# Self-management Policy

**June 2022**

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## Introduction

This policy is designed to improve self-management as one of the options for managing the funding for supports under participants’ plans for participants, child representatives and their nominees.

Self-management is when a participant, child representative or nominee manages the funding for supports under a participant’s plan rather than having the National Disability Insurance Agency (NDIA) (Agency managed) or a registered Plan Management provider (PM Provider) manage the funding for supports on their behalf. They may self-manage all or part of their plan funding.

Self-management is a cornerstone of the National Disability Insurance Scheme (NDIS) and is enabled under the National Disability Insurance Scheme Act 2013([NDIS Act)](https://www.legislation.gov.au/Details/C2013A00020) and [NDIS Plan Management Rules 2013](https://www.legislation.gov.au/Details/F2017C00101#:~:text=National%20Disability%20Insurance%20Scheme%20%28Plan%20Management%29%20Rules%202013,and%2046%20of%20the%20Act.%20Compilation%20No.%201). Self-management supports key objectives of the NDIS Act and NDIS Participant Service Improvement Plan promoting the independence and social and economic participation of people with a disability.

## Policy Purpose

To promote a simple, effective, and consistent approach to the self-management of funding for supports under NDIS plans to improve outcomes for participants and their experience with the NDIS.

## Policy objectives

* 1. Self-management of the funding for supports is a positive and viable choice for participants, child representatives and nominees within the range of options available.
  2. Participants are supported to make an informed choice about the option for managing the funding for supports that is right for them.
  3. Participants, child representatives, nominees, NDIA staff and Partners in the Community (Partners) understand the benefits, responsibilities, risks, and safeguards linked to the self-management of the funding for supports in the participant’s plan.
  4. Participants, child representatives and nominees are supported to self-manage effectively and get the best possible outcomes from their NDIS Plan.
  5. The NDIA has appropriate supports and safeguards in place to promote participant safety, scheme integrity and sustainability.

## Scope

* 1. In scope:
     1. How the NDIA supports participants, child representatives and nominees to understand the range of options for managing the funding for supports under participants’ plans and the benefits, responsibilities, risks, and safeguards associated with each option so they can make an informed plan management request.
     2. How the NDIA determines whether a participant, child representative or nominee is prevented from self-managing all or part of the funding in the participant’s plan, including how the NDIA identifies and responds proportionally to risks associated with self-managing the funding for supports under a participants’ plan through supports, capacity building and/or safeguards.
     3. How transitions between different options to manage the funding for supports under a participant’s plan can be enabled, including transition from a child representative or nominee managing a plan to a participant self-managing their plan.
     4. The responsibilities for participants, child representative and nominees in self-managing the funding for supports in a participant’s plan and how the NDIA provides support and guidance to assist in meeting these requirements.
     5. How non-compliance is identified and treated proportionally to maintain the integrity of the NDIS.
  2. Out of scope:
     1. How a participant’s reasonable and necessary supports are determined.
     2. NDIA policy related to other options for managing the funding for supports under participants’ plans (PM Provider and Agency managed).
     3. NDIA policy related to the implementation of direct employment of staff, including family members.
     4. How the NDIA responds to thin markets and market failure.
  3. If there are conflicts between this policy and any Commonwealth, State or Territory legislation, that legislation shall prevail.

## Principles

The principles underpinning this policy are that the policy:

* 1. upholds the objects and principles of the [NDIS Act](https://www.legislation.gov.au/Details/C2013A00020), [NDIS Plan Management Rules 2013](https://www.legislation.gov.au/Details/F2017C00101#:~:text=National%20Disability%20Insurance%20Scheme%20%28Plan%20Management%29%20Rules%202013,and%2046%20of%20the%20Act.%20Compilation%20No.%201), and associated [United Nations Convention on the Rights of Persons with Disabilities](https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html);
  2. is evidence informed through research on current literature and comparable schemes with similar individualised funding or funds management options and mechanisms;
  3. recognises participants as experts in their own lives, considers the participant’s preferences and maximises their opportunities to self-manage the funding for supports under their plan to the greatest extent possible;
  4. recognises participants, child representatives and nominees should be given the opportunity to consider self-management in the context of their ability, capacity, supports and developmental opportunities;
  5. recognises that participants may self-manage independently or with assistance from informal supports or with funded support (where reasonable and necessary) to develop their capacity;
  6. takes a proportionate approach to risk that upholds dignity of risk and potential to learn from genuine mistakes;
  7. will facilitate participant, child representative, nominee, or NDIA initiated transitions between options for managing the funding for supports in participants’ plans;
  8. is non-adversarial to ensure the participant’s respect, dignity and safety are upheld;
  9. encourages innovation in new types of service delivery, recognising participants, child representatives and nominee’s role as informed consumers in a competitive and innovative marketplace; and
  10. is operationally feasible, pragmatic, and supports effective and consistent decision making.

