



**NDIS Quality
and Safeguards
Commission**

OWN MOTION INQUIRY INTO SUPPORT COORDINATION AND PLAN MANAGEMENT PART 1

[August 2023]

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Commissioner's foreword



Support coordination and plan management are 'intermediary' supports in the National Disability Insurance Scheme (**NDIS**). They are intended to support the participant to work towards their goals and to participate more fully in the community. A good support coordinator should help a participant with more complex needs to engage and manage the right NDIS supports and to connect to other mainstream and community supports, while a good plan manager should help a participant to manage their NDIS funds and pay their NDIS providers.

Good intermediaries can make a significant contribution to good outcomes for the participant. However, complaints and reportable incident notifications made to the NDIS Quality and Safeguards Commission (**NDIS Commission**) indicate that unscrupulous or poor quality intermediaries can leave the participant unsupported and unable to work towards their goals.

Participants need good quality intermediary supports delivered by providers that put the interests of participants first. I have determined that support coordination and plan management should be examined in an Own Motion Inquiry (**Inquiry**) to identify the problems and strengths in support coordination and plan management and to ensure that the regulatory settings encourage good quality and prevent unethical behaviour.

This Inquiry will be undertaken in two parts. Part 1, which is documented in this report, examines the NDIS Commission's complaints and reportable incidents data to identify quality and safeguarding concerns in support coordination and plan management, and to identify the positive contribution good support coordination and plan management can make to quality and safeguarding in the NDIS.

Part 2 of the Inquiry will consider whether the NDIS Commission should make any changes to how it regulates support coordination and plan management to address any quality and safeguarding concerns identified in Part 1 of the Inquiry and to support the positive contribution made by good support coordination and plan management.

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (**Disability Royal Commission**) is due to provide its final report to the Governor-General by 29 September 2023, and the independent NDIS Review is due to report to the Disability Reform Ministers Council in October 2023. As both of these inquiries may make recommendations that, if accepted by governments, could affect quality and safeguarding regulation in the NDIS, the NDIS Commission will delay conducting Part 2 of the Inquiry until after the Disability Royal Commission and the independent NDIS Review have reported.

I encourage participants, providers and other interested parties to consider the data and analysis in Part 1 of the Inquiry, which is published in this report. The NDIS Commission will be keen to engage with all stakeholders on possible regulatory changes once the implications of any relevant recommendations of the Disability Royal Commission and the independent NDIS Review become clear.

A handwritten signature in blue ink that reads "Tracy Mackey".

Tracy Mackey
NDIS Quality and Safeguards Commissioner

Key insights

Support coordination

- 45 per cent of active participants in the NDIS have support coordination in their NDIS plans.
- Providers of support coordination are not required to be registered NDIS providers. However, around 85 per cent of payments (by value) for support coordination were made to registered NDIS providers in the March 2023 quarter.
- 43 per cent of complaints made to the NDIS Commission about support coordinators since 1 January 2022 raised integrity concerns, including:
 - conflicts of interest
 - denying participants' choice and control
 - coercion and sharp practices
 - crossing professional boundaries.
- 87 per cent of complaints made to the NDIS Commission about support coordinators since 1 January 2022 raised care and skill concerns, including:
 - inadequate supports being provided
 - poor communication
 - errors in relation to NDIS requirements
 - overcharging
 - inadequate or inappropriate responses to concerns being raised
 - depletion of the participant's NDIS funds
 - cessation of support coordination supports
 - other matters including breaches of privacy, verbal abuse and exclusion of informal or other supports.
- Support coordinators also made positive contributions to quality and safeguarding, including by making complaints to the NDIS Commission about other NDIS providers and workers that raised safeguarding, integrity and care and skill concerns.
- The NDIS Commission's reportable incidents notifications since 1 January 2022 record both concerns about support coordinators and positive contributions by support coordinators, including:
 - 108 notifications containing allegations against a support coordinator, including allegations of fraud, neglect, crossing professional boundaries, coercion and abuse

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- 181 notifications where the support coordinator informed the provider of the incident or allegation which then prompted that provider to notify the NDIS Commission of a reportable incident
 - 170 notifications where the support coordinator was recorded as taking action to assist participants in responding to the incident or allegation.

Plan management

- 60 per cent of active participants in the NDIS use plan management.
 - Plan management is growing. In the two years ending in the June 2023 quarter:
 - the proportion of participants who use a plan manager has increased from 49 per cent to 60 per cent of participants
 - payments managed by a plan manager have increased from 38 per cent to 53 per cent of total payments.
 - Plan management providers are required to be registered NDIS providers and are assessed against the Verification Module of the NDIS Practice Standards, which applies to lower risk classes of supports.
 - 1,219 plan management providers were active in the June 2023 quarter.
 - The 10 largest plan managers hold almost 40 per cent market share for plan management supports.
 - 61 per cent of complaints made to the NDIS Commission about the 10 largest plan managers raised payment or non-payment concerns, including non-payments, wrong payments, late payments and over-payments.
 - 20 per cent of complaints made to the NDIS Commission about the 10 largest plan managers raised issues of participant supports and NDIS funds, including:
 - participants being left without adequate supports
 - depletion of funds
 - under-utilisation of funds.
 - 22 per cent of complaints made to the NDIS Commission about the 10 largest plan managers raised issues of sharp practices, including:
 - sharp practices such as inducements
 - provisions in service agreements
 - denying participants' choice and control.
 - 67 per cent of complaints made to the NDIS Commission about the 10 largest plan managers raised other quality concerns, including:
 - poor or no communication
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- poor or no complaints handling
 - poor invoicing and accounting practices
 - other matters including general poor service, breach of privacy, overcharging, refusing to provide services or terminating services, and verbal abuse.
 - Similar concerns were raised in complaints made to the NDIS Commission about other plan managers since 1 January 2022. 38 per cent of these complaints about smaller plan managers raised concerns about conflicts of interest, sharp practices and denial of the participant’s choice and control.
 - Plan managers also made positive contributions to quality and safeguarding, including by making “third party” notifications of reportable incidents about incidents or allegations occurring in connection with provision of other NDIS supports or services.
 - The 10 largest plan managers notified the NDIS Commission of a number of reportable incidents, including:
 - 37 notifications containing allegations of abuse by other providers or the participant’s informal supports
 - 9 notifications containing allegations of neglect by other providers
 - 5 notifications containing allegations of serious injury by other providers, third parties or through self-harm
 - 5 notifications containing allegations of sexual misconduct or unlawful sexual contact by others.

1. Introduction

1.1 The importance of support coordination and plan management

Support coordinators and plan managers should play an important role in helping participants to make good use of their NDIS plans so as to work towards achieving their goals. A good support coordinator should help a participant with more complex needs to engage and manage the right NDIS supports and to connect to other mainstream and community supports, while a good plan manager should help a participant to manage their NDIS funds and pay their NDIS providers.

Support coordinators and plan managers can make a significant contribution to good outcomes for the participant. Some support coordinators and plan managers provide good quality supports, respecting the rights of participants, providing supports with care and skill and acting with integrity.

However, complaints and reportable incident notifications to the NDIS Commission reveal that some support coordinators and plan managers are not providing good quality supports. Some support coordinators and plan managers are not acting with integrity but are instead engaging in sharp practices that exploit participants and effectively prevent them from obtaining the high quality NDIS supports that they need. Unscrupulous or poor quality support coordinators and plan managers can leave the participant unsupported and unable to work towards their goals.

Support coordinators and plan managers are ‘intermediaries’ in the NDIS. They provide supports to participants to facilitate their dealings with other NDIS providers and, in some cases, mainstream supports and the community. Support coordinators and plan managers can play important roles in safeguarding participants by taking action, including raising concerns, when other supports are not safe or effective for participants. Complaints by support coordinators and plan managers to the NDIS Commission, and reportable incident notifications made by plan managers, demonstrate that some support coordinators and plan managers take steps to safeguard participants by raising concerns with the NDIS Commission, the regulator of quality and safeguarding in the NDIS.

However, some support coordinators and plan managers expose participants to significant risks if they:

- fail to act with integrity;
- favour their own interests or the interests of their associates over the interests of participants;
- fail to respect the rights of participants; or
- fail to provide supports with care and skill.

Support coordination and plan management have grown in size and significance in the NDIS market. 45 per cent of participants now have support coordination in their NDIS plans. 60 per cent of participants use a plan manager to manage their NDIS plan, and this has grown from 49 per cent in the last two years.¹

¹ June 2023, NDIS Quarterly Report to disability ministers.

It is important for good participant outcomes that support coordination and plan management:

- are of high quality;
- are provided with integrity, care and skill; and
- realise their potential to contribute to participant safeguarding.

Taking action to address issues of quality and integrity in support coordination and plan management will help to ensure that all support coordinators and plan managers in the NDIS perform their roles well, for the benefit of participants who receive support coordination and plan management and to help realise the goals of the NDIS.

1.2 Terms of reference for the Inquiry

The Commissioner has determined that this Inquiry is to be conducted in two parts as follows:

- Part 1 of the Inquiry is to examine relevant complaints and reportable incident notifications received by the NDIS Commission in relation to support coordination and plan management to identify:
 - quality and safeguarding concerns being raised in relation to support coordination and plan management; and
 - positive contributions good support coordination and plan management are making to quality and safeguarding in the NDIS.
- Part 2 of the Inquiry is to examine whether the NDIS Commission should make any changes to how it regulates support coordination and plan management to:
 - address any quality and safeguarding concerns identified in Part 1 of the Inquiry; and
 - support the positive contributions made by good support coordination and plan management identified in Part 1 of the Inquiry.

This report contains Part 1 of the Inquiry. The Commissioner has determined that Part 1 of the Inquiry should be made public now so that the data and analysis is available to participants, providers and other interested parties.

The NDIS Commission will not undertake Part 2 of the Inquiry until the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (the Disability Royal Commission) and the independent NDIS Review have reported.

The Disability Royal Commission is due to provide its Final report to the Governor-General by 29 September 2023, and the independent NDIS Review is due to report to the Disability Reform Ministers Council in October 2023. These inquiries may make recommendations that, if accepted by governments, could affect quality and safeguarding regulation in the NDIS, including regulation of support coordination and plan management. The Commissioner has determined that the NDIS Commission should delay conducting Part 2 of the Inquiry until after the Disability Royal Commission and the independent NDIS Review have reported.

1.3 Data analysed in Part 1 of the Inquiry

The NDIS Commission has received more complaints about support coordination than plan management. Given the larger number of complaints about support coordination, the NDIS Commission has focused on data since 1 January 2022 for support coordination. Focusing on more recent complaints and reportable incidents data ensures that the concerns and positive contributions identified are current, while still providing a large number of complaints and reportable incidents notifications to analyse.

For support coordination, the NDIS Commission has examined:

- 460 complaints about support coordinators made to the NDIS Commission since 1 January 2022;
- 40 complaints made by support coordinators to the NDIS Commission since 1 January 2022 raising concerns about a participant's other supports; and
- 1,507 reportable incidents involving support coordination which were notified to the NDIS Commission since 1 January 2022.

The plan management market is dominated by a small number of large providers of plan management, with a large number of much smaller providers. Although there are more than 1,100 plan managers, the 10 plan managers that provide plan management to the largest number of participants hold almost 40 per cent of the plan management market. The 'top 10' plan managers are generally plan management specialists and they provide virtually no other classes of support in the NDIS. In contrast, plan management represents a smaller proportion of the NDIS revenue for many of the smaller providers, many of which receive most of their NDIS revenue for classes of support other than plan management.

For plan management, the NDIS Commission has examined:

- 384 complaints relating to plan management provided by the 10 largest plan managers (determined by reference to National Disability Insurance Agency (NDIA) payments data) made since 1 July 2018;
- 65 complaints relating to plan management provider by smaller plan managers (being plan managers other than the 10 largest plan managers) made to the NDIS Commission since 1 July 2022; and
- 285 reportable incident notifications made by the 10 largest plan managers since 1 July 2018.

The data and analysis is set out in parts 4 and 5 of this report.

1.4 Emerging concerns

Although the data and analysis in this report focuses on more recent complaints and reportable incident notifications, particularly in relation to support coordination, concerns about support coordination and plan management have emerged and grown since 2020. In particular, while individual concerns have been raised about support coordination and plan management since the NDIS Commission commenced operating in July 2018, the nature of concerns began to change in 2020 and 2021 when increasing numbers of complaints raised concerns about conflicts of interest, sharp practices and patterns of unscrupulous behaviour.

For example, during 2020 and 2021, the NDIS Commission began to see issues emerge through its complaints, reportable incidents, registration and compliance activities which raised quality and safeguarding concerns for NDIS participants who were living in supported residential services (SRS) in Victoria.

As the NDIS Commission identified common themes and patterns across these complaints, reportable incidents, registration and compliance activities and developed a strategy to coordinate its regulatory activity in relation to SRS, it became clear that support coordination and plan management could be significant either in helping to safeguard participants or in exposing participants to exploitation and increased risk of other harms.

In a number of cases, participants who had support coordinators who were associated with the SRS proprietor and providers of their other NDIS supports, found it very difficult to raise concerns that they were not receiving the supports for which they were paying. There was very little transparency in the arrangements and they found their NDIS funds depleted without receiving adequate supports. They were not supported to look for more suitable options. In some cases, a participant's plan management supports were also provided by the SRS proprietor or an associated entity, which raised similar difficulties for participants as those experienced when support coordination was provided by the SRS proprietor or an associated entity.

