1 June 2026

Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600

Delivered via email: community.affairs.sen@aph.gov.au

Dear Committee Secretary

National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026

Queensland Advocacy for Inclusion (QAI) is a Disabled Peoples Organisation.

QAI is an independent, community-based advocacy organisation and community legal service that provides individual and systems advocacy for people with disability. Our purpose is to advocate for the protection and advancement of the needs, rights, and lives of people with disability in Queensland.

QAI has a dedicated NDIS appeals team that provides legal advice and representation for people with disability at all stages of their Administrative Review Tribunal (**ART**) appeal.

It is with our frontline experience, including providing technical legal advice to hundreds of participants and their families engaged in ART appeals, that we write to you with our feedback in response to the consultation on the *National Disability*

Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026 (**the Bill**).[1]

It is our view that many aspects of this Bill are misconceived, dangerous, unnecessary and unfairly target people with disability. We urge the Government to **stop, slow down,** fix the price guide, **repair and tighten integrity** in the system and **build supports outside the NDIS first**. A human rights approach to the amendments must be adopted.

The NDIA itself has significant operational issues. Our countless conversations with participants and/or their families reveal a system which fails to appropriately record data, traumatizes participants and lacks transparency. It fails in its decision-making time and time again. **Fix this and savings could be achieved**.

Attached to this letter are the following:

- **Annexure A:** Case studies demonstrating the work we do and how these changes could impact current and future participants, and
- **Annexure B:** A table setting out our detailed comments (to the extent the limited time permitted) on the amendments of concern in Schedules 1 and 2 of the Bill.

Key requests

1. **Slow Down:** This Bill contains some very complex legislative amendments, the full impact of which will be catastrophic for participants. In the context of the significant changes already made in October 2024, the changes will lead to dangerous and significant gaps in funding for participants with the highest needs, with limited resources to fill the gaps other than hospitalisation. Since the October 2024 changes, the complexity of our clients' needs in the external review process has escalated significantly, as has the rates of hospitalisation, extreme isolation and severe carer burn out.

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[1] QAI also endorses the submission provided by the Queensland Independent Disability Advocacy Network (**QIDAN**).

2. **Build up supports outside the NDIS**: These changes will rapidly result in participants falling through gaps, without appropriate support outside the NDIS being established, or safeguards to reliably identify at-risk individuals. Get that right first.
3. **Repair processes within the NDIA and build integrity in the system:** Our experience working with hundreds of NDIS appeals clients demonstrates that the NDIA's internal systems can be chaotic and inconsistent. Plan reassessments are conducted without notice or consultation when not required or are refused or unactioned when desperately needed. The NDIA databases do not properly record impairments, and even in external reviews, the NDIA has on occasion been unable to tell us what impairments it recognises as meeting access. We still hear stories of the NDIA using inaccessible communication methods, despite countless corrections. Get these things right before targeting participants with suspensions and revocations.
4. **Apply the current access criteria appropriately:** For too long the NDIA has relied on list A to determine access to the Scheme instead of correctly and consistently applying the existing legislative provisions. The access list A is more permissive than the existing legislation, and it is that list and not the existing access criteria or Tribunal decisions which are responsible for the high numbers of people in the NDIS.
5. **Provider of last resort:**[2] As continuing cuts are imposed on the Scheme, there is no safety net in place for participants whose provider becomes insolvent, is shut down for abuse or exploitation, or refuses to provide supports at the intensity funded. There must be a nation-wide appropriate provider(s) of last resort policy, and mechanisms in place to fill support gaps at short notice.
6. **Price Guide:** Review the price guide. Both core and capacity building rates are largely flat regardless of the experience or skill in the services being delivered. It should not be assumed that the majority of participants will have sufficient

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[2] Recommendation 13.4 of the NDIS Review 2023 – see pages 46 and 179

leverage to offset cuts to their funding by negotiating prices significantly lower than the NDIS price limits.

7. **Housing:** Focused collaboration between the Commonwealth and the States is required to work on housing for people with disability across the country. Unaffordable and inaccessible housing is often a major driver behind the need for greater support, and the lack of accessible crisis accommodation can force increased hospitalisation. Get this right, and people with disability will benefit and savings across NDIS and Health could be achieved.

Key concerns with the Bill

We have significant concerns with the Bill. They are detailed in the table at Annexure B. Our key issues:

1. **Executive overreach:** The Bill introduces a substantial power shift from decisions made by the NDIA on review of a plan, to the Minister. The scope of these provisions is quite extraordinary and accompanied by no accountability. The Government has announced it will use these powers to cut community participation funding by 50% and capacity building (therapy funding) by 10%. In fact, the drafted powers go much further and could allow the current Minister (and future Ministers) to cut up to 99.99% of any funding component for any specified group of people. The Minister only needs to 'have regard' to the safety of participants. These powers could be used, now or in the future, for political purposes to target particular groups of people who would have no recourse or review rights.