## Learning about the NDIS - options for managing the funding for supports under participants’ plans

* 1. Once a person with disability is eligible for the NDIS, the NDIA will provide general information about how the NDIS works.
     1. This will include factual, accurate and accessible information about ways a participant, child representative and/or nominee can manage the funding for supports under a participant’s plan.
     2. This information will include the benefits, responsibilities and risks associated with each option for managing the funding for supports under participants’ plans.
     3. This information will be available in a range of formats and forums that can be tailored to suit individual needs and preferences.
  2. Participants, child representatives and nominees will be supported by NDIA staff and Partners throughout the participant journey to further understand and consider self-management compared to, or in combination with, other options for managing the funding for supports under participants’ plans.
     1. This will assist participants, child representatives and nominees to make an informed plan management request that will enable them to manage funding for supports under a participant’s plan in a way that will suit their individual needs and generate participant outcomes.
     2. Information about options for managing the funding for supports under participants’ plans will also be provided when relevant, during ongoing contact with the NDIA or Partners recognising that the optimal choice can vary over time.
  3. Information about options for managing the funding for supports under participants’ plans will be publically available for participants, child representatives and nominees to access and consider at any time.

## Preparing participants’ plans – the plan management decision

This section outlines policy considerations towards the plan management decision and covers:

* Participant preference
* Participant risk
* Child representatives and nominee appointments
* Supports and capacity building
* Safeguards
* Management of Funding Decision Making Framework
* Recording the management of funding for supports decision
* Reviewing the management of funding for supports decision
* Transitioning from one plan management type to another
* Life stage transitioning

**Participant** **preference**

* 1. In accordance with the NDIS Act, Section 43, and NDIS Plan Management Rules participants, child representative or nominee may make a plan management request to manage funding for the supports under the NDIS plan themselves (self-manage), or have the funding managed by a PM provider or the Agency.
  2. There are legislative restrictions outlined in the NDIS Act on the extent to which participants are able to self-manage the funding for supports in their plan. A participant will not be able to self-manage the funding for supports in their plan to any extent if:
     1. they are insolvent under administration (see 7.3); or
     2. the CEO is satisfied that self-management would present an unreasonable risk to the participant (see 7.4 – 7.18).

**Participant risk**

Insolvent under administration

* 1. In accordance with the NDIS Act, Section 44 (1), participants who are an insolvent under administration must declare this to the NDIA and are unable to self-manage NDIS funds for at least the term of their insolvency.

