Reasonable and Necessary Supports

Quick summary: there are new laws about what we can and can't fund under the NDIS. All NDIS supports need to meet each of the reasonable and necessary criteria before we can fund them in your plan. For example, supports need to relate to your disability support needs, be value for money, and effective and beneficial. We also need to make sure each support is an NDIS support. This means it's a service, item, or equipment that can be funded by the NDIS. Examples of NDIS supports include support with personal daily living tasks and accessing the community, therapeutic supports, and personal mobility equipment.

Note:

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

  Until then, the information in this Our Guideline is about our 'old framework' for planning, which include the legislative changes that become operational when the law commences. All current plans will be known as 'old framework' plans, and we will continue to develop these until all participants have transitioned to the new framework.

What's on this page?

This page covers:

You may also be interested in:

- Mainstream supports
- Creating your plan
- Changing your plan
- Reviewing our decisions
- Would we fund it?

What are reasonable and necessary supports?

The National Disability Insurance Scheme (NDIS) was set up as a world first approach to disability support. It puts people with disability at the centre of decision-making, through the principles of reasonable and necessary supports and individual choice and control.

We provide funding for reasonable and necessary supports to people with a permanent and significant disability or developmental delay.

Reasonable and necessary supports are the supports we fund in your plan to meet your disability needs. All NDIS supports we fund in your plan need to meet the criteria set out in law for the NDIS of what we can and can't fund.[1] For information on what is an NDIS support and what is not, go to NDIS support.

NDIS supports should complement, not replace, other supports available to you. That's why we consider:

- the things you're able to do for yourself
- support you have from others in your network, including family members, relatives, friends, local community services and mainstream government services.

Once we've considered your situation, we need to follow the rules determined under the law for the NDIS in our planning decisions.[2]

This guideline explains how we decide what reasonable and necessary supports must consider, which we'll explain in detail.

When creating your plan, we also follow these principles.

We also have Would we fund it guides. They have examples of how we decide if we fund different types of supports.

How do we make decisions about what is reasonable and necessary?

When we create your plan with you, we'll discuss your disability support needs.[3] We want to help you pursue your goals, increase your independence, and help you work, study and join social activities.

The NDIS will only fund a support if it meets **all** the reasonable and necessary criteria. We also won't fund a support if the law says we can't fund it. We explain the reasonable and necessary criteria in more detail further down.

What supports can you get outside the NDIS?

Before we decide what reasonable and necessary supports to fund in your plan, we'll first discuss what other supports may be available outside the NDIS. This is an important information-gathering step. For example, there may be mainstream, community and informal supports that suit you.

There are many supports you can get outside the NDIS. Other government and community services provide supports to all Australians, including people with disability. And your friends, family, and other people you know can often be your best supports.

To find out more about supports you can get outside the NDIS, go to Creating your plan.

It's important we gather this information and help you access these services before we consider what reasonable and necessary supports we can fund. That way, we can help make sure you're able to access mainstream, community, and informal supports wherever possible.

For more information, go to Mainstream and community supports.

What types of supports may be included in your plan?

Your plan may include 'general supports' and 'reasonable and necessary supports'.[4]

General supports

General supports are the coordination, strategic or referral services and activities we provide or arrange to be provided, for you.[5] They're how we help you develop your plan and connect with support and activities in your community. This includes the support you get from your early childhood coordinator or local area coordinator to connect to mainstream, community, and informal supports. You don't need to pay for your general supports from your plan as the NDIS pays for them directly

Reasonable and necessary supports

Reasonable and necessary supports are the NDIS supports we fund or provide in your plan to meet your disability support needs.[6] NDIS supports are the services, items, and equipment we can fund or provide under the NDIS.[7] For information on what supports are considered NDIS supports, go to NDIS supports.

The laws for the NDIS tell us what we can fund in your plan.[8] All NDIS supports we fund in a plan need to meet all the criteria set out in these laws. We call these the NDIS funding criteria.

- We'll check your support types and amounts of support will complement each other to help you fulfil an ordinary life.[9] Any funded supports must be an NDIS support[10] that is right for you.
- It must not be a type of support the law says we can't fund or provide.[11]

Each NDIS support must be reasonable and necessary individually, but the supports must also be reasonable and necessary when considered as a package of supports.

Does the support meet the reasonable and necessary criteria?

We can only include NDIS supports in your plan if they meet **all** the reasonable and necessary criteria.[12]

This means that before we can include an NDIS support in your plan, we need to be satisfied it meets all the following criteria:

- The support is related to your disability[13].
- The support will help you to pursue your goals in your plan.[14]
- The support will help you to undertake activities, to facilitate your social and economic participation.[15] This means the support will help you join in social outings, recreation, work and study by reducing the disability-related barriers that prevent you from participating.
- The support represents value for money. This means we need to consider the costs and benefits of the support, as well as the costs and benefits of alternative supports.[16]
- The support will be, or is likely to be, effective and beneficial for you, having regard to current good practice.[17] This means we consider if there is evidence the support works for someone with similar disability support needs. We won't need an expert report for every support, as we can often rely on other information or evidence. For example, we may have information already about whether the support is widely accepted to suit someone with your disability support needs.[18] We also consider your lived experience.
- The funding of the support takes account of what it is reasonable to expect families, carers, informal networks and the community to provide.[19] This means we need to consider what support is reasonable for your family, friends and community to provide.
- The support is an NDIS support for you.[20]

The law for the NDIS sets out things that we need to consider when we apply the reasonable and necessary criteria.[21]

For example, funding a vehicle modification may reduce your need for other supports. By funding a vehicle modification in your plan, we'll look at whether you need less support to access the community.

If the vehicle modification will reduce your support needs, we might reduce the amount of support we fund for you to access the community. This is because the same amount of support might not be reasonable and necessary when the whole package of supports is considered.

Is the support related to your disability?

We'll only fund a support if it relates to your disability.[22] This means there must be a direct link between your disability support needs and the NDIS supports we fund.

We consider if the support addresses your disability support needs. Your disability support needs are those that come from, or are caused by, your disability.

For example, we don't fund things like flights to go on a holiday or a gym membership to get fit.

This is because you're unlikely to need these supports because of your disability support needs. They are things that all people, with or without disability, might want or need.

Example

Alan uses a wheelchair and needs some changes to their house. They need to be able to independently use their bathroom and kitchen. They also want to set up an outdoor entertainment area for when their friends visit.

We may be able to fund home modifications so Alan can access areas of their home, including their bathroom and kitchen. They need the home modification because they can't access those areas due to their disability.

Alan will need to pay for the outdoor entertainment area, as it's not related to their disability.

Does the support help you pursue your goals?

We need to be satisfied that the support will help you pursue the goals, objectives and aspirations in your plan.[23] This helps us determine if the support is necessary.[24]

While we only fund supports that help you pursue your goals, objectives and aspirations, we understand that different people express themselves in different ways.

Reasonable and necessary supports should help you pursue your goals,[25] but you don't need a specific goal for every support in your plan. When we decide if a support will help you pursue your goals, we consider your whole situation.

We look at how a support will address your disability support needs, and the disability specific barriers that prevent you from pursuing your goals.

A support that addresses your disability support needs is most likely to help you pursue your goals, objectives and aspirations in your plan.

This means that if your goal is to 'live independently', we **may** fund home modifications that address your disability support needs. However, we won't fund supports that aren't NDIS supports, including day-to day-living costs like rent or utilities. These costs aren't incurred solely and directly because of your disability support needs, so they don't meet other funding criteria.[26]

Also, choosing a different goal 'to have a more accessible home' won't change the supports we could fund in your plan.

Achieving goals usually takes many different kinds of supports. NDIS supports will most likely be just one kind of support that helps you work toward your goals.

Learn more about setting your goals in Creating Your Plan and the Setting Goals fact sheet.

Example

Morgan is ready to look for work and they have a goal in their plan to get a job. They've built up their skills and know the type of work they want to do. Disability Employment Services are helping Morgan find work, so we can't fund this support for Morgan.

However, because of their disability, Morgan will need personal care supports to help them get ready for work in the morning. We will consider:

- how Morgan's disability support needs relate to their goals
- if funding NDIS supports that address these disability support needs will help Morgan pursue their goals.

Morgan's planner determines the personal care supports meet this criteria. The supports that address their personal care needs will help Morgan to pursue their employment goals.

Morgan's planner then needs to look at if the support meets the other NDIS funding criteria. In this case Morgan does get personal care in their plan. Morgan doesn't have a job yet but will need personal care support to help them get ready to look for work. Morgan will also be able to use these supports when they get a job.

We don't fund all the supports that relate to Morgan's employment goals. We only fund the supports we consider are reasonable and necessary – that is, when they meet all the NDIS funding criteria.

Does the support help you do activities that will help your social and economic participation?

We need to be satisfied that the support will help you to do activities, which make it easier for you to participate socially and economically.[27]

Social participation means doing things you enjoy, like going out with friends, playing sport or going out into the community. It also means doing the things you need to do, like going to school or medical appointments.

Economic participation usually means being involved in things that help you work towards getting and keeping a job. This might be things like volunteering, study, learning new skills or trying work experience. Research tells us that work can lead to health benefits and improve our quality of life. Learn more about the Health Benefits of Good Work.

Social and economic participation are important to most people. They're critical to living an ordinary life.

To work out if a support meets this criteria, we look at the purpose of the support and how it will help you.

We fund reasonable and necessary supports that reduce the barriers that prevent you from doing activities. This will help you increase your social and economic participation.

Some supports help economic and social participation directly. There are lots of supports we can fund to directly help with social and economic participation. Learn more about Social and recreation supports and Work and study supports.

Other supports help you do activities like self-care, which indirectly help your economic and social participation.

Example

Sue is going to university next year. She has a vision impairment and has been working with her Guide Dog Mobility Instructor to decide if a Dog Guide is right for her. A Dog Guide can help her leave her home safely and independently, and travel to and from university.

A Dog Guide could also help her go out with friends and join in other community activities. As long as it meets the other funding criteria, we could fund a Dog Guide for Sue. It will help her with activities of daily living.

In Sue's case, a Dog Guide will also increase her social and economic participation. Having a Dog Guide will help her get to her university independently where she studies and also has lots of friends.

Is the support value for money?

All supports we fund under the NDIS need to be value for money. This means the cost of the support is reasonable when we consider the benefits of the support and the cost of other supports.

Making sure your supports are value for money is one of the ways we keep the NDIS financially sustainable. This means we make careful decisions about funding so that we make sure the NDIS exists for future generations. It's also one of our principles.[28]

When we decide if the support is value for money, we consider:

- if other supports would achieve the same result at a substantially lower cost.[29] This means there should be a real or material difference in cost
- if there's evidence that the support will substantially improve your life stage outcomes and benefit you in the long term[30]
- if the support will likely reduce the cost of other supports over time[31]
- how the cost compares to other supports of the same kind in your area[32]
- if the support will make you more independent and mean you won't need as many supports in the future. For example, in some situations home modifications may reduce the need for support in your home.

When we consider the likely cost of supports, we consider the cost over the long term. We consider if the support will help you achieve milestones at different ages or stages of your life and have long term benefits.

For example, some supports like home modifications may be expensive now, compared to other supports. But getting these supports now may mean you need much less support in a few years, or later in life. Or it may delay the need for other more costly supports.[33]

When determining if the cost of the support is value for money, we consider:

- the prices for NDIS supports in the NDIS Pricing Arrangements and Price Limits
- quotes for specific or high risk supports.

It's important we consider the cost of the support. This will be the level of funding we include in your plan, if we decide the support is reasonable and necessary.

When we fund equipment or modifications, we also need to consider:[34]

- how the cost of buying the equipment or modifications compares to the cost of renting them
- if it's appropriate to fund the equipment or modifications you want, based on your situation and any expected changes in technology.

Learn more about how we consider value for money when we fund assistive technology, home modifications and vehicle modifications.

Example

Elias needs a shower commode.

He got an assessment and sent us a quote for one that will suit his needs. As part of the process to work out if this meets the reasonable and necessary criteria, his planner considers other similar shower commodes.

There's another commode that's $5,000 cheaper than the one Elias has asked for. It won't meet Elias' needs, as it doesn't provide enough support for his back. That means, it won't achieve the same result as the one Elias has asked for.

Elias's planner finds a commode that's $1,000 cheaper. The planner contacts Elias's occupational therapist who confirms this commode will meet Elias' needs.

Elias' planner decides to fund the commode that's $1,000 cheaper. This has the same features and will have the same benefits for Elias at a substantially lower cost.

Is the support effective and beneficial?

We need to be satisfied that the support will be, or is likely to be, effective and beneficial, when we consider current good practice.

We need to work out if the support is likely to be both:

- **effective** – it will do what you need it to do[35]
- **beneficial** – the support will help you do things you can't otherwise do and meets your support needs.[36]

It can also be effective and beneficial if it will help you maintain your current level of functioning. That is, it will help you keep doing the things you can currently do. And it'll help you maintain your work, study and social life as much as you can.[37]

When we decide if a support is effective and beneficial, we look at what is current good practice. This means we look at if there is evidence that the support works for someone with similar disability support needs to you. We won't need an expert opinion or report for every support, because we can often rely on other evidence.

For example:

- We may have information already about whether the support is widely accepted to suit someone with your disability support needs.[38] For example, we could rely on academic research and other literature. This could include university studies on therapies that have been published and referred in academic journals, evidence-based practice resources, or clinical practice guidelines.

- If you or other participants have used the support before, we can consider your experience and the experience of your family members and carers.[39]

We may consider things we've learnt from other participants in the NDIS with similar support needs to you.[40] We know you're the expert in your own life, and we use your own experience as much as we can.

For example, we'll talk to you about any supports that have helped you do things you can't otherwise do. Or some supports may have helped maintain your ability to be as independent as possible.

If it's a new support such as new assistive technology, we might fund a trial. This is so we can learn from your experience of using the support to check if it's likely to do what you need it to.

Your evidence can be particularly useful when it's consistent with other evidence, or if we don't have expert evidence.

We'll look at the opinions held by the majority of experts and what they generally agree on.[41] Sometimes we'll have to seek expert opinion or report to make a decision.[42]

Example

Vivek is 12 and has a goal to improve his communication skills. He and his family want him to improve his social skills with the kids in his class.

