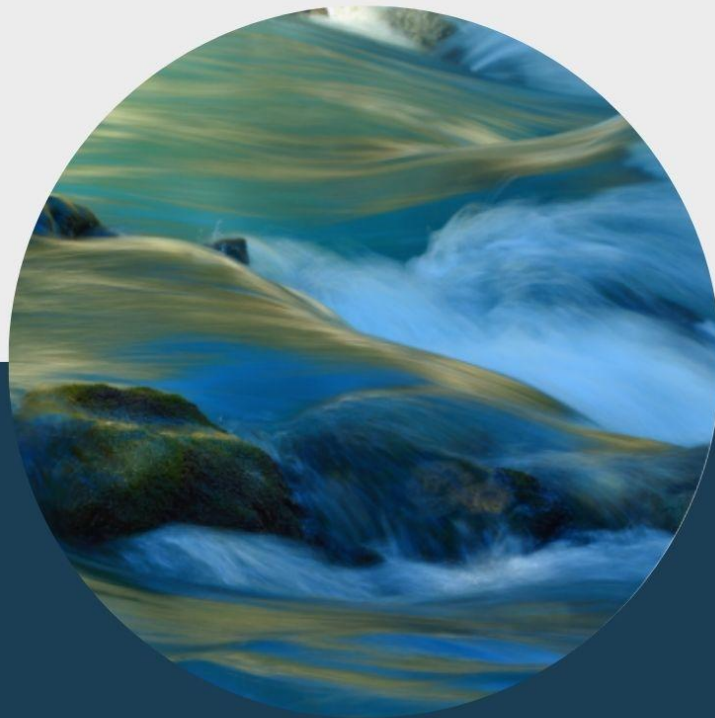


DISCUSSION PAPER -

**NDIS NEW
FRAMEWORK
PLANNING
CONSULTATION**



OTSi

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Occupational Therapy Society for Hidden and Invisible Disabilities (OTSi)

Discussion Paper - NDIS New Framework Planning

This Discussion Paper is provided to OTSi members for review and feedback. Members are invited to provide written feedback to OTSi by **COB 3 March 2026**. OTSi will carefully review all feedback and use it to inform and strengthen our final submission on the proposed NDIS New Framework Planning model.

We thank members in advance for the time, professional judgement and considered reflection you bring to this process. The expertise of occupational therapists working with people with hidden, invisible, complex and fluctuating disabilities is critical to ensuring that national reform is grounded in clinical reality, participant safety and sound policy design.

1. Introduction

The proposed New Framework Planning model under the National Disability Insurance Scheme Act 2013, as amended by the National Disability Insurance Scheme Amendment (Getting the NDIS Back on Track No. 1) Act 2024, introduces a mandatory Support Needs Assessment (SNA) under section 32L, the outcome of which will directly determine participant budgets. This represents a fundamental restructuring of NDIS decision-making. Rather than identifying supports through an evidence-based application of the “reasonable and necessary” test, the proposed model places a standardised assessment tool at the centre of funding allocation.

OTSi’s position is that the new framework for planning must not proceed in its current form without critical safeguards. Implementation of the new Framework Assessments should be delayed to allow proper scrutiny and assurance that the assessment tools, translation methodologies and associated Rules are ready and demonstrably fit-for-purpose. A full Exposure Draft of the proposed Planning Rules and Budget Methodology Rules must be released to enable transparent consultation and parliamentary oversight. In addition, a rigorous, independent and publicly reported trial of the Support Needs Assessment in the real-world context of determining funding must occur before national rollout.

Across the occupational therapy community, concerns are not confined to technical design issues. They relate to procedural fairness, evidentiary inclusion, reliability, safeguarding risk, appeal rights, cost transparency and implementation ethics. Reform of this scale must be grounded in evidence, co-design and legislative clarity. At present, those foundations are not sufficiently visible.

2. Participants Cannot Meaningfully Understand or Prepare for Assessment

A central concern is that participants cannot meaningfully understand or prepare for the proposed Support Needs Assessment process because critical information has not been made available.

Participants do not know whether and how the Support Needs Assessment process will determine funding levels in practice. They do not know how ICAN and PECQ outputs will interact, how impairment notices will inform funding allocations, or how assessment scores will be translated into budgets. It remains unclear whether participants have a guaranteed right to have a support person attend their assessment, how decision-making supports will be identified and made available, or what their formally recognised impairments are in circumstances where impairment notices have not been clearly provided.

