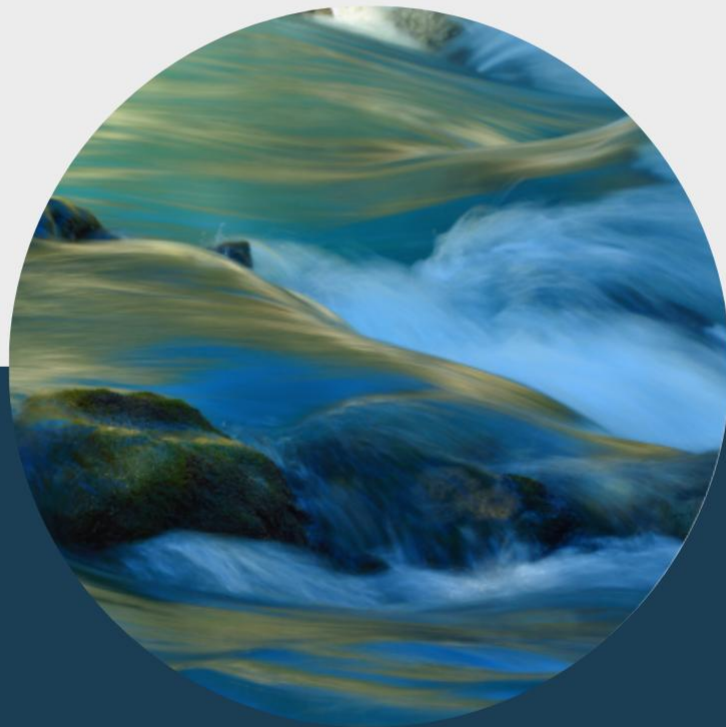


**SUBMISSION TO THE
2025-26 NATIONAL
DISABILITY INSURANCE
SCHEME ANNUAL
PRICING REVIEW
PROVIDER
CONSULTATION**



OTSi

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Executive Summary

The Occupational Therapy Society for Invisible and Hidden Disabilities (OTSi) welcomes the opportunity to contribute to the Government's Annual Pricing Review deliberations at a critical juncture in disability and mental health reform. We acknowledge the Government's commitment to strengthening the sustainability, equity, and integrity of the National Disability Insurance Scheme (NDIS), while improving outcomes across the broader service system.

OTSi raises significant concerns regarding therapy pricing within the context of broader NDIS reform. The therapy market is currently navigating substantial structural adjustments, including the implementation of ICAN, revised funding periods, budget recalibration processes, and the transition toward foundational supports. Introducing additional pricing complexity during this period risks destabilising service provision, reducing participant access, and undermining workforce sustainability.

The price limit for Therapy Supports is critical to preserving market stability and access to allied health services for participants. An increase to the Occupational Therapy price limits for individual therapy, travel, and group services is necessary to ensure service viability and ongoing workforce sustainability.

Differentiated pricing based on participant characteristics, perceived complexity, or provider registration status is unlikely to improve equity or efficiency and may instead create unintended consequences, including administrative burden, market fragmentation, and reduced service availability.

If increased provider registration is a policy objective, reform efforts should focus on streamlining and reducing the financial and administrative barriers to registration, while recognising existing regulatory safeguards such as AHPRA registration for occupational therapists.

Geographic price loadings remain essential to ensuring service viability in rural and remote areas.

Sustainable reform requires attention to system inefficiencies and administrative burden rather than additional pricing complexity. Prior to implementing any material changes to therapy pricing structures, a formal and transparent workforce impact assessment should be undertaken and published.

Finally, retaining allied health professionals with disability experience is fundamental to maintaining a stable, skilled workforce, consistent with broader health sector standards.

Collectively, these measures prioritise participant access, market stability, and workforce sustainability during a period of significant sector reform.



About OTSi

OTSi is a national society enabling occupational therapists who work alongside people with invisible and hidden disabilities to reduce barriers to full participation as active citizens. We focus on ensuring access to resources, opportunities, and supports for people with invisible disabilities across the lifespan. OTSi has a strong voice in systemic advocacy, policy reform, and practical implementation, bringing real-world expertise in functional capacity and support needs assessment.

