

# 2025-26 NDIS ANNUAL PRICING REVIEW CONSULTATIONS

**Response to APR consultation**  
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**Recipient**

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Dietitians Australia acknowledges all traditional custodians of the lands, waters and seas that we work and live on across Australia. We pay our respect to Elders past, present and future and thank them for their continuing custodianship.

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## About Dietitians Australia

Dietitians Australia is the national association of the dietetic profession with over 9000 members, and branches in each state and territory. Dietitians Australia is the leading voice in nutrition and dietetics and advocates for the profession and the people and communities we serve.

The Accredited Practising Dietitian (APD) program is the credentialling program of Dietitians Australia. It provides an assurance of safe and quality dietetic practice and is the foundation of self-regulation of the dietetic profession in Australia. APDs have an important role in supporting people with disability, including providing supports that help to optimise functional capacity and the health and wellbeing of all Australians.

This submission was prepared by Dietitians Australia in consultation with members following the Conflict of Interest processes approved by the Board of Dietitians Australia. Contributions, including direct quotations and experiences, were provided by Dietitians Australia Disability expert members with wide ranging expertise in clinical practice.

## Our remarks and response

Dietitians Australia thanks the National Disability Insurance Agency (NDIA) for the opportunity to provide a response to the 2025-26 Annual Pricing Review (2025-26 APR). We understand that the NDIA sees the APR is one of the NDIA's most important mechanisms for ensuring that the National Disability Insurance Scheme (NDIS) remains fair, sustainable, and responsive to the needs of participants.

Dietitians Australia welcomes the earlier consultation period set for this 2025-26 APR. We urge the NDIA to ensure the outcomes of this review are accompanied by clear communications that support the sector in making any necessary adjustments.

The 2024–25 Annual Pricing Review (2024-25 APR), conducted with an abbreviated and insufficient consultation process, was undertaken during a period of significant pressure across the disability support sector,<sup>1</sup> with these pressures acutely affecting the delivery of dietetic services. In particular, rising workforce costs, inflation and increased exits of experienced dietitians from the NDIS market have placed considerable strain on the sustainability of NDIS-funded dietetic supports. While the review examined therapy pricing and introduced targeted adjustments, it also highlighted structural issues that disproportionately impact APDs in their delivery of essential supports to participants, including the high administrative burden, extensive travel requirements, and the complexity of nutrition-related assessments and reporting, factors not adequately reflected in current pricing arrangements.

We understand that the 2025–26 APR aims to build on the work of the 2024-25 APR and seeks feedback across key five support categories: disability support worker supports, therapy supports, support coordination, plan management, and social, civic and community participation.<sup>2</sup> This consultation provides an important opportunity to ensure that pricing arrangements better recognise the specialised nature of dietetic interventions and the essential role APDs play in supporting NDIS participants. Strengthening pricing structures for dietetic services is critical. It will serve to maintain workforce viability, secure service availability and improve accessibility, ensuring participants can continue to receive high-quality, evidence-based nutrition support when and where they need it aligned with broader NDIS reforms.

Dietitians Australia has responded to a selection of the NDIA provider survey questions in this written response. Our response particularly focuses on pricing differentiation, therapy supports and therapy session times as these are most relevant to the concerns, interests, experiences and expertise of our members who predominately work as practitioners providing NDIS participants with dietetic and nutrition supports. Members of Dietitians Australia have also responded individually to this consultation, providing further profession-specific insights.

Dietitians Australia's submission to the 2025-26 APR consultation is informed by a national member survey. Members' feedback provided a clear picture of an experienced and diverse APD workforce navigating the extremely challenging realities of therapy supports and travel pricing changes in NDIS since July 2025. Most respondents have been supporting NDIS participants for 5 to 10 years, highlighting a sector with substantial tenure. APDs operate under a wide range of employment models from sole trader through to NDIS provider organisations, with each model presenting unique opportunities and challenges. A significant proportion of therapy support providers are sole traders or small businesses. Future NDIS pricing needs to allow for the diversity of service and business models that exist in the market. The potential impact of changes in pricing and pricing structures for participants was seen as the single biggest risk.

## Recommendations

### **Recommendation 1 – Price Differentiation**

Dietitians Australia recommends that the NDIA does not progress towards a differentiated pricing model. Such a model risks over-simplifying complex therapeutic practice through arbitrary delineations.

