NDIS Future Generation Bill — Workshop questions answered

Prepared 16 May 2026, based on:

- National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026, introduced 14 May 2026
- Explanatory Memorandum to the Bill
- Minister Butler, Second Reading Speech, 14 May 2026
- Press conference with Minister Butler, 14 May 2026
- Department of Health, Disability and Ageing, Participant FAQs and Provider FAQs (May 2026)
- NDIS Amendment (Integrity and Safeguarding) Act 2026 (Royal Assent 8 April 2026) and its Explanatory Memorandum
- Darren O'Donovan, "Initial read through of the NDIS Bill" — live version
- NDIS Commission updates at the Self Management Advisory Group (5 May 2026) and in written correspondence (mid-May 2026)

Direct quotes from official sources are in italics and attributed. Many questions cannot be fully answered yet because the Bill leaves the operational detail to NDIS rules and ministerial instruments that are still to be drafted and consulted on through the second half of 2026 and beyond. **The answers below may have errors.** The answers will almost certainly change over the coming weeks and months as amendments to the Bill are made in Parliament.

I am NOT a lawyer and this is not legal advice. It is general information only in response to questions for which I have no background or information about the questioner or their personal situation.

--Sam Paior, on behalf of the Self Manager Hub – 17th May, 2026

Contents

1. Budget cuts, plan reductions and reassessments

Q1. Jacqui F.: ***How likely is it that this legislation may not pass and need to be amended? What can we do to support stopping the legislation passing as currently written?***

Realistically, some form of this Bill is very likely to pass — Labor holds Government and announced these reforms with the 2026–27 Budget; the Coalition has signalled in-principle support for reining in cost growth; and the Bill was referred to the Senate Community Affairs Legislation Committee on 14 May 2026 with submissions closing 29 May 2026 and the Committee due to report in late June. The much more realistic lever is amendment, not defeat.

Opinion: *Based on past NDIS reform Bills (2024 and the April 2026 Safeguarding Act), Senate Inquiry amendments rarely change the architecture of a Bill, but they can succeed in carving out specific risks, adding safeguards, sunsetting powers, and reshaping the rule-making process.*

The most useful ways to push back, in roughly descending order of leverage:

• There are links and resources at the end of this document

- Send a written submission to the Senate Community Affairs Legislation Committee before 29 May 2026 (the Committee's page on the Parliament of Australia website has the upload form).

• Ask to be heard in person at the public hearings — even a short oral submission carries weight.

• Write to your own federal MP and to any Senator from your State, and ask them to advocate for the specific amendments you want.

• Contact crossbench Senators (Greens, independents like Lambie, Pocock) who are most likely to negotiate amendments in exchange for support.

• Coordinate with DPOs and advocacy organisations (DANA, PWDA, AFDO, First Peoples Disability Network, Inclusion Australia, Children and Young People with Disability Australia, Down Syndrome Australia, Self Manager Hub) so your individual submission lines up with a sector ask.

Specific amendment asks worth supporting in submissions: an express carve-out in new s 10C(2) for workers engaged directly by a self-manager or nominee; statutory limits on the new ministerial determination power in new s 34A; a statutory floor protecting categories of permanent and significant disability from loss of access on reassessment; mandatory pre-rule consultation requirements with disability representative organisations; and proper independent oversight of any automated decision-making (Schedule 3 Part 2).

Q2. Fi C.: ***What if you have turned 18 and have a change of circumstances for more core supports. How does it impact for this kind of scenario?***

Turning 18 is treated by the NDIA as a major life transition and ordinarily triggers a planned reassessment, not an unscheduled one. Nothing in the Bill changes that pathway. What the Bill does change is the criteria for an unscheduled reassessment (between planned reviews) — making it harder.

> *"Only participants, their plan nominee or their guardian will be able to request an unscheduled plan reassessment. Unscheduled plan reassessments will only be possible when: there have been significant and ongoing changes to a participant's functional capacity and support needs; there has been an unanticipated, significant and ongoing change in a participant's living, education, work or informal support arrangements. The NDIA will have up to 90 days to decide whether to vary or reassess a plan."*
> *— Participant FAQs, May 2026, p. 7*

In practice, an 18th-birthday transition combined with leaving school usually counts as an "unanticipated, significant and ongoing change in education and informal support arrangements." Darren O'Donovan's analysis raises a real concern, however, that "unanticipated" is undefined — the agency may try to argue that turning 18 is, by definition, anticipated, and refuse the request. If that happens, document the actual functional and environmental changes that have followed leaving school (loss of routine, loss of school-based supports, change in informal supports as parents return to work, etc.) rather than relying on age alone.

Opinion: *My view is that the new test is workable for an 18-year-old transition if your evidence focuses on what has changed since the last plan was approved, not on what was foreseen at the planning meeting. Get an updated functional capacity assessment from an OT, written confirmation from the school of what supports have ended, and a GP letter on adult medical needs.*

Q3. Taryn W.: ***Do we know if these cuts by the minister at any time might impact active plans, or will cuts only apply as a new plan is built?***

For the 50% cut to social, civic and community participation funding and the 10% cut to capacity building daily activities, the Government has said they apply as plans are reassessed or renewed — not retroactively to active plans:

> *"These changes will happen progressively as participants' plans are reassessed or renewed over a 12-month period." — Participant FAQs, May 2026, p. 6*

However, the legal mechanism is new s 34A (Schedule 1 Part 4 of the Bill), which lets the Minister make "support determinations" reducing funding for groups of supports. The Explanatory Memorandum is explicit that this is not a plan-by-plan decision — it applies across the Scheme:

> *"These determinations are not applied on a 'plan-by-plan' basis, but rather have the effect of reducing the funding for certain groups of supports across the Scheme. Changes to funding as a result of support determinations are not subject to merits review." — Explanatory Memorandum, on new s 34A*

Opinion: *My concern, which O'Donovan echoes, is that nothing in the Bill prevents a future Minister from making a support determination that takes effect immediately for active plans. The current 12-month phase-in is policy, not law. The Bill should ideally include a clause that support determinations only apply at the next plan renewal — but it does not.*

Q4. Veronica Y.: ***How are we supposed to plan for our PWD adult with all these uncertainty and possible random cuts at any time?***

There is no good answer to this. The strategic shape is set; the operational detail won't be settled until the rules and the new framework planning rollout (1 April 2027) and the new functional capacity access process (1 January 2028). Realistic short-term actions:

• Lock in the strongest reasonable and necessary case you can at the next planned review while the current "old framework" rules still apply — particularly for any high-utilisation S&C funding you want preserved into a plan that will then be renewed under the new rules.

• Get updated functional capacity reports now from OT/Speech/Psych as relevant, because the evidence hierarchy in new s 34(1E)–(1F) (Bill, Item 70) will reward written documentation of outcomes over lived-experience explanations.