When he was younger, Vivek's family tried speech therapy, and believe it really helped him improve his communication. His family told his planner about how it helped Vivek learn how to respond to different social settings.

Vivek's speech therapist also believes it could work well for him now and help him interact with his classmates.

When deciding if the therapy is effective and beneficial, Vivek's planner will consider:

- how speech therapy has helped Vivek in the past, including first-hand information from Vivek, his family members, and carers
- the reports or assessments from his speech therapist on the effectiveness and benefits of speech therapy for Vivek
- other information or expert evidence about the effectiveness and benefits of speech therapy, including for children of the same age, with the same disability and functional capacity.

Based on this information and evidence, Vivek's planner decides the speech therapy is effective and beneficial. If it meets the other funding criteria, we will be able to fund speech therapy in Vivek's plan.

Is the support something we would reasonably expect your informal supports, like family or friends, to provide?

We need to be satisfied that funding the support takes into account what is reasonable to expect families, carers, informal networks and the community to provide.[43]

To make sure we understand how disability supports might work for you, we consider:

- the things you're able to do for yourself
- any support you have from others in your network – including family members, relatives, friends and local community services.

When we fund supports under the NDIS, we need to consider if it's reasonable to expect your informal supports to provide that support. We can't fund supports that an ordinary person would think is reasonable to expect friends, family or the community to provide for you.[44]

Informal supports are the help and support you get from friends, family and the community. They are called 'informal' because you don't pay for them, and they're not part of a formal agreement. They're the usual things friends and family do for us, and with us.

Most of us get some kind of help and support from friends and family. In our society, we expect that friends, family and our community will support each other and help each other out when they need it.

A good example is families who have young children. In our community, we expect families will provide most of the support a young child needs.[45] They will care for the child, make sure they're safe and drive them around places.

Grandparents, uncles and aunties often have a role to play in supporting young children as well. Neighbours and friends might also help care for the child.

As a child gets older, our society's expectations of the role of the family and community in caring for the child changes. For example, we expect schools to provide a child's learning needs.

We also usually expect the role of family in providing personal care for a child would reduce as they get older and develop new skills and independence. But families are usually still responsible for things like food, emotional support, decision-making and providing a safe home.

It's a similar idea for adults. Our society expects that adults – like family, friends and neighbours – will provide some support to each other. This might be things like taking a friend with you to the football game or providing emotional support if someone is upset.

NDIS supports won't ever replace the support people like your friends and family provide to you. This support is given freely because people care and is often quite different to supports bought with NDIS funding.

You have a special bond with your friends and family that's different from your relationship with paid carers. And there are potential risks and problems for you if your friends and families become your paid carers.

We also must consider the benefits you may get from your informal supports. For example, your family and friends may be better at helping you meet other people, or helping to build your social skills, than paid supports.

We consider if we can help these relationships so that you get the support you need.[46] For example, we may be able to fund training for your informal supports, so they can help you build your skills.

We also think about the capacity of your informal supports to continue caring for you, for example if they're ageing or sick.

There are different things the law for the NDIS says we need to consider for adults and children.

If you're under 18, we consider what support is reasonable to expect parents to provide at your age. It's normal for parents to provide substantial care and support for children.[47] We consider that it's usual for parents to provide almost all the care and support that young children need.

For example, it's reasonable to expect parents or other family members to provide transport to and from their child's after-school activities. Of course, the amount of care and support for a child without a disability would typically reduce as they get older.

For children under 18, we consider:

- if your needs are substantially greater because of your disability, compared to other children the same age.[48] This means you need much more disability support
- any risks to the wellbeing of people providing informal support to you[49]
- if including funding for the support will help build your skills and capacity in the future or reduce any risks to you.[50]

For example, we consider any health, safety or other impacts resulting from what's involved in meeting your disability support needs.

If you're over 18, we consider:

- if there are any risks to you or your informal supports if you rely on them to provide the support you need[51]

- how much your informal supports would help improve or reduce your independence and other outcomes.[52]

We also consider the suitability of informal supports to provide the supports you need,[53] including:

- how old your carers are and their capacity to provide the support[54]
- if other family members and the community can help your informal supports in their caring role[55]
- the intensity and type of support you need, and if it's appropriate for your informal supports to provide this, based on their age and gender[56]
- any long-term risks to the wellbeing of your informal supports.[57]

When we consider the risks for people over 18, we consider if the supports are sustainable for your informal supports. We consider the health, safety and other impacts on family and carers in the long term.

For example, we wouldn't expect a child to have their schooling affected because they need to provide care. We also wouldn't expect an elderly parent to be responsible for physical activities, if it may result in injury.[58]

We generally don't fund family members to provide supports funded under the NDIS. There are very limited situations where we can consider this.

Learn more about Sustaining informal supports.

Example 1

Simon is getting his first plan. For the last 15 years, Simon and his wife Jan's preference was that Jan provide all the physical support he needs at home, such as toileting, showering and dressing.

But as Jan is getting older, it's not safe for her to do this. It's becoming risky for both Jan and Simon to keep providing this support informally.

Jan and Simon think it might be best for someone else to provide the personal care support that Simon needs. Their children have moved out of home, and it's not reasonable to expect them to help Simon with personal care.

Based on this information and other evidence, Simon's planner decides that the personal care support meets this criteria. It takes into account what is reasonable for his family and others to provide. If the personal care support meets the other funding criteria, we may fund the personal care support for Simon.

Simon and Jan still prefer Jan to do the other support Simon needs though, such as helping Simon eat his meals. At this time, we wouldn't fund a support worker in Simon's plan to help him eat his meals. It's reasonable to expect Jan to help Simon with this, because it's what they want to do and it's not a safety risk for Jan or Simon.

Example 2

Qing is 14 and wants to join a local chess club. Like most 14-year-olds in this situation, she needs someone to drop her off and pick her up from the mid-week and weekend gatherings.

But unlike most 14-year-olds, she needs someone to help her get dressed before she can go to the chess club. Her parents have been doing this, but as Qing is getting older, she no longer wants her family to help her get dressed.

It's reasonable to expect her family or other informal supports to drop Qing to and from the match and training sessions. So, we wouldn't fund transport in Qing's plan.

But at age 14, it's not reasonable to expect her family to help her get dressed.

Based on this information and other evidence, Qing's planner finds that the personal care support considers what is reasonable for family and others to provide. If it meets the other funding criteria, we may fund personal care support in her plan.

Is the support an NDIS support for you?

A support will only be an NDIS support for you if either:

- the Rules say that the support is a NDIS support for everyone, or
- the Rules say that the support is only for a specific group of people, and you are part of that group.[59]

NDIS supports are the services, items, and equipment that can be funded under the NDIS.

Remember, we can only fund a support if it is:

- an NDIS support for you
- necessary for your disability.[60]

Go to NDIS supports to find more information on what is and isn't an NDIS support.

Example

Max has a spinal cord injury and uses a manual wheelchair to move around. His home has a carport at the front. The path from the carport to the front door is too narrow for his wheelchair and the uneven ground makes it unsafe for him to use his wheelchair on his own.

In Max's planning meeting, he requests the installation of a pathway from the carport to the front door to enable safe access to his home.

Max's planner checks that the home modifications are an NDIS support.

Because Max needs a pathway to access his house safely, the planner decides that the home modifications are an NDIS support.

What types of supports can't be funded or provided under the NDIS?

Under the law for the NDIS, there are things we can't fund or provide.[61] We can't fund goods and services that are not NDIS supports.[62] For example, we can't fund or provide supports that:

- consist of sexual services and sex work, alcohol, or drugs[63]
- are not legal[64]
- are income replacement[65]
- are likely to cause harm to you, or pose a risk to other people[66]
- relate to a 'day-to-day living cost', like groceries, rent or utilities[67]
- duplicate other supports provided by the NDIS under alternative funding[68]
- include tickets to events or the cost of going on a holiday.[69]

For more information on what we can't fund, go to NDIS supports.

What else do you need to know about deciding if supports meet the NDIS funding criteria?

From our experience, we learned there are some common misunderstandings about how we work out what supports meet the NDIS funding criteria.

Why don't we always fund what your health professionals recommend?

Although we take expert opinions into account, we can't and don't always fund everything your health professional might recommend. This is because every support we fund needs to meet all the NDIS funding criteria.

For example, your therapist might recommend a piece of equipment on the basis that it will be 'effective and beneficial' for you. But if there is something cheaper that will achieve the same outcome, we won't be able to fund what the therapist recommended.

This is because it may not be value for money. We may be able to fund the cheaper option instead if it meets all the NDIS funding criteria.

Why don't we fund the same supports as your last plan?

We might fund different supports in your next plan. This is because we will fund supports in your plan based on how we use the NDIS funding criteria at that point in time.

Your needs and situation will most likely change over time. This means it's likely your NDIS supports and needs for those supports will change over time.

For example, we may have funded supports to help you build your skills in a particular area. Once you have built those skills, you won't need funding for that anymore. So, we probably won't include that funding for those supports in your next plan.

Supports to build your skills may have met the NDIS funding criteria before, but the same supports might not meet the criteria in the future.

Or your disability support needs might increase or decrease over time. This may mean we consider funding more or less supports as a result.

What else do we consider when deciding what to include in your plan?

As far as possible, we have to act according to principles set out in the law for the NDIS.[70] These principles guide us when we make decisions about what we can fund.

These principles don't override or replace the NDIS funding criteria under the law for the NDIS. They can help us apply the funding criteria, by giving us more guidance when we decide what supports to approve in your plan.

The principles include the following:

- You have the same right as other Australians to realise your potential for physical, social, emotional, and intellectual development.[71]
- You should be supported to take part in and contribute to social and economic life.[72]
- You should be supported to make choices about planning and how your supports will be delivered. This includes taking reasonable risks, so you can pursue your goals.[73]
- You have the same right as other Australians to decide your own best interests. You have the right to be an equal partner in decisions that affect your life.[74]
- Your privacy and dignity should be respected.[75]
- We must make sure the NDIS is financially sustainable.[76]

The principles also tell us that the reasonable and necessary supports we fund should:[77]

- support you to pursue your goals and maximise your independence
- support you to live independently and to be included in the community as a fully participating citizen
- develop and support your capacity to do things that help you participate in the community and employment.

Just because a support helps you do these things doesn't mean we'll fund it in your plan. All supports we fund need to meet all the NDIS funding criteria.

We consider these principles set out in the law for the NDIS, along with the principles we follow to create your plan.

How do we think about an ordinary life when deciding what supports to include in your plan?

To help guide us in our decision-making about reasonable and necessary supports, we took advice from the NDIS Independent Advisory Council (The Council).

The Council represents people with disability and carers, bringing their own lived experience and expertise of disability. They give us advice on how the NDIS should work.

The Council advised us that all Australians, including people with disability, should have an 'ordinary life'. They also told us we should think about the idea of an ordinary life when we apply our principles and use the NDIS funding criteria.

An ordinary life is a life where you have the same opportunities as people without a disability. An ordinary life is one that is typical or usual for everyone in modern day Australia. It's a life where you can pursue your potential and participate in society on an equal basis with others.

An ordinary life will be different for different people. We are all different and come from different cultures and backgrounds. We each have our own values, experiences, beliefs, and goals.

But there are some common things that can improve the quality of our lives and help us participate equally. These are the things, such as the following, that make up an ordinary life:

- Positive relationships with families and informal support networks.
- Individual autonomy. This means being free and independent, and having the same opportunities as people without disability.
- Active involvement in decision-making including the ability to make meaningful decisions, and exercise choice and control.
- Using your strengths in ways that provide a challenge and enjoyment.
- A sense of belonging to our families, friendship networks, communities, workplaces and society.
- Active involvement and contribution to society and your community.

An 'ordinary life' in the context of the NDIS involves supporting you to:

- have and maintain good relationships
- belong and participate in your community

- be involved in making choices about your own life.

One way we can help you have an ordinary life is to support you to access mainstream, community, or informal supports wherever possible. These are the usual supports that everyone in the community uses.

When we fund reasonable and necessary supports under the NDIS, we need to make sure they meet the NDIS funding criteria.

When we apply the NDIS funding criteria and make decisions about reasonable and necessary supports, we're guided by the principles in the law for the NDIS. We also consider how the supports will best help you to live an ordinary life.

What other services or systems are responsible for providing supports?

We have to be satisfied that the support is considered an NDIS support which means the support is something that can be funded or provided through the NDIS. Some supports are not considered an NDIS support because they're more appropriately funded or provided through:

- other service systems or supports offered by a person, agency or body (like a State or Territory Statutory Scheme)
- services or supports offered as part of a universal service obligation (like the health or education system)
- services or supports offered in line with reasonable adjustments required under discrimination laws (like your employer, or the health or education system).[78]

We won't fund the support if the support should be provided by someone else, even if the other service system doesn't actually provide it. We don't make up for other organisations and systems that don't provide the supports they should.

The list of goods and services that are not NDIS supports includes supports that are considered the responsibility of service systems such as:

- Health
- Mental health
- Child protection and family support
- Early childhood development
- School education
- Higher education and vocational education and training
- Employment

- Housing and community infrastructure
- Transport
- Justice.

For more information, go to Mainstream and community supports.

How does the NDIS work with other government services?

We call supports provided by other government services, including those provided as part of a universal service obligation, 'mainstream supports'. When we talk about mainstream supports, we mean supports available to everyone in your state or territory, or across Australia, regardless of if you have a disability.

This includes services provided by state and federal governments, related to health care, education and mental health services.

You have the same right as all Australians to access these services. There are certain things that mainstream services have to do to make their services accessible for people with disability. Using mainstream supports can also help you be part of your community, or to work or study.

When we fund NDIS supports, we won't fund supports that are not considered NDIS supports because the support is more appropriately funded or provided by a mainstream service or system, such as the education system or health system.[79] Under the law for the NDIS, we can't fund supports that should be provided by a mainstream service.

The Australian federal, state and territory governments agreed on responsibilities for funding different types of supports. The law for the NDIS has an outline of funding responsibilities and were developed with the agreement of each State and Territory.[80]

Learn more about who is responsible for the supports you need.

