DOCUMENT 1

McAllister Ministerial Brief – Noting
(AGENCY INITIATED)
MS26-000066
Date sent to MO: 30 June 2026

To: Minister McAllister

Through: Chief Executive Officer

Cc: Minister Butler

Subject: NDIS Payment and Funding Amounts Policy Review

Minister to note by and reason: N/A

Minister Comments:

Minister Signature ..... Date / / 2026

Clearance Officer:	John Dardo, Deputy CEO	Group: Integrity Transformation and Technology Services	Ph: s22(1)(a)(ii) - irrelevant material
Contact Officer:	Kitsa Papadopoulos, General Manager	Division: Integrity and Payments Transformation	Ph: s22(1)(a)(ii) - irrelevant material

Brief Summary: Consistent with legislation, the National Disability Insurance Agency (NDIA) will update public and internal guidance to make it clear that where claims exceed a funding period amount, they may be deferred and submitted in subsequent funding periods where funding is available, rather than seeking an exemption under section 45(5) of the *National Disability Insurance Scheme Act 2013*.

Subject to other announcements and messaging, external communications are expected to go live week commencing 6 July 2026. These communications will provide guidance on managing claims across funding periods and importantly, highlight that deferring claims will mean there will be less available for new spending in the next funding period.

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This clearer approach to claiming for amounts exceeding the funding period amount will benefit participants by providing options and preventing disappointment when requests for an exemption are declined. The current decline rate is 95.5%.
By providing an alternative to exception requests, it will also reduce unproductive workloads in the NDIA.

Strong safeguards remain in place to enable appropriate responses to specific circumstances of crisis and emergency situations. The NDIA will review impacts over the first 6 months of implementation.

Key Issues:

1. NDIA claiming systems reject all claims that exceed the funding available in that funding period, and direct claimants that they can seek payment under exceptional circumstances. A lack of guidance on alternatives has resulted in a significant number of manual claims and claims and payment enquiries (CPEs) as claimants seek payment where exceptional circumstances do not exist.
2. This has resulted in substantial unproductive workloads for NDIA frontline teams and frequent disappointment for claimants as the majority of these CPEs are declined. There have been 15,493 claims and payment enquiries in the period October 2024 to 31 May 2026 seeking payment above the funding period amount under exceptional circumstances, with only 4.5% (455) of those reviewed being approved.
3. The strengthened communications and guidance will clarify that claims may be submitted in the next funding period and reinforce expectations around managing expenditure within the overall plan budget.
4. The proposed approach will improve participant and provider understanding of the most appropriate options. It is expected to reduce avoidable NDIA workload, improve the claimant experience by setting clearer expectations and ensure the integrity of all claims while enabling flexibility across the participant's plan budget.

Background:

- The National Disability Insurance Scheme (NDIS) Amendment (Getting the NDIS Back on Track No.1*)* introduced funding amount and funding periods in October 2024.
- The NDIA introduced public and internal guidance to support this measure. Since August 2025, the NDIA has consulted plan managers and reviewed feedback, including assessment of the exception CPEs. This process showed that clearer guidance is needed.

Media considerations:

- From week commencing 6 July 2026, external communications for both funding periods and older claims will include updates to core content such as webpages, factsheets, and operational guidelines, alongside a broader awareness campaign delivered through participant and provider newsletters and social media channels.
- Participant advocates or sector representatives may express concern if changes are perceived as increasing administrative burden in holding claims for a period of time before submitting them. Plan managers will need to implement processes for how (and by whom) the claim should be held. This risk will be mitigated through communications that clarify responsibilities of providers, plan managers and participants of appropriate claiming practice. Direct conversations have commenced with peak bodies.

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- There is no anticipated requirement for proactive media engagement, with general messaging developed to support the guidance material.

