

# NDIS New Framework Planning Rules

**Response to public consultation on new framework planning  
discussion paper**

**March 2026**

## **Recipient**

Commonwealth of Australia as represented by the Australian Government Department of Health,  
Disability and Ageing

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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 credentialing 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 safeguarding frameworks for critical issues such as dysphagia, enteral feeding, and menu planning. Our members are dedicated to supporting functional capacity and improving the health and wellbeing of all Australians through optimal nutrition safeguarding practices.

This submission was prepared by members of the Dietitians Australia Policy and Advocacy team following processes approved by the Board of Dietitians Australia. Stakeholder contributions were provided by Dietitians Australia members of the Disability Sector Expert Reference Group.

## **Acknowledgement of Country**

We acknowledge the Traditional Custodians of Country throughout Australia and recognise their enduring connections to land, waters, and food systems. We pay our respects to Elders past, present and emerging and extend this respect to all First Nations peoples. We recognise the importance of Indigenous food sovereignty and knowledges in shaping a just and sustainable food future.

## Recommendations

Dietitians Australia proposes general recommendations listed below in response to the [NDIS Rules Discussion Paper](#).

The response to the four proposed steps in the new framework planning process is discussed later in the submission.

**Recommendation 1:** The exposure draft of the Rules be released so both providers and participants can meaningfully contribute to this consultation. We recommend that the implementation of the new framework planning be delayed until at least 1 January 2027 to allow for sufficient time for consultation, planning and implementation of changes proposed.

**Recommendation 2:** Validate all components of the Support Needs Assessment—including the Instrument for the Classification and Assessment of Support Needs (I-CAN)—with the full future assessor workforce, not only allied-health professionals. Ensure the tool is formally validated across every impairment category (including participants with multiple or intersecting impairments) and a variety and range of disability groups to guarantee safe and equitable implementation.

**Recommendation 3:** The NDIA should work with the allied-health sector, including Accredited Practising Dietitians (APDs), to ensure expert clinical input remains a structured, weighted component of the Support Needs Assessment and the I-CAN tool. Participants must be given the opportunity to provide their perspective and describe their goals and needs in detail as part of the assessment process. They must also be afforded the right to advocate to meaningfully influence assessment outcomes, rather than being sidelined by standardised processes.

**Recommendation 4:** Nutrition-related components of the Support Needs Assessment must explicitly incorporate APDs in the design, validation, and delivery of the I-CAN tool and all related modules, to ensure nutritional risks and support needs are accurately identified and not overlooked during assessment.

**Recommendation 5:** Establish an independent monitoring and evaluation process, supported by an advisory body of participants, APDs and other allied-health professionals, to oversee the rollout and early testing of new framework planning. This should be supported by additional review pathways for early participants, including external verification of assessment findings and NDIA-initiated reviews where significant issues are identified, with regular reporting on concerns raised and how they are being addressed.

## Introduction

Dietitians Australia welcomes the opportunity to respond to the consultation '[NDIS rules: public consultation on new framework planning](#)' presented by the Department of Health, Disability and Ageing (the Department). We recognise that the Department is still developing the rules explaining how the new framework planning will work in practice and that the intention of this phase of consultation is to hear from the disability community to get the rules right. We also understand that the purpose is to gather general views about the structure and approach that underpins the new framework planning rather than to seek explicit feedback on the detail contained within individual rules.

Dietitians Australia acknowledges the limitations of this phase of consultation. However, we note the difficulty of providing meaningful input on framework planning without the more specific detail that will be contained in the exposure drafts for the NDIS Rules. It is currently challenging for APDs to understand where there are likely to be risks and issues, how different components will intersect to address potential gaps and risks, and to provide an informed, practical response to this consultation without this detail. Dietitians Australia is hindered by a lack of access to the draft rules for the Support Needs Assessments, budget method and new framework planning spending. These rules provide a critical foundation for how new framework planning will be enacted and, in our view, whether the new approach will be successful.

The effectiveness of the NDIS and outcomes for participants hinges on careful and considered co-design and implementation of an effective new approach to planning, and developing a competent workforce to deliver accurate assessments. We note in this context the high level of concern among APDs, psychologists and disability experts as a result of the introduction of the I-CAN tool<sup>1</sup>, which is a core tool for the new NDIS planning framework in determining support plans for NDIS participants. Clear evidence is emerging that the proposed domains are insufficient for fully and adequately capturing assessment of disability support needs.

