidence of a disability, referrals to the AIM team are to be made the [AIM Hub](#).

1. Open to the [AIM Hub](#).
2. Select the **Integrity & Residency Enquiries** button.
3. Under the heading **What is your role?** select IRT Access.
4. Select your enquiry type and complete the applicable fields.

Once the enquiry has been submitted AIM will review the enquiry and respond via email.

Confirm the legislation used in original access decision

From the **Access Decision Case**:

1. Select the **Decision** tab and check the legislation that was used at the time of the original access decision.

Note: for review of a decision to revoke a person's status as a participant, the IRO will apply the same legislation that was applied at the original eligibility reassessment decision.

Determine if technical advice is required

1. Determine if Technical Advice and Practice Improvement Branch (TAPIB) input is required and if so, refer to article [Create a technical advice case](#).

Note: Advice is required for all [mandatory requests](#) as per TAPIB instructions. Internal Review Officers may also need to seek non-mandatory advice if evidence indicates an

applicant has a substantially reduced functional capacity but permanency of an impairment is not clear. It is recommended IROs discuss with their line manager.

Revocation cases only - Confirming Requests for PACE Decisions

Within the **Requests for PACE Decisions** view, confirm the correct **Name** is displaying.

From the **Internal Review case**:

1. Select the Decisions tab.
2. In the **Requests for PACE Decisions** view, if the **Name** field displays as **Eligibility Reassessment**, the Internal Review Case will need to be cancelled and recreated. Refer to the article [IRT - Complete an access or revocation Internal Review Case](#) – Appendix 4 – Cancel and recreate a revocation case.

Additional desktop review considerations for Planning reviews

For Planning reviews, the following participant information should also be checked as part of the desktop review.

Scheme Integrity

When completing the desktop review, the internal review officer must check all documents for integrity issues. Refer to article [IRT – Checking for integrity](#).

If you believe fraudulent information has been provided, or there is previously identified scheme integrity information, such as an **Internal Note** or an **Alert**, contact your team leader if further guidance is required.

Determine if technical advice is required

1. Determine if Technical Advice and Practice Improvement Branch (TAPIB) input is required and if so, refer to article [Create a technical advice case](#).

Note: if you need to create a **Technical Advice Case** you must create this from the **Internal Review Case**.

Determine if a home and living support is part of the review

1. Determine if a home and living support is part of the review, and if so, refer to article [Create and submit a home and living application](#).

Note: if the review relates to another open request type, for example an s47A variation

or s48 reassessment plan change request, seek advice from your line manager for next steps.

Determine if additional RORD Request lines need to be added

Based on the information gathered during the desktop review, the **Requests for PACE Decisions** (RORD) must be entered for each of the requested supports. If a **RORD Request** is missing, or is requested at any point during the internal review process, follow these steps:

1. From the **Internal Review Case**, select the **Decision** tab.
2. Select **New Request Line**.
3. From the **Choose Decision Type** view, select **Existing Decision**.
4. Select **Next**.
5. From the **Statement of Support Requests** view, use the dropdown to select the type of statement of support request to add from the following options:
 - Funded Support
 - Funded Management
 - Plan Duration
6. Once you have selected one of the above options, a field to enter further information will appear. Once this information is entered, select **Add**.

In the **Capture Reasons for Review Request** free text box, note what is being funded. If an item was not requested as part of the review however it is being funded, insert the reason (for example, Behaviour support plan required due to restrictive practice).

Note: if selecting **Funded Supports**, you will be prompted to input the support category that needs to be added. Selecting **Specific Support Category** will make a picklist appear to select from.

Selecting **General on plan** will add a new RORD where the information be added later.

The new **RORD Request** will now be created.

Additional desktop review considerations for Business Support Officers

Business Support Officers (BSO) may be required to undertake the following additional actions as part of the intake of an internal review request and desktop review process.

Check file alerts

From the **Person Account**:

1. Review and take note of **alerts** on the applicant's record.

If the record is marked for Restricted Access, has an alert regarding Administrative Review Tribunal (ART)/a Complex Support Needs (CSN)/a Scheme Integrity (SIRT)/Compensation alert, send an email to [s47E\(d\) - certain operations of agencies](#) with the below email template.

Email template

Subject: IRB to complete desktop review

- Applicant name
- NDIS number
- <ART/CSN/SIRT/Compensation> File Alert
- Date of the alert
- Alert added by
- Section 100 request date

<email signature>

Note: access internal review requests with any of the above marked alerts are to be allocated to Benjamin Stokes in PACE. Planning internal reviews with any of the above marked alerts are to be allocated to Matthew Vierboom in PACE.

Cases over 60 days

The Internal Review Branch aims to complete decisions within 60 days. If during the desktop review you identify that the request is over 60 days, complete the a desktop

review and email s47E(d) - certain operations of agencies using the email template below.

Email Template

Subject: Internal review over 60 days identified

Good morning/afternoon

I am a BSO completing an intake of an <access/planning> internal review request and have identified a case over 60 days.

Case: <internal review case number>

<email signature>

Assess for risk and escalation to determine priority of request

The IRB uses the Agency endorsed [Escalation Prioritisation Matrix.docx \(ndia.gov.au\)](#) to determine the level of risk present for both participants and the Agency.

If a case is identified as high risk, complete the desktop review and Assign to Debbie s47F - personal privacy for the escalations team to action.

Risk and plan funding periods

When assessing the level of risk on a planning review request, BSOs should also check the plan funding to determine if it is a 'new framework plan' with 'funding periods' applied. If there are no 'funding periods', the funding can be used flexibly across the life of the plan. If 'funding periods' have been applied, this means that flexibility in the use of funding is reduced, and the participant can only access the funding for the current funding period.

Scenario: Participant Tom has requested a review of his current plan. You are assessing Tom's record for risk and identify that Tom's plan has 3-month funding periods, and a total plan budget of \$300000. You also see that his current funding period is only 1 month old. Tom has used 90% of his core assistance with daily living funding for his current funding period. As Tom has funding periods, he cannot flexibility use his core funding due to the restriction of having funding released every 3 months. In this case

Tom could be placed at risk due to not being able to access and use his funding flexibly. You need to consider if this places Tom as risk of not having the support he requires.

