Creating your plan

Quick summary: we'll work with you to create your NDIS plan. We'll speak with you to help us decide what NDIS supports to fund in your plan. We'll also talk to you about what informal, community and mainstream supports you have access to and include them in your plan. Your plan will have a total funding amount. We will call this a 'total budget amount' in your plan. We'll work with you to decide how your NDIS funding will be managed, and when we'll create your plan.

This guideline is about what we think about when we create your plan including the laws and rules we need to follow.

Note:

- When we say 'your plan', we mean your NDIS plan.
- If you're aged between 9 and 65 years and are looking for information about community connections, go to Our Guideline – Community connections.
- If your child is younger than 9 and you're looking for information about early connections, go to Our Guideline – Early connections.
- As part of the recent changes to the NDIS laws we are moving towards a new framework for planning. Rules need to be developed for this new framework. We're working on how and when we'll introduce these changes.

  Until then, the information in this Our Guideline is about our old framework for planning, which includes the legislation changes we are introducing from now. All current plans will be known as 'old framework' plans, and we will continue to develop these until all participants have transitioned to the new framework.

What's in this guidance?

This guidance covers:

- What is an NDIS plan?
- How do we create your plan?
- How do we decide what NDIS supports to include in your plan?
- How do we include the NDIS funding in your plan?
- What are your options for managing your funding?

- How do we decide who manages your funding?
- How long will your plan go for?
- When will we approve your plan?
- What happens once you have your plan?

You may also be interested in:

- Applying to the NDIS
- Reasonable and necessary supports
- What principles do we follow to create your plan?
- Your plan
- Plan variations
- Plan reassessments
- Reviewing our decisions
- Guide to self-management
- Plan-managed funding.

What is an NDIS plan?

Once you're an NDIS participant, we'll work with you to create your NDIS plan. You can find out more about how to become a participant in Our Guideline – Applying to the NDIS.

Your NDIS plan sets out your goals and the supports that may help you pursue those goals and live as independently as possible. We call this the 'participant's statement of goals and aspirations'.[1] We create your plan based on your disability support needs.[2] Your plan will be just for you.

Your plan will include:

- your NDIS number
- your my NDIS contact
- your NDIS plan start date
- your NDIS plan reassessment date
- your total budget amount
- your NDIS supports

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- funding component amounts
- funding periods
- information about you
- your goals, or things you want to work towards
- how you can use your NDIS funding
- who will manage your NDIS funding
- your supports outside of the NDIS, for example, informal supports such as family and friends, as well as mainstream and community supports
- what to do if something changes.

How do we create your plan?

We create your plan based on your individual disability support needs.[3] We'll use the information you give us about your lived experience and how your disability impacts your day-to-day life. We will:

- get to know you and discuss your situation
- ask you about your goals, or things you want to work towards
- think about what supports your family, friends, community, and other government services can provide
- think about any NDIS supports you may need
- review any information gathered by your local area coordinator or early childhood partner if they supported you to apply to the NDIS
- ask for further information about your support needs if we need to
- meet with you to approve your plan
- send your plan to you.

You can ask other people to help you if you want to. For example, you can have friends, family or an advocate join any conversation we have with you. They can also help you make your own decisions about your plan.

If you need someone else to make decisions for you about your NDIS plan, we can help you set this up. This may be:

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- a plan nominee if you're an adult
- a public guardian or trustee if you're an adult with a guardianship arrangement
- a child representative if you're under 18 years old.

We'll start making your plan within **21 days** after you become an NDIS participant.

What information do we look at?

We want to get a good understanding of your disability support needs. We know you're the expert in your own life, and we use your lived experience as much as we can.

To learn about your life and the supports you need, we'll look at:

- your goals and aspirations
- where you live and your living arrangements
- how you move around your home and your community
- who supports you now, like your family, friends, or service providers
- support available from community and other government services to help you learn new skills and become more independent
- what self-care support you need
- if you use or need equipment, technology or devices, also known as assistive technology
- what social and recreation activities you'd like to do now or in the future
- if you need help to build friendships or connect with your family
- if you'd like to work or study now or in the future
- what support you need to build your skills and do more things yourself.

We also look at:

- the information you gave us when you applied to the NDIS
- any support you may get through community connections
- any reports from your doctors or allied health professionals
- other information you give us, for example from other government agencies, or disability service providers

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- other relevant information we have about your support needs, such as functional assessments, like the PEDI-CAT or WHODAS
- any other information you give us, including about your lived experience.

We use the information you give us as evidence to help us decide what NDIS supports to include in your plan. We use this evidence to create your plan with you. Sometimes we may ask for more evidence to consider funding an NDIS support. We may not be able to fund an NDIS support if we don't have enough evidence to support including it.

If we ask you for more information about funding for an NDIS support and we don't hear back from you, we may think about suspending your plan. We'll only suspend your plan if we can't make a decision without the information and we've been unable to contact you after making reasonable attempts in your preferred contact method.

Learn more about plan suspensions in Our Guideline – Your plan.

We look at different types of evidence for different types of supports. We may need a report or assessment from your doctor or health professional who specialises in helping you manage your disability.

Reports and assessments may tell us why you need the support and how the support directly relates to your disability.[4] For example, an occupational therapist may send us a letter about why you need a specific type of wheelchair.

We'll keep your personal information safe and secure.

Learn more about what evidence you need to give us before we create or change your plan.

How do you set the goals in your NDIS plan?

We need to know your goals and aspirations so we know how we can help you.

Your goals are your own and tell us about the things you'd like to do. You can have as many or as few goals as you want.

Your goals can be big or small, short term or long term, simple or complex. They can be about anything you want to work towards.

You may express your goals broadly, or you may have specific goals. For example, one of your goals might be to 'live independently', and another might be 'to have an accessible bathroom'.

You, your plan nominee or child representative set your goals and tell us what information you want to include about your life.

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If you want, your family and friends who support you can also give us information about their life.

You can tell us about your goals at any time, even after we've approved your plan. If you tell us your goals, we'll record them and send you a new copy of your plan with your updated goals.[5]

They are your goals, and we'll write them down in your own words. We can't change your goals or choose them for you. But we can help you choose what words to use if you want us to.

Who can help you set your goals?

You can ask other people for help to set your goals if you want to. For example, your friends, family, or my NDIS contact can help you.

We'll talk with you about what your goals will mean for your NDIS plan. For example, we could talk about:

- what your goals will look like for you
- how you can work towards your goals
- when you'd like to work on your goals
- what NDIS supports you need to work towards your goals. But just because you have a goal doesn't mean we have to fund supports for it
- where you might get supports to work towards your goals, for example community or mainstream services
- what NDIS supports we might be able to fund to help you work towards your goals
- what supports you need to overcome any challenges in working towards your goals
- how you could develop skills and talents you haven't focused on before
- if you'd like to include smaller goals as part of a big goal
- if you'd like to add a few steps to work towards your goals.

For example, you might choose a goal, 'I want to find a part time job where I can use my computer skills.' You might also want to choose to add steps to work towards this goal, like building your skills in looking for a job.

Learn more about setting your goals.

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Will we always fund supports for your goals?

NDIS laws determine what we can and can't fund. Things we fund are called NDIS supports. NDIS supports are the services, items and equipment that can be funded by the NDIS. You can use the funding in your plan to buy NDIS supports if they are related to your disability and are in line with your plan.[6]

The NDIS supports we fund should help you pursue your goals,[7] but you don't need a specific goal for every support in your plan. When we decide if an NDIS support will help you pursue your goals, we think about your whole situation. There are some things to remember when setting goals:

- setting more and bigger goals doesn't mean we'll provide more NDIS supports or more funding
- setting a goal doesn't mean we have an obligation to fund NDIS supports that help you pursue that goal
- setting a goal about an explicit type or amount of support you might want doesn't mean we have to fund that support or in that amount.