What is reasonable adjustment and why is it important?

People with a disability can sometimes face barriers that make it harder to do the same things as people who don't have a disability. For example, it might be harder to find and keep a job. Or it might be harder to get in and around places, or to get the same services as other people.

It's against the law to discriminate against people with a disability in many areas.[81] This includes in employment, when providing goods and services, and when accessing public places.

This means organisations or people who are responsible for providing these services have to make what are called 'reasonable adjustments'. They have to make sure people with a disability have equal access to the services they provide, as far as is reasonable.

They have to do reasonable things that will make their services equally available to everyone, whether or not you have a disability.

Reasonable adjustments do not mean they have to provide everything you need because of your disability. It means they have to do what's reasonable to make sure you have equal access to employment, public spaces or services. This takes into account what they can afford to do and what is reasonable to expect them to provide in the circumstances.

When we decide what supports to include in your plan, we need to consider what should be provided through reasonable adjustments. Under the law for the NDIS, we can't fund a support if it should be provided by someone else through reasonable adjustments.

What about in-kind supports?

We agreed that state and territory governments will keep providing some supports for a period of time. We call these 'in-kind supports'.

If we fund in-kind supports like specialist school transport or personal care in schools, you will need to use state or territory government providers for these supports. These supports are most efficiently and effectively provided by state and territory government providers.[82] Learn more about Work and study supports.

For most other in-kind supports, you can choose your provider if you don't want to use your in-kind provider anymore. We can let you choose another provider if we consider that the support isn't most effectively and efficiently provided by the in-kind provider.

We usually let you choose another provider if:

- another provider can give you the same support or level of support as the in-kind provider
- the supports with the new provider still meet the NDIS funding criteria, including that they're value for money compared to the in-kind support
- there are no serious risks with changing providers.

Learn more about in-kind supports.

How do we include the reasonable and necessary supports in your plan?

Once we've identified the supports, and decided they meet the NDIS funding criteria, we can include the description and funding for the NDIS support in your plan.

If the support doesn't meet the NDIS funding criteria, we can't include the support in your plan. We may consider if a differently described support meets the NDIS funding criteria instead.

When we approve your plan, we'll also make sure all your supports are reasonable and necessary when considered as a package of supports.[83]

Sometimes you might not need any supports under the NDIS. For example, your informal supports may meet all your disability support needs. If so, we'll approve a plan with no funded supports.

Learn more about how we create and approve your plan.

Learn more about using the funding in your plan.

Learn more about changing your plan.

What happens if we don't include the supports you want?

If we decide a support doesn't meet the NDIS funding criteria, we can't include the support in your plan. Also, if the amount of support you want doesn't meet the criteria, we can't include that amount in your plan.

But, we're committed to our principles and helping you live an ordinary life. Even if we can't fund a particular support, we may still be able to help.

If the support doesn't meet the NDIS funding criteria, we can consider if a different support meets the NDIS funding criteria. We might be able to consider describing the support differently or funding a different type of support.

Or we may be able to connect you to mainstream or community supports that can help. Mainstream and community supports are available to everyone. They can be a good way to connect with your local community, learn new skills and gain independence.

There are lots of ways we might be able to help, so talk to us if you're in this situation. We can do this at any time. We may be able to help before we approve your plan.

We'll give you the reasons for our decision to approve your plan in writing.[84] You can contact us if you'd like more detail about the reasons for our decision.

What happens if I want to replace a support for something else?

We fund NDIS supports in your plan. NDIS laws set out what we can and can't fund.[85]

Sometimes, we may agree that you can spend your funding on supports that are not NDIS supports. We call this a 'replacement support'. Go to Your plan for more information. For more information about replacement supports, go to NDIS supports.

What if you don't agree with our decision?

If we decide the supports you requested don't meet our NDIS funding criteria, we can't include them in your plan.

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 Budget Breakdown.

We'll give you written reasons why we made the decision. You can contact us if you'd like more detail about the reasons for our decision.

If you don't agree with a decision we make about what supports to include in your plan, you can ask for an internal review of our decision.[86]

You'll need to ask for an internal review within 3 months of getting your plan.[87]

Learn more about reviewing our decisions.

Reference List

[1] NDIS Act s 34(1)(aa).
[2] NDIS Act and delegated legislation made under the NDIS Act, especially NDIS (Supports for Participants) Rules and NDIS (Plan Management) Rules.
[3] NDIS Act s 34 (1)(aa); NDIS (Supports for Participants) Rules r 5.1(b).
[4] NDIS Act ss 33(2)(a), 33(2)(b), 33(5)(c), 34.
[5] NDIS Act ss 13, 33(2)(a).
[6] NDIS Act s 34 (1).
[7] NDIS Act s 10.
[8] NDIS Act and delegated legislation made under the NDIS Act, especially NDIS (Supports for Participants) Rules and NDIS (Plan Management) Rules.
[9] NDIS (Supports for Participants) Rules r 2.4; NDIS Act s 33(5)(c).
[10] NDIS Act s 34(1)(f).
[11] NDIS Act ss 33(5)(d), 35(1)(b); NDIS (Supports for Participants) Rules pt 5.
[12] NDIS Act ss 33(5)(c), 34(1).
[13] NDIS Act s 34(1)(aa); NDIS (Supports for Participants) Rules r 5.1(b).
[14] NDIS Act s 34(1)(a).
[15] NDIS Act s 34(1)(b).
[16] NDIS Act s 34(1)(c).
[17] NDIS Act s 34(1)(d).
[18] NDIS (Supports for Participants) Rules r 3.2(a).
[19] NDIS Act s 34(1)(e).
[20] NDIS Act s 34(1)(f).
[21] NDIS (Supports for Participants) Rules pts 3, 4.
[22] NDIS (Supports for Participants) Rules r 5.1(b), NDIS Act s 34(1)(aa).
[23] NDIS Act s 34(1)(a).
[24] *McGarrigle v National Disability Insurance Agency* (2017) 252 FCR 121 at [91].
[25] NDIS Act s 34(1)(a).
[26] NDIS (Supports for Participants) Rules r 5.1(d).
[27] NDIS Act s 34(1)(b).
[28] NDIS Act ss 3(3)(b), 4(17).
[29] NDIS (Supports for Participants) Rules r 3.1(a).
[30] NDIS (Supports for Participants) Rules r 3.1(b).
[31] NDIS (Supports for Participants) Rules r 3.1(c).
[32] NDIS (Supports for Participants) Rules r 3.1(e).
[33] NDIS (Supports for Participants) Rules r 3.1(c).
[34] NDIS (Supports for Participants) Rules r 3.1(d).
[35] McCutcheon and NDIA [2015] AATA 624 at [34].

[36] McCutcheon and NDIA [2015] AATA 624 at [34].
[37] McCutcheon and NDIA [2015] AATA 624.
[38] NDIS (Supports for Participants) Rules r 3.2(a).
[39] NDIS (Supports for Participants) Rules r 3.2(b).
[40] NDIS (Supports for Participants) Rules r 3.2(c).
[41] NDIS (Supports for Participants) Rules r 3.3.
[42] NDIS (Supports for Participants) Rules r 3.3.
[43] NDIS Act s 34(1)(e).
[44] NDIS Act s 34(1)(e).
[45] NDIS (Supports for Participants) Rules r 3.4(a)(i).
[46] NDIS (Supports for Participants) Rules r 3.4(c).
[47] NDIS (Supports for Participants) Rules r 3.4(a)(i).
[48] NDIS (Supports for Participants) Rules r 3.4(a)(ii); JQJT and National Disability Insurance Agency [2016] AATA 478 at [39].
[49] NDIS (Supports for Participants) Rules r 3.4(a)(iii).
[50] NDIS (Supports for Participants) Rules r 3.4(a)(iv).
[51] NDIS (Supports for Participants) Rules rr 3.4(b)(i), (ii).
[52] NDIS (Supports for Participants) Rules r 3.4(b)(iii).
[53] NDIS (Supports for Participants) Rules r 3.4(b)(ii).
[54] NDIS (Supports for Participants) Rules r 3.4(b)(ii).
[55] NDIS (Supports for Participants) Rules r 3.4(b)(ii)(A).
[56] NDIS (Supports for Participants) Rules r 3.4(b)(ii)(B).
[57] NDIS (Supports for Participants) Rules r 3.4(b)(ii)(C).
[58] NDIS (Supports for Participants) Rules r 3.4(b)(ii)(C).
[59] NDIS Act s 34(1)(f).
[60] NDIS (Supports for Participants) Rules r 5.1(b), NDIS Act s 34(1)(aa).
[61] NDIS (Supports for Participants) Rules r 5.
[62] NDIS Act s 10.
[63] NDIS Act s 10.
[64] NDIS Act s 10.
[65] NDIS Act s 10.
[66] NDIS Act s 10.
[67] NDIS Act s 10.
[68] NDIS Act ss 33(5)(d), 35(1)(a); NDIS (Supports for Participants) Rules r 5.1(c).
[69] NDIS Act s 10.
[70] NDIS Act ss 4, 31.
[71] NDIS Act s 4(1).
[72] NDIS Act s 4(2).
[73] NDIS Act s 4(4).
[74] NDIS Act s 4(8).
[75] NDIS Act s 4(10).
[76] NDIS Act s 4(17).
[77] NDIS Act s 4(11).
[78] NDIS Act s 34(1)(f).
[79] S10(b1) -(3).
[80] NDIS (Supports for Participants) Rules rr 3.5-3.7, Schedule 1; NDIS Act ss 209(4), (8) item 1.
[81] Disability Discrimination Act 1992 (Cth); Discrimination Act 1991 (ACT); Anti-Discrimination Act 1977 (NSW); Anti-Discrimination Act 1996 (NT); Anti-Discrimination Act 1991 (Qld); Equal Opportunity Act 1984 (SA); Anti-Discrimination Act 1998 (Tas); Equal Opportunity Act 2010 (Vic); Equal Opportunity Act 1984 (WA).
[82] NDIS (Plan Management) Rules r 6.6.
[83] NDIS Act s 33(5)(c).
[84] NDIS Act s100(1).
[85] NDIS Act s 10.
[86] NDIS Act s 100.
[87] NDIS Act s 100(2).

Creating your plan

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

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

Note:

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

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

What's in this guideline?

This guideline covers:

- How long will your plan go for?
- When will we approve your plan?
- What happens once you have your plan?

You may also be interested in:

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

What is an NDIS plan?

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

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

Your plan will include:

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

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

How do we create your plan?

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

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

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

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

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

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

What information do we look at?

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

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

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

We also look at:

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

We use the information you give us as evidence to help us decide what NDIS supports to include in your plan. We use this evidence to create your plan with you. Sometimes we may ask for more evidence to consider funding an NDIS support. We may not be able to fund an NDIS support if we don't have enough evidence to support including it.

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

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

We'll keep your personal information safe and secure.

Learn more about what evidence you need to give us before we create or change your plan.

How do you set the goals in your NDIS plan?

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

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

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

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

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

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

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

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

Who can help you set your goals?

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

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

- what your goals will look like for you

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

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

Learn more about setting your goals.

Will we always fund supports for your goals?

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

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

- setting more and bigger goals doesn't mean we'll provide more NDIS supports or more funding
- setting a goal doesn't mean we have an obligation to fund NDIS supports that help you pursue that goal
- setting a goal about an explicit type or amount of support you might want doesn't mean we have to fund that support or in that amount.

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

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

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

Learn more about how we consider your goals when we decide what NDIS supports to include in your plan.

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

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

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

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

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

For example:

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

Some of these risks might affect:

- the NDIS supports in your plan
- who manages your NDIS funding

- how we include the funding in your plan.

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

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

For example, we could:

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

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

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

We'll create a plan that will:[14]

- be personalised and guided by you
- respect the role of family, carers and other people who are important to you
- look at the support your friends and family provide, and the support services available to everyone in the community
- respect your right to have control over your life and make your own choices

- help you participate in the community, and help you study or find and keep a job, if you want to
- focus on choice and flexibility when it comes to your goals, needs and your supports
- build the capacity of families, carers, and your community to support you, where appropriate
- support you to manage any risks that may have been identified in discussions with you.

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

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

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

You can also read about the principles we follow to create your plan.

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

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

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

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

- it's related to your disability[18]
- it's an NDIS support.[19]

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

What are informal, community and mainstream supports?

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

- **informal supports** like your friends, family, or other people you know in your community. They can sometimes be your best supports. They know you and can often help in ways other supports can't

- **community supports** that are open to everyone in the community, like sporting clubs, activity groups or libraries. They offer a wide range of services that may help with your disability support needs. They are often a great way to get involved in your local community, meet new people, and learn new skills
- **mainstream supports** which are other government services such as employment, education, health, and family support services. They are available to everyone, including people without disability. There are many ways they can help you. For example, they can help you learn new skills or how to live as independently as possible.

How do we include your NDIS supports in your plan?

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

We'll describe each NDIS support in the funding component. Learn more about funding components.

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

- **Core supports**

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

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

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

- **Capacity building supports**

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

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

Learn more about capacity building supports in Our Guideline – Therapy supports.

- **Capital supports**

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

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

- **Recurring supports**

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

Learn more about the support budgets and support categories in your plan.

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

Learn more about flexible and stated NDIS supports in How do we describe the supports in your plan?

How do we include the NDIS funding in your plan?

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

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

What is your total funding amount?

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

We develop the total plan funding amount by using the information you gave us and the NDIS funding criteria.

For each reasonable and necessary support, we look at:

- if you share this support with anyone

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

The NDIS Pricing Schedule sets out information about what we consider to be the appropriate and reasonable maximum prices for all NDIS supports.

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

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

What are funding component amounts?

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

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

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

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

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

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

What are funding periods?

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

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

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

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

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

Your plan will show:

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

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

Example

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

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

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

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

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

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

Learn more about how to use your funding in Our Guideline – Your plan.

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

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

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

We also think about if:[23]

- you're unlikely to spend your funding on NDIS supports and in line with your plan
- you are at risk of experiencing fraud or financial exploitation
- you are at risk of experiencing physical, mental or financial harm because of the length of your funding periods
- you, your plan nominee or child representative are currently insolvent under administration
- you've overspent your funding in previous plans
- a payment for a support is more than the amount you have in your plan for the funding period
- you've asked several times for a change to your plan but haven't given us information about a change in your support needs
- you haven't spent your funding on NDIS supports and in line with your plan in previous plans.

