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Non-compliance means not following the NDIS rules and regulations.

Non-compliance can range from a simple mistake to criminal matters such as [fraud](#). It can be accidental or deliberate.

There are 6 different types of non-compliance:

1. Error or mistake – a genuine mistake where there is no intention to gain something.
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.
6. Corruption – a range of criminal offences including breach of public trust, bribery or biased exercise of official functions.

If you think someone might be doing the wrong thing with NDIS funds, you should [report it to us](#).

Our factsheet explains more about non-compliance:

- [What is non-compliance? \(PDF 188KB\)](#)
- [Easy read - What is non-compliance? \(PDF 3.6MB\)](#)
- [Easy read \(text only\) - What is non-compliance? \(DOCX 54KB\)](#)

Intentional non-compliance is different to making mistakes

Not all non-compliance is intentional. We understand that many participants, nominees and providers try to do the right thing, but sometimes make mistakes.

Mistakes do happen. We want to help participants, nominees and providers learn how to do the right thing before it escalates and becomes a compliance issue.

If you have made a genuine mistake, we will work with you to fix it before it becomes a formal compliance matter.

Helping you do the right thing

Addressing fraud and non-compliance in the NDIS is not just about monitoring, investigating and prosecuting people who do the wrong thing.

We also want to help participants, nominees and providers to understand where they might be making mistakes and connect them with the information and resources they need to do the right thing. This includes helping people to identify and report unscrupulous and unethical behaviour.

We use a range of strategies to address non-compliance within the NDIS including:

- education
- calls to action
- compliance audits and reviews and
- reclaiming debts.

When deciding what compliance actions to take, we consider the attitudes, behaviours and actions of the person or business.

For people who are willing to do the right thing, we aim to make it easy by offering support, education and guidance.

For people who have made a choice to do the wrong thing, we will use a stronger response.

The majority of our compliance work is educating people about how to do the right thing.

Where to get help

For participants and nominees

If you have questions around how to use your NDIS funds, your NDIS planner or LAC can provide advice and support to help you do the right thing.

There is also helpful information on our website.

Would we fund it?

Our [Would we fund it? guides](#) include examples of commonly requested items that we find cause the most confusion. For each item, we explain how we make reasonable and necessary decisions about them and provide an overview of whether or not we typically fund them.

Our guidelines

[Our guidelines](#) explain what we need to consider and how we make decisions based on the NDIS legislation and rules.

We have been updating our guidelines to make the language clearer and easier to understand. The new guidelines are written in plain English and include more information about how we make decisions.

For providers

We have a range of resources to [help providers do the right thing](#) including guidance on:

- making service agreements
- records keeping
- making claims
- managing conflicts of interest.

The NDIS Quality and Safeguards Commission also has [information and guidance on their website to help providers](#) do the right thing including [NDIS Practice Standards](#) and the [NDIS Code of Conduct](#).

Case studies

Claiming when no longer providing supports

Andrew used provider Emergence Care for Assistance with self-care activities. When he found a new provider for this support, he gave Emergence Care 30 days notice before he moved his supports to the new provider.

Two weeks after his new provider started, Andrew checked his plan on the portal and noticed that Emergence Care was still claiming against his plan. Andrew called Emergence Care to find out why

they were still claiming against his plan.

Emergence Care investigated Andrew's concerns and discovered there had been a glitch in their computer system causing these claims to automatically continue. They thanked Andrew for bringing it to their attention and immediately fixed the problem. The incorrectly claimed funds were returned to Andrew's plan.

Because Andrew monitors his plan, he was able to identify the incorrect claims early and was empowered to address the issue with Emergence Care. As Emergence Care didn't know about the glitch, they investigated their systems to ensure this was not happening to any other participants and put processes in place to stop this happening in the future.

Coercion

Raj contacted Ableshift about some accessible fitness equipment he needs. Raj's plan includes funding for some modified equipment to help him maintain his arm and grip strength. The manager at Ableshift showed Raj the equipment he requested as well as some additional home gym items. The manager began to pressure Raj to ask for an early plan review to try and increase his assistive technology plan budget so he could purchase additional items not relating to his disability.

Raj felt there was something wrong with this. He contacted the NDIS Quality and Safeguards Commission to complain about Ableshift.

Raj confirmed that Ableshift pressured him to ask for an early plan review. This resulted in an investigation into Ableshift's conduct. The investigation, involving close coordination with the NDIA, found an unusually high number of unscheduled plan reviews requested from participants connected with Ableshift. The NDIS Commission found many of these participants had experienced similar high pressure practices from this provider.

Ableshift were instructed to stop this practice and the NDIS Commission commenced a review into their status as a registered NDIS provider.

Ableshift's high pressure sales tactics may disempower and negatively influence participants. It puts their choice and control at risk. For Ableshift and other providers, these conversations with the NDIA are an opportunity to increase their awareness and education about non-compliance.

Misrepresentation of supports in provider claim

Shannon is an NDIS participant. She has been participating in specialised swimming lessons as part of her physical therapy with NDIS provider, Earlyset.

Shannon's father noticed that on most occasions the physical therapist was not present while Shannon was in the pool. Instead, they had arranged for a therapy assistant to run the lesson.

Although the therapy assistant was able to supervise Shannon while they were in the pool, the support that they provided was not qualified or targeted as detailed in her NDIS plan.

Shannon's father called the NDIS Fraud Reporting and Scams Helpline to talk about his concerns. The NDIA assessed the referral and, following an investigation, found that Shannon was being charged the full therapist rate and not the therapy assistant rate.

The NDIA undertook compliance activities with Earlyset. This resulted in a debt being recovered due to the incorrect claiming. Earlyset also corrected their behaviour and now Shannon is being charged appropriately for the supports she receives.

Using artificial intelligence to identify incorrect claims

Sam is an NDIS participant. Gyrocare regularly supports Sam to go to the supermarket to buy groceries, prepare meals and do chores around the house.

Gyrocare incorrectly started claiming the higher weekend rate for assisting Sam to access the community on a weekday.

Sam made plans to use his NDIS funds to go to a weekend long event that would help him build the skills he needed to be more independent in the kitchen. To attend the event, he needed all day support at the weekend rate.

Gyrocare's incorrect claims meant that Sam was at risk of not having enough funding in his plan to attend this event.

The NDIA uses advanced analytics powered by artificial intelligence to identify unusual claiming patterns by providers. Shortly after Gyrocare started claiming the higher rate incorrectly, the NDIA contacted Gyrocare to check if the claims were correct. Gyrocare fixed their incorrect claims and the funds were put back into Sam's plan. The NDIA continued to monitor Gyrocare's future claims to make sure they continued to be compliant.

By using new technology, the NDIA has been able to detect and respond to non-compliant behaviour more quickly.

Sam was able to use the NDIS funds he had budgeted to attend the event. He is now more confident in the kitchen and no longer needs as much formal support.

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