Where participants had support coordinators who were independent of the SRS proprietors and associated entities, those support coordinators were able to raise concerns and support the participant to exercise choice and control and resist the pressure they were being placed under to change to a support coordinator associated with the SRS proprietor. They were able to support the participant to question the adequacy of their other NDIS supports and to consider whether there were other more suitable options for the participant's accommodation and NDIS supports.

When the NDIS Commission obtained information in relation to SRS complaints, it found that a number of plan managers were able to provide relevant invoicing and payment information quickly in response to NDIS Commission requests. However, it did not appear that plan managers had clear or consistent arrangements in place to ensure that participants were only paying for supports that they actually received.

Participants' experiences in SRS and the NDIS Commission's actions in responding to complaints and incidents brought into sharp focus:

- the risks of having support coordination and plan management supports provided by the same entity that provides other NDIS and non-NDIS supports to the participant, or a person or entity closely associated with them; and
- the benefits of having support coordination and plan management provided independently of a participant's other NDIS and non-NDIS supports so that the support coordinator and manager can support participants to identify any shortcomings in their other supports, to raise concerns and to consider whether their other providers are delivering the supports they need to achieve their goals.

The Disability Royal Commission examined issues in relation to SRS in Victoria in August and September 2022 when in Public hearing 26. The Commissioner and the Special Advisor to the Commissioner gave written and oral evidence in that hearing. A number of other stakeholders raised concerns about SRS in that hearing.

The Fraud Fusion Taskforce was established in November 2022 as a partnership between 15 government agencies, including the NDIS Commission and the NDIA, to combat fraud in the NDIS. The work of the Fraud Fusion Taskforce, and the earlier work undertaken between the NDIA, the NDIS Commission and other agencies, has also identified a number of fraud and integrity concerns in relation to support coordination and plan management.

Together with the data and analysis in this report of Part 1 of the Inquiry, the emerging and growing concerns in relation to support coordination and plan management outlined above will help to inform the NDIS Commission's further consideration of quality and safeguarding regulation of support coordination and plan management, including in Part 2 of the Inquiry.

2. Support coordination in the NDIS

2.1 The role and regulation of support coordination

2.1.1 The role of support coordination

Support coordination is intended to help a participant to use their NDIS plan. It is a capacity building support, as opposed to a core support or a capital support, which is intended to help a participant to:

- understand and use their NDIS plan to pursue their goals;
- connect with NDIS providers, community, mainstream and other government services; and
- build their confidence and skills to use and coordinate their supports.

There are three levels of support coordination that can be included in a participant's plan as follows:²

- **Support connection:** This support is to build the participant's ability to connect with informal, community and funded supports enabling them to get the most out of their plan and pursue their goals.
- **Support coordination:** This support will assist a participant to build the skills they need to understand and use their plan. A support coordinator will work with the participant to ensure a mix of supports are used to increase the participant's capacity to maintain relationships, manage service delivery tasks, live more independently and be included in their community.
- **Specialist support coordination:** This is a higher level of support coordination. It is for participants whose situations are more complex and who need specialist support. A specialist support coordinator will assist a participant to manage challenges in their support environment and ensure consistent delivery of service.

Where it is considered reasonable and necessary for a participant to pursue their goals, support coordination will be included in the participant's NDIS plan as part of their capacity building budget. The participant's plan will include a fixed amount for support coordination. If the plan states the

² See information provided on the NDIA's website: [Support coordination | NDIS](#)

level of support coordination funded (support connection, support coordination or specialist support coordination), the participant can only purchase the stated level of support coordination. If the plan does not state the level of support coordination funded, the participant can choose to purchase the level of support coordination to suit their needs.

In 2020 and 2021, the NDIA conducted a consultation process to improve support coordination for participants.³ The NDIA reported that consultation feedback broadly agreed on the following four key roles of a support coordinator:

- Help participants connect to NDIS and other supports.
- Build a participant's capacity and capability to understand their plan, navigate the NDIS and make their own decisions
- Broker supports and services in line with participant wishes and their plan budget
- Monitor plan budgets and support effectiveness.

At the end of Q2 2022-23, the NDIA delivered targeted information sessions to build support coordinators' knowledge and understanding of their role, specifically in NDIS home and living supports and working in remote communities. The NDIA has indicated that it will continue to deliver information sessions to improve support coordination capability and awareness throughout 2023.⁴

The NDIA has also begun an in-depth review of the roles, functions, responsibilities and accountabilities of support coordinators arising from the Annual Pricing Review 2021-22 recommendations, which will also take account of the NDIS Review.⁵

2.1.2 Current regulation of support coordination

The Disability Royal Commission and the independent NDIS Review may make recommendations that, if accepted by governments, could affect quality and safeguarding regulation in the NDIS, including regulation of support coordination. This is why the NDIS Commission will not undertake Part 2 of the Inquiry until the Disability Royal Commission and the independent NDIS Review have reported.

Pending any changes to regulation arising from the work of the Disability Royal Commission and the independent NDIS Review, the NDIS Commission currently regulates the quality and safety of support coordination under:

- the **NDIS Code of Conduct**: All NDIS providers, whether registered or unregistered, and persons employed or otherwise engaged by an NDIS provider are covered by the NDIS Code of Conduct and are required to comply with the NDIS Code of Conduct. This includes all support coordination providers and all workers who provide support coordination; and

³ See information provided on the NDIA's website: [Improving Support Coordination for Participants | NDIS](#)

⁴ March 2023, NDIS Quarterly Report to disability ministers, p. 108.

⁵ March 2023, NDIS Quarterly Report to disability ministers, p. 55.

- the **NDIS Practice Standards**:

- Registered NDIS providers that are registered to provide support coordination (which is included in the class of supports ‘*assistance in coordinating or managing life stages, transitions and supports*’) must be assessed by an approved quality auditor through a certification audit as complying with the Core Module of the NDIS Practice Standards and, to remain registered, must continue to comply with the Core Module of the NDIS Practice Standards; and
- Registered NDIS providers that are registered to provide specialist support coordination must be assessed by an approved quality auditor through a certification audit as complying with both the Core Module and the Specialised Support Coordination Module of the NDIS Practice Standards and, to remain registered, must continue to comply with the Core Module and the Specialised Support Coordination Module of the NDIS Practice Standards.

The NDIS Code of Conduct requires that, in providing supports or services to people with disability, support coordination providers and workers must:

- (a) act with respect for individual rights to freedom of expression, self-determination and decision-making in accordance with applicable laws and conventions; and*
- (b) respect the privacy of people with disability; and*
- (c) provide supports and services in a safe and competent manner, with care and skill; and*
- (d) act with integrity, honesty and transparency; and*
- (e) promptly take steps to raise and act on concerns about matters that may impact the quality and safety of supports and services provided to people with disability; and*
- (f) take all reasonable steps to prevent and respond to all forms of violence against, and exploitation, neglect and abuse of, people with disability; and*
- (g) take all reasonable steps to prevent and respond to sexual misconduct.*

The NDIS Code of Conduct promotes safe and ethical service delivery by setting out expectations for how NDIS providers and workers will act in providing NDIS supports and services to participants. Together with the guidance material published by the NDIS Commission, the NDIS Code of Conduct helps to inform participants about what they are entitled to expect from NDIS providers and workers and NDIS providers and workers about what is required of them as they provide NDIS supports and services.

The NDIS Practice Standards are modular and address both generic and specialist aspects of practice specific to the environment of the NDIS. Each standard is defined by an outcome statement that focuses on the experience of the participant. Each standard is supported by a series of quality indicators that set out how the outcome might be achieved, again focusing on the participant. The quality indicators are in the *National Disability Insurance Scheme (Quality Indicators for NDIS Practice Standards) Guidelines 2018 (Cth) (Quality Indicators Guidelines)*.

The Core Module of the NDIS Practice Standards covers registered NDIS providers’ obligations in relation to:

- rights of participants and responsibilities of providers;
- provider governance and operational management
- the provision of supports, and

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- the environment in which supports are provided.

The Specialised Support Coordination Module of the NDIS Practice Standards covers specialist support coordination providers' obligations in relation to:

- specialised support coordination;
- management of supports; and
- conflict of interest.

For each practice standard, the Quality Indicators Guidelines set out the indicators that the provider should demonstrate are met in order to be assessed as complying with the relevant practice standard.

The NDIS Commission enforces the regulatory requirements contained in the NDIS Code of Conduct and the NDIS Practice Standards through all of the Commissioner's functions, particularly the registration and reportable incident functions and the complaints functions. The NDIS Commission undertakes investigations and takes compliance and enforcement action as required to enforce the regulatory requirements.

NDIS Commission data shows that:

- 5,303 NDIS providers are registered to provide the class of supports 'assistance in coordinating or managing life stages, transitions and supports'. While many of these registered NDIS providers will provide support coordination, some will provide others types of supports that are covered by this class of support, such as psychosocial recovery coaching, life transition planning, exploration and design of individualise living options and assistance with decision-making, daily planning and budgeting; and
- 1,780 NDIS providers are registered to provide 'specialised support coordination'.

2.1.3 Voluntary standards of practice

In December 2021, Disability Intermediaries Australia Limited (**DIA**) published standards of practice for its members in relation to support coordination, *Professional Standards of Practice. Support Coordination*. The standards of practice are expressed to be effective from 1 March 2022.

The standards of practice state that "DIA members are expected to act in accordance with these Professional Standards of Practice". The standards of practice contain both mandatory requirements (what members 'must' do) and expected or recommended practice (what members 'should' do). Members should only depart from expected or recommended practice for a "justifiable good reason".

The standards of practice address a number of issues, including some quality issues and some integrity issues, including conflicts of interest. The NDIS Commission and the NDIA contributed to DIA's work in developing the standards of practice.

2.1.4 Participants with support coordination

As at June 2023, approximately 276,000 participants in the NDIS had support coordination in their NDIS plan. They represent 45 per cent of active participants in the NDIS.⁶

Participants with support coordination in their NDIS plans most commonly had a primary disability of autism (24 per cent of participants with support coordination), followed by psycho-social disability (21 per cent of participants with support coordination) and intellectual disability (20 per cent of participants with support coordination), as set out in the following table.

Primary disability group	Percentage of participants with support coordination
Acquired Brain Injury (ABI)	6%
Autism	24%
Cerebral Palsy	3%
Developmental delay	3%
Down Syndrome	2%
Global developmental delay	1%
Hearing Impairment	2%
Intellectual Disability	20%
Multiple Sclerosis	3%
Other	2%
Other Neurological	6%
Other Physical	3%
Other Sensory/Speech	≤ 1%
Psychosocial disability	21%
Spinal Cord Injury	1%
Stroke	2%
Visual Impairment	1%
Total	100%

2.1.5 Providers of support coordination

For the year ending 30 June 2023, total payments for support coordination were \$947 million, and total annualised committed supports for support coordination were \$1,289 million.⁷

In the March 2023 NDIS Quarterly Report to disability ministers, the NDIA reported that total payments for support coordination in the March 2023 quarter were \$234 million.⁸

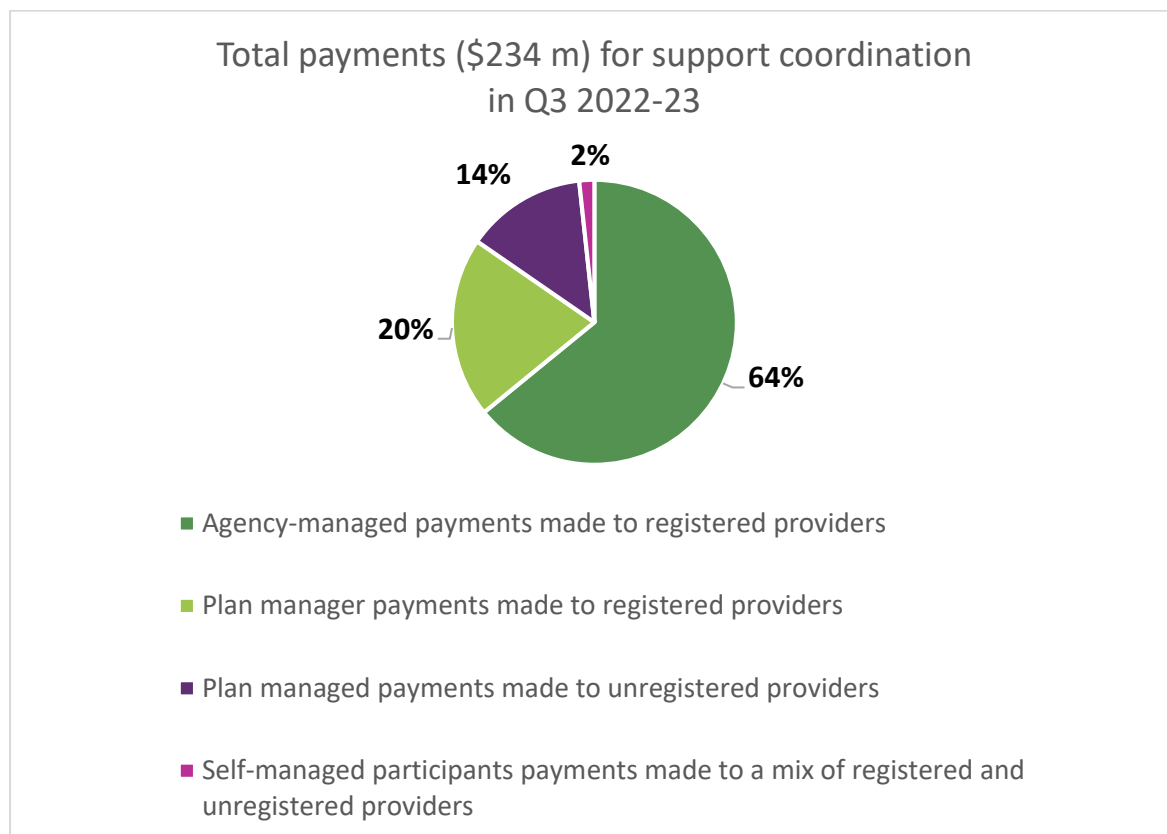
⁶ June 2023, NDIS Quarterly Report to disability ministers, Appendix E, Table E.117: Distribution of active participants by support coordination and quarter of plan approval – National.