Sensitivities:

- Funding being utilised ahead of a funding period places the participant at risk if they continue to utilise supports at a higher rate than was approved in their plan. To mitigate this, communications highlight the need for participants and their provider to work together to examine future support delivery needs, and to ensure adherence to the total plan budget.
- There may be a perception that legitimate exception claims will not be honoured. To mitigate this, communications highlighting that exhausting funding before the end of a funding period or plan, or inadvertently neglecting to claim within legislated time limits, is not, in and of itself, an exceptional circumstance, while clearly setting out what the exceptional circumstances are. Claims for exceptional circumstances will be supported where supports are required to address an imminent risk to life, health or safety, or where funding is otherwise inaccessible due to factors such as fraud, financial exploitation or the participant's inability to request a plan variation.

Financial Impacts: Nil

External Consultation:

- NDIA has provided a briefing to Disability Intermediaries Australia in anticipation of external communications being released.
- Key messages will be reinforced through NDIA's Industry Chief Executive (ICE) Forum and to large plan managers.

Regulatory Implications: N/A

Attachments: Nil

PDMS Distribution CC List:

Minister Butler, Ministerial Branch Manager, Ministerial Director

Executive Officer, Integrity Transformation and Technology Services, s22(1)(a)(ii) - irrelevant mate

Acting Executive Officer, Service Delivery, s22(1)(a)(ii) - irrelevant material

Executive Officer, Legal, Reviews, Actuarial & Data, s22(1)(a)(ii) - irrelevant material

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Executive Officer, Service Design and Improvement, s22(1)(a)(ii) - irrelevant material

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Collateral pack

Funding period updates

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External

Website content

Page 1 of 4: Guide to changing your plan

You don't need to wait until your next check-in to ask for a change to your plan.

On this page

- Deciding if a plan change is right for you
- Know who to talk to about a change to your plan
- Find out how our decision-making process works
- Understand the ways we can change your plan
- Our Guidelines

Deciding if a plan change is right for you

You should let us know as soon as possible if your situation has changed and you need more or different NDIS supports.

However, your supports need may sometimes go up and down and don't always line up exactly with your funding periods. If you don't use all your funding in a funding period, it will roll over to the next funding period within the same plan.

If you need more supports than expected in a funding period you may still be able to claim for support. If there is enough funding in the next funding period and the rest of the plan, participants and providers may agree to claim in the next funding period.

If this is the case for you, you won't need to request a plan change. Learn more about your NDIS funding.

Know who to talk to about a change to your plan

If your situation or support needs change, your plan may also need to change.

First, talk to your my NDIS contact, support coordinator or recovery coach about what's changed in your life. They may be able to help you use your budgets and NDIS supports flexibly to meet your needs. If this works for you, a change to your plan won't be needed.

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If the change in your life means your plan no longer works for you, talk to your my NDIS contact. They can explain what new information and evidence we need to help us decide if we can make changes to your plan. The information and evidence we need will depend on the reason you're asking for changes.

Learn more about how to ask for a change to your plan.

Find out how our decision-making process works

What we're looking for when thinking about making a change

We'll talk to you to understand why you need the change you're asking for. We need to:

- work out whether it meets our guidelines for a change
- look at the information and evidence you give us to support the change
- consider how the changes you're asking for work with the rest of your plan
- confirm the change is for NDIS supports related to your disability.

Understand the ways we can change your plan

There are 2 ways we can change your plan:

- a plan variation (small change)
- a plan reassessment (big change).

Both plan variations and reassessments take 28 days for us to complete, once we have the information and evidence we need.

What a plan variation is

A plan variation is a small change to part of your current plan. This might include small changes to:

- your goals
- your plan's reassessment date
- the way you manage your funding
- provide funding for short-term supports if your situation changes suddenly

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- add crisis or emergency funding because of a significant change in your support needs.

Learn more about plan variations.

What a plan reassessment is

A plan reassessment is when we replace your plan with a new one.

We do this when:

- you have a significant change in your life and your plan no longer meets your needs
- you need more, less or different NDIS supports
- your current plan's reassessment date is coming up and we need to work with you to create a new plan.

If we need to do a plan reassessment with you, your my NDIS contact, support coordinator or recovery coach can help you prepare.

Learn more about plan reassessments.

If we decide to change your plan

Your NDIA planner will create a new plan for you and invite you to a plan meeting to talk about the decisions they've made.

Learn more about plan meetings.