### **Recommendation 2 – Therapy Supports**

Dietitians Australia recommends that the NDIA overturn the 2024–25 APR pricing decisions for dietetic therapy, as the revised hourly rate and travel provisions are misaligned with the real clinical, administrative, and safety requirements of NDIS dietetic practice.

- The hourly rate for dietetic consultations must explicitly account for the additional time, complexity, and professional expertise required to deliver high-quality dietetic therapy supports, particularly where complex presentations, multidisciplinary coordination, extensive reporting requirements, safeguarding obligations and increased administrative processes are involved.
- Halving the travel allowance reduces service sustainability and access, and participant choice, particularly affecting rural and remote communities.

### **Recommendation 3 – Therapy session times**

Dietitians Australia recommends the NDIA make provision for therapy session lengths that accurately reflect the time required to address the complex support needs of participants. Participants must be funded for sufficient time with APDs to achieve safe and effective outcomes.

### **Recommendation 4 – Governance of pricing**

Dietitians Australia calls for the establishment of an independent pricing authority to ensure decisions are evidence-based, conflict-free, responsive to participant needs and provider sustainability, and their impacts are carefully monitored.

## Response to the Provider questionnaire

### 1.0 Differentiated Pricing

#### If the NDIA implements differentiated pricing (different price limits for different circumstances) what should be the primary basis for differentiation?

Dietitians Australia recommends that the NDIA does not proceed with a differentiated pricing model. Such a model risks oversimplifying complex therapeutic practice through arbitrary categories that are difficult to define, regulate, or apply consistently, and may lead to significant unintended consequences for both participants and providers.

Defining client complexity is inherently subjective, inconsistent, and prone to dispute. There is no clear, evidence-based method for determining who is “complex” versus “simple,” nor is there established governance to determine who makes these decisions or what qualifications or experience would be required to access higher pricing tiers. Without clear safeguards, a differentiated model risks limiting participant choice, increasing administrative burden, and creating pressure to continually reclassify participants to meet NDIA pricing criteria.

If the NDIA chooses to progress with differentiated pricing despite these risks, strong guardrails are essential to ensure participants are not further disadvantaged. Any model must ensure that pricing reflects:

- Number and severity of co-occurring conditions, such as intellectual disability with complex physical disability, tube feeding, severe malnutrition or obesity, eating disorders, or Avoidant/Restrictive Food Intake Disorder.
- Mealtimes and feeding risk, including aspiration, choking, nutritional risk, and behavioural risk at mealtimes.
- Behavioural and safeguarding risks requiring multidisciplinary planning and frequent coordination.
- Trajectory of disability or condition progression, with flexibility to adjust pricing as needs change and intensity of support increases or decreases.

These considerations align with the Australian Physiotherapy Association (APA) Independent modelling report findings that compensable schemes typically serve more complex participants, not simpler ones.<sup>3</sup>

Dietitians Australia has provided detailed responses to selected areas of proposed price differentiation in the APR provider questionnaire to support a pricing approach that protects participant access, maintains quality, and sustains the dietetic workforce.

#### Participant complexity

Dietitians Australia emphasises that “complexity” is inherently subjective and that no standard, evidence-based definition exists within the context of NDIS therapy supports. This makes it unsafe and impractical to categorise participants as “simple” or “complex,” as no two diagnostic or functional profiles are identical and each participant presents with unique needs.

Dietitians Australia considers that, if any form of differentiation is implemented, it must be grounded in functional impact assessments that consider the individual as a whole. Any pricing distinction should be tied to clearly demonstrated functional complexity rather than arbitrary or diagnostic labels, ensuring that participants receive funding aligned with the true intensity and expertise required for safe, effective dietetic support.

#### Provider registration

Dietitians Australia does not support price differentiation for therapy supports based on provider registration. Such an approach risks undermining equity, disproportionately disadvantaging smaller and sole-trader providers, and creating barriers to access without delivering any demonstrated improvement in participant outcomes.

Registered providers carry substantial obligations, including the development and maintenance of policies and procedures that must continually adapt to changing NDIA requirements. Quality systems, governance, supervision, safeguarding, and ongoing clinical and NDIS-specific workforce training all require significant investment. The registration process itself also involves considerable costs, including audit fees and multiple certification, identity, and safety checks. These obligations create a markedly higher cost base for registered providers compared with unregistered providers yet differentiated pricing risks not addressing this imbalance in a fair or effective way.