⁷ June 2023, NDIS Quarterly Report to disability ministers, p. 85, Tables D.27 and D.26.

⁸ March 2023, NDIS Quarterly Report to disability ministers, p. 90.

Around 85 per cent of these payments (by value) were made to registered NDIS providers:⁹

- 64 per cent (\$150m) were Agency-managed, and so were made to registered NDIS providers;
- 34 per cent (\$80m) were made by a plan manager, of which:
 - 60 per cent (\$48m) were made to registered NDIS providers; and
 - 40 per cent (\$32m) were made to unregistered NDIS providers;
- 2 per cent of these payments (\$4m) were made by self-managed participants, and may have been made to a mix of registered and unregistered NDIS providers.



As noted in section 2.1.2 above, there are 5,303 registered NDIS providers registered to provide assistance with coordinating or managing life stages, transitions or supports, which includes support coordination supports.

There are 1,780 registered NDIS providers that are registered to provide specialist support coordination. Almost all of these providers are also registered to provide other classes of support, including providing assistance with coordinating or managing life stages, transitions or supports, therapeutic supports and plan management.

⁹ March 2023, NDIS Quarterly Report to disability ministers, p. 90.

The NDIA has reported that 3,339 providers registered to provide assistance in coordinating or managing life stages, transitions and support and 928 providers registered to provide specialised support coordination¹⁰ were active in the June 2023 quarter.¹¹

2.2 Data and analysis – support coordination

2.2.1 Introduction

Given the relatively large number of complaints made to the NDIS Commission about support coordination, the NDIS Commission has focused on data since 1 January 2022 for the purposes of considering support coordination in this Inquiry. Focusing on more recent complaints and reportable incidents data ensures that the concerns and positive contributions identified are current, while still providing a sufficiently large number of complaints and reportable incidents notifications to analyse.

The NDIS Commission has examined:

- 460 complaints about support coordinators made to the NDIS Commission since 1 January 2022 – discussed in section 2.2.2 below;
- 40 complaints made by support coordinators to the NDIS Commission since 1 January 2022 raising concerns about a participant’s other supports – discussed in section 2.2.3 below; and
- 1,507 reportable incidents involving support coordination which were notified to the NDIS Commission since 1 January 2022 – discussed in section 2.2.4 below.

The complaints about support coordinators are an important source of information for the NDIS Commission about the types of concerns that participants and others have about support coordination. Some of the complaints about support coordinators were made by other support coordinators. Together with the complaints made by support coordinators about NDIS supports other than support coordination, they provide information about the positive role support coordinators can play in safeguarding participants and improving the quality of NDIS supports by taking action, including raising concerns, when supports are not safe or effective for participants.

Similarly, reportable incident notifications made to the NDIS Commission about incidents which occurred or were alleged to have occurred in connection with the provision of support coordination by a registered NDIS provider are an important source of information about potential risks and failings in relation to the provision of support coordination, while reportable incident notifications that record a support coordinator informing the notifying provider of the incident or allegation or taking action to assist the participant provide information about the positive role support coordinators can play in safeguarding participants.

This Inquiry has analysed the relevant complaints and reportable incident notifications as they were made to the NDIS Commission. The analysis therefore reflects the information as provided and the allegations as made and, unless otherwise stated, does not reflect any outcomes of the NDIS

¹⁰ Reported by the NDIA as ‘Choice and control support services: Support Coordination’: June 2023, NDIS Quarterly Report to disability ministers, Appendix E, Table 108: Number and proportion of providers active in 2022-23 Q4 by registration group and first quarter of activity - National.

¹¹ June 2023, NDIS Quarterly Report to disability ministers, Appendix E, Table 108: Number and proportion of providers active in 2022-23 Q4 by registration group and first quarter of activity - National.

Commission's management and resolution of the complaints, the providers' management of the incidents or the NDIS Commission's oversight of the providers' management of the incidents.

2.2.2 Complaints about support coordinators

Data analysed

The NDIS Commission extracted data from the Commission Operating System to identify complaints made about support coordinators and, to the extent possible, complaints made by support coordinators, for the period from 1 January 2022. The data extraction captured data up to and including 14 February 2023.

The Commission Operating System does not currently include fields that identify complaints about support coordination or complaints by support coordinators, and so potentially relevant complaints were identified by searching for "support coordination" and related terms in the fields most likely to be relevant.

515 complaints were identified, involving 502 identified participants. A small number of complaints were excluded where, although the relevant fields in the complaint mentioned a support coordinator, the complaint was not about support coordination and was not a complaint by a support coordinator. An even smaller number of complaints were excluded as duplicates.

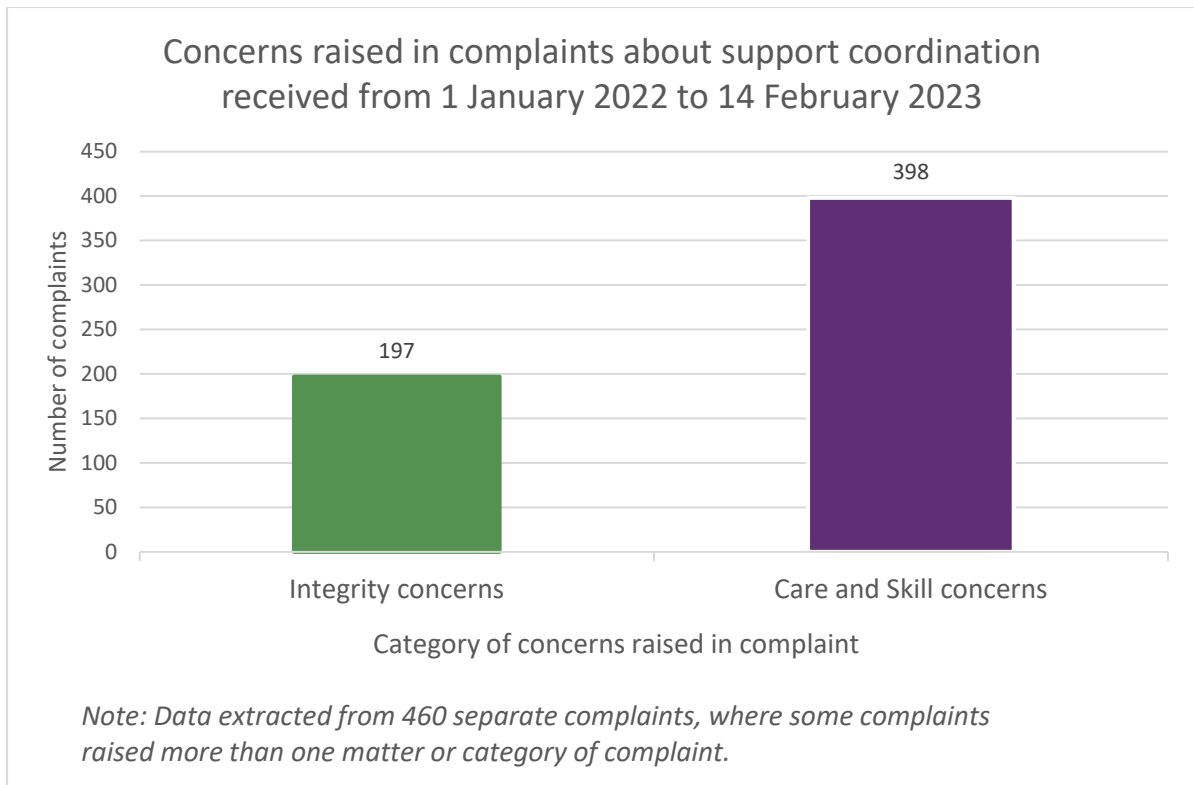
Of the remaining 500 complaints, 40 (8 per cent) were complaints by support coordinators in relation to NDIS supports and services provided by other NDIS providers. These are discussed further in section 2.2.3 below.

A few complaints were both by and about support coordinators, where for example a specialist support coordinator complained about the participant's other support coordinator or vice versa.

Categories of concerns

The NDIS Commission has analysed the concerns raised in the 460 complaints about support coordination to distinguish between concerns that support coordinators were failing to act with integrity and concerns that support coordinators were failing to provide supports with care and skill. Of the 460 complaints about support coordination:

- 197 complaints (43 per cent) raised concerns that support coordinators were failing to act with integrity; and
- 398 complaints (87 per cent) raised concerns that support coordinators were failing to provide supports with care and skill.



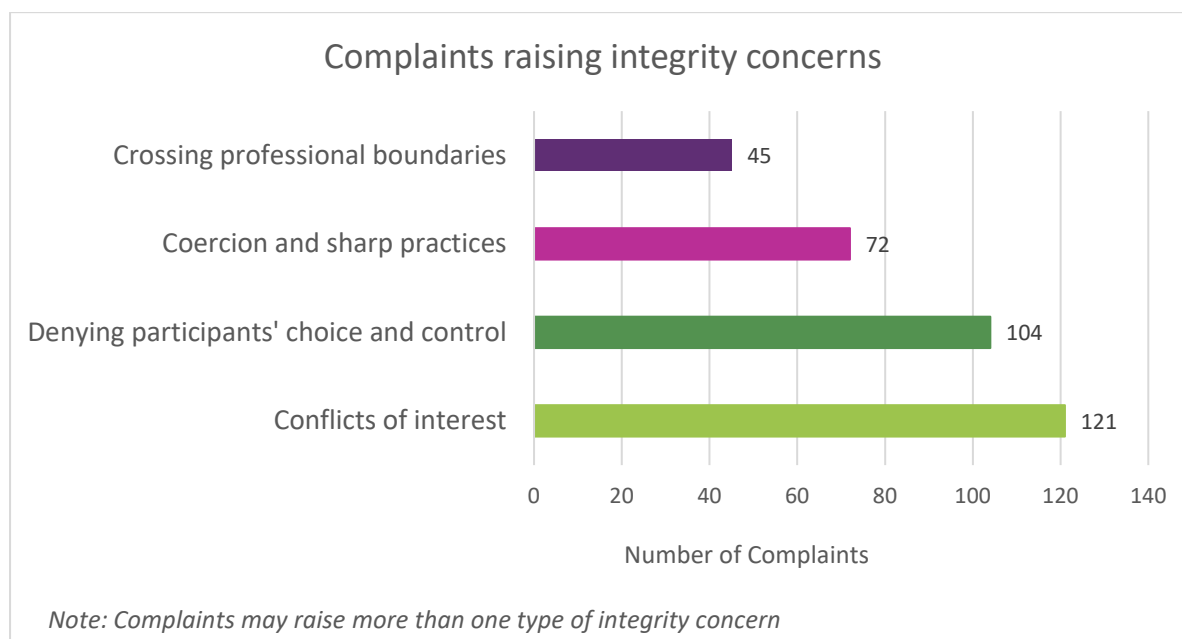
Sub-categories of integrity concerns and care and skill concerns were also identified. Most complaints raised multiple issues. Many complaints raised both integrity concerns and care and skill concerns.

Integrity concerns

Of the 460 complaints about support coordination, 197 complaints (43 per cent) raised concerns that support coordinators were failing to act with integrity, including through favouring their own interests or the interests of their associates over the interests of participants and failing to respect the rights of participants. These included:

- 121 complaints (61 per cent of integrity complaints, 26 per cent of total complaints) raised issues of conflicts of interest – including: where the provider of support coordination is also providing other supports to the participant, including core supports and therapeutic supports; and where the support coordinator acts to advance their personal interests at the expense of the participant, generally in circumstances where they have crossed professional boundaries and involved themselves in the participant’s personal affairs;
- 104 complaints (53 per cent of integrity complaints, 23 per cent of total complaints) raised issues of denying participants’ choice and control – including: refusing to act, or resisting acting, on the wishes of the participant; and overriding or ignoring the participant’s wishes;
- 72 complaints (37 per cent of integrity complaints, 16 per cent of total complaints) raised issues of coercion and sharp practices – including: in circumstances where the support coordinator influences the participant to change to them as the participant’s support coordinator or to change their other supports to the same provider; where the support coordinator refuses to accept or act on the participant’s choice to change to a new support coordinator; and in relation to non-NDIS supports, particularly housing; and

- 45 complaints (23 per cent of integrity complaints, 10 per cent of total complaints) raised issues in relation to crossing professional boundaries – including: intervening in and taking over aspects of the participant’s life outside the NDIS, including financial matters and housing arrangements; and making inappropriate sexualised comments to or about the participant.