Unreasonable risk to participant

* 1. Risks will be identified, assessed, and recorded as part of ongoing information gathering across the participant pathway.
     1. Identified participant risks will be recorded on the NDIA system.
  2. Where any participant risks related to managing the funding for supports under participant’s plan are identified, outside of current insolvency under administration, the NDIA will apply a proportionate response to the size and nature of the risk considering how the risk may or may not be mitigated.
  3. In accordance with the NDIS Act, Section 44 (2a) and the NDIS Plan Management Rules (2013), the NDIA must consider any unreasonable risk to the participant when determining whether a participant, child representative or nominee is prevented from self-managing all or part of the funding for supports under a participant’s plan. This includes:
     1. the vulnerability of the participant to physical, mental, legal, or financial harm. This includes the potential for exploitation, and undue influence and whether there is a court or tribunal order under which the participant’s property or affairs are to be managed wholly or partly by another person; and
     2. the ability of the participant to make decisions and the capacity of the participant to manage finances.
  4. For the purpose of this policy **physical harm** is defined as evidence of:
     1. reckless or intentional acts which have caused injury to a participant such as a fracture, contusion, wound, burn or concussion;
     2. a participant being physically assaulted by a carer, support person, family member or member of the community which causes serious harm or injury;
     3. serious unexplained injury of a participant whilst receiving NDIS supports; and
     4. a participant with a history of habitual/continued substance abuse within the last 12 months.
  5. For the purpose of making a decision about managing the funding for supports in a participant’s plan, the NDIA may consider it an unreasonable risk if there is evidence of physical abuse by a child representative, nominee or through the continued use of particular provider.
  6. For the purpose of this policy **mental harm** is defined as evidence of:
     1. a family member, carer or support person denying food to a participant as ‘punishment’;
     2. allegation of a participant being subject to the use of offensive, abusive, or demeaning language by a family member, carers or support person;
     3. observation or notification of a family member, carer or support person threatening harm to a participant;
     4. abandonment of a participant by means of relinquishing support permanently;
     5. a participant persistently being denied outings and activities; and
     6. observation of a family member, carer or support person secluding or restraining the person with disability.
  7. For the purpose of making a decision about managing the funding for supports in a participant’s plan, the NDIA may consider it an unreasonable risk if there is evidence of mental harm to a participant from a child representative, nominee, or particular providers.
  8. For the purpose of this policy **legal or financial harm** is defined as evidence of potential legal or financial negative consequences to the participant, including but not limited to:
     1. a participant being financially exploited;
     2. frequency of child representative or nominee changes;
     3. appointment of a trustee or guardian by a court or tribunal;
     4. the participant, child representative or nominee having a gambling addiction;
     5. a participant, child representative or nominee being the victim of coercion, such as another person coercing them into signing for a loan or power of attorney;
     6. a participant, child representative or nominee being previously insolvent under administration in the past 5 years;
     7. investigation of a participant, child representative or nominee for misuse of or fraud in relation to plan funds, including not spending in accordance with the plan; or involving the NDIS more generally; and
     8. the participant, child representative or nominee has been involved with the criminal justice system in relation to funds management or fraud, involving the NDIS or other matters.
  9. For the purpose of making a decision about managing the funding for supports in a participant’s plan, the NDIA is likely to consider it an unreasonable risk if there is evidence of legal or financial harm. This is based on the risk that participants may incur a debt or be unable to pay providers or not manage the plan to procure the required reasonable and necessary supports for the participant.
  10. For the purposes of this policy the ability of the participant to make decisions and capacity to manage finances includes consideration of the ability and capacity to:
      1. manage everyday finances;
      2. forecast expenditure and maintain records;
      3. self-direct and schedule supports that the participant knowingly chooses;
      4. use informal supports;
      5. negotiate service arrangements including use of registered and unregistered providers;
      6. understand employer obligations, including employer obligations when directly engaging their own support worker, such as but not limited to, work health and safety duties for workers;
      7. plan for contingencies; and
      8. understand and engage with peer support networks, ‘circles of support’ or similar supports.
  11. For the purpose of making a decision about the managing of funding for supports in a participant’s plan, the NDIA may consider it an unreasonable risk where supports or capacity building could not be applied to mitigate the risks associated with the participant’s ability or capacity as outlined in 7.13.
  12. In addition to participant risks outlined in 7.4 – 7.14, the NDIA will also consider the participant, child representative or nominee’s previous experience in managing the funding for supports under a participant’s plan and organising supports. Evidence of mismanaging the funding for supports in a participant’s plan is likely to be considered an unreasonable risk that prevents the participant, child representative or nominee from managing all or part of the funding for supports in a participant’s plan. This is based on the risk that participants may incur a debt or be unable to pay providers or not manage the plan to procure the required reasonable and necessary supports for the participant.
  13. Risk indicators on their own do not automatically or necessarily indicate that a participant, child representative or nominee cannot self-manage the funding for supports.
  14. Following identification of risks, consideration is given to supports, capacity building and safeguards that could be applied to mitigate the risks identified.
  15. Where no supports, capacity building and/or safeguards can be identified that are proportionate to the identified risks, the NDIA will determine that a participant, child representative or nominee is unable to self-manage all or part of the funding for supports under a participant’s plan. Supports or capacity building may be identified to support self-management in the future.

**Child representatives and nominee appointments**

* 1. The decision to appoint a nominee under sections 86-88 of the NDIS Act is a separate decision to the decision on how the funding for supports in a participant’s plan is managed.
  2. The scope of the nominee’s powers is set out in their instrument of appointment and will depend on whether they are appointed as a correspondence nominee, plan nominee or both. The decision to appoint a nominee may limit the matters for which a nominee can act. Accordingly, a nominee does not have the same automatic rights as a participant in relation to a request for self-management of the plan.

For example, when appointing a plan nominee, the delegate may limit the nominee’s responsibilities to only include the preparation, review, and replacement of the participant’s plan. In this circumstance, the plan nominee will not be able to manage the funding for supports under the participant’s plan.

* 1. In accordance with the NDIS Act, Section 43(6)(d), if the scope of the plan nominee’s powers in their instrument of appointment extends to managing the funding for supports under the participant’s plan, and they are an insolvent under administration, the funding for supports under the participant’s plan must be wholly managed by the Agency for at least the term of their insolvency.
  2. A person (or persons) with parental responsibility for a participant who is a child (under 18 years of age) are automatically a child’s representative under the NDIS Act. Child representatives can do everything that a participant can do under the NDIS Act, including making a request to self-manage the funding under the child’s plan.
  3. If a child representative, or plan nominee with responsibility for managing the funding for supports under the participant’s plan, request to self-manage, the NDIA will have regard to the risks and considerations identified in 7.3 – 7.18, as well as the following:
     1. the capacity of the child representative or the plan nominee to manage finances (capacity will be determined consistent with participant capacity defined at 7.13 – 7.15 of this policy);
     2. whether the child representative or the plan nominee has an interest that could lead a reasonable person to consider that NDIS amounts within their control might be spent other than in accordance with the participant’s plan; and
     3. whether, and the extent to which, any risks could be mitigated by any safeguards or strategies the NDIA could put in place through the participant’s plan.
  4. The decision on managing the funding for supports under a participant’s plan, including any support or safeguards, will be recorded within the NDIA system.
  5. The nominee or child representative must notify the NDIA if anything significant changes that may affect their ability to act or the decision on the management of funding for supports in the participant’s plan.
  6. The NDIA uses a range of proportional strategies to address non-compliance. If a nominee or child representative does not spend the funding in accordance with the participant’s plan, a delegate may also suspend or cancel the nominee appointment or determine that a different person should act as the child’s representative.