For most supports, funding periods will generally go for 3 months.

They may be longer if:

- you tell us you'd like longer funding periods
- you need longer funding periods to meet your specific disability support needs. For example, if you have a degenerative condition where your support needs are uncertain
- your plan has a total funding amount of less than $15,000 each year. In this case, funding periods will generally go for 6 months
- you've previously spent your funding on NDIS supports and in line with your plan
- we don't think there is a risk to you
- you're likely to spend your funding on NDIS supports and in line with your plan.

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

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

If you prefer, you can tell us you'd like shorter funding periods for your other supports.

Funding periods may also go for 1 month if:[24]

- you, your plan nominee or child representative are currently insolvent under administration
- you've overspent your funding in previous plans
- you haven't spent your funding on NDIS supports and in line with your plan in previous plans
- you've asked several times for a change to your plan but haven't given us information about a change in your support needs.

Funding will generally be spread evenly across the funding periods in your plan. For some supports, like behaviour supports, you may need more funding to set up the support at the start. So, to help with this, you'll get more funding in the first funding period of your plan and less in the later ones. Learn more in When will you get your funding?

When will you get your funding?

We want to make sure you have funding to pay for supports over the whole length of your plan. If you have 3-month funding periods and your plan goes for 12 months, you will generally get 25% of your funding at the start of each funding period.

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

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

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

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

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

- behaviour support. For example, if you need funding to work with your behaviour support practitioner to develop a behaviour support plan
- if you have changing support needs
- if you have a change of situation, like being discharged from hospital
- if you need intensive capacity building supports for a time
- to cover set-up costs for your first plan
- to bulk buy consumables, like continence products.

What are your options for managing your funding?

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

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

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

There are different benefits for each plan management option.

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

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

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

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

- buying the NDIS supports as described in your plan, including paying GST related to those supports. This means paying for NDIS supports in your plan:
    - in line with the funding periods[28]
    - within the total funding amount and funding component amounts[29]
- receiving and managing your NDIS funding, including paying for NDIS supports on time
- keeping track of what you buy with your funding, including keeping receipts and invoices.

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

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

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

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

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

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

Your plan will say who manages your NDIS funding.[30]

Learn more about ways to manage the funding in your plan.

What does it mean to self-manage your funding?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Self-management and NDIS registered providers

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

- specialist disability accommodation
- supported independent living
- behaviour support
- supports where the use of restrictive practices occurs or is likely to occur
- NDIS digital platforms (previously called platform providers).

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

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

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

When can't you self-manage your funding?

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

- you, your nominee or child representative are currently bankrupt or insolvent under administration[32]
- you or your nominee have been convicted of an offence punishable by 2 or more years in prison[33]
- you or your nominee have been convicted of an offence involving fraud or dishonesty.[34]

Or if we think that:

- you, your plan nominee or child representative are unlikely to spend your funding only on NDIS supports and in line with your plan[35]
- there's an unreasonable risk to you if you, your nominee or child representative self-manage your funding.[36]

Are you bankrupt or insolvent?

You can't manage your NDIS funding if you're currently insolvent under administration.[37] Your plan nominee or child representative also can't manage your funding if they're insolvent under administration.[38]

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

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

- are currently bankrupt – contact the Australian Financial Security Authority if you're not sure
- have property under the control of people you owe money to.[39] For example, your bank or the Australian Financial Security Authority
- have a personal insolvency agreement to repay money you owe, and you haven't followed the agreement[40]
- have a debt agreement to repay money you owe.[41]

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

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

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

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

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

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

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

What if you have a plan nominee or child representative?

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

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

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

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

Or if we think:

- they're unlikely to spend your funding on only NDIS supports and in line with your plan[46]
- it presents an unreasonable risk to you[47]
- any business or other interests might affect how they manage your money.

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

- they've been convicted of an offence punishable by 2 or more years in prison[48]

- they've been convicted of an offence involving fraud or dishonesty.[49]

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

Learn more about unreasonable risks and spending funding on NDIS supports and in line with your plan.

Learn more about nominees or child representatives.

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

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

A plan manager can help you:

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

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

The NDIS Pricing Schedule sets out information about what we consider to be the appropriate and reasonable maximum prices for all NDIS supports.

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

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

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

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

- it would be an unreasonable risk to you[51]

- they're unlikely to spend your funding on supports that are only NDIS supports[52]
- they're unlikely to spend funding in line with your plan.[53]

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

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

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

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

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

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

For more information about appropriate and reasonable maximum prices, go to Pricing arrangements.

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

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

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

How do we decide who manages your funding?

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

You can also ask your friends or family for advice.

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

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

We'll agree to your request, unless:[59]

- you want to self-manage the funding but that would be an unreasonable risk to you[60]
- you already have a plan nominee, in which case we'll talk to your nominee about your plan management options
- your plan nominee or child representative want to self-manage your funding but that would be an unreasonable risk to you[61]
- you want to self-manage the funding but you, or your plan nominee or child representative, are bankrupt or insolvent under administration[62]
- you want a registered plan manager to manage your funding but that would be an unreasonable risk to you[63]
- you, your plan manager, nominee or child representative are unlikely to spend your funding on only NDIS supports and in line with your plan[64]
- you or your nominee have been convicted of an offence punishable by 2 or more years in prison[65]
- you or your nominee have been convicted of an offence involving fraud or dishonesty[66]
- it's for in-kind supports, or cross-billing payments for younger people in residential aged care.

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

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

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

Learn more about requesting a review of decisions we make.

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

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

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

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

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

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

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

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

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

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

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

- not using all your funds in a previous plan
- a period of bankruptcy that has now ended.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- the type of impairments you have, but we do look at how your impairments may affect how you manage your funding
- the amount of funding in your plan
- if you haven't used all your funds in a previous plan.

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

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

Learn more about the supports and strategies we can use to reduce risk.

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

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

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

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

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

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

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

- denying you food as 'punishment'
- threatening to harm you
- abandoning you by denying support permanently
- consistently not letting you go out and do activities
- secluding or restraining you.

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

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

- you being financially exploited[77]

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

Learn more about how we identify, think about and manage risks in our Participant Safeguarding Policy.

What supports or strategies can we use to reduce risks?

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

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

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

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

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

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

- giving you a plan with a shorter length of time or shorter funding periods[80]
- having regular check-ins with you

- stating how a support in your plan needs to be purchased. For example, there might be only a few providers who can safely provide a specialised support.

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

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

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

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

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

- part or all of your plan should be managed by a registered plan manager
- part or all of your plan should be Agency-managed.

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

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

How long will your plan go for?

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

We think about how long you want your plan to go for. We also think about your situation and what plan length will best meet your needs.

If your living and support needs are stable and not likely to change significantly

Your plan will generally go for:

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

With a longer plan:

- you can plan ahead, access supports that meet your needs now, while also working towards your goals over time. This is because you know you have funding for a longer time
- it will generally be a longer time before your next plan reassessment, which should mean a smoother experience for you, your family and providers as we won't need to meet with you about your plan as much, unless you want to.

Longer plans give you more stability by giving you certainty about your funding over a longer period of time.

We may check in with you during your plan to make sure you have the supports you need to work towards your goals.

If your circumstances change during your plan, and you need more or different supports, you can contact us. We'll talk to you about whether your plan can be used flexibly to continue to meet your needs or if we need to make changes.

If you need a shorter plan

We know that shorter plans are needed in some situations.

Participants younger than 9

These plans will generally go for one year if:

- participants have early intervention supports, and we expect they'll work for them. This means that they won't generally need NDIS supports long term, after early intervention supports have finished
- participants are 5 or older with developmental delay. This is because after they turn 6 we'll need to do an eligibility reassessment to decide if they continue to meet the eligibility criteria to be a participant
- participants are younger than 7, have met access under the hearing stream pathway, and it's their first plan

- participants have intensive capacity building supports. This is so we can look at how the intensive supports are working
- participants have a positive behaviour support plan with restrictive practices.

Participants aged 9 and over

Your plan will generally go for 2 years if:

- you have early intervention supports and we expect they'll work for you. This means you won't generally need NDIS supports after early intervention supports have finished. We may check in with you during your plan. We may also need to check your eligibility to make sure you continue to meet the eligibility criteria to be a participant. You'll have time to give us more information if you feel you still need NDIS supports.
- you have a degenerative condition, like motor neurone disease or muscular dystrophy, or a terminal illness and disability. This is because we expect your needs to change. This doesn't include younger people in residential aged care.

Your plan will generally go for one year if:

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

Your plan length may be different if:

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

All participants

Your plan length may be different if:

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

If you're not happy with how long your plan goes for, or your circumstances change so you need a different plan length, you can ask us to change your plan. Learn more in Can you change your plan?[81]

When will we approve your plan?

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

We aim to approve your first plan within **56 days** after you become a participant.

What happens once you have your plan?

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

You can also find it on the my NDIS portal and my NDIS app as soon as we approve it.

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

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

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

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

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

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

Learn more about what happens once you have your plan in Our Guideline – Your Plan.

Can you change your plan?

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

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

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

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

Learn more in Our Guideline – Changing your plan.

What if you don't agree with your plan?

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

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

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

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

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

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

Learn more about reviewing our decisions.

Reference list

[1] NDIS Act s 33(1).
[2] NDIS Act s 34(1)(aa); NDIS (Supports for Participants) Rules r 5.1(b).
[3] NDIS Act s 34(1)(aa); NDIS (Supports for Participants) Rules r 5.1(b).
[4] NDIS Act s 34(1)(aa); NDIS (Supports for Participants) Rules r 5.1(b).
[5] NDIS Act s 33(8).
[6] NDIS Act s 46.
[7] NDIS Act s 34(1)(a).
[8] NDIS Act s 10.
[9] NDIS Act s 4(4).
[10] NDIS Act s 4(4).
[11] NDIS Act s 118(1)(a)(v).
[12] NDIS Act s 44(1)(b)(i).
[13] NDIS Act s 44; NDIS (Supports for Participants) Rules r 5.1(a).
[14] NDIS Act s 31.
[15] NDIS Act s 32(2).
[16] NDIS Act s 10.
[17] NDIS Act s 34(1)(a).
[18] NDIS Act s 34(1)(aa); NDIS (Supports for Participants) Rules r 5.1(b).
[19] NDIS Act s 34(1)(f).
[20] NDIS Act s 33.
[21] NDIS (Old Framework Plans) Determination 2024 s 5(2).
[22] NDIS (Old Framework Plans) Determination 2024 s 7(2).
[23] NDIS (Old Framework Plans) Determination 2024 s 7(2).
[24] NDIS (Old Framework Plans) Determination 2024 s 7(2).
[25] NDIS Act s 42(2).
[26] NDIS Act s 46.
[27] NDIS Act s 42(1).
[28] NDIS Act s 46.
[29] NDIS Act s 46.
[30] NDIS Act ss 33(2)(d), 42(2).
[31] NDIS Act ss 33, 46.
[32] NDIS Act ss 44(1)(a), 44(2A)(a), 74(4)(a).
[33] NDIS Act ss 44(1)(aa)(i), 44(2A)(aa)(i).
[34] NDIS Act ss 44(1)(aa)(ii), 44(2A)(aa)(ii).
[35] NDIS Act ss 44(1)(c), 44(2A)(c), 74(4)(b)(iii).
[36] NDIS Act ss 44(1)(b)(i), 44(2A)(b), 74(4)(b)(i).
[37] NDIS Act s 43(3)(c).
[38] NDIS Act ss 43(6)(d), 74(4)(a).
[39] Bankruptcy Act 1966 (Cth) s 50, pt X div 2.
[40] Bankruptcy Act 1966 (Cth) pt X.
[41] Bankruptcy Act 1966 (Cth) pt IX.
[42] Corporations Act 2001 s 9.
[43] NDIS Act s 44(1)(aa)(i-ii), 44(2A)(aa)(i-ii).
[44] NDIS Act s 80(1); NDIS (Nominees) Rules rr 5.3-5.6.
[45] NDIS Act ss 44(2A)(a), 74(4)(a).
[46] NDIS Act ss 44(5), 74(4)(b)(iii).
[47] NDIS Act s 44(3), 74(4)(b)(i).
[48] NDIS Act s 44(2A)(aa)(i).
[49] NDIS Act s 44(2A)(aa)(ii).

[50] NDIS (Management of Funding and Plan Management) Rules r 6.3(a)-(b).
[51] NDIS Act ss 44(2), 44(3)-(4).
[52] NDIS Act ss 44(2AA), 44(5).
[53] NDIS Act ss 44(2AA), 44(5).
[54] NDIS Act s 43(3)-(4).
[55] NDIS Act s 33(6).
[56] NDIS Act s 43(1)(a)(b).
[57] NDIS Act s 43(8).
[58] NDIS Act s 74(2).
[59] NDIS Act ss 43(2), 44.
[60] NDIS Act s 44(1)(b)(i).
[61] NDIS Act ss 44(2A)(b), 74(b)(i).
[62] NDIS Act ss 44(1)(a), 44(2A)(a), 74(4)(a).
[63] NDIS Act s 44(2).
[64] NDIS Act ss 44(1)(c), 44(2AA), 44(2A)(c), 74(3C)(b).
[65] NDIS Act s 44(1)(aa)(i), 44(2A)(aa)(i).
[66] NDIS Act s 44(1)(aa)(ii), 44(2A)(aa)(ii).
[67] NDIS Act s 100.
[68] NDIS Act ss 46.
[69] NDIS Act s 44(5); NDIS (Management of Funding Rules) r 5.2(a).
[70] NDIS (Management of Funding) Rules rr 5.2(b)-(g).
[71] NDIS (Management of Funding) Rules rr 5.3(a)-(d).
[72] NDIS Act s 182(3).
[73] NDIS Act s 43(3)(d).
[74] NDIS Act ss 43(4A)(b), 43(6)(e), 74(4)(b)(i).
[75] NDIS (Management of Funding and Plan Management) Rules rr 6.2(a)-(h), 6.3(a)-(e), 6.4(a)-(h), 6.5(a)-(h).
[76] NDIS (Management of Funding and Plan Management) Rules rr 6.6(a)-(c).
[77] NDIS (Management of Funding and Plan Management) Rules rr 6.2(d), 6.3(c), 6.4(d), 6.5(d).
[78] NDIS (Management of Funding and Plan Management) Rules rr 6.2(a)-(b), 6.3(a)-(b), 6.4(a)-(b), 6.5(a)-(b).
[79] NDIS (Management of Funding and Plan Management) Rules rr 6.2(a)-(b), 6.3(a)-(b), 6.4(a)-(b), 6.5(a)-(b).
[80] NDIS Act s 33(2A)-(2B).