This is because helping you pursue your goals is only one of the NDIS funding criteria. So not all supports that help you pursue your goals will be reasonable and necessary supports we can fund in your plan. Learn more about the NDIS funding criteria in Our Guideline – Reasonable and necessary supports.

For example, you might be ready to look for work and have a goal to find a job. Inclusive Employment Australia (previously Disability Employment Services) help people with a disability look for jobs. This is not an NDIS support that we can fund.[8]

But we can help you connect with an Inclusive Employment Australia provider. We can also think about what NDIS supports we could fund to help build your job skills. Learn more about work and study supports.

Learn more about what goals are and how we consider them when we decide what NDIS supports to include in your plan.

How do we think about risks when we create your plan?

You have the right to decide what you do each day and to make your own life choices. For all of us, our choices come with some risks. We all make our own choices about how much risk we want to take in our lives. You should also be able to choose how much risk you want to take when you make your life choices.[9]

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We'll work with you to understand areas of risk in your life and things that may increase risk of harm to you. This includes being aware of your individual situation, the transitions in your life and recognising your own experience.

We'll help you think about supports that help you live your life the way you want to.[10] We balance your right to take reasonable risks in pursuing your goals with your safety and the safety of other people.[11]

There might be risks to your personal safety, your personal finances, or your NDIS funding.[12]

For example:

- there might be risks to your family or friends' health if they keep supporting you when they get older
- there could be risks if you're socially isolated or if you rely only on providers for support
- there could be risks of physical injury to you or the people who support you.

Some of these risks might affect:

- the NDIS supports in your plan
- who manages your NDIS funding
- how we include the funding in your plan.

We'll support you to make your own choices wherever possible. But we can't fund NDIS supports that are likely to risk harming you or someone else.[13]

When we create your plan, we'll talk with you about how we can help you reduce risks. There are a few things we could do to reduce risk and make sure your plan meets your needs.

For example, we could:

- check in with you regularly about how your plan is meeting your disability support needs and if you need any changes
- connect you with mainstream services related to health or education
- fund NDIS supports to help you build your support network. For example, to help you make friends or build relationships in your community
- include NDIS supports to help build your skills so you can manage the funding in your plan

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- include shorter funding periods in your plan. Learn more about how we decide how long your funding periods go for
- consider how we apply funding component amounts in your plan
- help you understand if any providers are using restrictive practices. Providers using restrictive practices need to be registered with the NDIS Quality and Safeguards Commission and follow the requirements of registration for this support
- let you know how you can make a complaint about your service providers
- tell you how to ask for a review of a decision we have made.

Sometimes, there might be an unreasonable risk to you when you or someone else manage your funding. Learn more about how we decide if there is an unreasonable risk to you.

What can you expect from us when we create your plan?

We'll create a plan that will:[14]

- be personalised and guided by you
- respect the role of family, carers and other people who are important to you
- look at the support your friends and family provide, and the support services available to everyone in the community
- respect your right to have control over your life and make your own choices
- help you participate in the community, and help you study or find and keep a job, if you want to
- focus on choice and flexibility when it comes to your goals, needs and your supports
- build the capacity of families, carers, and your community to support you, where appropriate
- support you to manage any risks that may have been identified in discussions with you.

We'll start making your plan within **21 days** after you become an NDIS participant.[15]

You can ask us to change your plan at any time. You'll need to give us supporting information about why you'd like us to change your plan when you ask for this.

Learn more about what you can expect from us and what we consider when we create your plan in our Participant Service Charter.

You can also read about the principles we follow to create your plan.

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How do we decide what NDIS supports to include in your plan?

We fund NDIS supports that directly relate to your disability. NDIS supports are the services, items and equipment we fund under the NDIS.[16]

These NDIS supports may help you pursue your goals,[17] but you don't need a specific goal for every support in your plan.

Your NDIS supports funded in your plan need to meet all NDIS funding criteria. For example, a support will only be a reasonable and necessary support for you if:

- it's related to your disability. This means there must be a direct link between your disability support needs and the NDIS supports we fund[18]
- it's an NDIS support.[19]

Learn more about the NDIS funding criteria and how we decide what supports to include in your plan in Our Guideline – Reasonable and necessary supports.

What are informal, community and mainstream supports?

When we create your plan, we help you connect with supports and activities in your area. For example, we can help you connect with:

- **informal supports** like your friends, family, or other people you know in your community. They can sometimes be your best supports. They know you and can often help in ways other supports can't
- **community supports** that are open to everyone in the community, like sporting clubs, activity groups or libraries. They offer a wide range of services that may help with your disability support needs. They are often a great way to get involved in your local community, meet new people, and learn new skills
- **mainstream supports** which are other government services such as employment, education, health, and family support services. They are available to everyone, including people without disability. There are many ways they can help you. For example, they can help you learn new skills or how to live as independently as possible.

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How do we include your NDIS supports in your plan?

We include your NDIS supports in funding component amounts in your plan. When we create your plan, we'll include funding for a specific support or groups of reasonable and necessary supports in your plan. Your plan could include one funding component or more than one funding component.

We'll describe each NDIS support in the funding component. Learn more about funding components.

Currently, plans show your supports as funding components grouped under 4 different support budgets:

- **Core supports**

  These NDIS supports help you with everyday activities, like helping you to take part in activities in the community. Core supports are usually flexible. If your Core supports are flexible, you'll have lots of choice over the Core supports you buy under your plan.

  If your Core supports are stated, you can only use the funding to buy the approved NDIS supports in the Core supports budget. It can't be used to pay for anything else.

  If you have different plan management types for different supports within the Core supports budget, this may also reduce the flexibility of how you can use your NDIS funding.

- **Capacity building supports**

  These NDIS supports help you build your skills and increase your independence. This should reduce the need for the same level of support in the future. We'll discuss your progress and outcomes from these supports at each plan reassessment.

  Capacity building supports are stated. This means you can only use this funding to buy the NDIS supports described in the capacity building budget.

  Learn more about capacity building supports in Our Guideline – Therapy supports.

- **Capital supports**

  These NDIS supports include high-cost assistive technology, equipment, vehicle modifications, home modifications and specialist disability accommodation.

  Your capital supports are stated. This means you can only use this funding to buy the NDIS supports described in the capital supports budget.

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- **Recurring supports**

  Your funding for recurring supports will be paid regularly to your nominated bank account. This funding is not included anywhere else in your budget.

Learn more about the support budgets and support categories in your plan.

We are moving to a new way of showing your budget in your plan to give you more flexibility in how you manage your individual supports. Your next plan may not show your capacity building, capital and recurring supports in the same way. Your NDIS supports will be included in your plan as individual funding components instead of being grouped as a support budget, like capacity building or capital. Your plan will still show if the supports are flexible or stated.

Learn more about flexible and stated NDIS supports.

How do we include the NDIS funding in your plan?

Some of the changes to the NDIS laws are how we include the funding in your plan. Your next plan will include:[20]

- a total funding amount
- funding component amounts
- funding periods.

It may also have a support determination applied to some of the funding.[21]

What is your total funding amount?

Your total funding amount is the total amount for all reasonable and necessary supports in your plan.

We develop the total plan funding amount by using the information you gave us and the NDIS funding criteria.

For each reasonable and necessary support, we look at:

- if you share this support with anyone
- how much of this support you need, including hours, items or equipment
- how often you need this support, including days, weeks, months or years.