Initial contact, clarification calls and requests for further information

Business Support Officers are required to contact the participant or applicant as part of the intake of an internal review request. An initial contact attempt is required for all review requests to clarify the applicant/participant's request and gather additional details.

For additional information for BSOs and steps for contacting the participant, completing a clarification call and issuing a request for further information, please refer to [Intake of an Internal Review Request – Additional considerations for Business Support Officers – Initial contact, clarification calls and requests for further information \(external\)](#).

Finalise intake and reassign the case to the correct queue

Once the desktop review has been completed:

1. Add an **Internal Note** in the **Internal Review Case** log activity with the following information:

Desktop Review completed by: <Login ID>

Date Received by Agency: <Initial date of request>

Request submitted by: <Person that requested the review and relationship>

Authorised Representative: <Authorised person that consented for the review – can be removed if the person that requested the review is a participant or child rep/plan nominee>

Acknowledgement letter sent: <Yes – Date>

Risk level: <Risk level>

Impact: <Describe reason for risk rating>

Type of section 100: <Enter details>

Internal comments: <Enter any relevant information for the internal review officer>

2. From the **Details** tab of the **Internal Review case**, update the **System Information –Subject** field with the most relevant descriptor as follows:

UTC Due dd/mm/yyyy

RFI due date xx/xx/xxxx

Triaged LoginID

3. From the **Details** tab of the **Internal Review case**, update the **Comments – Internal Comments** field with any additional information explaining your **Subject - Description** contents.
4. Reassign the **Internal Review Case** to the to **IRT H&L Queue** (all BAU internal reviews except Home and Living) or the **HaL HLIRT Queue** (for Home and Living internal reviews).

Next Steps

If a clarification call/contact attempts have already been completed by a Business Support Officer, the Internal Review Officer is able to progress to the next steps in the internal review process.

For Access and Revocation reviews:

- Proceed to the heading **Adding evidence to the internal review case** in the article [IRT - Complete an access or revocation Internal Review Case](#).

For Planning reviews:

- Proceed to the article [IRT – Enacting a planning review decision](#).

If a clarification call/contact attempts have not yet been completed as part of the intake process, the next steps in the internal review process are for the Internal Review Officer to contact the participant or applicant to clarify their request and gather additional details.

For Access and Revocation reviews:

- Refer to the heading Contact the Applicant in the article [IRT - Complete an access or revocation Internal Review Case](#).

For Planning reviews:

- Refer to article [IRT - Contact the participant or applicant](#).

Appendix 1 – Review Categories

Secondary disability requests

A secondary disability request is not a reviewable decision under section 99 of the NDIS Act.

When you receive a secondary disability request, the participant will need to be informed that the secondary disability request is not a reviewable decision, however, we can consider the statement of support requests related to that secondary disability.

If the participant only wishes to have the secondary disability considered, advise them that you will withdraw the internal review and refer their request to the relevant team for action. Follow the steps in the article [Request a participant disability change](#).

If the participant wishes to have their statement of support reviewed, this review type is out of scope. Refer to the instructions 'incorrect case type allocated' to re-allocate the case to the Internal Review Planning team.

Once the internal review decision is finalised, the internal review officer will refer the secondary disability request to the relevant team for action.

Valid section 100 request for decisions to vary, or not to vary, Notice of impairments (NOI)

From 1 January 2025, new participants to the Scheme will receive an impairment notice with the access decision when their request for access was received on or after 1 January. Existing participants whose access requests were submitted before 1 January 2025, will not have an impairment notice, these will be managed in the future with a transition plan. Existing participants pre 1 January cannot ask to be issued with a notice of impairment, therefore they will not be able to seek a variation or have a valid review in this area.

A participant who has a Notice of Impairment can ask for that NOI to be varied if they disagree with the impairments listed and want to add or change the notice. These original decisions are completed by the Scheme Eligibility Branch (SEB). SEB can decide to decline to vary the NOI or vary the NOI and issue a new one replacing the existing NOI. Both of these decisions are reviewable. A participant then has 3 months to request

an internal review if they disagree with the outcome of a request to vary their notice of impairment. An NOI internal review will be completed by the Access Internal Reviews team. Both decisions to not vary an NOI, and to vary an NOI are reviewable.

To verify if a participant had been issued a Notice of impairments:

1. Navigate to the **Access Decision** case. Check the outcome of application letter attached in **Documents**. When a person becomes an NDIS participant (access request received on or after 1 January 2025), they will automatically receive a Notice of impairments (NOI) with their Outcome of Application letter.

To verify if a participant's request to review a NOI decision may be valid:

1. Navigate to **Cases**. If a participant has requested their NOI be varied, a **Vary Impairment Categories** case will be created and closed by the Scheme Eligibility Branch (SEB). Look for the outcome of the decision including the outcome decision letter to know what is a valid internal review.
2. From the participant's **Person Account**, select **My Profile** tab, then **Impairment Categories**. If there is a not applicable message in the **Impairment Categories** tab, the participant doesn't have a Notice of impairments. See article [View Impairment Categories in the person account](#).

If a NOI has not been issued, the s100 request is not valid. Advise the participant that this is not a reviewable decision and help them to understand what they are seeking. There is no change to their eligibility as a NDIS participant, and they will continue to receive NDIS supports.

If the participant feels their funded supports no longer meet their support needs, advise the participant that they can lodge a plan change request (s48) or internal review (s100), and the review rights for each option.

If a participant's request relates to the addition of a secondary disability, follow the instructions for **Secondary disability requests**.

To withdraw a request that is not valid, follow the steps under the heading **Cancel an**

Internal Review Case in the article [IRT - Withdraw or cancel an internal review](#) to cancel the **Internal Review Case**.