Dietitians Australia cautions that pricing differentiation based on registration status may significantly restrict participant choice of providers, particularly in rural and remote areas where sole traders and small practices are often the only available providers.

The NDIS Provider and Worker Registration Taskforce has already acknowledged that registration must recognise the pre-existing regulatory frameworks governing allied health professionals, including APDs.<sup>4</sup> Given this, pricing differentiation based on registration status is not an appropriate mechanism for improving quality or safety in dietetic therapy supports.

While Dietitians Australia does not support differentiated pricing based on registration, it is essential that the NDIA ensures only appropriately trained, qualified, and regulated professionals – APDs – are permitted to deliver dietetic therapy supports under the NDIS.

#### Service quality and model factors

Dietitians Australia does not support the introduction of a differentiated pricing model. However, if the NDIA proceeds, any model must be designed to minimise harm and ensure that participants continue to receive safe, high-quality dietetic care.

Should a differentiated model be pursued, clinician experience must be recognised as a critical factor in determining appropriate pricing. Retaining highly skilled practitioners within the NDIS requires remuneration that reflects increasing wages, advanced capability, and clear career pathways into specialised practice and leadership roles. Pricing must also account for the additional time, cost, and risk associated with rural and remote service delivery, extensive travel to participants, and the provision of dietetic therapy in high-risk environments such as group homes with complex mealtime support needs.

The APA Independent Modelling Report proposes an evidence-based approach incorporating loadings for advanced training, specialisation, complexity, and rurality.<sup>3</sup> While Dietitians Australia does not support differentiated pricing as a policy direction, these elements represent the minimum safeguards required to reduce the risk of further disadvantaging participants and destabilising the dietetic workforce if the NDIA elects to proceed.

## What is the single biggest risk of differentiated pricing the NDIA must address?

Differentiated pricing poses a fundamental risk to the NDIS if it results in misclassification and underfunding of the dietetic supports required by participants with complex needs. Dietitians Australia's position is that the greatest risk is the creation of a pricing system that fails to recognise the true complexity of participants and the true cost of delivering safe, high-quality dietetic care.

Classification of clients by complexity is particularly fraught, as diagnostic profiles vary widely, and no two participants present in the same way. All NDIS participants, by definition, experience significant impairment, and any pricing model that oversimplifies complexity risks systematically underfunding the supports required for safe mealtime management, behaviour-related feeding challenges, and high-risk environments such as group homes. If differentiated pricing does not lift dietetic therapy prices to reflect the real cost of delivering quality supports, especially for participants with complex needs, there is a substantial risk of reduced workforce sustainability, increased burnout, and declining participation of experienced dietitians in the NDIS market. These concerns mirror broader national workforce trends, including evidence from Kirkegaard et al. (2025) showing workload pressures, business viability challenges, and burnout among dietitians in private practice.<sup>5</sup>

Our members also highlight the risk that assumptions may be made about providers based on size, service model, or registration status. Sole traders and small providers should not be presumed to be lower-quality or less invested in training, supervision, or outcomes measurement.

Dietitians Australia members further caution that poorly designed differentiated pricing could reduce participant access, choice, and quality of care by incentivising cheaper rather than clinically appropriate services. Misclassification, inconsistent planner decisions, and increased administrative burden could drive experienced APDs and small providers out of the sector, ultimately reducing availability of skilled clinicians, particularly in rural and remote communities, and leading to poorer participant outcomes.

These system-level risks translate into real and immediate clinical risks for participants. Inadequate dietetic support increases the likelihood of swallowing difficulties, choking events, malnutrition, dehydration, and preventable hospital admissions, resulting in a participant's loss of independence and functional capacity. For many participants, especially those with complex mealtime or feeding needs, safe and timely dietetic intervention is essential to preventing serious and avoidable health complications.

NDIS pricing decisions require independent oversight to ensure they are grounded in real costs, free from conflicts of interest, and aligned with participant needs and provider sustainability. Current evidence, including findings from the Ability Roundtable<sup>6</sup>, shows a clear gap between the actual cost of delivering quality services and the existing NDIS price limits. This reinforces the need for a pricing mechanism that is transparent, methodologically robust, and insulated from short-term fiscal or operational pressures.

Dietitians Australia therefore recommends establishing an independent pricing authority with responsibility for setting evidence-based price limits, ensuring decisions remain conflict-free, and monitoring the real-world impacts of pricing on participant outcomes, market stability, and workforce viability.