If we decide not to change your plan

We'll explain why we made that decision and the reasons behind it.

What to do if you don't agree with our decision

You have the right to request a review.

Learn more about decision reviews.

Our Guideline

Download the changing your plan guideline:

- Changing your plan - PDF 414.72 KB
- Changing your plan - DOCX 144.27 KB

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Page 2 of 4: What is a plan variation?

A change we can make to part of your current plan.

On this page

- What a plan variation is
- What a plan variation is for
- What a plan variation is like

What a plan variation is

When we do a plan variation, we only change part of your plan. We do plan variations when the change you've asked for fits with your overall package of NDIS supports. This means we don't need to do a plan reassessment to create a whole new plan for you.

If you think your plan needs to change, you can let us know at any time. You don't need to wait for your check-in.

What plan variations are for

There are a few things we can do a plan variation for, like changing:

- the reassessment date of your plan
- your goals
- your statement of your supports
- the way you manage your funding component amounts.

We can also use a plan variation to correct or add information too. This could include:

- fixing a small or technical error in your plan
- adding assistive technology that has been recommended in an occupational therapist's report that we requested during planning.

If you need crisis or emergency funding, we do this in a plan variation so you can access the NDIS supports you need quickly.

Using all your funding before the end of your plan or funding period isn't considered by itself an emergency.

What a plan variation is like

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How we make plan variations

If you ask us to change your plan, we may ask you for information and evidence to support that change.

Once we have the information and evidence we need from you to decide about the change, we'll let you know our decision within 21 days.

If we need more evidence from you to make the change, or we think you might need a plan reassessment, we will tell you.

If we decide not to change your plan, we'll let you know and explain why.

If we do vary your plan, you'll get a copy of your varied plan within 7 days.

If you don't agree with our decision

If we make a decision about your plan you don't agree with, you can request an internal review of a decision.

Page 3 of 4: What is NDIS funding

A set amount of money given to participants, to buy NDIS supports in line with their plan.

On this page:

- What NDIS funding is
- What NDIS funding is for
- What NDIS funding is like

What NDIS funding is

The money in a participant's plan is called NDIS funding.

The amount of funding we put in your plan depends on the evidence you give us, your NDIS supports and your situation.

We also look at data we have collected about other participants with similar circumstances and NDIS supports since the NDIS started.

We use all this information to decide how much funding you need in your plan to buy NDIS supports.

What NDIS funding is for

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Our rules say what NDIS funding can be used for. The things you can use your NDIS funding for are called NDIS supports.

NDIS funding can be used to pay providers and buy NDIS supports if they are related to your disability and are in-line with your plan.

The funding in your NDIS plan is split into 4 different support budgets that can help you work towards different goals.

Depending on your situation and NDIS supports you have, you may not have NDIS funding in all 4 support budgets in your plan. This is because each person with disability has different needs.

Your funding might cover things such as:

- help with household tasks
- help with personal care
- assistive technology such as home modifications or mobility equipment
- therapeutic supports.

Get to know the support budgets and categories

Learn more about support budgets and categories in your plan:

- Guide to the support budgets
- What are core supports
- What are capital supports
- What are capacity building supports
- What are recurring supports

What NDIS funding is like

You'll be able to see the NDIS funding available in your plan in:

- the myplace or my NDIS participant portals
- the my NDIS app.

Funding amounts, components and periods

New NDIS plans show total funding amounts, funding component amounts and funding periods.

Total funding amounts

This shows the total amount of funds allocated to all reasonable and necessary supports over the length of your plan.

Funding components

You total funding amount will be divided into funding components. These components can be core, capacity building, capital or recurring support budgets.

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Each component has an allocated amount that can be used to purchase supports covered under that component.

Funding periods

The total amount for each funding component will be made available to you in specific time intervals. We call these funding periods.

Each funding component has its own funding periods.

Funding periods will usually be three months. Funding periods helps give you flexibility and to manage your budget. They don't change your total funding amount in your plan. They only change when you can access your funds.

It's important to carefully manage your funding in line with the total funding amount of your plan. This includes making sure that supports claimed are aligned with the funding available for each funding period. Additional claims can't be paid if the funding in that period is exhausted.