• If you have a plan currently being managed without a nominee, consider whether a plan nominee arrangement helps protect against an unscheduled reassessment being requested by someone else — only the participant, plan nominee or guardian can now request one (Schedule 1 Part 2).

• Keep good records of how every dollar is spent — both shift notes and outcomes — because record-keeping is being tightened (Schedule 2 Parts 3 and 4 of the Safeguarding Act) and because evidence of "demonstrated outcomes in previous plans" is now in the legal test for whether a support is effective (new s 34(1E)–(1F)).

Opinion: *In my view, the biggest risk to plan stability over the next two years is the unscheduled reassessment regime, not the S&C cut. The S&C cut is announced and phased; an unscheduled reassessment can be triggered by the agency at any time and now has fewer review rights attached (O'Donovan, Items 23–26).*

Q5. Katrina M.: *How much of this is dependent on States' agreement?*

Less than it used to. The 2024 Act gave the Commonwealth a transitional power to pass rules on the new planning framework and the service interface without state consent if agreement could not be reached after a consultation period. O'Donovan summarises this point:

> *"The transitional provisions in the 2024 [Act] give the Commonwealth the power to pass transitional rules on the new planning framework and the service interface without state consent. There has to be a consultation period, but if agreement is not forthcoming, the Prime Minister can…" — O'Donovan, footnote 2*

For the changes in this Bill that sit in "Category D" of the NDIS rules (where consultation with all states and territories is required), the practical brake the States retain is the ability to slow the rule-making, particularly around the definition of "NDIS provider", the higher-risk supports list, and the SIL commissioning model. The States are also funders of the Scheme (currently around one-third) and will continue to negotiate at National Cabinet on the broader Foundational Supports Strategy.

Opinion: *My read: the primary legislation in this Bill is a Commonwealth power play. States can shape implementation but no longer block it. The areas where State and Territory advocacy still has real leverage are the higher-risk supports list and the design of the foundational supports system that is meant to "catch" people who lose access on functional capacity assessment from 2028.*

Q6. Tracey K.: ***If a participant has a 3 year plan — is it likely to be tampered with in the next 3 years?***

A 3-year plan can be reduced by either of two mechanisms in this Bill:

1. A ministerial support determination under new s 34A — that will reduce S&C and capacity building daily allocations across the Scheme as plans renew. If your plan does not renew in that period and the Government holds the line on their stated "applies at renewal" policy, your current S&C allocation is untouched until renewal. Critically, no merits review applies to a support determination (Explanatory Memorandum on new s 34A).

2. An unscheduled reassessment under the new Schedule 1 Part 2 rules. The agency can act if the participant, nominee or guardian requests one OR if the agency itself initiates a review which has no real limit in the current or proposed legislation. The tightened criteria make participant-driven mid-plan requests harder, but agency-initiated reviews are possible anytime.

There is also the policy expectation that all existing participants will be progressively reassessed under the new functional capacity criteria from 1 January 2028 on a 3-year rolling basis (Participant FAQs, p. 3). If your current 3-year plan ends after January 2028, your next plan is more likely to be your first under the new framework.

Opinion: *In short: the active plan period is protected by the FAQ commitment, but that protection is policy, not statute, and the new s 34A power is broader than its stated current use. Make sure you keep evidence ready in case of agency-initiated review.*

Q7. Jacky: ***Is there any talk of pushing people into the Aged Care system when they start scaling back on participants?***

For people over 65 already in the NDIS, no change — the Bill does not alter the section 22 age requirement for entry, and the long-standing position is that participants who entered before 65 can remain in the NDIS for life. There is no policy in the Bill or the FAQs that would push existing under-65 NDIS participants into aged care.

However, the broader policy direction (announced in the 2026–27 Budget) is that "foundational supports" — funded through the new National Disability Agreement and delivered by the States and Territories — will pick up support for many people who do not

meet the new functional capacity threshold for NDIS access from 1 January 2028. That is a Tier 2-style system, not aged care.

> *"From 1 January 2028, people who are already accessing the NDIS will be reassessed. This will happen progressively over 3 years." — Participant FAQs, May 2026, p. 3*

Opinion: *My view: aged care is not the destination for ineligible-on-reassessment participants. The far more pressing risk is that foundational supports are not in place by 1 January 2028, which is the point the Disability Royal Commission, ACOSS and most advocacy bodies are making.*

Q8. Carolyn: *What on earth will happen to those who can't be on their own for any time. If they cut Soc & Comm will they have to increase Home and Living?*

The official material does not promise any compensating increase in Home and Living funding for participants whose S&C funding currently underwrites time outside the home. The FAQ frames the cut as a price/volume issue and points to the $200m Inclusive Communities Fund as the systemic offset — but that fund supports community organisations, not individual budgets.

> *"To help with this, we will provide $200 million for an Inclusive Communities Fund to rebuild capability among community organisations to host genuine participation activities and market reforms to ensure genuinely inclusive activities are available for NDIS participants." — Participant FAQs, May 2026, p. 7*

Opinion: *In my opinion this is one of the biggest gaps in the package. For participants with 24/7 needs who currently use S&C funding to spend hours outside the home with a worker, halving that budget without lifting Home and Living hours functionally confines them indoors, potentially without required supervision and support. This needs to be a primary submission focus.*

Q9. elly: *What if community access is cut in 24/7 care?*

Same answer as Carolyn's: the legislation cuts the social, civic and community participation budget by 50% (and capacity building daily by 10%) but does not provide for a corresponding lift in Home and Living for high-intensity participants. The FAQs explicitly list SIL and "supports in home" as critical supports whose budgets are not changing, but that is a stability commitment for those budgets, not a top-up commitment.

For participants in 24/7 supports, S&C funding is often what funds the second worker or 1:1 worker who goes into the community while the SIL roster covers the house. Losing half of that has a flow-on consequence that the Bill's materials do not address. This is where the most acute advocacy is needed.

Q10. Tee L.: ***If someone has complex disability and their disability affects them profoundly, surely the ndis cannot give a blanket 50% off… and apparently they are the people the ndis is for…?***

You are right that this is the policy concern, but legally the new ministerial determination power (new s 34A) does allow exactly that — a blanket percentage cut to a group of supports across the Scheme, with no merits review. The Bill's mitigation is a "safety of participants" consideration the Minister must "have regard to":

> *"In making a support determination, the Minister must have regard to the safety of participants…" — Bill, new s 34A (paraphrased; quote drawn from Explanatory Memorandum)*

O'Donovan describes this safeguard as legal "pot porri" — a duty to "have regard" largely just means the Minister needs a risk statement in their brief. There is no statutory floor protecting people with complex, high-support needs from a percentage cut that has been worked through the politics for the average case.