2. **Impossible to get a reviewable reassessment:** The collective impact of the changes made in 2024 to the reassessment and end of plan provisions mean participants who need a reassessment because of over-time incremental changes to their support needs (rather than a big life change), will simply not be able to get one. The Bill allows the NDIA to continually create 'new plans' which, provided they are the same as the 'old plan', have no review rights attached to them.

If something big does change, the NDIA can take 90 days to decide whether to do a reassessment – not to actually do the reassessment, or produce a new plan, but simply make the threshold decision of whether or not to do a reassessment. That is a completely unacceptable timeframe for a person with a complex disability where, for example, their main informal carer has passed away, or where a severe medical event has resulted in an additional disability which means they cannot be discharged from hospital without a reassessment. See Frankie's case study below for an illustration of the difficult circumstance that can arise if reassessment is not done.

3. **Context of a person's life experience:** Throughout this Bill there are changes targeted at narrowing support (and access) which do not account for the full complexity of life, a person's environment, and the complexity of disability. These include the changes to s34(1)(aa), to the new definition of functional capacity, the new definition of appropriate treatment, the new presumption of parental responsibility and the punitive suspension and revocation provisions.

   All these changes have a **disproportionate and discriminatory impact** on:

   - those with complex comorbidities and trauma,
   - people living with or fleeing domestic violence,
   - children whose parents have a disability themselves and require additional support or families with multiple members with disability,
   - children whose parents are not able, through illness, addiction or trauma to provide the presumptive substantial care and support,
   - those with complex communication requirements, limited literacy or access to technology or where English is not their first language,
   - people who are homeless,
   - people living in remote Australia,
   - people with very limited financial resources,
   - First Nations Australians,
   - any combination of the above.

4. **Test for permanence made harder:** Currently, before a person is eligible for the NDIS, they must have first tried available treatments. The new definition of appropriate treatment requires a person to have tried any treatment regularly performed in Australia, regardless of a person's financial ability to pay for the treatment or their geographical location. This creates discriminatory barriers to access, favoring those with the resources to access expensive private treatments and medical specialists able to write comprehensive reports. See our case study for James, who was First Nations and who lived in a remote community in North Queensland below.

5. **Arbitrary cut to social and community participation:** The proposal to cut community participation funding by 50% is extreme and will adversely affect those least able to withstand an arbitrary cut in their funding. Social and community participation has been unfairly targeted.

   Our key concerns:

   - Where participants have insufficient funding for basic daily activities like showering, dressing, eating, this funding, in our experience, is used to make up the gap. Many participants already forego community access, other than that which they must absolutely attend, like GP or hospital appointments, because they lack sufficient funding for self-care (see Frankie in our case studies).
   - Cuts should not occur to participants with 24/7 support needs. Community participation funding is part of the coverage and a cut to that funding would cut the 24/7 coverage (we note the Department's Impact Analysis document did not seem to understand this connection). It is critical for participants with 24/7 support needs who are sharing support to have community access independent from their co-tenants – this promotes longevity to those living arrangements.

   Further, many participants, particularly those who are self-managed, have worked very hard to efficiently manage their plans to 'stretch' them as far as they will go. They have already negotiated rates below the price guide – in doing so they risk losing highly skilled workers. The view in the Impact Analysis that participants can mitigate this cut by negotiating lower prices is not grounded in the reality of the bargaining power in the current market.

Final comments

We do not have alternative systems in place to catch the human lives that will fall through these new gaping holes in our essential safety net. When the NDIS fails hospital systems that are not designed for disability support will be the only place to go. Families will bear the brunt of providing care at a loss to the economy and wellbeing of Queenslanders. We call on the Federal Government to delay implementation of these changes until proper consultation can occur, until operational issues are repaired, and until alternative supports can be resourced and rolled out.

Next steps

If you would like to discuss any of our recommendations, we would be pleased to speak with you or attend to give evidence at the Senate Committee.

Yours faithfully,

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ANNEXURE A: CASE STUDIES

James: Access for First Nations - Relevant to Permanence Test and Other Service Systems

QAI assisted James* a First Nations man in his mid-50s living in a remote Northwest town with his access appeal at the Administrative Review Tribunal.