Review request with incorrect decision type

If the internal review case was created from SAP CRM with incorrect category type, you must follow the steps under the heading **Cancel an Internal Review Case** in the article [IRT - Withdraw or cancel an internal review](#) to cancel the **Internal Review Case**. You must then create a new **Internal Review Case** with the correct decision type.

The incorrect category type occurred as there was no Statement of Supports option available at time of case creation. Refer to [Communique: Internal Review cases created with incorrect decision type \(external\)](#) for further information on this process.

IRT - What will be considered as part of an internal review

This article provides guidance for a review officer, business support officer, or participant support officer to understand what information to consider as part of a planning or access internal review.

Recent updates

1 July 2024

Removed Before you start section.

What will be considered as part of a planning or access internal review

When completing an internal review, [Our Guidelines \(External\)](#) state we will make our decision based on the facts and circumstances at the time of our internal review decision.

The internal review will consider:

- any evidence from the original decision
- reasons for the original decision
- additional information that has been provided for the internal review
- the facts and circumstances of the participant or applicant at the time of making the internal review decision (for example, this means we can consider any changes since the original decision was made, such as a change of primary disability, a change in the participant's capacity to do things for themselves, or an ongoing change to the participant's living situation, which may result in changes to supports needs)
- The NDIS Act, Our Guidelines, and endorsed internal guidance.

Further considerations for planning reviews

As part of the internal review, the Reviews Branch will review the request/s based on the support/s that the participant wishes to raise or is dissatisfied with, as well as any dependencies or related supports.

The participant may request a review of all the funded supports in the plan. They may also identify a specific support they are seeking funding for. While it is preferable for the participant to have raised any specific requests with the original decision maker, it is not compulsory. Therefore, there does not have to be an explicit request for a support made, plan management type or length of plan during the planning process for it to be considered as part of the internal review.

During a planning meeting the participant does not have to specifically identify the supports they wish to be included in their plan. It is the planner's and review officer's responsibility to gather and review all information before making a decision about what funded supports are included in the participant's plan. In some situations, a participant may prefer to have a plan reassessment or plan variation undertaken first before proceeding with their internal review. In these cases, the review officer should seek to understand the circumstances and make sure all options are well understood before enabling the participant's preferred pathway. Refer to [Our Guideline – Changing your plan \(external\)](#).

Similarly, if new quotes, reports, or assessments requested by the original delegate are submitted as part of the internal review process these can be considered if that is the preferred pathway for the participant. This could include functional capacity assessment, assistive technology or home modifications quote or reports that has been provided between the original decision and the internal review request. It is important the participant understands the impact of their decision to their review rights. Refer to [Our Guidelines - Reviewing our decisions \(external\)](#).

IRT - Withdraw or cancel an internal review

This article provides guidance for an internal review officer, business support officer or participant support officer to:

- complete closure tasks relating to withdrawing a request line.
- complete closure tasks relating to withdrawing an internal review case.
- complete closure tasks relating to cancelling an internal review case.

Recent updates

20 October 2025

- Additional note included for cancelling and recreating IR cases.
- Link to [IRT – Access and revocation request internal notes templates](#) added at step 3. under Withdraw an internal review case.

Cancel an internal review case

If an **Internal Review Case** was created with an incorrect date, is a miscategorised request, or is for a SAP CRM decision without it being selected via the **Decision Log**, it will need to be cancelled. To cancel the incorrectly created **Internal Review Case**:

Note: If you are cancelling and recreating an IR case with an incorrect date, you must copy all relevant information, internal notes, documents and evidence into the new case. A duplicate automatic acknowledgement letter will also be sent and you must email the participant or applicant to advise. Please see [IRT – Internal Review Email Templates](#) for template.

1. From the **Internal Review case**, select the **Cancel Case** button.
2. From the **Case Close** window, select the **Closure Reason** drop down menu. For any closure reason other than **MISCAT – S48**, select **Cancelled – Other**.
3. In the **Closure Comments** field, add a comment from the **Closure comments** in the table below and then select **Confirm**.
4. At the **Confirmation** window, select **Done**. The case will now be cancelled.

Closure reason	Closure Comment
Cancelled – Other	MISCAT – COMPLAINT MISCAT – DUPLICATE MISCAT – S47 MISCAT – S47a MISCAT – OUT OF TIME MISCAT – MISSING CONSENT INCORRECT DATE - Cancelled due to incorrect date of request.
MISCAT – S48	Review incorrectly entered

Withdraw a request line or an internal review case

A request to withdraw a **Request Line** or **Internal Review Case** can be made by a participant, applicant, or their authorised representative at any time.

When actioning an internal review withdrawal, it is important you follow the correct procedure. There are two withdrawal options:

- Withdrawing a **Request Line** withdraws an individual component or part of the internal review request, such as, a particular funded support that the participant or authorised representative no longer wishes to be reviewed.
- Withdrawing an **Internal Review Case** withdraws the internal review request in its entirety and no decision is made.

Withdraw an internal review request line

If a participant has requested to withdraw part of the internal review request:

From the **Person Account**:

1. Select **Cases** tab.
2. Select the **Case Number** of the **Internal Review Case** that has the item/s that have been requested to be withdrawn.
3. From the **Activity** panel, select the **Log Activity** tab and:

- In **Activity Type**, select the relevant communication type from the drop-down list
- In **Subject**, select who contact was with from the drop-down list
- In the **Comments**, section enter the relevant template, go to article [IRT- Planning request internal note templates](#).

4. Select **Save**.
5. From the Decision tab, select the relevant **Request Line** from underneath **Requests for PACE Decisions**.
6. Select **Withdraw item**.
7. Select the most appropriate **Withdraw Reason**. See the heading **Closure reasons** below for definitions.
8. Enter the **Withdraw Explanation**.
9. Select **Save**. The internal review item will be withdrawn.