However, your support needs may sometimes go up and down and won't always line up with your funding periods.

If you don't use all your funding in a funding period, it will roll over to the next funding period within the same plan. If you need more supports than expected in a funding period you may still be able to claim for support.

You can claim for your NDIS support in your next funding period if:

- you and your providers agree to claim in the next funding period
- you have enough funding to cover the supports needed for that period and in the rest of your plan
- your provider agrees to wait for their payment until your next funding period.

If you claim from the next funding period, it's a good idea to:

- review your service agreement and delivery schedule with your providers
- adjust the service agreement or delivery schedule to make sure you can cover your supports until the end of your plan.

You may need to pay for supports yourself if they aren't funded in your plan.

Learn more about the improvements we're making to NDIS plans.

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Page 4 of 4: How to support participants as a plan manager

Here's how to support participants as a plan manager.

On this page

- Step 1: Understand your participant's plan
- Step 2: Understand your tasks as a plan manager
- Step 3: Pay service providers
- Step 4: Prepare monthly reports and statements
- Step 5: Help participants change plan managers

Step 1: Understand your participant's plan

Make sure funds are spent in line with the plan

Plan managers must make sure NDIS funds are spent in line with the participant's plan and on NDIS supports.

It is important to understand:

- what an NDIS support is
- what is not an NDIS support
- what a replacement support is.

Learn more about support types and funding categories.

Step 2: Understand your tasks as a plan manager

As a plan manager, your tasks to support participants include:

- having an establishment or set up meeting with them
- financial administration of their plan
- keeping track of their budgets
- assessing and submitting claims, processing invoices and paying providers
- making sure each claim is in line with their plan, budget and NDIS supports
- making sure they're aware of and approve claims
- keeping records of how NDIS funding is spent
- making sure each claim meets NDIS compliance requirements
- helping to resolve payment disputes.

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Step 3: Pay service providers

As a plan manager, you'll pay invoices for NDIS supports on a participant's behalf.

You need to consider the price limits within the NDIS pricing arrangements and price limits before paying providers.

Use the myplace provider portal to submit a claim for payment after providers have delivered the service.

It's important you ask your participants for authorisation when managing claims and paying providers.

You should pay providers or reimburse participants in a timely manner. This should be within 2 business days of you receiving payment from the NDIS.

Additional claims can't be paid if the funding in that period is exhausted.

However there are times when a participant's support needs may go up and down and they don't line up exactly with their funding periods. You may still be able to claim for NDIS supports when this happens.

You can claim their NDIS supports in the next funding period if:

- the participant and their providers agree to claim in the next funding period
- the participant has enough funding to also cover the supports needed for that period and in the rest of their plan

If a claim is made from the next funding period, it's a good idea to work with the participant to:

- review the service agreement and delivery schedule
- adjust the service agreement or delivery schedule to make sure they can cover their supports until the end of their plan..

You can contact us if you think a participant may be using their funding too quickly.

Step 4: Prepare monthly reports and statements

Plan managers must provide participants with a monthly financial statement. This helps keep participants informed about their plan spending.

Monthly financial statements should include:

- how much of their NDIS plan has been spent
- whether the amount spent is consistent with expectations for the funding period, components and total plan

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- the remaining balance of funds in their plan
- any concerns about overspending of NDIS funds, where required.

Plan managers may also need to prepare reports and statements when participants choose to change plan management providers and for plan reassessments.

Step 5: Help participants change plan managers

Participants can choose to change their plan manager at any time.

Plan managers should help participants move to a new plan manager if they want to.

The current plan manager can submit claims for any period, including supports delivered when they weren't the plan manager. Any claims submitted by the previous plan manager will be rejected, even if they were the plan manager at the time the supports were delivered. The previous plan manager should forward any outstanding invoices to the new plan manager for processing.

If participants want to change or remove their plan manager, they need to let us know. They can do this by:

- speaking with their my NDIS contact
- calling the National Contact Centre on 1800 800 110
- submitting an enquiry through our service hub.

