

On this page:

- [NDIS supports \(s10\)](#)
- [Funding amounts, components, periods \(s33\)](#)
- [Eligibility reassessments \(s30\)](#)
- [Access \(s21\)](#)
- [Plan management decisions \(s44\)](#)
- [Notice of Impairments \(s32BA\)](#)
- [Providers](#)

This webpage is closing soon

This webpage was created as a temporary resource to help explain the new NDIS laws that started in October 2024.

You can now find more up-to-date and detailed information on other parts of our website.

Some information has already moved from this page, and the rest will move soon.

We've added links below to help you find what you need during this time.

NDIS supports (s10)

Information relating to NDIS supports can be found on the following webpages

- [Supports funded by the NDIS](#)
- [Would we fund it](#)
- [Our guidelines](#)

[Short term respite](#) (previously short-term accommodation) information has been updated.

For further information about supports and services contact your plan manager, local area coordinator, early childhood partner or support coordinator to help you understand what supports you can buy.

You can also [contact us](#).

Information is also available in [Auslan and languages other than English](#).

Funding amounts, components, periods (s33)

What are funding periods?

A funding period is the time that part of a participant's funding becomes available, and how long it needs to last. Participants can spend up to the amount of funding available in that time. Funding periods can apply to either the total amount of funding in participant's plan, or funding component amounts.

What is total funding amount?

Plans now include a total funding amount. This shows the total amount of funds allocated to all reasonable and necessary supports over the length of a participant's plan.

The funding is divided into funding components, like Core, Capacity building, or Capital. The total amount for each funding component will be made available to you in specific time intervals called funding periods. Each funding component has its own funding periods.

What are funding components?

Funding components group together related types of supports in a participant's plan. Each component has an allocated amount that can be used to purchase supports covered under that component.

For example, the Core funding component might include support for daily activities, while Capacity Building could cover therapies or training.

When are different funding periods being introduced and who will be affected?

Different funding periods are being introduced from 19 May 2025 to:

- help make sure supports are available when participants need them
- reduce the risk of running out of funds early.

This change will be rolled out gradually. Participants will not be impacted until they receive a new or reassessed plan following discussion with them to understand their circumstances.

Funding periods will usually be set at 3-months on the basis this gives participants flexibility but also helps them manage their budget so their funding lasts the full length of their plan.

Funding periods won't change the total funding amount, they only change when participants can access their funds.

Why have different funding periods been introduced?

Different funding periods have been introduced to help participants manage their NDIS funding by providing access to regular, manageable amounts over time, rather than all at once.

Funding periods will usually be set at 3-months on the basis this gives flexibility to participants but also helps participants manage budgets.

This won't happen until participants get a new or reassessed plan following discussion with them to understand their circumstances.

Will the total amount of funding in a participant's plan change?

No, funding periods don't affect a participant's total budget, only when funding will be made available across the duration of their plan

Can unused funding be rolled over to the next funding period?

At the end of each funding period, any unspent funds will rollover into the next funding period in the same plan. This means the unused funding will be added to the new funding period. However, funds will only rollover during the same plan.

This approach ensures that support is available as needed over time.

Can funding from a future funding period be brought forward?

Funding from a future funding period generally can't be brought forward.

In exceptional circumstances, the NDIA may bring forward a future funding period if there is an urgent need. This won't change the total amount of funding in the plan, so careful budgeting is still needed to ensure there's enough funding to meet support needs later in the plan.

If a participant's situation has changed and they need more or different supports, they can contact the NDIA to request a change to their plan.

It's important for participants to ask for help early, before funds run out.

Why are funding periods generally 3-months?

Funding periods are more effective when set at a duration that is not over an extended period.

Funding periods will usually be set at 3-months on the basis this gives flexibility to participants but isn't so big as not to be in line with budgets and/or funds provided to people in other aspects of life.

Staged funding is a common approach across Australian Government programs. It means funding is provided in parts over time, rather than all at once.

This helps people manage their budgets and supports consistent use of funding over the length of the plan.

Other government payments like the age pension also use set funding periods.

How is the length of a participant's funding periods decided?

Funding periods can vary in length. They may be one, 3, 6, or 12 months, depending on the participant's needs.

In most cases, the NDIS will begin with 3-month funding periods when discussing a participant's plan.