Closure reasons

Closure reason	Definition
Participant/Nominee withdrawn – early resolution resolved	Agreed to withdraw the Request Line as resolved without the need for a decision.
Participant/Nominee withdrawn – no longer wishes to proceed	Agreed to withdraw as the participant no longer wishes to review that Request Line .
Participant/Nominee withdrawn – preferred to follow alternative pathway	Agreed to withdraw as the participant has decided to follow an alternate pathway, for example, community supports.
Applicant/Rep has withdrawn the request – no longer wishes to proceed	Do not withdraw the Request Line . Follow the process to withdraw the Internal Review case.
Applicant/Rep has withdrawn the request – will submit new access request	Do not withdraw the Request Line . Follow the process to withdraw the Internal Review case.
Applicant/Rep has withdrawn the request - other	Do not withdraw the Request Line . Follow the process to withdraw the Internal Review case.

Closure reason	Definition
Participant/Nominee withdrawn - other	To be used if the withdrawal reason does not fit any other closure reason.

Withdraw an internal review case

If a participant or applicant has requested to withdraw the entire **Internal Review Case**.

Note: Only Review Officers with delegation will have the ability to withdraw an **Internal Review case**.

1. From the **Person Account**, select **Cases** tab.
2. Select the **Case Number** of the **Internal Review** case that has been requested to be withdrawn.
3. From the **Activity** panel, select the **Log Activity** tab and:
 - In **Activity Type**, select the relevant communication type from the drop-down list
 - In **Subject**, select who contact was with from the drop-down list
 - In **Comments**, enter the relevant template:

For Internal Reviews – Planning, go to article [IRT – Planning request internal note templates](#).

For Internal Reviews – Access, go to article [IRT – Access and revocation request internal note templates](#).

4. Select **Save**.
5. From the **Decision** tab, select **Withdraw Internal Review Case**.
6. Select the most appropriate **Withdraw Reason**. See the heading **Closure reasons** below for definitions.
7. The pop up box for correspondence will appear, select **X** to close the box.

Refresh the page to confirm the case has been withdrawn. When the **Internal Review Case** has been successfully withdrawn, the chevron will move to **Withdrawn**.

A withdrawal letter is required to be sent. Go to article [IRT – Sending a manual letter](#).

Closure reasons

Closure reason	Definition
Participant/Nominee withdrawn – early resolution resolved	Agreed to withdraw as resolved without the need for a decision.
Participant/Nominee withdrawn – no longer wishes to proceed	Agreed to withdraw as the participant no longer wishes to complete the internal review.
Applicant/Rep has withdrawn the request – no longer wishes to proceed	Agreed to withdraw as the applicant no longer wishes to proceed.
Applicant/Rep has withdrawn the request - other	To be used if the withdrawal reason does not fit any other closure reason.
Participant/Nominee withdrawn - other	To be used if the withdrawal reason does not fit any other closure reason.

IRT – Complete a specialist disability accommodation dwelling enrolment internal review case

This article provides guidance for a review officer to complete a request for an internal review of a decision not to enrol a dwelling as Specialist Disability Accommodation (SDA).

Recent updates

10 November 2025

Update to linked knowledge article to reflect new name

Assessment of a dwelling enrolment

SDA - Dwelling enrolment cases are assigned to review officers via their **My Cases** tab.

Allocating a dwelling enrolment case for review

1. Select **Cases**.
2. Select **My Cases**.
3. Select the **Dwelling enrolment case**.
4. Select the **SDA enrolment module** to begin working on the case. When you have selected the enrolment module correctly, the following tabs will be visible, **Details, Dwelling Asset, Task Checklist, Approvals, Case History** and **Case Activity**.

Note: where there are multiple cases for the same provider, open each case to identify if it should be reviewed as a group. For example, there are multiple units in the same complex.

Conduct a Desktop Review

An initial assessment of the internal review should be completed using the information available within the case. SDA original decision makers who will raise the IR case (SDA enrolment case) will confirm consent and materials to be considered.

Review the evidence

From the dwelling enrolment case:

1. Review the original decision letter, select the **Case Files** tab and locate the document.

2. Review the Approver comments, select the **Approvals** tab and under **Step Name**, select **Approval Request Submitted**. There may be additional information here that was not included in the letter.
3. Review additional information or evidence that was submitted with the review request. This information will be located under the **Case Files** tab and includes the outcome letter sent by the SDA team.
4. Review the mandatory information that was submitted with the initial enrolment. This information will be located under the **Asset Files** tab. If the documents do not appear, select refresh.

Requesting further information process

From the dwelling enrolment case:

1. Select the **Requested further info** chevron.
2. Select **Mark as Current Status**.

The chevron will now move to Requested further info.

3. An Internal Review Request for Information Letter is required to be sent. Refer to article [IRT – Sending a manual letter](#).
4. You must document the further information request as an Internal Communication using the below template.

Request for further information from <applicant> or <applicant wishes to provide further information>.

Formal request for information issued via email/post on <dd/mm/yyyy>.

Further evidence to be provided by mail/email. Email/return postal address details provided. Due date: <dd/mm/yyyy>.

Refer to article [Log an activity or internal note](#).

5. Do not progress the review before the further information request or unable to contact timeframe has elapsed.

Moving the chevron back to Under Decision

Once the information is returned, or the further information request timeframe has expired, you must move the chevron back to in progress.

From the dwelling enrolment Case:

1. Select the **In Progress** chevron.
2. Select **Mark as Current Status**.

The chevron will now move to **In Progress**.

Make a decision

To assess the dwelling enrolment application and make a decision to confirm and not enrol the dwelling or approve and enrol the dwelling as an SDA refer to the SDA guidance:

- Assess a Specialist Disability Accommodation
- Make a Specialist Disability Accommodation (SDA) enrolment decision
- Practice Guidance SDA Dwelling Enrolment Evidence Requirement.

After reviewing the evidence and assessing the request against the SDA guidance, [National Disability Insurance Scheme \(Specialist Disability Accommodation\) Rules 2020 \(External\)](#) [SDA pricing and payments \(External\)](#) and [SDA Design Standard \(External\)](#), proceed to the below topics to complete the review:

- Not to enrol the dwelling as an SDA
- Enrol the dwelling as an SDA.

