5 June 2024

An occupational therapist who was found guilty of 22 counts of obtaining financial advantage by deception has been sentenced to six years in prison, with a non-parole period of four years, a sign of the Government's commitment to crack down on fraud against the National Disability Insurance Scheme (NDIS).

A New South Wales resident ran a sophisticated fraud scheme against the NDIS, making false reports and claims to dishonestly obtain more than $500,000.

A small number of participants and their representatives were also colluding to misrepresent the value of the services provided through allegedly falsifying reports and overcharging for services using NDIS funds.

Minister for the NDIS the Hon. Bill Shorten MP says the Government is determined to weed out providers trying to use the NDIS to dishonestly feather their nest.

"This Government has made it clear a focus of ours is combating fraud against the NDIS and stamping out any dodgy operators," Minister Shorten said.

"Not only did this individual get time behind bars, but she was also deregistered by the Australian Health Practitioner Regulation Agency (AHPRA).

"I know this case is a minority but let this be a signal, whether you're an allied health professional or you work in another field supporting participants and you're doing the wrong thing – it will only be a matter of time before it catches up with you.

"The Government's increased focus on addressing fraud has seen the number of tip-offs received by the NDIA skyrocket, with the agency receiving 5,721 tip-offs in the March quarter – a significant increase compared to the 4,658 tip-offs received for the same quarter in 2022–23.

"Our continued focus on strengthening the integrity of the NDIS will ensure the Scheme is here for generations."

In addition to the $126 million over four years to establish the Fraud Fusion Taskforce, the Australian Government announced a further investment of $83.9 million for the Crack Down on Fraud program (CDoF).

These investments will help catch more crooks and protect participants from unscrupulous people seeking to profit from their NDIS plans and will ensure legitimate participants can continue to access legitimate supports and services.

The CDoF will continue to strengthen the NDIA's response to fraud and non-compliance, and to better protect participants and the Scheme.

The agency has dramatically increased its ability to detect and prevent a range of fraudulent and non-compliant claims by providers. This includes:

- Detecting and preventing inappropriate claims before they are paid.
- Implementing payment blocks on providers that are systematically rorting participants and the NDIS.
- Identifying and implementing payment blocks on related party individuals and entities or inactive entities being used to facilitate phoenix networked fraud.
- Utilising the full capabilities of other agencies within the Fraud Fusion Taskforce to identify and treat dodgy providers.

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