Opinion: *My opinion: the Bill should be amended to require a separate determination process — or an exemption mechanism — for any cohort with high-utilisation, complex needs. Without it, a one-size cut delivered through s 34A produces the very kind of cohort-specific harm that the Disability Royal Commission warned about.*

Q11. Del: ***One of the biggest concerns I have are the changes around being able to appeal inadequate funding supports.***

You are right to be concerned. Three things shrink the appeal pathway in the Bill:

1. Ministerial support determinations under new s 34A — the actual mechanism for the S&C cut — are expressly not subject to merits review. You cannot appeal the cut itself; you can only appeal how it is applied to your individual plan, and even then only if the agency makes a "reviewable decision."

2. Unscheduled reassessment requests: the 90-day decision timeframe replaces the previous 21-day deemed-decision rule, and O'Donovan notes that the review and appeal rights attached to the old deemed decision are being removed (Items 23–26, Schedule 1 Part 2).

3. The new value-for-money and "effectiveness and beneficial" tests in new s 34(1E)–(1F) push the evidence threshold for what is reasonable and necessary toward published, peer-reviewed, generalisable research — which is harder for an individual participant to assemble in an appeal than lived-experience evidence.

4. Under old framework plans, funding levels can be reviewed/appealed. This is not the case once New Framework Plan start, where only the Agency conducted Functional Assessment result can be reviewed, not the dollar $$ package it generates.

What is still preserved: a participant can still seek internal review and then external merits review at the ART (Administrative Review Tribunal, which replaced the AAT) of any individual reviewable decision under section 99 of the NDIS Act. That is unchanged. The change is what counts as a reviewable decision and what evidence wins.

Opinion: *My view: the most important amendment to push is restoration of the deemed decision and its associated review rights when the agency does not act within 90 days on an unscheduled reassessment request. Without that, there is no real consequence for agency delay.*

2. Community participation and community access

Q12. Antonella: ***Community Access budget for many participants is based on 1:1 supports so they can access the community for a certain number of hours per day/per week. Does a 50 per cent cut in these supports mean that these participants be now confined to their homes for longer?***

Honestly, yes — that is the realistic worry, and it is not mitigated in the official material. The cut is to Assistance with Social, Economic and Community Participation (Core) by 50% and Increased Social and Community Participation (Capacity Building daily activities) by 10%, phased over 12 months from 1 October 2026 as plans renew (Participant FAQs, May 2026, p. 6).

The Government's offset language is two-fold: (1) "you may not be currently using all of your budget allocation" — which is true for some, untrue for many high-utilisation participants — and (2) the $200m Inclusive Communities Fund will build community-based options for participation. Neither directly replaces 1:1 hours.

Opinion: *I think this is the single most damaging part of the package for high-intensity 1:1 community access users. If your loved one currently uses 25–40 hours a week of community access support, a 50% allocation cut will, in practice, reduce hours — there is no magical pricing efficiency that absorbs that much. The most productive submission is to evidence the human cost (housebound risk, mental health deterioration, loss of community participation outcomes) and ask for a high-intensity carve-out. The Minister may be under the (misguided) perspective that participants with 1:1 funding for community access could simply share their support with another participant. We all know that there is a group of participants who simply can not be in community without their own trained 1:1 workers, and who also need that while at home. I guess we all just have to argue for higher in-home support funding to cover those gaps if this heinous decision is enshrined in the legislation. Please fight this.*

Q13. Taryn W.: ***Re cutting community access supports — I'm thinking about Core being flexible. Is there any indication that we will need to be careful about using budgets flexibly or keeping accurate shift notes about whether the support was at home or in the community?***

The Bill itself does not split Core into two non-flexible buckets. Today, Core funding is flexible across daily activities, S&C, consumables and transport, and the Bill does not change that flexibility provision in the Act. However, three things create new pressure on how flexibility is exercised:

1. Different cut rates: 50% off the S&C budget allocation and 10% off the capacity building daily activity allocation. Once your new plan loads with reduced S&C, that lower amount becomes the starting point you can flex against — flexibility does not give you the old volume back.

2. The new record-keeping offence: providers must keep records that relate to any claim for an NDIS amount or the provision of an NDIS support (Safeguarding Act, Schedule 2 Part 4), with a civil penalty of up to 120 penalty units for non-compliance. Participants who self-manage also have a record-retention requirement (3 years) under new s 45B(5).

3. Ministerial pricing under new s 45C lets the Minister set different prices for different support types and provider types — which incentivises clean, accurate classification of what each shift was.

Opinion: ***My advice: shift notes should accurately describe what the worker did and where (at home / in the community / transport time), because in any audit the question will be whether the description supports the claim category. The discipline you already use is sensible — keep doing it. I also think it will be interesting to see what is defined as community access – it may be that supermarket shopping and trips to the doctor are considered activities of daily living, not community access?***

Q14. Taryn W.: ***Question — re notes for shifts. Thinking about how we have had flexibility to claim from the buckets in core for support at home and in the community. Do you have advice about whether we can continue to move between the two buckets, or need to be careful?***

Same answer in short. Core flexibility between Assistance with Daily Living (at home) and S&C (community) is not removed by the Bill. The new pressures are (a) different cut percentages, (b) tightened record-keeping with offences, and (c) the new pricing power that lets the Minister set different prices by support type or provider type. Provided your shift notes accurately reflect the activity, you can continue to use Core flexibly. The discipline is in description, not in artificial allocation between buckets, except as it relates to how the budgets were built and hence what portion is summarily cut at your next plan reassessment.

Q15. Leonie B.: ***Should we ask for a break down of current plan — currently core is all together so unclear how much is CP and how much is Assistance with Daily life?***

Yes — knowing your indicative allocation between Assistance with Daily Living, Social/Community Participation, Consumables and Transport is sensible, especially before the new framework planning rules begin from 1 April 2027. The allocations show on the "Plan Summary" or the planner notes; if they were not separately broken down at your last plan, you can request the planner notes from the NDIA in writing under the Privacy Act (a written request usually returns the breakdown within 30 days) or via a Participant Information Access Request https://www.ndis.gov.au/about-us/sharing-

information/participant-information-access-request-form. If your plan is plan-managed, your plan manager will have the indicative split.

Opinion: *In my view, having this breakdown documented now is useful information.*

3. Support coordination, navigators and LACs

Q16. Jen H.: ***Support coordination is a big issue — especially around self management.***

Yes, and the Bill changes the structural shape of support coordination significantly. From 1 July 2028, individually-funded support coordination is being replaced by a new Government-commissioned "support coordination and connection" service:

> *"Commissioning new, more efficient support coordination and connection functions." — Participant FAQs, May 2026, p. 2 (list of areas where consultation begins in the second half of 2026)*

The reform announcement is that this new service will be commissioned (i.e. the Government will engage specific organisations to deliver it), rather than each participant choosing and funding their own support coordinator from their plan. The design is still to be consulted on.