In the aged care context, for example, the Integrated Assessment Tool (IAT)<sup>2</sup> presents challenges such as reduced individualisation, transparency issues and algorithmic decision making that overrides clinician expertise.<sup>3,4</sup> The NDIS must avoid repeating these mistakes with the introduction of a new legislated Support Needs Assessment (using tools like I-CAN) as the new framework planning is rolled out. This is especially the case with the I-CAN tool since it takes the form of a three-hour semi-structured interview where answers are fed into a computer program that produces a budget of supports for NDIS participants.

Our main concern is that the new NDIS planning system may unintentionally sideline the expertise provided by allied-health professionals and replace clinical judgement with a rigid, standardised assessment tool, which could harm participants. In this model, where dietetic and other allied-health reports are ignored, essential therapy supports may be overlooked leaving participants at risk with reduced opportunity to challenge planning decisions that impact on their welfare. If assessors lack clinical expertise, people with complex disability needs may be significantly disadvantaged and exposed to unnecessary risk.

We are deeply concerned by this potential high level of risk to participants. To enable meaningful consultation as well as adequate time to transition systems and the workforce to implement the new framework planning, the initial roll out from 1 July 2026 should be delayed by at least six months. This would help prevent avoidable harms and complaints by creating a six-month period in which the new processes can be safely tested, monitored, and adjusted before wider rollout.

Dietitians Australia recognises that there are significant challenges with existing methods for planning and that the government is committed to the proposed reforms as a result. With that in mind, we are eager to support a safe and effective implementation of the new approach, despite uncertainty and caution about the new framework planning highlighted above. Our recommendations and responses below provide further feedback aligned with the four stages of new framework planning. We welcome questions in response to this submission, and the ongoing opportunity to work constructively with the Department as the development of the rules continues.

## Response

### Step 1: Preparing for a supports needs assessment

#### *(a) Notice of Impairments*

Dietitians Australia supports the development of a rule that expands access to Notice of Impairments to participants who met Scheme access requirements prior to 1 January 2025. Section 34 of the *National Disability Insurance Scheme Amendment (Getting the NDIS Back on Track No. 1) Act 2024*<sup>5</sup> means the NDIA will only fund supports that are directly connected to the impairments the NDIA has officially recognised as meeting disability or early-intervention criteria. Because of this, participants need to know which impairments the NDIA has acknowledged in their access decision or plan, and if any relevant impairments are missing, they may need to provide evidence and ask the NDIA to recognise them so that related supports can be funded. APDs have described how primary diagnoses (e.g., cerebral palsy) often lack recorded secondary impairments (e.g., intellectual disability, autism), causing legitimate supports to be denied and creating barriers to meeting ‘reasonable and necessary’ criteria for funding purposes. Therefore, a simpler and clearer process that adds secondary impairments to notices is also needed without triggering unnecessary plan reviews.

We note that the information provided to participants alongside their Notice of Impairments should include explicit reference to the ability for Support Needs Assessments or Eligibility Reassessments to identify a new impairment. Participants must also be given guidance about any potential evidence they may need to source ahead of assessments to support a variation of their impairment notice. Finally, if participants identify that there is an area of impairment not currently recognised by the NDIA (and which remains unrecognised after the assessment process), there must be clear and precise information about how to address that gap. Overall, we support the new notice-and-preparation steps in principle, however stress that these must be followed in practice to be effective.

Dietitians Australia also highlights the need for accuracy of the new impairment notices. It is important that participants with multiple areas of impairment have those multiple areas reflected in their Notice of Impairment even if the level of impact is not significant.

#### *(b) Allied health input in support needs assessment reports*

Dietitians Australia notes that “the NDIA Assessor must prepare a support needs assessment report and give it to the NDIA delegate as soon as possible after the assessment is finished”.<sup>6</sup> We are uncertain about whether the support needs assessment process will continue to provide capacity for input from allied health reports. Needs assessment processes regularly include input from health professionals, including APDs.<sup>7</sup> Our view is that greater clarity is needed both in terms of how dietetic and other allied health reports and assessments will contribute to the support needs assessment process. Additionally, the NDIA and government must clarify the role of this assessment and the ongoing value of other assessments to inform decisions about which supports may best meet a participant’s needs.