The NDIS pricing schedule sets out the appropriate maximum prices for most NDIS supports.[22]

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We then work out the funding for each support and combine these amounts to arrive at your plan's total funding amount. The NDIS pricing schedule is updated to account for changes to the cost of delivering supports, such as changes to workplace awards. The amount of funding in your plan may change if the appropriate maximum prices for your NDIS supports change.[23]

We display your total funding amount at the beginning of your plan and in your plan approval letter.

What are funding component amounts?

A funding component amount is the total amount of funding 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. You can only use this funding for the NDIS supports included in each funding component.

Your plan could include one funding component or more than one funding component.

A funding component can be for a group of supports. For example, you may have a funding component for core supports. This can include support categories for assistance with daily life, assistance with social, economic and community participation, consumables and transport. You may also have a funding component for another group of supports, like behaviour supports, assistive technology, or specialist disability accommodation (SDA).

You may also have a funding component for a specific support in your plan. For example, funding for assistive technology that must be spent on a power wheelchair.

There are things we need to consider when we decide to include a funding component for a specific support in your plan.[24] These are:

- the type of support
- the cost of the support. This includes thinking about quotes for the support
- how the support will be provided, including who will be providing the support
- early intervention. This means thinking about if the support will meet your needs under early intervention
- risk to you
- who will be managing the funding for the supports
- if you haven't spent your funding on NDIS supports and in line with your plan in previous plans.

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What is a support determination?

We need to make sure the NDIS is financially sustainable.[25] This means the scheme can continue to meet the needs of participants now and into the future.

To help do this, under the laws for the NDIS, the Minister can make a decision to reduce the funding you have available for some supports or support categories in your plan.[26] This is called a support determination.

Support determinations will apply to all new or reassessed old framework plans approved on or after 1 October 2026. They will also apply to renewed plans from 1 February 2027.[27]

We'll continue to use the same process to create or reassess your plan. We'll think about your individual goals, circumstances and support needs, and decide the reasonable and necessary funding in your plan by using the NDIS funding criteria.

After our decision, support determinations made by the Minister will be applied to two support categories.[28] This will reduce the funding you have available by:

- 50% for assistance with social, economic and community participation
- 10% for improved daily living skills.[29]

A support determination is not a reviewable decision.

What safeguards are in place?

Your health, safety and wellbeing are important. This is why there are safeguards in place.

Support determinations can only be applied to two support categories.

Some supports in the affected support categories won't have a support determination applied to them. These are called excluded supports.[30]

In assistance with social, economic and community participation, the excluded supports are:[31]

- employment supports. For example, on-the-job training, and physical assistance and personal care in the workplace
- high intensity supports, like tracheostomy management and nasogastric feeding
- intensive and complex behaviour supports. For example, specialist behaviour support assessments and worker training.

In improved daily living skills, the excluded supports are:[32]

- disability-related health supports delivered by a nurse, like respiratory care and diabetes management

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- customised and wearable technology, like appointments with an appropriately qualified health professional to choose customised prosthetics and orthotics
- hearing services to support communication, safe participation and functional independence.

Learn more about excluded supports in the NDIS (Support) Determination 2026, Schedule 1.

These supports are essential to your health, safety and wellbeing,[33] and to maintaining work. They can also increase your functional independence and reduce your need for support from others.

If a support determination is applied to your plan and you meet the high support needs criteria, you can ask for a plan variation.[34]

Learn more about the high support needs criteria in Our Guideline – Plan variations.

How is the support determination applied to your plan?

When a support determination is applied, this changes how the funding is shown in your plan. It will show the amounts before and after the support determination is applied.

For example, there will be two funding component amounts:

1) the reasonable and necessary amount for the funding components for the affected support categories. This is decided by the planner before the support determination is applied
2) the available amount for you to spend in the funding components after the support determination is applied.

You will also have two total funding amounts:

1) the reasonable and necessary total funding amount
2) the total available amount for you to spend after the support determination is applied.

The reduction will be spread evenly across the funding periods in your plan.[35]

In some cases, there will be no change to the amounts you have available before and after the support determination is applied. This is because the support determination only applies to some supports and you don't have funding allocated to those supports in your plan.

How is the amount you have available to spend worked out?

1. The calculation[36] uses the reasonable and necessary funding component amount stated in your plan for the specific support category. For example, improved daily living skills

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2. The funding for any excluded supports, like disability-related health supports is taken out. This calculates the net funding component amount
3. The net funding component amount is multiplied by the percentage given in the support determination. For improved daily living skills, this is 10%.
4. The amount calculated in step 3 is taken away from the reasonable and necessary funding component amount. This calculates the amount you have available to spend in the funding component.[37]

The support determination tells us how to work out how much of the funding component amount is funding for excluded supports.[38]

For new and reassessed old framework plans approved on or after 1 October 2026, our records will show the amount of funding allocated for excluded supports. This amount may not be shown in your plan.[39]

When a support determination is applied to your plan, you might have less funding available to spend on your reasonable and necessary supports than the total cost of those supports.[40] This means you may need to pay for some or part of the supports yourself.

Learn more about using your funding in Our Guideline – Your plan.

Example

Andie has $32,000 in their plan for improved daily living skills.

When their plan is reassessed, we decide that $32,000 is still reasonable and necessary for improved daily living skills supports.

Then, the support determination is applied.

Out of Andie's total funding of $32,000 for improved daily living skills:

- $11,800 is for disability-related health supports, where a support determination won't be applied
- the remaining $20,200 has a support determination of 10% applied, which equals $2,020. This means that Andie now has $18,180 for the rest of their improved daily living skills supports.

When Andie gets their reassessed plan, they have a total of $29,980 available to spend on improved daily living skills supports. This includes their disability-related health supports and their other improved daily living skills supports.

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What are funding periods?

Your funding will also be divided into funding periods. A funding period is the time that part of your funding becomes available and how long it needs to last. You can spend up to the amount of funding that is available in that time. If you don't spend all your funds in a funding period, they'll roll over into your next funding period within the same plan.

Any unspent funds won't roll over to your next plan, as this is a new plan that we need to make sure meets your disability support needs.

Funding periods can be for either the total budget amount of your plan or for each funding component amount in your plan.

Funding periods can go for different lengths of time. For example, your plan might have funding periods of 1, 3, 6 or 12 months. You might have one funding component amount with 3-month funding periods, and one funding component amount with shorter 1-month funding periods.

Most plans will have more than one funding period. If your plan goes for longer than 12 months, you will 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.

Your plan will show:

- if funding periods apply to your whole plan or to funding component amounts
- the dates each funding period starts and ends
- how much funding you can use during each funding period.

There are some things we must think about when deciding how long your funding periods should be. Learn more about how we decide how long your funding periods go for.

Example

Sal has recently become an NDIS participant and has received their first plan. Their plan goes for 5 years and includes two funding component amounts.

Their first funding component amount includes $160,000 for Core supports. Sal can use this funding to pay for NDIS supports to help them in their daily life, and to participate in the community.

Their funding period is 3 months, so they'll receive $8,000 every 3 months to use on these Core supports.

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In the first funding period of Sal's plan, they spend $5,000 on NDIS supports. This means that $3,000 will roll over to the next funding period, when they will now have $11,000 to buy NDIS supports.

The second funding component amount in Sal's plan is $1,500 for assistive technology, because they need a shower chair. This is the only support Sal needs for assistive technology, so we create a funding component amount for this specific support. We expect Sal to spend most of this funding in one go when they buy the shower chair. So, we include the $1,500 for assistive technology in the first funding period of their plan. This funding period is for 3 months. Sal won't need funding for assistive technology included in the other funding periods of their plan.

Any unspent funds in the last funding period of a plan won't roll over to the next plan. We'll need to make a new plan to make sure it meets your disability support needs.

Learn more about how to use your funding in Our Guideline – Your plan.

How do we decide how long your funding periods go for?

