Occupational Therapy Australia

# NDIS Rules: Public consultation on New Framework Planning – OTA Submission – March 2026



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# Introduction

## About Occupational Therapy Australia

OTA is the peak membership body representing occupational therapists nationally. We empower and elevate over 34,000 exceptional professionals who in turn work in partnership with individuals and communities to enable meaningful participation in the activities of life. We're the single, unifying connection point for occupational therapists in the nation, leading the profession through education, support, and advocacy, so every OT is informed, inspired and fulfilled in their profession.

As one of Australia's largest allied health workforces, occupational therapists provide essential supports across primary care, aged care, disability, mental health, veteran care and more.

## About Occupational Therapy

Occupational therapists enable meaningful participation in everyday life activities by leveraging strengths and addressing barriers to function within personal, social and environmental contexts.

Occupational therapists partner with NDIS participants to build everyday living skills, increase independence and achieve meaningful participation in the activities, roles and situations that are important to them. Drawing on evidence-based, person-centred approaches, occupational therapists integrate biopsychosocial insights to recommend targeted interventions, strategies or accommodations that align with personal goals, and may include enablement via assistive technology or environmental modification where appropriate.

Needs assessment is firmly embedded within occupational therapy's scope of practice, grounded in tertiary level qualification and profession-specific models and frameworks. Occupational therapists are uniquely qualified to provide reliable and evidence-based advice on assessment, identification of needs and provision of therapy supports.

Please view OTA's capability frameworks for additional information about the occupational therapy role and scope relevant to supporting NDIS participants via this link: https://otaus.com.au/capability-frameworks

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# Background on New Framework Planning

The Department of Health, Disability & Ageing (DHDA) is consulting on the draft NDIS New Framework Plan Rules, which will guide how planning will work from mid-2026 for some participants aged over 16. The rollout will be phased, and participants will be notified by the NDIA before anything changes for them.

DHDA are still developing the rules and explanation about how new framework planning will work in practice. The consultation documentation outlines a four-step process:

1. Preparing for a support needs assessment.
2. The support needs assessment.
3. Building a plan.
4. Using a Plan.

Under the new framework, a participant's budget may include:

**Flexible funding** – this can be used by a participant on any support that is an NDIS support for that participant, subject to any restrictions and requirements that may be placed on that funding.

**Stated supports** – this must be spent on the stated support as described in a participant's plan.

Restrictions may be used to ensure funds are available for important supports for the duration of the plan. Requirements are conditions for funding, which means that a participant may need to meet certain requirements, such as obtaining a quote, or engaging an appropriately qualified provider/professional, in order to access funds.

A current support list is available on the NDIS website. To find out more please visit: https://consultations.health.gov.au/ndis/nfp-public-consultation

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# Recommendations

OTA is extremely concerned about the risks posed to participants and the occupational therapy workforce by the proposed rules. These rules will have significant impact on the occupational therapy profession and access to supports for participants. In light of this, OTA recommends the following:

**Recommendation 1:** **Release the Exposure Draft of the NDIS Rules.** OTA is calling for the Australian Government to immediately release the exposure draft of the NDIS Rules, so the whole sector can fully understand the New Framework Planning Rules.

**Recommendation 2:** **OTs to play a role as NDIA Assessors.** If the Australian Government intends to create a new NDIA Assessors public servant role, then it is vital that occupational therapists are employed within the assessment team. Occupational therapists are uniquely trained and qualified to do this work and the occupational therapy workforce has the experience and expertise to complete support needs assessments & replacements assessments in ways that optimise outcomes for participants and sustainability for the NDIS.

**Recommendation 3:** **Access to therapy supports.** OTA is concerned that the New Framework Plans could limit access to therapy supports, especially if the NDIA relies heavily on needs assessors who are not allied health professionals. OTA is calling for no cuts or reductions in funding for therapy supports and that occupational therapy supports be included under both stated and flexible supports.

**Recommendation 4:** **Slow Down the reforms.** OTA understands the New Framework will start from mid-2026 and be gradually rolled out, however OTA recommends delaying the start date to allow the whole sector more time to be ready to implement these significant rule changes. OTA calls for a slower, safer rollout of the NDIS Rules with real co-design.

**Recommendation 5:** **Government Reference Group.** OTA requests an opportunity to be part of a Government Reference Group on the NDIS Rules – New Framework Planning, and the new definition of therapy supports. As the national peak body representing occupational therapists across Australia, OTA is best placed to provide advice on the value of occupational therapy for

participants and the NDIS, and the potential impacts of policy changes on this vital workforce.

**Recommendation 6:** **Cultural safety must be prioritised and enabled by assessment processes and the assessment workforce.** This includes ensuring that the I-CAN is validated for use with Aboriginal and Torres Strait Islander people; the assessment workforce is trained in cultural safety; cultural safety is a core requirement of all assessor staff job roles and that accountability mechanisms are built into team processes; Aboriginal and Torres Strait Islander people are employed within assessment teams; that assessment teams themselves are culturally safe for employees.

