National Disability Insurance Scheme Amendment (Integrity and Safeguarding) Act 2026 – NDIA Measures Fact sheet

Withdrawing from the National Disability Insurance Scheme (NDIS)

This measure is intended to make leaving the NDIS more accessible and safer for participants who no longer wish to be a participant. It is about respecting their right to make their own decisions.

It only applies to participants who are choosing to leave the NDIS. In the 2024-25 financial year, this was around 10% of people who left the NDIS. Most participants who chose to leave were 18 years and younger. Over half had autism and developmental delay recorded as their primary disability.

Participants do not need to say why they want to leave the NDIS. However, reasons can include:

- The participant not using their plan, or only using a small part of their plan, and does not need the NDIS
- The participant is moving overseas.

Right now, participants who want to leave the NDIS need to write a letter to the National Disability Insurance Agency (NDIA) to let them know. When the NDIA receives this letter, the participant's access to the NDIS stops straight away. If the participant changes their mind, they need to make a new application to the NDIS.

With this measure, we are proposing that people can ask to leave the NDIS in different ways including:

- in writing
- over the phone (will need people to verify their identity)
- in person.

The NDIA will then give participants a 90-day 'cooling off' period. Participants will receive a letter from the NDIA informing them of this. The letter will also explain the consequences of a person leaving the NDIS. The cooling off period will give participants time to think about their request to leave. It will also help them make sure their decision to leave is the right decision and will not cause them any harm.

The participant can cancel their request at any time during those 90 days. If they cancel their request, there won't be any impact on them or their eligibility to the NDIS.

The NDIA will also write to a participant's plan nominee1, if they have one. This will make sure both the participant and their nominee understand the consequences of leaving the NDIS. The plan nominee can also act on behalf of the participant in relation to their request to leave the NDIS.

The NDIA can extend the cooling-off period for as long and as many times as needed if they:

- cannot contact the participant
- have concerns about the request, including if they think a person might be vulnerable.

Electronic claims forms

This measure is about making it easier for the NDIA to check if providers are following the rules for making claims. This will help make sure providers do the right thing and keep the NDIS fair.

We are proposing that registered NDIS providers have to use the NDIA's electronic systems to make claims against NDIA-managed plans. Most providers already use these systems. Participants can continue to make claims through existing channels and will not be required to make electronic claims.

If a provider cannot use the electronic systems, they can ask to use other channels. The NDIA have dedicated claims and payment teams to work with providers to resolve payment inquiries.

This measure also allows the CEO to ask for information or documents about a claim that the CEO 'reasonably requires', which need to be provided within 14 days. This will help ensure high-risk claims are processed correctly. The NDIA identifies over 50,000 claims per day which it thinks are high risk.

Sometimes, there are also claims where the person making the claim cannot give proof of payment or other supporting information. This measure will make it clearer that they need to be able to give proof or information about the claim when asked to do so.

In asking for information or documents about a claim, the CEO must be satisfied that the request would not unreasonably impact the person's privacy.

Information that is 'reasonably required' is usually information that says the:

- claim relates to a support which is an NDIS support for the participant
- claim is part of a participant's plan
- support has been delivered
- claim is accurate.

What information is reasonably required would depend on the situation. However, the NDIA usually asks for:

- invoices, receipts, and other records of payment

[1] A plan nominee is someone the participant has chosen to make decisions, prepare plans and manage funding on behalf of the participant.

- evidence to support the quantity or number of hours of the support
- evidence of the type of support and the date provided
- copies of payslips, timesheets, and rosters
- proof of payment.

All records obtained by the NDIA are ‘Protected Agency Information’. Unauthorised recording, use, or sharing of Protected Agency Information is a criminal offence, punishable by up to 2 years in prison.

It is also an offence for:

- a person to ask for Protected Agency Information
- a person to offer to share Protected Agency Information.

When sharing Protected Agency Information, the NDIA must follow the NDIS Act, the Rules and the Privacy Act. For the NDIA to share this information, it usually means that the person receiving the information has a genuine and legitimate interest in it.

There may be times when the person making the claim cannot share the information within the required period (14 days). The NDIA can treat information as having been given within the required period if the CEO thinks it is appropriate.

The 14-days is a minimum timeframe, not a maximum. It allows the NDIA to process claims faster and is the same as:

- existing pre-payment review timeframes
- existing timeframes with section 53 information notices (for participants)
- existing timeframes with section 55 information notices (for non-participants).

The NDIA can, and does, give longer timeframes and extensions if the situation is complex.

In few instances where the person cannot provide the information the NDIA requested, the NDIA CEO can treat the information as having been given if the CEO thinks it is appropriate. This is to ensure the person making a claim can get paid if the CEO is satisfied the support was provided.

The A NDIA can change or cancel a request for more information. This means that if the NDIA asks the person making the claim to share documents which they do not have, the NDIA could change their request. For example, if they have lost the invoice but have the credit card statement showing the expense.

Plan variation

This measure makes it clearer that a plan variation can increase or decrease the amount of funding in a plan. It does not change when a plan can be varied.

The NDIA can only change a participant’s plan for the reasons set out in section 47A. The NDIA can change a plan if the participant requests it or because the NDIA requests it.

The legislation says what types of changes are allowed including:

- variations to funding periods
- plan management type

- funding amounts, restrictions and requirements
- plan length
- reassessment dates.

The legislation says that the NDIA must prepare the variation with the participant. It also says that the NDIA must consider:

- the participant's statement of goals and aspirations
- that a participant should manage their plan if they want to
- how well the plan and any previous plans of the participant have worked
- whether section 46 has been followed. That is if the funds in a participant's plan, or any previous plans, were spent correctly.

Most plan variations increase the plan funding amounts. For example:

- making a plan longer (for example, making a two-year plan a four-year plan)
- funding for assistive technology or home modifications after receiving a quote
- crisis or emergency funding because of a significant change to the participant's disability support needs
- funding to prevent or lessen a threat to life, health or safety
- where a participant has experienced fraud or financial exploitation.

Plan variations that reduce plan funding amount can happen in limited circumstances such as:

- when a plan is made shorter (for example, making a five-year plan a three-year plan)
- where a participant has received compensation for their disability supports under other state or territory statutory schemes (for example, following a motor vehicle accident or workers compensation scheme).

This measure ensures the NDIA can work with participants to adjust their plan without having to do a reassessment, where their support needs have not changed.

Plan variations will remain reviewable decisions. That means if a participant does not agree with the plan variation, they have the right to ask for an internal review of the decision. If the participant still does not agree with the decision, they can ask for an external review of the decision through the Administrative Review Tribunal.