Before setting funding periods, we have to think about:[41]

- 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.

We also think about if:[42]

- you're unlikely to spend your funding on NDIS supports and in line with your plan
- you are at risk of experiencing fraud or financial exploitation
- you are at risk of experiencing physical, mental or financial harm because of the length of your funding periods
- you, your plan nominee or child representative are currently insolvent under administration
- you've overspent your funding in previous plans
- a payment for a support is more than the amount you have in your plan for the funding period
- you've asked several times for a change to your plan but haven't given us information about a change in your support needs

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- you haven't spent your funding on NDIS supports and in line with your plan in previous plans.

For most supports, funding periods will generally go for 3 months.

They may be longer if:

- you tell us you'd like longer funding periods
- you need longer funding periods to meet your specific disability support needs. For example, if you have a degenerative condition where your support needs are uncertain
- your plan has a total funding amount of less than $15,000 each year. In this case, funding periods will generally go for 6 months
- you've previously spent your funding on NDIS supports and in line with your plan
- we don't think there is a risk to you
- you're likely to spend your funding on NDIS supports and in line with your plan.

Some regular supports in your plan will generally have 1-month funding periods. This includes:

- supported independent living (SIL)
- funding for a registered plan manager
- specialist disability accommodation (SDA)
- cross billing payments for residential aged care subsidies and supplements
- home and living or core funding for assistance with daily living that is more than $200,000 per year.

If you prefer, you can tell us you'd like shorter funding periods for your other supports.

Funding periods may also go for 1 month if:[43]

- you, your plan nominee or child representative are currently insolvent under administration
- you've overspent your funding in previous plans
- you haven't spent your funding on NDIS supports and in line with your plan in previous plans
- you've asked several times for a change to your plan but haven't given us information about a change in your support needs.

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Funding will generally be spread evenly across the funding periods in your plan. For some supports, like behaviour supports, you may need more funding to set up the support at the start. So, to help with this, you'll get more funding in the first funding period of your plan and less in the later ones. Learn more in When will you get your funding?

When will you get your funding?

We want to make sure you have funding to pay for supports over the whole length of your plan. If you have 3-month funding periods and your plan goes for 12 months, you will generally get 25% of your funding at the start of each funding period.

Sometimes, you may get different funding amounts for regular supports in each funding period. For example, if you have funding for in-home care every day, we think about the number of days in each funding period, including weekends and public holidays.

For some supports with 3-month funding periods, you'll get all the funding in the first funding period of your plan or in the funding period that falls before you need to buy these supports. If you don't buy the supports you need in one funding period, your funding will roll over to the next funding period. Supports that work in this way include:

- assistive technology
- vehicle modifications
- home modifications
- repair and maintenance of assistive technology
- therapy supports related to assistive technology, vehicle modifications and home modifications. For example, funding for an allied health professional to assess what assistive technology you need before you buy it
- medium term accommodation.

If you have supports for enteral feeding products, you'll get 12 months of funding for these in the first funding period of each year of your plan.

We may also provide more funding in the first funding period of your plan for other supports, including:

- behaviour support. For example, if you need funding to work with your behaviour support practitioner to develop a behaviour support plan
- if you have changing support needs
- if you have a change of situation, like being discharged from hospital

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- if you need intensive capacity building supports for a time
- to cover set-up costs for your first plan
- to bulk buy consumables, like continence products.

What about high support needs participants?

If you meet the high support needs criteria[44], we'll usually include 50% of your funding for social, economic and community participation in the first funding period of your plan. This is so you have enough flexibility in your plan for your 24-hour disability supports. It will also help you adjust to your new budget after a support determination has been applied.

The rest of your funding for this support category will be spread evenly across the other funding periods in your plan. The funding you don't spend from the first funding period will roll over to the next funding period in your plan.

You can ask for a plan variation within 90 days from the date the support determination is applied to your plan. We'll then decide if we can add funding to your plan for your 24-hour disability supports.

Learn more about the high support needs criteria and plan variations in Our Guideline – Plan variations.

What are your options for managing your funding?

You have three options for how you can manage the funding in your plan.[45]

- Self-managed
- Using a registered plan manager
- Agency-managed.

You can also choose a mix of these options. For example, you might like to manage some of the funding yourself, and we'll manage the rest.

There are different benefits for each plan management option.

- If your funding is **self-managed**, you, your child representative or nominee will pay your providers and manage your financial records. This gives you the most flexibility and choice.
- If you use a **registered plan manager**, they will pay your providers and manage your financial records. This gives you support to manage your funding and can help increase your financial independence. We'll include funding in your plan for a plan manager if you choose this option.

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- If your funding is **Agency-managed**, we will pay your providers and manage your financial records. This means you have fewer responsibilities when it comes to managing your funding.

Whether your funding is managed by you, us, or a registered plan manager, managing NDIS funding means:[46]

- buying the NDIS supports as described in your plan, including paying GST related to those supports. This means paying for NDIS supports in your plan:
    - in line with the funding periods[47]
    - within the total funding amount and funding component amounts[48]
- receiving and managing your NDIS funding, including paying for NDIS supports on time
- keeping track of what you buy with your funding, including keeping receipts and invoices.

Spending in line with your plan means only spending your funding on the NDIS supports included in your plan. To spend in line with your plan, you need to:

- spend your funding in the way we describe. This includes any stated supports, where we describe the supports you can buy more specifically
- make sure your funding will last for the whole length of your plan
- make sure your funding will last for the length of each funding period.

When you buy supports in line with your plan, you need to make sure they are NDIS supports or an agreed replacement support that relates to your disability.

We're committed to helping you have more choice and control when it comes to managing your funding if that's what you want. We'll talk to you about what you want and what suits you when it comes to managing your funding.

We'll talk more about the different plan management options in the next sections.

Your plan will say who manages your NDIS funding.[49]

Learn more about the different management types and how to manage the funding in your plan.

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What does it mean to self-manage your funding?

We're committed to helping you manage your own funding if that's what you want to do, unless there are reasons why you must not manage your funding. Managing your own funding can give you more choice and control over how you use the funding in your plan.

Self-managing your funding means you can choose what NDIS supports you buy in line with your plan. This means paying for NDIS supports in your plan:[50]

- in line with your funding period or funding periods, and
- within the total funding amount and funding component amounts.

You can decide who provides these NDIS supports and how they are delivered. You can also negotiate costs above or below the NDIS pricing schedule. Negotiating costs can help you arrange your NDIS supports in a way that gives you the best value. But you always need to make sure you have enough funding in your plan to last for the funding period.

You'll also be responsible for receiving your funding, arranging your NDIS supports and paying your providers on time. You'll need to keep records of invoices and receipts for 5 years. You'll also need to meet your obligations as an employer if you choose to employ staff directly or use a contractor.

You might want to self-manage a part of your funding. This can be a good way to develop your skills. It may help you self-manage more of your funding in the future if you want to.

How can you learn how to self-manage your funding?

You might want to learn or improve your skills to help you manage your NDIS funding. For example, you might want to build your skills to:

- budget and keep records of your purchases
- choose your NDIS supports and get the most out of your plan
- claim your NDIS funding, pay providers, and make service agreements.

If you need support to build your skills to manage your funding, we might be able to fund support. If it meets the NDIS funding criteria we can include funding in your plan for capacity building and training in self-management. Talk to your my NDIS contact about this.

You might choose to use the funding on training with another organisation. As you build your capacity in self-managing, you're likely to need less of this support in the future.

We can also answer questions about self-management and help you problem-solve when you start out.

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We'll talk to you about whether there are any mainstream and community supports which could help you. These are the supports you get outside the NDIS, and are available to everyone, whether or not they have a disability. Supports outside of the NDIS can help you build your skills to manage your own finances and learn about self-management.