Some examples of complaints raising concerns that support coordinators were failing to act with integrity include:

- support coordinators not taking action where the provider of support coordination was also the provider of the participant’s other supports and the participant was injured or subject to misconduct or abuse while receiving those other supports;
- support coordinators engaging their relatives to provide the participant’s other supports, including in cases where the participant has objected to these arrangements;
- support coordinators allowing overcharging for other supports in circumstances where those other supports are provided by the same provider or by relatives of the support coordinator;
- support coordinators also providing supports as a participant’s disability support worker and/or providing therapeutic supports, including in cases where the participant has expressly refused these arrangements;
- the provider of support coordination also providing the participants’ disability support workers, overcharging for support coordination and other supports, coercing participants to move into the provider’s supported independent living (SIL) housing and employing the support coordinator’s relatives who do not have relevant qualifications or experience to provide supports;
- participants’ long-standing support coordinators with whom no concerns have been raised being terminated by correspondence from a new support coordinators in circumstances where the new support coordinator is connected to the provider of the participant’s other supports and the participant says that they did not want to change;

- providers of a participant's other supports coercing the participant to change support coordinators when their original support coordinator raised concerns about the quality of the participant's other supports or the amounts being charged for those other supports;
- support coordination providers that are also the participant's plan manager and that take over provision of the participant's other supports against the participant's wishes, threatening the participant's other providers that they will not get paid if they continue to provide supports, despite the participant's wishes; and
- support coordinators, when told by the participant that the participant wants to change to a new support coordinator, visiting the participant and coercing them into continuing with the same support coordinator, including with threats of withdrawal of other supports.

In one complaint, the support coordinator also started working as the participant's disability support worker. It was alleged that the support coordinator encouraged the participant to move into the support coordinator's home, saying this would make it easier to provide the participant's supports. After a disagreement, the support coordinator evicted the participant, leaving the participant homeless and without supports. When the participant sought assistance, it became clear that all of their support coordination funding and almost all of their funding for other supports had been used.

In another complaint, the support coordinator was also the participant's disability support worker. It was alleged that the support coordinator terminated all other supports for the participant without the participant's consent and without consulting the participant's guardians, and increasingly excluded the participant's guardians, family members and informal supports from the participant's life.

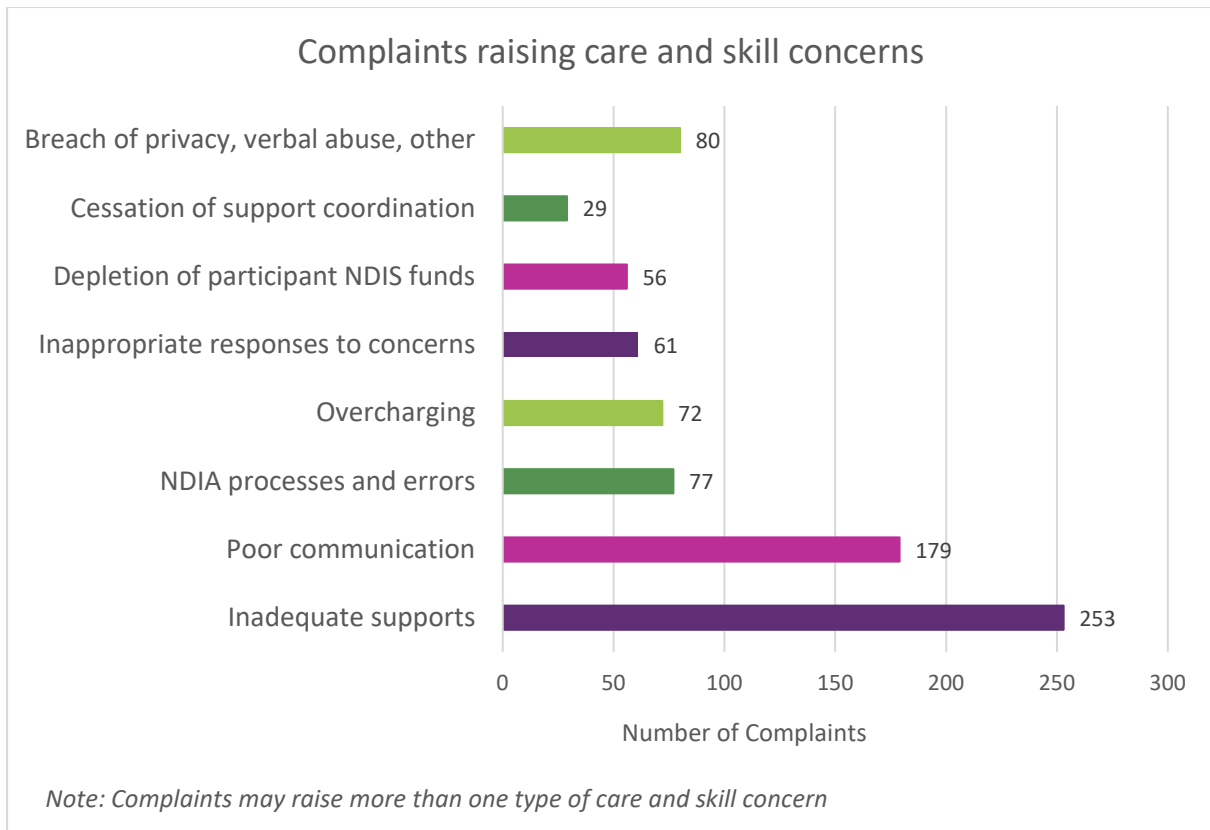
Care and skill concerns

Of the 460 complaints about support coordination, 398 complaints (87 per cent) raised concerns that support coordinators were failing to provide supports with care and skill. These included:

- 253 complaints (64 per cent of care and skill complaints, 55 per cent of total complaints) raised issues of inadequate supports – including: inadequate support coordination; poor support coordination leading to other classes of supports being inadequate; and no supports being provided to the participant at all;
- 179 complaints (45 per cent of care and skill complaints, 39 per cent of total complaints) raised issues of poor communication – including: no communication from the support coordinator; failure of the support coordinator to respond to communication by or on behalf of the participant or other providers; confusing or misleading communication from the support coordinator; and rudeness to or high-handed dealings with the participant, the participant's informal supports or other providers (NDIS and mainstream);
- 77 complaints (19 per cent of care and skill complaints, 17 per cent of total complaints) raised issues in relation to NDIA processes and errors in relation to NDIS requirements – including: misrepresenting NDIS requirements; failing to provide support coordination supports necessary

for NDIS process or for other NDIS providers; and failing to engage particular classes of supports that the participant needs, resulting in relinquished funds and the participant not receiving the required supports;

- 72 complaints (18 per cent of care and skill complaints, 16 per cent of total complaints) raised issues of overcharging – including: overcharging for support coordination; overcharging for other classes of supports; and charging for supports not provided;
- 61 complaints (15 per cent of care and skill complaints, 13 per cent of total complaints) raised issues of inadequate or inappropriate responses to concerns being raised – including: not responding to concerns or complaints made by the participant or others on the participant’s behalf; and not resolving issues between the support coordinator and the participant, or between the participant and other providers, or between other providers where these issues are negatively affecting the participant or the supports they receive;
- 56 complaints (14 per cent of care and skill complaints, 12 per cent of total complaints) raised issues in relation to the depletion of the participant’s NDIS funds – including: using NDIS funds too quickly, whether for support coordination, other classes of supports or both; and engaging supports beyond what is funded in the participant’s plan so that the funds are depleted too quickly;
- 29 complaints (7 per cent of care and skill complaints, 6 per cent of total complaints) raised issues in relation to the cessation of support coordination supports including: in response to a complaint or concern; in retaliation for a complaint or concern; and without any reason or explanation and in some cases without any communication to the participant at all;
- 25 complaints (6 per cent of care and skill complaints, 5 per cent of total complaints) raised breaches of privacy;
- 21 complaints (5 per cent of care and skill complaints, 5 per cent of total complaints) raised issues of verbal abuse – including abuse of the participant, the participant’s nominee or informal supports, or other providers (NDIS and mainstream);
- 20 complaints (5 per cent of care and skill complaints, 4 per cent of total complaints) raised issues of the exclusion of informal or other supports;
- 9 complaints (2 per cent of both care and skill complaints and total complaints) raised issues of the failure to provide necessary records when the participant transferred to a new support coordinator; and
- 5 complaints (1 per cent of both care and skill complaints and total complaints) raised issues in relation to service agreements – including: the failure to provide a service agreement in spite of requests to do so; and the inclusion of unacceptable or problematic terms in service agreements.



Some examples of complaints raising concerns that support coordinators were failing to provide supports with care and skill include:

- many support coordinators not returning telephone calls or emails, being uncontactable, or impatient and rude;
- support coordinators failing to take any action (such as reporting the issue or supporting the participant to change their other supports) when the participant they were supporting was physically assaulted by other participants;
- support coordinators providing inadequate supervision of other supports, such that the participant is paying significant ongoing amounts for other supports while not receiving much in the way of supports;
- support coordinators failing to take any action in circumstances where a participant has inadequate equipment or living conditions;
- support coordinators not using funds in the participant's plan to secure necessary equipment and home modifications, leaving the funds under-utilised and the participant with inadequate and sometimes unsafe support provision and living conditions;
- support coordinators misunderstanding or misstating NDIS requirements, leading in some cases to the participant being inadequately supported in spite of funds being available in their plan and in other cases to participants being refused reimbursement for amounts they spent on the basis that the support coordinator had told them they would be entitled to reimbursement;
- frequent changes in the person providing a participant's support coordination, which for some participants was overwhelming and led to a lack of choice and control, or being allocated a new

person to provide support coordination who was not as good as the previous person and who did not familiarise themselves with the participant's plan or needs, or who worked part-time and was unavailable when the participant needed support;

- frequent changes in the person providing a participant's support coordination without advising the participant's informal supports, other NDIS providers and school, leading to poor communication and poor coordination of supports;
- support coordinators not providing adequate information about the service agreement before requiring the participant to sign it; and
- support coordinators terminating their services after using the bulk of the participant's support coordination funds in a disproportionately short period of time.

One complaint involved a participant who was a child with complex mental health needs and whose primary caregiver had intellectual disability. The complaint alleged that the child's support coordinator was very difficult to contact over an extended period of time and did not arrange allied health supports that were funded in the child's plan. The complaint alleged that the child was left without necessary supports for which the child was funded and the child's school was left to attempt to arrange some additional supports for the child.

2.2.3 Complaints by support coordinators

Some of the complaints discussed in section 2.2.2 above were made by support coordinators about other support coordinators. In a number of cases, previous support coordinators raised concerns about an incoming support coordinator's conflicts of interest and sharp practices. In a number of cases, new support coordinators raised concerns about the supports provided by a previous support coordinator, particularly in relation to a lack of care and skill.

Complaints by support coordinators also raised a number of significant quality and safeguarding concerns in relation to other classes of supports, including:

- participants in supported accommodation living in unhygienic conditions, with the provider neglecting participants' health needs and failing to respond adequately when concerns were raised;
- providers of in-home supports leaving participants in situations of neglect, with unhygienic conditions and inadequate personal care;
- participants having unexplained injuries and providers neglecting to seek medical review;
- participants being subject to unauthorised restrictive practices in circumstances where the provider is not reporting the use of unauthorised restrictive practices;
- providers failing to provide or withdrawing supports to a participant;
- relaying participants' reports that their disability support workers drank or took drugs on shift, including in some cases drinking and taking drugs with the participants;
- providers responding inadequately when concerns were raised with them;

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- concerns that particular disability support workers were exercising too much control over the participant, including in relation to personal financial matters and taking or using a participant's possessions without the participant's permission;
 - providers failing to report or investigate incidents, including incidents involving physical assault of participants and sexual abuse allegations;
 - providers using the participant's NDIS funds for unpermitted purposes, including supplementing rent payments;
 - providers overcharging for supports that they do not provide at all or do not provide to the level charged;
 - providers implementing incorrect support ratios, depleting funding in the participant's plan too quickly and leaving the participant at risk of running out of funding for core supports;
 - providers implementing unnecessary supports, reducing the participant's independence and choice and control and depleting funds in the participant's plan;
 - providers refusing or failing to provide a service agreement for the participant's and support coordinator's consideration; and
 - providers trying to prevent participants from changing to new providers, including by wrongly telling participants that they were not allowed to change providers, in circumstances where the participants had made clear to their support coordinators that they wanted to change providers.

A support coordinator raised concerns that a participant who had recently lost their informal supports through the death of a close relative and who was considered unable to self-advocate due to cognitive impairment was facing significant health risks because the participant's other providers were not providing adequate wound care, were not engaging specialist expertise and were not responding adequately when concerns were raised with them.

A support coordinator raised concerns that a provider of SIL supports and accommodation to a number of participants with psycho-social disability in a regional area had suddenly withdrawn all supports for one participant with immediate effect and without notice, and that other participants were at risk of a similar cessation of supports.

A support coordinator relayed concerns raised by a pharmacist that disability support workers had not collected a participant's medication for some weeks. The support coordinator also raised concerns that the provider had responded inadequately when the support coordinator raised these concerns directly with the provider.

2.2.4 Reportable incidents involving support coordinators

Many providers of support coordination are registered NDIS providers. This means that they are required to notify the NDIS Commission of reportable incidents that occur or are alleged to have occurred in connection with their provision of supports or services. However, many of these providers also provide other classes of supports in addition to support coordination, and their reportable incident notifications generally relate to their provision of other supports. Identifying reportable incident notifications made by providers that provide support coordination would primarily identify incidents that do not involve support coordination or a support coordinator.