There will be a quality assurance component for both decision outcomes.

Not to enrol the dwelling as an SDA

Quality assurance check

A quality assurance check will be completed by SDA officers to ensure accuracy and consistency with published materials.

1. Prepare the decision outcome letter, available on the [Internal Review](#) intranet page.
2. When saving a manual letter, make sure the document is saved as a PDF file with the following naming convention style:
 - Provider name, dwelling enrolment number, Outcome Letter, yyyy-mm-dd
3. Send the outcome letter to SDA Operations for a quality assurance review. Refer to Appendix A for the email template.

Note: do not proceed until a response has been received.

4. Upload the manual letter to the dwelling enrolment case. Refer to article [IRT - Adding and linking documents to an internal review case](#). Provide any further information or context in the **Description** field.

Communicate the outcome to the Provider via the PACE Case

1. Open the case in **PACE**.
2. From the **Activity** panel, select **Send Email**.
3. Complete the body of the email using the template in Appendix B.

Finalising the decision

1. From the **Details** tab, select the **Closure Reason** and enter the reason for confirming the decision in the **Closure Comments** field.
2. From the **Approvals Tab**, select **Reject** and enter the below template:

I confirm that the provider has NOT met the CEO's requirements for the proposed SDA dwelling enrolment pursuant to section 25 of the NDIS (SDA) Rules 2020. I uphold the original decision of the delegate approver based on <enter section details and the reason>.

<RO Logon ID>

3. Change the status of the case by selecting the **Closed** chevron.
4. Select Mark Status as Complete.

5. Select Status **Not Approved**. Select **Save**.

Unlinking the Provider and SDA address

The link between the provider and the SDA address needs to be removed to allow for future applications to be lodged.

1. From the **Dwelling Asset** tab, select **Asset Provided by**.
2. Select the **pencil icon** and delete the details.

Enrol the dwelling as an SDA

Quality assurance check

A quality assurance check will be completed by SDA officers to ensure accuracy and consistency with published materials.

1. Prepare the decision outcome letter, available on the [Internal Review](#) intranet page.
2. When saving a manual letter, make sure the document is saved as a PDF file with the following naming convention style:
 - Provider name, dwelling enrolment number, Outcome Letter, yyyy-mm-dd
3. Prepare a brief for SDA Operations to allow for appropriate consideration and management of potential market impacts. Refer to Appendix A for the brief template.
4. Send the outcome letter and brief to SDA Operations for a quality assurance review. Refer to Appendix A for the email template. **Note:** do not proceed until a response has been received.
5. Upload the manual letter to the dwelling enrolment case. Refer to article [IRT - Adding and linking documents to an internal review case](#). Provide any further information or context in the **Description** field.

Communicate the outcome to the Provider via the PACE Case

1. Open the case in **PACE**.
2. From the **Activity** panel, select **Send Email**.
3. Complete the body of the email using the template in Appendix B.

Appendix A – Quality assurance review template

Review of outcome letter

To: [s47E\(d\) - certain operations of agencies](#)

Subject Line: Review of SDA internal review outcome letter for <Enrolment Case ID>

Body: Good morning/afternoon,

The outcome letter for <address> is attached and ready for a quality assurance review.

The decision is to <Not enrol the dwelling / Enrol the dwelling>

Appendix B – Outcome email template

Field	Details
To:	This will automatically populate using the details of the application contact/s. If this does not match the email address of the provider contact from the original request for internal review correspondence, manually add them to the distribution list.
CC:	s47E(d) - certain operations of agencies
BCC:	Optional – For use to share outcome internally with discretion.
Sensitivity Label Category	Official
Sensitivity Label Subcategory	None
Subject:	Request for internal review outcome – Dwelling Enrolment application <case number>
Body: Where visible, delete previous email trails	Good <morning/afternoon>, Please find attached the outcome of your request for an internal review of a decision – dwelling enrolment application <case number> – <dwelling address>

	Kind regards, <Review officer Delegate Signature Block>
--	--

IRT - Enacting a planning review decision

This article provides guidance for a review officer to make an internal review decision.

Recent updates

20 October 2025

Hyperlinks to other knowledge articles updated.

Before you start

You have completed the steps in the article [IRT – Contact the participant or applicant](#).

You need to understand if setting aside or varying the plan, the case will generate with or without funding periods based on the following;

S33 – Decision to approve Statement of Participant Supports:

- Before 9 October 2024: PA/PBU will generate without funding periods.
- On or after 9 October 2024: PA/PBU will generate with funding periods.

S47a – Decision to vary or not vary a plan:

- Before 9 October 2024: PA/PBU will generate without funding periods.
- On or after 9 October 2024: PA/PBU will generate with funding periods.

S48 – Decision not to reassess a plan:

- Before 9 October 2024: PA is the only option, and it will generate with funding periods because the outcome here will be a new s33 decision.

Making a planning internal review decision

From the **Internal Review Case**:

1. Select the **Decision** tab.

2. From the **Decision** tab, select the **Pending Decision** from **Request for PACE Decisions**.

Note: If a **RORD Request** is missing, or a needs to be added, refer to the heading **Adding a RORD Request to an internal review** in the article [IRT – Conduct a desktop review](#).

3. Select **Make a Decision**.
4. From the **Decision** view, complete the mandatory fields.
 - For the **Decision Name**, reflect the request (for example, Increased funding for 24 hours per year for Occupational Therapy).
 - Do not enter any text into the **Additional Information** field.
5. Select **Next – Justification**.
6. From the **Justification** view, select the relevant justification.
7. Select relevant **Sub-Justification**. Add any further **Justifications** or **Sub-Justification** by selecting **Add**.
8. Select **Next – Evidence**.
9. From the **Evidence** view, complete mandatory fields for evidence.
10. Select **Next**.
11. From the Confirmation view, select **Done**.

The decision has now been drafted.

For non-delegates, progress to the heading **Non-delegate decisions** below to send a drafted decision for approval.