You might speak with your informal supports, and other participants who self-manage to learn more about self-management. Community supports can help connect you to important and practical information about self-management. You'll need to decide if information from outside the NDIS is reliable and if you want to use it.

We know you might be nervous about self-managing funds. We understand making mistakes can be an important part of learning to self-manage, and sometimes things can go wrong. If you have any issues, you can always contact us and we'll work with you to fix them.

You can read our guide to self-management, and learn more about self-managing on the NDIS website.

Self-management and NDIS registered providers

If you self-manage your funding or use a registered plan manager, you can generally use any provider. But you must use a registered NDIS provider if they provide:

- specialist disability accommodation
- supported independent living
- behaviour support
- supports where the use of restrictive practices occurs or is likely to occur
- NDIS digital platforms (previously called platform providers).

Sometimes we might also say in your plan which provider you need to use.

A registered provider meets the NDIS quality and safety standards. Workers with registered providers also undergo an NDIS worker screening check to make sure a worker is safe for you to use.

You can contact the NDIS Quality and Safeguards Commission to check for registered providers. They can also help if you're worried about a provider's compliance with their legal obligations. If you choose a provider that isn't registered, you'll need to make sure they have the right qualifications, training, and safety checks. You can ask providers, employees or contractors providing you with supports to do an NDIS worker screening check.

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When can't you self-manage your funding?

You, your plan nominee or child representative can't self-manage your funding if you, your nominee or child representative are currently bankrupt or insolvent under administration.[51]

Or if we are aware that:

- you or your nominee have been convicted of an offence punishable by 2 or more years in prison[52]
- you or your nominee have been convicted of an offence involving fraud or dishonesty.[53]

Or if we think that:

- you, your plan nominee or child representative are unlikely to spend your funding only on NDIS supports and in line with your plan[54]
- there's an unreasonable risk to you if you, your nominee or child representative self-manage your funding.[55]

Are you bankrupt or insolvent?

You can't manage your NDIS funding if you're currently insolvent under administration.[56] Your plan nominee or child representative also can't manage your funding if they're insolvent under administration.[57]

Insolvent generally means you can't pay your debts when they are due.

Your NDIS funding can't be self-managed if you, your plan nominee or child representative:

- are currently bankrupt – contact the Australian Financial Security Authority if you're not sure
- have property under the control of people you owe money to.[58] For example, your bank or the Australian Financial Security Authority
- have a personal insolvency agreement to repay money you owe, and you haven't followed the agreement[59]
- have a debt agreement to repay money you owe.[60]

This also applies if you, or your plan nominee or child representative are insolvent under administration in another country.[61]

You might be able to self-manage your funding if you're no longer insolvent under administration. But we'll consider if there might be an unreasonable risk if you manage your funding.

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Your plan nominee might be a company or body corporate, like a service provider or advocacy organisation. If so, they can't be insolvent either.

A company or organisation can't manage your funding if they are under voluntary administration, liquidation, or receivership.

What if you've been convicted of an offence punishable by 2 or more years in prison or involving fraud or dishonesty?

We need to think about if you or your plan nominee have had any criminal convictions. You can't self-manage if we are aware that you or your nominee have been convicted of an offence that:[62]

- led to a prison sentence of 2 years or more
- involves fraud or dishonesty.

What if you have a plan nominee or child representative?

If it's part of their nominee arrangement, a plan nominee or child representative, may be able to manage your plan funding.

Your plan nominee may also be able to request who will manage your plan funding. They can do this if their nominee arrangement allows them to make decisions about parts of the preparation, management or changes to your plan.

Your plan nominee needs to work with you to understand what you want. They need to make decisions that help your personal and social wellbeing.[63] We'll think about any risks to you if a plan nominee or child representative manage your plan funding. We'll also look at supports and strategies we can include in your plan to reduce these risks.

We can't let your plan nominee or child representative manage your plan funding if they're currently bankrupt or insolvent under administration.[64]

Or if we think:

- they're unlikely to spend your funding on only NDIS supports and in line with your plan[65]
- it presents an unreasonable risk to you[66]
- any business or other interests might affect how they manage your money.

We also can't let your plan nominee manage your funding if we are aware that:

- they've been convicted of an offence punishable by 2 or more years in prison[67]
- they've been convicted of an offence involving fraud or dishonesty.[68]

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We consider risk in the same way as if you want to self-manage your plan funding.

Learn more about unreasonable risks and spending funding on NDIS supports and in line with your plan.

Learn more about nominees or child representatives.

What does it mean when a registered plan manager manages your funding?

You can choose a registered plan management provider to support you to manage your funding. They can buy NDIS supports on your behalf from the funding you provide them from your plan.

A plan manager can help you:

- increase your financial and plan management skills
- pay providers
- increase your choice of providers
- get NDIS plan budget reports and help you monitor your budget.

If you use a registered plan manager to manage your funding, we'll always include funding in your plan to cover plan-management costs.

The NDIS pricing schedule sets out appropriate maximum prices for most NDIS supports.

Having a registered plan manager can reduce risks involved with managing funding in your plan. But there may still be risks to you that we need to consider.

You'll still need to make sure any provider you choose provides NDIS supports that are safe and meet your needs.

We respect your right to take reasonable risks in having a registered plan manager to manage your NDIS funding. We'll talk to you about what might help reduce any risks with having a plan manager manage your funding. We'll also talk about what helped reduce risks in your previous plan.[69] If there are no suitable supports or strategies available to manage the risk of harm to you, the risk may be unreasonable.

Before we agree to a registered plan manager managing your funding, we need to think about if:

- it would be an unreasonable risk to you[70]
- they're unlikely to spend your funding on supports that are only NDIS supports[71]

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- they're unlikely to spend funding in line with your plan.[72]

When we think about if there is an unreasonable risk to you, we'll think about if you are at risk of physical, mental or financial harm. We look at unreasonable risk and the strategies available to reduce risk, in the same way as we do for self-managing funding.

We also think about whether a provider has delivered supports to you in a way that has caused you physical, mental or financial harm. Or, if someone might pressure you to do something.

We look at if your plan manager has spent your funding on NDIS supports and in line with your plan in the same way as we do for self-managing funding.

We can help you change your registered plan manager if you need to.

What does it mean when your funding is Agency-managed?

You can choose for your funding to be Agency-managed. This means we'll pay registered providers directly, from funding in your plan, for services on your behalf.

When your funding is Agency-managed, you must use registered NDIS providers to deliver your supports.[73] The NDIS pricing schedule sets out the appropriate maximum prices for most NDIS supports. For more information about NDIS pricing arrangements, go to Pricing arrangements.

We may also decide to make part, or all, of your funding Agency-managed when we approve your plan.[74] We'll do this if you don't choose how you want to manage your funding. Or if you can't, or don't want to, self-manage or use a registered plan manager for any parts of your funding. When we decide if your funding should be Agency-managed, we think about your goals, your NDIS supports and the providers you want to use. For example, Agency-managed funding may not suit your needs if you would prefer to use providers that aren't NDIS registered. In this circumstance, we'll discuss your options with you. You might agree to use registered NDIS providers or consider self-managing or using a registered plan manager.

When your funding is Agency-managed, we don't generally need to think about whether management of your plan presents unreasonable risk.

If you already have a plan and we decide to make part, or all, of your funding Agency-managed, we'll work with you to make sure you have the NDIS supports you need.

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How do we decide who manages your funding?

We'll ask you who you want to manage your funding. We'll discuss strategies to help you do this the way you want to. We'll let you know what your plan management options will mean for you.

You can also ask your friends or family for advice.

