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How you get paid depends on how the participant manages their NDIS budget.

## Self-managed participants

Participants who are self-managing their plan are invoiced by, and pay, providers directly.

Participants need a receipt from the provider to acquit the expenditure against their plan using the myplace participant portal.

## Plan-managed participants

Where a participant has a plan manager assisting them, providers need to send invoices directly to the participant's plan manager. Invoices must include a valid ABN unless the provider is exempt from quoting an ABN.

The plan manager will process the payment through the myplace provider portal and pay the provider.

## NDIA-managed participants

Registered providers need to submit a payment request through the myplace provider portal to receive payment for services or supports for participants who are NDIA-managed.

Refer to the [Using the myplace provider portal step-by-step guides](#) for detailed steps on making payment requests.

Providers need to submit a payment request within 90 days from the end of the service booking.

You will need the following information to claim:

- participant name
- participant reference number or NDIS number
- dates of support
- support item reference number
- support item price.

## **Making payment requests**

Registered providers can make a payment request once a support has been delivered or provided.

If a participant is NDIA-managed, you need to create a service booking before providing supports.

Without a service booking you will not be able to submit payment requests to be paid for supports you have provided.

Payment requests are submitted through the myplace provider portal. Details are in the [myplace provider portal step-by-step guides](#).

We actively [monitor payment requests](#) to make sure claims accurately reflect services delivered.

## **Prepayment**

Prepayment is generally not permitted for supports or services.

For some higher cost supports, you may be able to claim prepayment before the support is delivered.

Prepayments without written approval from the NDIA can only be claimed in the specific circumstances outlined in the [NDIS Pricing Arrangements and Price Limits](#).

## **Plan-managed payment requests**

If a participant is plan-managed, plan managers must include a valid Australian Business Number (ABN).

It is mandatory for plan managers to include an ABN for all businesses unless the payment request is:

- a reimbursement to a participant who has paid for a support or service with their own money
- for a provider exempt from quoting an ABN under Australian Taxation Office (ATO) rules.

For information about ABN entitlement and exemption [visit the ATO website](#) .

## **In-kind supports**

Some providers are paid by the state or territory government. However, these types of support are progressively transitioning to the NDIS.

For further information and resources go to the [In-kind supports provider information page](#).

## **Invoice requirements**

We sometimes ask providers to submit invoices as part of a payment enquiry through the myplace provider portal.

Invoices should contain:

- provider's NDIS business name
- provider's ABN
- participant's name and NDIS number
- support item number
  - listed in the [NDIS Support Catalogue](#)
- amount and quantity claimed for each unit of the support provided
  - for example, \$51.09 each x 2 units
- date/s the support was delivered
- total invoice amount
- GST component if applicable (most services are GST free).

Note:

- an invoice can only be for one participant, but can include multiple supports
- plan managers must also include the ABN of the third party provider.

Refer to the ATO website for more about [tax invoices](#) and [GST-free NDIS supplies](#) .

## **Provider Payment Assurance Program**

You must keep full and accurate records of supports delivered as part of any review under the Provider Payment Assurance Program. Failure to do so may result in monies having to be

repaid to the NDIA.

The Provider Payment Assurance Program confirms the accuracy of payment requests submitted by registered providers.

## Documenting support delivery

Records, at a minimum, must include the:

- participant's name
- participant's reference number (previously NDIS number)
- date(s) and total hours and/or quantity of the support delivered
- support type
- location of support being delivered.

Depending on the nature of the support being delivered, additional documentation guidelines may apply and be requested as part of the Provider Payment Assurance Program.

## Document support delivery templates and examples

For guidance, the following templates are included for providers to use or adapt:

- [Documentation by support type \(PDF 294KB\)](#)
- [Documentation by support type \(DOCX 106KB\)](#)
- [Support log example \(PDF 367KB\)](#)
- [Support log example \(DOCX 96KB\)](#)
- [Group roster example \(PDF 108KB\)](#)
- [Group roster example \(DOCX 107KB\).](#)

## Retaining documentation of support delivery

The following documentation must be retained (either electronically or paper based) and provided as evidence of support delivery when requested:

- approved service agreement containing the schedule, cost, quantity, type and quality of supports to be delivered and their location; as well as the expected outcomes for the participant
- approved quotes as appropriate
- evidence of support quantity
- evidence of support type
- staff rosters

- final report or assessment.

Logs for individual support provided to the participant and rosters for group supports are the best method of documenting the quantity of supports delivered.

Wherever possible, these logs should be signed by the participant, a parent/guardian, nominee or carer, as confirmation the support was delivered as claimed. Rosters should also include the ratio or intensity of group supports.

A log or roster may be sufficient evidence of both quantity and support type for some simple supports. More complex supports require additional information as evidence, and a case note should be completed.

Effective case notes document activities engaged in and how they relate to the support type claimed. Depending on the support type a case note may also document progress and plans for future sessions.

## **Documentation by support type**

You should use your judgement to make sure you have suitable evidence for all claims and are maintaining suitable documentation.

### **Core supports**

Core supports include the following support categories:

- assistance with daily life
- transport
- consumables (which should be documented in line with capital supports)
- assistance with social and community participation (which should be documented in line with capacity building supports).

Core supports are episodic, with the exception of Supported Independent Living. Episodic supports have a distinct daily start and end time.

While most episodic core supports are adequately evidenced through a service agreement and roster or log, some complex core supports may also require a case note or report.

Supported Independent Living supports extend 24 hours or more at a time such as:

- assistance in a shared or individual living arrangement
- short term accommodation and assistance
- assistance from a live-in carer.

These supports are primarily documented through a formal service agreement detailing the duration, ratios and cost as well as specifying any daily supports provided as part of the supported independent living.

You should maintain additional documentation of staff to participant ratios, noting that supports can be shared across NDIS and non-NDIS funded participants.

You should also maintain time sheets, group rosters and case notes detailing activities and skill building.

## **Capital supports**

Capital supports include the following support categories:

- continence products
- Home Enteral Nutrition (HEN)
- selection and/or manufacture of customisable or wearable technology
- all Assistive Technology (AT)
- vehicle and home modifications.

These supports, as well as consumables, should be invoiced to the participant. Invoices with the participant's name, NDIS number and the date of delivery may not require additional documentation of quantity or support type.

## **Capacity supports**

Capacity supports include the following support categories:

- support coordination
- improved living arrangements
- increased social and community participation
- finding and keeping a job
- improved relationships
- improved health and wellbeing
- improved learning
- improved life choices
- improved daily living.

These types of supports, as well as assistance with social and community participation, typically require both a log or roster and a case note as evidence of quantity and type.

That report may be requested where delivery of these supports results in the delivery of a final report or assessment to the participant.

If you are delivering support coordination to a participant in conjunction with any other support delivery, you must retain documentation of the following:

- organisational arrangements in place to keep information separate
- a participant's options for their coordination of supports
- there is no remuneration provided to staff for participant volume
- there are no trailing commissions or percentages on funds managed
- competitiveness of pricing to avoid fixed pricing
- confirmation that any conflict of interest and the above information was disclosed to the participant
- the supports each provider commits to delivering and the required quality and qualifications
- confirmation that the participant, a parent or guardian, nominee or carer have agreed to the supports.

## **Non-compliance**

Unsupported claims may need to be repaid to the NDIA or referred to the [NDIS Quality and Safeguards Commission](#) , which could result in revocation of your registered provider status..

Providers concerned they may be in breach of, or at risk of breaching, their responsibilities under the Provider Payment Assurance Program should contact the NDIA by telephone on 1800 800 110.

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