The absence of clarity about how ICAN and PECQ operate together, how impairment attribution interacts with assessment scoring, and how all of this ultimately determines funding creates a system in which participants are expected to undergo a high-stakes assessment without understanding the rules of engagement.

This undermines informed consent, procedural fairness and participants' ability to prepare, gather relevant evidence or seek professional support. For people with cognitive disability, psychosocial disability, communication differences, trauma histories or executive functioning challenges, this lack of clarity creates a risk of systemic disadvantage. Proceeding with implementation under these conditions risks embedding inequity at scale.

3. Meaningful Consultation Is Impossible Without Detail

The current consultation process has largely focused on high-level architecture rather than critical operational detail. Stakeholders have been asked to comment on structural concepts while key elements—such as assessment content, scoring frameworks, impairment attribution processes, funding translation methodologies and evidentiary thresholds—remain unavailable.

This approach is inconsistent with commitments to transparency, co-design and good faith consultation. Meaningful consultation requires access to the detail that will shape rights and outcomes. Without publication of the full Rules and methodology governing assessment conduct and budget determination, stakeholders cannot evaluate the likely impact of the reform.

In the absence of operational clarity, the consultation process itself risks being characterised as procedurally deficient. Reform of this magnitude must withstand scrutiny, not only politically but clinically, administratively and legally.

4. Impairment Notices and Their Interaction with Funding

The amendments introduce section 32BA requiring a notice of recognised impairments at access, while amended section 34 restricts funded supports to those relating to impairments for which a participant meets eligibility criteria.

There is insufficient clarity regarding when impairment notices will be issued, whether they will be provided prior to assessment, how inaccuracies will be corrected, and how impairment categories will influence assessment interpretation or budget allocation. Participants with multiple, acquired, progressive or fluctuating impairments may find that their functional realities are not neatly captured within a single impairment category.

Members have described ongoing administrative issues in which impairments appear to be removed or not reflected accurately within NDIA systems. If funding under the new model is constrained by impairment attribution, the accuracy and transparency of impairment notices becomes critical.

Without timely provision of impairment notices prior to assessment, participants may undergo a Support Needs Assessment without clarity about which impairments are formally recognised. This undermines procedural fairness and informed participation, particularly given that new framework plans may extend for up to five years and appeal rights are constrained.

5. Support Needs Assessment (SNA)

5.1 Absence of Published Validation and Trial Evidence

The SNA incorporating ICAN and PECQ has not been accompanied by publicly available independent validation data demonstrating reliability, inter-rater reliability, construct validity, predictive validity for funding adequacy or funding precision across disability cohorts. The integration of these two distinct tools to inform NDIS decision making, is a novel assessment process. The NDIS ICAN has adapted features and new functions in this context, that have not been tested through research. There is no published evidence of piloting, external evaluation or peer-reviewed validation in the context of determining disability support budgets.

Rolling out a national assessment framework without transparent validation breaches established policy and governance best practice. It risks large-scale implementation failure and undermines participant and community confidence.

5.2 High Risk of Inconsistent and Arbitrary Decision-Making

ICAN is a semi-structured instrument without fixed questions, relying significantly on assessor judgement. The version proposed for NDIS use has been substantially adapted from its original validated form. Once adapted, previous verification of reliability and validity cannot simply be assumed to transfer. Concerns regarding inter-rater reliability are amplified when the assessor workforce is not required to be allied health trained.

The original ICAN format allows triangulation of information sources, including medical and allied health evidence. If this feature is removed or downgraded in the NDIS implementation, the assessment loses a core safeguard supporting validity. Without clear structured prompts, defined evidentiary thresholds and explicit guidance on interpretation, assessments risk inconsistency across assessors, variability between regions, and susceptibility to bias.

These risks are heightened if many assessors do not have formal allied health training, clinical reasoning experience or disability-specific expertise. This configuration replicates known drivers of current inaccurate plans and high appeal rates rather than resolving them.

5.3 Use of ICAN and PECQ to Determine Therapy Supports

ICAN and PECQ have not been validated as instruments for determining therapy dosage or intensity. Translating functional scores into therapy hours represents a novel and untested application. Therapy prescription requires complex clinical formulation, consideration of comorbidities, environmental context, psychosocial factors and longitudinal goals. Algorithmic or score-based translation risks oversimplification and distortion of evidence-based intervention planning.

5.4 Inadequate Safeguards for People with Complex or Multiple Disabilities

There is no clear explanation of how multiple impairments will be assessed in combination, how medical versus disability distinctions will be resolved, or how fluctuating or episodic conditions will be captured. These issues are already a significant source of appeals within the Scheme.