You can ask to self-manage your plan or use a registered plan manager.[75]

If you don't let us know how you want your plan to be managed, we'll manage it for you.[76] If you're under 18, your child representative can choose how to manage your plan funding.[77]

We'll agree to your request, unless:[78]

- you want to self-manage the funding but that would be an unreasonable risk to you[79]
- you already have a plan nominee, in which case we'll talk to your nominee about your plan management options
- your plan nominee or child representative want to self-manage your funding but that would be an unreasonable risk to you[80]
- you want to self-manage the funding but you, or your plan nominee or child representative, are bankrupt or insolvent under administration[81]
- you want a registered plan manager to manage your funding but that would be an unreasonable risk to you[82]
- you, your plan manager, nominee or child representative are unlikely to spend your funding on only NDIS supports and in line with your plan[83]
- it's for in-kind supports, or cross-billing payments for younger people in residential aged care.

Or if we are aware that:

- you or your nominee have been convicted of an offence punishable by 2 or more years in prison[84]
- you or your nominee have been convicted of an offence involving fraud or dishonesty.[85]

If there are risks with how you want your funding to be managed, we'll:

- find out more about the risks. For example, we'll look at records of spending in previous plans and any other information or documents you or someone else gives us

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- look at the risks in more detail. For example, how often they take place and why
- think about supports and strategies we can include in your plan to reduce the risks
- record our decision and, if we don't agree to your request, let you know our reasons.

If you're not happy with the decision we make about managing your plan, you can ask for a review of our decision.[86]

Learn more about requesting a review of decisions we make.

How do we decide if you will spend your funding on NDIS supports and in line with your plan?

When we decide how your funding should be managed, we also consider if you, your plan manager, plan nominee or child representative have:[87]

- spent funding on NDIS supports
- spent funding in line with your plan.

If you haven't done this and you self-manage your plan, we'll look at:[88]

- if it was a once off or not. For example, you may have spent your funding on one support that wasn't an NDIS support
- why you haven't spent your funding on NDIS supports and in line with your plan
- if someone else was involved in the decision to use your funding in this way.

If your plan was managed by a registered plan manager, they were responsible for making sure your funding was used on NDIS supports and in line with your plan.

We'll also look at if you, your plan manager, plan nominee or child representative:[89]

- have given us the information and documents that we need, and have a reasonable excuse if you or they can't
- have been involved in fraud, mismanagement or the misuse of funds or other assets
- have been legally or financially exploited or pressured to do something. For example, someone spending your funding on supports you don't want or need. We'll think about how often this has happened and why
- have the capacity to make decisions or manage your finances, including when you or they have support from others
- anything you or someone else tells us, or that we think we should look at.

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We'll also think about if you had the information and support you needed to spend in line with your plan. For example, if you speak a language other than English, live in a remote area or don't have regular access to internet.

When we look at how you, your plan manager, plan nominee or child representative are likely to spend, or have spent, your funding, we don't look at:[90]

- the type of impairments you have, but we do look at how your impairments may affect how you manage your funding
- the total amount of funding in your plan
- not using all your funds in a previous plan
- a period of bankruptcy that has now ended.

The funding in your plan must be spent on the NDIS supports described in your plan. We'll explain the types of supports included under each funding component amount in your plan, so you know how to use your NDIS funding.

Sometimes things can go wrong, or you find something's not right. This can include things like not getting the support you agreed to or providers claiming more than you agreed to.

We understand most people try to do the right thing but sometimes make mistakes. We want to help you to do the right thing when you claim from your plan.

If you think you've spent your funding on supports that aren't in your plan or aren't NDIS supports, or you've made a mistake with your self-managed claims, contact us. We can help you fix any mistakes and understand how to claim for next time. We'll also look at supports and strategies we can include in your plan to help you self-manage your funding.

We are also here to support your plan manager with any questions they have or claims they make.

If you spend funding on supports that aren't in your plan or aren't NDIS supports, you may owe us a debt.[91] This means you'll need to pay back to us the amount of money spent on supports that weren't in your plan.

How do we decide if there is an unreasonable risk to you?

You have the same right as all Australians to take reasonable risks in managing your money. We respect your right to take reasonable risks if you self-manage your funding or have a plan manager to manage your funding. But it's also important to understand any risks this might create for you.

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In most cases, risks will be small or can be managed. We'll work with you to address risks and support your request to self-manage your plan, or have a plan manager to manage your plan, as much as possible. But you can't self-manage your funding or have a plan manager if we think this would create an unreasonable risk to you.[92]

Your registered plan manager, plan nominee or child representative also can't manage your funding if that would be an unreasonable risk to you.[93]

An unreasonable risk is where it's likely that you'll experience physical, mental or financial harm if you, your plan manager, plan nominee or child representative manage your plan.

When we look at risks to you when you, your plan manager, plan nominee or child representative manage your funding, we look at:[94]

- if there are supports or strategies we can include in your plan, or that were included in a previous plan, to reduce risks
- informal, community and mainstream supports that you, your plan nominee or child representative have, or had, in place
- the types of NDIS supports in your plan. For example, we'll think about how your supports are delivered and who is delivering them
- if you're at risk of physical, mental or financial harm or exploitation. Or if someone might pressure you to do something
- your capacity to make decisions or manage your finances, including when you have support from others
- your plan nominee or child representative's capacity to make decisions or manage your finances, including when they have support from others
- if a court or tribunal has ordered someone else to manage part or all of your property or finances
- if a court or tribunal has ordered someone else to manage part or all of your plan nominee or child representative's property or finances
- anything you, your plan manager, plan nominee or child representative tell us that we think is relevant, or that we think we should look at.

When we look at risks, we don't look at:[95]

- the type of impairments you have, but we do look at how your impairments may affect how you manage your funding
- the amount of funding in your plan

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- if you haven't used all your funds in a previous plan.

When we are thinking about unreasonable risk to you, we look at your whole situation, not just one thing by itself. We also look at the supports and strategies we can use to reduce risk, or that we have used in a previous plan. For example, if you only have a little experience managing your finances, but strong informal supports like a family member who can support you with budgeting.

We'll only decide there is unreasonable risk to you if there are no suitable supports or strategies available to reduce the risk of harm to you.

Learn more about the supports and strategies we can use to reduce risk.

How do we decide if there is possible physical, mental or financial harm to you?

When thinking about risks to you, we'll look at if there is evidence of possible physical, mental or financial harm to you. Evidence of possible harm won't always mean there is an unreasonable risk to you if you want to self-manage your funding or have a plan manager to manage your funding. We'll also think about:

- how big the risk of harm is to you
- if the risk of harm will affect how the funding in your plan is managed.

We know it can be difficult to talk about this information. We'll only talk about it to make sure we can identify any possible risks. We can then work out together if we can put supports and strategies in place to reduce the risks.

Examples of physical harm might include if there is evidence of:

- you being injured from a reckless or intentional act, caused by you or another person, like a fracture, contusion, wound, burn or concussion
- you being physically assaulted by a carer, support person, family member or member of the community, which causes serious harm or injury
- serious unexplained injury to you while receiving NDIS supports
- you having a history of habitual or continued substance abuse within the last 12 months.

Examples of mental harm might include if there is evidence of a family member, carer, or support person:

- denying you food as 'punishment'

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- threatening to harm you
- abandoning you by denying support permanently
- consistently not letting you go out and do activities
- secluding or restraining you.

Mental harm might also include an allegation of you being subject to offensive, abusive, or demeaning language by a family member, carer, plan manager, or support person. This may also create an unreasonable risk to you.

Examples of financial harm might include if there is evidence of:

- you being financially exploited[96]
- frequent changes in nominee or child representative
- you, your nominee or child representative having a gambling addiction
- you, your nominee or child representative being the victim of coercion, such as being coerced to sign for a loan or power of attorney
- you, your nominee or child representative being insolvent under administration in the past 5 years
- deliberate misuse of, or fraud, in relation to plan funds, by you, your plan manager, nominee or child representative
- you, your nominee or child representative having been involved with the criminal justice system in relation to funds management or fraud.