James lived with complex physical and psychosocial disabilities associated with his chronic joint pain, obesity, chronic obstructive pulmonary disease, osteoarthritis, post-traumatic stress disorder, and bipolar affective disorder. He had very high support needs. He could not shower or complete basic self-care tasks without significant support. James was regularly being hospitalised due to his self-harm attempts, using this hospital support as 'respite' as he did not have access to appropriate supports in his home and community.

He had been trying to gain access to the NDIS for years.

As he was First Nations and in his early to mid-50s, the health services arranged for him to be on highest home care package under My Aged Care, so he has some in-home support. Despite this his main support worker provided significant unpaid support well, above and beyond what his package provided, which was unsustainable long term.

The barrier for James was not his function – it was extremely clear on the evidence that he met the legal criteria for substantially reduced functional capacity. It was demonstrating that his impairment, psychosocial and physical were permanent. Due to the complex nature of his conditions, their overlapping impact, and because he lived in a remote town with limited access to health services, it was very difficult for James to demonstrate to the standard required by the current NDIS law that his impairments attributable to his multiple complex chronic health conditions were permanent and could not be treated. Gathering the evidence needed to demonstrate this was only possible with QAI's assistance in his appeal at the Administrative Review Tribunal.

James ultimately was successful with his appeal, without the need for a hearing. He received his first NDIS plan, which the funding that he needed to live safely in the community. It was more than the My Aged Care system, because James's complex disabilities required that.

Unfortunately, last year James passed away in hospital from complications associated with his disabilities. In the last 12 months of his life, he got the support he needed, his hospitalizations reduced, and he got out on country fishing.

The proposed amendments would likely have stopped James from accessing the Scheme due to:

- His being able to access an aged care home package early – despite it being wholly inadequate for his needs, and
- The proposed test for permanence which would potentially make it even harder than it was to demonstrate he met this criteria.

Frankie: Impact of underfunded plan – community access, reassessment requests and impairments

QAI assisted a 29-year participant, Frankie* with a diagnosis of ASD Level 3, an intellectual impairment, CPTSD, and a rare genetic condition with an appeal for support worker assistance. They were subjected to extreme abuse and violence by their parents as a child, removed by the State as an adult, and then with no other option, moved to live with their sister and her family.

Frankie's sister has children aged between 10 – 18. Frankie is described as having childlike behaviours and didn't understand physical boundaries, requiring very high vigilance by their sister to keep her children safe. They need constant support and supervision. Frankie only had 3 hours of support per day for self-care activities, 12 days of respite per year (at a 1:3 ratio) and 24 hours per week for community access. They needed 24-hour support. The community access support was needed to ensure Frankie was getting the bare minimum in their home. This extremely low level of funding was in place over 3 years through various change of circumstance requests and ultimately had to go to the Tribunal. It was at the Tribunal over 12 months. Through this period due to the unsustainable arrangement at Frankie's sister's home, Frankie had to move to supported independent living, without the necessary funding.

Part of the issue for Frankie was that the NDIA didn't accept evidence from a psychiatrist as to their impairments (obtained at the cost of Frankie's sister), the NDIA didn't recognise the full impact of their ASD, intellectual impairment, trauma and genetic syndrome. At the Tribunal the NDIA obtained a report from a psychiatrist appointment by them who confirmed that Frankie needed 24/7 support.

During the 3 years with insufficient funding, Frankie and their sister were under extreme pressure, providers were sourced using the limited funds, who did not have the skills necessary to support Frankie – without a plan that supported Frankie, they were at risk and several complaints had to be made to the NDIS Quality and Safeguards Commission.

This case study demonstrates:

- The barriers associated with demonstrating the impairments which meet access (noting psychiatrists are very expensive), and
- The failure of decision making at the first, second (internal review) and third instance to recognise the support needs for Frankie.

With the proposed further tightening of reassessment requests and the longer wait time, participants like Frankie and their family will be even further at risk.
Finally, the plan Frankie had was so underfunded for 3 years, that if the 50% cut to their plan occurred, combined with strict funding periods, further harm would have been caused.

Jack: Transition to adulthood – Social hospitalisation

Jack* turned 19 this year. He has a review ongoing at the ART which started in July last year. He has autism (level 3), ADHD, klinefelter syndrome and borderline intellectual functioning, together with complex health needs. He has very complex behaviours and requires 24/7 support. Prior to turning 18, he was living on his own, following behaviours which could not be sustained in his family home. Jack's housing was supported by Queensland Health which was provided on a short term basis prior to turning 18 (this was an unusual arrangement but necessary). He also received NDIS at a 1:1 ratio. In preparation for turning 18, a change of circumstance application (reassessment) was made to the NDIA to transition Jack to SDA and continue his NDIS supports, after he turned 18.

