

Using your NDIS plan

This factsheet explains:

- your implementation meeting
- how to use your NDIS funding
- how to make sure your plan is working for you

Your NDIS plan

Your NDIS plan starts once we approve it. We'll send you a copy of your plan within 7 days after we approve it. You can also find your plan in the [my NDIS mobile app](#).

If you have a nominee or child representative with authority to manage your plan, we can send them a copy of your plan too. You can also ask us to share your plan, or certain parts of your plan, with another person, like a provider.

For more information, read [Our Guideline - Your plan](#) on the NDIS website.

We create your NDIS plan using the information you tell us when you apply to the NDIS and during your plan meeting. Your plan includes information about you, your goals, your funded NDIS supports, and the supports you get outside the NDIS.

Learn more about supports you can get outside the NDIS in [Our Guideline – Reasonable and necessary supports](#).

Your implementation meeting

Once we approve your plan, we'll ask if you want an [implementation meeting](#). This can help you understand what's in your plan, and how to use it.

For example, we can explain:

- what NDIS supports you can buy with the different parts of your funding
- how to manage your NDIS funding
- how to find and work with service providers
- how to use the [my NDIS mobile app](#)
- how to ask for help or advice if you need it.

You'll have your implementation meeting with your my NDIS contact. This is the local area coordinator, early childhood partner or NDIS planner who supports you. They are the best person to talk to if you have any questions or need support while you interact with the NDIS. Their contact details are included in your plan.

If you have a support coordinator or psychosocial recovery coach, they can help you start using your plan instead.

Usually, your implementation meeting will be in person or by phone. You can bring along a family member, friend or supporter to the meeting if you want.

Using your funding

Once we approve your plan, you can start using your funding to buy [Supports funded by the NDIS](#).

It's important that you only use your funding in the way we describe it in your plan, and only on NDIS supports. In some specific circumstances, we can fund supports that are not NDIS supports. We call these replacement supports.

If you have any questions about what you can buy, you should talk to your my NDIS contact, support coordinator or psychosocial recovery coach.

When spending your funding, you can refer to the [NDIS pricing schedule](#), which sets out the appropriate maximum prices for most NDIS supports.

All claims for NDIS supports must be submitted within 2 years of the date the support was provided. Our claims and payments system will automatically reject claims that don't meet our requirements.

The funding approved in your NDIS plan should last you the full length of your plan, in line with any funding periods and funding component amounts. You will have different responsibilities when using your funding depending on how your funding is managed. Learn more about the different plan management options in [Managing your funding](#).

No matter how you choose to manage your funding, you're responsible for making sure your budgets are on track. You can see your budget in the [my NDIS mobile app](#), and you can use our [budget calculator](#) to help you understand how much support you have available.

How your funding is organised

When you receive a new plan, your plan will include funding component amounts and funding periods.

A **funding component amount** is the total amount of funding you have for a specific support, or a group of reasonable and necessary supports in your plan. This will show the total amount of funding you have for these supports over the full length of your plan.

A **funding period** is the time that a part of your funding becomes available and how long it needs to last. You can spend up to the amount of funding available in that time.

If you don't spend all your funds in a funding period, they will roll over into the next funding period within the same plan.

For most supports, funding periods will generally go for 3 months. But they may be shorter or longer depending on:

- the total funding amount in your plan
- the type and cost of supports in your plan
- how long you'd like your funding periods to go for
- your circumstances and any risk to you.

If your plan is longer than 12 months, you'll always have more than one funding period in your plan. Each funding period will start immediately after the previous one, so you won't be left without funding.

Any unspent funds at the end of your plan won't roll over to your next plan. This is because we need to make sure your new plan meets your disability support needs.

Learn more about funding component amounts and funding periods in section **How do we include the NDIS funding in your plan?** in [Our Guideline – Creating your plan](#).

How we describe the NDIS supports in your plan

We describe the NDIS supports in your plan using support categories. Each support category in your plan includes a definition of the types of NDIS supports you can use your funding for.

In many existing plans, we group these support categories into one of 4 support budgets. The support budgets are:

- **Core supports** for everyday activities, like help to take part in activities in the community.
- **Capacity building supports** to help you build your skills and increase your independence.
- **Capital supports** including high-cost assistive technology, equipment, vehicle modifications, home modifications and specialist disability accommodation.
- **Recurring supports**, which are paid by us on a regular basis and are not included anywhere else in your budget.

