NDIS Supports and New Framework Planning 2026

Consumers of Mental Health WA

October 2026

Consumers of Mental Health WA

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1. Acknowledgement of Country

Consumers of Mental Health WA proudly acknowledge Aboriginal people as Australia's First Peoples and the Traditional Owners and Custodians of the Land and Water on which we live and work. We acknowledge Western Australia's First Nation's communities and culture and pay respect to Aboriginal Elders past, present and emerging.

We recognise that Sovereignty was never ceded and the significant and negative consequences of colonisation and dispossession on Aboriginal communities.

Despite the far-reaching and long-lasting impacts of colonisation on First Nations communities, Aboriginal people remain resilient and continue to retain a strong connection to culture. We acknowledge the strong connection of First Nations Peoples to Country, culture and community, and the centrality of this to positive mental health and wellbeing.

2. Preamble

2.1 About the Respondents

Consumers of Mental Health WA (CoMHWA) is Western Australia's peak body for and by mental health consumers (people with a past or present lived experience of mental health issues, psychological or emotional distress). We are a not-for-profit, systemic advocacy organisation independent from mental health services that exists to listen to, understand and act upon the voices of consumers. We work collaboratively with other user-led organisations and a diversity of stakeholders to advance our rights, equality, recovery and wellbeing.

2.2 Request for Feedback

CoMHWA works to uphold the dignity and human rights of consumers, through providing advocacy in leading change with and for consumers. We appreciate notification of the outcomes of our submission to this consultation in order to understand and communicate the difference made through our work.

Please provide feedback via the contact details on this submission's cover page.

2.3 Language

CoMHWA uses the term mental health 'consumer' throughout this submission. Mental health consumers to refer to people who identify as having a past or present lived experience of psychological and emotional distress, irrespective of whether they have received a diagnosis of mental illness or accessed services.

Other ways people may choose to describe themselves include “peer”, “survivor”, “person with a lived experience” and “expert by experience”.

This definition is based on consumers’ call for respect, dignity and choice in how we choose to individually identify. As individuals we choose different ways to name and describe our experiences that may confirm or trouble ideas about ‘mental illness’.

CoMHWA endorses the Indigenous Australian Lived Experience Centre’s (IALEC) universal definition of lived experience for First Nation communities:

> *A lived experience recognises the effects of ongoing negative historical impacts and or specific events on the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples. It encompasses the cultural, spiritual, physical, emotional and mental wellbeing of the individual, family or community.*
>
> *People with lived or living experience of suicide are those who have experienced suicidal thoughts, survived a suicide attempt, cared for someone through a suicidal crisis, been bereaved by suicide or having a loved one who has died by suicide, acknowledging that this experience is significantly different and takes into consideration Aboriginal and Torres Strait Islander peoples’ ways of understanding social and emotional wellbeing.*

This definition recognises that there are fundamental differences to how Aboriginal and Torres Strait Islander people experience and define mental health challenges and suicide compared to mainstream definitions.

2.4 About the consultation

Reproduced from the Australian Government Department of Health, Disability and Ageing’s webpage on the consultation on new framework planning and NDIS supports:

“This public consultation focuses on four new NDIS rules for **new framework planning**. These rules are about:

- how a participant’s disability support needs will be assessed
- how reasonable and necessary budgets will be developed
- how a participant can use their plan
- how a new framework plan can be changed

This consultation also seeks feedback on updates to the **NDIS Supports Transitional Rule**.”

The consultation closed on 14 October 2026.

3. Introduction

CoMHWA welcomes the opportunity to provide feedback to the Department of Health, Disability and Ageing on National Disability Insurance Scheme (NDIS) new framework planning and NDIS supports. As the peak body in WA for mental health consumers, we focus in this submission on providing feedback informed by the experiences of consumers and of NDIS participants with psychosocial disability.

CoMWHA is greatly concerned that the proposed changes to the NDIS supports rules extend and embed the transitional rules that currently only apply to old framework plans into the future of the Scheme so that they will be a part of new framework plans. While CoMHWA welcomes a few of the changes proposed in this consultation which appear to respond to feedback the Government has heard from the community, broadly speaking, feedback about the constraints imposed by these lists thus far has not been substantively taken on board or reflected in proposed changes, and there have been no moves to meaningfully co-design the supports rules. CoMHWA has heard from many participants of the need for simpler and clearer explanations of NDIS supports, yet, we have also heard their fears that simplified NDIS lists could further constrain what supports the NDIS will fund. Proposed further additions to the list of items that are not NDIS supports (the exclusions list) further restrict participants' access to supports that meet their individual needs. CoMHWA feels that the unintended effects of the proposed changes to lists and the removal of the replacement supports process will have negatively impact participants in a context in which they have already lost access to supports and in which there are almost no foundational supports available outside of the Scheme, particularly for people with psychosocial disability.