OTA also supports the recommendations put forward by Allied Health Professions Australia (AHPA), which include:

**Recommendation 7:** AHPA recommends that exposure drafts of the rules be released in full to allow for meaningful consultation with providers and participants. To enable sufficient time to consult, plan and then implement changes, AHPA recommends delaying the implementation of new framework planning until at least 1 January 2027.

**Recommendation 8:** AHPA recommends that the NDIA work with the allied health sector to identify how to most effectively ensure allied health input into support needs assessments remains a component of the assessment process and I-CAN tool, and that this input is appropriately structured and weighted, to ensure participants can share expert advice as part of the assessment process

**Recommendation 9:** AHPA recommends that all components of the support needs assessment, including the I-CAN, PEC-Q and target modules delivered by allied health professionals, are validated with the future assessor workforce, not just the allied health professionals that will initially deliver assessments. The tools and assessment process should also be formally validated with each impairment category and with participants who have impairments across multiple categories.

**Recommendation 10:** AHPA recommends that the Australian government establishes an independent monitoring and evaluation process, supported by an advisory body comprising participant representatives and allied health professions, to oversee the initial rollout and testing of new framework planning. This monitoring function should be supported by additional review options for

participants involved in the initial phases of new framework planning that allow for external assessor verification of assessment findings, and the triggering of internal NDIA reviews where participants or those supporting them, identify substantial issues in the outcomes of the assessment process. The independent monitoring process should involve reporting from the NDIA about issues that have been flagged by participants and discussion about how to mitigate and address future issues.

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# OTA's Response to the Department of Health, Disability and Ageing's Public consultation on New Framework Planning

OTA welcomes the opportunity to provide feedback through this consultation process. As noted, above, OTA is extremely concerned about the potential impacts and unintended consequences that may arise from the proposed rules. This is supported by member feedback; members who engaged with OTA during this consultation process were united in their significant concern about the proposed rules.

*"In my 2 decades of experience this new proposed system as it stands will fail." – OTA Member and Occupational Therapist*

OTA is grateful to the many members who contributed to this submission. In preparing this submission, OTA convened a meeting with OTA's NDIS National Reference Group, held individual consultation sessions with occupational therapists, and sought feedback from all members via an online survey. The survey responses have been provided in Appendix 1.

We have outlined our key recommendations above and urge DHDA to consider these recommendations, as well as the additional key issues and considerations that we outline below.

OTA is grateful to the many members who contributed to this submission. In preparing this submission, OTA convened a meeting with OTA's NDIA National Reference Group, held 1:1 consultation sessions with occupational therapists, and sought feedback from all members via an online survey. The survey responses have been provided in Appendix 1.

## Consultation detail and the need for meaningful engagement to improve outcomes for participants and support Scheme sustainability

OTA welcomes the opportunity to provide feedback through this consultation process. OTA supports the Australian Government's commitment to embracing the findings of the independent NDIS Review and undertaking NDIS reforms; however, the lack of clear and specific guidance regarding the proposed changes to therapy supports available for participants is causing concern and uncertainty within the occupational therapy workforce, and the disability community. Disability advocates and sector representatives, including the National Disability Services (NDS) and other groups, are wary of the rapid transition, potential for funding cuts, and reduced transparency in how budgets are calculated.

We have seen previous examples in which a lack of clarity regarding changes inhibited the ability of the workforce to prepare effectively for changes, such as in the Aged Care sector in 2025. Further,

the lack of detail provided makes it impossible for meaningful engagement and consultation with the disability sector and reduces stakeholder ability to provide detailed and useful advice back to the Department.

OTA is extremely concerned about the process by which these rules are being developed, and the associated consultation process. The lack of information provided for consultation means that key stakeholders cannot provide robust and meaningfully specific feedback; it is only possible to provide general comments on what is proposed without seeing the draft Rules. Given that the proposed changes are likely to have a significant impact on the occupational therapy profession and occupational therapy services, it would be prudent to further consult, in a meaningful and more in-depth way. This requires additional time and as such, OTA recommends delaying the start date for these proposed changes. OTA members have also expressed concerns about timeframes.

*"I have huge concerns about these timeframes. The NDIA is allegedly still collecting feedback from people about the changed planning process until end of February. How are they going to review ALL that data in a meaningful and genuine way and make changes in 5 months?" – OTA Member and Occupational Therapist*

Occupational therapists are highly skilled in identifying and assessing how a disability impacts functionality in everyday activities and ensure that the assessment captures the nuances of a client's functional abilities, which is essential for determining the level of support needed.