If a plan manager wants to end their relationship with a participant, this can be done in the provider portals. Plan managers need to give participants 28 days' notice. This should be outlined in the service agreement. They also need to continue to meet their obligations until the relationship ends.

Participant newsletter

<Subject: Payment claim updates>

Reading grade: 9.8

- Claiming as soon as possible after receiving a support makes it easier for you to keep track of your NDIS budget.
- But sometimes your support needs may go up and down and not align with funding periods.
- If there is sufficient funding within the same plan, participants and providers may agree to claim in the next funding period.

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- Visit <Funding periods> page on the NDIS website for more information to help you decide if this is suitable for you.

Provider newsletter

Standalone <Subject: Payment claim updates>

Grade: 8.2 (adjusted without webpage titles: 6.1)

Option to combine with Aged claims communications, subject to content finalisation

- When you deliver an NDIS support, it's best to make a claim as soon as possible.
- However, a participant's support needs may go up and down and not always align with funding periods. When this happens, participants can still claim for support.
- If there is sufficient funding within the same plan, participants and providers may agree to claim in the next funding period. You can read more on our website on information for plan managers.
- For more details see How to support a participant as a plan manager: pay service providers.

Internal

Huddle

- Guidance is available on what is considered s45(5) exceptional circumstances for payments.
- Exceptional circumstances relate only to plans with funding periods, and can include imminent risk to health or safety, experience of fraud or financial abuse, participant has a change in circumstances but was unable to make a request for plan variation due to their disability or lack of decision-making support or a plan variation has been requested but no decision has been made.
- Service delivery staff can find updated information in knowledge articles.
- For staff in claims and payments or triage, contact Claims and Payments helpdesk by raising a ticket.

Intranet notice

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- Guidance is available on what is considered s45(5) exceptional circumstances for payments.
- Exceptional circumstances relate only to plans with funding periods, and can include imminent risk to health or safety, experience of fraud or financial abuse, participant has a change in circumstances but was unable to make a request for plan variation due to their disability or lack of decision-making support or a plan variation has been requested but no decision has been made.
- Agency staff and partners are to advise providers, plan managers and participants that if funding has been exhausted, they should not submit claims if they will not meet the above circumstances.
- There is no longer a requirement that:
    - Crisis-related costs must be incurred on or after lodgment of an s47A plan variation request, where exceptional circumstances exist.
    - A provider, plan manager or self-managed participant needs to have a claim rejected prior to submitting a claim for consideration of exceptional circumstances under s45(5).
- Visit the NDIS website to read advice for participants and plan managers.
- For staff in claims and payments or triage, contact Claims and Payments helpdesk by raising a ticket.

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Talking points

Reading grade: 12.5

Background

- Changes to the *National Disability Insurance Scheme 2013 (the Act)* introduced funding periods, and defined exceptional circumstances where claims that exceed the amount of funding specified in a plan may be claimed.
- A participant's support needs may fluctuate over time and may not always align exactly with funding periods.
- When this happens, participants may still claim for supports from the next funding period provided they will have enough funding to also cover the supports needed in that period and for the rest of their plan.
- It is important that participants carefully manage their funding in line with their plan. This includes ensuring claiming aligns with the funding available for each funding period.

Key messages

General funding principles

- A participant's support needs may fluctuate and not always align exactly with funding periods.
- When this happens, participants may still be able to claim for support.
- If there is sufficient funding within the same plan, participants and providers may agree to claim in the next funding period.
- It's important to think about how this will impact a participant's budget for the rest of their plan.
- The NDIA must not pay claims that would exceed the amount of funding specified in a plan, except in exceptional circumstances defined in s45(5) of the Act.
- Exceptional circumstance payments must be approved by the Agency.
- Providers, plan managers and participants should not submit claims if they will not meet these exceptional circumstances.
- If supports are used and there is no available funding, participants may be liable to cover the costs.
- If a participant's situation has changed and they need more or different supports, they should let us know as soon as possible.