The length of funding periods is based on the participant's individual circumstances, including:

- their preferences
- their support needs
- any identified risks
- the total funding in their plan
- the types and costs of supports
- how they have used funding in previous plans

Some supports may require shorter funding periods, such as one month. Others, particularly those involving more complex needs, may require longer periods.

Can funding periods be different lengths in a participant's plan?

Yes, funding periods can vary in length within a participant's plan. For example, a participant's plan might have funding periods of one, 3, 6, or 12 months.

A participant may also have one funding component amount with 3-month funding periods and another component amount with shorter, one-month funding periods.

Most plans will have more than one funding period. If a participant's plan lasts longer than 12 months, they will always have more than one funding period.

Each funding period will start immediately after the previous one, ensuring the participant won't be left without funding.

The participant's plan will show whether funding periods apply to the whole plan or to specific funding component amounts. It will also list the dates each funding period starts and ends as well as how much funding can be used during each period.

For plans that already have a 12-month funding period and are continued without reassessment, the 12-month funding period will remain the same. Participants can continue using their funding as they currently do. Funding periods generally won't change until the plan is reassessed.

When will a participant receive their funding?

Funding is usually spread evenly across a participant's plan to help manage supports throughout the length of their plan. For example, if a participant has a 12-month plan with 3-month funding periods, they'll typically get 25% of their funding at the start of each period.

Some supports may be funded differently:

- daily supports (like in-home care) consider the number of days in each period, including weekends and holidays.
- one-off or setup supports (like assistive technology, home/vehicle modifications, or medium-term accommodation) may be fully funded at the start or when needed. Unused funds can roll over to the next period.
- enteral feeding products are funded for 12 months at the start of each year.

Participants might also get more funding upfront for:

- behaviour support planning
- changing needs or situations (e.g. hospital discharge)
- intensive capacity building
- bulk buying consumables (e.g. continence products).

How are funding periods managed?

Funding periods are managed based on the participant's chosen plan management option, offering flexibility to suit individual needs:

- Self-managed - the participant manages their funding and spends it according to their plan and within their funding periods.
- Plan managed - a registered plan manager manages the participant's funding and helps ensure it is used correctly within the funding periods.
- Agency-managed - the NDIA manages the participant's funding, ensuring it is spent in line with their plan and within their funding periods.

Where possible, this approach ensures that participants can choose the plan management type that works best for them, while also ensuring funding is used effectively across the funding periods.

How can providers help participants manage their budgets?

Support coordinators should work with participants at the start of their plan to establish a schedule of support that can be delivered within the funding allocated to each period. This ensures that supports can be provided consistently throughout the funding period.

Plan Managers will support participants to spend in accordance with their plan including within funding periods.

Providers must only deliver supports that are within the available funding for each period, and claims should be submitted promptly after services are delivered.

How will participants and providers see funding periods?

Participants will be able to see their funding periods in the participant portal, the NDIS app, and their plan document. They will have access to information about how much funding is available, how much has been used, and when the next amount will be available.

With the participant's consent, Plan Managers and Support Coordinators will also be able to view this information in the provider portal.

Can a provider claim across 2 funding periods?

Yes, a provider can claim for services delivered in a previous funding period, as long as the dates of the invoice fall within the plan. The current funding period must have sufficient remaining or unspent funds rolled over from the previous period to cover the claim.

What types of supports may have different funding periods?

Some supports may have different funding periods based on how they are delivered. For example, high-cost regular supports like Supported Independent Living (SIL) may have monthly funding periods to align with service delivery. In some cases, participants may need more funding upfront, for example, to purchase assistive technology like a custom wheelchair. In these cases, more funding will be available at the start of the plan.

Where can participants and providers see details of funding periods?

Funding periods will be visible in:

- the participant portal
- the my NDIS app
- the plan document.

Participants will be able to see:

- how much funding is available in each period
- how much has been used
- how much funding has been released in the plan so far
- when the next amount will become available.

Plan managers and support coordinators (with the participant's consent), can see funding period information in the NDIS provider portal.

Can participants request a review of a decision about the funding periods and total budget amounts in their plan?

If a participant is not happy with the funding periods and total budget amounts in their plan, they can request an internal review of their plan.

Why is capacity building not flexible with core?

The way plans are built and funding allocated across core, capacity building and capital budgets is not changing until the new planning framework commences. This includes no changes to flexibility within and across these budgets.

How will people who are Agency-managed have the same level of support and choice?