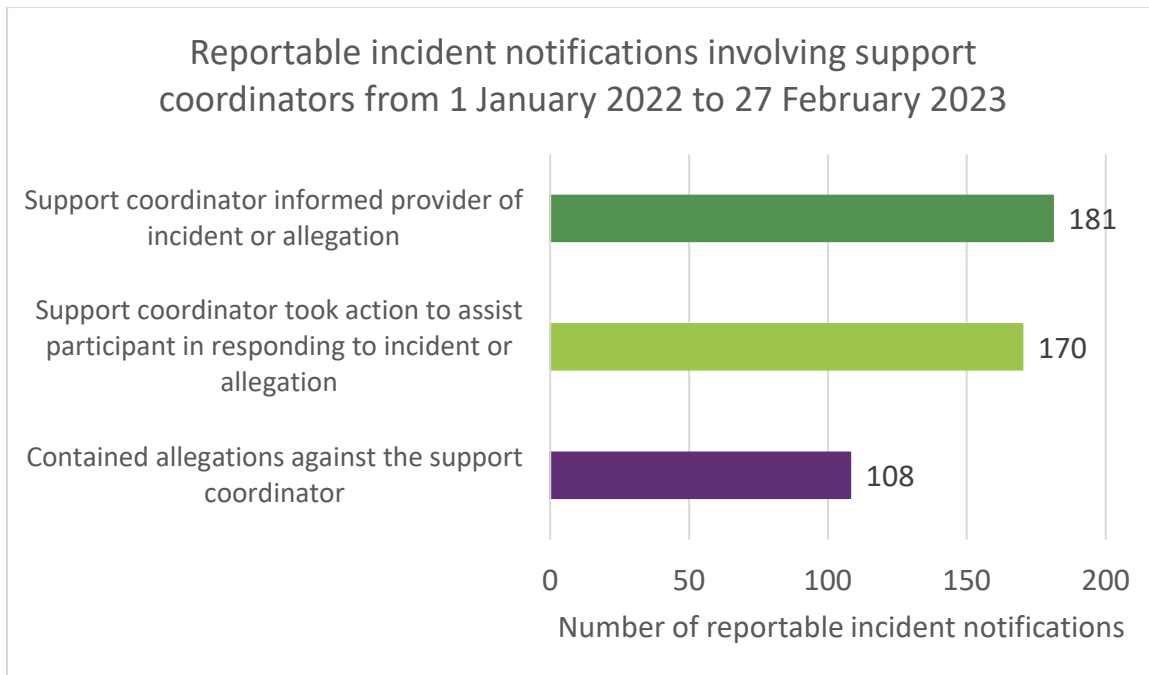
However, the NDIS Commission extracted data from the Commission Operating System to identify reportable incident notifications made in which the incident description referred to a support coordinator for the period from 1 January 2022. The data extraction captured data up to and including 27 February 2023. Notifications of unauthorised uses of restrictive practices were excluded from analysis.

1,507 reportable incident notifications were identified in which the incident description referred to a support coordinator.

Notifications where the support coordinator notified the NDIS Commission of the death of a person with disability, or where the support coordinator notified another provider of the death of a person with disability causing that other provider to notify the NDIS Commission of the death, were excluded from analysis. These notifications were made in circumstances where the death, while it might have occurred in connection with the provision of NDIS supports or services, did not occur in connection with the provision of support coordination.

Three categories of reportable incident notifications involving support coordinators were identified as follows:

- 108 notifications contained allegations against the support coordinator;
- 181 notifications recorded that the support coordinator had informed the provider of the incident or allegation which then prompted that provider to notify the NDIS Commission of a reportable incident; and
- 170 notifications recorded that the support coordinator took action to assist the participant in responding to the incident or allegation.



Notifications where the support coordinator was the subject of allegation involve incidents or allegations of:

- fraud, where the support coordinator allegedly invoiced participants for support coordination services that were not in fact provided;
- neglect, where the support coordinator allegedly failed to arrange necessary supports for the participant;
- crossing professional boundaries, where the support coordinator allegedly entered into a personal relationship with the participant;
- coercion, where the support coordinator allegedly coerced the participant into engaging their support coordination services; and
- abuse, where the support coordinator allegedly verbally abused, bullied or berated the participant.

A registered NDIS provider notified the NDIS Commission that one of its employed support coordinators had invoiced participants for support coordination services which were not provided. A participant's family member had informed the provider that the participant was being invoiced for support coordination services but only limited support coordination had been provided. The provider investigated the matter and identified that more than 40 participants were affected and that more than \$50,000 in total had been wrongly invoiced.

These notifications raise issues broadly comparable to many of the issues raised in the complaints about support coordinators discussed in section 2.2.2 above.

The other categories of notifications identify situations in which support coordinators have raised a number of significant quality and safeguarding concerns for participants and have otherwise taken action to assist participants in responding to an incident or allegation.

Notifications where the support coordinator informed the provider of the incident or allegation which then prompted that provider to notify the NDIS Commission of a reportable incident involve incidents or allegations of:

- verbal abuse by workers towards participants;
- physical abuse by workers, including pushing and punching participants;
- sexual misconduct by workers, including inappropriate sexual relationships and unlawful sexual contact or assault;
- workers coercing or influencing participants not to disclose that they did not attend a shift or a series of shifts;
- workers exerting influence over the participant, including to obtain loans of money; and
- abuse and bullying of participants by other participants in a shared living environment.

Notifications where the support coordinator took action to assist the participant in responding to the incident or allegation involve taking action:

- to link the participant with appropriate health services, such as mental health and drug and alcohol dependency support services;
- in family violence situations, to support the participant to find alternative accommodation and report abuse to the police; and
- generally to support the participant's wellbeing and quality of life.

A participant disclosed to their support coordinator that their worker from a registered NDIS provider had not attend a shift for months. The participant said that the worker told the participant that, if the provider asked the participant about the support, the participant was to say that the worker was taking them to their day program and supporting them to access the community. The participant told the support coordinator that they felt anxious and frightened about the situation. The support coordinator reported the allegations to the registered NDIS provider, which then notified the NDIS Commission of a reportable incident. The provider investigated the allegations and terminated the employment of the worker.

2.2.5 Summary

The analysis of complaints and reportable incidents data above suggests that:

- participants and other interested parties are raising a range of serious integrity and quality concerns about support coordination;
- the presence of conflicts of interest raise risks of the support coordinator preferring their own interests over the interests of the participant;
- integrity concerns raise risks in terms of the quality of support coordination provided to the participant, the quality of other supports provided to the participant and the likelihood of the support coordinator making a positive contribution to safeguarding for the participant;

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- some quality concerns about support coordination raise risks of the participant not receiving adequate NDIS supports, or at times any NDIS supports at all;
 - the wide range of quality concerns about support coordination point to a need for improvement amongst NDIS providers of support coordination to deliver higher standards of support coordination to participants; and
 - support coordination can play an important role in making a positive contribution to safeguarding for the participant and to pursuing improved quality in the participant's other supports.

As described in section 2.1.1 above, in 2020 and 2021, the NDIA conducted a consultation process to improve support coordination for participants. The NDIA has also begun an in-depth review of the roles, functions, responsibilities and accountabilities of support coordinators arising from the Annual Pricing Review 2021-22 recommendations, which will also take account of the NDIS Review.¹²

In addition to examining whether the NDIS Commission should make any changes to how it regulates support coordination in Part 2 of this Inquiry (which will be conducted after the Disability Royal Commission and the independent NDIS Review have reported), the NDIS Commission will work with the NDIA to ensure that the quality, integrity and safeguarding concerns in relation to support coordination identified in Part 1 of this Inquiry are addressed across the work of the NDIA and the NDIS Commission.

3. Plan management in the NDIS

3.1 The role and regulation of plan management

3.1.1 The role of plan management

The purpose of plan management is to assist and support NDIS participants to manage their NDIS plan funding. Plan management providers can purchase supports on behalf of participants from either registered or unregistered providers. The plan manager receives funds from the NDIA and disburses those funds on behalf of a participant to providers of the other NDIS supports and services the participant receives.

Plan management can support participants by:¹³

- managing and monitoring a participant's budget;
- managing a participant's NDIS claims and disbursing funds to providers for services delivered;
- providing regular statements to a participant to show the financial status of their plan including prompt notification of over or under-utilisation; and
- offering increased choice and control to a participant over plan implementation and utilisation through additional plan financial assistance.

¹² March 2023, NDIS Quarterly Report to disability ministers, p. 55.

¹³ NDIA *NDIS Guide to Plan Management* September 2020, p. 3.

Participants can also receive advice from plan management providers about how to best utilise their NDIS plan funding which can assist in building a participant’s financial capacity and knowledge.

Participants who choose plan management receive funding to pay an establishment fee (currently \$232) at the start of their new NDIS plan and an ongoing monthly fee (currently \$104 per month), with additional loadings for participants in remote areas.

3.1.2 Current regulation of plan management

As described in section 2.1.2 above in relation to the current regulation of support coordination, the Disability Royal Commission and the independent NDIS Review may make recommendations that, if accepted by governments, could affect quality and safeguarding regulation in the NDIS, including regulation of support coordination. This is why the NDIS Commission will not undertake Part 2 of the Inquiry until the Disability Royal Commission and the independent NDIS Review have reported.

Pending any changes to regulation arising from the work of the Disability Royal Commission and the independent NDIS Review, the NDIS Commission currently regulates the quality and safety of plan management under:

- the **NDIS Code of Conduct**: All NDIS providers, whether registered or unregistered, and persons employed or otherwise engaged by an NDIS provider are covered by the NDIS Code of Conduct and are required to comply with the NDIS Code of Conduct. This includes all plan management providers and all workers who provide plan management; and
- the **NDIS Practice Standards**: Under section 43 of the NDIS Act, all plan managers must be registered to provide plan management (which requires registration to provide the class of supports ‘*management of funding for supports in participant plans*’). Registration to provide this class of supports requires the plan manager to be assessed by an approved quality auditor through a verification audit as complying with the Verification Module of the NDIS Practice Standards and, to remain registered, must continue to comply with the Verification Module of the NDIS Practice Standards.

The NDIS Code of Conduct applies to plan managers and workers in the same manner as described in section 2.1.2 above in relation to support coordinators.

The Verification Module of the NDIS Practice Standards establishes standards relevant to lower risk supports. It requires that registered NDIS providers identify and manage risks, including risks to participants, and have an incident management system that ensures incidents are acknowledged, responded to, well managed and learned from. It also requires that each participant’s support needs are met by workers who are competent in relation to their role, hold relevant qualifications and have relevant expertise and experience to provide person-centred support.

Plan management providers that are also registered to provide other classes of support that are subject to certification audits will have to be assessed through a verification audit as complying with the Core Module of the NDIS Practice Standards and any other applicable modules of the NDIS Practice Standards in order to be registered. For example, if a provider is registered to provide both plan management and support coordination, the provider will need to be assessed through a compliance audit against the Core Module of the NDIS Practice Standards, rather than being assessed through a verification audit against the Verification Module.

3.1.3 Voluntary standards of practice

Similarly to its standards of practice for support coordination, in December 2021, DIA published standards of practice for its members in relation to support coordination, *Professional Standards of Practice. Plan Management*. The standards of practice are expressed to be effective from 1 March 2022.

The standards of practice state that “DIA members are expected to act in accordance with these Professional Standards of Practice”. The standards of practice contain both mandatory requirements (what members ‘must’ do) and expected or recommended practice (what members ‘should’ do). Members should only depart from expected or recommended practice for a “justifiable good reason”.

The standards of practice address a number of issues, including some quality issues and some integrity issues, including conflicts of interest. The NDIS Commission and the NDIA contributed to DIA’s work in developing the standards of practice.

3.1.4 Participants who use plan management

There has been a significant shift in plan management over the last two years, with an increasing number of participants choosing to use a plan manager rather than have the NDIA manage their plan. At the end of the June 2023 quarter, 364,725 participants were using plan management.

In the two years ending in the June 2023 quarter, the proportion of participants who use a plan manager has increased from 49 per cent to 60 per cent of participants, and the proportion of participants who have an Agency-managed plan has decreased from 20 per cent to 10 per cent.¹⁴

The NDIA has reported that many participants who have entered the NDIS in more recent years have chosen to use a plan manager for most or some of their supports compared with participants who joined the NDIS earlier, and that this is a key driver of the increase in the number of participants using plan managers.¹⁵

The highest proportion of use of plan management is by participants who have a primary disability of psycho-social disability (82 per cent), followed by participants who have a primary disability of stroke or acquired brain injury (each 78 per cent), as set out in the following table.¹⁶

Primary disability group	Self-managed Fully	Self-managed Partly	Plan-managed	Agency-managed
Acquired Brain Injury (ABI)	5%	5%	78%	13%
Autism	32%	8%	53%	8%
Cerebral Palsy	20%	13%	56%	11%
Developmental delay	31%	4%	59%	6%
Down Syndrome	19%	9%	56%	16%
Global developmental delay	29%	4%	57%	9%

¹⁴ June 2023, NDIS Quarterly Report to disability ministers, p. 43.

¹⁵ June 2023, NDIS Quarterly Report to disability ministers, p. 43.

¹⁶ June 2023, NDIS Quarterly Report to disability ministers, Appendix E, Table E112: Distribution of active participants by method of financial plan management and primary disability group as at 30 June 2023 – National.