Defining available supports as supports that are available to prospective participants where there is an assessed need makes getting needs assessments right of paramount importance, as this seems likely to constrain even more drastically supports the NDIS will fund. Current participants, and other consumers we have spoken with, do not feel confident that the new framework planning approach and its associated supports needs assessments will have the capacity to identify the support needs of people with psychosocial disability. This is a stressful process for participants to endure, and so there is a need for explanations to be given of how the process will be tailored such that it will be appropriate and supportive for people with psychosocial disability – and, of course, for the process to actually, in practice, deliver on promises that it will be appropriate and deliver an accurate assessment of needs. On the whole, transparency and timely communications across a variety of accessible formats are required, alongside one to one support for participants to understand the impact of changes on them.

We base our submission on:

- Ongoing consultation with CoMHWA's consumer reference and advisory groups, including our NDIS reference group that is comprised of NDIS participants with psychosocial disability.
- A number of interviews with current NDIS participants with psychosocial disability.
- Ongoing data collection and input from CoMHWA's Individual Advocacy and Peer Pathways (service navigation) programs.
- Ongoing consultation with consumers in Western Australia on joint priorities for an improved mental health system
- Consumer representation in relevant settings, including but not limited to: Primary Health networks (WAPHA), WA regional equivalents of the Local Health Networks (regional mental health services under the WA Health Board structure), the Mental Health Commission and the health complaints agency, Health and Disability Services Complaints Office (HaDSCO).

We respond to the questions included in the consultation papers under the relevant section headings below.

4. NDIS Supports

The Government is proposing a number of changes to the NDIS supports rules:

- *The current list of NDIS supports which is divided into 36 categories will be regrouped into 18 categories. The Consultation paper provides an explanation of how the current supports list maps into the proposed reduced number of categories.*[1]
- *The replacement supports process would be removed, and tablets, smart phones, smart watches and apps for accessibility and communication, would be included as stated supports in some participants' plans.*
- *Some extra items would be added to the list of things that are not NDIS supports.*

CoMHWA feels that the NDIS supports rules should not extend into new framework planning, and that instead, the Government should develop through co-design processes with people with disability (not consultation alone) the NDIS support rules to be used in new framework plans. This would demonstrate responsiveness to feedback raised in previous consultations on these rules by CoMHWA and by many others.[2] The issues with the supports and the categories go beyond issues of how they are described and represented, they extend to what is actually included on the lists of included and excluded supports. As the

[1] Australian Government Department of Health, Disability and Ageing. (2026). *NDIS Supports Transitional Rules Consultation paper – August 2026.* https://consultations.health.gov.au/disability-and-carers-group/nfp-ndis-supports/user_uploads/consultation-paper---ndis-supports_final.pdf

[2] Australian Government Department of Health, Disability and Ageing. (2026). *Consultation on NDIS Supports Rules (2025): What we heard August 2026.* consultation-on-ndis-supports-rules-2025.pdf

report on what the Government heard through consultation on the NDIS Supports Rules in 2025 shows, overwhelming feedback is that the lists constrain access to needed supports, and that there are products and services that should be available on the list but that are excluded.[3] More work is needed to develop a suitable NDIS supports rule for the future of the Scheme that is capable of genuinely meeting participants' needs and that responds to the feedback the Government has heard so far.

4.1.1 Are the proposed support categories clear?

CoMHWA does not feel that the proposed support categories are clear, given the specific current wording and categorisations proposed in the consultation paper, though we feel that the principle of moving towards purpose-based language that enables more universal understanding than the existing language around supports that references provider registration categories is positive. In practice, it extends and embeds the supports rule into the future of the Scheme, and given the negative impact of the introduction of the supports lists, we do not feel this is a positive move.

Participants generally are in support of simplifying the lists to make them easier to understand and more easily navigable for participants, but they report anxieties around whether the reduction in categories entails a reduction in covered supports, as it looks to them like the number of categories has been halved (please see below for further discussion of this). Their fears seem well-founded given how issues with clarity arise where the mapping provided to show how current categories are being condensed into the 18 proposed categories seems to exclude mention of some key aspects of supports currently on the list under the existing 36 categories. We give specific examples of these in our account of what requires further explanation below. Some types of support currently accessed don't seem to be included anywhere on this list, such as sensory supports. The mapping between existing categories and the proposed categories is at times confusing as the numbering of the 18 categories is incorrect (they go up to 20 and category 11 is missing).

CoMHWA welcomes the increased clarity in the proposed rules that assistive technology and consumables may be purchased from mainstream retailers, and don't need to be purchased from disability-specific providers, and that animal-assisted therapy that forms part of a therapeutic intervention delivered by an appropriately qualified allied health professional is able to be funded. The clarity on these items is welcome and gains in these areas shouldn't be compromised by losing clarity on items currently on inclusion lists that risk being lost on the condensed lists if the wording of categories is not clear.

[3] Ibid, p. 7.