Opinion: *My concern, which is shared across the self-management community, is that a commissioned service is unlikely to be neutral in its advice when its funder is the Government and its scope is set by the agency. Self-managed participants who want plan-management-style independent advice will need to advocate, during consultation in the second half of 2026, for the commissioned service to genuinely respect self-direction (including the right to choose unregistered providers for non-high-risk supports, and to direct-employ). Commissioning of this service, where you will be unlikely to be able to choose your own SC (I hope to be corrected on that!), feels very much like a return to the old case-management days of state systems – long waiting list and only those in deep crisis seemed to get access.*

Q17. Veronica: ***For SC is that the navigator role they were talking about?***

Effectively yes. The "navigator" or "connector" language has been used through the broader NDIS Review and the foundational supports policy. Inside the Scheme, the new "support coordination and connection" service – the “Navigator” name appears to have been dropped

in all the paperwork that dropped this week - (from 1 July 2028, see above) is the formalisation of that idea. It is possible that outside the Scheme, in the foundational supports system, "navigators" are expected to be funded by States and Territories to help people who do not meet NDIS eligibility find mainstream supports. The two ideas are related but separate – we can't be sure how this will look.

Q18. Jacky: ***Will LACs be phased out in their current capacity?***

Yes, partly. The LAC partner-in-the-community model is being absorbed into the new commissioned "support coordination and connection" function from 1 July 2028. The 2026–27 Budget paper (BP4, "Delivering Australian Government Services") and the Participant FAQ both signal that the LAC contracting model is being redesigned. The actual transition path is still to be confirmed.

Opinion: *The LAC model has been widely criticised — by participants, providers, advocacy groups and the Disability Royal Commission — for lacking specialist knowledge, being unevenly distributed, and operating in tension with planning. Whether the replacement is better will depend entirely on the design that emerges from the second-half-of-2026 consultations. The likely lack of choice is highly concerning, as is the information provided which states that Support Coordination will no longer be in participant plans starting from 2028.*

Q19. Tee L.: ***Will there be a specialist 'complex disability' team that we can contact… that understand what it takes to make an inclusive life?***

There is no commitment in the Bill, the EM, the FAQs or the Minister's speech to create a dedicated complex-disability team within the NDIA or the commissioned support coordination service. The Technical Advisory Group on functional capacity assessment is the only new specialist body explicitly created, and its scope is assessment design — not ongoing participant support.

Opinion: *In my view this is potentially a serious gap. A genuinely complex-disability specialist function — staffed by people with lived experience and clinical or assessment expertise across multiple conditions — would be a sensible amendment to push for through the consultation process. The Disability Royal Commission recommendations on the NDIA workforce (Recs*

18.2, 18.3) point in this direction. That said the complex support planners within the NDIA may be a decent option to provide that level of support. Time will tell. Once again though, you're really unlikely to get a choice – feels like a return o the old State system, block funded, waitlist driven scarcity model (they want to cut the cost by 30%)

4. Self-management, registration and direct employment

Q20. Jo R.: ***What about if I am my daughter's legal guardian?***

Legal guardianship is recognised in the Bill in the same way it always has been under the NDIS Act. Where you are an appointed guardian under State/Territory law, you can act on behalf of the participant for all NDIS purposes, including:

• Requesting an unscheduled plan reassessment (only participants, plan nominees and guardians may now do so — Schedule 1 Part 2).

• Self-directing supports, including employing workers or engaging contractors, on behalf of the participant.

• Engaging with the Commission about registration and quality matters.

Nothing in the Bill cuts back guardianship rights. The most important addition is that you are now one of the protected categories of people who can lawfully request an unscheduled reassessment, which removes the previous ability of a support coordinator or plan manager to do so without your knowledge.

Q21. Jacqui F.: ***What about when they mandate for personal care?***

Personal care is on the list of "higher risk" supports flagged for mandatory registration when the expanded registration scheme rolls out from 1 July 2027:

> *"We will publish a list of NDIS supports that are considered high risk, such as personal care, daily living supports and supports provided in closed settings." — Provider FAQs, May 2026, p. 3*
>
> *"All people who receive higher-risk supports will need to choose a registered provider for those supports. This might include personal care, daily living supports and support provided in closed settings… You will still be able to choose unregistered providers for other, lower risk supports." — Participant FAQs, May 2026, p. 5*

However, the NDIS Commission has separately confirmed (Self Management Advisory Group, 5 May 2026; written response mid-May 2026) that the expanded mandatory registration regime is intended to apply to SIL, where the support is HIGH (significant daily hours) AND MANAGED by a provider AND DELIVERED by a provider. A self-manager directly employing a support worker to do personal care, paying through PAYG/super/workers' comp, does not fit that "managed by a provider and delivered by a provider" test.

Opinion: *My view: under the current policy as the Commission has now publicly stated it, self-managed personal care delivered by your own employees or sole-trader workers should not require those workers to register. But this protection lives in the rules, not yet in the Bill, and it must be locked in during consultation. The amendment to ask for is an express carve-out in new s 10C(2) for workers engaged or self employed directly by a participant or nominee.*

Q22. Michelle O.: ***What if you as nominee hire employees with light touch personal care but not in SIL?***

Same answer in practical terms as Jacqui's. As a plan nominee (or guardian) directly employing workers — outside SIL, doing some light personal care — the Commission's stated policy position is that your workers are not within the expanded registration scope, because the supports are not "managed by a provider and delivered by a provider." The relevant test, as the Commission described it on 5 May 2026, is HIGH and MANAGED and DELIVERED. A nominee-employed worker doing light personal care fails the "managed by a provider" leg of the test. This is policy, not yet locked in the Bill – and we haven't seen the Rules yet.

Opinion: *It is still important to make this position legally clear by submission, because the Bill's s 10C(1)(b)(ii) lets the Minister prescribe additional persons or entities as "NDIS providers" by rule. Without an express carve-out, a future Minister could quietly draw nominee-employed workers in.*

Q23. Michelle O.: ***@Sam Paior you mentioned hiring sole traders but what about directly hired employees?***

Same logic. Directly-hired employees by participants or nominees (with PAYG, super, workers' compensation and an employment relationship under the Fair Work Act) sit further from "provider" status than sole traders, not closer. They are employees of the participant or

nominee, not of a service provider, and they receive wages from the participant, not "NDIS amounts" directly from the agency. On a straight reading of new s 10C(1)(a), they are not NDIS providers. The risk, as for sole traders, is rule-based capture under s 10C(1)(b)(ii).