Hearing Impairment	38%	8%	42%	12%
Intellectual Disability	10%	6%	65%	19%
Multiple Sclerosis	21%	13%	62%	4%
Other	18%	8%	66%	8%
Other Neurological	15%	10%	67%	7%
Other Physical	20%	11%	59%	10%
Other Sensory/Speech	31%	5%	39%	25%
Psychosocial disability	2%	2%	82%	14%
Spinal Cord Injury	20%	16%	59%	5%
Stroke	8%	5%	78%	8%
Visual Impairment	27%	10%	55%	9%
Total	23%	7%	60%	10%

3.1.5 Providers of plan management

The NDIA has reported that, over the nine quarters ending in the March 2023 quarter, the number of plan managers increased from 1,129 at 2020-21 Q4 to 1,442 at 2022-23 Q3, and the number has again increased to 1,458 in the June 2023 quarter, an overall quarterly average increase of 3.2 per cent. Over the same period, the NDIS has reported that the number of participants being supported by plan managers has increased from 223,013 to 364,725, a quarterly average increase of 6.3 per cent. The NDIA reported that these numbers indicate that while new plan managers are entering the market, increasing the number of plan managers participants can choose between, many plan managers are also expanding as the ratio of participants to providers has increased.¹⁷

The 10 largest plan managers hold almost 40 per cent market share for plan management supports. They are generally specialised plan managers that earn almost all of their NDIS revenue from providing plan management supports. Across the 10 largest plan managers, the proportion of their NDIS revenue relating to plan management ranges from a low of 89 per cent to 100 per cent, with most of the 10 above 99 per cent.

Smaller plan managers are generally more diversified and provide other NDIS supports in addition to plan management. Plan management represents a smaller portion of their NDIS revenue. Many of the smaller plan managers are processing claims directly to themselves as a downstream provider of other NDIS supports.

In the two years ending in the June 2023 quarter, payments managed by a plan manager have increased from 38 per cent to 53 per cent of total payments.¹⁸ In the June 2023 quarter, plan managers managed:

- 73 per cent of all payments (\$1.5bn) for core social participation support;
- 70 per cent of payments (\$1.7bn) for core daily activities for participants not in SIL; and

¹⁷ June 2023, NDIS Quarterly Report to disability ministers, p. 46.

¹⁸ June 2023, NDIS Quarterly Report to disability ministers, p. 43.

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- 62 per cent of all payments (\$749m) for capacity building daily activities support (therapy supports).¹⁹

In the June 2023 quarter, payments to plan managers were \$4.9bn, of which \$130m was paid for plan management services and the remainder of \$4.8bn was for plan managers to pay other NDIS providers on behalf of participants.²⁰

The NDIA has reported that 1,219 providers registered to provide management of funding for supports in participants' plans were active in the June 2023 quarter.²¹

3.2 Data and analysis – plan management

3.2.1 Introduction

The plan management market is dominated by a small number of large providers of plan management, with a large number of much smaller providers. Although there are more than 1,100 plan managers, the 10 plan managers that provide plan management to the largest number of participants hold almost 40 per cent of the plan management market. The 'top 10' plan managers are generally plan management specialists that do not provide other classes of support in the NDIS. In contrast, plan management represents a smaller proportion of the NDIS revenue for many of the smaller providers, many of which receive most of their NDIS revenue for classes of support other than plan management.

For the purposes of considering plan management in this Inquiry For plan management, the NDIS Commission has examined:

- 384 complaints relating to plan management provided by the 10 largest plan managers (determined by reference to NDIA payments data) made since 1 July 2018 – discussed in section 3.2.2 below;
- 65 complaints relating to plan management provider by smaller plan managers (being plan managers other than the 10 largest plan managers) made to the NDIS Commission since 1 July 2022 – discussed in section 3.2.3 below; and
- 285 reportable incident notifications made by the 10 largest plan managers since 1 July 2018 – discussed in section 3.2.4 below.

The complaints about the 10 largest plan managers are an important source of information for the NDIS Commission about the types of concerns that participants and others have about plan management. Analysis of the smaller number of more recent complaints against plan managers other than the 10 largest plan managers provide comparison data to identify whether the same sorts of concerns are raised in relation to smaller plan managers.

The reportable incident notifications made to the NDIS Commission by the 10 largest plan managers provide information about the positive role plan managers can play in safeguarding participants and

¹⁹ June 2023, NDIS Quarterly Report to disability ministers, p. 44.

²⁰ June 2023, NDIS Quarterly Report to disability ministers, p. 45.

²¹ June 2023, NDIS Quarterly Report to disability ministers, Appendix E, Table 108: Number and proportion of providers active in 2022-23 Q4 by registration group and first quarter of activity - National.

improving the quality of NDIS supports by taking action, including raising concerns by notifying the NDIS Commission of a reportable incident, when supports are not safe or effective for participants.

This Inquiry has analysed the relevant complaints and reportable incident notifications as they were made to the NDIS Commission. The analysis therefore reflects the information as provided and the allegations as made and, unless otherwise stated, does not reflect any outcomes of the NDIS Commission's management and resolution of the complaints, the providers' management of the incidents or the NDIS Commission's oversight of the providers' management of the incidents.

3.2.2 Complaints about the 10 largest plan managers

Data analysed

The NDIS Commission extracted data from the Commission Operating System to identify complaints made about the 10 largest plan managers (determined by reference to NDIA data²²) for the period since the NDIS Commission commenced operating in the relevant jurisdiction.²³ The data extraction captured data up to and including 9 May 2023.

499 complaints were identified, involving 391 identified participants. Some of the largest 10 plan management providers also provide other classes of supports. The 499 complaints were analysed initially to identify and exclude complaints relating to classes of supports other than plan management and any duplicate complaints. 115 complaints were identified and excluded.

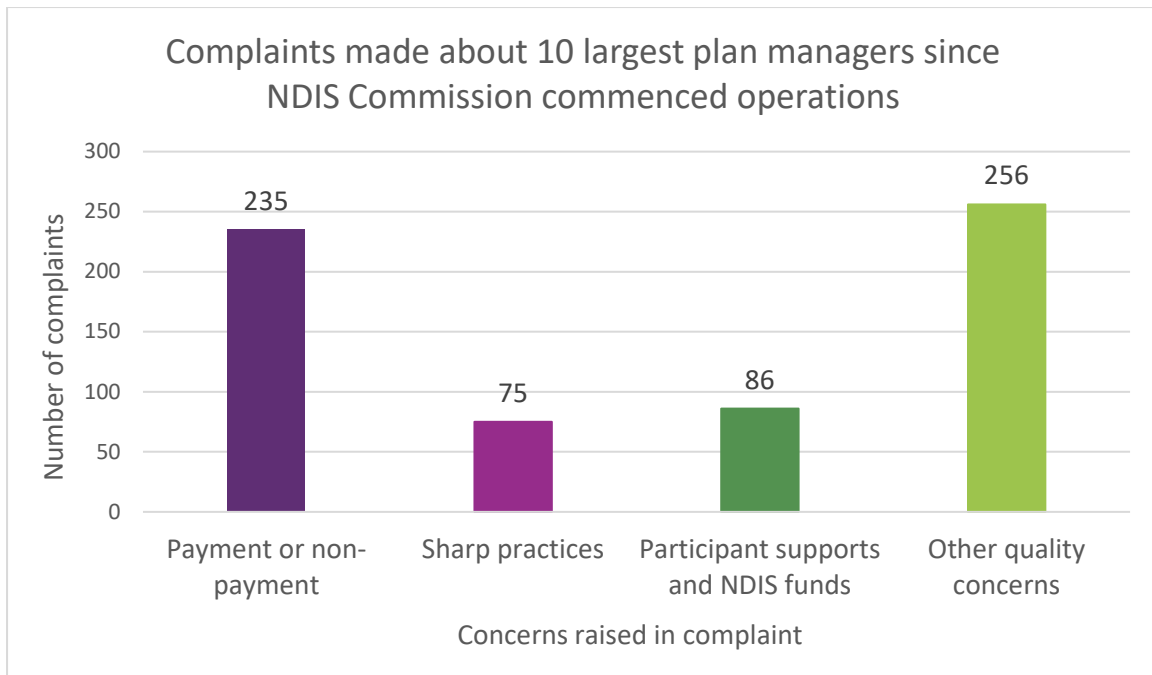
This initial analysis identified 384 complaints relating to plan management supports provided by the 10 largest plan managers.

The NDIS Commission has analysed the concerns raised in the 384 complaints about plan management supports. These have been organised into four broad groups as follows:

- payment and non-payment issues;
- participant supports and NDIS funds;
- sharp practices; and
- other concerns in relation to plan managers' practices.

²² March 2023, NDIS Quarterly Report to disability ministers, p. 95.

²³ In New South Wales and South Australia, from 1 July 2018; in Victoria, Queensland, Tasmania, Australian Capital Territory and Northern Territory, from 1 July 2019; in Western Australia, from 1 December 2020.



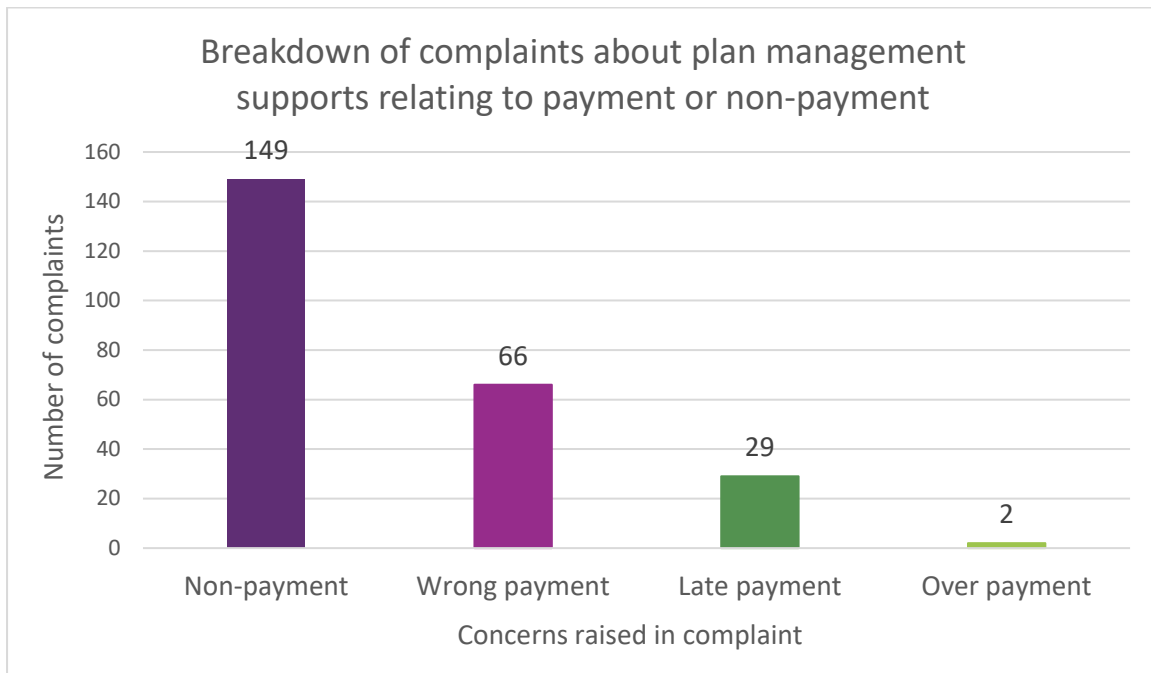
A number of categories of complaints were also identified in each of these groups. Most complaints raised multiple issues and many complaints raised issues across one or more of these groups.

Payment or non-payment concerns

Of the 384 complaints about plan management supports, 235 complaints (61 per cent) raised issues of payment or non-payment as follows:

- 149 (63 per cent of payment or non-payment complaints, 39 per cent of total complaints) raised issues of non-payment, of which:
 - 20 identified that the payment was not permitted under the participant’s plan or the plan manager asserted that it was permitted;
 - 9 identified that the payment was refused on the basis that there were no funds available to pay for the supports under the participant’s plan; and
 - 8 identified that the payment was refused with the participant’s consent to non-payment or at the direction of the participant;
- 66 (28 per cent of payment or non-payment complaints, 17 per cent of total complaints) raised issues of wrong payments, of which:
 - 21 identified that the payment was made in circumstances where the participant had not consented or had objected to the payment being made; and
 - 14 identified that the payment was made in circumstances where it was not permitted to be paid under the participant’s plan;
- 29 (12 per cent of payment or non-payment complaints, 8 per cent of total complaints) raised issues of late payments; and

- 2 (1 per cent of both payment or non-payment complaints and total complaints) raised issues of over-payments.



Of the 235 complaints (61 per cent) that raised issues of payment or non-payment:

- 45 (19 per cent) of the complaints relating to payments were made by other NDIS providers or workers
- 36 (15 per cent) of the complaints relating to payments involved claims for reimbursement by participants; and
- 17 (7 per cent) of the complaints relating to payments expressly identified errors by the plan manager in interpreting and applying NDIS requirements.

Some examples of complaints about plan managers that raised issues of payment or non-payment include:

- plan managers not paying other providers' invoices in a timely fashion and then refusing to resolve matters once the participant's plan expires and a new plan commences;
- plan managers not paying other providers' invoices in a timely fashion and then refusing to help to resolve matters when the participant has moved to a new plan manager;
- plan managers not paying other providers' invoices in circumstances where the provider has provided the supports, including in some cases extensive SIL supports;
- plan managers not paying other providers' invoices in a timely fashion, leaving the participant without those supports until the outstanding invoices are paid;
- plan managers not paying other providers' invoices and not telling the participant or their family, leaving the participant or their family facing demands for payment from the unpaid providers, in some cases in circumstances where they were unable to pay them or were placed in very difficult financial positions because they paid them;

- plan managers not paying other providers' invoices in circumstances where the participant has not authorised payment because there was some aspect of the supports that the participant was unhappy with, in spite of the supports having been provided and the plan manager taking no steps and providing no assistance in resolving the matter;
- plan managers reimbursing large amounts to participants in circumstances where the amounts are not permitted under the participant's plan; and
- plan managers paying invoices which have not been authorised by or on behalf of the participant, making payments to providers that have not provided supports and exhausting the participant's funding.