Concerns have been raised by our members about whether planners will accept detailed dietetic reports under the proposed model, with agency assessors replacing clinician-led assessments.

A further significant concern raised by our members is that they are aware of frequent instances in practice where planners cold-call participants to undertake assessment and planning. Participants in these instances do not recognise these calls as planning meetings and cannot prepare or bring support persons, leading to poor planning outcomes. As such, we stress the need for scheduled appointments, options for face-to-face or phone assessments, and clearer processes to allow

participants to prepare documentation and reports for supports needs assessments. We strongly believe the assessment process should include input from APDs especially when their expertise can help identify additional impairments that ought to be recorded and clarify the participant's full support needs. We note that the current I-CAN format encourages the inclusion of allied health and medical reports to supplement the interview, and this should be maintained.

*(c) Protection for participants*

Dietitians Australia calls for measures to protect participants particularly during the transition to the new rules. Participants must still be able to access quick and easy ways to request reviews during the rollout, without only relying on the formal mechanisms. The clinical expertise of APDs should be called upon to ensure that the supports needs assessment is accurately assessing a participant's support needs.

## **Step 2: The supports needs assessment**

*(a) Information available to meaningfully contribute*

We highlight several uncertainties in the proposed Supports Needs Assessment. We recommend:

- assessments to be offered in person or by phone with adequate notice with the inclusion of nominees and therapist reports
- clear explanations of new concepts such as the 'replacement needs assessment'
- explanation of the *personal and environmental circumstances questionnaire*
- explanation about the different assessment tools proposed for children and adults
- funding language use "must" rather than "may" to ensure obligations are enforceable since terminology materially affect participant rights and obligations
- clarification on how the assessor's support needs report will be used to set budgets under the forthcoming NDIS Rules
- dietetic assessment reports must be accepted and funded to inform support needs assessments
- consultation processes explicitly include peak bodies such as Dietitians Australia and AHPA alongside the mentioned Participant Reference Group, Disability Representative and Carers Organisations, the Independent Advisory Council and other advisory groups

The underlying theme of the abovementioned recommendations is that the proposed support needs assessment lacks sufficient detail which limits meaningful feedback in this consultation. Indeed, at present there is limited information available about the structure and content of the assessment tools (e.g. I-CAN) which makes it difficult for APDs to meaningfully comment on likely outcomes and risks that might arise.

As such, we call on the government to:

- clarify which workforces will complete each section of the assessment process and explain how additional reports such as those from dietitians will inform the assessment outcomes

- explain how the need for additional targeted modules is identified and undertaken, and how each component of the Support Needs Assessment will contribute to informing plan budgets and areas of assessed need.

Finally, the limited transparency about how the new assessment tools are being developed or evaluated (as well as the lack of an independently monitored pilot) is creating anxiety and uncertainty among our members. In view of these concerns, we wish to highlight the challenges experienced by allied health professionals working in aged care with the introduction of IAT.<sup>3</sup> For example, critics and frontline workers highlighted that IAT is “an opaque black box that diminishes professional judgement” due to its algorithm which could not be overridden by the assessors due to directives in manuals and guidance documents. While we acknowledge that the rationale is to prioritise algorithmic consistency over individual discretion, this situation left assessors “feeling sidelined, reduced to data entry roles rather than advocates for vulnerable clients.”<sup>3</sup> Such experiences are increasing concerns about how the proposed new changes may affect NDIS participants, particularly when assessors have experience and knowledge that could identify the nuance and evident dangers to them. We strongly encourage the government to examine the challenges of the IAT closely to ensure the same circumstances do not arise under the proposed new NDIS planning framework and assessment processes.

#### *(b) Assessor qualifications and experience*

Dietitians Australia agrees with AHPA about the assessor’s qualifications and experience to conduct a supports needs assessment. An assessor’s role is to synthesise and interpret information, apply clinical reasoning, and make informed decisions while working with participants who may have multiple and intersecting disabilities, as well as communication, trauma-related, behavioural, or other factors that affect the assessment process. Under the current system, NDIS-registered providers carry out these assessments and supply evidence for planning.<sup>8</sup> This means the work is done by a workforce regulated through both health professional standards and the NDIS Commission’s code of conduct. These practitioners hold recognised clinical qualifications and have experience using assessment tools and working with people with disability.