**Supports and capacity building**

* 1. The participant, child representative and nominee’s ability to make decisions and capacity to manage finances are a consideration in determining if managing the funding for supports under participants’ plans presents an unreasonable risk to the participant.
  2. Ability and capacity indicators will be identified, assessed, and recorded as part of ongoing information gathering across the participant pathway.
  3. Ability and capacity are measured through the participant, child representative or nominee’s understanding, experience and knowledge as outlined in sections 7.13 – 7.15.
  4. A self-checklist on ability and capacity will be available to the participant, child representative or nominee for use in discussions with the NDIA.
  5. Supports refer to both funded and general supports. This may include supports provided through the NDIS, including reasonable and necessary supports or assistance for people with disability and others (as outlined in Chapter 2 of the NDIS Act), or supports provided elsewhere. Supports for managing the funding for supports under participants’ plans may include:
     1. informal supports and peer support networks;
     2. self-management information provision and orientation;
     3. self-management training;
     4. funding for reasonable and necessary capacity building supports associated with self-managing the funding of supports;
     5. support of Partners and NDIA staff;
     6. coordination of supports; and
     7. PM providers.
  6. Capacity building helps develop the ability and capacity of a participant by building their skills and experience in the areas identified in 7.13. This may include:
     1. learning new skills;
     2. motivation, confidence, and empowering action;
     3. independence and relationship building; and
     4. participation and contribution rates in community life and economy.
  7. The NDIA will take a graduated approach where a participant may wish to develop their ability and capacity through:
     1. funding for supports being managed by the Agency or PM Provider, with capacity building supports included in the participant’s plan so the participant can be supported to explore and grow capacity towards self-managing funds;
     2. some funding of supports being managed by a combination of Agency or PM Provider for regular service providers where the participant, child representative and nominee are not seeking the flexibility or wanting to assume the added control and responsibility over the administration of those funds;
     3. initially self-managing a smaller amount of funding to enable additional support from providers and support networks to develop capacity and confidence;
     4. Partners providing initial support for those self-managing to strengthen their ability to establish service agreements and bookings with support providers. The aim of this support is time limited support to increase the participant’s capacity and ability to negotiate with service providers and respond to service delivery issues; and
     5. Partners and NDIA staff providing an ongoing support mechanism to assist self-managers to problem solve as needs arise.
  8. The level of capacity building supports included in a participant’s plan will be determined in accordance with the reasonable and necessary criteria in the NDIS Act, Section 34, and will be considered in comparison to the costs of engaging a PM Provider. As capacity is built, it would be expected that these supports would decrease over time.

**Safeguards**

* 1. In addition to any supports and capacity building that may be applied to mitigate any risks identified in a participant, child representative or nominee managing the funding for supports in a participant’s plan, the NDIA may also apply additional safeguards to maintain the integrity and sustainability of the Scheme. Safeguarding allows the early identification of emerging risks to ensure successful implementation of the Scheme and support participants to self-manage successfully through learning and development opportunities.
  2. For the purpose of this policy safeguards are defined as the processes and controls that the NDIA can apply proportionate to risk. These may include:
     1. scaling down the amount of funding for supports that is self-managed;
     2. frequency of participant, child representative and nominee contact (which may include additional contact where self-managing funding for supports in a participant’s plan for the first time);
     3. reducing plan duration;
     4. specifically identified (stated) supports, see section 7.36 – 7.39;
     5. timing and interval release of funding for supports;
     6. NDIA system prompts (including for emerging risks such as under and over utilisation of plan funding); and
     7. delegation thresholds for the decision related to the plan management options for funding for supports in a participant’s plan.