A provider of SIL supports complained that the participant's plan manager was refusing to pay the SIL provider's invoices in spite of the SIL provider having provided the supports and the participant approving that the invoices be paid. More than \$100,000 was outstanding and the participant was at risk of homelessness and withdrawal of SIL supports due to the substantial non-payment.

A participant's parent complained that the participant's plan manager had not paid a number of invoices for supports provided to their child by two providers of therapeutic supports. The complaint alleged that the plan manager did not tell the parent that invoices had not been paid, and the first the parent knew of the matter was through contact from one of the providers. Feeling scared and under pressure, the parent paid one provider but did not have the funds to pay the other provider, and was concerned that the plan manager had not informed them of any issue so they had continued to obtain supports without knowing that invoices were going unpaid.

A support coordinator complained that the participant's plan manager was reimbursing large amounts of money to a participant who had significant psycho-social disability and who had a guardian appointed for financial matters. The complaint alleged that the plan manager was aware of the participant's psycho-social disability and had been strongly advised by the support coordinator to check all invoices thoroughly before making payments, but had continued to pay significant amounts to the participant. The support coordinator was concerned that the plan manager was placing the participant at risk of losing their NDIS funds.

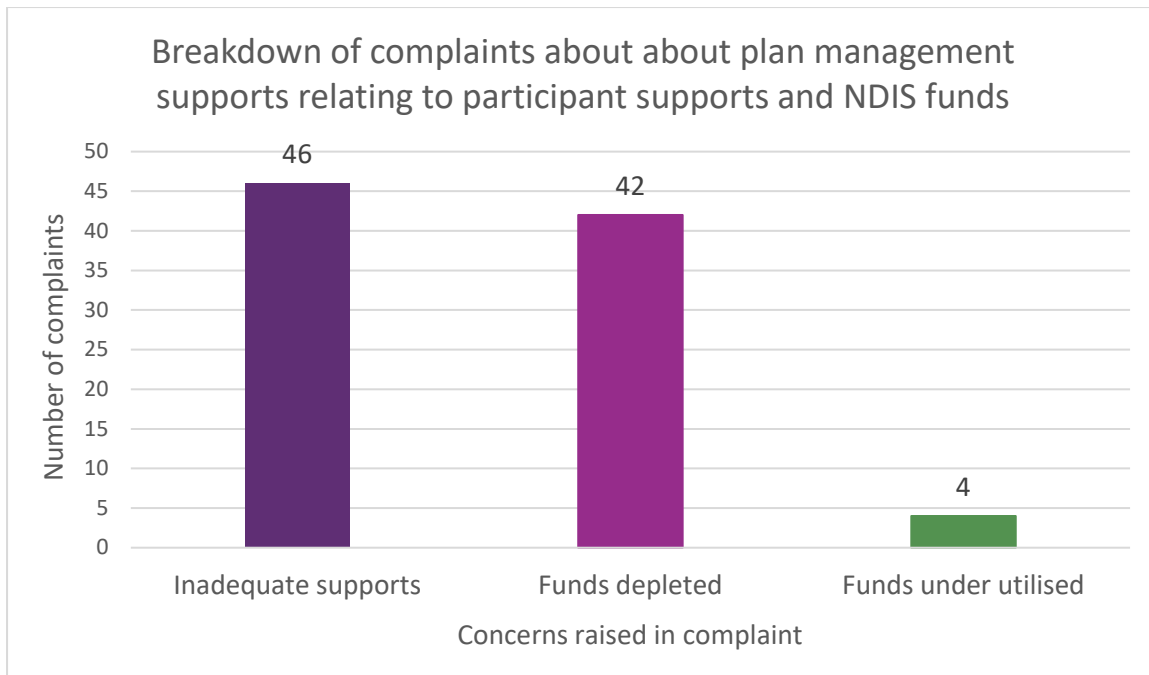
A participant and their family complained that the plan manager had paid a number of incorrect invoices for gardening supports, amounting to thousands of dollars over several weeks, exhausting 2 years' of funding in a period of several weeks. The participant and their family had not approved the invoices and considered that the plan manager should not have paid them, given that they were clearly not correct.

A number of disability support workers complained about plan managers not paying their invoices or making very late payments. The complaint alleged that many of the workers were put in very difficult financial situations because they were owed thousands of dollars for their work. They had to spend considerable time chasing payment of their invoices, sometimes across multiple plan managers when participants changed plan management providers. In some cases, the participant or their family were paying the workers themselves to avoid the workers continuing to go unpaid. In other cases, the workers were not paid at all. Where the participant's funds had been exhausted, the workers complained that the plan manager did not advise them of this and they continued to provide supports, only to learn weeks later that they would not be paid.

Participant supports and NDIS funds concerns

Of the 384 complaints about plan management supports, 75 complaints (20 per cent) raised issues of participant supports and NDIS funds as follows:

- 46 (61 per cent of participant supports and NDIS funds complaints, 12 per cent of total complaints) raised issues that the participant was left without adequate supports because of the plan manager's acts or omissions – including where a payment issue left the participant without required supports, whether because the supports were withdrawn because of the payment issue, or the participant cannot engage supports because the funding has been exhausted because of the payment issue, or otherwise;
- 42 (56 per cent of participant supports and NDIS funds complaints, 11 per cent of total complaints) raised issues that the participant's NDIS funds had been depleted, often without notice to the participant, their informal supports or their other providers, because of the plan manager's acts or omissions; and
- 4 (5 per cent of participant supports and NDIS funds complaints, 1 per cent of total complaints) raised issues that the participant's funds were being under-utilised, with the implication being that the participant was being denied supports for which they had been funded, because of the plan manager's acts or omissions.



Some examples of complaints about plan managers that raised issues of participant supports and NDIS funds include:

- plan managers paying supports from the wrong category of supports without the participant’s knowledge, leaving the participant with inadequate funding, including in some cases for core supports, and without informing the participant of the issue before the funds were exhausted;
- plan managers advising participants that amounts could be reimbursed from their NDIS funds, and in some cases making reimbursements for a period of time, and then refusing further reimbursements on the basis that payments were not allowed, in circumstances where the participant has already spent money in anticipation of reimbursement and in some cases leaving the participant unable to access necessary supports;
- plan managers giving inconsistent advice as to what is permitted to be reimbursed from the participant’s NDIS funds, with advice changing depending upon who the participant speaks to at the plan manager and who processes a claim for reimbursement;
- plan managers giving wrong advice as to NDIS requirements in relation to the time allowed for payments and not allowing participants to review and approve invoices before payment because of short timeframes; and
- plan managers authorising and paying for supports that are not permitted under a participant’s plan.

A participant complained that their plan manager was refusing to reimburse their expenditure on active transport, despite reimbursing the participant for this expenditure for some months, and that the plan manager now said that written approval from the participant’s NDIA planner was required for this reimbursement. The complaint alleged that the participant was left without reimbursement and unable to pay for their travel costs to medical appointments and to attend their other providers to obtain their NDIS supports.

A participant complained that their plan manager was applying inconsistent approaches to allowing or refusing reimbursements, was altering invoices that the participant had authorised and allowing only partial reimbursements without asking or telling the participant. The participant only discovered the problems when the reimbursement from the NDIA did not match the invoices and amounts for which the participant sought reimbursement. The complaint alleged that the plan manager was difficult to contact and each person the participant spoke to at the plan manager had a different view of the rules and how they should be applied.

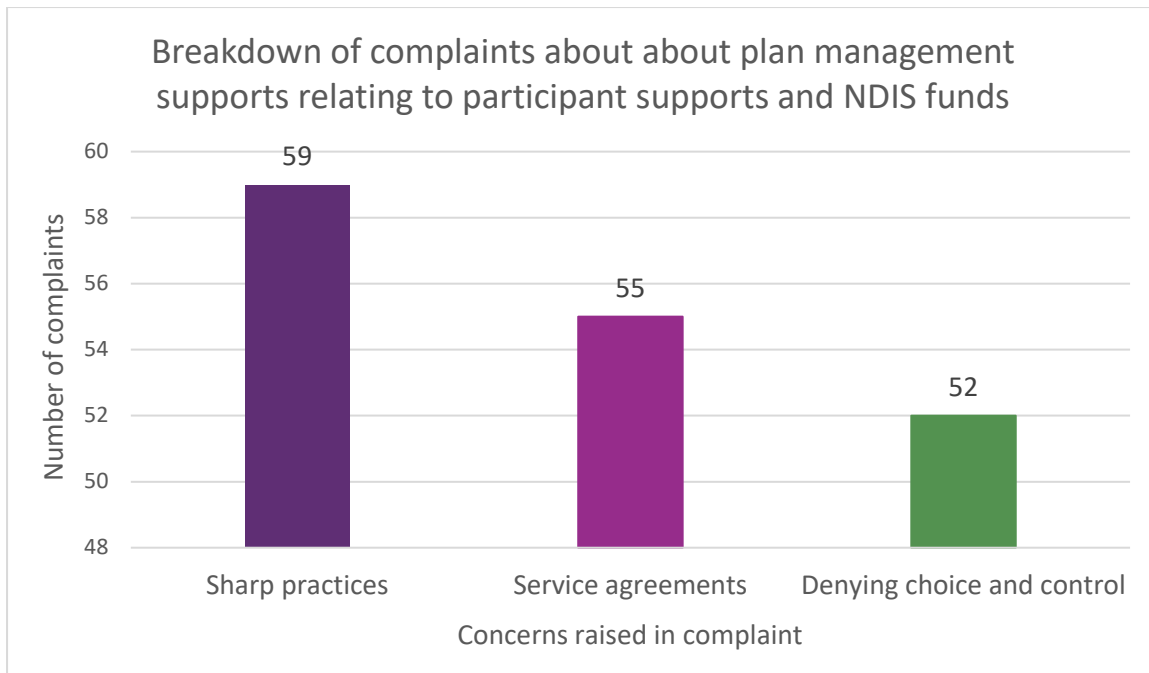
A support coordinator complained that the participant's plan manager had paid unauthorised invoices and had allowed the participant's core support funding to be exhausted without notifying the support coordinator, the participant or the participant's nominee. The complaint alleged that the core support provider then withdrew supports from the participant because of non-payment of the provider's invoices and the participant was left unable to attend their day activities or to participate in community and recreational activities. The support coordinator found out about the problem from the participant's core supports provider, and the complaint alleged that the participant's plan manager had not raised any concerns.

A number of Local Area Coordinators raised concerns that plan managers were paying for items that were clearly not within the relevant participant's plan and were not reasonable and necessary supports. In some cases, the participant's support coordinator told the Local Area Coordinator that they had checked all the supports with the plan manager and only booked supports with the plan manager's approval.

Sharp practices concerns

Of the 384 complaints about plan management supports, 86 complaints (22 per cent) raised issues of sharp practices as follows:

- 59 (69 per cent of sharp practices complaints, 15 per cent of total complaints) raised issues of sharp practices – including: offering inducements to engage the plan manager; and making a booking to reserve funds in circumstances where the participant has indicated they wish to cease the plan manager's supports;
- 55 (64 per cent of sharp practices complaints, 14 per cent of total complaints) raised issues about service agreements, including automatic rollovers and provisions requiring 28 days' notice of termination; and
- 52 (60 per cent of sharp practices complaints, 14 per cent of total complaints) raised issues of denying participants' choice and control – including: refusing to act, or resisting action, on the wishes of the participant; and overriding or ignoring the participant's wishes.



Some examples of complaints about plan managers that raised issues of sharp practices include:

- plan managers refusing to release the participant’s NDIS funds in circumstances where the participant wished to change plan managers, and in some cases had been trying to do so for some months;
- plan managers offering inducements to participants to change to their plan management services;
- plan managers that are also providing support coordination to a participant approving and paying their own invoices without input from the participant;
- plan managers relying on automatic rollovers of annual service agreements with a number of participants or their family members complaining that they were unaware of this provision and only discovered it when they tried to engage a new plan manager and were told the previous plan manager had already created a new service booking and charged the set-up fee, making it very difficult for the participant to change to another plan management provider; and
- plan managers making unsolicited contact with a participant after the participant’s plan is approved, wrongly claiming to be the participant’s plan manager and sometimes in circumstances where the participant already has another plan manager.

A number of participants, other providers and other intermediaries complained that some plan managers were offering inducements to participants to change to their plan management supports, including cash, gift vouchers and other items.