By contrast, an NDIA-employed assessor workforce is not subject to the same professional requirements or external oversight. This creates an opaque process with multiple potential points of failure. Given the well-documented training and experience gaps that have previously affected the work of NDIA planners<sup>9</sup>, participants and APDs are concerned that similar issues will arise within the new assessor workforce. Any shortcomings in assessment quality will have a flow-on effect and will directly impact participants’ budgets and their ability to access all necessary supports.

### **Step 3: Building a plan and plan discussion**

#### *(a) Methodology, budget and funding*

Dietitians Australia calls for the government to provide greater transparency about the proposed methodology that will allow the outcomes of the support needs assessment to generate a budget. In particular, we are concerned about the opaque calculations and the absence of published budget method rules. We urge the NDIA to publish the set of calculations to be used.

We also flag the need for precise definitions for categories like “general allied health supports,” “physical and allied health related supports,” “social allied health supports” and assistive technology subcategories. We argue that high-cost items should be stated supports while consumables remain

flexible. We recommend that APDs are clearly defined as a flexible support in “general allied health supports.”

Dietitians Australia notes that a “participant’s reasonable and necessary budget will be determined by using information in the support needs assessment report, using a method set out in the new budget method rules.”<sup>6</sup> We also acknowledge the distinction between flexible and stated supports funding. We support flexible funding and recommend it as preferable because it permits participant choice in allocating supports such as allied health and dietetics. This aligns with the intent of these reforms which highlight participant choice and control as a fundamental principle in this system.

Our members report that the current funding periods (four quarterly periods) create service-delivery problems. To address current challenges with this funding model, we recommend longer plans with no or fewer funding periods.

Our members also report concern that NDIA may over-restrict plans without clear evidence of misuse. As such, Dietitians Australia requests clarification on what is meant by the restriction exception “the participant could experience physical, mental or financial harm without the restriction”<sup>6</sup> on page 8 of the Discussion paper under ‘Restrictions on flexible funding.’

#### *(b) The importance of flexibility in NDIS Support Rules*

The NDIS Rules operate to support the NDIS Act and must not be applied in a manner that undermines the Act’s intent.<sup>10</sup> We note the ongoing academic commentary about the increasing rigidity of the Rules and the extent to which this shift detracts from an individualised approach to participant needs.<sup>11</sup> Such rigidity is inconsistent with the purpose and principles of the Act. In line with this, we recommend that the NDIS avoid rigid rules that tie assessments to fixed support categories or specific professions. This would limit flexibility, misalign with real participant needs, and worsen access problems, especially given workforce shortages and overlapping scopes of practice across allied health professions. Assessors may miss important needs, categories may not fit individuals and locking in profession lists while evidence reviews are still underway would create outdated or inappropriate restrictions.

For example, we note that the proposed categories may not align with participant needs and may be limited where an impairment is not recognised by the NDIA. Further, the assessors may not have the required training, qualifications and experience to identify the needs of the participants. These restrictions will only be exacerbated if the government seeks to list individual professions. We recommend that the rules allow the NDIA to adjust guidance and pricing as evidence evolves to ensure participants can see appropriately trained professionals rather than only those on a predetermined list. This aligns with the purpose of the NDIS reforms, which aim for more personalised, needs-based support.

#### *(c) Review and appeal process*

Dietitians Australia holds concerns that there are insufficient safeguards to protect participants from adverse planning outcomes. In particular, we call for further safeguards to be built to protect participants from poor planning decisions and algorithm processes (especially with tools such as I-CAN) to ensure participant’s needs are safely and comprehensively met. We request clear definitions of what triggers a “replacement needs assessment” under step 3. We also call for clarification on what is meant by a “statement of supports” in the context of appeal rights (page 9 of the Discussion Paper<sup>6</sup>).

#### Step 4: Starting to use a plan

##### *(a) Implementation meeting*

Dietitians Australia notes and welcomes that participants “can have an implementation meeting with an NDIA delegate”<sup>6</sup> to understand their new budget and requirements and connect with providers. We strongly believe that participants should be provided with support to implement their plan and identify which supports will work best for them. As such, this implementation meeting is a positive and proactive procedural addition to notify and discuss new plans. We ask that consideration be given to inclusion of an APD session where plans involve dietetic supports to support implementation. APDs are trained to support participants to develop a plan that will best suit their needs, and they can support plan variation mechanisms to avoid full reassessments.

## References

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