Opinion: *In my view, of all the self-management arrangements, direct employment is the strongest legal case for being outside the "NDIS provider" definition, because there is no business at all — there is just a household with a worker. The submission ask should be that this position is made explicit in s 10C(2).*

Q24. Veronica Y.: ***Do they have a definition of what SIL is?***

Yes, but it has been a moving target. I believe we will get an answer to this very soon in the Rules. In the meantime, have a look here at https://www.ndiscommission.gov.au/about-us/ndis-commission-reform-hub/mandatory-registration The current operational definition of Supported Independent Living, used by the NDIA and the Commission, is: a paid program of supports (usually 24/7) provided in the participant's home, where the provider takes responsibility for managing, coordinating and delivering the supports — typically with shared support arrangements between residents, though some SIL is for a single resident. The Commission has confirmed in writing (mid-May 2026) that:

> *"A sole trader is unlikely to be delivering SIL unless they are responsible for managing, coordinating and delivering a program of supports for a participant, provided throughout the day or for most of the day in the participant's home." — NDIS Commission, mid-May 2026*

The Bill itself does not introduce a new statutory definition of SIL. What it does (Schedule 1 Part 4) is enable ministerial determinations to reset funding for groups of supports, with "Home and Living" listed as a Core group in the Explanatory Memorandum.

Opinion: *My view: the absence of a clear statutory definition of SIL is part of the reason for the ongoing confusion about who has to register on 1 July 2026 and what arrangements count as SIL. The Commission's "manage + coordinate + deliver" test is workable but I am fairly well assured that it will be put on a clearer footing through Rules.*

Q25. Peter G.: ***Can you just clarify that a Nominee self-directing support on behalf of a family member will still be able to direct employ or engage contractors?***

Yes. Nothing in the Bill changes a plan nominee's ability to direct-employ workers or engage contractors on behalf of the participant. The plan management framework is untouched in this regard — self-managed funds continue to flow to the nominee's nominated bank account for the participant, and you continue to be free to employ or contract workers consistent with award and tax law. The Bill confirms self-managed participants are treated as informed consumers:

> *"This recognises that self-managed participants, as informed consumers, are empowered to make trade-offs within their NDIS budget and can elect to pay prices for supports above the maximum limit with the knowledge that this would reduce the volume of supports they could otherwise purchase." — Explanatory Memorandum, on new s 45C(2)*

The change to watch is registration of those workers (covered above) and the differentiated pricing regime — what the agency pays for unregistered support may be lower than for registered support.

Q26. Veronica Y.: *So would my service for one be able to deliver SIL to my son?*

There is no legal answer in the Bill itself, because "service for one" is not used in the Act, the Bill, the Explanatory Memorandum or any FAQ. Two real constraints apply:

1. From 1 July 2026, SIL providers must be registered with the NDIS Commission (under the already-passed Safeguarding Act). The Commission has confirmed that for SIL, all business types must register if they manage, coordinate AND deliver a participant's SIL supports.

2. The Commission has flagged *participant-led arrangements as outside the SIL registration trigger* when their characteristics include "ABN or other business registration in the name of the participant; payment records submitted to the NDIA or plan manager; records of how the participant has identified and chosen individual workers."

Opinion: *My read of the Commission's mid-May 2026 statement: if your "service for one" is a participant-led arrangement (the ABN in your son's name or in your name as nominee, payment records lodged, workers chosen by you) and you employ or contract the workers yourself rather than running it as a business serving other clients, you are unlikely to meet the SIL "manage + coordinate + deliver" test, and so unlikely to be required to register on 1 July 2026. If, however, the entity has a separate business identity and runs SIL as a commercial activity — even just for your son — you are more likely to be caught. This is a critical area where the Bill should be clarified through an express carve-out for participant-led*

arrangements. Whether the funds are in the SIL section of his NDIS plan is irrelevant – it's the nature of the support delivered, and who MANAGES and provides it, that will trigger a requirement for registration or not.

Q27. Libby M.: ***Can we please have a definition of a Service for One?***

There is no legal or official Government definition of "Service for One." The phrase is used in the self-management and home-and-living community to describe a participant-led arrangement where the participant (or their nominee/guardian) sets up the legal vehicle (often a business in the participant's name, sometimes a small company) and directly engages workers — usually for high-intensity supports including SIL-like 24/7 arrangements — without operating as a commercial provider serving other clients.

Opinion: *In my view, the sector needs the Government to formally recognise "participant-led arrangements" (the phrase the Commission used in its mid-May 2026 written response) as a defined category in the NDIS rules. That would give clarity on registration, pricing, and quality requirements. The submission ask is for new rules under s 10C(2) to expressly carve out participant-led arrangements from the "NDIS provider" definition, with criteria along the lines the Commission has already articulated (ABN in participant/nominee's name, payment records, worker selection records, no commercial activity with other clients).*

Q28. Sheree H.: ***If services for one are defined as 'Not Providers' does that definition carry for other aspects of NDIS operations eg if we are NOT a provider can we NOT claim the price guide x hours worked and retain efficiency savings like providers do?***

Good question, and the answer turns on what "not a provider" means in each context. The Bill creates one definition of "NDIS provider" (new s 10C). The pricing rules under new s 45C apply where the support is plan-managed or agency-managed (not self-managed):

> *"Subsection 45C(2) would provide that the determination would only apply to the provision or acquisition of supports if funding for those supports are managed by either a registered plan management provider or the Agency. This recognises that self-managed participants, as informed consumers, are empowered to make trade-offs within their NDIS budget…" — Explanatory Memorandum, on new s 45C(2)*

For a self-managed participant: the Bill explicitly does not cap the price you can pay — you can pay above the determined maximum, on the trade-off that you spend more of your budget per hour. That cuts the other way too — you can pay less, run your workers more

efficiently than the price guide assumes, and use the savings to buy more hours within your budget.

Opinion: *My view: if a "service for one" arrangement is carved out of the "NDIS provider" definition AND the supports are self-managed, then the price guide is not a ceiling, and "efficiency savings" can be retained as more hours of support. This is in fact one of the key advantages of self-management that should not be lost in the new pricing rules. It is worth saying so plainly in a submission. The issue of course, is that we really don't know if you will, as a service for one, be able to claim for an hourly rate that is above the actual direct costs incurred or not – and that if you do, will that tip you into the "You are now a provider requiring registration" bucket – there is no formal guidance I can find on this yet.*

Q29. Ann M.: *ABN can be in Nominee name or has to be in participant name?*

There is no NDIS rule that requires an ABN to be in the participant's name rather than the nominee's. The ATO rules around who is entitled to an ABN turn on whether you are carrying on an "enterprise" and who is the legal entity carrying it on. For a plan nominee running a participant-led arrangement, either approach is possible: the ABN can be in the participant's name with the nominee as the authorised representative, or in the nominee's name acting for the participant.

Opinion: *My view: putting the ABN in the participant's name (with the nominee authorised) may be cleaner if the participant has the legal capacity to do so and is the de facto employer of workers and the receiver of the supports. It also lines up with the characteristics the Commission listed (mid-May 2026) for participant-led arrangements. Speak to your accountant before deciding — there are potential tax and workers' compensation consequences either way.*

Q30. Katrina M.: *Why do need an abn to self manage. I use providers who have their own abn?*

You probably don't. The NDIA does not require a self-managed participant to have an ABN where the participant is purely paying registered or unregistered providers who have their own ABNs and issue their own tax invoices. The ABN question arises in two situations: (a) if you want to engage a sole trader who does not have an ABN, in which case withholding rules

under the Tax Administration Act mean you would need to withhold 47% — which is why most sole traders have their own ABN; or (b) if you want to operate a participant-led arrangement (a "service for one") with an ABN in the participant's name as the legal vehicle for engaging workers. The bigger question to ask yourself is whether or not those workers are considered by the ATO and super guarantee as potentially actually being employed by you (regardless of what the worker calls themselves or has an ABN). This is very complex – seek professional advice and check out the Self Manager Hub's recent webinar workshop with the ATO. It's on the Self Manager Hub Website.