Note: If you need to modify this drafted decision, select **Modify Decision**.

12. Return to the **Internal Review Case**
13. From the **Decisions** tab select, **Submit Decisions**.
14. From the **Confirmation** view, select **Next**.

15. From the **Summary** view, select **Done**.
16. From the **Decision** tab, select **Confirm manual letter has been sent**.
17. From the **Confirmation** view, select the appropriate option.
18. Select **Next**.
19. From the **Decision Letter Sent** view, select **Next**.

If an outcome phone call has been completed with the participant, record the conversation. Refer to the article [Log an activity or internal note](#) for guidance on how to create case activities.

You will now be returned to the **Internal Review Case**.

For confirmed decisions, you have now completed the process and may send the decision outcome letter. Refer to the heading **Decision letter** below.

For set aside and vary decisions, continue the process:

Before proceeding, determine the appropriate case type (**Budget Update Case** or **Plan Approval Case**) based on the points below. If unsure, consult your team leader before proceeding.

The Budget Update Case can be used to:

- Add funding to past, current and future funding periods
- Add new support categories
- Reduce funding for future funding periods

Note: this action will result in funds remaining in the past and present funding periods being funded again if the plan was to be auto extended.

- Reduce the total budget amount
- Change Fund Management at the funding component level

- Change the length of a future funding period

Regardless of the request type, the Budget Update Case with Funding Periods **cannot** be used to:

- Reduce funding in a previous or current funding period
- Change the plan Reassessment date
- Change the length of a past or current funding period
- Change the budget type of a support category (eg. flexible to stated or vice versa)
- Change instalment type of a support category (eg. from one-off to regular or vice versa)
- Remove a support category from a plan
- Remove funding for Choice and Control (as this would require the removal of a support category)
- Change the fund management of one core support if it's grouped with other core supports in a funding component
- Change the funding period length of one core support of any component (all must be changed)

When the Participant Budget Update case cannot be used to give effect to your decision, use the **Plan Approval case**.

From the **Decision** tab, select **Create Budget Update Case** or **Create a Plan Approval Case**. Both options will appear.

A child case will now be created.

Refer to the topics below to continue the process for a review of a:

- Statement of supports/s47A outcome
- Decision not to reassess a plan (s48).

Statement of supports/s47A outcome

To complete the plan approval case, refer to article [Change the draft budget](#).

To complete the budget update case with funding periods, refer to article [Action a budget update with funding periods](#).

To complete the budget update case without funding periods, refer to article [Action a budget update](#).

To understand funding periods use article: [Understand funding periods](#).

You can make use of the Plan Conversation Support Tool (PCST) to assist with calculating the new budget. Use article: [Understand and update the plan conversation support tool](#).

You may choice to apply either default, or custom distribution of funds in a funding period. Use articles:

- [Apply default distribution of funds in a budget update](#)
- [Apply custom distribution of funds in a budget update](#).

Once the plan has been updated, or a new plan is approved, you may now send the decision outcome letter. Refer to the heading **Decision letter** below.

Decision to set aside a decision not to reassess a plan (s48)

For decisions setting aside a decision not to reassess a plan (s48), the plan approval case must be manually routed to the **Plan Approval Routing Queue** for Service Delivery to complete a plan reassessment. The internal review does not consider what reasonable and necessary disability supports should be included in the new plan, only that a reassessment is warranted. Once the plan approval case has been routed, send the decision outcome letter. Refer to the heading **Decision letter** below.

Non-delegate decisions

The non-delegate may now draft the decision outcome letter.

Return to the **Internal Review Case** and from the **Decisions** tab:

1. Select **Submit for Approval**. The **Internal Review Case** will now route automatically to the **Internal Review Decision Queue** ready for delegate approval.

Once the decision is approved by a delegate, they will change the case owner back to the non-delegate.

For set aside and vary decisions, non-delegates will create a child case and complete all budget updates or create a plan approval case.

2. From the **Decision** tab, select **Create Budget Update Case** or **Create a Plan Approval Case**. Only one option will appear.

A child case will now be created and will open automatically.

3. From the **Budget Updates** tab, select **Submit for Approval**.

The **Budget Update Case** will now route automatically to the **Internal Review Decision Queue** ready for delegate approval.

When the decision is approved by the delegate, they will change the case owner back to the non-delegate.

The non-delegate may now send the decision outcome letter. Refer to the heading **Decision letter** below.

Decision letter

Refer to article [IRT – Sending a manual letter](#) for guidance on how to send the decision outcome letter.

Next steps

1. Refer to article [IRT – Communicate an outcome](#).

The content of this document is OFFICIAL: SENSITIVE.

Notes:

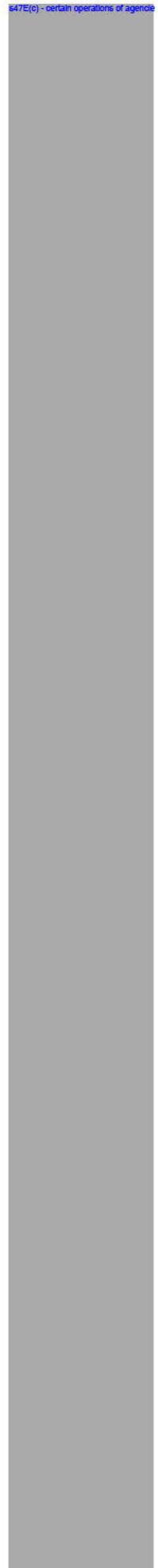
s100CaseNmbr is the case number of the S100 case that was opened after the cancellation of the lapsed S48.
 s48RqstNmbr is the case number of the lapsed S48 (cancelled).
 When the DcsnOtcMDesc field is blank, it means that the s100 case is yet to be decided.
 The delegate shown is the initial person who handled the S100 case, there could be more than 1 delegate responsible for the same case.