It is also unclear which therapy support will continue, which supports will change, and which supports, if any, will be cut. Providing a line-by-line breakdown of proposed changes would support stakeholders to engage meaningfully. As such, OTA is calling for the Australian Government to immediately release the exposure draft of the NDIS Rules, so the whole sector can fully understand the New Framework Planning Rules.

Occupational therapists are highly skilled in identifying and assessing how a disability impacts functionality in everyday activities and ensure that the assessment captures the nuances of a client's functional abilities, which is essential for determining the level of support needed. As such, direct input from occupational therapists is vital. As the national peak body representing occupational therapists across Australia, OTA is best placed to provide advise on the unique and irreplaceable role that occupational therapists play within the NDIS, and to provide meaningful input into the proposed rules.

To this end, OTA requests the opportunity to participate in a Government Reference Group on the NDIS Rules, and the new definition of therapy supports. OTA would also appreciate the

opportunity to provide line by line feedback on the current therapies that are funded under the NDIS and all the new therapies that will be funded under this proposed new approach. This advice would improve the proposed changes and lead to better outcomes for participants, the occupational therapy workforce, and the NDIS.

# Assessments

Below we talk to OTA's concerns relating to the assessment workforce, proposed assessment process and framework planning, review and appeal rights, and the need for clear communication.

## Step 1: Preparing for a Support Needs Assessment

OTA, alongside AHPA, supports the development of a rule that expands access to Notice of Impairments to participants who met Scheme access requirements prior to 1 January 2025. The Section 34 changes (effective from 3 October 2024) restricts NDIS funding of supports that don't directly relate to impairments that meet disability or intervention requirements. In order to access supports, this requires participants to identify and seek recognition of their impairments, which is a process that creates significant barriers for those with cognitive, communication, or complex support needs and compounds inequities for these participants.

> *"I am very concerned that this process is not accessible for people with complex disabilities. Most of the participants I work with experience a substantial level of cognitive and physical fatigue, which impacts their ability to recall and communicate information, and would not be able to sit through a 2-3 hour assessment." – OTA Member and Occupational Therapist*

A consequence of Section 34 in practice is that people who require supports the most, may have less ability to access them.

We note in this context that the information provided to participants alongside their Notice of Impairments should include explicit reference to the ability for Support Needs Assessments or Eligibility Reassessments to identify a new impairment and guidance about any potential evidence that participates may need to source ahead of assessments to support a variation of their impairment notice.

There are continuing problems with the precision of impairment notices. Practitioners and participants report that when a person has multiple impairments, these are often not fully captured in the notice, even when they have a substantial impact. This is especially common for conditions that are progressive or fluctuate over time. Psychosocial impairments, in particular, are frequently missed.

OTA is also concerned about whether the support needs assessment process – and the revised I-CAN tool used within it – will continue to allow meaningful input from allied health professionals or specialist reports. We strongly believe that this input must remain part of the assessment, especially when it can clarify whether additional impairments should be recognised and help determine therapy support needs. Participants should also receive clear guidance about which reports will be considered during the assessment and the weight each type of evidence will be given.

## Step 2: The Support Needs Assessment

### Limitations of the tool

The adapted I-CAN Version 6 (I-CAN) poses significant risks for support needs assessment due to its untested psychometric properties (reliability, validity and sensitivity). Without rigorous validation for diverse participant profiles (neurotypes, disabilities, severities, cognitive profiles, cultural contexts) it may produce inconsistent or inaccurate data, resulting in poorly or wrongly attributed supports and inequitable plans. Without established inter-rater reliability there is significant risk of inconsistencies and variability between assessors regarding data collected and ratings, unconscious bias and inconsistencies in how effectively the tool is able to determine support needs. This undermines person-centred outcomes under the new framework.

### Limitations of the proposed assessor workforce

When functional needs assessments are not conducted well, participants are at high risk of receiving supports that are inappropriate, insufficient, or misaligned with their goals. We see this already under the current system, where poorly executed assessments directly contribute to poorer participant outcomes, increased support needs over time, and additional expenditure on reassessments and plan variations. This creates flow-on impacts not only for individuals but also for scheme sustainability.

Under the proposed assessment model, the risk of inadequate assessments increases. This is due in part to the intention to rely on a workforce that does not hold allied health qualifications.

For instance, OTA is aware of examples in which NDIS participants have been assessed incorrectly by non-occupational therapists, and where NDIS participants have multiple areas of needs that aren't picked up effectively. This had led to suboptimal outcomes for participants who have to self-advocate, often with support from their occupational therapist to seek re-assessment, and lengthy delays to attaining the supports needed.