Opinion: *In short: an ABN is only required if you are running something yourself rather than buying from someone else who has one.*

Q31. Chy: ***Can I just ask why Plan Manager and LAC are saying I can not use claim subscription. They say it's because part of my plan is plan managed and that I have an LAC.***

Opinion: *I am unsure what specific subscription you are referring to — this looks like it may be about subscription to the Self Manager Hub? The general rule is that any claim against an NDIS plan must be against a support that is reasonable and necessary and consistent with the NDIS Support Lists made under the NDIS Amendment (Getting the NDIS Back on Track No. 1) Act 2024. The NDIS Guide to Self Management clearly states membership to peer organisations may be claimable – can you claim it from the Self Managed proportion of your plan, or switch to a better Plan Manager?*

Opinion: *My honest answer is: I would need to know which subscription and which support category to give a definitive answer. If your plan manager is refusing, ask them in writing for the specific provision they are relying on, and check it against the current Support Lists. If you believe they are wrong, you can escalate to the NDIA directly or change plan manager.*

5. Personal care, high support needs and restrictive practices

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Q32. Michelle O.: ***Why is personal care considered higher risk?***

The Government's policy reasoning, which echoes the NDIS Quality and Safeguards Commission's submission to the Wade Taskforce, is that personal care involves bodily contact, often with people who cannot easily report poor or abusive practice (cognitive disability, communication disability, isolation, dependence on the worker for ADLs), and is therefore more vulnerable to abuse, neglect or poor practice than supports where the worker is more visible to the wider community. It is on the published list of "higher risk" supports flagged for mandatory registration from 1 July 2027:

> *"We will publish a list of NDIS supports that are considered high risk, such as personal care, daily living supports and supports provided in closed settings." — Provider FAQs, May 2026, p. 3*

Opinion: *My view: the policy reasoning is sound at the population level, but it does not distinguish between the situations that actually produce the harms (closed settings, high-turnover provider workforce, no participant control) and the situations that do not (a self-managed participant with the same trusted worker for years, nominee oversight, family/friends present). Registration is a blunt response that needs the carve-outs the Commission has signalled.*

Q33. Michelle O.: ***I would be concerned about what they deem to be high support needs.***

There is no statutory definition of "high support needs" in the Bill. The phrase is currently used by the NDIA in plan management and operational guidance — broadly to mean participants requiring high-intensity, complex or 24/7 support. The new functional capacity assessment process (s 9B and supporting rules) and the new framework planning rules (from 1 April 2027) will introduce explicit budget categories that will, in effect, define this group. The actual thresholds will be set by the Technical Advisory Group (mid-2026 onwards).

Opinion: *I share your concern. A categorical line drawn around "high support needs" can be used either to protect participants (e.g. a high-needs carve-out from cuts) or to control them (e.g. mandatory commissioning of SIL for everyone in the category). Push in submissions for any "high needs" classification to come with explicit individualised choice and self-direction protections.*

Q34. norad: ***Is it possible to get some clarity on 'restrictive practices', are they all equal, for example you keep your front door locked because your PWD is an adventurer and you live on a busy road.***

No — they are not all equal. The legal definition under the NDIS (Restrictive Practices and Behaviour Support) Rules 2018 (made under the Safeguarding Act) sets out five categories of regulated restrictive practice: seclusion, chemical restraint, mechanical restraint, physical restraint, and environmental restraint. A locked front door, if it is used to limit the participant's free access to their environment, can fall within "environmental restraint."

Whether it is an unauthorised restrictive practice depends on three things: (a) whether the door is locked specifically because of the participant's disability (rather than ordinary household safety); (b) whether it materially restricts the participant's freedom of movement; and (c) whether there is a behaviour support plan in place authorising its use. A keyed front door in a normal household where everyone can use the key is not generally a restrictive practice. A front door fitted with a special lock that the participant cannot operate, used to stop them leaving, is.

For practical purposes: anyone who is delivering a regulated restrictive practice must be registered with the Commission, regardless of any other carve-out (NDIS Commission, Self Management Advisory Group, 5 May 2026). If a positive behaviour support practitioner has prepared a behaviour support plan that includes a regulated restrictive practice (including environmental restraint), the practice must be reported and authorised under the relevant State/Territory regime.

Opinion: *My view: get a positive behaviour support practitioner to assess and document the situation if there is any chance the door-locking is a regulated practice, but be prepared to then be required to have registered providers.*

6. Assessments, I-CAN, evidence and AI

Q35. Michelle O.: ***Isn't the ICAN assessment that they spent $$$$ on for the reassessments too?***

We do not know if the ICAN will be used for *eligibility* assessments – but it is part of a suite of assessments that will be used for support needs reassessments. Yes — the Instrument for the Classification and Assessment of Support Needs (I-CAN) was the leading candidate during the 2023 NDIS Review and the 2024 reform debates as the tool that would underpin "new framework planning" budgets, and significant money was spent on piloting and adaptation.

There is no statement in the new Bill, the Explanatory Memorandum or the FAQs that I-CAN has been formally chosen or dropped for eligibility assessment purposes. The Technical Advisory Group, beginning mid-2026, will give expert advice on "appropriate thresholds and assessments for assessing eligibility based on functional capacity" (Participant FAQs, p. 2).

Opinion: *My honest view: it is unclear publicly whether I-CAN will be the (or part of the) eligibility tool, but it is flagged as being the reassessment tool that leads the budget in New Framework Plans. The Technical Advisory Group's scope as published covers eligibility assessment; the separate "support needs assessment" used for budgeting under new framework planning is also still being designed.*

Q36. Wendy P.: ***So have NDIS canned the I-Can assessments?***

There is no public confirmation either way, but I believe assessors are being trained in how to do that right now (https://engage.ndis.gov.au/projects/engagement-opportunities-for-the-new-way-of-planning) . The current Government position is that the Technical Advisory Group will recommend the assessment approach for eligibility, and the support needs assessment will be designed in parallel for budgeting. The previous I-CAN trial work is presumably available to the TAG to draw on, but I have not seen a formal announcement that I-CAN is in or out.