A new plan issued a few months prior to his 18th birthday which did not include SDA and included a SIL model of care at a 1:3 ratio. It included no funding for any transition to a shared model of care. There was no evidence to support a shared model of care at that time (or now) and shared care posed significant safety risks for workers, the participant and other participants.

The insufficient funding has contributed to housing instability for Jack and he has been compelled to move 4 times since March 2025, funds have been exhausted, his parent has experienced severe burnout, and most recently Jack required a social hospital admission for a period of 6 weeks.

This case demonstrates the poor planning process and understanding of life transitions by the NDIA. In addition, it demonstrates how if Ministerial determinations were to be applied to cut the funding in his plan, Jack would exhaust his funds sooner and be hospitalised earlier, or more frequently.

*Names have been changed to protect identities.

ANNEXURE B: QAI Detailed Comments on National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026

*Definitions used in this document align with those in the Explanatory Memorandum.

Bill Ref	Topic	Impacts	Change	QAI Feedback	Recommendation
Changes which commence 7 days after Royal Assent					
1-11, Sch 1, Part 1 New 9B And amendments to 24(1)c) and 25.	Defining Functional Capacity and the Rules	Access	(1) The functional capacity must be considered without regard (as far as possible) to the impact of the person's environmental and personal circumstances. (2) New rules to be made to classify thresholds and assessments, matters which must or must not be taken into account. (3) The new Rules will be Category A Rules, BUT transitional rules will be created in the interim.	QAI supports the removal of the diagnosis list (List A) used by the NDIA to determine whether a person meets disability requirements. This list was only ever intended as a transitional measure. It is this list, that granted automatic eligibility to the NDIS, and not the Tribunal or review rights which have influenced the numbers of people on the Scheme. In our experience, the Tribunal has applied an appropriate approach to 'substantially reduced functional capacity.' With respect to the change, we have two key concerns: - **Removal of environmental or personal circumstances:** This fails to account for cultural, health or trauma on a person's function. It assumes the social impact of disability has no influence on function. - **Rules:** The Transitional Rules made for this provision will have no legislative	**Legislative changes:** The definition should be removed. If Rules are required, they need to be the final rules. Transitional Rules don't allow for proper transparent process.

Bill Ref	Topic	Impacts	Change	QAI Feedback	Recommendation
				overview. Our experience with the Transitional NDIS Supports Rules, which were rushed and contain numerous errors, inconsistencies and even typos, have led to confusion, inequity and poorly understood applications. These Transitional Rules could apply for some time as they will apply to until the Commonwealth, States and Territories agree a new set of Rules.	
Sch 1, Part 2 New section 48A	Reassessment requests - widely referred to as Change of Circumstances	Participants in crisis needing urgent support	The Bill: - Extends the time the NDIA has to consider a request for a reassessment **from 21 days to 90 days** (noting this is not the time in which to conduct the reassessment – only whether to do one!)[1] - Will only be granted if:	We have **significant and serious concern** that these provisions are not nimble enough to respond to life changes for participants. In our experience, the Scheme does not and has not responded well **to life transitions,** like finishing school, moving out of home, death of a parent or spouse, loss of a flatmate or the changing impact of a disability.	**Legislative changes:** - The **word 'unanticipated' must be removed from the Bill.** Most significant changes are anticipated – but participants can't predict necessarily when they will happen. - The word 'directly' related to an impairment **must** be deleted. Where a participant's disability

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[1] The public records indicate that the NDIA is currently only making this decision within the required 21-day timeframe 29% of the time. Following the decision to do a reassessment they then have 28 days to do a plan reassessment they have agreed to (achieved 87% of the time) and 28 days to make changes to a plan (achieved 39% of the time). This seems like a workflow issue, not a legislated timeframes issue. https://www.ndis.gov.au/about-us/service-charter/participant-service-guarantee