Table 1. List of case numbers of cancelled S48 plan change requests due to lapsing (beyond 21 day timeframe)

s100CaseNmbr	s48RqstNmbr	s48RqstDt	s48StsDesc	s100RvwRqstCatDesc	s100DcsnOtcMDesc	s100OrigDcsnSrcSysRefTxt	s100Delegate
22952861	22951123	11Jul2025	Cancelled	Lapsed S48	Confirm		s47E(c) - certain operations of
23054897	23050476	15Jul2025	Cancelled	Lapsed S48	Confirm	23050476	
23445195	23444566	25Jul2025	Cancelled	Lapsed S48		23444566	
24275053	23029645	14Jul2025	Cancelled	Lapsed S48	Confirm	23029645	
24360694	24357841	19Aug2025	Cancelled	Lapsed S48	Confirm	24357841	
24807733	23366827	23Jul2025	Cancelled	Lapsed S48	Confirm	23366827	
24873702	22535613	01Jul2025	Cancelled	Lapsed S48	Confirm	22535613	
24876470	22531628	01Jul2025	Cancelled	Lapsed S48	Confirm	22531628	
24883543	24883063	02Sep2025	Cancelled	Lapsed S48	Confirm	24883063	
24905620	22557764	01Jul2025	Cancelled	Lapsed S48	Confirm	22557764	
24941983	22574911	02Jul2025	Cancelled	Lapsed S48	Confirm	22574911	
24947450	22578128	02Jul2025	Cancelled	Lapsed S48	Confirm	22578128	
24952300	22628631	03Jul2025	Cancelled	Lapsed S48	Confirm	22628631	
24976214	22606025	02Jul2025	Cancelled	Lapsed S48	Confirm	22606025	
25013676	22637368	03Jul2025	Cancelled	Lapsed S48	Confirm	22637368	
25025623	22591733	02Jul2025	Cancelled	Lapsed S48	Set Aside	22591733	
25038792	22642800	03Jul2025	Cancelled	Lapsed S48	Confirm	22642800	
25047826	22674834	04Jul2025	Cancelled	Lapsed S48	Confirm	22674834	
25056133	22681371	04Jul2025	Cancelled	Lapsed S48	Confirm	22681371	
25107253	22793835	08Jul2025	Cancelled	Lapsed S48	Confirm	22793835	
25109837	22785336	08Jul2025	Cancelled	Lapsed S48	Confirm	22785336	
25123911	22530995	01Jul2025	Cancelled	Lapsed S48	Confirm	22530995	
25144190	22723635	07Jul2025	Cancelled	Lapsed S48	Confirm	22723635	
25156480	22834048	09Jul2025	Cancelled	Lapsed S48	Confirm	22834048	
25161316	22660492	03Jul2025	Cancelled	Lapsed S48	Confirm	22660492	
25166563	22625232	03Jul2025	Cancelled	Lapsed S48	Confirm	22625232	
25202278	22541943	01Jul2025	Cancelled	Lapsed S48	Confirm	22541943	
25283532	22785177	08Jul2025	Cancelled	Lapsed S48	Confirm	22785177	
25298009	22926708	11Jul2025	Cancelled	Lapsed S48	Confirm	22926708	
25311435	22785177	08Jul2025	Cancelled	Lapsed S48		22785177	
25324219	22854081	09Jul2025	Cancelled	Lapsed S48	Confirm	22854081	
25325204	22931388	11Jul2025	Cancelled	Lapsed S48	Confirm	22931388	
25336724	22682107	04Jul2025	Cancelled	Lapsed S48	Confirm	22682107	
25336896	22628490	03Jul2025	Cancelled	Lapsed S48	Confirm	22628490	
25337561	22632613	03Jul2025	Cancelled	Lapsed S48	Confirm	22632613	
25375157	23031393	14Jul2025	Cancelled	Lapsed S48	Confirm	23031393	
25375952	22889647	10Jul2025	Cancelled	Lapsed S48	Confirm	22889647	
25400593	23083197	15Jul2025	Cancelled	Lapsed S48	Confirm	23083197	
25454137	23109415	16Jul2025	Cancelled	Lapsed S48	Confirm	23109415	
25481884	23139695	17Jul2025	Cancelled	Lapsed S48	Confirm	23139695	
25499552	23120822	16Jul2025	Cancelled	Lapsed S48	Confirm	23120822	
25502999	22949524	11Jul2025	Cancelled	Lapsed S48	Confirm	22949524	
25506063	22832584	09Jul2025	Cancelled	Lapsed S48	Confirm	22832584	
25533733	23206873	18Jul2025	Cancelled	Lapsed S48	Confirm	23206873	
25533938	23319186	22Jul2025	Cancelled	Lapsed S48	Confirm	23319186	
25564177	23190852	18Jul2025	Cancelled	Lapsed S48	Confirm	23190852	
25567013	23262758	21Jul2025	Cancelled	Lapsed S48	Confirm	23262758	
25570813	23197223	18Jul2025	Cancelled	Lapsed S48	Confirm	23197223	
25572182	24841901	01Sep2025	Cancelled	Lapsed S48	Confirm	24841901	
25573480	22591668	02Jul2025	Cancelled	Lapsed S48	Set Aside	22591668	
25588284	23250727	21Jul2025	Cancelled	Lapsed S48	Confirm	23250727	
25608270	23457588	25Jul2025	Cancelled	Lapsed S48	Confirm	23457588	
25609793	25535655	18Sep2025	Cancelled	Lapsed S48	Confirm	25535655	
25616221	23122503	16Jul2025	Cancelled	Lapsed S48	Confirm	23122503	
25617670	23332041	22Jul2025	Cancelled	Lapsed S48	Confirm	23332041	
25625320	23361157	23Jul2025	Cancelled	Lapsed S48	Confirm	23361157	
25629676	23353589	23Jul2025	Cancelled	Lapsed S48	Confirm	23353589	
25663158	23265295	21Jul2025	Cancelled	Lapsed S48	Confirm	23265295	
25670962	23102287	16Jul2025	Cancelled	Lapsed S48	Confirm	23102287	
25681619	23386713	23Jul2025	Cancelled	Lapsed S48	Confirm	23386713	
25686565	23180397	17Jul2025	Cancelled	Lapsed S48	Confirm	23180397	
25776211	23302610	22Jul2025	Cancelled	Lapsed S48	Confirm	23302610	
25782242	23437626	24Jul2025	Cancelled	Lapsed S48	Confirm	23437626	
25782334	23347816	23Jul2025	Cancelled	Lapsed S48	Confirm	23347816	
25791340	23475934	25Jul2025	Cancelled	Lapsed S48	Confirm	23475934	
25826211	23573118	29Jul2025	Cancelled	Lapsed S48	Confirm	23573118	
25827276	25826159	26Sep2025	Cancelled	Lapsed S48	Confirm	25826159	
25829987	22642292	03Jul2025	Cancelled	Lapsed S48	Confirm	22642292	
25847256	23596551	29Jul2025	Cancelled	Lapsed S48	Confirm	23596551	
25848359	25848326	27Sep2025	Cancelled	Lapsed S48	Confirm	25848326	
25849533	23597656	29Jul2025	Cancelled	Lapsed S48	Confirm	23597656	
25881660	23621704	30Jul2025	Cancelled	Lapsed S48	Confirm	23621704	
25894696	23346073	23Jul2025	Cancelled	Lapsed S48	Confirm	23346073	
25947284	23222936	18Jul2025	Cancelled	Lapsed S48	Confirm	23222936	
25991812	24485123	21Aug2025	Cancelled	Lapsed S48		24485123	
26010047	24485123	21Aug2025	Cancelled	Lapsed S48		24485123	
26032117	23732815	01Aug2025	Cancelled	Lapsed S48	Confirm	23732815	
26034495	23657474	31Jul2025	Cancelled	Lapsed S48	Confirm	23657474	
26036793	23687895	31Jul2025	Cancelled	Lapsed S48	Confirm	23687895	
26039958	23789648	04Aug2025	Cancelled	Lapsed S48	Confirm	23789648	
26040907	23505491	28Jul2025	Cancelled	Lapsed S48	Confirm	23505491	
26041531	23058458	15Jul2025	Cancelled	Lapsed S48	Confirm	23058458	
26044157	23264867	21Jul2025	Cancelled	Lapsed S48	Confirm	23264867	
26131678	23613582	30Jul2025	Cancelled	Lapsed S48	Confirm	23613582	
26135946	23782693	04Aug2025	Cancelled	Lapsed S48	Confirm	23782693	
26151529	23900815	06Aug2025	Cancelled	Lapsed S48	Confirm	23900815	
26163561	23908350	06Aug2025	Cancelled	Lapsed S48	Confirm	23908350	
26177567	24002829	08Aug2025	Cancelled	Lapsed S48	Confirm	24002829	