[82] NDIS Act s 33(4).
[83] NDIS Act s 38.
[84] NDIS Act s 37(1).
[85] NDIS Act s 33.
[86] NDIS Act s 37(3).
[87] NDIS Act s 47(A).
[88] NDIS Act s 47(1).
[89] NDIS Act s 47(2).
[90] NDIS Act s 100(2).

Knowledge Article

For Internal Use Only

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Understand functional capacity assessments

Guidance in this document is not approved for use unless you view it in PACE.

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

- a functional capacity assessment
- the purpose of a functional capacity assessment
- the difference between a new and manual assessment
- what to do before completing a new assessment
- completing a new assessment.

Recent updates

28 July 2025

Updated knowledge article links.

Understand and record a functional capacity assessment

Understand functional capacity assessments

A functional capacity assessment is how we assess the impact a person's disability or a child's developmental delay has on their daily activities. Depending on their developmental delay or disability, the type of functional capacity assessment that we complete may vary.

The purpose of a functional capacity assessment

Functional capacity assessments are a form of evidence. We use them to understand the needs of a person. We complete this assessment to:

- help us identify the level of support and funding they will need in their plan
- understand how they manage everyday activities
- assist us in making decisions.

Partners can also use this information to understand the person's situation. This helps them to support the person to connect with the right supports.

Knowledge Article

For Internal Use Only

New assessment and manual assessment

A new assessment refers to you completing a new PEDI-CAT or WHODAS assessment in PACE. To learn more, go to articles:

- Record an assessment – PEDI-CAT
- Record assessment – WHODAS.

A manual assessment refers to any previously completed functional capacity assessments. For example, a person might give you a report from their doctor. You will enter the scores from the report in PACE.

The participant, their nominee or child representative, or their treating health professional can provide the score of an external assessment.

Before completing the assessment

Before completing the assessment, check for any exceptions, including:

- if the person does not want to complete assessment
- if the person has a priority situation
- if there are any identified risks
- if they have reapplied within the last 6 months.

When you contact an applicant, participant, their provider, or authorised representative, you must:

- check their preferred communication method and authorisations. For help go to article Check a person's preferred contact method
- **log an activity**. For help go to article Log an activity or internal note.

Complete a new assessment

You need to make the person feel comfortable when communicating. When you are talking to them face to face or over the phone, make sure you:

- prepare for the conversation
- understand the person-centred approach
- understand the question you are asking
- tailor wording from assessment questions
- build rapport

- actively listen
- manage expectations with the individual that this does not mean they will get a funded NDIS plan.

For more information, go to Guide - Conversation style guide.

To begin a functional capacity assessment create a new **Functional Capacity Assessment** case. To do this use article Create a new functional capacity assessment case.

Types of functional capacity assessments

There are many types of functional capacity assessments. We use them to help assess the level of impact a person's developmental delay or disability has on their lives.

For more information, go to articles:

General

- Record information – life skills profile (LSP - 16)
- Record assessment – WHODAS
- Record assessment – PEDI-CAT.

Hearing loss

- Record information – Functional impact of hearing Loss.

Vision loss

- Record Information – Functional impact of vision loss.

Spinal Injury

- Record information - level of lesion assessment.

Traumatic brain injury

- Record information – the Care and Needs Scale.

Intellectual and development disability

- Record information - Vineland Adaptive Behaviour Scales
- Record information from the DSM5 – Autism
- Record information from the DSM5 – intellectual disability.

Cerebral palsy

Knowledge Article

For Internal Use Only

- Record information – Gross Motor Functional Classification Scale
- Record information – Manual ability classification system
- Record a communication function classification score.

Multiple Sclerosis

- Record information – Disease steps assessment
- Record information – Expanded Disability Status Scale.

Stroke / Neurological disability

- Record information – Modified Rankin Scale.

Next steps

Read article Create a new functional capacity assessment case.

Article labels

PACE user role names

No change.

Topics

No change.

Case names

No change.

Ownership

No change.

Version control

Version	Amended by	Brief Description of Change	Status	Date

Knowledge Article

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4.1	ADW393	Added links to KA titles. Updated conversation style guide link to go to knowledge article in PACE.	DRAFT	2025-07-17
4.2	MG0023	AD review	DRAFT	2025-07-18
5.0	MG0023	Class 1 Approval Update links to knowledge artilces.	APPROVED	2025-07-23

Success Measure Logic

Q1 2026-2027

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Introduction

This document outlines the logic and intent behind the Q1 2026-2027 success measures for the Frontline Services Performance Model. These success measures continue the Model's focus on building capability, strengthening quality and improving outcomes for both staff and participants, while also supporting staff wellbeing, resilience and confidence in delivering quality service.

The five Priorities - Staff Support, Productivity, Quality, Sustainability and Participant Experience - reflect the NDIA's commitment to fostering a responsive, resilient and high-performing workforce while embedding legislative reforms and delivering timely, participant-focused services.

Each success measure has been designed to support staff through change, and to enhance the overall experience of participants engaging with the Scheme.

The following sections provide a breakdown of the intended outcomes and success indicators aligned to each Priority Area.

Contents Table

Staff Support

The Staff Support Priority Area recognises that a resilient, well-supported workforce is critical to successful Scheme delivery. This priority focuses one encouraging the application of a holistic approach to performance in line with the intent of the performance model in order to support staff to have the skills and knowledge to fulfill their roles while balancing performance and wellbeing.

Through targeted training, coaching, and the implementation of workplace safety initiatives, this measure aims to build capability and to foster psychologically safe teams. By equipping staff with the tools to navigate change, the NDIA ensures that its people remain confident, supported, and engaged in their roles.

Success Measure 1.1 - One-to-one Leadership Conversations

Description: All leaders to hold one-to-one conversations every 28 days using a holistic approach that covers performance, wellbeing, workloads, quality and sustainability.

Target: 80%

Measurement Unit: Percentage

The percentage of staff who have had a one-to-one meeting in the last 28 days, excluding those on leave for two or more weeks, as recorded in the One-to-one Conversation Reporting Form. Reporting covers the 28 days preceding the reporting date.

Update Frequency: Weekly

Measurement Intent: To ensure that staff receive regular one-to-one meetings, fostering communication, support, and development. The target is set at 80% to allow for circumstances where a one-to-one cannot occur.

Logic:

Data Collection

- Data is extracted from the One-to-one Conversation Reporting Form, which records when a one-to-one conversation has been reported by the line manager.
- HR Pulse Average Staffing Levels data is received and stored as master data.
- Leave Report from SAP GUI (ESSentials) is accessed and stored as master data.

Grouping and Attribution

- Data is grouped into branches and business areas.
- Branches match NDIA branches, however, use shorter names.
- Business areas listed in our reporting may reflect NDIA divisions or NDIA groups. This choice is made for the purposes of brevity and useful comparison.

Calculation

- Excel and Power Query are used to collate the data.
- A table is created to provide the required information.
- A column is added to indicate whether a one-to-one meeting has occurred.
- Rows are grouped by staff member, flagging a unique staff member as having had a one-to-one meeting if any of their non-unique rows did.
- Staff members on leave for two or more weeks are excluded, using the information from the Leave Report in SAP GUI.
- Rows are grouped by branch in line with the information from the HR Average Staffing Levels data, and the following calculations are made:
- **Numerator**: The number of staff who have had a confirmed one-to-one meeting in the 28 days or are listed as pending.
- **Denominator**: The total number of staff in the grouping.
- **Percentage:** A calculation of Numerator divided by the Denominator.

Assumptions:

Category	Assumptions
Staff Behaviours	• Line managers will accurately record one-to-one meetings in the One-to-one Conversation Reporting Form. • The One-to-one Conversation Reporting Form will produce an error if a team member name is not selected from the search list. This ensures that a staff member can be accurately linked to the reported conversation. • If a user has the Workflows Bot blocked, the form will be unable to confirm the details of the one-to-one conversation or accurately link the record to a team member.
Calculations	• The calculation will accurately link reported one-to-one conversations to the corresponding staff members. • A reported one-to-one conversation will remain in a **pending** status, until the staff member confirms it by completing the Workflow form. Once the Workflow form is completed, the status will update from **pending** to **confirmed**. Within the Performance Model outcomes, both **pending** and **confirmed** one-to-one conversations are treated as compliant. • If the staff member does not complete the Workflow form within 7 days, the conversation will automatically be marked as **confirmed** for reporting purposes. • If the staff member completes the Workflow form

	and indicates that the one-to-one conversation did not occur, the conversation will be marked as **not confirmed**. Conversations with a **not confirmed** status will not be counted as a recorded one-to-one conversation. • Line manager information within the Performance Model row level data, is captured from the One-to-one Conversation Reporting form data.
Inclusions/Exclusions	• Staff who are on leave for two or more weeks during the 28-day reporting period are excluded. • Leave data from SAP GUI does not currently display staff who are on compensation leave, and they therefore cannot be excluded from this report. • HR Data (separate to the Performance Model row-level data) provided to leaders does not recognise **pending** one-to-one conversations as completed. As a result, staff will continue to appear in the HR Data report until their one-to-one conversation has a status of **confirmed**.

Table 1: Assumptions table for success measure 1.1

Success Measure 1.2 - Line Manager Training

Description: Line managers across Frontline Services have completed learning on “Leading through Change”.

Target: 80%

Unit of Measure: Percentage

Update Frequency: Weekly

Measurement Intent: This session is designed to support leaders in understanding and embracing their role in facilitating a successful transition by effectively communicating and guiding change.

APS5 to EL2 line managers to complete the **Leading through Change Well+ Webinar**.

- The eLearning module is a 50-minute recorded video session of the Leading through Change Well+ Webinar presented by TELUS Health.
- Staff will be enrolled in the Leading through Change Well+ Webinar and will receive an enrolment notification from LEAP requesting them to complete.
- Staff will be required to watch the 50-minute recorded video session. Course completion will be confirmed once the staff member reaches the feedback and exit page.
- EL1 and EL2 staff that are enrolled to complete the APS Academy Lead Change program will be excluded and do not need to complete this learning.
- Staff who attended the Leading through Change Well+ Webinar facilitated by TELUS Health on 18 June 2026 are considered compliant for this measure and will not need to recomplete this learning.

Logic:

Data Collection

- Property Footprint Report is used to identify APS5 to EL2 line managers who are required to complete the training.
- LEAP Attendance/Enrolment Records are accessed for the above module to confirm completion.
- LEAP Attendance/Enrolment Records are accessed to exclude EL1 and EL2 staff members who are enrolled in the APS Academy Lead Change learning.
- LEAP Attendance/Enrolment Records are accessed to include staff members who completed the Leading through Change Well+ Webinar 2026 facilitated session on 18 June 2026. These staff will be calculated as having completed the required training.
- LEAP data is sorted into line managers who are APS5 to EL2.

Grouping and Attribution

- Data is grouped into branches and business areas.
- Branches match NDIA branches, however, use shorter names.
- Business areas listed in our reporting may reflect NDIA divisions or NDIA groups. This choice is made for the purposes of brevity and useful comparison.

Calculation

- **Numerator:** Relevant staff who have completed the relevant training.
- **Denominator:** Relevant staff who are required to complete the relevant training, based on the Property Footprint Report.
- **Percentage:** A calculation of Numerator divided by the Denominator, results in a percentage representing completion rates of the course that can reasonably be completed at the point at the point the report is prepared.

Assumptions:

Category	Assumptions
Staff Behaviours	• Staff will be manually enrolled in the appropriate course. • Attendance will be recorded accurately and be available for reporting purposes. • The Agency will support line managers to attend and complete the training.
Calculations	• The calculation will accurately identify staff who complete appropriate training. • Line manager information within the Performance Model row level data, is captured from the Property Footprint Report.
Inclusions/Exclusions	• Only branches that are measured by the Frontline Services Performance Model will be included. • EL1 and EL2 staff that are enrolled to complete the APS Academy Lead Change program will be excluded and do not need to complete this learning. • Staff who attended the Leading through Change Well+ Webinar facilitated by TELUS Health on 18 June 2026 are considered compliant for this measure and will not need to recomplete this learning.

Table 2: Assumptions table for success measure 1.2

Success Measure 1.3 - Aggression Response Team Training

Description: All members of site Aggression Response Teams have completed mandatory training.

Target: 100%

Unit of Measure: Percentage

Update Frequency: Weekly

Measurement Intent: This measure promotes physical and psychological safety by ensuring proactive responses to occupational aggression and equipping staff to manage challenging behaviours.

Logic:

Data Collection

- Property Footprint Report is obtained to accurately link staff members to their branch and business area.
- Aggression Response course data and Managing Unreasonable Behaviour course data is accessed via LEAP
- Aggression Response Team register is being temporarily maintained by the Performance Model and Engagement team, in consultation with business area Operations teams. Aggression Response Team compliance will soon transition to Corporate Information and Property Services.

Grouping and Attribution

- Data is grouped into branches and business areas. The grouping represents individual staff members expected to complete training.
- Branches match NDIA branches, however using shorter names.
- Business area is listed in our reporting may reflect NDIA divisions or NDIA groups. This choice is made for the purposes of brevity and useful comparison.

Calculations

- **Numerator**: Staff who have completed both required Aggression Response training and the Managing Unreasonable Behaviour training within the previous 12 months.
- **Denominator**: The count of staff identified within Aggression Response Teams based on the ART Register temporarily maintained by the Performance Model and Engagement team, in consultation with business area Operations teams.
- **Percentage**: A calculation of Numerator divided by the Denominator, which results in the percentage. This result indicates the completion rates of the required courses.