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Recommendations

1. An increase to the Occupational Therapy price limits for individual therapy, travel, and group services is necessary to ensure service viability and ongoing workforce sustainability.
2. Maintain the current approach to differentiated pricing without introducing further changes to preserve market stability during this period of significant reform.
3. Pause further pricing reform until the impacts of ICAN, funding periods, budget recalibration, and the transition to foundational supports have been fully evaluated, including specific consideration of participant access and workforce sustainability.
4. Maintain non-differentiated therapy pricing on participant characteristics or perceived complexity
5. Maintain non-differentiated pricing based on provider registration status. If increased registration is a policy objective, streamline and reduce the financial and administrative burden of registration, and recognise AHPRA registration as an existing regulatory safeguard for occupational therapists.
6. Maintain geographic price loadings for rural and remote areas, review travel pricing in consultation with rural and remote providers, and ensure participant budgets reflect the genuine cost of service delivery in these locations.
7. Prioritise reduction of administrative burden and system inefficiencies as a strategy to strengthen market sustainability rather than introducing additional pricing complexity.
8. Undertake and publish a formal therapy workforce impact assessment prior to implementing any material changes to therapy pricing structures or related reforms.
9. Ensure fair remuneration for allied health professionals while ensuring that no profession experiences a reduction in current remuneration.
10. Clearly articulate the policy intent underpinning pricing reform for Therapy Supports and how these settings are expected to affect workforce sustainability and market supply for participants.

Price Differentiation

OTSi understands that the NDIA is considering differentiated pricing, with different price limits applying in different circumstances. OTSi does not support the introduction of new measures of price differentiation in Therapy Supports.

NDIS participants are currently experiencing one of the most significant periods of reform since Scheme inception. Disability representative organisations have publicly called for the pace of reform to be slowed in order to reduce uncertainty and unintended harm. Participants and families are navigating changes to support needs assessments, funding structures, the introduction of funding periods, the implementation of foundational supports, increased eligibility reassessments and anticipated budget adjustments. In this context, introducing differentiated pricing for therapy supports would represent an additional and avoidable layer of disruption.

Pricing reform does not occur in isolation. It directly influences participant access, service continuity and provider behaviour. Adding price differentiation during a period of heightened system change risks creating confusion, service gaps and reduced stability for participants who rely on consistent therapeutic relationships.

The therapy market is already undergoing substantial structural change. The introduction of ICAN is expected to significantly reduce demand for functional capacity assessments. Reductions in participant therapy budgets are likely to alter service demand patterns. Funding periods have introduced additional administrative burden for allied health therapists. The transition of participants out of the NDIS and into foundational supports will likely drive workforce movement, particularly among paediatric and psychosocial occupational therapists, requiring remaining providers to rapidly adapt their service models in order to remain viable.

Therapy providers operate within tight financial margins due to administrative complexity, compliance obligations, supervision requirements and unavoidable non-billable activities. Introducing differentiated pricing in this environment would increase instability in an already volatile market. Additional pricing complexity would place unnecessary and unreasonable pressure on therapy businesses.

In this reform climate, differentiated pricing risks accelerating workforce exit, reducing provider capacity and diminishing participant access to appropriately trained and qualified therapists with relevant disability expertise. The cumulative impact of concurrent reforms must be carefully considered to avoid unintended consequences.

Accordingly, OTSi recommends that the NDIA clearly articulate the policy intent underpinning any pricing reform for Therapy Supports and transparently outline how proposed settings are expected to affect workforce sustainability and overall market supply.

Administrative complexity and transaction costs

The NDIS system is already administratively complex. Introducing multiple therapy price caps would:

- Increase billing and compliance complexity
- Require additional internal systems and oversight
- Increase risk exposure for providers
- Divert time from direct participant supports

This complexity would disproportionately affect smaller practices without dedicated administrative infrastructure.

Differentiation based on participant complexity

OTSi does not support price differentiation based on participant complexity.

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Linking pricing to participant characteristics or perceived “complexity” creates significant risk of unintended and distortionary market behaviour.