Bill Ref	Topic	Impacts	Change	QAI Feedback	Recommendation
			○ relates directly to an impairment tested against the access criteria. ○ There has been an **unanticipated,** significant and ongoing alteration in the participant's living, education, work or network of informal support. - Gives the NDIA a right to build a new framework plan, where a participant requests a reassessment (13). - Requires a form and required documents.	A participant's plan must have flexibility to manage transitions. These changes make it slow, bureaucratic and almost impossible to get a reassessment on life changes (many of which are anticipated!). These provisions when **read in combination with the impact of short funding periods** are **dangerous,** will result in **hospitalisations, possible death, debts** incurred by participants and prevent and **delay appropriate life transitions.** A review of the case studies in the Explanatory Memorandum to the Bill indicates the drafters are not fully aware of the current provisions for requesting a variation or reassessment. For example, in relation to Majak and Mai, in our experience, the NDIA has not yet properly implemented processes for variations which could work for Mai and Majak. The tight funding periods, make it very difficult for participants to use funding flexible for a very short time. The variation process is still slow and difficult for participants with very technical legislative rules.	fluctuates or there is a rapid deterioration in function, **support MUST be the priority**, not requiring participants to evidence their additional support needs are directly related to their qualifying impairments (particularly, when, the NDIA's records of impairments are often wrong or incomplete. Eg. Forrest and NDIA [2025] ARTA 1131). - Remove 90 days for an urgent change of circumstance – 21 days is more than sufficient to decide the threshold question of whether a reassessment should be done. **Non-legislative change:** - Improve NDIA process to assess reassessment requests.

Bill Ref	Topic	Impacts	Change	QAI Feedback	Recommendation
Sch 1, Part 3 Primarily 34(1)(aa)	Whole of person	Anyone with multiple and interacting disabilities	The changes remove the concept introduced in the 2024 amendments of providing supports necessary 'arising from an impairment' which meets either the disability requirements or the early intervention requirements. The words 'arising from' and accompanying note to 34(1)(aa) have been removed. The words 'arising from' have been replaced throughout the Bill with the following: '**arising directly** from an impairment or impairments' which meet the access criteria.	These changes undo carefully considered wording developed in consultation with the disability community during the 2024 amendments. This amendment is a deliberate attempt to subvert a recent Federal Court decision, it appears to be an ideological change and not grounded in proper cost saving considerations or the lived experience of people with disability. There is no common sense in this amendment. Key issues: - Participants **still do not know what impairments the NDIA recognises.** - The NDIA records 'diagnosis' and often assumes (without clinical expertise) that results in certain impairments, despite evidence to the contrary. For example, the NDIS regularly refuse exercise physiology for cognitive and neurological impairments, failing to understand the link to physical functioning and the importance of maintaining mobility. - It is often not possible to distinguish which impairment is the cause of a particular support need. - Requiring a 'direct' connection between unknown or unstated	**Legislative Change:** Proposed amendments should be rejected in their entirety. They are unnecessary. These amendments are a kneejerk response to the Eastham decision and fly in the face of the whole of person recommendations in the NDIS Review.

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				impairments and support needs is entirely impractical. As lawyers at the Tribunal, we regularly ask the NDIA for the impairments it recognises as meeting access and often they do not know, or they are wrong or incomplete. This has been further demonstrated by the Tribunal's recent requirement that the NDIA give the Tribunal that information. The recent Federal Court case of Eastham provided a clear **common sense** approach to s34(1)(aa). This attempt to further narrow the provision will result in significant gaps in support to people with disabilities and their families, and will not likely result in many, if any, cost savings.	
Changes starting on 7 October 2026					
Sch 1, Part 4 S34A	Arbitrary power by Minister to cut funding	All current participants	The power allows the Minister to make a determination to reduce a component of funding (eg Social Community Participation funding) by up to 99.99% for a specified group.	Some examples of what this provision could allow the Minister (or a future Minister) to do the following to old framework plans: - physiotherapy funding reduced by 90% in all people aged 40 and over, - employment supports in all adults aged between 18 – 25 reduced by 90%,	**Legislative Change:** This provision should be deleted. **Non legislative change:** Manage costs through appropriate participant plan reassessment as and when they are due and reduce supports if they are not used and not required.

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			When a determination is made, every old framework plan made after 7 October 2026 to which the determination applies will have the funding reduction applied. The only limit on the Minister is that they must 'have regard' to the safety of Participants.	- group social and community supports for people with significant intellectual disability reduced by 50% or more. The power is incredibly significant which could result in substantial and detrimental impacts to participants, without any right of review. Social and community participation funding is not just for 'fun' activities. Participants use the funding to attend medical appointments and to access the shops for groceries and essentials. In homes where participants are sharing supports (eg 3 participants), community participation funding is critical to ensuring residents can take a break from the house and be independent of their co-tenants. Without these breaks, tenancy relationships will be put under pressure, and could increase behaviours which result in harm to self and others and a breakdown of shared support arrangements. Many clients we speak to have insufficient funding for self-care (showering etc) in their plan. They rely on their community access funding to make up the gap. We	Review and reduce **current maximum rates within the price guide** and **scale according to qualification**. If the Government proceeds with the amendment (which it should not): - any percentage reduction should be no more than 10% - participants who require **24/7 support must** be **excluded** from any blanket reduction to community funding – otherwise there will be a huge gap in support coverage for them. - Participants with group community funding must not be reduced. For example, if a participant is attending a group at a 1:3 ratio for 3 hours per week – to split that in half will make that activity impossible. Participants who are using all their core funding before the end