*"The NDIS is the most confusing system there ever was and the level of service someone receives is heavily dependent on their ability to advocate for themselves, ability to read and write English, or the availability of a savvy/skilled person to advocate for them. Those who cannot advocate for themselves or have no-one to advocate for them are stuffed and don't receive the support they require. It is a highly inequitable system that also places vulnerable persons with disability at a significant disadvantage with providers and at high risk of exploitation." – OTA Member and Occupational Therapist*

Under the proposed assessment model, the risk of inadequate assessments increases. While this workforce may receive training, safe, accurate and ethical needs assessment requires more than short, targeted instruction. Comprehensive functional assessments demand the depth of knowledge, skill, and professional judgement that come from formal tertiary qualifications in allied health disciplines, including occupational therapy.

Occupational therapists are uniquely equipped to administer assessments, identify support needs and holistically evaluate functional capacity across all I-CAN Version 6 (I-CAN) domain categories (under the categories of general, social, and health supports), integrating person-focused factors, environmental influences, and occupational goals. This is because occupational therapists attain formal tertiary qualifications in allied health disciplines and have established *Occupational Therapy Scope of Practice* [i]. Their qualifications include foundational education in occupational science, biopsychosocial frameworks, clinical reasoning, ethics, and evidence-based practice. Their evidence-based expertise encompasses structured clinical reasoning, use of standardised tools, therapeutic alliance, and nuanced observation, which can deliver precise, participant-led insights that optimise outcomes, reduce plan revisions, and enhance NDIS sustainability.

Short-term training programs, regardless of quality, cannot replicate the years of preparation and supervised practice required to achieve this level of competence. Unqualified, non-allied health assessors, even with training, cannot replicate this depth of training.

*"How they will provide flexible, comprehensive, respectful & participant-centred approaches to the reassessment process[?] Given that assessments like these can re-traumatise participants, who have to keep telling their story over and over and over again. How will they ensure participants with complex disabilities, including communication impairments and cognitive/intellectual impairments have fair*

*and comprehensive approach to assessing their needs[?]" – OTA Member and Occupational Therapist*

If assessments are completed by a workforce lacking allied health qualifications, there is a heightened risk of incomplete or inaccurate assessments, misaligned funding, poorer participant outcomes, and ultimately increased costs to the NDIS through preventable plan reviews or escalation of needs.

OTA understands that the NDIA intends to create an internal NDIA Assessor public servant role. If this is the case, OTA strongly recommends that the NDIA assessor workforce includes allied health professionals. In particular, it would be wise to leverage the existing, qualified, and ready occupational therapy functional assessment workforce to transition into the needs assessor workforce. Doing so would ensure robust, person-centred and effective support needs assessments.

OTA recommends clear minimum qualification standards and independence safeguards for assessors. Pursuing an unqualified, non-allied health assessor workforce risks incomplete and inaccurate support needs assessments, as these assessors lack the underlying scientific, therapeutic and biopsychosocial expertise needed for truly person-centred evaluations across diverse participant profiles. This has the potential to lead to misallocated funding, under-resourced therapy supports, increased plan revisions, and poorer NDIS sustainability, while delaying equitable access for participants, particularly those with complex support needs across domains.

Additionally, the consultation documents' vague discretion around incorporating or funding existing therapy reports raises efficiency and equity concerns. Pre-existing allied health assessments should be mandatorily considered to expedite planning. Assessor-led decisions made at the end of the process (potentially based on unseen tools) could delay supports for vulnerable participants.

Occupational therapists offer substantial value to the NDIA assessor workforce, with the capacity to administer support needs assessments in ways that optimise participant outcomes through precise, person-centred evaluations, while enhancing NDIS sustainability via accurate support needs identification and reduced plan revisions.

**Limitations of the support needs assessment process**

If the start of the process is flawed, the final outcome is much more likely to be compromised, including risk of harm to participants who do not get access to timely supports, increased load on

hospitals and public health systems, risk of more reassessment being required, and an increase in the caseload of the Administrative Review Tribunal.

These risks are further compounded by the proposed planning Rules, which appear to narrowly prescribe which professions can provide supports in each domain (we will address this further under Step 3 below). Occupational therapists work across all functional domains, and restricting access to them based on rigid categories will limit participants' ability to receive timely, appropriate and effective intervention. This creates an unnecessary risk that participants may be left with plans that do not enable access to necessary occupational therapy services, resulting in declines in function, reduced independence, and increased long-term support requirements.

The approach assumes that unvalidated assessment tools, in the hands of an unqualified workforce, can safely and accurately determine support needs across diverse participant profiles.

The potential exclusion of supporting evidence (e.g. allied health reports) makes the approach unlikely to be able to effectively identify a need for specific therapy supports. Identifying the right therapy type to meet the unique and individual support needs of a participant is highly dependent on an adequate information gathering/assessment process. The use of a high level, broad, non-specific, unvalidated assessment tool delivered by non-allied health professionals, will elicit generalised, broad information, insufficient for matching participant's unique support needs effectively to targeted interventions such as occupational therapy.