4.1.2 Are there areas where further explanation, examples or guidance would be helpful?

CoMHWA feels some changes and detail is needed across a few areas of support to create assurances that the simplifications of the lists do not amount to a restriction of available supports. Clarification and guidance is needed around the proposed category of "In-home and community supports," given that this is an amalgamation of a large range of different supports in the current list. The draft category currently mentions supporting access to community, group and centre-based activities, but should explicitly also include mention of support for participation in community, group and centre-based activities. The rephrasing of household tasks support when mapped into in-home and community supports seems to exclude actual completion of tasks that participants cannot do themselves, and limit itself to supports that "assist and/or build the capacity of participants" to do tasks such as "household activities, including cleaning, laundry, garden and outdoor maintenance, meal preparation, and meal planning." This should be remedied with specific explanation that the category still encompasses such support. Explanation about whether and how changes to categorisations interact with support determinations is required with respect to this category also, since it will encompass the current supports subject to support determinations.

Other aspects of key supports that don't seem to be fully mapped/accounted for in the condensed lists include aspects of exercise physiology, aspects of disability-related health supports (particularly to do with "supports for people with complex communication access needs or behaviours when accessing health or mental health services, including hospitals and in-patient facilities," which don't seem to be represented well in the new category), inclusion of modified or adaptive clothing and products to manage menstruation including applicators and period underwear and supports to train participants in use of an assistive product. The proposed list also currently fails to mention specifics of high-intensity daily personal activities supports being delivered by a worker with additional qualifications and experience relevant to the participant's complex or psychosocial needs. The category this maps to mentions only implementation of intensive and complex behaviour supports by support workers trained in positive behaviour support strategies. We are concerned that this would narrow options for access to qualified workers. This is not an exhaustive list but illustrates how the explanation and guidance is needed, alongside clarification, to ensure that the new lists do not constrain available supports.

4.1.3 Are there particular support types where more guidance may be needed?

Guidance is needed about recovery coaches, their role and categorisation. They are stated here as part of support coordination, which does not reflect accurately the scope of their role. This is an issue because the changes to support coordination that have been proposed and that have been the subject of a recent

consultation[4] will impact recovery coaches, too, if they are categorised as a variety of support coordinator. CoMHWA doesn't support such a change and so feels that more consideration around where psychosocial recovery coaches fit here is required, with more guidance provided, would enable better clarity to allow ongoing access to these supports.

4.1.4 Are there any practical issues, or unintended impacts that need to be considered?

While we are generally in support of the simplification of categories on the NDIS supports list, CoMHWA is concerned that changing the categories and representing the longer list of supports within fewer categories will mean, in practice, narrowing the support options available to participants. Participants we spoke to had fears that this would be either an unintentional consequence of the proposed change, or an intentional one that is not transparently being communicated, as part of the Government's ongoing changes to narrow NDIS supports and save money on the Scheme. This latter view points to the loss of trust in the Scheme and in the Government that recent changes, and the manner in which they have been decided and implemented, have caused for many participants. In the words of one participant:

> *"When losing a category, there is a fear that you lose anything under it. [It would be okay to change the support categories] as long as when you condense it, all the items under the 36 categories are still under the 18."*

An issue connected with purchase of supports from mainstream outlets is that participants must pay up front and seek reimbursement for their purchase later, a key difference from the process in purchasing from a disability-specific provider where the provider is able to invoice for the funding directly and they don't need to be out of pocket for any period of time. Participants unable to afford to pay an up-front cost and wait for reimbursement should have options when purchasing from mainstream retailers as these are often cheaper sources of products. Ways of bridging this could be considered in order to ensure that participants can access the support they need without needing to sacrifice other necessities and be out of pocket while they wait for reimbursement.

CoMHWA comments on the changes to replacement supports processes in the specific section and question on this in the New Framework Planning process below.

[4] Australian Government Department of Health, Disability and Ageing. (2026). *NDIS Support Coordination and Connection Reform Consultation Paper.* https://consultations.health.gov.au/disability-and-carers-group/scc-reform/user_uploads/consultation-paper---support-coordination-and-connection-reform--2-.pdf, p. 12.

Recommendation 1: Do not expand the current or proposed NDIS supports rules into New Framework Planning, and instead undertake genuine co-design with people with disability to develop new NDIS supports rules for New Framework Planning.

Recommendation 2: Review, remap and amend the list of supports to the 18 categories proposed and make needed changes to category descriptions to ensure that all currently included supports are covered fully. Include an explicit statement that this list should be interpreted so as not to exclude any currently included supports in the 36-category list.

Recommendation 3: Implement the proposal to add clarity to supports rules by noting that assistive technology and consumables may be purchased from mainstream retailers and that animal-assisted therapy that forms part of a therapeutic intervention delivered by an appropriately qualified allied health professional is able to be funded.

Recommendation 4: Clarify the role and function of psychosocial recovery coaches within the list categorisations as separate to and different from that of a support coordinator.

5. New Framework Planning

5.1 Support needs assessment rules

Support needs assessments are being introduced, and are the new framework planning meeting. These will help the NDIA understand what disability supports a participant needs. A trained assessor will talk with each participant about their daily life, what support they need and what is important to them. A family member, nominee, advocate or other support person can also attend the meeting. The assessment will include a core needs assessment, a questionnaire about personal and environmental circumstances, and if needed, targeted assessments for some supports. After the support needs assessment, the participant will receive a support needs assessment report. If they have concerns about the report or the support needs assessment experience, the NDIA will talk with them about whether another assessment is needed.