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26185371	23691791	31Jul2025	Cancelled	Lapsed S48	Confirm	23691791
26193979	23908906	06Aug2025	Cancelled	Lapsed S48	Confirm	23908906
26222999	23804550	04Aug2025	Cancelled	Lapsed S48	Confirm	23804550
26240436	23969793	07Aug2025	Cancelled	Lapsed S48	Confirm	23969793
26250139	23665513	31Jul2025	Cancelled	Lapsed S48	Confirm	23665513
26250783	22835174	09Jul2025	Cancelled	Lapsed S48	Confirm	22835174
26267189	23259252	21Jul2025	Cancelled	Lapsed S48	Confirm	23259252
26299446	23720533	01Aug2025	Cancelled	Lapsed S48	Confirm	23720533
26309264	23990760	08Aug2025	Cancelled	Lapsed S48	Confirm	23990760
26320459	23961388	07Aug2025	Cancelled	Lapsed S48	Confirm	23961388
26330845	24143180	13Aug2025	Cancelled	Lapsed S48	Confirm	24143180
26351123	24058221	11Aug2025	Cancelled	Lapsed S48	Confirm	24058221
26374774	25065531	05Sep2025	Cancelled	Lapsed S48	Confirm	25065531
26375099	24090335	12Aug2025	Cancelled	Lapsed S48	Confirm	24090335
26378820	24087763	12Aug2025	Cancelled	Lapsed S48	Confirm	24087763
26402795	24014675	08Aug2025	Cancelled	Lapsed S48	Confirm	24014675
26416306	24091475	12Aug2025	Cancelled	Lapsed S48	Confirm	24091475
26428145	23097584	16Jul2025	Cancelled	Lapsed S48	Confirm	23097584
26441087	23958984	07Aug2025	Cancelled	Lapsed S48	Confirm	23958984
26441669	24263528	15Aug2025	Cancelled	Lapsed S48	Confirm	24263528
26462693	23586422	29Jul2025	Cancelled	Lapsed S48	Confirm	23586422
26502155	24327894	18Aug2025	Cancelled	Lapsed S48	Set Aside	24327894
26531681	24261298	15Aug2025	Cancelled	Lapsed S48	Confirm	24261298
26548122	23996096	08Aug2025	Cancelled	Lapsed S48	Confirm	23996096
26558475	24429624	20Aug2025	Cancelled	Lapsed S48	Confirm	24429624
26565729	24474880	21Aug2025	Cancelled	Lapsed S48	Confirm	24474880
26587374	24518531	22Aug2025	Cancelled	Lapsed S48	Confirm	24518531
26587455	24482989	21Aug2025	Cancelled	Lapsed S48	Confirm	24482989
26598256	24524911	22Aug2025	Cancelled	Lapsed S48	Confirm	24524911
26604663	22921842	11Jul2025	Cancelled	Lapsed S48	Confirm	22921842
26654596	24516968	22Aug2025	Cancelled	Lapsed S48	Confirm	24516968
26707265	24396690	19Aug2025	Cancelled	Lapsed S48	Confirm	24396690
26728018	24683363	27Aug2025	Cancelled	Lapsed S48	Confirm	24683363
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