Details are absent on the personal and environmental questionnaire's structure, administration or integration into the needs assessment process. This is a critical gap from an occupational therapy perspective. Occupational therapists hold central a focus on how personal capacities and environmental factors shape daily function and support needs. As experts in environmental assessment (a core scope of practice of occupational therapists), OTA recommends consulting occupational therapists on the design and implementation of this questionnaire.

There is a lack of clarity about how and when targeted assessments are triggered and no defined timeframes around this aspect of the process. Additionally, there is no clarity about how these assessments will be funded.

OTA strongly advises against a requirement for participant out-of-pocket payments to obtain this information. Many targeted assessments (such as those for participants with assistive technology, home modification or vehicle modification support needs) fall uniquely and specifically within occupational therapy's core scope of practice and expertise. OTA suggests prioritising occupational

therapy-led delivery and NDIS-funded access to ensure timely, evidence-based, person-centred recommendations.

There is also a risk of service interruptions, heightened safety risks and inequitable access to critical targeted supports if assessment triggers, timeframes and funding mechanisms are not fit for purpose.

**Draft needs assessments**

An important part of developing a support needs assessment is being able to develop a draft support needs assessment prior to finalisation, so that NDIS participants can review and resolve any concerns or mistakes. This also empowers participants to have more input into the process, and an opportunity to voice concerns both during drafting and after finalisation of an assessment.

The independent NDIS Review recommended the idea of draft budgets, and including this in the support needs assessment process should be considered as well. OTA encourages DHDA to specifically include this within the assessment process.

**Replacement assessments**

The process for replacement assessments should be straightforward and accessible for NDIS participants, who have the right to fair, transparent, and evidence-based assessments. A clear step by step process is required to ensure that everyone knows what to do under the New Framework Plans. The Australian Government could also ask NDIS Participants or their nominee to provide a list from Monday to Sunday of all the tasks they cannot do, such as cooking, showering, driving etc to help NDIA Assessors work out their own support needs.

OTA notes that in the consultation paper it states that participants 'can have an implementation meeting with an NDIA delegate'. OTA alongside AHPA argues that participants should be provided with support to implement their plan and identify which supports will work best for them.

**Utilisation of additional reports and assessments**

OTA recommends that the NDIA incorporate a broader range of Allied Health assessments when developing support-needs assessments. Occupational therapists have consistently raised concerns about assessment processes and the absence of meaningful engagement with the NDIA on these issues.

OTA further recommends the inclusion of specialist, targeted assessments for home and living contexts, given their critical role in determining appropriate supports. OTA also seeks clarification

regarding whether, under the new framework, only support-needs assessments can be reviewed when plan funding proves insufficient.

A strategy is required to avoid a bottleneck where NDIA Assessors time is monopolised by reassessments due to inadequate first assessments where the support needs were not accurately recognised.

OTA anticipates that without a proper strategy, there will be an increase in disputes to the Administrative Review Tribunal (ART). OTA recommends transparent, substantive review pathways that allow challenges to funding adequacy.

## Review and appeal rights

It also appears that there may be limited pathways for participants to appeal or request reassessments. Without meaningful review mechanisms, errors or omissions during the assessment stage may be locked into plans for extended periods. This creates unacceptable risks to participant wellbeing, quality of life, and scheme sustainability.

If the central concern is the time and cost associated with current functional capacity assessments, this can be addressed by providing clearer guidance and expectations to the existing allied health workforce, rather than replacing skilled assessors with a new workforce that lacks the depth of qualifications necessary for high-quality functional assessment. Strengthening assessment standards and improving consistency – while retaining suitably qualified professionals – is a more effective and safer pathway to achieving both quality outcomes for participants and long-term sustainability for the NDIS.

It is key that the DHDA does all it can to ensure an appropriate assessment process and workforce. The above risks that be mitigated by tapping into and utilising occupational therapy expertise.

As the primary providers of therapy supports – and as a profession uniquely qualified to assess functional capacity and identify support needs – occupational therapists are best placed to determine appropriate therapy supports for NDIS participants.

Clear and plain-English information and guidance on review and appeal processes for participants is also essential to ensure that participants are aware of and empowered to exercise these rights.

### Cultural safety

Further, there is a key risk that assessments and the proposed assessment process will not be culturally safe for Aboriginal and Torres Strait Islander people, compromising Aboriginal and Torres

Strait Islander participant outcomes, and posing a risk of direct harm to Aboriginal and Torres Strait Islander participants, and their families and communities.