## Why an independent pricing authority is justified

1. Pricing decisions currently lack transparent, independent governance. NDIS pricing affects participant safety, provider viability, and market stability. Decisions of this magnitude require a governance structure that is insulated from conflict of interest, political, fiscal, or operational

pressures. An independent authority provides the conflict-free oversight needed to ensure pricing reflects evidence and participant need, not short-term budget constraints.

2. The NDIS Review, government taskforces and peak bodies have already identified the need for independent stewardship.<sup>7,8</sup> Recent national reviews and the Independent Health and Aged Care Pricing Authority have emphasised the importance of independent bodies to oversee complex system levers such as pricing, quality, and market stewardship.<sup>9,10</sup> Positioning pricing within an independent authority aligns with these broader reform directions and strengthens the scheme's integrity.<sup>7,9</sup>

3. Evidence-based pricing requires specialist capability that the NDIA does not currently hold.<sup>7,9</sup> Accurately costing therapy supports—particularly those involving complex, multidisciplinary, or high-risk care—requires economic, clinical, and workforce expertise. An independent authority can embed this capability, apply consistent methodologies, and ensure pricing reflects real-world practice conditions.

4. Independent oversight is essential to monitor unintended consequences. Pricing changes can shift provider behaviour, distort markets, or reduce access for high-needs participants. An independent authority can systematically monitor impacts, identify emerging risks, and adjust settings before harm occurs. This is particularly important for dietetic therapy supports, where inadequate pricing can lead to malnutrition, dehydration, choking risk, and preventable hospital admissions.

5. Independence strengthens trust across the sector. Providers, participants, and peak bodies consistently report low confidence in the NDIA's pricing processes. An independent authority would improve transparency, reduce disputes, and support more constructive engagement between the NDIA, participants, and providers.

**If you do not agree with differentiated pricing, please share why.**

Dietitians Australia holds the view that differentiated pricing carries significant risks for the NDIS if it is implemented without strong safeguards, transparent criteria, and a clear understanding of the realities of dietetic practice. We are deeply concerned that the model could entrench inequities, distort participant choice, and further destabilise an already strained workforce.

Members consistently report scepticism about the NDIA's ability to apply differentiated pricing fairly and accurately. There is strong concern that participant complexity will be misclassified, leading to underfunding for those with the highest needs and pushing vulnerable participants toward cheaper, lower-quality services rather than clinically appropriate dietetic care. Many fear that the model could amplify existing system issues by creating new layers of unfairness and administrative burden. Members also highlight risks to small businesses and sole traders, who may be disadvantaged by registration-based pricing, increased compliance requirements, and downward price pressure. They caution against assumptions that smaller providers invest less in training, supervision, or outcomes measurement, noting that such assumptions are inaccurate and harmful.

We argue that dietitians' skills and expertise must be valued consistently. While some members emphasise that experience and advanced capability currently go unrewarded, others stress that differentiated pricing may not be the mechanism to address this if the broader system remains unstable. Overall, Dietitians Australia considers that differentiated pricing could complicate the system, exacerbate inequities, reduce participant access and choice, and undermine workforce sustainability unless foundational issues—such as misclassification risk, administrative complexity, and pricing adequacy—are addressed first.

## 2.0 Therapy supports and session times

### Therapy supports

**Compared to therapy in health or aged care settings, explain how much additional time and effort each aspect requires under the NDIS (Clinical, Administrative and Operational)?**

Dietitians Australia urges the NDIA to reverse the pricing decisions made in the 2024–25 APR for both the hourly rate and travel allowances for dietetic therapy. Current pricing does not reflect the time, complexity, and professional expertise required to deliver safe, high-quality dietetic supports under the NDIS. The hourly rate must explicitly account for the substantial non-face-to-face work inherent in dietetic therapy, particularly when supporting participants with complex presentations, meeting extensive reporting and safeguarding obligations, coordinating across multidisciplinary teams, and navigating increased administrative requirements.