There are no changes regarding access to registered or unregistered providers as a result of the legislation changes.

We will help participants and nominees understand these changes and implement their plans. Participants can continue to access plan implementation support from their My NDIS Contact or, support coordinator, plan manager or other services such as recovery coaches if they are funded in their plan. Plan managers and support coordinators are expected to provide assistance to the participant to understand their funding options and choices.

If the participant needs additional assistance because of their supported decision making needs, they can ask for capacity building funding in their plan.

If participants want to access more flexibility with the ability to choose unregistered providers, they can have a discussion about their plan management type with their planner or local area coordinator.

Each plan can continue to have a mix of plan management types based on an individual participant's needs and preferences.

Training for NDIA staff on supported decision making has been designed and will begin to be delivered from November 2024. This will assist planners to prioritise supported decision making when having discussions with participants.

Can a participant negotiate to 'unstate' a support during planning?

The purpose of stating supports in a participant's plan is to ensure specific disability needs are addressed.

It is therefore not something that would generally be changed in the planning process.

Is there going to be enough flexibility in these arrangements to enable plans to work for people with volatile needs?

The way plans are built and funding allocated across core, capacity building and capital budgets is not changing until the new planning framework commences. This includes no changes to flexibility within and across these budgets.

Participants will continue to be able to make change requests when their circumstances change. This includes requesting a variation for crisis or emergency funding as a result of a significant change to the participant's support needs.

As well as there being s10 rules around allowable supports in place, will there be any restrictions on choice of registered providers for home and living supports?

The NDIS Provider and Worker Registration Taskforce recently provided advice to the Government on the design and implementation of a new regulatory model.

The Taskforce made 11 recommendations and 10 implementation actions covering provider and worker registration, some of which required an immediate response and others that will be designed with close consultation with the disability community. The Taskforce conducted thorough consultation, and this important process will continue.

The NDIS Quality and Safeguards Commission will progress Rule changes to mandate registration for support coordination, platform providers and SIL. Consultation on these changes will commence shortly. The new Rules will allow for a period of transition to the new mandatory registration arrangements.

Currently, if a participant's plan is Agency-managed, there are some constraints in place, including that they must purchase from registered NDIS providers only.

Under the SDA Rules, SDA providers must also be registered.

Why do supports need to be listed in separate components?

A funding component amount in a plan might include funding for more than one support category. This means a participant can choose how to spend their funding across all the supports under that funding component amount.

For example, in the same funding component amount we can include any funding for:

- transport
- consumables
- assistance with daily life
- assistance with social, economic and community participation.

Eligibility reassessments (s30)

Eligibility reassessment information can be found on the following webpages

- [What is an Eligibility Reassessment](#)
- [Guide to Eligibility Reassessments](#)

Access (s21)

Applying to the NDIS information can be found on the following webpages

Applying to the NDIS information can be found on [Our Guidelines](#) webpage.

Additional resources include:

- [Applying to access the NDIS](#)
- [How to apply](#)
- [What is an Access Request Form?](#)

Plan management decisions (s44)

Plan management information and resources can be found on the following webpages

- [Plan Management](#)
- [Ways to manage your funding](#)

Plan variations and reassessments (s47 and s48)

Plan variations and reassessments can be found on the following webpage

- [Changing you plan](#)

Notice of impairments (s32BA)

What is a Notice of Impairments?

Currently, all new participants to the NDIS receive an access decision letter which says if access was met under the disability requirements, the early intervention requirements, or both.

From 1 January 2025, new participants will receive clearer information about how they meet the disability or early intervention requirements. This will include their category of impairment.

The change was recommended by the NDIS Review, and requests from participants for more clarity and transparency about the basis of their access.

There are 6 impairment categories listed in the NDIS Act.

These are:

- intellectual
- cognitive
- sensory
- neurological
- physical
- impairments relating to a psychosocial disability.

The categories and their definitions are outlined in the operational guideline – [Applying to the NDIS](#) document available on the NDIS website.

For children younger than 6 years old who meet the criteria for developmental delay, the information will say they are eligible under the early intervention requirements with developmental delay.

Why is the NDIS introducing Notice of Impairments?

Providing this information to participants gives them clearer information about how they meet the disability or early intervention requirements.

It responds to NDIS Review recommendations, and requests from participants to have more clarity and transparency about the basis of their access to the NDIS.