Specifically identified (‘stated’) supports

* 1. In accordance with the NDIS Act, Section 33(3), the supports that will be funded or provided under the NDIS may be specifically identified in the plan or described generally, whether by reference to a specified purpose or otherwise.
     1. Where a participant’s statement of supports are described generally, the participant, child representative and nominee will have a higher degree of flexibility over the implementation of the supports.
     2. In contrast, some supports may be specifically identified (‘stated’) in their plan. Such supports will have to be purchased or provided in the way described in the plan. This may include from a particular provider or in a particular delivery mode.
  2. In accordance with [NDIS Plan Management Rules 2013](https://www.legislation.gov.au/Details/F2017C00101#:~:text=National%20Disability%20Insurance%20Scheme%20%28Plan%20Management%29%20Rules%202013,and%2046%20of%20the%20Act.%20Compilation%20No.%201), Section 6.4, in specifying supports the NDIA will have regard to:
     1. the cost of the support;
     2. any expected return or saving in costs from providing the support;
     3. any risks associated with the supply of the support such as the need for the support to conform to State or Territory laws;
     4. whether achievement of other goals in the plan or the effectiveness of other supports is contingent on a particular support being procured or used;
     5. whether the participant’s disability requires a specialist, evidence-informed support provided by a qualified person or a particular delivery mode; and
     6. whether the participant accessed the NDIS by satisfying the early intervention requirements.
  3. Specified supports do not prevent the participant, child representative and nominee from self-managing the specifically identified support in a plan. Rather, the NDIA may apply this mechanism as a safeguard to ensure certain aspects of the plan are spent in a particular way.
  4. For the purpose of determining the management of funding for supports under a participant’s plan, the NDIA will consider if there are any identified risks that can be mitigated by specifying supports.

**Management of Funding Decision Making Framework**

* 1. In determining management of funding for supports under a participant’s plan, the NDIA will consider the participant, child representative or nominee preference, risks and any supports, capacity building and/or safeguards that can be applied to mitigate any risks.
  2. Indicators are not unchanging and will continue to inform the:
     1. level of risk;
     2. ability and capacity;
     3. support and capacity building that can be applied; and
     4. safeguards that can be applied.
  3. The NDIA will utilise a ‘Management of Funding Decision Making Framework’ to consider risks, determine any supports, capacity building and/or safeguards that may be applied proportionate to the level and type of risks identified.
  4. Prior to approving a participant’s plan, the NDIA will discuss the management of funding decision with the participant, child representative or nominee.

**Recording the Plan Management decision**

* 1. The plan management decision forms part of the decision to approve the statement of participant supports under the NDIS Act, Section 33(2) (d), and is a reviewable decision.
  2. The participant’s plan must specify to what extent the funding for supports in a participant’s plan is to be managed by:
     1. the participant;
     2. the plan nominee;
     3. a PM provider; or
     4. the NDIA.
  3. The plan management decision must be clearly recorded in the NDIA System outlining:
     1. that a conversation about plan management options, including self-management occurred;
     2. the plan management request of the participant;
     3. the reasons and rationale related to the NDIA’s decision;
     4. any identified risks and supports, capacity building and safeguards that have been considered and applied to mitigate those risks; and
     5. the participant, child representative and nominee has been advised of and indicated they understand the requirements for self-management.

**Review of the plan management decision**

* 1. The plan management decision should be reviewed every time a new statement of participant supports is approved in line with paragraph 7.44 of this policy. This review should occur in accordance with this policy.
  2. Monitoring the managing of funding for supports under a participant’s plan throughout the life of a plan will be undertaken in accordance with section 10.1-10.6.
  3. Where there has been a change to the plan management decision, the NDIA system record as outlined in 7.46 will be updated to provide:
     1. progress and effectiveness of any supports and capacity building;
     2. any changes to the participant, child representative and nominee ability and capacity to self-manage; and
     3. identify any emerging risks that could impact on the management of funding for supports.

**Transitioning from one plan management type to another**

* 1. All options for managing the funding for supports provide the participant, child representative and nominee with self-determination in deciding how to arrange supports in accordance with their plan to best meet individual needs and preferences.
  2. Some participants may have fluctuating needs and or risks and therefore may have times when they need to transition to an alternative option for managing the funding for supports for a period of time. This could include for example but not limited to instances where a participant or their child representative or nominee enters hospital for treatment and associated recovery or in relation to participants with episodic needs related to their psychosocial disability.
  3. Fluctuating needs, on its own, is not an indication that a participant cannot self-manage.
  4. The NDIA will support participants to transition between plan management options as easily as possible in accordance with the NDIS Act and Rules.

**Life stage transitioning**

* 1. As a capacity building approach, participants turning 16 years of age and their child representatives or nominee should receive guidance on discussing future plan management options for managing the funding for supports in the participant’s plan and where indicated including associated capacity building in readiness for the child turning 18 years of age.

## Implementation of the plan

This section outlines the policy related to the implementation of the participant’s plan and covers:

* Self-management support
* Bank accounts
* Spending in accordance with plan
* Registered and unregistered providers
* Direct employment

**Self-management support**

* 1. Self-managing participants, child representatives and nominees will be provided with access to clear, accurate and accessible information, and support from the NDIA and Partners.
  2. This will include:
     1. access to a range of information products to understand self-management; its application and obligations;
     2. access to NDIA Self-Management orientation modules (see 8.4);
     3. where indicated, reasonable and necessary capacity building funding for initial set up of financial record keeping; and

links to funded self-management training organisations such as current Information, Linkages and Capacity building (ILC) training programs or peer support networks.