It is unclear whether the I-CAN has been validated for use with Aboriginal and Torres Strait Islander people. The use of culturally validated assessment tools is essential when working with Aboriginal and Torres Strait Islander peoples in the health, mental health, and disability sector. Mainstream systems are not culturally safe for Aboriginal people (Mohamed et al., 2024)[ii], and standard Western assessment tools often rely on language, education and cultural knowledge that may not align with Aboriginal and Torres Strait Islander experiences. Further, Aboriginal and Torres Strait Islander people view social and emotional health and wellbeing holistically, and mainstream systems do not support this approach. If the I-CAN has not yet been validated for this purpose, it is vital that is validated for use with Aboriginal and Torres Strait Islander people prior to roll out.

Cultural safety must be prioritised and enabled by ensuring a culturally safe assessment workforce. This require providing cultural safety training to the assessment workforce, imbedding cultural safety within roles as core requirements, building accountability mechanisms into team processes; and employing Aboriginal and Torres Strait Islander people within assessment teams. Indigenous Allied Health Australia are a leading voice in this area and have a range of resources to support and expertise that the Department could seek. This includes *Indigenous Allied Health Australia's Cultural Responsiveness Framework.*[iii]

https://iaha.com.au/workforce-support/training-and-development/cultural-responsiveness-in-action-training/

## Step 3: Building a Plan

OTA is calling on government to provide far greater transparency about the proposed methodology that will translate outcomes of the support needs assessment into a budget. We also reiterate our strong opposition to any direct linkage between the support needs assessment, the needs identified through that process, and a participant's eligibility to choose plan funds for allied health therapy supports. Choice and control are fundamental principles of the NDIS, and the Review's reform intent was to expand - rather than restrict - the choices available to participants. Any attempt to directly tie assessment outcomes to permitted therapy supports risks re-creating a system of stated, inflexible supports that contradicts the intention of the reforms, without offering improvements to safety or quality.

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Existing NDIS pricing policy and guidelines already provide sufficient clarity to guide providers and participants in the appropriate use of plan funds. Practitioners have consistently raised concerns that rigid categories may not align with an individual participant's needs, may create limitations when an impairment has not been accurately identified and listed, and that assessors may not always have the clinical expertise required to appropriately identify all areas of need. These issues would be further compounded if government were to introduce lists that specify which professions are permitted to deliver particular supports, a step that would only heighten constraints and reduce flexibility.

OTA emphasises that any rules developed for the scheme should allow service providers and participants adequate flexibility, noting that a range of external factors can significantly influence whether a person can actually access the supports they require. They highlight that many allied health professions continue to face well-documented workforce shortages, which already limit availability. They also point out that the recent Scope of Practice review demonstrated how restrictive it can be when governments tie eligibility to specific professional titles instead of focusing on the types of interventions or shared scopes of practice across professions. In addition, they raise concerns that aligning categories and naming particular professions within the rules - especially while evidence reviews are still underway through the NDIA and the Department's Evidence Advisory Committee - may create inconsistencies. OTA argues that maintaining flexibility will enable the NDIA to update its guidance and pricing settings in line with the latest evidence and ensure participants can access suitably trained practitioners.

Beyond these issues, OTA warns that several proposed rule settings could significantly reduce participants' ability to shape and use their plans. Requirements around funding periods, controls over how funding is managed, mandated or "stated" supports, caps on flexible budget use, decisions to commission services, and directions about which supports must be used all risk constraining choice and control - running counter to the purpose of the scheme. Additional considerations relating to plan construction are outlined in the points that follow.

**Funding periods**

OTA does not support any restrictions being applied to flexible funding that would prevent participants from accessing the therapy supports they need, including occupational therapy. OTA members have described significant operational challenges associated with quarterly funding periods.

OTA has long highlighted concerns about how funding periods can unintentionally limit participants' ability to access the supports they need. In practice, we often see budgets divided evenly across set periods, even when this doesn't reflect real-world fluctuations in a person's condition or situations where higher levels of support are required upfront. Members reported that a high proportion (estimated 30–50% in some practices) of participants are currently in appeals processes due to inadequate plans. There is a risk that this increases with the proposed changes.

As the new planning framework is rolled out, we urge that funding periods be used only when they are genuinely necessary for safeguarding or when a participant specifically asks for them.

**Case Study**

One OTA member and occupational therapist, Sian, shared a case study with OTA that perfectly illustrate these risks. Sian works with several clients who have degenerative conditions, including Multiple Sclerosis, Muscular Dystrophy, and brain tumours, who are on the palliative care pilot pathway with NDIS.

Recently, a couple of the participants that Sian works with have been hospitalised for an exacerbation of their disease. Below is one example – we refer to him here as Max.

Max went from being able to walk short distances with a walker when he entered hospital to being a full-time wheelchair user by the time he exited hospital. This is a massive change in function that needs to be addressed with different assistive technology.

Two plan reviews were done. The first review with done with the hospital staff and the NDIS. The second review was done three months later.