Your next plan may not show support budgets, like capacity building, capital and recurring supports. You will still get your NDIS supports but your next plan will show them as individual funding components.

Flexible and stated supports

We'll describe the NDIS supports in your plan as either stated or flexible.

If a support is **stated**, you must use your funding for the specific NDIS supports, or type of NDIS supports, we describe in your plan. We'll be clear about how you can use your funding. For some stated supports we might describe the specific support you can buy, the amount you can spend, or the provider who can deliver that support.

If a support is **flexible**, we'll describe the NDIS supports you can buy more generally, so you have more choice about how you use your funding. You can also use your funding between any NDIS supports in the same funding component amount.

You can't use funding from one funding component amount on supports in other funding component amounts, even if we describe the supports in both funding components as flexible.

Choosing your providers

An NDIS provider is a person or organisation that delivers NDIS-funded supports or services to people with disability. They can help you find information, access supports, build your skills and independence, and connect with your community. Learn more in **What is an NDIS provider?** in [Our Guideline – Your plan](#).

You're responsible for choosing the providers you want to deliver your NDIS supports. We can't recommend specific providers to you. But we can let you know about the different providers in your area. You can also check for providers on the internet, look at reviews, or get advice from friends or family. It's a good idea to speak with different providers before you choose one.

You can use the [Provider finder](#) on the NDIS website to find registered providers.

Registered and unregistered providers

Providers can either be registered or unregistered NDIS providers. Registered NDIS providers are regulated by the [NDIS Quality and Safeguards Commission](#). All registered and unregistered providers must follow the [NDIS Code of Conduct](#).

There are some NDIS supports where you must use a registered provider. But for most supports you can choose any provider you want. If your funding is Agency-managed, you must use registered NDIS providers.

Learn more about registered NDIS providers in [Our Guideline – Your plan](#).

Can I pay my family to provide NDIS supports?

We generally won't pay family members to provide NDIS supports. We'll only consider funding a family member to provide NDIS supports in exceptional circumstances.

To learn more about whether we pay family members to provide NDIS supports, you can read from section **How can we help you find service providers?** in [Our Guideline – Your plan](#).

Paying for your NDIS supports

The way you pay for your NDIS supports will be different depending on how your plan is managed:

- If your funding is self-managed, you'll pay your providers through the [my NDIS mobile app](#).

- If you use a registered plan manager, they'll pay your providers for you.
- If your funding is Agency-managed, we'll pay your providers for you.

You can use the [my NDIS mobile app](#) to check the claims against your plan.

To learn more, go to section **How much will we pay for each NDIS support?** in [Our Guideline – Your plan](#).

Making sure your plan is working for you

Check-ins

At least once a year, we'll arrange a check-in meeting with you to see how you're going with your plan. We can meet with you face-to-face or by phone. If you want to, you can bring a family member, supporter, or someone who helps you with your plan to your check-in.

Things we'll talk about include:

- if you're accessing the services and supports you need
- how you're going with your goals
- if your situation has changed and we need to change your plan
- if you have any questions about your plan and the NDIS.

If your plan is working well for you, nothing needs to change after your check-in. If you do need to make changes to your plan, we'll support you to ask for these changes.

Changing your plan

If your situation changes during your plan, you might need more, less or different funding. You can ask for changes to your plan at any time.

If you need changes to your plan, you should talk to your my NDIS contact. They'll work with you to understand how your situation has changed and support you to ask for changes.

To learn more, read [Our Guideline – Plan variations](#) and [Our Guideline – Plan reassessments](#) on the NDIS website.

Your plan reassessment

Your plan will continue until you receive a new plan, or you leave the NDIS.

We'll contact you about 3 months before your plan reassessment date. Your plan reassessment date is listed in your plan.

We'll arrange a check-in meeting with you so we can talk about how your plan has been working. We'll talk to you about what to expect in your plan reassessment, including:

- any information or evidence you'll need to give us
- things you should think about to prepare.

When we reassess your plan, we'll have a plan meeting with you and create your new plan. If your plan has worked well and your situation hasn't changed, we can approve a new plan with the same NDIS supports.

To learn more about using your NDIS plan, visit [Using your funding](#).

National Disability Insurance Scheme

[ndis.gov.au](https://www.ndis.gov.au)

Telephone 1800 800 110

Webchat [Contact](#)

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For people who need help with English

TIS: 131 450

For people who are deaf or hard of hearing

TTY: 1800 555 677

Voice relay: 1800 555 727

National Relay Service: relayservice.gov.au