* 1. Information about self-management will be available in a range of formats and forms that can be tailored to suit individual needs and preferences.
  2. The Orientation package will cover information in various formats and where indicated links to material from other key bodies where advice is outside the NDIA’s remit, including:
     1. intent of the NDIS;
     2. financial obligations (rights and responsibilities);
     3. budgeting and forecasting expenditure;
     4. scheduling supports;
     5. record keeping requirements;
     6. using NDIS systems (portal, App etc.);
     7. NDIS service support catalogue and price guide;
     8. how to negotiate with service providers;
     9. dispute resolution with providers;
     10. registered and unregistered providers;
     11. understanding and identifying abuse and neglect;
     12. role of NDIS Quality and Safeguards Commission;
     13. employer obligations, including employer obligations when directly engaging own support workers including superannuation and PAYG;
     14. obligations under Fair Work Australia Act;
     15. Work health and safety duties of participants and workers; and
     16. Worker screening checks, performance management / supervision of staff.
  3. The Orientation package will also be publicly available for participants, child representative or nominees to refresh their understanding at any stage.

**Bank accounts**

* 1. In accordance with the [NDIS Plan Management Rules 2013](https://www.legislation.gov.au/Details/F2017C00101#:~:text=National%20Disability%20Insurance%20Scheme%20%28Plan%20Management%29%20Rules%202013,and%2046%20of%20the%20Act.%20Compilation%20No.%201), Part 4, the participant or a person who is managing the funding for supports under a participant’s plan must provide the NDIA with details of an account with a financial institution into which NDIS funds can be paid.
     1. The NDIS funds are to be paid into the account nominated and maintained by the person managing the funding.
     2. Where possible this should be a dedicated account for NDIS funding that is not used for everyday living expenses and in the name of the participant, child representative or nominee.
     3. Providing a bank account that is not in the name of a participant, child representative or nominee may indicate potential for considerations around undue influence or financial harm.

**Spending in accordance with plan**

* 1. All participants, child representatives and nominees who are managing the funding for supports under a participant’s plan are required to spend the funding in accordance with the participant’s plan.
  2. Spending in accordance with a participant’s plan is defined as:
     1. purchasing the supports relating to the functional impacts of the participants disability and associated needs as identified in the plan (including paying any applicable indirect costs, such as taxes, associated with the supports), including in accordance with any stated supports that are specifically identified in the plan; and
     2. spending at a rate that is overall in accordance with the duration of the participant’s plan.
  3. When deciding whether supports are reasonable and necessary and before approving a plan, the delegate will apply the NDIS Supports for Participants Rules 2013. Supports that will not be funded by the NDIS and should not be purchased from a participant’s plan include supports that:
     1. are likely to cause harm to the participant or pose a risk to others;
     2. are not related to the participant’s disability;
     3. duplicate other supports delivered under alternative funding through the NDIS, for example, services Partners provide;
     4. relate to day-to-day living costs (for example, rent, groceries, and utility fees) that are not attributable to a participant’s disability support needs);
     5. are illegal or related to illegal activity; and
     6. consist of income replacement.
  4. In accordance with the NDIS Act supports should not be purchased from a participants plan where they are more appropriately funded or provided through:
     1. other general systems of service delivery or support services, such as, part of a universal service obligation; or
     2. in accordance with reasonable adjustments required under a law dealing with discrimination on the basis of disability.

**Registered and unregistered providers**

* 1. Self-managed participants can generally utilise both registered and unregistered providers unless otherwise specified, see section 7.36 – 7.39.
  2. NDIS providers must be registered to provide some classes of supports or services to a NDIS participant, such as specialist behavior support.
  3. The NDIS Quality and Safeguards Commission (the NDIS Commission) is responsible for the registration of registered NDIS providers and provides regulatory oversight of both registered NDIS providers and unregistered NDIS providers in terms of their compliance with the NDIS Code of Conduct.
  4. The NDIS Commission can make a banning order which prohibits a person who is or was a registered or unregistered NDIS provider from engaging in specified activities (such as the provision of supports or services to a NDIS participant) or restricts their engagement in such activities (for example, specifying that certain supports can only be provided whilst being supervised).
  5. Self-managed participants, child representatives and nominees should be made aware of how to access the NDIS Commission’s determinations, to support them to access quality supports and implement the participant’s plan in accordance with the laws and regulations associated with the provision of NDIS supports.
  6. In some cases, the NDIA may also specify the use of a registered provider for particular supports in a participant’s plan. Where this applies a participant, child representative or nominee who is self-managing must spend their funds on that registered provider.