5.1.1 What parts of the support needs assessment process need more explanation?

More information and explanation is needed about how the process will be set up to enable appropriate, tailored assessment for people with psychosocial disability. What reports and information will be explored as part of the process for people with psychosocial disability should be thoroughly explained. Explanation should also be given of when and how participants will be notified about their assessment, timelines, what

kinds of information and documentation they will need to gather, and what else they need to do to prepare.

CoMHWA feels that, for the sake of fairness and transparency, participants should receive accessible, clear information covering the topics and areas of discussion, and a list of the specific questions they will be asked during the assessment. They should receive this information well in advance of their actual assessment meeting, so that they have time to reflect and prepare as needed. One participant shared her experiences in participating in the trial support needs assessment process, noting that some of the questions asked are invasive and distressing, and, because of the lack of information given prior to the process, she was not able to prepare for this. She said:

> *"It was triggering and I was unwell for weeks afterwards. You can't ask those questions, especially with no warning. If I knew I was going to be asked for certain parts of my trauma history, I could have prepared for it. I needed a warning beforehand not therapy afterwards."*

How participants needs on their 'worst day' will be captured is an area for further explanation and consideration, and the process used to approach these discussions needs to be explained and communicated to enable participants to prepare for what is likely to be a discussion that will bring up difficult, distressing, and often traumatic memories and experiences. Explanation is needed around:

- How this will be explored in a trauma-informed, supportive and appropriate way.
- How such a process will be mindful of the impact on participants of bringing up experiences of distress in remembering and sharing details about their worst days, and how it will support them during and after the assessment.
- What is in place to ensure assessors are mindful of the capacity of participants to reflect on this and if participants are not able to communicate that information, what other options exist. Not every participant has informal support people who can be part of this process.
- What will be in place to ensure participants will be supported after the process, including options that are available to participants with diverse accessibility needs.

Being given numbers for support lines they can contact after the fact, while helpful for some participants, should not be the only way participants are supported through this process. This is also not, as a sole option, accessible to all participants; for instance, one participant told us about how she experiences dissociation that affects her ability to communicate verbally, something that can be triggered when she is feeling distress, and so a phone line is not helpful for her.

Explanation is required around how assessments will capture the nuances of mental health challenges and psychosocial disability and fluctuating needs in the course of a single assessment meeting. This is not only

for the sake of clarity, it is to provide participants with information that enables them to place their trust in this process, at a time when their trust has been undermined by a period of rapid change and uncertainty in the NDIS. One participant, who identified as having fluctuating challenges and as masking a great deal when around others, described her experiences reading a report written about them after a past functional capacity assessment, and feeling it did not reflect the range of her experiences and needs:

> *"I thought, yeah, I was having a good day. I present as more functional than I really am […] that's me coping."*

Explanation is also required around how an appropriate assessor will be chosen, and what is in place to ensure that assessors will have the right experience, knowledge, and capability to recognise and interpret information and to understand when the way in which a participant is presenting at the time of the assessment may not reflect their needs on other days. Participants also want to know how assessors will build and draw from an understanding of the system of mental health, community and other disability supports outside of the NDIS, including localised knowledge to understand when there may not be supports a person can access in their community, and what they will be able to do to reflect this in the support needs assessment. So far, what information has been provided has left participants concerned about assessor skills, qualifications, and experiences.

The NDIA must also make clear to participants options for what can be done if their needs change close to or on the day of assessment, what adjustments and accommodations can be provided to meet them, and what pathways there are for rescheduling/delaying the assessment.

For the targeted assessments (across disability-related health supports, assistive technology, some environment supports, and behaviour supports), more specific information is required about what these entail. It would be ideal if the NDIA would provide a pathway to access supports and funding that can enable participants to see health and allied health providers to get the reports needed, accompanied by a clear statement of commitment not to push costs on to participants to obtain these reports. To push costs and burden of getting these reports and documents back on participants would repeat past mistakes in NDIS access processes where participants able to afford to see providers and obtain reports and documentation were more likely to be able to access more of the supports they needed.

Recommendation 5: Develop public-facing communications and information resources with accessible, clear information about how the process will enable appropriate, trauma-informed, tailored assessment for people with psychosocial disability.

Recommendation 6: Explain what support will be provided prior to, during, and after support needs assessments for participants who experience distress as a consequence of the process, and how support will be made accessible for participants with different access needs.

Recommendation 7: Provide accessible, clear, and specific communications to participants undertaking assessment well in advance of their assessment/reassessment date to set expectations and enable preparation, covering:

- areas of discussion
- a list of the specific questions they will be asked during the assessment
- what kinds of information and documentation they will need to gather, and what else they need to do to prepare
- who their assessor is, and what qualifications, knowledge and experience they bring that enables them to appropriately assess participants with psychosocial disability.

5.1.2 What questions and feedback do you have about the draft template support needs assessment report?

Changes to the language, order and presentation of information, and length of the document are needed in order to make this report accessible and useful for more participants.