At present, there is no clearly articulated or validated mechanism to reliably identify and classify participant complexity in a way that could safely underpin differential pricing. Complexity is not a static or easily quantifiable attribute. Some participants present as complex on paper but require relatively contained intervention, while others whose documentation appears straightforward may have highly nuanced functional, behavioural, environmental or psychosocial factors that significantly increase clinical complexity.

There is currently no evidence that the proposed support needs assessment, or broader reform architecture, contains a robust and clinically sensitive measure capable of accurately identifying therapeutic complexity. The process for determining who requires capacity building supports, at what intensity, and for what duration, is also not yet clearly articulated. In the absence of a sound, transparent and clinically defensible identification framework, linking price limits to participant characteristics is deeply problematic.

Complexity cannot be reliably and consistently identified and differentiated pricing is likely to produce inequitable and distorted outcomes, including:

- Cherry-picking of participants based on financial viability
- Underservicing of participants whose needs are underestimated
- Avoidance of participants whose support requirements exceed the allocated pricing tier
- Distortion of therapist–participant matching based on financial considerations rather than clinical expertise and therapeutic fit

Therapy outcomes depend heavily on the quality of the therapeutic relationship, continuity of care, and the match between participant needs and therapist expertise. Pricing structures should not create incentives that undermine these foundations. Any model that ties funding levels to imperfect measures of complexity risks shifting decision-making from clinical reasoning to financial calculation, ultimately reducing participant access to appropriate and experienced therapists.

Differentiation based on provider registration status

OTSi does not support price differentiation based on provider registration status.

Linking pricing to registration status would introduce further fragmentation into the therapy market and create unnecessary administrative complexity without addressing the underlying barriers to registration. If the NDIA’s objective is to increase the number of registered therapy providers, the more effective and proportionate policy response would be to reduce existing barriers to registration rather than introduce financial incentives layered onto a complex system.

Occupational therapists are trained to an internationally regulated standard through WFOT, as well as being AHPRA-regulated. For occupational therapists, professional registration through AHPRA already provides a robust regulatory framework. AHPRA registration ensures nationally consistent qualification standards, professional oversight, continuing professional development requirements, and enforceable codes of conduct. WFOT is an international benchmark. This existing regulatory infrastructure should be recognised within NDIS settings rather than duplicated or indirectly penalised through differential pricing mechanisms.



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Introducing lower price caps for unregistered providers risks destabilising parts of the workforce without necessarily increasing registration uptake. Many providers cite financial cost, administrative burden, audit complexity, and reporting requirements as primary deterrents. These issues would not be resolved through price differentiation.

Reducing the financial and administrative burden associated with NDIS registration would strengthen the therapy market, improve provider satisfaction, and enhance overall system efficiency. Structural reform of registration settings is a more coherent and sustainable strategy than introducing differential pricing linked to registration status.

Differentiation based on rural and remote locations

OTSi supports maintaining price differentiation based on rural and remote locations. Rural and remote therapy delivery involves significant viability challenges, and participants face reduced access to suitably experienced therapists. We recommend that travel pricing and associated loading arrangements be reviewed in direct consultation with rural and remote therapy providers to ensure they accurately reflect real-world service delivery costs. Increased rates and rules are needed for travel to ensure participants can access Allied Health providers.

OTSi also notes that participant funding packages must adequately account for the higher cost of delivering therapy in rural and remote areas. We are concerned that additional travel and delivery costs may not be sufficiently incorporated into the current support needs assessment and budget planning processes. If participant budgets do not reflect these structural cost differences, geographic price loadings alone will not resolve access inequities.

Sustainable rural and remote service delivery requires alignment between provider pricing settings and participant budget allocation processes. Without this alignment, participants in rural and remote communities will continue to experience reduced access to therapy supports.

Differentiation based on service quality metrics or provider size or scale

OTSi does not support differentiated pricing based on service quality metrics, or provider size or scale. Linking pricing to these factors assumes there are clear, objective, and measurable differences between providers that can be reliably captured and fairly applied across the market. Currently, there is no validated or transparent mechanism for assessing quality or complexity that would support such differentiation.