**Direct employment**

* 1. Self-managing participants who have supports such as but not limited to personal care and recreational supports approved in their plan, can utilise their plan funding to directly engage their own support workers.
     1. This requires participants, child representatives and nominees to understand their obligations as outlined in [guidance](https://www.ndis.gov.au/media/1284/download?attachment) about directly engaging your own staff.
     2. Obligations may vary between jurisdictions and depend on the particular participant circumstances and supports obtained.
     3. Generally, the NDIA will only fund family members to provide supports in [exceptional circumstances](https://www.ndis.gov.au/about-us/operational-guidelines/including-specific-types-supports-plans-operational-guideline/including-specific-types-supports-plans-operational-guideline-sustaining-informal-supports#11.1).
  2. Where a participant directly employs staff, the participant can utilise plan funding to fulfil their legal obligations such as superannuation, taxation, insurance, and work health and safety requirements.

## Paying for supports and services

* 1. Where a participant, child representative or nominee manages the funding for supports under a participant’s plan, this means:
     1. purchasing the supports identified in the plan (including paying any applicable indirect costs, such as taxes, associated with the supports);
     2. receiving and managing any funding provided by the NDIA; and
     3. acquitting any funding provided by the NDIA.
  2. Self-managed participants, child representatives and nominees are responsible for ensuring:
     1. service providers are paid for the goods and services that have been provided to the participant. This includes awareness and consideration of obligations outlined at 8.17;
     2. that they do not overspend (over utilise), or commit themselves to more than what their plan contains; and
     3. that they understand the terms and conditions of the service arrangement and/or contracts they enter with providers.
  3. Along with capacity building supports, self-managed funding can be utilised to purchase third party supports to assist the participant, child representative or nominee to financially administer the funding for supports in a participant’s plan, for example, bookkeeping journal. The NDIA is unlikely to consider any costs above the financial administration costs of utilising a PM provider to be reasonable and necessary.
  4. The NDIA has multiple payment options for self-managing participants, child representatives and nominees.
     1. Once a service or support has been rendered, participants, child representatives or nominees can submit a claim to NDIA and pay the provider after the money has been paid to their bank account.
     2. Participants, child representatives and nominees can pay the provider with their own money and then make a claim to be reimbursed with money from the participants plan to be paid into their nominated bank account.
     3. The NDIA is progressing towards broadening payment options including the introduction of payment Apps and Point of Service (POS) purchasing.
  5. In accordance with financial operational guidance in the ‘How to claim from my plan’ guide, the NDIA:
     1. requires participants, child representatives and nominees to use the myplace portal, my NDIS app or the MyPlan purchase payment request form to make a claim against the support category that matches the type of support received;
     2. requires evidence of services received, specifically a receipt or tax invoice from the provider, bank statement or a payroll record for any worker employed; and
     3. requires the evidence of services to match the details on the claim and include the following information:
* the provider’s name
* the provider’s Australian Business Number (ABN) or evidence they are exempt from quoting an ABN
* the support date (s) (start and end)
* a short description of the support provided
* the support category the support relates to
* the amount of support provided (hours/quantity)
* the support price (per hour/unit)
* the total amount paid.
  1. The NDIA requires participants, child representative and nominees to retain evidence used to make claims, such as invoices, receipts, payroll records, and bank statements for a period of 5 years.
  2. The NDIA may undertake audits of expenditure against the plan to ensure records have been retained and spending is in accordance with the plan.

## Plan monitoring

* 1. The NDIA will proactively check-in with a participant, child representative or nominee to ensure that the participant is working towards their goals and their plan is meeting their needs. This may also occur if the participant is more vulnerable to risk, including when the indicators outlined in 10.4 have been identified.
  2. Options for managing the funding for supports under a participant’s plan should be discussed with the participant, child representative or nominee during key contact points along the participant pathway, including:
     1. when a participant, child representative or nominee notifies the NDIA of a change in circumstances;
     2. at participant check-ins;
     3. at plan review; or
     4. where specific indicators that impact the plan management decision are identified by the NDIA.
  3. Indicators that the participant, child representative and nominee has successfully self-managed, includes evidence that:
     1. spending has been in accordance with participant’s plan;
     2. participants or their child representative or nominee have met self-management obligations including but not limited to record keeping; and
     3. the participant has been able to utilise their plan funding appropriately to support and maintain effective and beneficial outcomes.
  4. Indicators that the participant, child representative or nominee has not successfully self-managed includes evidence of:
     1. unexplained under or over utilisation of funds;
     2. adverse NDIA participant file audit findings;
     3. adverse changes to participant risk profile;
     4. providers or those being directly employed have reported a pattern of non-payment for goods and services delivered;
     5. participants or their child representative or nominee not meeting self-management obligations including but not limited to record keeping and work health and safety requirements; or
     6. spending that is not in accordance with the plan (misuse) or potential fraud.
  5. When the NDIA becomes aware that a participant, child representative or nominee becomes insolvent under administration, the NDIA must immediately review the plan management decision. Where a participant, child representative, or plan nominee is insolvent under administration, the funding for all supports must be managed by the Agency.
  6. Should information be provided to the NDIA that indicates there is a reason for part or all of the participant’s plan not to be self-managed, the NDIA will initiate a review of the participant’s plan. Any plan management decision needs to be made in accordance with this policy.