Language

Language used in the draft support needs assessment report will not be accessible for many people. It should use plain English throughout. It is especially important that descriptions of assessed capacity and support needs to be plain English, and while aspects of some of these are put in such terms in the draft, there are many examples that could easily be rewritten. An indicative sample occurs in the first sentence of

the first category: transfer and positioning, which states: “You can independently transfer from one surface to another.”[5] This could be rewritten as: “You can move yourself from one surface to another.”

The language used in this draft report highlights what participants can do, as well as what they can do with supports, but there are times where it could be more consistent in how it describves what they can do with supports, as sometimes the phrasing does not capture this in a strengths-based manner. Here is an indicative example: “You can experience difficulty with opening jars and some packaging. When this happens a supporter will help to loosen the lid or open the item.”[6] Rephrasing could look like: “You get assistance as needed from supporters to help with opening jars and some packaging.”

Length and format

The length of this document is a major barrier to accessibility. The draft document is 32 pages, and while we understand that it would be shorter for some participants given that this draft report contains additional sections for the purposes of demonstrating what different outcomes in assessed needs might look like on the report, for some participants it would likely be much longer if they have more support needs and additional circumstances that need to be included. There are many instances of opportunities for information to be either stated in a more straightforward fashion, or for some sections/wording to be removed entirely, which would help to curtail the document’s length. Some ideas to address this include:

- Removing superfluous statements/information that appears to be stated by default in many sections, where there is no need for follow up attention or concern from the participant. For example: the following statement that is currently included in every category: “The information you gave us met our requirements. We’ve used it to assess your____needs.”[7] Only making a statement where there is some issue/information did not meet requirements would be better. When information does not meet requirements, next steps, a pathway for participants to understand what they can do to meet requirements should be given, as simply stating that information given is not enough is unhelpful to the participant and likely to engender confusion if they are not told why or whether there is a chance to address this.

[5] Department of Health, Disability and Ageing. (2026). Draft support needs assessment report for New Framework Planning. https://consultations.health.gov.au/disability-and-carers-group/nfp-ndis-supports/user_uploads/draft-participant-plan-for-new-framework-planning.pdf, p. 8.

[6] Ibid.

[7] Ibid, p. 17.

- The section “How to use your support needs assessment report” could be a paragraph earlier on, in the front matter of the report, thereby saving an entire page and providing this insight when it is useful to the participant, rather than right at the end.
- Summarising relevant dot point information in the ‘about you’ section rather than having different categories, headings and sometimes, superfluous information that does not apply to the specific participant could make this section shorter and more straightforward. An example is the section: “Remoteness Your home address is used to work out if we need to apply any special considerations due to you living in a remote area. We use the Modified Monash Model (MMM) classification to do this. Your MMM classification is MMM1, major city.”[8] This could be restated as “You live in a major city.”

What is missing

Prefacing the report with a condensed summary of relevant information, of ideally 1 page in length, would enable communication of key/important information to more participants up front. Then, those who would like to read on would be able to gain a fuller understanding of the report as their preferences dictated.

Clarification is needed for a sentence in the “Your assessed supports” section: “You might also be able to use your flexible funding for supports that aren’t listed here. Refer to your plan and ndis.gov.au for what you can spend your funding on.”[9] This is vague and requires follow up research and cross checking of documentation. A summary included on the page of what is possible would be more helpful alongside the link to where more information can be found.

What the report implies about the appropriateness of the process for assessing support needs of participants with psychosocial disability

To the extent that this report illustrates outcomes of a standardised needs assessment, CoMHWA has strong reservations around how this can possibly be reflective of an appropriate process for assessing the support needs of participants with psychosocial disability. A major issue is that mood is the only category other than goals within the mental and emotional health section, and while we feel that mood is an important category for inclusion, this one category does not feel sufficient to summarise capability and needs across mental and emotional health. For participants with psychosocial disability in particular, the range, nuances and complexities of their mental and emotional health needs cannot be captured by speaking about their mood alone.

[8] Ibid, pp. 6-7.

[9] Ibid, p. 31.

Clarity is urgently needed about whether other categories will be included in this section, and if so, what they will include. If no other categories are included in the current approach, CoMHWA feels that sections must be added to capture other experiences connected with mental and emotional health that impact participant functioning and support needs, such as executive functioning, overwhelm, fluctuating experiences of mental health challenges, unusual perceptions, trauma and anxiety.

Recommendation 8: Review and amend the language, structure, length and content of the support needs assessment report template to make it more accessible, clear and appropriate for more participants. This should include:

- consistent use of plain language throughout
- efforts to streamline information and state or present information in a more straightforward manner where possible
- removal of unnecessary 'default' information, statements and sections
- inclusion up front of short overall summary
- limiting, where possible, need to cross reference/seek more information elsewhere by providing summarised information within the document
- expanding the categories assessed and reported upon under mental and emotional health.

5.1.3 In what circumstances do you think a replacement assessment should be arranged? Are there additional circumstances that should be considered?