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				have supported clients at the Tribunal who, through poor NDIS planning, must use all their community funding for basic self-care. **Arbitrarily cutting community funding without understanding individual impact is reckless and unsafe.**	of a funding period ending should be excluded, as this indicates they do not have any room in their budget to withstand an arbitrary reduction.
Sch 1, Part 7 New section 40A	Plan Suspensions	All participants especially those with complex communications needs and no support	New clause allowing: - suspension of a participant's plan if the participant is not contactable (reviewable decision) (new section 40A). - the CEO to remove a person (revoke status) from the Scheme if the CEO has not been able to contact the participant (new s30(1A)) or their plan has been suspended for at least 90 days.	The scope of these changes when read in conjunction with the amendments made in 2024 to s36 and s50 could have catastrophic implications for participants with complex communications needs, no informal supports, remote communities, the CALD community, people who are homeless, those who have fled domestic violence and those with extreme distrust of Government systems. These proposed provisions are **unnecessarily punitive and dangerous**. We know from our conversations with participants that the NDIA commonly fails to meet its communication requirements (e.g. phoning Deaf participants when their file says to email).	**Legislative change:** Remove these provisions. The 2024 amendments provide sufficient mechanisms to suspend a plan and revoke access. If Government proceeds, as a **minimum** the following is required: • The NDIA **must improve its systems.** Suspension should be an absolute last resort, where all efforts have been made to contact a participant. 'Reasonable attempts' is not sufficient to justify a suspension.

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					• **No revocation** should occur for a participant being uncontactable, unless the plan has **first been suspended** (which should only occur in extreme cases). Once a person has been revoked, if that has been done without reason, then it is **extremely costly to all systems (NDIS, Health etc),** and **dangerous for that person,** whilst they try to get back on the Scheme. • If a suspension does occur due to a participant being 'uncontactable', and the participant contacts the NDIA following the suspension, the **suspension must cease**. As the participant is no longer 'uncontactable', they should have their plan restored. Other provisions already in the NDIS Act can be triggered to suspend a plan or revoke access if the NDIA then determines the person doesn't meet the access criteria.

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					• Section 40A(4) provides that the NDIA can either cease suspension OR request information under s36 and s50. If it does make an information request, participants **are without support**, **whilst they are trying to comply with the information requests** under section 36 and s50. **This is draconian.** Participants must be given a reasonable opportunity to respond to information requests, whilst they have supports.
Changes starting on 1 December 2026					
Sch 2 Part 5 Amend s 45A(5)(a)	Claim periods	All participants.	Amends the period in which a claim can be made after the day the support was provided from 2 years to 90 days.	This amendment was included as a fraud provision, but it directly harms participants. It is unnecessarily punitive. It does not limit when providers can invoice for NDIS supports, only when participants will be permitted to have those supports paid by the NDIS. This restriction shifts the risk of providers being slow to invoice from the NDIS onto participants, who will become personally liable for services. This restriction will result in NDIS participants being left out of pocket for legitimate NDIS supports which are within their approved budgets.	**Legislative change:** Remove these provisions. If further fraud measures are required, they should concern evidencing that a claim is for NDIS supports which were genuinely provided.

Bill Ref	Topic	Impacts	Change	QAI Feedback	Recommendation
				The comparable legislation for Medicare allows 12 months for bulk billed claims (ie where it is always the provider who controls when the claim in made).	
Changes starting on 1 February 2027					
Sch 1. Part 5 New 50A	Plan renewal	All participants. High impact for participants • who have not had a proper plan review for some time. work hard to manage their budget to ensure they have funding for times when needs might increase.	The proposed provisions primarily apply to old framework plans. These provisions are highly technical and complex. Introduces a new section 50A which allows for the making of a new 'old framework plan' when a participant's plan ends which is the same as the prior plan. There is no review right for these 'new' same plans. Further in these 'new' same plans, any savings made in the prior plan are lost and if the participant has been delayed in using AT or home modification	These provisions seem to be designed to take away a participant's review rights, **delay proper reassessment** and when read in conjunction with the changes to reassessment **will enable the NDIA to delay a plan review indefinitely and avoid internal or external review processes.** We have seen examples in our practice of the current power to change a reassessment date used to delay, with limited review, an overdue reassessment.	**Legislative change:** Delay these provisions. **Non-legislative change:** Conduct plan reviews as and when they are due, preserving participant review rights.