Assumptions:

Category	Assumptions
Staff Behaviours	• Staff will be manually enrolled in the appropriate courses. • Attendance will be recorded accurately and be available within LEAP. • The Agency will support staff in Aggression Response Teams to attend the training. • Current staff in Aggression Response Teams are listed on the Aggression Response Team register temporarily maintained by the Performance Model and Engagement team, using information provided by business area Operations teams. • Any updates to staff in Aggression Response Teams are advised by business area Operations teams.

Calculations	• The calculation will accurately identify staff in Aggression Response Teams and those who complete both Aggression Response training and Managing Unreasonable Behaviour training as per the Security Training guidelines, which state the below: **Managing Unreasonable Behaviour** • Managing Unreasonable Behaviour facilitated training is mandatory every 12 months for all new and existing Aggression Response Team members. • Staff who are unable to attend the facilitated Managing Unreasonable Behaviour training can complete the following two Managing Unreasonable Behaviour eLearning modules, which are designed to provide staff with the appropriate skills and knowledge until a facilitated session can be completed. ▪ Managing Unreasonable Behaviour (MUB) - Fundamentals ▪ Managing Unreasonable Behaviour (MUB) - Service Delivery Sites **Aggression Response** • Aggression Response facilitated training is mandatory every 12 months for all new and existing Aggression Response Team members. • Staff who are unable to attend the facilitated Aggression Response training for their site can complete the below eLearn module through LEAP.

	▪ Aggression Response Team (ART) Incident Support **Please note:** The Aggression Response and Managing Unreasonable Behaviour eLearning modules can only be considered for compliance once and may not be used to fulfil training requirements for a second year.
Inclusions/Exclusions	• Only staff who are measured by the Frontline Services Performance Model and are in Aggression Response Teams will be included.

Table 3: Assumptions table for success measure 1.3

Productivity

The Productivity Priority Area supports the NDIA's commitment to improving the participant experience through timely, high-quality plan implementation. It also aims to establish sustainable productivity expectations for staff through safe and informed target setting. This measure balances service outcomes with staff wellbeing, ensuring that Frontline Services remain efficient without compromising quality or safety.

Success Measure 2.1 – Regional Services Productivity Target

Description: Regional Services jurisdictions with formal targets in place reach and maintain productivity targets.

Target: 100%

Unit of Measure: Percentage

Update Frequency: Weekly

Measurement Intent: To ensure that Regional Services jurisdictions with formal targets consistently meet and maintain their productivity targets, improving participant outcomes.

Logic:

Data Collection

- Regional Services Output per FTE data is received from the Performance Reporting and Projections (PRP) team each week. The received data has a Workload Adjustment Reduction and Leave Loss Adjustment calculation already applied.
- Workload Adjustments for each branch are collated by Operations Directors and updated via a Microsoft Form on a four-weekly basis. This ensures that adjustments are included in calculations for productivity targets within the Performance Model reporting.

Grouping and Attribution

- All Regional Services branches are calculated together.

Calculation

- **Numerator**: 1 is applied if the branch is meeting the target and 0 is applied if not meeting the target
- **Denominator**: 1
- **Percentage**: The final percentage is the same as Output per FTE divided by the Target.
- **Process:**
    - Calculate the Numerator by dividing the output by the target.
    - Divide the result against Adjusted FTE to get a percentage.
    - Scores greater than or equal to 100% are considered meeting the target and all other scores are considered as not meeting the target.

Assumptions:

Category	Assumptions
Staff Behaviours	• Staff will accurately record their work output and FTE data. • Staff leave will be accurately recorded in ESSentials. • Workload adjustments will be accurately recorded and updated via a Microsoft Form on a four-weekly basis.
Calculations	• The calculation will accurately link work output to the corresponding FTE and targets. • Data is received from PRP with the Workplace Adjustment Reduction and Leave Loss Adjustment calculations already applied.

	• Outcomes for this success measure represent a weekly outcome (rather than the standard 4-week rolling period of the Performance Model) to ensure consistency across productivity reporting.
Inclusions/Exclusions	• Staff are attributed to working areas using the HR Pulse Average Staffing Level data. Only staff in roles that are primary contributors to this workload are included for the purpose of both output and expected output. • Staff leave is considered by subtracting leave as reported in the Staff Leave Report for relevant staff in the report. This reduces overall adjusted FTE.

Table 4: Assumptions table for success measure 2.1

2.1 Calculation Example:

PRP Output per FTE/Target

- This calculation is included because of familiarity with Output per FTE.

Output	Adjusted FTE	Output per FTE	Target	Output per FTE/Target
35	12	35/12 = 2.9166	3.5	2.9166/3.5 = 0.8333 = 83%

Table 5: Output per FTE calculation example for success measure 2.1

Our calculation

- We calculate this way to allow for one person to work on different work types with different targets.

Output	Target	Output/Target	Adjusted FTE	(Output/Target)/ Adjusted FTE
35	3.5	35/3.5 = 10	12	(10)/12 = 0.8333 = 83%

Table 7: Output per FTE and target calculation for success measure 2.1

Calculation periods greater than 1 week

- This example is a 4-week rolling period
- Please note we currently look at a 1-week period in reporting

Output	Target	Output/ Target	Adjusted FTE	(Output/Target)/ Adjusted FTE	Weekly Output per FTE
35	3.5	35/3.5 = 10	12	10 / 12 = 0.8333 = 83%	35/12 = 2.9166 = 2.9 (rounded)
40	3.5	40/3.5 = 11.4286	12.5	11.4286/12.5 = 0.9143 = 91%	40/12.5 = 3.2 = 3.2 (rounded)
42	3.5	42/3.5 = 12	11.8	12/11.8 = 1.0169 = 102%	42/11.8 = 3.5593 = 3.6 (rounded)
38	3.5	38/3.5 = 10.8571	11	10.8571/11 = 0.9870 = 99%	38/11 = 3.4545 = 3.5 (rounded)
155	**14**	**155/14 = 11.07**	**47.3**	**11.07/(47.3/4) = 0.9363 = 94%**	**155/(11.825*4) = 3.2770 = 3.3 (rounded)**

Table 6: Multiple week calculation for success measure 2.1

Multiple Targets

When multiple targets for a given work area are involved, the calculation becomes the sum of outputs divided by target. Then the remainder of the calculation is the same.

Work type	Output	Target	Output/Target
A	30	10	30/10 = 3
B	60	12	60/12 = 5
C	20	9	20/9 = 2.222
Total	**N/A**	**N/A**	**10.222 (Sum above)**

Table 7: Multiple target calculation for success measure 2.1

Success Measure 2.2 – NEC Productivity Rating

Description: National Early Childhood (NEC) reach and maintain 90% (NEC productivity measure: 90-105% = Established Performance).

Target: 90% Established Performance (see the Performance Maturity Scale below)

Unit of Measure: Percentage

Update Frequency: Weekly

Measurement Intent: To ensure that NEC planners consistently meet and maintain their productivity targets, improving participant outcomes.

Logic:

Data Collection

- Productivity outcome information is received directly from the National Early Childhood Operations team each week.

Grouping and Attribution

- All National Early Childhood jurisdictions are calculated together.

Calculation

- **Numerator**: Planned Workload Time (see Assumptions table).
- **Denominator**: Total Available Planning Time (see Assumptions table).
- **Percentage**: The final percentage is the same as Numerator divided by the Denominator for the given period.
    - Scores above 90% are considered meeting the target in line with 'Established Performance' as per the Performance Maturity Scale below.
    - Although the Performance Maturity Scale measures productivity bands that exceeds 100%, the Frontline Services Performance Model reporting product represents the NEC productivity rating up to 100%

Performance Maturity Scale:

Range	Description	Productivity Band
Requires Support	Requires support from others to build the necessary knowledge, skills or proficiency to meet the productivity benchmark	<80%
Foundational Performance	Progressing toward meeting the expected productivity benchmark.	80-89%
Established Performance	Meeting the expected productivity benchmark.	90-105%
Exceeding Expectations	Delivering results that exceed the expected productivity benchmark.	>105%

Table 8: Performance Maturity Scale for success measure 2.2

Assumptions:

Category	Assumptions
Staff Behaviours	• Staff will accurately record their planning time and work outcomes completed. • Staff leave will be accurately recorded in ESSentials. • Workload adjustment requests will be assessed on a case-by-case basis and reviewed regularly. Additional information on workload adjustments is available in the NECB Workload Adjustment Factsheet.
Calculations	• The calculation will accurately link planning to the corresponding FTE and targets. • Data is received from NEC Operations each week with the Workplace Adjustment Reduction

	and Leave Loss Adjustment calculations already applied. • Outcomes for this success measure represent a weekly outcome (rather than the standard 4-week rolling period of the Performance Model) to ensure consistency across productivity reporting. • **Available Planning Time:** Not every working hour is available for planning. Adjustments are made to account for time spent on non-planning activities. Non-planning activities may include learning and development, meetings, emails, coaching, mentoring, admin, peer support and paid breaks. Available planning time is calculated using attendance data direct from ESSentials, providing accurate total hours worked each week for each individual. 2.5 hours per day, or 12.5 hours per week for full-time staff, is subtracted as non-planning time from the total hours worked. The result is each planner's total Available Planning Time (e.g., 37.5 hours – 12.5 hours = 25 hours or 1,500 minutes). Part-time staff targets are scaled down according to their actual hours worked. Similarly, staff targets are scaled up if additional hours to planned working hours are completed. For example, when overtime is undertaken. In essence, non-planning time equates to one third of total hours worked. • **Planned Workload Time:** NECB Planners complete a variety of planning tasks with different Available Planning Times. The framework considers the exact and varied outcomes completed in a period for each planner.

	• **Planned Workload Time** = Number of outcomes submitted x Available Planning Time. This is applied to each outcome type and the results are summed together. This produces the total Planned Workload Time based on what was completed.
	
	• **Productivity Score:** Productivity is calculated by matching the work completed to the time available and applying any relevant workload adjustments. For each planner, the following is compared:
	  • Total Available Planning Time; with
	  • Total Planned Workload Time
	
	Relevant Workload adjustments are then applied, and a productivity score is produced.

Inclusions/Exclusions	• **Eligible Staff:** The NEC Productivity Framework currently applies to APS4 and APS5 Planners who make up the majority of NECB's workforce. The Framework is designed to expand in 2026 to include other key roles that contribute to planning outcomes, including Participant Support Officers (PSOs), Escalations staff, and Quality Development Officers (QDOs), once suitable datasets are established for their functions.
	
	• **New Starters:** Adjustments to individual productivity targets are applied for new starters to the Agency. It considers completion of training, and adequate time to consolidate learning, build capability and become familiar with the role before measuring productivity.
	  o 0-8 Weeks = No Target
	  o 9-16 Weeks = 50% Target
	  o 17+ Weeks = 100%

Table 9: Assumptions table for success measure 2.2

2.2 Calculation Example:

Available Planning Time and Outcomes per week by Outcome Type

A new Productivity success measure has been introduced for National Early Childhood that encompasses the varied work types completed by this branch. The table below outlines the endorsed productivity targets reflected in this success measure for the NEC branch.

NEC Outcome Type	Available Planning Time (minutes)	Available Planning Time (hours)	Outcomes Per Week, Per FTE
Plan Approval - First Plan	245.21	4.09	6.12
Plan Approval - Scheduled Reassessment	285.16	4.75	5.26
S48 Plan Reassessment Request - Approved + Plan Approval	418.26	6.97	3.59
S48 Plan Reassessment Request only - Declined	269.02	4.48	5.58
S48 Plan Reassessment Request only - Withdrawn	209.28	3.49	7.17
S47A Plan Change only - Approved	178.14	2.97	8.42
S47A Plan Change only - Declined	255.68	4.26	5.87
S47A Plan Change only - Withdrawn	109.92	1.83	13.65
Plan Approval - First Plan	245.21	4.09	6.12

Table 10: Calculation example table for success measure 2.2

Application of NEC Productivity Targets

Scenario 1: Full Time Planner in Unscheduled Work Group

Profile:

- 1.0 FTE = 37.5 hours per week (25 available planning hours).
- Mix of Unscheduled Reassessment related outcomes completed.

Week 1: 2 x S48 Reassessments + 3 x S47A Approved

- Workload minutes = (2 x 418.26) + (3 x 178.14) = 1,370.94
- Planning minutes = 1,500
- Result = 1,370.94 / 1,500 = **91.4%**

Week 2: 4 x S48 Reassessments

- Workload minutes = (4 x 418.26) = 1,673.06
- Planning minutes = 1,500
- Result = 1,673.06 / 1,500 = **111.5%**

Week 3: 2 x S48 Reassessments + 3 x S47A Approved

- Workload minutes = (2 x 418.26) + (3 x 178.14) = 1,370.94
- Planning minutes = 1,500
- Result = 1,370.94 / 1,500 = **91.4%**

Week 4: 3 x S48 Reassessments + 2 x S47A Approved

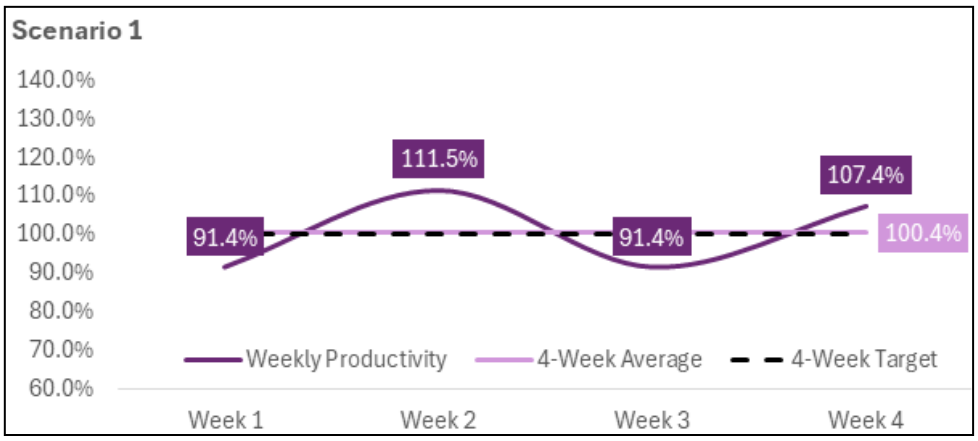
- Workload minutes = (3 x 418.26) + (2 x 178.14) = 1,611.06
- Planning minutes = 1,500
- Result = 1,611.06 / 1,500 = **107.4%**

Four Week Summary

- Workload minutes = 6,025.99
- Planning minutes = 6,000
- Result = **100.4%**

Productivity Summary - Scenario 1

The chart below provides a 4-week overview and average for Scenario 1:



Graph 1: 4-week overview and average for Scenario 1

Quality

The Quality Priority Area focuses on supporting staff to effectively embed recent legislative reforms, particularly Scheme Reform legislation, in their work practice. By ensuring staff have the right knowledge, tools, and training, this measure promotes consistency, compliance, and participant trust in the planning process. Clear expectations and quality controls help staff maintain high standards while navigating change, reinforcing the NDIA's role as a reliable and participant-focused organisation.