The NDIS planner refused to front load the participants' plan with sufficient occupational therapy hours that were required to address the huge change in function. The occupational therapist provided evidence for the second plan review that 75 hours over a 12-month period was required, and that the plan required front loaded of 60 hours, to enable:

- prescription of and procurement of a ramp,
- prescription and procurement of a wheelchair with supportive seating and power assist,
- assistance with showering needs,
- support to address his pressure care needs,

- procurement of a suitable bed and mattress,
- exploration of the possibility of a hoist and,
- a functional capacity assessment to be conducted.

The functional capacity assessment was requested by the Support Coordinator.

The plan was funded for 75 hours of OT over a 24-month period, rather than the 12-month period that was recommended, with only 10 hours front loaded. The remainder of the hours were to be drip fed over the following 23 months at a rate of 0.4-3 hours per month.

10 hours is insufficient to assess and prescribe for a wheelchair and supportive seating with pressure care. As a result, of unsuitable sitting equipment, the participant has developed pressure on both his buttocks.

As Sian notes, funding periods may be beneficial for some participants, but they are not being utilised well across the scheme and are causing harm.

*"I can see how the "instalment system" may work for some clients, but not for people in crisis, as my client above is. The scenario I described above is not isolated. I have others in a similar situation."*

The hospital has recently become involved again following a period of about 5-6 months at home. The hospital has inquired with the occupational therapist, asking why they have done nothing for him.

To quote Sian reflecting on this example:

*"I feel infuriated about all this as I have the skills to help this man, however, NDIS is preventing me from doing so in a timely manner. I warned of the possibility of developing pressure areas and it has now become a reality that could have been avoided."*

*"NDIS is failing these people, despite there being professionals on the ground ready to help prevent further deterioration."*

OTA is also concerned that any new funding periods will exacerbate the already significant administrative burden currently experienced by the occupational therapy workforce and the broader care sector. There is also a risk that providers may decline referrals due to financial and

administrative burden, potentially leading to market contraction and reduced participant access to services. Members cautioned that these reforms may generate unintended scheme costs through increased appeals, administrative overhead, safeguarding risks and plan failures.

Other issues that OTA has previously raised relating to funding periods include:

- Substantial increase in administrative workload for providers.
- Requirement for additional administrative staffing.
- Complexity of differing funding breakdowns (front-loaded, evenly distributed, multi-year).
- Increased financial risk for participants if funding is overspent.
- Barriers to plan variation processes.
- Insufficient initial allocations (e.g., minimal occupational therapists hours), preventing:
- Comprehensive assessment
- Assistive technology prescription
- Workforce training
- Response to functional change

Members reported that a high proportion (estimated 30–50% in some practices) of participants are currently in appeals processes due to inadequate plans.

There is a risk that providers may decline referrals due to financial and administrative burden, potentially leading to market contraction and reduced participant access to services.

Members cautioned that these reforms may generate unintended scheme costs through increased appeals, administrative overhead, safeguarding risks and plan failures.

**Stated supports funding**

OTA recognises the need to safeguard funding for Assistive Technology, including the resources required for repairs, maintenance and replacements. We also agree that these costs should not be tied to fixed funding periods, given the high upfront expenses and the unpredictability of when repairs will be needed. In addition, we emphasise the need for dedicated funding to ensure

professionals can provide training and support to help people use their assistive technology effectively.

Although not formally categorised as a "stated support," the proposal to base therapy supports strictly on assessed need would, in practice, operate much like a stated support. OTA remains deeply concerned about the potential consequences of this approach. Review and appeal process

OTA has raised concerns that the current planning approach does not include enough protections to prevent participants from receiving unsuitable or inappropriate plans. This stems from lack of reviewable decisions for parts of the planning process, such as budget outcomes. OTA argues that stronger safeguards are needed to ensure people are not disadvantaged by planning errors or automated decision-making that does not properly reflect their circumstances. OTA is concerned about the growing reliance on automation and AI in planning; the recently reported impacts of the new Aged Care Assessment tool are an example of the significant risk that this presents. Human oversight must be mandatory for all decisions.

Members have expressed significant concerns regarding the risk to participants.

> *"Some will hopefully maintain their access to necessary packages, but if Age Care is anything to be guided by, the system DOES NOT WORK. There needs to be human oversight from highly skilled assessors who know the participant, are bound by ethical standards within accreditation and industry training. This same level of nuanced assessment into complex disability support needs cannot be carried out by non-professional people who have only undergone a simple training process in one assessment tool, which is not fit-for-purpose across so many complex disability types. " – OTA Member and Occupational Therapist*

**Safeguards**

OTA members identified key procedural safeguards that should be explicitly embedded within the Rules, including:

- Right to have a support person (advocate, carer, nominee or representative) present during assessment.
- Clear and independent right to request a replacement assessment.
- Transparent review and appeal pathways at each stage of decision-making.