Introducing a new assessment system without resolving these longstanding structural tensions risks entrenching existing failures. Participants with complex, intersecting disabilities, particularly women and people with psychosocial disability, may be disproportionately affected.

5.5. Participant-Provided Evidence Is Not Clearly Protected

It remains unclear whether participant-provided allied health and medical evidence will be considered in assessments, what weight it will carry, and who determines whether it is “sufficient.” The Minister’s response to Parliamentary Petition EN7545 indicated that participant-provided reports would only be considered in limited circumstances.

Excluding or downgrading such evidence removes a critical safeguard, increases reliance on single-point assessments and contradicts evidence-based practice. International reviews of disability support needs assessment models consistently emphasise multidisciplinary triangulation. For invisible, fluctuating and complex disabilities, allied health evidence is often the primary source of functional insight. Its exclusion creates systemic risk.

5.6 Targeted Assessments and Risk of Delays

The consultation materials provide insufficient detail about targeted assessments, including how they are triggered, timeframes for completion, interim supports while waiting, and how specialist input will be secured. Participants may be assessed without necessary expertise or experience delays in accessing essential supports while awaiting further assessment. This creates real risks of service gaps and harm, particularly for those with complex communication needs, and those in unstable housing, crisis or transition contexts.

5.7 Home and Living Decisions Lack a Clear Assessment Basis

The consultation paper does not adequately explain how home and living supports will be assessed or how ICAN and PECQ data will inform such decisions. Home and living supports are among the most complex, costly and life-shaping elements of the Scheme. Implementing a new assessment system without clarity on how these decisions will be made risks destabilising access to essential supports and increasing dispute rates.

6. Budget Setting and Cost Transparency

There is insufficient transparency regarding how SNA outputs will be translated into budgets. If assessments are being used, implicitly or explicitly, to moderate Scheme growth in response to fiscal pressures, this must be openly acknowledged and debated. Growth caps and budget pressures are publicly known. Without transparency, participants assume worst-case scenarios and trust erodes.

If trade-offs between fiscal sustainability and individualised funding are being operationalised through assessment tools, those trade-offs must be explicit and subject to parliamentary scrutiny. Lack of transparency fuels fear, misinformation and mistrust.

7. Transitional Cohort and Ethical Risk

Participants selected for Year 1 rollout will effectively experience the first implementation of an unfinished system. There is no published detail regarding cohort selection criteria, safeguards, continuity protections or remedies if harm occurs. Exposing a defined group to untested processes raises ethical and human rights concerns. Transition must not be used as de facto system testing without explicit safeguards.

8. Frontline NDIA Staff Risk

Frontline NDIA staff will be required to implement unproven assessment and budget-setting processes while managing participant distress, complaints and confusion. This increases psychosocial risk, burnout and inconsistency in application. System instability affects not only participants but the workforce tasked with delivering reform.

9. Appeals, Replacement Assessments and Long-Term Sustainability

The Support Needs Assessment itself does not appear to be a reviewable decision under section 99. Participants may only challenge the plan as a whole. If funding is largely determined by assessment output, and the assessment cannot be directly appealed or replaced, errors risk becoming entrenched.

Historically, underdeveloped systems lead to higher appeal rates, greater administrative burden and increased long-term cost. Implementing first and “fixing later” transfers risk onto participants and undermines Scheme sustainability. Taking the time to design, validate and test the assessment model properly now prevents greater harm later.

10. Conclusion

The proposed New Framework Planning reforms represent a structural reconfiguration of NDIS decision-making. However, participants cannot meaningfully prepare for assessment, consultation lacks operational substance, validation evidence has not been published, evidentiary safeguards are unclear, and appeal rights appear constrained.

OTSi's position is that implementation must be delayed until a full Exposure Draft of the Rules is released, independent validation and trial data are published, participant-provided allied health evidence is explicitly protected, trauma-informed safeguards are embedded in legislative instruments, and robust review and replace-assessment rights are guaranteed.

Reform must be evidence-based, transparent and procedurally fair. It must not replicate known drivers of inconsistency and appeal. It must not embed systemic disadvantage for people with cognitive, psychosocial, communication or complex disabilities.

Getting the assessment right, trialling it properly, making the Rules transparent and protecting allied health evidence are essential to safeguarding participants and ensuring the long-term integrity and sustainability of the Scheme.

OTSi members are warmly invited to provide feedback by COB 3 March 2026.

Thank you again for your professional commitment to ensuring that disability policy reform is grounded in evidence, fairness and participant safety.