Replacement assessments should be arranged when requested by participants. This will ensure that participants have the opportunity to be reassessed when they feel that the first assessment and the report it produced does not capture their needs appropriately. They may also see a need to request a replacement assessment if the report does not enable creation of a plan that meets their fluctuating needs. If there is not enough in place to capture the nuances of impact of mental health challenges on need for support, and different experiences of psychosocial disability including complex, fluctuating, episodic or co-occurring challenges, then participants will miss out on needed supports.

Recommendation 9: Enable replacement support needs assessments to be arranged at the request of the participant.

5.2 Budget method rules

How budgets are worked out: *The NDIA will use information from the support needs assessment report to work out a participant's budget using the new NDIS rules. The budget will include flexible and stated supports funding. While the budget method is used to work out how much funding a participant receives in their plan, it doesn't tell participants how to use their funding. Flexible funding can be spent on NDIS supports to meet a participant's disability support needs.*

5.2.1 What information would help participants understand how a budget is calculated?

A clear, plain language (plus accessible versions meeting different access needs) explainer about how budget method rules work, with examples, is required. Information about how funding amounts are determined must be provided in formats more accessible than a table that will likely be difficult to decode for many participants. The language used must be plain English, with explanations given of terminology to facilitate understanding. CoMHWA has questions about what is meant by 'direct' and 'relative' estimates in some categories, and so clear information is required with further explanation of what a relative estimate of support is, and how such estimates are made.

Providing a bank of examples and case studies that go across different areas of support needs and diverse experiences of disability, including psychosocial disability, would help to demonstrate budget calculations and impacts on support plans and funding amounts. These should include short examples so that participants can see at a glance the connections between different areas of a support needs assessment report, the budget calculations rules, and the impact of these on actual support plans.

When assessors go through the review of the support needs assessment with participants, at the end of that assessment meeting, they should be equipped to explain some of the likely ways in which what they have captured will be used to work out at the budget, including what the participant can expect to see on their support plan.

Information is needed about what tier or rate of payment for particular supports (where relevant) is used and how this is chosen. Providers are increasingly charging the maximum rate they can, but participants' budgets, despite stating number of hours of support they are meant to have, do not always calculate out in a way that enables them to access that number of hours of support at the given maximum rate. If this is based on factors like allocated number of hours at weekend rates, nights, weekdays, and so forth where different rates come into play, participants should be informed about how many hours they can access at those rates.

Key Concern: Proposal for eligible participants to receive a default community supports amount

The consultation paper appendix states that "In NFP eligible participants are proposed to be funded a default community supports amount, rather than an amount determined through delegate discretion."[10] This proposal amounts to a radically different budget rule for community supports compared to other supports, as well as a significant change to how budgets have been calculated in the past. Burying this information in the appendix is not transparent, clear, or accessible. Given the likely impact on participants, it is also not fair or ethical. Immediate, clear information must be provided on what is meant by this statement, the amount proposed, how this 'default' amount will be calculated, what will be in place to manage risk to participants in leaving them without supports and how the amount chosen will be determined to be appropriate for all participants with this funding given their varying needs, and then a period of consultation must be opened to invite response and feedback on this proposal. The application of support determinations recently that have halved participants access to funding for social and community participation are having, and will continue to have, significant impacts on the wellbeing, support, health, mental health and access to the community for people with disability, in a context where they have no other support options outside of the NDIS to ameliorate the sudden loss of supports. It is essential that future budget method rules do not embed constraints into participants' access to community supports equal to what they require to meet their individual needs by applying a one-size-fits-all default amount. CoMHWA strongly opposes the proposal and urges the Government to reconsider this change.

Recommendation 10: Develop a clear plain language explainer about how budget method rules work, and an accompanying bank of examples and case studies that go across different areas of support needs and diverse experiences of disability to demonstrate budget calculations and impacts on support plans and funding amounts. Complement this by creating accessible versions of the explainer in different formats (easy read, Auslan video, etc) meeting different access needs.

Recommendation 11: Remove the proposal in the budget methods rules for eligible participants to receive a default community supports amount. Failing this, immediately open consultation and provide immediate further information concerning this proposed aspect of the budget methods rules.

[10] Australian Government Department of Health, Disability and Ageing. (2026). *New Framework Planning Rules: Consultation paper – August 2026*. https://consultations.health.gov.au/disability-and-carers-group/nfp-ndis-supports/user_uploads/consultation-paper---new-framework-planning_final-3.pdf, p. 23.

5.2.2 What questions and feedback to you have about the draft participant plan template?

The Draft Participant Plan Template is long and difficult to follow at 18 pages, and there are participants with more extensive plans for whom the plan will be much longer. There are opportunities for managing this length as we detail below. It is good to see there is some summarisation at the start of the draft document, though a more comprehensive a summary would allow all key information to be seen at a glance for those who are not able to get across the entire document at once.

Presentation of information

The document should be reformatted to avoid breaking up information pertaining to the same area of funding over multiple sections. For example, the sections "Your flexible funding" and information about "Flexible fund management" split information across those sections on flexible without restrictions and flexible with restrictions funding.[11] Folding the information in the "Flexible fund management" section into the information given in "Your flexible funding" would mean participants can see in one section all the information they need on amounts they have, supports they can spend it on and how they should manage their funds for each type of flexible funding.

