

Differentiated pricing Informing future approaches to registration-based pricing for NDIS supports Roundtable discussion paper 23 September 2026

30 September 2026

OTSi supports proportionate and risk-based registration arrangements. However, registration status should not be used as a proxy for the expertise, quality or value of allied health services, particularly in the NDIS where the lions share of services are delivered by highly skilled clinicians working in small and medium-sized practices.

Access depends on workforce capability, not provider numbers

The NDIS has contributed to a significant shift of allied health professionals into private and community-based practice. Australia now has substantial local allied health infrastructure and a significant pool of occupational therapists and other allied health professionals with specialist expertise in disability, functional capacity and complex support needs.

This workforce cannot simply be assumed to remain available through NDIS reform. A market may appear well supplied based on provider numbers while remaining **functionally inaccessible** to people with hidden and invisible disability who need an appropriately skilled clinician able to understand complexity, work collaboratively and provide continuity of care.

This is particularly important for people with psychosocial, cognitive, intellectual and developmental disabilities, autism and other forms of hidden or invisible disability. Their needs may be complex, fluctuating and highly dependent on context and environment. Effective support requires clinical reasoning, disability knowledge, functional assessment and the ability to work relationally with the person, their family and other supports. These capabilities are not necessarily reflected in provider registration status or aggregate provider numbers.

Risks to specialist workforce capacity

OTSi is concerned that the combination of registration-based pricing differentiation, inadequate pricing, high administrative requirements, and funding cuts under Section 34 Ministerial Support Determinations, may make it increasingly difficult for smaller specialist providers to remain viable NDIS providers.

Providers will understandably move clinicians towards populations and funding streams where skilled work can be delivered sustainably. The result could be that reforms intended to improve access to support instead **reduce the number of experienced clinicians willing and able to work within the NDIS**.

This is not simply a question of provider sustainability. Experienced clinicians are critical workforce infrastructure. They provide specialised intervention, clinical supervision, mentoring and professional development, and are essential to developing the next generation of NDIS practitioners.

Poorly designed market reform risks contributing to the loss of experienced clinicians, reduced willingness of practices to employ graduates, increased productivity pressures and burnout, less collaboration with families, schools and other supports, greater centralisation of services, reduced outreach and mobile practice, and movement of clinicians into private-fee or other health sectors.

There is also a significant risk of **skill substitution**, whereby discipline-specific expertise is progressively replaced by cheaper and more generic service models. For people with hidden and invisible disability, this may have direct implications for the quality, appropriateness and effectiveness of support.

Registration-based pricing differentiation

OTSi is particularly concerned about the proposed expansion of **registration-based price differentiation for allied health services**, including the proposal to cease price indexation for unregistered providers.

For people with hidden and invisible disability, registration-based price differentiation risks creating **another barrier to accessing appropriately skilled allied health professionals**. Many experienced occupational therapists and other allied health professionals with specialist disability expertise work in small practices or as sole practitioners and may choose not to register as NDIS providers. This does not mean that they are unregulated or that the services they provide are of lower quality. Allied health professionals remain subject to AHPRA regulation and relevant professional standards, regardless of whether their business is registered with the NDIS. Instead of requiring allied health professionals to undergo extensive NDIS registration, the government could build an enrolment process, by establishing a centralised webpage that clearly outlines all

the policies, procedures, standards, and requirements that allied health providers are expected to follow when working with NDIS participants. During the enrolment process there could be a drop down menu with an option for allied health to confirm their registration status and also that they have the relevant policies and procedures in place. Allied health providers would be required to have the relevant policies and processors and have them available for inspection as required, to meet NDIS enrolment requirements. OTSi also do not support the need for any additional registration process, for example, channelled through allied health peak bodies. Occupational therapists already meet strict professional development standards under AHPRA. Avoiding further unnecessary red tape processes will lead to greater efficiency overall.

The proposed pricing differentiation approach could therefore create a situation where **the same skilled clinician delivering the same clinical service receives a lower and progressively eroded price simply because their NDIS registration status differs**. The consultation paper proposes a 10% lower price limit for unregistered providers delivering SCCP supports from 1 January 2027, and is considering further registration-based differentiation across CBDA and ADL.

The proposed cessation of price indexation for unregistered allied health providers adds a further concern. Over time, this would create a widening gap between the cost of delivering skilled allied health services and the price that unregistered providers can sustainably charge. This is particularly concerning for small and specialist practices, which may already operate with limited administrative and financial capacity.

The cumulative effect may be that experienced allied health professionals **reduce or cease their NDIS work, move to other funding streams, or become increasingly unable to offer services at the price limits available to NDIS participants**. For participants with hidden and invisible disability, this could mean fewer clinicians with the expertise required to understand complex and fluctuating functional needs, longer waiting times, reduced continuity and greater reliance on more generic service models.

OTSi therefore considers that registration-based pricing differentiation should not proceed without a clear assessment of its impact on the **actual availability of appropriately skilled allied health professionals**. Provider numbers alone will not demonstrate whether participants can access the expertise they require.

Government should consider the cumulative impact of registration-based price reductions, cessation of indexation, participant budget changes and broader market reforms on the allied health workforce. In particular, it should ensure that pricing arrangements do not inadvertently drive specialist clinicians out of the NDIS market or create a two-tier system in which participants who require specialist expertise have progressively fewer providers from whom to choose.

For people with hidden and invisible disability, choice is meaningful only if appropriately skilled clinicians remain available and financially accessible within the NDIS.