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			funding (one-off funding) that will be lost.		
Sch 1. Part 6 New 17B	Principles relating to Scheme sustainability	All participants	New principles have been included as follows: - to reiterate that the scheme is to fund support directly necessary to a person's 'access met' impairments - that it is desirable for communities to support participants, - that participants are responsible for their day to day living costs, including the costs incurred as a person with a disability.	We consider these changes are unnecessary. The Impact Analysis by the Department of Health, Disability and Ageing acknowledges that this provision to more strictly link support needs to eligible impairments will disproportionately impact marginalised groups who are more likely to experience chronic disease due to the cumulative impacts of historical, social and systemic inequalities, including potentially affecting Closing the Gap outcomes. The prioritisation of cost-shifting significantly worsens outcomes for individuals with complex support needs, such as those with interacting disability and health needs. Pushing these supports out of the NDIS does not necessarily save costs, due to increased costs through e.g. unnecessary hospitalisations.	We consider these changes are unnecessary. **Non-legislative change:** The Commonwealth and State governments should actively collaborate to proactively develop robust and clear agreements regarding overlapping support systems (e.g. health, education, housing). The NDIA should prioritise developing clear and sensible policy regarding accurate identification of day to day living costs. This policy should reflect the fact that something which is a luxury for some may be an essential disability support for others.
Sch 1, Part 6 New ss33(2E) and (2EB)	Maximum Amounts, Maximum Intensity or Maximum Ratios	All participants	Under the existing section 33(2E) the Minister can make a legislative instrument by determination effectively	This provision is setting up a power for the Minister to cap funding amounts and force a default ratio of care. QAI works with some of the most complex and high support need clients. These kinds	Remove this power and retain the original intent of the Scheme to ensure participants are supported to the level required due to their disability.

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			around funding amounts and funding period. The new subsection expands the scope of what can be done under that determination to allow by legislative instrument: - a maximum amount of funding for a support or class of support, - the maximum intensity for a support - the maximum ratio of worker to participant for provision of the support or supports in the class of support. The notes indicate that the maximums would apply regardless of whether the amount meets the cost.	of determinations cannot be applied safely for those clients. Regardless of whether the reasonable and necessary support is determined to be higher, the caps will be applied. The EM provides examples for capacity building and social and community funding however, these caps could equally be applied to critical core funding. For example, a person may require 2 people for critical support, including transfers but the determination limits support to only a 1:3 ratio. The shortfalls will need to be made up in hospitals and by families. There is no transparency or accountability as to what can be determined and appears that the Scheme is returning to block funding, which will result in a return to institutions. It is as if nothing has been learnt from the DRC.	
Sch 1, Part 6 New s34(1)(g)	Appropriately funded by the NDIS	Participants stuck between Government Systems	This provision returns the old s34(1)(f) into the reasonable and necessary criteria.	This change is not necessary for old framework plans given the NDIS (Miscellaneous Provisions) Transitional Rules 2024, however will enable a	N/A

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		where funding responsibility is in dispute		consistent approach for the issue of new framework plans. QAI's concern is that participants will be left to negotiate between government systems and left unsupported in the meantime.	
Sch 1. Part 6 34(1A) – (1D)	Value for money	All participants	These are additional subparagraphs to consider what is meant by value for money under s34(1)c).	QAI is concerned that it is not clear that in the consideration of 'comparable supports' as required by (1A), a comparable support must be one which meets the other R&N criteria.	We think these provisions are unnecessary.
Sch 1, Part 6 34(1G) – (1J)	Parental responsibility	Supports for children	The following presumption is included in the section: (1G) requires the CEO must take into account the **presumption that parents are responsible** for providing substantial care and support for their children. (1H) For the purposes of subsection (1G), substantial care and support includes:	These provisions are extremely concerning to us. This provision assumes every child on the scheme has two parents who are able to provide substantial care. It imposes, to be frank, a middle class, privileged and ableist test on supports for children. The provisions fail to understand that children with complex disabilities, may need additional support if: - their parent(s) have disabilities themselves, - there are multiple children in a household with disabilities,	These provisions are not necessary.