NDIS dietetic therapy involves significantly more non-face-to-face time than comparable services funded through Medicare, DVA, or aged-care programs. Members consistently report that this additional workload is driven by:

- Complex presentations such as disability with co-existing malnutrition, tube feeding, eating disorders, Avoidant/Restrictive Food Intake Disorder, and behavioural feeding issues, all of which require longer assessments, detailed clinical reasoning, and graded interventions.
- Multidisciplinary coordination with support coordinators, behaviour practitioners, therapists, support workers, group homes, schools, and families, often taking as long as, or longer than, the direct session.
- Extensive reporting requirements, including baseline and review reports, goal-aligned outcomes, and capacity-building recommendations that exceed other funding schemes.
- Safeguarding and quality obligations for registered providers, including policies, audits, supervision, and incident management, all of which must be resourced within the same flat price limit applied to unregistered providers with lower overheads.
- Administrative and financial processes unique to the NDIS, including service agreements, compliance documentation, systems navigation, invoicing, delayed payments, and carrying debt, contrasting sharply with Medicare and private health, where payment is immediate and administrative burden is minimal.

Members emphasise that NDIS community-based clinical work requires substantially more time and effort across assessment, goal setting, therapy delivery, and family/carer consultation. The complexity of participant presentations increases the time required for functional assessments, documentation, and liaison with multiple stakeholders. Examples include multi-session goal-setting processes, detailed nutrition messaging, lengthy report writing, and ongoing coordination to keep pace with changes in participant needs and outcomes. This reflects the significant administrative and relational labour required when working outside controlled environments such as hospitals or aged care.

Members also highlight that NDIS work demands far more travel, training, supervision, and operational investment than other sectors. Travel requirements are markedly higher due to home visits, rural distances, accessibility needs, and limited ability to schedule consecutive appointments. Some clinicians report spending 15–20 hours per week travelling or reducing travel because it is no longer financially viable. Additional costs include specialised equipment, software, and accessible infrastructure required specifically for NDIS participants. Increased administrative load and reduced

incidental learning have led many providers to rely on virtual assistants or new systems to manage NDIS processes.

Overall, Dietitians Australia considers that supporting NDIS participants requires significantly more time, flexibility, and resources than comparable work in health or aged care. Participant complexity and scheme requirements drive substantial additional effort across all aspects of service delivery. Pricing settings must be revised to reflect these realities to ensure the sustainability of the dietetic workforce within the NDIS and the continued availability of high-quality dietetic therapy for NDIS participants.

#### Therapy session times

**What is the typical duration of a NDIS therapy session delivered by you and your practice? Initial and ongoing or follow-up?**

**What determines the length of sessions? (eg, type of healthcare condition, complexity)?**

Dietitians Australia calls on the NDIA to recognise and fund therapy session lengths that accurately reflect the time required to address the complex nutrition, mealtime, and functional needs of NDIS participants. Member feedback is unequivocal: participant complexity is the primary driver of session length, and NDIS dietetic therapy routinely requires substantially more time than the current 60-minute billing model allows.

Initial assessments commonly involve around 90 minutes of face-to-face time, extensive consent and risk-screening processes, service agreement discussions, and multidisciplinary information gathering. This is followed by approximately 90 minutes of documentation and reporting, resulting in roughly three hours of clinician labour for a single initial assessment.

Ongoing sessions typically require 60 to 90 minutes of direct therapy and 15 to 30 minutes of follow-up work, with additional time needed for functional skill building, environmental assessments, incident reviews, and coaching of support workers. Each episode of care also requires 15 to 60 minutes of coordination with families, support workers, medical teams, and other allied health professionals. High-complexity cases—such as enteral feeding, mealtime behaviour assessments, or case conferences—regularly require 2 to 4 hours or more. Many members report that limited participant funding forces them to shorten reviews, or provide unpaid support to ensure safety and continuity of care.

Across the membership, actual labour commonly ranges from 75 to 180 minutes for ongoing therapy and 150 to 240+ minutes for initial or complex work. This creates a significant and persistent mismatch between billable time and the real workload required to deliver safe, effective dietetic therapy under the NDIS.

Dietitians Australia considers this mismatch a major contributor to workforce strain and financial unsustainability. Member responses show a consistent pattern: the clinical, administrative, and relational labour required to support NDIS participants routinely exceeds what is billable under current pricing settings. Without pricing that reflects the true time required for high-quality dietetic therapy, the sector cannot maintain a sustainable workforce or ensure equitable access to safe, effective nutrition support for participants within the NDIS.

Again, these system-level risks translate into real and immediate clinical risks for participants. Risks associated with the delivery of inadequate dietetic support increases the likelihood of swallowing difficulties, choking events, malnutrition, dehydration, and preventable hospital admissions, resulting in a participant's loss of independence and functional capacity. As previously stated, for many participants, especially those with complex mealtime or feeding needs, safe and timely dietetic intervention is essential to preventing serious and avoidable health complications.

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