Success Measure 3.1 – HDD Remediation

Description: Plans received by a Higher Decision Delegate (HDD) that do not need to be returned to the planner for further action.

Target: 60%

Unit of Measure: Percentage

Update Frequency: Weekly

Measurement Intent: To highlight and provide insight into the percentage of HDD assessed plans that are not returned to planners for further action.

Logic:

Data Collection

- Higher Decision Delegate team form data is copied and stored limited to a range of 45 days prior to the end date of the reporting period. This is due to the size of the dataset and limitations of Microsoft virtual memory and data storage.
- A lookup table is used to categorise and group plan status outcomes from the HDD reporting tools.
- HR Pulse Average Staffing Levels data is received from HR.

Grouping and Attribution

- HDD team column naming conventions are simplified for effective comparison.
- HDD naming conventions are converted to branches and business areas used within the Performance Model for consistency.
- Data is grouped into branches and business areas.
- Branches match NDIA branches, however, use shorter names.
- Business areas listed in our reporting may reflect NDIA divisions or NDIA groups. This choice is made for the purposes of brevity and useful comparison.

Calculations

- The data is split into two categories:
  - Unique plans by case number that have been assessed.
  - Plan status (as multiple HDD assessments can occur per case).
- The divided tables are recombined so that:
  - Each case is stored once.
  - Each case is flagged as having been returned to the planner for further action or not (see below assumptions).
- **Numerator:** A sum of cases that were not flagged as returned to the planner for further action.
- **Denominator:** A total count of the grouped cases assessed by HDD.
- **Percentage**: The Numerator divided by the Denominator, showing the percentage representing the number of cases that were not returned to the planner for further action.

Assumptions:

Category	Assumptions
Staff Behaviours	• Staff submit mandatory HDD referrals to HDD delegates for assessment. • It is acknowledged that data on assessed plans is manually collated and may contain a minor error percentage.
Calculations	• The calculation will accurately link HDD plan assessment statuses to the corresponding cases. • Where there are multiple form entries for one case, the case is only counted once. • When a case has been approved, assessed, or endorsed by HDD within the 4-week reporting period, the case is counted once in the denominator. If the case has not been returned to the original planner delegate for further action (limited to 45-days prior to the end of the reporting period), it will be counted once within the numerator and is considered to have not been returned. This is done to consider a holistic view of the HDD assessment process, rather than looking at HDD form entries in isolation. • Cases returned to the planner for further action are identified using the following plan status: ○ Assessed – Feedback Sent • Cases that are not returned to the planner for further action are identified using the following plan statuses:

	o Assessed – Approved by HDD – Remediation Completed by HDD o Assessed/Endorsed – Remediation Completed by HDD o Assessed – Endorsed (No Remediation Required) o Assessed – Approved by HDD – No Remediation Needed All other groups of plan status within the HDD team form are excluded.
Inclusions/Exclusions	• Only cases that have been approved, assessed, or endorsed by HDD within the last 4 weeks are included. • HDD team form data is copied and stored limited to a range of 45 days prior to the end date of the reporting period. This is due to the size of the dataset and limitations of Microsoft virtual memory and data storage. Any historical form data outside of the 45-day range is excluded. • This data excludes plans reviewed or approved by local higher delegates. • PQNWM do not complete planning functions and are excluded from this success measure.

Table 11: Assumption table for success measure 3.1

Success Measure 3.2 – Calculation Errors

Description: Plans reviewed by Higher Decision Delegates where no calculation issues are identified.

Target: 80%

Unit of Measure: Percentage

Update Frequency: Weekly

Measurement Intent: To highlight and provide insight into the percentage of HDD plans that are not returned to planners due to calculation errors.

Logic:

Data Collection

- Higher Decision Delegate team form data is copied and stored limited to a range of 45 days prior to the end date of the reporting period. This is due to the size of the dataset and limitations of Microsoft virtual memory and data storage.
- A lookup table is used to categorise and group plan status outcomes from the HDD reporting tools.
- HR Pulse Average Staffing Levels data is received from HR.

Grouping and Attribution

- HDD team column naming conventions are simplified for effective comparison.
- HDD naming conventions are converted to branches and business areas used within the Performance Model for consistency.
- Data is grouped into branches and business areas.
- Branches match NDIA branches, however, use shorter names.

- Business areas listed in our reporting may reflect NDIA divisions or NDIA groups. This choice is made for the purposes of brevity and useful comparison.

Calculation

- The data is split into two categories:
  - Unique plans by case number that have been assessed.
  - Remediation reasons (as multiple remediation reasons can occur per assessment by a delegate).
- The divided tables are recombined so that:
  - Each case is stored once.
  - Each case is flagged as having been remediated for calculation errors or not (see below assumptions).
- **Numerator:** A sum of cases that were not flagged as remediated for calculation errors.
- **Denominator:** A total count of the grouped cases assessed by HDD.
- **Percentage**: The Numerator divided by the Denominator, showing the percentage representing the number of cases that did not have identified calculation errors.

Assumptions:

Category	Assumptions
Staff Behaviours	• Staff submit mandatory HDD referrals to HDD delegates for assessment. • It is acknowledged that data on assessed plans is manually collated and may contain a minor error percentage.
Calculations	• The calculation will accurately link remediation reasons to the corresponding cases. • Where there are multiple form entries for one

	case, the case is only counted once. • When a case has been approved, assessed, or endorsed by HDD within the 4-week reporting period, the case is counted once in the denominator. If the case has not been remediated due to a calculation error within the HDD lifecycle (limited to 45-days prior to the end of the reporting period), it will be counted once within the numerator and is considered to have no calculation error. This is done to consider a holistic view of the HDD assessment process, rather than looking at HDD form entries in isolation. • Cases remediated by HDD for the following calculation error reasons are included: o Funding duplicates other funded supports within the plan (part 5.1c) o Core supports overfunded – PCST calculation error (Not related to Public Holiday (PH)) o Core supports underfunded – PSCT calculation error (Not related to PH) o PH not considered/calculated correctly o SIL Indexation tool incorrectly calculated o Recalculation of Home and Living Calculation (HALC) required due to change in Social, Community and Civic Participation (SCCP) hours o Home & Living – funding unaligned with decision OR not indexed o Home & Living – Core SCCP – funding unaligned with decision OR not indexed o Capacity building supports overfunded –

	PCST calculation error o Capacity building supports underfunded – PCST calculation error o SDA funding incorrectly funded/not aligned with decision All other HDD remediation reasons are excluded. • HDD team form entries are grouped by plan status. HDD assessment is defined by plan statuses including: o Approved; or o Assessed; or o Endorsed; and o Not withdrawn in their lifecycle All other groups of plan status within the HDD team form are excluded.
Inclusions/Exclusions	• Only cases that have been approved, assessed, or endorsed by HDD within the last 4 weeks are included. • HDD team form data is copied and stored limited to a range of 45 days prior to the end date of the reporting period. This is due to the size of the dataset and limitations of Microsoft virtual memory and data storage. Any historical form data outside of the 45-day range is excluded. • This data excludes plans reviewed or approved by local higher delegates. • PQNWM do not complete planning functions and are excluded from this success measure.

Table 12: Assumptions table for success measure 3.2

Success Measure 3.3 - Planning Conversation Support Tool (PCST)

This ensures consistency in planning conversations and documentation, supporting high-quality, participant-centred decision-making.

Description: Approved plans have a Planning Conversation Support Tool (PCST) uploaded.

Target: 100%

Unit of Measure: Percentage

Update Frequency: Weekly

Measurement Intent: To ensure that all approved plans have the required PCST uploaded with the correct naming convention, ensuring compliance with the updated NDIS legislation.

Logic:

Data Collection

- PCST identification using:
    - Filenames including 'PCST', 'Plan Conversation' or 'Planning Conversation'
    - Document titles including 'PCST', 'Plan Conversation' or 'Planning Conversation'
    - Uploaded to the participant or a participant case, such as the 'Plan Approval' case
- SAS code exports a list of plans, where each plan can have multiple file uploads. This master data is saved and not directly altered.
- HR Pulse Average Staffing Levels data is received and stored as master data.

Grouping and Attribution

- The PCST data is joined with HR data to identify the correct branch.

- Data is grouped into branches and business areas.
- Branches match NDIA branches, however, use shorter names.
- Business areas listed in our reporting may reflect NDIA divisions or NDIA groups. This choice is made for the purposes of brevity and useful comparison.

Calculation

- Excel and Power Query is used to transform the data.
- A table is created to collate the required information from the master datasets.
- A column is added to indicate whether the PCST has been uploaded. An uploaded PCST is identified by either the file name or document title in PACE. This can be any document uploaded with ‘PCST’, ‘Plan Conversation’ or ‘Planning Conversation’ in either of these fields. This is not case sensitive, so it doesn’t matter whether upper case or lower case is used.
- The report will identify where a PCST has been uploaded within 45 days prior to the plan approval, to allow for when a plan developer must submit to external approver queues or receive external advice.
- Rows are grouped by plan number to create unique rows for that plan number. If any of the rows with the same plan number were flagged as having a PCST uploaded so will the resulting unique row.
- **Numerator:** The count of plan numbers flagged as having a PCST uploaded.
- **Denominator:** The total number of completed plan approvals for that grouping.
- **Percentage:** A calculation of Numerator divided by the Denominator, results in a percentage representing the approved plans in the last 4 weeks that have a correctly named PCST uploaded within 45 days before approval.

Assumptions:

Category	Assumptions
Staff Behaviours	• Staff will upload the PCST with the correct name as per current Knowledge Article guidance. • A PCST is uploaded within 45 days prior to plan approval. The 45 day time frame is to allow for when plan developer must submit to external approver queues.
Calculations	• Where more than one PCST is uploaded, only one is counted for this measurement.

Inclusions/Exclusions	• Only plans approved within the last 4 weeks are included.
	• PCST documents uploaded outside of the 45 day window are excluded.
	• This measure does not report on the accuracy or quality of PCST documents uploaded.
	• Completed Plan Approval cases with the following case reasons are included:
	  ○ 100 Reassessment
	  ○ New Participant
	  ○ Existing Participant Reassessment Due
	  ○ Existing Participant from SAP CRM
	  ○ Reassessment Check-In from SAP CRM
	  ○ S48
	  ○ Outcome of S100
	• Only Plan Approval cases with a status of completed are included.
	• Participant Budget Update (PBU) cases are excluded, as Knowledge Articles in PACE indicate

	that completing and uploading a PCST for a plan variation (s47a) is optional and is not required within a Participant Budget Update (PBU) case. • PQNWM do not complete planning functions and are excluded from this success measure.

Table 13: Assumptions table for success measure 3.3

Sustainability

The Sustainability Priority Area supports the NDIA's commitment to maintaining the long-term viability of the Scheme, ensuring it can continue to deliver quality services for participants into the future. It focuses on practical actions that Frontline Service staff can take to contribute to Scheme sustainability, including strategic initiatives, ongoing monitoring, and informed decision-making.

Success Measure 4.1 – Plan Change Case Creation

Description: The percentage of plan change cases that are created by planners and PSOs reduce over time.

Target: 30%

Unit of Measure: Percentage

Update Frequency: Weekly

Measurement Intent: To measure the percentage of plan change cases created by planners and PSOs and how this contributes to workload inflow and long-term financial sustainability and effectiveness of the Scheme.

Logic:

Data Collection

- HR Pulse Average Staffing Levels data is received and stored as master data.
- Property Footprint Report is stored as master data.
- Raw data to identify plan change case creation volumes by branch is received from Performance, Projections and Reporting (PRP). This is the same raw data used within the Frontline Services Performance Insights Report.

Grouping and Attribution

- Data is grouped into branches and business areas.
- Branches match NDIA branches, however, use shorter names.

- Business areas listed in our reporting may reflect NDIA divisions or NDIA groups. This choice is made for the purposes of brevity and useful comparison.

Calculation

- **Numerator**: Plan change cases created by planners and PSOs within the reporting period.
- **Denominator**: The total number of plan change cases created within the reporting period.
- **Percentage**: A calculation of Numerator divided by the Denominator results in a percentage of plan change cases created by planners and PSOs within the reporting period.

Assumptions:

Category	Assumptions
Staff Behaviours	• Staff are creating plan change cases in a way that uses evidence to support good decision making.
Calculations	• All plan change case statuses are included, including cancelled. • The plan change case creation date is used to identify relevant cases. • Plan change cases with a case reason of "Plan Continuation" are excluded. • Outcomes for this success measure represent a weekly outcome (rather than the standard 4-week rolling period of the Performance Model) to ensure consistency with the Frontline Services Performance Insights Report.

Inclusions/Exclusions	• All branches included in the Frontline Services Performance Insights Report are included within this performance outcome for consistency.

Table 14: Assumptions table for success measure 4.1

Success Measure 4.2 - Plan Inflation

This measure tracks overall Scheme inflation caused by all plans, including scheduled and unscheduled reassessments.

Inflation of plans is a major Scheme cost driver. To manage this, the Agency has introduced several sustainability initiatives aimed at moderating plan inflation growth.