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			(a) supervision, personal care, transport, emotional support and behavioural support; and (b) other assistance with the activities of daily living that, regardless of the child's disability, would reasonably be expected of a parent of a child of a similar age. (1J) Prevents funding if it: (a) reduce burdens on parental time below what is reasonably expected of a parent; (b) improve household efficiency;	- they live in a kinship arrangement (for example with grandparents) - the different family structures that may exist	

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			(c) give effect to a parent's preference for supports to be provided otherwise than by parental care.		
Changes to start 1 January 2028					
Sch 1, Part 8	Permanence – Appropriate treatment	All people seeking access and participants. Particular issue for poorly understood conditions and for those with chronic complex and overlapping commodities resulting in substantially reduced	A definition of 'appropriate treatment' for the purpose of determining whether an impairment is permanent (s25A). The definition provides: For the purposes of paragraphs 24(5)(a) and 25(1B)(a), appropriate treatment for a person's impairment or impairments is treatment that is: (a) evidence-based; and (b) can reliably be expected to materially improve, reverse, or alleviate the impact of, the impairment or	The issues associated with access to the Scheme identified in the NDIS Review and by the Government **are not because of the tests for permeance.** Our biggest concern with this new definition is that it **entrenches inequity and** discrimination into access to the Scheme and creates insurmountable barriers to support for those who might need it most. Those who can access the private health system, can pay for expensive medical reports or treatments, including intensive use of allied health professionals, or long treatments in private hospitals can meet the requirements of this definition. It is extremely disadvantageous:	**Legislative change:** In our view these amendments are unnecessary. **Non-legislative change:** We support removal of the diagnosis lists (Lists A and B) which were intended to be transitional in nature. It is these lists and not the Tribunal/Federal Court or review rights which have influenced the numbers of people on the Scheme. As a minimum any definition needs to account for:

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		functional impairment.	impairments; and (c) is regularly undertaken or performed in Australia. (2) Treatment may be appropriate treatment for a person's impairment or impairments regardless of whether the person's individual circumstances restrict the person from accessing the treatment. Note: A person's individual circumstances include the person's financial circumstances and geographical location. (3) For the purposes of paragraphs 24(5)(a) and 25(1B)(a), a person is taken to have undertaken all appropriate treatment for an impairment or impairments: (a) if the person has undertaken all appropriate treatment for the impairment or impairments except appropriate medical	- for those unable to obtain written reports from medical specialists due to their costs (our experience is that this evidence can be ignored by the NDIA) - for those where there are significant cost and distance barriers to perceived treatments - for those with **complex psychosocial or cognitive disabilities** whose ability to access the health system and treatments is compromised - for those with poorly understood conditions where there is a paucity of clinical research and misunderstood assumptions associated with their condition, especially where they have likely already experienced significant diagnostic delays. It has been our experience that when considering the criteria the NDIA: - ignored medical evidence, even from very Senior Medical Specialists. Made sweeping assumptions that 'a bit more physiotherapy' may 'cure' a long-term disability and referred to poorly tested treatment options, without the appropriate knowledge.	- the inequity in the health system, and - fluctuation for impairments. (Note, the Impact Analysis stated these changes were not a cost saver rather it was the change to the lists.)

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			treatment the person cannot undertake for medical reasons; or (b) in the circumstances determined under subsection (4).	- Did not accept when certain treatments were not appropriate for medical reasons. In addition, the new definition fails to account for 'treatments' which may temporarily improve a person's capacity for short periods but would not permanently cure or remedy their impairment. For example, regular physiotherapy may mean a person can transfer independently from their wheelchair to their bed, that may be perceived by the NDIA as a material improvement, but it is not a cure.	
Sch 1, Part 9 New section 25B	Eligibility restricted if other services potentially available	Any person who may have access to other systems (even where those systems are not for disability or sufficient to cover their needs)	These provisions provide for the making of rules: • to exclude a class of people from the Scheme, • circumstances which would exclude people from the Scheme. They also exclude people from the Scheme for impairments which: • were caused by a motor vehicle accident	These provisions can have far reaching consequences and could result in great inequity and injustice. These provisions could be used to **target veterans** in the scheme and **First Nations** who whilst under 65 access aged care support whilst waiting on NDIS access. Even where those other schemes are wholly inappropriate for the support needs of the person. Whilst it is understood that if a person with significant disability is appropriately supported through a compensation	We do not agree with these amendments. The drafting is simplistic and will have unintended consequences, leaving people with disability falling through the gaps. The rules could subvert the clear legislative principles for access to the Scheme. The aged care system used prior to 65 should not be used to disqualify a person from the

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		*Potential high impact on First Nations over 50 who may get early access to the aged care system.	and a law provides for compensation or other benefits for the impairment • were a work-related injury and workers compensation providing for compensation or other benefits.	scheme, they should not also receive NDIS as that would be a duplication, people with disability should not be left falling between the gaps and forced to navigate these complex systems.	NDIS. Our experience working with First Nations clients across Queensland is that the aged care system is for aged care support NOT disability support AND is accessed in desperation by First Nations people with disability when they are under 65 because they need support. See our case study for James.