Inclusion of 3 separate tables outlining identical funding periods for each different funding type makes for a confusing, redundant, and lengthy read. Integrating these as one table, with the different funding amounts and types included against each funding period, would be a more efficient and less confusing way in which to present this information. Consideration should be given around how this information could be presented in ways other than a table, which is a format that many can find difficult to follow.

Presenting information about a specific type of support in separate boxes is both visually confusing and hard to follow when reading through a section, as the information looks disconnected. When headings and sections break across pages, it comes especially difficult to follow what subsequent sections are about. Including all information about a specific support in one boxed section, with subheadings, avoiding where possible breaking a section across pages, and when that is unavoidable, repeating the heading to ensure clarity on what that section refers to could enable information to be more easily followed.

Reordering information would provide what it is most important for participants to know earlier in the document (such as information about how they can use their plan).

[11] Australian Government Department of Health, Disability and Ageing. (2026). *Draft participant plan for new framework planning*. https://consultations.health.gov.au/disability-and-carers-group/nfp-ndis-supports/user_uploads/draft-participant-plan-for-new-framework-planning.pdf, p. 5.

Where further detail or clarification is required

Avoid the need for participants to spend time cross referencing and looking up information by, where possible, stating directly in the document the information they need to know. For example, the draft plan notes, in the section on flexible funding: "You can't use any of your flexible funding to buy supports that are stated or supports the NDIS rules say need to be stated."[12] Giving a summary list of indicative supports that are stated supports on which a participant cannot spend their funding would be helpful. Similarly, summarising the adjustments made in the "Adjustments" section on page 3 would be helpful.

Increase understanding by including definitions/explanations for terminology that participants may not know when the word is first used, for example, the meaning of "AT ancillary." Some of the tables state that "Any unspent funds will rollover to the next funding period," but clarification should be provided here that at the end of the plan, unspent funds are not rolled over into the renewed plan.[13]

Including a breakdown in amounts for specific types of stated supports within a stated supports category for each funding period would be helpful for some participants. We have heard feedback that participants can find it challenging to track spend within a category when it is represented as a simplified whole amount rather than showing the split/breakdown of funding they have for specific providers or supports, such as when they have been given a whole amount for capacity building supports and not given the breakdown of amounts for support workers, support coordinator, recovery coach, and other supports. This can mean they might accidentally exceed hours in one category.

Recommendation 12: Review and amend the Draft Participant Plan Template to make it clear and accessible for more participants. This should include:

- efforts to streamline and state information in a more straightforward manner where possible
- inclusion up front of a more comprehensive overall summary
- limiting, where possible, need to cross reference/seek more information elsewhere by providing summarised information within the document
- including detail offering a breakdown of funding amounts per funding period into the specific amounts that a participant can spend on types of support that fall under an overall support category will help some participants manage their spending within a given funding period.

[12] Ibid.

[13] Ibid, p. 14.

5.3 Plan variation and reassessment rules

Plans may be updated in two main ways:

- *Plan variations (changes to part of a plan for urgent or short-term changes, repairs, replacements or small funding changes.*
- *Plan reassessments, which creates a new plan (for when a participant's support needs have changed a lot or the change is ongoing).*

5.3.1 What feedback and questions do you have about plan variations and reassessments?

CoMHWA feels that it is positive for participants to have a more easily accessible way in which to request short term variations as needed. We also feel that by-default longer spans of time between plan reassessments could spare participants who do not require significant changes the labour of enduring a frequent reassessment process. This said, it is essential that participants should be able to request reassessments as needed, and that making a request for both a variation and a reassessment should be accessible, easy, and result in a timely response. Timely response is crucial in the event of rapid changes occasioning a need for different or increased support. We are concerned that participants who have substitute decision makers (for instance, because they have guardianship orders) will not have a route through which to request a variation or reassessment, or have a say in whether they will have a variation or reassessment if this is ordered without their knowledge or consent by their substitute decision-maker. We have heard of instances in which participants have been negatively impacted by this, even losing supports as a consequence. Generally, though, participants' support people should be able to easily request a reassessment at the participant's request or with their consent.

5.4 NDIS supports rules

5.4.1 What feedback do you have about changes to NDIS supports for old and new framework planning?

CoMHWA has provided more feedback about changes to NDIS supports earlier in this submission. Generally put, we are strongly opposed to changes that further restrict what supports participants can access with NDIS funding. As such, while the stated intention of the proposed changes is to simplify lists, we are opposed to them as we feel their effect will be to exclude supports (whether intentionally or unintentionally). CoMHWA has long expressed reservations about the lists of NDIS supports and exclusions, as these are confusing and lengthy and do not resolve issues around lack of clarity on what is and is not an NDIS support, and have in practice restricted the supports that participants are able to access with their NDIS funding. The transitional rules establishing such lists were put into place without adequate

consultation, and have afforded significantly less flexibility for funding plans to be tailored to personal circumstances, and we are opposed to their continuation into new framework planning. We continue to advocate for a return to a principles-based approach around what is reasonable and necessary rather than a list-based approach to determining NDIS supports.[14]