Opinion: *In my opinion this is exactly the sort of detail that needs to be in submissions and ministerial correspondence to clarify. The community is being asked to trust a process whose tools and algorithms are not transparent.*

Q37. Libby M.: ***Do people think it is still worth getting FCAs done now if plan is nearing an end — even with notification that the plan is being continued?***

Yes, in my view. Three reasons:

1. The new "evidence hierarchy" in new s 34(1E)–(1F) (Bill, Item 70) explicitly values written, professionally-prepared evidence including "evidence of demonstrated outcomes for the participant in improving, maintaining or reducing a decline in the participant's functional capacity." An updated high quality FCA is the cleanest way to put that on record.

2. If the agency moves to a continued/renewed plan, the FCA still informs that decision — and protects against the agency relying on stale evidence from years ago.

3. From 1 January 2028, all existing participants will be progressively reassessed under the new functional capacity rules. Having a current, comprehensive FCA on file is a strong baseline going into that process, IF the NDIA will accept external reports (we don't know yet) — particularly for participants whose presentation is complex or whose disability is not easily visible.

Opinion: *Minister Butler has said publicly that "who pays" for the extra assessment evidence is open for discussion — but until that changes, the participant or family still pays.*

7. Shift notes, record keeping and evidence

Q38. Libby M.: ***Do NDIS have any recommended templates for shift notes?***

There is no NDIA or Commission-published mandatory template for shift notes. The Commission's "Provider Practice Standards" and "Code of Conduct" set the principles (records must be accurate, contemporaneous, identify the worker and the participant, describe the support provided), and most registered providers use their own form. For self-managers, what matters is that the record supports the claim — date, time, worker, participant, location, what was done, and any issues.

From the Safeguarding Act (Schedule 2 Part 4), the legal requirement on providers is now:

> *"keep and retain a record that relates to: (a) a claim for the payment of an NDIS amount; or (b) the provision of an NDIS support to which a claim for the payment of an NDIS amount relates" — Safeguarding Act, Schedule 2 Item 1, new s 45B(4)*

Detail of what specifically must be recorded is left to the NDIS rules. Until those rules issue, a simple consistent template covering the items above is fine.

Q39. Jacky: ***Can someone run a workshop on writing shift notes — what's required etc?***

Yes — this is the sort of practical workshop that we can look at doing at the Self Manager Hub. The Commission has signalled it will publish guidance materials before the expanded registration rules take effect – so hold on til then!

Opinion: *I think this is a great suggestion for a Self Manager Hub session — combining the legal floor (what the Act and rules require) with the practical floor (what providers, plan managers and the agency actually look for).*

Q40. Tee L.: ***Who's really going to be reading the shift notes?***

In practice, three audiences: (1) you and the family/nominee, to track what is working if the supports are services are not in your face; (2) the NDIS Commission if there is a quality complaint or audit on the worker/provider, and (3) the NDIA, if payment integrity team cancel a claim they suspect is dodgy; or they start a debt-raising process under section 182 of the Act. The Bill's Schedule 2 Part 4 and the Safeguarding Act's record-retention regime make the third audience more likely, not because shift notes will be routinely read, but because they will be requested in the event of audit.

Opinion: *O'Donovan flags the practical risk that the volume of records being generated will outstrip any human capacity to review them, and that automated screening may flag patterns of claims for review. Good shift notes are not theatre — they are insurance.*

8. Assistive Technology, home modifications and renewals

Q41. Rose: ***What about AT requests… will they be COC or just variations?***

Assistive Technology decisions are routinely handled today as either Change of Circumstances (COC) reviews where new evidence supports a previously unfunded AT item, or plan variations within the existing plan where AT was already approved in principle and was awaiting quotes. The Bill does not change that mechanism for active plans. From 1 February 2027, the "reasonable and necessary" criteria become clearer (per the FAQs timeline), and from new s 34(1E)–(1F) the AT evidence base will be assessed against the new value-for-money tests, including:

> *"…value for money considerations are aimed at driving the leasing rather than purchase of AT. There is a broader one which requires exploring alternatives." — Darren O'Donovan, on Item 73 of the Bill*

For an AT request submitted now or soon, the existing pathway still applies. Expect more scrutiny on leasing vs purchase and on exploring lower-cost alternatives once the new s 34(1E)–(1F) provisions commence (Royal Assent + 7 days for Schedule 1 Part 1 items; later for the s 34 amendments — see timeline).

Q42. Virginia: ***There will be many instances where AT or home mods etc will not have been purchased/completed when a plan is renewed… I think these needs to be raised as an extremely urgent priority for clarification.***

This is a real risk. AT and home modifications are listed as critical supports whose budgets will not be reduced by the changes:

> *"These changes will not impact budgets for critical supports such as: …home and vehicle modifications; personal mobility equipment and transport; consumable products to help with incontinence and menstruation; Specialist Disability Accommodation." — Participant FAQs, May 2026, p. 6*

However, the Bill's new "plan renewal" mechanism (Schedule 1 Part 5) replicates a plan for a further year at indexed values when the plan expires — it does not automatically include uncompleted AT or home mod approvals. Unspent capital budgets do not roll over automatically in the new framework once it commences.

Opinion: *My strong view: this needs to be flagged in submissions as a transition issue, with a specific ask that any AT or home mod approved but not yet delivered at the date of plan renewal/replacement is automatically carried into the new plan at the approved value. Without that, participants whose builders, OTs or AT vendors have delayed delivery (often outside the participant's control) will lose the approval. Urgent priority — agreed.*

9. Appeals, human rights and algorithms

Q43. Veronica Y.: ***How can they do this and still comply with human rights?***

Honestly, this is debatable. Australia is a signatory to the Convention on the Rights of Persons with Disabilities (CRPD), and the NDIS Act's objects clause (s 3) refers to implementing the CRPD. Several provisions of the Bill are at tension with CRPD principles:

• Article 12 (legal capacity) and Article 19 (living independently and in the community) are in tension with any approach that reduces the funding base for community participation without compensating supports.

• Article 13 (access to justice) is in tension with the express exclusion of ministerial support determinations from merits review (new s 34A).

• Article 4(3) (involvement of persons with disabilities through their representative organisations in decisions affecting them) is satisfied in form by the consultation processes flagged for the second half of 2026, but submissions will need to test whether the consultation is genuine.

The Statement of Compatibility with Human Rights for the Bill argues each measure is "compatible" with the relevant human rights, with proportionate restrictions. Several legal commentators including O'Donovan and the Centre for Public Integrity will probably contest these claims.

Opinion: *In my view, the strongest CRPD-grounded amendment ask is for the s 34A determination power to be subject to a procedural fairness regime — including consultation with DPOs, a public-facing risk and impact assessment before the instrument is made, and disallowance pathways in Parliament. Right now, the Bill has none of that.*

Q44. E: ***No appeal on an algorithm is already happening in aged care.***

You are right that this is already happening in aged care, and you are right to worry about it here. Schedule 3 Part 2 of the Bill authorises the use of automated decision-making for four specified discretions: s 33, s 45, s 45A, and s 45C. The Explanatory Memorandum says these are aimed at high-volume payment integrity and plan reconciliation, not at budgeting and access — but the EM also acknowledges that new framework planning will rely on "computer assisted decision making" (EM, Schedule 3 Part 2).