What are exceptional circumstances

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- Under S.45(5) of the *National Disability Insurance Scheme 2013 (the Act)*, the NDIA may make payments above the value of a plan in exceptional circumstances.
- Exceptional circumstances are defined under the Act as:
    - Imminent risk to health or safety
    - Experience of fraud or financial abuse
    - A participant has a change in circumstances but was unable to make a request for plan variation due to their disability or lack of decision-making support
    - A plan variation has been requested, but no decision has been made.
- In these cases, evidence will be required to prove the need.
- Examples of evidence include documents from an appropriate enforcement agency, emergency services, treating practitioners or crisis services.
- NDIA staff and partners make sure that claiming practice is aligned to this legislation.
- Using all funding before the end of a plan or funding period is not by itself considered an exceptional circumstance.

We'll generally only consider paying for essential supports you rely on every day, like personal care, disability-related health supports or behaviour supports.

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DRAFT - Communications strategy – Funding period policy amendments

	Summary

Background	• On April 28, Policy Committee endorsed (in principle) the following amendments:
	  ○ Clarify the Agency's position, consistent with legal advice, that claims exceeding the available budget within a funding period can be deferred and submitted in the next funding period rather than seeking an exemption under s45(5) of the NDIS Act.
	  ○ Remove the requirement that crisis-related costs must be incurred on or after lodgment of an s47A plan variation request, where exceptional circumstances exist.
	  ○ Remove the requirement for a claimant to have a claim rejected prior to submitting a claim and payment enquiry (CPE) for consideration of exceptional circumstances under s45(5).
	• Currently the Agency is receiving a high volume of S.45(5) requests, and it is expected these could reduce if there is better understanding about options.

Communication objectives	• Inform audiences of changes to funding period policy amendment • Build audience understanding of how this will impact them including process changes
Key audiences	• **External**: Participants, nominees, plan managers, other providers • **Internal:** Frontline staff and partners, claims and payments staff (primary), all staff (secondary)
Risks and mitigation	• **Risk 1:** Unclear messaging leads participants to believe they can defer payments beyond life and value of the plan **Mitigation 1**: Messaging is clear regarding responsibility to manage budget within the life of the plan, and that overspending is not considered an emergency • **Risk 2:** Participant safety and wellbeing is compromised due to lack of awareness and misunderstanding regarding exceptional circumstances **Mitigation 2:** Messaging is clear about what the legislation allows and does not allow

Approach overview	• **External audiences**
	  ○ Core content update: webpages, factsheets, operational guidelines
	  ○ Awareness campaign: Participant newsletter, provider newsletter, social media
	• **Internal audiences**
	  ○ Operational content update: Staff guidance, knowledge articles, talking points
	  ○ Awareness campaign: Staff notices, huddle

Key messages (overview)	• It is important that participants carefully manage their budget in line with their plan. • This includes making sure that supports claimed are aligned with the funding available for each funding period. • A participant's support needs may go up and down and not always align with funding periods. • If there is sufficient funding within the same plan, participants and providers may agree to claim in the next funding period. • If your situation has changed and you need more or different supports, you should let us know as soon as possible. • Using all funding before the end of a plan or funding period is not by itself considered an emergency. • **For staff**: Exceptional circumstances relate only to plans with funding periods, and can include imminent risk to health or safety, experience of fraud or financial abuse, participant has a change in circumstances but was unable to make a request for plan variation due to their disability or lack of decision-making support or a plan variation has been requested but no decision has been made.
Evaluation	• Views and engagement across external communication channels • Whether number of plan variation requests decreases • Anecdotal feedback regarding staff comfort with implementing changes

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DOCUMENT 4

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DRAFT - Key messages

Funding period policy changes

Final approval date:	
Approved:	Draft
Content owner:	s22(1)(a)(ii) - irrelevant material, EL1 Strategic Communications
Related documents	DRAFT - Funding period policy changes - Strategic Communications Key Messages v0.1.docx

Key messages

General

- It's important participants manage their funding in line with their plan.
- This includes making sure supports claimed line up with the funding available for each funding period.
- If all funding for a period is spent, extra claims can't be paid.
- If all their funding in a funding period is not spent, it will roll over to the next funding period within the same plan.
- If participants need more support than expected in a funding period they may still be able to claim for support.
- Participants can claim for NDIS support in their next funding period if:
    - they and their providers agree
    - they have enough funding available in that period and in the rest of their plan
    - your provider agrees to be paid in the next funding period.