OTSi supports equal pay for new graduate and more experienced allied health professionals. Businesses that employ new graduate health professionals invest substantial time and resources in supervision, mentoring, and skill development. Reducing the rate of pay for these positions would create a financial disincentive to support new graduates and could undermine workforce development and the availability of appropriately trained clinicians for participants.

Differentiating pricing based on quality metrics, or provider size may also produce unintended consequences. These include cherry-picking participants, disadvantaging smaller or emerging providers, and limiting access to appropriately trained and experienced therapists. It could reduce continuity of care, distort therapist-participant matching, and undermine the therapeutic relationship, which is critical to effective outcomes.

Given the absence of robust and reliable measures for provider quality or workforce capability, implementing differentiated pricing in these areas would be premature, high risk, and unlikely to achieve the intended objectives of improving participant access or outcomes.

Further information is available in the [OTSi Quality Supports Submission](#)

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



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OTSi does not support price differentiation in Therapy Supports as it will create a wide range of unintended consequences that may cause further problems in the market for participants trying to access appropriately trained and qualified therapists.

OTSi only supports differentiation in the form of a rural loading to assist overcoming geographical barriers to accessing therapy for rural and remote participants and enabling therapists to reach and access those participants.

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

The single greatest risk of introducing differentiated pricing is a significant negative impact on participants and the NDIS therapy workforce. Participants are already experiencing change fatigue due to multiple concurrent reforms, including , funding periods, and budget adjustments. Further pricing differentiation would exacerbate stress and distress, reduce continuity of care, and limit access to therapists. Participants who are perceived as less complex risk being underserved, while perverse incentives could distort therapist–participant matching and undermine therapeutic fit.

For the workforce, differentiated pricing is likely to accelerate exit from the NDIS market, particularly among occupational therapists. Key factors include the administrative burden of managing complex pricing arrangements within an already complicated system, potential reductions in current price caps that are already challenging for providers to sustain, and the resulting unviability of training and supervising students, new graduates, and junior therapists. Loss of workforce capacity would directly reduce participant access to high-quality therapy supports and exacerbate inequities across the Scheme.

Comparison with other schemes

Compared to therapy in health/aged care settings, rate how much additional time/effort each aspect requires under the NDIS?

Therapy under the NDIS requires significantly more time and effort compared to equivalent therapy in health or aged care settings. The administrative burden is substantially higher and has increased in recent years due to changes in operational guidelines and other NDIS processes. Complex documentation requirements, combined with insufficient guidance, often necessitate additional training for therapists to meet compliance expectations.

The introduction of funding periods has added further workload, requiring ongoing communication with participants and other stakeholders, as well as careful tracking of budgets. Disability capacity-building interventions are inherently more complex than health or aged care services, often involving multiple stakeholders, multiple diagnoses, communication challenges, and higher prevalence of safeguarding considerations.

In contrast, therapy in diagnoses-based health settings, typically focused on a single diagnosis, generally requires less preparation and training. The combination of administrative, clinical, and coordination demands under the NDIS makes service delivery more time-intensive and resource-heavy than in traditional health or aged care contexts.

How is your therapy workforce primarily employed?

The NDIS has attracted an allied health workforce with extensive experience working with people with disability, including many who have lived experience of disability or chronic health conditions themselves. A significant proportion of the workforce also have caring responsibilities, making the flexibility offered by NDIS roles highly valued. This flexibility allows them to balance professional practice with personal or caregiving needs. Without this flexibility, many of these allied health professionals may not return to mainstream health, education, or other traditional service settings, potentially resulting in a loss of experienced clinicians from the broader workforce.

Comparison of fees between schemes.

Outside of the NDIS, occupational therapists frequently set fees that are higher than NDIS price limits, with examples of stated rates of \$260 per session. Previous pricing consultations have not consistently examined comparable schemes, such as Medicare, where rebates for chronic disease management are limited to short 20-minute sessions. A thorough assessment of fee structures across different funding models is essential to ensure that NDIS pricing accurately reflects the costs of delivering quality therapy services and the time required for effective clinical intervention and OTSi supports an increase in fees.