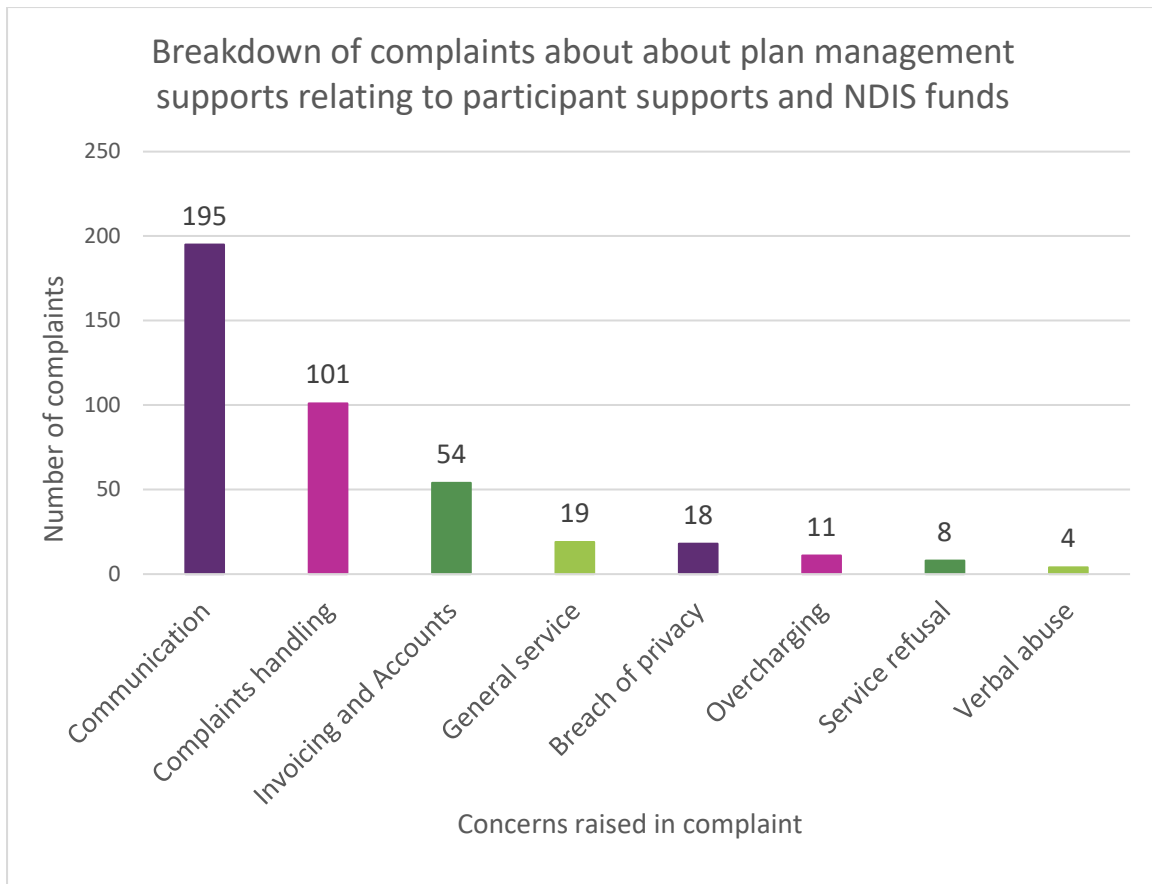
A plan manager complained that another plan manager was refusing to release a number of participants’ funds. The complaint alleged that the participants wished to change plan managers and had signed service agreements with the complaining plan manager, but their original plan

manager was requiring them to wait for a 28-day notice period. The complaining plan manager said that this waiting period was unnecessary as service bookings could be cancelled immediately, and making the participants wait was denying them choice and control. The complaining plan manager was also concerned that the original plan manager was contacting the participants and trying to talk them out of changing plan management providers.

Other quality concerns

Of the 384 complaints about plan management supports, 256 complaints (67 per cent) raised other concerns in relation to plan managers' practices as follows:

- 195 (76 per cent of other quality complaints, 51 per cent of total complaints) raised issues of poor or no communication – including: no communication from the plan manager; failure of the plan manager to respond to communication by or on behalf of the participant or other providers; confusing or misleading communication from the plan manager; and rudeness to or high-handed dealings with the participant, the participant's informal supports or other NDIS providers;
- 101 (39 per cent of other quality complaints, 26 per cent of total complaints) raised issues of poor or no complaints handling and poor or no responses to concerns – including: not responding to concerns or complaints made by the participant or others on the participants behalf; not responding to concerns or complaints made by other providers; and not resolving concerns or complaints;
- 54 (21 per cent of other quality complaints, 14 per cent of total complaints) raised issues of poor invoicing and accounting practices – including: poor invoicing; poor management of invoicing; poor systems for scrutinising validity of claims for payment; and poor system design (for example, no arrangements to prevent double payments);
- 19 (7 per cent of other quality complaints, 5 per cent of total complaints) raised issues of general poor service;
- 18 (7 per cent of other quality complaints, 5 per cent of total complaints) raised issues of breach of privacy;
- 11 (4 per cent of other quality complaints, 3 per cent of total complaints) raised issues of overcharging for plan management supports;
- 8 (3 per cent of other quality complaints, 2 per cent of total complaints) raised issues of the refusal to provide or the termination of plan management supports; and
- 4 (2 per cent of other quality complaints, 1 per cent of total complaints) raised issues of verbal abuse – including abuse of the participant, the participant's nominee or informal supports, or other NDIS providers.



Some examples of complaints that raised other concerns in relation to plan managers' practices include:

- the plan manager's communication requirements, such as requiring the participant to give written consent for the plan manager to deal with the participant's support coordinator, were unsuitable for the participant because of the participant's disability and the plan manager would not allow other forms of communication;
- plan managers charging a set-up fee both for a short rollover of the participant's previous plan and when the new plan commenced, so that two set-up fees can be charged in a matter of days;
- plan managers requiring all contact to be made through general inboxes or a general helpline, such that pursuing complaints or raising concerns takes months of escalation and extensive correspondence, which also wastes the participant's NDIS funds when their other providers (such as a support coordinator) need to be involved;
- poor and inadequate communication, including plan managers not responding to emails or telephone calls, and not responding to participants' requests to explain matters in relation to their plans and how the plan manager will deal with payments;
- plan managers 'bouncing' payment issues backwards and forwards to each other without resolving them when the participant has changed plan managers, causing problems for participants and other providers; and
- plan managers refusing to engage with support coordinators or Local Area Coordinators when concerns are raised about payments and supports.

3.2.3 Complaints about smaller plan managers

The NDIS Commission extracted data from the Commission Operating System to identify complaints made about the plan managers other than the 10 largest plan managers (determined by reference to NDIA data²⁴) for the period from 1 January 2022. The data extraction captured data up to and including 20 February 2023.

70 complaints were identified. Some of the plan management providers also provide other classes of supports. The 70 complaints were analysed initially to identify and exclude complaints relating to classes of supports other than plan management. Five complaints were identified and excluded.

This initial analysis identified 65 complaints relating to plan management provided by smaller plan managers since 1 January 2022.

The NDIS Commission has analysed the concerns raised in the 65 complaints about plan management supports. They raise similar issues across the four broad groups identified in complaints about the 10 largest plan managers, with many complaints raising issues of non-payment, poor communication and the participant being left with inadequate supports.

25 of the 65 complaints (38 per cent) raised concerns about conflicts of interest, sharp practices and denial of the participant's choice and control.

Some examples of complaints about plan managers that raised issues of conflicts of interest, sharp practices and denial of the participant's choice and control include:

- plan managers paying for supports that were not provided in circumstances where they were supposed to be provided by the same organisation that provides plan management;
- persons with personal relationships with the participant's support workers, the participant or the participant's family members being appointed as plan manager, raising concerns about fraud and unpermitted payments;
- plan managers refusing to release the participant's NDIS funds in circumstances where the participant wished to change plan managers and deducting substantial fees in advance for plan management to prevent participants being able to engage a new plan manager;
- plan managers offering inducements to participants to change to their plan management services; and
- plan managers that are also providing support coordination and core supports to a participant without having mechanisms to manage conflicts of interest.

3.2.4 Reportable incidents notified by plan managers

As the NDIA requires that plan managers be registered, all plan managers are required to notify the NDIS Commission of reportable incidents that occur or are alleged to have occurred in connection with the provision of supports or services by the plan manager.

²⁴ March 2023, NDIS Quarterly Report to disability ministers, p. 95.

Some plan managers also provide other classes of supports, and so they may submit notifications of incidents in connection with those other supports.

The NDIS Commission extracted data from the Commission Operating System to identify reportable incident notifications made by the 10 largest plan managers since the NDIS Commission commenced operating in the relevant jurisdiction.²⁵ The initial data extraction captured data up to and including 6 May 2023.

A total of 285 notifications involving 283 participants were made by the 10 largest providers of plan management supports in the following categories:

- 229 were notifications of the death of a person with disability;
- 37 were notifications of the abuse of a person with disability;
- 9 were notifications of the neglect of a person with disability;
- 5 were notifications of the serious injury of a person with disability;
- 3 were notifications of sexual misconduct committed against, or in the presence of, a person with disability; and
- 2 were notifications of unlawful sexual contact with a person with disability.

From a plan manager perspective, these notifications are almost all third party notifications. This means that, while the incident might have occurred or might have been alleged to have occurred in connection with the provision of NDIS supports or services, it did not occur and was not alleged to have occurred in connection with the provision of plan management supports or services.

Generally, the NDIS Commission closes third party notifications as “out of jurisdiction”. However, third party notifications may provide the NDIS Commission with information to suggest that another registered NDIS provider has not notified the NDIS Commission of a reportable incident that occurred or is alleged to have occurred in connection with the provision of NDIS supports or services by that other provider. If it appears that a registered NDIS provider has failed to notify the NDIS Commission of a reportable incident, the NDIS Commission contacts that provider to obtain the notification.

Third party notifications may also provide the NDIS Commission with information that enables it to take other safeguarding action, including where a notification suggests that an unregistered NDIS provider or worker may not be complying with the NDIS Code of Conduct. If the information raises allegations against a participant’s informal supports, the NDIS Commission may consider whether to share the information with another relevant agency, particularly where safeguarding concerns arise.

The 229 death notifications are all third party notifications. They are notifications based on information provided by the participant’s support coordinator or NDIS provider of other supports, plan nominee, or informal supports, and the deaths are not alleged to have occurred in connection with the provision of plan management supports.

²⁵ In New South Wales and South Australia, from 1 July 2018; in Victoria, Queensland, Tasmania, Australian Capital Territory and Northern Territory, from 1 July 2019; in Western Australia, from 1 December 2020.

The 37 abuse notifications raise:

- concerns identified by the plan manager that the participant may be being abused by an informal support or another provider, with the abuse alleged ranging from low level verbal abuse through misconduct (a disability support worker being drunk or drug affected) to physical abuse and neglect;
- allegations of financial abuse and fraud identified through invoices or claims for payment made to the plan manager or raised with the plan manager by participants or their informal supports;
- allegations that other providers have conflicts of interest which have been identified by the plan manager;
- a couple of cases where a participant has made a complaint to the plan manager about the plan manager's refusal to pay invoices (where the plan manager says the invoices are for items not covered by the participant's plan and so payment is not allowed), either alone or in conjunction with allegations against other providers, and the plan manager has notified the NDIS Commission of these complaints as allegations of abuse; and
- allegations reported to the plan manager by other providers or the participant's informal supports.

The nine neglect notifications largely pass on allegations made by participants, other providers or informal supports about supports or services other than plan management. The allegations relate to non-provision of supports, exhaustion of funds, withdrawal of supports, a participant being reported as a missing person, and poor quality supports.

The five serious injury notifications pass on allegations made by other providers (or the plan manager in its capacity as the provider of support coordination), including based on allegations by the participant, involving harm by third parties or self-harm.

In each of the three sexual misconduct notifications, the plan manager in its capacity as the provider of support coordination passed on allegations made by the participant or by other providers of sexual misconduct.

In each of the two unlawful sexual contact notifications, the notifications pass on allegations made by another provider or informal support of unlawful sexual contact.

3.2.5 Summary

The analysis of complaints and reportable incidents data above suggests that:

- participants and other interested parties are raising a range of serious integrity and quality concerns about plan management;
- the presence of sharp practices and conflicts of interest raise risks of the plan manager preferring their own interests over the interests of the participant;
- sharp practices raise risks in terms of the quality of plan management provided to the participant, the quality of other supports provided to the participant and the likelihood of the plan manager making a positive contribution to safeguarding for the participant;

-
- some quality concerns about plan manager raise risks of the participant not receiving adequate NDIS supports, or at times any NDIS supports at all;
 - the wide range of quality concerns about plan management point to a need for improvement amongst plan managers to deliver higher standards of plan management to participants; and
 - plan management can play an important role in making a positive contribution to safeguarding for the participant and to pursuing improved quality in the participant's other supports.

In addition to examining whether the NDIS Commission should make any changes to how it regulates plan management in Part 2 of this Inquiry (which will be conducted after the Disability Royal Commission and the independent NDIS Review have reported), the NDIS Commission will work with the NDIA to ensure that the quality, integrity and safeguarding concerns in relation to plan management identified in Part 1 of this Inquiry are addressed across the work of the NDIA and the NDIS Commission.

4. Next steps

As the terms of reference set out in section 1.2 above indicate, this Part 1 of the Inquiry has examined relevant complaint and reportable incident notifications received by the NDIS Commission in relation to support coordination and plan management to identify:

- quality and safeguarding concerns being raised in relation to support coordination and plan management; and
- positive contributions good support coordination and plan management are making to quality and safeguarding in the NDIS.

Part 2 of the Inquiry will examine whether the NDIS Commission should make any changes to how it regulates support coordination and plan management to:

- address any quality and safeguarding concerns identified in Part 1 of the Inquiry; and
- support the positive contributions made by good support coordination and plan management identified in Part 1 of the Inquiry.

The NDIS Commission will not undertake Part 2 of the Inquiry until the Disability Royal Commission and the independent NDIS Review have reported.

The Commissioner encourages participants, providers and other interested parties to consider the data and analysis in this Part 1 of the Inquiry.

Once the implications of any relevant recommendations of the Disability Royal Commission and the independent NDIS Review become clear, the NDIS Commission will invite stakeholder feedback in relation to whether it should make any changes to how it regulates support coordination and plan management. The NDIS Commission will be keen to engage with participants, providers and other interested parties in relation to possible regulatory changes in Part 2 of the Inquiry.