Learn more about how we identify, think about and manage risks in our Participant Safeguarding Policy.

What supports or strategies can we use to reduce risks?

We'll talk to you about how we can support you to manage any risks to your funding, whether you're self-managing or using a registered plan manager. Before we make a plan management decision, we'll think about:

- supports and strategies that can reduce the risk to you
- supports and strategies that have reduced the risk to you in a previous plan.[97]

This includes informal, mainstream and community supports.[98] In many cases this means you, your plan nominee, plan manager or child representative, will still be able to manage

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part or all of your funding. We just need to make sure the risk to you isn't an unreasonable risk.

We'll consider the specific risk to you and look at suitable ways to help you manage the risk.

If you want to self-manage your funding, we can give general advice and information, which might be enough to manage any risks to you. This includes information on things like employing your own staff and working with providers. If you're new to self-management, we can work with you to try and solve any problems you have. We might be able to fund a support coordinator or a registered plan manager to help you get started. Or include funding for training in self-management.

Other strategies we can consider to reduce risks to you include:

- giving you a plan with a shorter length of time or shorter funding periods[99]
- having regular check-ins with you
- stating how a support in your plan needs to be purchased. For example, there might be only a few providers who can safely provide a specialised support.

When we think about risks, we also think about the types of supports you want to manage. If there is an unreasonable risk to you if you, your plan nominee or child representative self-manage some supports, you might be able to manage other supports in your plan. You might also be able to manage some of your funding now and manage more in the future if you're ready.

For example, you may want to self-manage your funding but haven't done it before. You may be unsure how to set up your budget and pay your providers. It might be a good idea to start small. We could support you to link to a peer support network to get information from other self-managers about how they manage their payments. For example, you might be able to start with self-managing the funding component amount for core supports such as social and community participation.

At regular check-ins you can let us know if you need any help to self-manage your funding, or if you want to manage more of your funding. Once you're familiar with the process of paying providers and keeping records, you might be ready to self-manage other parts of your funding.

If we can reduce the risk to you with supports and strategies, we'll put funding in your plan for additional supports, if needed. We'll also record what we have done and why.

If we can't reduce the risk to you with supports and strategies, we may decide that:

- part or all of your plan should be managed by a registered plan manager

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- part or all of your plan should be Agency-managed.

We'll tell you why we have made this decision and talk about what we can do to support your plan management choice in the future.

If we decide to make part, or all, of your funding Agency-managed, you can only use registered NDIS providers for your supports. We'll work with you to make sure you have the NDIS supports you need.

How long will your plan go for?

Everyone has different goals, living situations, and circumstances. So, we'll work with you to decide how long it will be before we create your next plan.

We think about how long you want your plan to go for. We also think about your situation and what plan length will best meet your needs.

If your living and support needs are stable and not likely to change significantly

Your plan will generally go for:

- 5 years if you're aged 9 and over
- 2 years if you're younger than 9.

With a longer plan:

- you can plan ahead, access supports that meet your needs now, while also working towards your goals over time. This is because you know you have funding for a longer time
- it will generally be a longer time before your next plan reassessment, which should mean a smoother experience for you, your family and providers as we won't need to meet with you about your plan as much, unless you want to.

Longer plans give you more stability by giving you certainty about your funding over a longer period of time.

We may check in with you during your plan to make sure you have the supports you need to work towards your goals.

If your circumstances change during your plan, and you need more or different supports, you can contact us. We'll talk to you about whether your plan can be used flexibly to continue to meet your needs or if we need to make changes.

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If you need a shorter plan

We know that shorter plans are needed in some situations.

Participants younger than 9

These plans will generally go for one year if:

- participants have early intervention supports, and we expect they'll work for them. This means that they won't generally need NDIS supports long term, after early intervention supports have finished
- participants are 5 or older with developmental delay. This is because after they turn 6 we'll need to do an eligibility reassessment to decide if they continue to meet the eligibility criteria to be a participant
- participants are younger than 7, have met access under the hearing stream pathway, and it's their first plan
- participants have intensive capacity building supports. This is so we can look at how the intensive supports are working
- participants have a positive behaviour support plan with restrictive practices.

Participants aged 9 and over

Your plan will generally go for 2 years if:

- you have early intervention supports and we expect they'll work for you. This means you won't generally need NDIS supports after early intervention supports have finished. We may check in with you during your plan. We may also need to check your eligibility to make sure you continue to meet the eligibility criteria to be a participant. You'll have time to give us more information if you feel you still need NDIS supports.
- you have a degenerative condition, like motor neurone disease or muscular dystrophy, or a terminal illness and disability. This is because we expect your needs to change. This doesn't include younger people in residential aged care.

Your plan will generally go for one year if:

- you have a positive behaviour support plan with restrictive practices.

Your plan length may be different if:

- you have a Compensation Reduction Amount (CRA) or a State and Territory Statutory Scheme (SATSS) plan. In these cases, your plan length will be based on the review date of your CRA or SATSS

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- you're under 65 and in residential aged care (YPIRAC) and have a goal to move out of aged care. In this case, we would provide you with a temporary plan to support your transition out of aged care and to support cross billing.

All participants

Your plan length may be different if:

- you're going to be discharged from hospital. In this case, we may provide you with a temporary plan to support your transition out of hospital
- you have a life milestone coming up, like starting or finishing school or moving out of home.

If you're not happy with how long your plan goes for, or your circumstances change so you need a different plan length, you can ask us to change your plan. Learn more in Can you change your plan?

When will we approve your plan?

We'll approve your NDIS plan as soon as we reasonably can, based on your situation.[100] We may take longer to approve your plan if we need you to give us more information or get an assessment.

We aim to approve your first plan within **56 days** after you become a participant.

What happens once you have your plan?

Once we approve your plan, you'll get a copy within **7 days**.[101] We'll ask how you'd like to receive your plan.

You can also find it on the my NDIS portal and my NDIS app as soon as we approve it.

If you have a nominee or child representative, they'll get a copy too, if they're authorised to get it. You can also ask us to share it with other people. We can only share your plan where you ask us to. Learn more about your privacy and information.

Once you have a plan, you can start using it to buy your NDIS supports. Your plan officially 'starts' on the day we approve it.[102] Your my NDIS contact, support coordinator or recovery coach can help you start using your plan.

We can only pay for your NDIS supports after your plan starts. We pay for NDIS supports in line with your plan.[103]

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During your plan, we'll check in with you to see how you're going, and how your plan is working for you. We may check in with you:

- at least annually, or more often depending on your circumstances
- if we think your plan might not be working for you. For example, if you're using too much or too little of your NDIS supports
- if you would like help to use your NDIS supports in your plan.

Your plan ends when we approve a new one, or you leave the NDIS.[104] Your plan doesn't expire or stop, even if we haven't created a new plan by the plan reassessment date. You are never left without a plan, unless you leave the NDIS.

Learn more about what happens once you have your plan in Our Guideline – Your plan.

Can you change your plan?

Once we approve your plan, you can request a change to your plan at any time. We can also change your plan if we need to.[105]

If you want to change the information about you and your goals, we can change your plan to include this at any time.[106] This new plan will have the new statement about you and your goals.[107] It will have the same supports.

For other changes to your plan, you'll need to give us information explaining why you think your plan needs to change.

Learn more in Our Guideline - Plan variations and Our Guideline – Plan reassessments.

There are also forms you can complete to ask for a change to your plan.

What if you don't agree with your plan?

If you're not happy with your plan, you should talk to your my NDIS contact.