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- If you claim from the next funding period, it's a good idea to:
  - review your service agreement and delivery schedule with your providers.
  - adjust the service agreement or delivery schedule so your funding lasts until the end of your plan.
- You can't claim more than the total funding amount in your plan.
- If supports are not funded in your plan, you may need to pay for them yourself.
- You should let us know as soon as possible if your situation or needs change.
- Using all funding before the end of a plan or funding period is not by itself considered an emergency.

Plan managers and providers

You can contact us if you are concerned a participant may be using their funding too quickly.

Commented [JC1]: Link to contact page

Staff and Partners (Payments and Claims, Frontline)

- Guidance is available on what is considered s45(5) exceptional circumstances for payments.
- Exceptional circumstances relate only to plans with funding periods, and can include:
  - Imminent risk to health or safety
  - Experience of fraud or financial abuse
  - A participant has a change in circumstances but was unable to make a request for plan variation due to their disability or lack of decision-making support
  - A plan variation has been requested, but no decision has been made.
- Agency staff and partners are to advise providers, plan managers and participants that they should not submit claims if they will not meet the above circumstances.
- There is no longer a requirement that:
  - Crisis-related costs must be incurred on or after lodgment of an s47A plan variation request, where exceptional circumstances exist.
  - A provider, plan manager or self-managed participant needs to have a claim rejected prior to submitting a claim for consideration of exceptional circumstances under s45(5).
- It is important to know:

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  - A participant's support needs may sometimes go up and down and not always exactly align with the funding available for each funding period.
  - When this happens, participants may still be able to claim for support.
  - If there is sufficient funding within the same plan, participants and providers may agree to claim in the next funding period.
  - It is important that enough funding is left in that funding period to cover essential supports, including over the life of the plan.
  - The NDIA must not pay claims that would exceed the amount of funding specified in a plan, except in exceptional circumstances under s45(5) of the Act.
- You can read more about this <on our website.>
- For staff in claims and payments or triage, contact Claims and Payments helpdesk by raising a ticket.

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Communications Schedule

Funding periods

Final approval date:	**June 2026**
Approved:	
Content owner:	s22(1)(a)(ii) - irrelevant material, EL1 Strategic Communications
Related documents	• DRAFT - Funding period policy change - Communications Strategy.docx • DRAFT - Funding period policy changes - Strategic Communications Key Messages.docx

Table 1: Planning schedule

Date	Audience	Activity	Lead	Status
13 May 2026	Frontline staff, and external	OG “Your Plan” Updates	Service Guidance	Drafted
13 May 2026	External	Factsheet updates	Service Guidance	Drafted
13 May 2026	Frontline staff	FP Case examples	Claims and Payments	Drafted
13 May 2026	Frontline staff	Knowledge article updates	Service Guidance	Drafted

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13 May 2026	Claims and payment	CPE Guidance updates	Claims and Payments	Drafted

Table 2: Internal schedule

Date	Audience	Channel	Lead	Status
6 July 2026	Internal	Frontline notices	Change	
6 July 2026	NCC	NCC script/notice	NCC	In draft
7 July 2026	Internal	Huddle	Strat comms, internal comms	Requested Drafted – for approvals Request by 25 June
15 July 2026	Internal	Intranet notice	Strat comms, internal comms	Requested Drafted – for approvals

Table 3: External schedule

Date	Audience	Channel	Lead	Status
By 6 July 2026	Participants, providers	NDIS website	Strat Comms, Foundational Comms	Requested Drafted – for approvals
9 July 2026	Participants	NDIS newsletter	Strat Comms, Newsletter team	Requested Drafted – approved By 26 June 2026

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Date	Audience	Channel	Lead	Status
5 July 2026	Providers	Provider Newsletter	Strat Comms, Provider Comms	Requested Drafted - approved
W/c 6 July 2026	General	Social media	Strat comms, digital media	
Ongoing	Participants	Evergreen content – newsletter and social media	Strat comms, newsletter team, digital media	

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