## Compliance and enforcement

* 1. The NDIA takes a zero-tolerance approach to fraud against the NDIS, participants and the NDIA.
  2. The NDIA operates in accordance with the NDIS Act and Rules, the *Public Governance, Performance and Accountability Act 2013,* the NDIA [Compliance and Enforcement Framework](https://www.ndis.gov.au/media/2338/download?attachment) and NDIA Risk Strategy.
  3. This forms part of the NDIA assurance processes and provides a structured approach to identifying fraud and non-compliance whilst enabling consideration of a proportionate response to the level and impact of any non-compliance. This includes understanding the adequacy and effectiveness of existing safeguards.
  4. The NDIA defines ***non-compliance*** as:
     1. not following NDIS rules and regulations; and
     2. not spending in accordance with plan.
  5. Non-compliance is not limited to those who self-manage and is a continuum which ranges from:
     1. error or mistake – a genuine mistake where there is no intention to gain a benefit;
     2. misuse – using funds in ways that are not consistent with a participant’s plan;
     3. conflict of interest – when someone has competing interests because of their duties to more than one person or organisation. A conflict of interest is only non-compliant when it isn’t declared or managed properly;
     4. dishonest or barely honest behaviour (‘sharp practice’) – practices that are not illegal but are unethical, unscrupulous, or not in the interests of participants;
     5. fraud – intentionally trying to gain a benefit through deception or other means; and
     6. corruption – a range of criminal offences including breach of public trust, bribery, or biased exercise of official functions.
  6. Not all non-compliance is intentional. Many participants, child representatives, and nominees try to do the right thing, but sometimes make mistakes.
  7. The NDIA wants to help participants, child representatives and nominees who are self-managing to understand where they might be making mistakes and connect them with the information, support, and resources they need.
  8. Clear information will be provided to those who are self-managing on what the NDIA considers to be non-compliance and guidance for early identification and correction before it escalates and becomes a compliance issue.
  9. The NDIA use a range of proportional strategies to address non-compliance:
     1. follow up monitoring with participant, child representative or nominee;
     2. implement additional supports and capacity building;
     3. apply additional safeguards, such as, changing the funding for supports under a participant’s plan decision for some or all of the plan;
     4. issue a call to action to remedy non-compliance, for example, repay a sum of money; and
     5. initiate legal proceedings for example in relation to evidence of fraud.

## Evaluation monitoring and reporting

As part of the implementation of the Policy, a Monitoring and Evaluation Strategy will be developed.

## Definitions

|  |  |
| --- | --- |
| **Capacity building supports** | Funding for reasonable and necessary capacity building supports associated with self-managing the funding of supports. |
| **Direct Employment** | Self-managing participants who have supports such as, but not limited to, personal care and recreational supports approved in their plan, can utilise their plan funding to directly engage their own support workers. |
| **Fraud** | Intentionally trying to gain a benefit through deception or other means. |
| **Informal support** | An individual's network of support from family, friends, neighbours, and members of the community. People providing informal support are not paid for the care they provide. |
| **Insolvent under administration** | The state of being insolvent is when a person or entity is unable to pay their debts as and when they fall due. Personal insolvency administration is a term that covers debt agreements, personal insolvency agreements, debtors' petition bankruptcies, sequestration order bankruptcies and deceased estate administrations. |
| **Instrument of appointment** | The letter of nominee appointment and terms and conditions of the appointment under the National Disability Insurance Scheme Act 2013 (NDIS Act). |
| **Mainstream services** | Goods, services, supports and assistance available to the Australian population, for example, health, mental health, early childhood development, school education, justice, housing, child protection and family support and employment services. |
| **Misuse** | An indication of not spending in accordance with the plan or potential fraud is identified. |
| **Nominee** | A person who is able to act on a participant's behalf as a correspondence nominee or a plan nominee (or both) for the purposes of the NDIS. |
| **Provider** | NDIS providers are individuals or organisations that deliver a support or service to a participant of the NDIS. Providers can be registered with the NDIS Quality and Safeguards Commission (NDIS Commission) or unregistered. |
| **Service arrangements** | A negotiation between a participant and a provider for the supply of a service or services like any other agreement under Australian Consumer Law. Participants might involve a nominated person (such as a participant’s nominee or informal supports). |
| **Supports** | This may include supports provided through the NDIS, including reasonable and necessary supports or assistance for people with disability, or supports provided elsewhere such as through mainstream services. |