- Release of a full exposure draft of the Rules to enable meaningful consultation.

Concerns were expressed that reduced review powers may limit procedural fairness and participant protections.

Safeguarding plan quality by explicitly recognising occupational therapy's cross-domain expertise will be critically important. Occupational therapists apply evidence-based goal-focused interventions spanning all I-CAN domains and subdomains, addressing the interplay between the person (their functional, cognitive, social, physical capacities), environments (physical cultural, social) and the meaningful activities or occupations of their life and roles. Segmenting or restricting access to therapy types by domain will ignore this holistic approach and risks nuanced support gaps and reduced participant outcomes.

Furthermore, there must be flexibility in allied health therapies available in plans across the I-CAN domains. In reality, the participant profile identified under the I-CAN domains and the support needs that may be available to that participant to address their needs, intersect professions. A black and white, in-or-out approach to the allocation of supports in a plan risks failing to capture the true nature of support needs and how and where supports may be sought. An inflexible approach risks duplication of supports, or support gaps, if an individual's needs don't align perfectly with siloed therapies. Importantly, flexibility supports choice and control for participants and boosts potential outcomes for the participant.

**Case Study**

*This case study is based on multiple examples.*

Jenny is identified as having mobility support needs post stroke – specifically transferring from their bed to a chair is difficult and they need help with this.

An occupational therapist might address this need from a functional perspective, working top down on the specific skill, or may recommend Assistive Technology (such as a slide board or standing aide) or environmental modification (such as grab rails or repositioning bedroom furniture), or train their support partner in safe manual handling. The occupational therapist will focus on occupational participation and client-centred goals (providing a reason for getting out of bed).

The physiotherapist may approach the need by focusing on the underlying impairment, building strength, balance and endurance to prevent falls.

A speech pathologist may have a role related to the individual's cognitive-communication impairment, their comprehension of instructions or impaired safety awareness during transfers.

In this example, if one or more of these therapy types is restricted from providing supports under the domain, this may have a significant impact on understanding the underlying issue(s) and ultimately the participants outcomes. All three professions involved are required to support the participant.

## Step 4: Using a plan

Using the new Framework Plans ought to provide a clear process or set of rules that helps participants understand when the NDIA can vary a participant's plan without requiring a new needs assessment.

Plan variations always need to occur from time to time, and it is vital that plan variations occur in a timely manner and do not become create an untenable administrative workload for the sector. This is crucial as a high administrative workload can be challenging operationally and reduce financial viability for occupational therapy businesses.

In terms of NDIS supports, OTA is concerned that the New Framework Plans could limit access to therapy supports, especially if the NDIA relies heavily on needs assessors who are not allied health professionals. OTA is calling for no cuts or reductions in therapy supports and that occupational therapy supports be included under both stated and flexible supports. OTA has attached our submission on the definition of therapy supports, as well as our submission from last year on NDIS Support Rules, for consideration by DHDA of the New Framework Plans.

OTA understands that for participants to access therapy supports they will need to have an assessed need for therapy supports identified in the supports needs assessment. The consultation documentation provided indicates that the current proposal links therapy supports directly to the domains of the I-CAN.

OTA does not understand this to be a current function of the I-CAN tool and there needs to be testing and assurance that the I-CAN is appropriate for this function. Furthermore, OTA holds significant concerns that the assessor workforce will not necessarily hold the skills and experience

to appropriately identify the needs for therapy supports. This is the unique skillset of allied health professionals.

We must ensure that participants can access the therapy supports, and professions, that can help improve, maintain or prevent declines in functional capacity. There should be flexibility for participants in choosing the therapy supports and provider types that best suit their needs and preferences, which is fundamental to choice and control.

## Clear communication and guidance

As a general principle, the clearer and more proactive, DHDA's and NDIA's communication is, the better. When asked what DHDA could do to help OTA members to understand the changes, members responded that they wanted clear, accurate written information, visual communication, such as flow charts, details around the opportunities and challenges within the framework and how risks will be mitigated, and suggested webinars to enable the DHDA and the NDIA to communicate directly to the workforce.  Further, as changes are rolled out, there is a need for clear information to support participants and enable the workforce to provide support.

> *"They could put some clear plain English step by step instructions up on how participants can dispute plans that are not appropriate. So that we can use those resources to provide support to participants to access the review pathways. DHDA and NDIA could also be more physically present and be available for participants to see in person to get support when their plan is wrong." – OTA Member and Occupational Therapist*

## Appendix 1

See Appendix 1 for survey responses from OTA Members Survey on New Framework Plans

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## References

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[iii] Indigenous Allied Health Australia. (2015). *Cultural responsiveness in action: An IAHA framework*. https://iaha.com.au/workforce-support/training-and-development/cultural-responsiveness-in-action-training/