This success measure will assess how effective these initiatives are in reducing inflation. It is designed to support sound reasonable and necessary decision-making, ensuring that reviews take a holistic approach and that plan increases are carefully considered and justified.

Description: Average inflation rates on reassessed plans reduce over time.

Target: TBD

Unit of Measure: Percentage

Update Frequency: Weekly

Measurement Intent: This measure will assess how effective Sustainability initiatives are in reducing overall plan inflation over time. This includes both inter-plan and intra-plan inflation.

Logic:

Data Collection

- An aggregated table of reassessments (both scheduled and unscheduled) weekly by branch, including Inflation Amount, Inflation Percentage, Inflation Numerator and Inflation Denominator is provided by Performance, Reporting and Projections (PRP)
- PANDA Inflation Dashboard can be utilised to self-service and access more granular results.

Grouping and Attribution

- Data is grouped into branches and business areas.
- Branches match NDIA branches, however, use shorter names.
- Business areas listed in our reporting may reflect NDIA divisions or NDIA groups. This choice is made for the purposes of brevity and useful comparison.

Calculation

- **Numerator**: Inflation value ($) for the week of all plans reassessed.
- **Denominator**: Total plan value ($) for the week of all plans reassessed.
- **Percentage**: A calculation of Numerator divided by the Denominator which results in a percentage representing the average inflation rate for all reassessed plans.

Assumptions:

Category	Assumptions
Staff Behaviours	• Staff are reassessing plans in a way that ensures good decision making, using evidence to determine the right supports for participants.
Calculations	• Inflation is calculated based on reassessed plans (scheduled and unscheduled) and includes both inter-plan and intra-plan inflation. • Outcomes for this success measure represent a weekly outcome (rather than the standard 4-week rolling period of the Performance Model) to ensure consistency with the PQNWM Sustainability Reporting.

Inclusions/Exclusions	• All branches included in PQNWM Sustainability Reporting are included within this performance outcome for consistency. • These inflation metrics do not include inflation related to plan variations (s47a) and plan continuations.

Table 15: Assumptions table for success measure 4.2

Success Measure 4.3 - Second Delegate Check

Description: Plans over $200k that inflate by 5% or more, have a second delegate check.

Target: 80%

Unit of Measure: Percentage

Update Frequency: Weekly

Measurement Intent: To measure completion and accurate recording of the second delegate check process, where a participant has a plan approved with an annualised value over $200k and inflation 5% or more as measured by the Inflation Dashboard.

This initiative provides the following benefits, as outlined in the Fact Sheet for NDIA Sustainability Initiative Action 4.3 – Oversight for significant plan value increases:

- Improved quality decision making for plans that are high in value and inflate at the point of variation or reassessment.
- Consistent quality checking processes across Frontline Services.

The PANDA Inflation Dashboard Guide is available to support staff with using the filters in the Inflation Dashboard to view inflation insights and reporting.

PACE Task:

Term	Definition
Correctly named task	A correctly named task in relation to this success measure, refers to a task with a subject of "4.3 Pre-Plan Approval Quality Check" as per the Process - Action 4.3 - Plan quality checker task PACE tasks with a subject containing the following text (not case sensitive), will also be identified:

	• "pre" • "plan" or "planning" • "approval" or "quality" or "check" The PACE task subject text searches will search for the above terms in isolation to capture different text and character combinations.

Table 16: PACE task explanation table for success measure 4.3

Logic:

Data Collection

- HR Pulse Average Staffing Levels data is received and stored as master data.
- SAS code exports plan approval, Inflation Dashboard data tables and PACE task information. This master data is saved and not directly altered.

Grouping and Attribution

- Data is grouped into branches and business areas.
- Branches match NDIA branches, however, use shorter names.
- Business areas listed in our reporting may reflect NDIA divisions or NDIA groups. This choice is made for the purposes of brevity and useful comparison.

Calculation

- **Numerator**: Approved plans greater than $200,000.00 annualised, that have 5% or more inter-plan inflation as measured in the Inflation Dashboard, where a correctly named approval task has been created.
- **Denominator**: Approved plans greater than $200,000.00 annualised, that have 5% or more inter-plan inflation as measured in the Inflation Dashboard.
- **Percentage**: A calculation of Numerator divided by the Denominator which results in a percentage of second delegate checks that were conducted when required and recorded correctly in PACE.

Assumptions:

Category	Assumptions

Staff Behaviours	• Staff will accurately create a PACE task in the Plan Approval case with a subject of "4.3 Pre-Plan Approval Quality Check" as per the process document Create a Plan Quality Check Task for Scheme Sustainability Measure 4.3.
	• It is assumed that plans reviewed by a higher delegate will have a second delegate check prior to plan approval. Plan approval cases completed by position titles including the following text will be considered as having had a sustainability second delegate check within the Frontline Services Performance Model:
	  ○ HDD
	  ○ EL1
	  ○ EL2
	  ○ SES

Calculations	• Back-end data tables from the Inflation Dashboard are used within this success measure, and accuracy is subject to the accuracy of data within the Inflation Dashboard. • Dynamic calculations for annualised plan value and inter-plan inflation are replicated from the Inflation Dashboard logic. It is important to note that once-off funding is annualised across the plan duration within Inflation Dashboard calculations. • PACE tasks with a subject containing the following text (not case sensitive), will also be identified: ○ "pre"

	o "plan" or "planning" o "approval" or "quality" or "check"
Inclusions/Exclusions	• Only branches within Regional Services and National Operations and Performance divisions will be included. • PQNWM do not complete planning functions and are excluded from this success measure.

Table 17: Assumptions table for success measure 4.3

Participant Experience

Ensuring the Participant Pathway Experience is accessible, inclusive, and equitable while meeting the needs of participants.

Success Measure 5.1 – Participant Satisfaction: Respect

Description: The percentage of participants who say they were treated with respect during the plan approval process.

Target: 90%

Unit of Measure: Percentage

Update Frequency: Monthly

Measurement Intent: To ensure a high-quality participant experience, by ensuring that participants feel they are being treated with respect during the plan approval process.

Logic:

Data Collection

- Participant survey data is collected from the SAS database.

Grouping and Attribution

- The outcome is provided as a single National figure. This figure is replicated among all relevant branches and business areas. The source data cannot be allocated to a specific staff member, branch or business area.

Calculation

- **Numerator**: The number of survey respondents who say they were treated with respect during the approval process.
- **Denominator**: The number of survey respondents who provide a response about being treated with respect during the plan approval process.

- **Percentage**: The Numerator divided by the Denominator results in the percentage of respondents who advised they were treated with respect during the plan approval process.

Assumptions:

Category	Assumptions
Respondent Behaviour	• Whilst our commitment to treating participants with respect should be reflected in all interactions, the target has been set to 90% to account for survey results where the participant may be dissatisfied due to other reasons, such as planning timeframes or funded supports.
Calculations	• Calculations can only be made monthly as each dataset is provided monthly.
Inclusions/Exclusions	• The outcome is provided as a single National figure. This figure is replicated among all relevant branches and business areas. The source data cannot be allocated to a specific staff member, branch or business area.

Table 18: Assumptions table for success measure 5.1

Success Measure 5.2 – Participant Satisfaction: Plan Implementation

Description: The percentage of participants who say they felt the implementation of their plan was good or very good.

Target: 70%

Unit of Measure: Percentage

Update Frequency: Monthly

Measurement Intent: To ensure a high-quality participant experience, by ensuring that participants feel they are receiving a quality plan implementation.

Logic:

Data Collection

- Participant survey data is collected from the SAS database.

Grouping and Attribution

- The outcome is provided as a single National figure. This figure is replicated among all relevant branches and business areas. The source data cannot be allocated to a specific staff member, branch or business area.

Calculation

- **Numerator**: The number of survey respondents who say they received a good or very good plan implementation.
- **Denominator**: The number of survey respondents who provide a response about the quality of their plan implementation.
- **Percentage**: The Numerator divided by the Denominator results in the percentage of respondents who advised they felt the implementation of their plan was good or very good.

Assumptions:

Category	Assumptions
Respondent Behaviour	• Whilst our commitment to providing a quality implementation should be reflected for all participant plans, the target has been set to 70% to account for survey results where the participant may be dissatisfied due to other reasons, such as timeframes or funded supports.
Calculations	• Calculations can only be made monthly as each dataset is provided monthly.
Inclusions/Exclusions	• The outcome is provided as a single National figure. This figure is replicated among all relevant branches and business areas. The source data cannot be allocated to a specific staff member, branch or business area.

Table 19: Assumptions table for success measure 5.2

Success Measure 5.3 – Plan Implementation Conversations

Description: Frontline Services staff have completed Plan Implementation Conversations Continuous Improvement (CI) Connect learning module.

Target: 80%

Unit of Measure: Percentage

Update Frequency: Weekly

Measurement Intent: This training ensures that Frontline Services staff understand the importance of quality plan implementation, a clear plan implementation conversation, and the impact it can have on the participant experience.

APS4, **APS5** or **APS6** Frontline Services staff with **PSO** or **Planner** included in their job title are required to complete the **Plan Implementation Conversations Continuous Improvement (CI) Connect** module within LEAP. This includes PSO Practice Leads and Planner Supervisors.

APS4 to **EL2** staff within the Performance, Quality and National Workload Management (**PQNWM**) branch are also required to complete the module.

- The eLearning module is 45 minutes in duration.
- Staff will be enrolled in the relevant course and will receive an enrolment notification from LEAP requesting them to complete.

Logic:

Data Collection

- Property Footprint Report is used to identify relevant Frontline Services staff who are required to complete the training.
- LEAP Attendance/Enrolment Records are accessed for the module to confirm completion.

- LEAP data is sorted into the relevant Frontline Services staff who are required to complete the training.

Grouping and Attribution

- Data is grouped into branches and business areas.
- Branches match NDIA branches, however, use shorter names.
- Business areas listed in our reporting may reflect NDIA divisions or NDIA groups. This choice is made for the purposes of brevity and useful comparison.

Calculation

- **Numerator:** Relevant staff who have completed the Plan Implementation Conversations training.
- **Denominator:** Relevant staff who are required to complete the Plan Implementation Conversations learning module, based on the Property Footprint Report.
- **Percentage:** A calculation of Numerator divided by the Denominator, results in a percentage representing completion rates of the course that can reasonably be completed at the point at the point the report is prepared.

Assumptions:

Category	Assumptions
Staff Behaviours	• Staff will be manually enrolled in the appropriate course. • Attendance will be recorded accurately and be available for reporting purposes. • The Agency will support staff to attend and complete the training.
Calculations	• The calculation will accurately identify staff who complete appropriate training.

	• Line manager information within the Performance Model row level data, is captured from the Property Footprint Report.
Inclusions/Exclusions	• Only branches that are measured by the Frontline Services Performance Model will be included. • Internal Reviews are excluded from this success measure as they do not complete plan implementation.

Table 20: Assumptions table for success measure 5.3

Definitions

Term	Definition
ART	Aggression Response Team
ASL	Average Staffing Levels
FTE	Full Time Equivalent Full Time Equivalent is a way to measure the workload of an employee. It helps to compare the work done by part-time employees to the work done by full-time employees. For example, if two part-time employees each work half the hours of a full-time employee, together they would count as one FTE.
HDD	Higher Decision Delegate
MUB	Managing Unreasonable Behaviour
Output	Output or Work Output refers to the amount of work or tasks completed by an employee or a team within a certain period. It measures productivity and efficiency, showing how much has been accomplished compared to the effort and time invested.
PBU	Participant Budget Update
PCST	Planning Conversation Support Tool
PQNWM	Performance, Quality and National Workload Management Branch
PRP	Performance, Reporting and Projections team
SAS	Statistical Analysis System
Workload Adjustments	All employee's circumstances are different and there are times when individual adjustments to productivity targets are required. In accordance with the Agency's Workplace Adjustment Policy staff can request a reasonable workload adjustment to their productivity target, due to disability, injury or illness.

Table 21: Definitions table

Version Control

Version	Amended by	Brief Description of Change	Status	Date
V.0.1	TFT496	Document created	DRAFT	24/06/2026
V.0.1	TFT496	Document ready for review and endorsement	DRAFT	03/07/2026
V.0.1	SCM482	Endorsed	ENDORSED	08/07/2026

Table 22: Version control table

FSPM Q1 Performance Measures - For Information

Focus Area		Priority		Success Measure	Target
	**1. Staff Support**	**Leaders apply a holistic approach to performance in line with the intent of the performance model to support staff to have the skills and knowledge to fulfill their roles while balancing performance and well-being**	1.1	Leaders hold one-to-one conversations every 28 days using a holistic approach that covers performance, wellbeing, workloads, quality and sustainability	80%
			1.2	**Line managers across frontline services have completed learning on Leading through Change**	80%
			1.3	All members of site Aggression Response Teams have completed mandatory training	100%
	**2. Productivity**	**Participants receive timely plans that meet their needs**	2.1	Regional Services jurisdictions with formal targets in place reach and maintain productivity targets	100%
			2.2	**NEC delegates reach and maintain formal productivity targets**	90%
	**3. Quality**	**Staff deliver plans that are aligned with current legislative requirements and adhere to quality expectations.**	**3.1**	**Plans received by HDD that do not need to be returned to the planner for further action**	60%
			3.2	Plans reviewed by HDD where no calculation issues are identified	80%
			3.3	Approved plans have a Planning Conversation Support Tool uploaded	100%
	**4. Sustainability**	**Strengthen capability by driving improved practices and processes, while supporting a reduction in plan inflation rates.**	**4.1**	**The percentage of plan change cases that are created by planners and PSOs reduces over time**	30%
			4.2	**Average inflation rates on reassessed plans reduces over time**	TBD%
			4.3	Plans over $200k that inflate by 5% or more, have a second delegate check	80%
	**5. Participant Experience**	**Ensure the Participant Pathway Experience is accessible, inclusive, and equitable, while effectively meeting participant needs.**	5.1	Percentage of participants who say they were treated with respect during the plan approval process	90%
			5.2	**Percentage of participants who say they felt the implementation of their plan was good or very good**	70%
			5.3	Frontline services staff have completed Plan Implementation Conversations CI Connect module	80%

Success Measures in **bold** are new for Q1