They may be able to explain the decision, clarify how you can use the funding, or help you fix any problems. If you'd like more details about the supports that make up your plan's total budget amount, we can send this to you. You can contact us and ask for a budget breakdown.

We'll give you written reasons on why we made the decision. Contact us if you'd like to discuss the reasons for our decision.

If you don't agree with our decision to approve your plan, you can ask for an internal review. Your my NDIS contact, support coordinator or recovery coach can help you ask for an internal review. We also have a form you can complete.

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Having an internal review means someone who wasn't involved in creating your plan will review our decision to approve your plan. They'll consider if we made the right decision under NDIS laws. An internal review is different to a change or plan reassessment after a check-in or when your situation changes.

Once you get your plan, you have 3 months to ask for an internal review.[108]

Learn more about reviewing our decisions.

Reference list

[1] NDIS Act s 33(1).
[2] NDIS Act s 34(1)(aa); NDIS (Supports for Participants) Rules r 5.1(b).
[3] NDIS Act s 34(1)(aa); NDIS (Supports for Participants) Rules r 5.1(b).
[4] NDIS Act s 34(1)(aa); NDIS (Supports for Participants) Rules r 5.1(b).
[5] NDIS Act s 33(8).
[6] NDIS Act s 46.
[7] NDIS Act s 34(1)(a).
[8] NDIS Act s 10.
[9] NDIS Act s 4(4).
[10] NDIS Act s 4(4).
[11] NDIS Act s 118(1)(a)(v).
[12] NDIS Act s 44(1)(b)(i).
[13] NDIS Act s 44; NDIS (Supports for Participants) Rules r 5.1(a).
[14] NDIS Act s 31.
[15] NDIS Act s 32(2).
[16] NDIS Act s 10.
[17] NDIS Act s 34(1)(a).
[18] NDIS Act s 34(1)(aa); NDIS (Supports for Participants) Rules r 5.1(b).
[19] NDIS Act s 34(1)(f).
[20] NDIS Act s 33.
[21] NDIS Act s 34A.
[22] NDIS Act s 45C(1); NDIS Act s 45C(14).
[23] NDIS Act s 34B, 45C.
[24] NDIS (Old Framework Plans) Determination 2024 s 5(2).
[25] NDIS Act s 34A(1).
[26] NDIS Act s 34A(1).
[27] NDIS Act s 34A(1); NDIS (Support) Determination 2026 ss 6, 11(1).
[28] NDIS Act s 34A(1A).
[29] NDIS Act s 34A(1B).
[30] NDIS Act s 34A(1C).
[31] NDIS (Support) Determination 2026 s 7.
[32] NDIS (Support) Determination 2026 s 8.
[33] NDIS Act 34A(3).
[34] NDIS Act s 47B(1).
[35] NDIS Act s 34A(2)(b).
[36] NDIS Act s 34A(2A).
[37] NDIS Act s 34A(2A).

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[38] NDIS Act s 34A(2B); NDIS (Support) Determination 2026 s 10.
[39] NDIS (Support) Determination 2026 ss 9(2), 11(2).
[40] NDIS Act s 34A(5).
[41] NDIS (Old Framework Plans) Determination 2024 s 7(2).
[42] NDIS (Old Framework Plans) Determination 2024 s 7(2).
[43] NDIS (Old Framework Plans) Determination 2024 s 7(2).
[44] NDIS Act s 47B(1).
[45] NDIS Act s 42(2).
[46] NDIS Act s 42(1).
[47] NDIS Act s 46.
[48] NDIS Act s 46.
[49] NDIS Act ss 33(2)(d), 42(2).
[50] NDIS Act ss 33, 46.
[51] NDIS Act ss 44(1)(a), 44(2A)(a), 74(4)(a).
[52] NDIS Act ss 44(1)(aa)(i), 44(2A)(aa)(i).
[53] NDIS Act ss 44(1)(aa)(ii), 44(2A)(aa)(ii).
[54] NDIS Act ss 44(1)(c), 44(2A)(c), 74(4)(b)(iii).
[55] NDIS Act ss 44(1)(b)(i), 44(2A)(b), 74(4)(b)(i).
[56] NDIS Act s 43(3)(c).
[57] NDIS Act ss 43(6)(d), 74(4)(a).
[58] Bankruptcy Act 1966 (Cth) s 50, pt X div 2.
[59] Bankruptcy Act 1966 (Cth) pt X.
[60] Bankruptcy Act 1966 (Cth) pt IX.
[61] Corporations Act 2001 s 9.
[62] NDIS Act s 44(1)(aa)(i-ii), 44(2A)(aa)(i-ii).
[63] NDIS Act s 80(1); NDIS (Nominees) Rules rr 5.3-5.6.
[64] NDIS Act ss 44(2A)(a), 74(4)(a).
[65] NDIS Act ss 44(5), 74(4)(b)(iii).
[66] NDIS Act s 44(3), 74(4)(b)(i).
[67] NDIS Act s 44(2A)(aa)(i).
[68] NDIS Act s 44(2A)(aa)(ii).
[69] NDIS (Management of Funding) Rules r 6.3(a)-(b).
[70] NDIS Act ss 44(2), 44(3)-(4).
[71] NDIS Act ss 44(2AA), 44(5).
[72] NDIS Act ss 44(2AA), 44(5).
[73] NDIS Act s 33(6).
[74] NDIS Act s 43(3)-(4).
[75] NDIS Act s 43(1)(a)(b).
[76] NDIS Act s 43(8).
[77] NDIS Act s 74(2).
[78] NDIS Act ss 43(2), 44.
[79] NDIS Act s 44(1)(b)(i).
[80] NDIS Act ss 44(2A)(b), 74(b)(i).
[81] NDIS Act ss 44(1)(a), 44(2A)(a), 74(4)(a).
[82] NDIS Act s 44(2).
[83] NDIS Act ss 44(1)(c), 44(2AA), 44(2A)(c), 74(3C)(b).
[84] NDIS Act s 44(1)(aa)(i), 44(2A)(aa)(i).
[85] NDIS Act s 44(1)(aa)(ii), 44(2A)(aa)(ii).
[86] NDIS Act s 100.
[87] NDIS Act ss 46.

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[88] NDIS Act s 44(5); NDIS (Management of Funding Rules) r 5.2(a).
[89] NDIS (Management of Funding) Rules rr 5.2(b)-(g).
[90] NDIS (Management of Funding) Rules rr 5.3(a)-(d).
[91] NDIS Act s 182(3).
[92] NDIS Act s 43(3)(d).
[93] NDIS Act ss 43(4A)(b), 43(6)(e), 74(4)(b)(i).
[94] NDIS (Management of Funding) Rules rr 6.2(a)-(h), 6.3(a)-(e), 6.4(a)-(h), 6.5(a)-(h).
[95] NDIS (Management of Funding) Rules rr 6.6(a)-(c).
[96] NDIS (Management of Funding) Rules rr 6.2(d), 6.3(c), 6.4(d), 6.5(d).
[97] NDIS (Management of Funding) Rules rr 6.2(a)-(b), 6.3(a)-(b), 6.4(a)-(b), 6.5(a)-(b).
[98] NDIS (Management of Funding) Rules rr 6.2(a)-(b), 6.3(a)-(b), 6.4(a)-(b), 6.5(a)-(b).
[99] NDIS Act s 33(2A)-(2B).
[100] NDIS Act s 33(4).
[101] NDIS Act s 38.
[102] NDIS Act s 37(1).
[103] NDIS Act s 33.
[104] NDIS Act s 37(3).
[105] NDIS Act s 47(A).
[106] NDIS Act s 47(1).
[107] NDIS Act s 47(2).
[108] NDIS Act s 100(2).

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