O'Donovan's analysis is direct on this point:

> *"This Bill permits the use of machines for four discretions…There are a lot of holes in these provisions as a scheme for governing future automation. These general provisions could be used as an authorisation framework for using algorithms to take discretionary administrative action, restrained only by the provisional generic statements of [oversight]." — Darren O'Donovan, on Schedule 3 Part 2*

The Robodebt Royal Commission Recommendation 17.1 was that there should be a consistent legal framework for automation in government services. That framework has not been built — and this Bill is being introduced into that gap. The mitigations the Bill provides are: a requirement to be authorised by rule for any specific automated decision (other than s 33, 45, 45A, 45C which are pre-authorised); and obligations on the agency to "ensure" the system meets various policy goals. None of those obligations create individual review rights.

Opinion: *The submission ask: explicit individual review rights against any automated decision, statutory requirements for traceability and free-text reasoning, independent audit of automated decision-making patterns, and a sunset clause requiring re-authorisation of any automation rule.*

10. Advocacy, submissions and media

Q45. Joanne L.: ***Can I submit a video?***

Yes. The Senate Community Affairs Legislation Committee accepts video and audio submissions, in addition to written submissions, and routinely receives them in disability inquiries. You can upload a video as your submission via the Committee's submissions page on the Parliament of Australia website, or email the secretariat asking for an alternative format upload. The Committee is required to make reasonable adjustments under its accessibility procedures.

Opinion: *A video submission is particularly powerful when the experience you are describing benefits from being seen and heard rather than read — for example, demonstrating the actual support routines, communication style, or environmental context. If you submit by video, if you can, try to also provide a short written summary so the Committee staff can index your evidence; ask for the video to be accepted as the primary submission.*

Q46. Jacqui F.: ***Can we get a template to get started on submissions!***

Yes — several disability organisations are publishing submission templates for this Bill. The Senate Committee's own page also publishes a page on How to make a submission at https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/How_to_make_a_submission. The likely most useful template structure is:

1. Who you are and your interest in the Bill (one paragraph)
2. Your overall position (support / oppose / support with amendments)
3. Specific concerns or amendments, organised by clause or theme (most important first)
4. Specific recommendations the Committee should make
5. Personal story or evidence supporting your position
6. Contact details and consent for publication

Opinion: *The Self Manager Hub will work to circulate a template. The submission closes 29 May 2026 — set aside one or two hours if you possibly can, focus on the two or three issues that matter most to you, and write or record in your own voice. Personal submissions from named participants and families are weighted seriously by Senate Committees.*

Q47. Sharon: ***I need help on how to send to MP etc.***

The basics:

• Find your federal MP and senators at https://www.aph.gov.au/Senators_and_Members/Contacting_Senators_and_Members . Your local MP's electorate office address and email are published. Email is best for a documented record; a printed letter mailed to the electorate office is read by staff and noted. Here's some great info on how to write a letter - https://www.moadoph.gov.au/play/play-at-home/write-a-letter

• Address the email to the MP/Senator by name, identify yourself as a constituent (or in the case of a Senator, a voter in their State), state your concerns plainly, and ask for a specific response (will they speak in Parliament about this? will they meet with you? will they propose an amendment?).

• Send a copy to the relevant ministers: Mark Butler (Minister for Disability and the NDIS, Health, Disability and Ageing); Jenny McAllister (Cabinet Secretary, often involved in disability portfolio coordination); and the relevant shadow ministers.

Q48. Alison B.: *Should we individually reaching out to media to attempt to get airtime?*

Yes — and the most effective approach is to call you local talkback radio, write to your papers, and comment on MP's social media.

Op-eds are particularly effective. Many disability-focused publications (The Mandarin, The Conversation, Croakey, Pro Bono News) actively solicit lived-experience pieces. The Conversation has a "pitch" page.

Opinion: *My experience: a personal story that explains in concrete terms what a 50% S&C cut, or an unscheduled reassessment refusal, or a registration requirement, would do to one person's life has far more impact than a general "this is bad" letter. Media will fact-check, so be accurate, and offer a photo/interview opportunity if you can.*

Q49. Virginia: ***Can the slides be made available as a text version to facilitate their use as a template?***

This workshop materials will be made available in a screen readable pdf format. We will work on providing other templates in text formats.

11. A note on what is and is not certain

The honest summary across all of these answers: the strategic direction is set in primary legislation, but a great deal of operational detail is being left to delegated Rules and ministerial instruments. This is by design — it lets the Government move faster, but it removes parliamentary scrutiny on the precise detail. Where I have been certain I have said so; where the answer turns on a rule not yet drafted I have flagged that, and where I have given my own view I have called it an opinion.

The single most useful piece of advocacy that flows from this analysis is to focus written submissions to the Senate Community Affairs Legislation Committee (submissions close 29 May 2026) on the rule-making powers in the Bill — particularly:

• the carve-out power in new s 10C(2) — ask for self-employed and directly-employed workers under a self-managed plan to be expressly carved out of "NDIS provider" status;

• the prescription power in new s 10C(1)(b)(ii) — ask for guardrails so it is not used to capture small operators without proportionate registration tiers;

• the ministerial support determination power in new s 34A — ask for express limits on which groups of supports it can apply to, and for procedural fairness obligations before it is exercised;

• the functional capacity definition in new s 9B and connected access provisions — ask for a statutory floor protecting categories of permanent and significant disability;

• the automated decision-making provisions in Schedule 3 Part 2 — ask for individual review rights, traceability, and independent audit.

Sam Paior — 16 May 2026 11:32PM (yes, I did get some help from ai, but every single response has been edited by me personally!)

12. New NDIS Bill links I've been using

1. Info and tracking of new bill on Parli Website
https://www.aph.gov.au/Parliamentary_Business/Bills_Legislation/Bills_Search_Results/Result?bId=r7487
2. **Senate Review Community Affairs Legislation Committee Submissions close May 29th**
https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/NDISFutureGenBill
3. Joint Standing Committee on NDIS
https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/National_Disability_Insurance_Scheme
4. Darren O'Donovan's thoughts
https://docs.google.com/document/d/1hwgW90ZcrSYIEmJ8Q1cAu2LKapPrEJLNBhIvvb8xANg/edit?tab=t.0
5. Reform Timeline
https://www.health.gov.au/resources/publications/securing-the-ndis-for-future-generations-timeline
6. Minister Butler's official media page
https://www.health.gov.au/ministers/the-hon-mark-butler-mp/media
7. DHDA "About the changes" (includes handouts for participants and another for providers)
https://www.health.gov.au/our-work/ndis-legislation-changes/amendments/ndis-amendment-securing-the-ndis-for-future-generations-bill-2026/about-the-changes-to-the-ndis