This approach also recognises that people with disability who have the same diagnosis may have different impairments and support needs.

What does it mean for me as a new participant (application submitted on or after 1 January 2025)?

Currently, all new participants receive an access decision letter, which says if access was met under the disability requirements, the early intervention requirements, or both.

From 1 January, new participants will receive clearer information about how they meet the disability or early intervention requirements. This will include their category of impairment.

The change was recommended by the NDIS Review, and requests from participants for more clarity and transparency about the basis of their access.

What does it mean for me as an existing participant?

As an existing participant, there is nothing you need to do right now.

We will work with existing participants to make sure they have the information they need ahead of any changes.

What happens if I want to change my category/categories?

A participant, or their nominee, can apply to vary their impairment category at any time after meeting access if it is not, or is no longer, correct.

The type of evidence that is required to support an application will depend on the reason the participant is seeking to vary the information and the evidence that has already been provided.

If the NDIA varies the impairment category, this will be reflected in the participant's information. If a participant does not agree with the NDIA's decision to vary or not to vary their impairment category,

they can ask for a review of the decision.

Providers

What is providers' responsibility when delivering supports?

Providers are responsible for delivering supports in line with the participant's plan. This includes confirming the participant's plan has sufficient funding within each funding period and support category to meet their needs.

This requirement has not changed with the introduction of funding periods.

How should providers schedule and claim for supports?

Providers should schedule and claim for supports within the participant's available budget and funding periods. Claims submitted within a funding period where funds have been exhausted will be rejected.

If there are unspent funds within a funding period, these funds will roll over into the next funding period. This roll over ensures that participants can continue to access supports if they did not fully use their funding in the previous funding period.

Can a provider claim across multiple funding periods?

Yes. If a service spans multiple funding periods, providers are not required to lodge separate claims. As long as there is enough budget in both funding periods to cover the full amount, a claim can be submitted for the entire service.

Claims will be processed based on the available budget, regardless of the support dates.

Why is it important for providers to avoid over servicing?

Over servicing occurs when services are delivered beyond the allocated budget for a given funding period, with the expectation that the claim will be paid using the next funding period's allocation. While this may seem convenient, it creates risk. If a provider delivers more services than funded in a period, there may not be sufficient funding to cover the participant's support requirements for the duration of their plan.

Under NDIS legislation, claims exceeding the available funding in a support category in the current funding period cannot be paid.

To ensure both providers and participants are protected, it is essential to deliver services within the participant's budget and funding periods. Avoiding over-servicing, especially if funding is nearing its limit, ensures continuity of supports and prevents financial risks for participants and providers.

What if a participants' needs change?

Participants can request changes to their funding periods if their needs change, such as if they need more or less support. They will need to submit a plan change request and provide information explaining why the change is necessary. The NDIS will review the request and where appropriate, work with the participant to adjust their plan.

Plan variations

If a participant's overall support needs haven't changed, but they need to adjust how the funds are used over time (for example, to access a temporary increase in funding for a program like intensive capacity building or early intervention), they may request a plan variation. This allows funds to be reallocated within the current period, with less funding allocated to later periods.

This process does not require a full plan reassessment, but careful budgeting is necessary, as less funding will be available in later periods. The total funding amount will remain unchanged.

In some cases, if a participant knows in advance that they will need additional support (such as early intervention), their plan can be frontloaded, giving them more funding early on so they don't need to return to the Agency if their needs change during the plan.

Plan reassessments

Plan reassessments are when we create a whole new plan with a participant, that has a new plan end date. Reassessments provide a more detailed review of a participants plan if they have more significant changes to their current circumstances, to ensure funding and supports continue to meet their needs over time.

The process for requesting a change to a plan has not changed with the introduction of funding periods.

How can providers register for community participation?

Providers can register by visiting the [NDIS Quality and Safeguards Commission](#) website and following the registration process.

How do providers and plan managers claim replacement supports?

Providers and plan managers must not provide or claim a replacement support for a participant without evidence of approval.

For more information, visit [claims and payments](#).

More information

If you have more questions about the changes to the NDIS, you can go to:

- [Improving the NDIS](#) webpage
- [Department of Health, Disability and Ageing](#) website
- Or [contact us](#) for any supports and services assistance.

Get involved

Your feedback is important to us. Visit [NDIS Engage](#) for opportunities to get involved.

This page current as of
21 May 2026