Therapist Travel

OTSi supports an increase to travel rates and revisions to travel rules to ensure participants can continue to access essential allied health services.

In-home and community visits are essential for assessing participants' functional abilities, environmental barriers, and daily routines. For many OT interventions and including home modifications, on-site assessments allow therapists to evaluate accessibility, measure and document spaces, and observe how participants interact with their environment and informal supports. Follow-up visits with builders or equipment providers ensure proposed solutions are feasible, safe, and aligned with the participant's goals, while supporting accurate quotes for NDIS submission.

Assessment of low cost and complex assistive technology also requires observation in the participant's home to confirm suitability, safety, and effective use. Travel is necessary for trials, setup, and follow-up to ensure equipment functions in real-world contexts and supports independent living.

Functional capacity assessments, including for SIL or SDA eligibility, must occur in natural environments to accurately capture how participants perform daily activities and interact with supports. Clinic-based assessments cannot replicate real-world barriers or enablers, and in-situ observation informs goal setting, support planning, and funding recommendations.

In-home therapy sessions and capacity-building interventions allow participants to practice real-life tasks, embed strategies into routines, and develop skills in a familiar, safe setting. This is particularly important for children, individuals with psychosocial or mental health considerations, or those with sensory sensitivities, as therapy in unfamiliar or clinical environments may reduce engagement. School or community visits may also be required to observe functional participation and collaborate with educators or support staff.

Therapist travel is further essential for training support workers and informal carers in safe and effective techniques, including manual handling, equipment use, and behaviour or daily living supports. On-site training ensures strategies are tailored to the participant's environment, promotes consistency across settings, and reduces risks for both participants and staff.



Feedback on the Participant Survey

OTSi has received feedback from participants and providers regarding the design of the participant survey conducted for the pricing review consultation. Stakeholders have expressed concern that the survey structure and wording may create bias and limit the ability of respondents to accurately reflect their perspectives.

Concerns include the presence of leading questions and assumptions embedded within response options, which may inadvertently steer participants toward particular answers. Respondents also reported that the survey design constrained the ability to fully express nuanced opinions, requiring them to select options that did not accurately reflect their experience.

OTSi notes that survey design can influence the validity and reliability of consultation outcomes. To ensure that participant feedback genuinely informs policy development, future surveys should be carefully tested for neutrality, provide adequate opportunity for open-ended responses, and avoid framing questions in a way that presumes particular positions.

Service Innovation for pricing consideration

With the pressure on NDIS budgets and participants plans – pricing and service innovation levers should be carefully considered and facilitated through this pricing review.

Therapy models and approaches already vary among practitioners and evolve in line with best practice and the individual needs of participants and families. Therapists are also continually adapting their practices to accommodate policy and plan budget changes and a range of therapy delivery models are being used by OTs

Allied Health Professional Group Therapy sessions

OTSi supports an increase to group rates and revisions to group rules to ensure participants can continue to access essential allied health services

Groups can be a powerful and cost-effective form of therapy for some participants. For therapists, they are often time consuming and costly to develop, administer, deliver to participants, and document. It can be significantly more demanding and intensive for the therapist than an individual therapy session. The current NDIS pricing arrangements for groups run by allied health professionals are a major disincentive for the development and running of groups and consequently they are underutilised by therapists.

A refreshed pricing schedule for groups may facilitate greater utilisation of group therapy models by therapists and therefore improved access to groups for participants. Groups can often lead to improved outcomes for participants as well as improved access to therapy in a cost-effective setting

References

OTSi quality supports submission.

https://cdn.fsbx.com/v/t59.2708-21/630058591_2467172923696862_9099945128232040382_n.pdf/OTSi-Statement-on-the-NDIS-Quality-Support-Therapy-Pilot-Nov2025.pdf?_nc_cat=105&ccb=1-7&_nc_sid=2b0e22&_nc_ohc=wNklpOy1hdMQ7kNvwFvIZxq&_nc_oc=AdnkPEEB-



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