CoMHWA is opposed to the proposal to make additions to the exclusion list, because this would further restrict the ability of the Scheme to respond to the individual needs of participants. CoMHWA feels strongly that electronic noise-cancelling headphones must not be added to the list of excluded items, and, instead, should be included on the list of NDIS supports as a stated support for some eligible participants. There are correlations between experiences of noise annoyance and sensitivity and experiences of mental health challenges,[15] and exposure to noise has been shown to have detrimental effects on wellbeing, physical and mental health.[16] Additionally, noise/sound sensitivity is experienced by many neurodivergent people,[17] and mental health challenges commonly co-occur with autism or other experiences of neurodivergence.[18] Use of headphones to cope with auditory environments is common for many people with sound sensitivities,[19] and is also common as a kind of mental health support.[20] Since another common coping strategy is avoidance of

[14] Consumers of Mental Health WA. (2025). *CoMHWA Submission: NDIS Support Rules*. https://comhwa.org.au/wp-content/uploads/2025/08/SA-2025-12-NDIS-Supports.pdf

[15] Gong, X., Fenech, B., Blackmore, C., Chen, Y., Rodgers, G., Gulliver, J., & Hansell, A. L. (2022). Association between Noise Annoyance and Mental Health Outcomes: A Systematic Review and Meta-Analysis. *International Journal of Environmental Research and Public Health*, *19*(5), 2696. https://doi.org/10.3390/ijerph19052696

[16] Basner, M., Babisch, W., Davis, A., Brink, M., Clark, C., Janssen, S., & Stansfeld, S. (2014). Auditory and non-auditory effects of noise on health. *Lancet (London, England)*, *383*(9925), 1325–1332. https://doi.org/10.1016/S0140-6736(13)61613-X

Scheerer, N. E., Boucher, T. Q., Arzanpour, S., Iarocci, G. & Birmingham, E. (2026). Autistic and Non-Autistic Experiences of Decreased Sound Tolerance and Their Association with Mental Health and Quality of Life. *Autism in Adulthood, 8*(1), 112-126. doi:10.1089/aut.2023.0117

[17] Williams, Z. J., He, J. L., Cascio, C. J., & Woynaroski, T. G. (2021). A review of decreased sound tolerance in autism: Definitions, phenomenology, and potential mechanisms. *Neuroscience and biobehavioral reviews*, *121*, 1–17. https://doi.org/10.1016/j.neubiorev.2020.11.030

[18] Lai, M. C., Kassee, C., Besney, R., Bonato, S., Hull, L., Mandy, W., Szatmari, P., & Ameis, S. H. (2019). Prevalence of co-occurring mental health diagnoses in the autism population: a systematic review and meta-analysis. *The lancet. Psychiatry*, *6*(10), 819–829. https://doi.org/10.1016/S2215-0366(19)30289-5

[19] Price, A., Oates, R., Sumner, P., & Powell, G. (2025). "They Impact My Life Daily and Greatly": A Qualitative Exploration of How Subjective Sensory Sensitivities Are Experienced, Exacerbated, and Coped With. *Neurodiversity*, *3*. https://doi.org/10.1177/27546330251383024

Sturrock, A., Bendo, G., Jarvis, E., Hanks, G., Gowen, E., Plack, C. J., & Guest, H. (2026). Navigating the Noise: Strategies Used by Autistic Adults to Manage Difficult Listening Situations. *Journal of speech, language, and hearing research, 69*(7), 3437–3465. https://doi.org/10.1044/2026_JSLHR-25-00137

Herrebrøden, M.K., Dechsling, A., Marentakis, G. & Nordahl-Hansen, A. (2025). Audio Technology for Autistic Persons with Auditory Sensory Differences—A Scoping Review. *Review Journal of Autism and Developmental Disorders*. https://doi.org/10.1007/s40489-025-00511-3

[20] Gbadeyan, O., Odedokun, E.A., & Fagbewasa, E.O. (2025). Headphones, Noise Cancellation, and Algorithmic Playlists: Listening Devices as Mental Health Technologies in Gen Z. *Àgídìgbo: ABUAD Journal of the Humanities*. https://journals.abuad.edu.ng/agidigbo/article/view/2567/1133

noisy environments, including community and public spaces such as shopping centres, restaurants, community centres, and events, enabling access to noise-cancelling headphones would improve access to these spaces. CoMHWA has heard from many consumers and people with psychosocial disability that these are an important support, enabling them to engage in activities in the community, and go about tasks essential to meeting their daily needs such as grocery shopping. They enable management of sensory input while still enabling participants to hear and respond to conversation, certain kinds of environmental noise and safely navigate their environment in a way that non-electronic/manual noise muffling items such as earplugs cannot. Furthermore, they provide a degree of agency over sound, which is a protective factor in support coping in noisy and sensorily overwhelming environments over and above the sound-cancelling qualities of the headphones.[21] CoMHWA hears from consumers that they also reduce sensory overwhelm and overload, and given that overwhelm can increase anxiety and erode emotional regulation capacity, they can contribute to ability to engage with community and social spaces in ways where participants feel in greater control, can emotionally regulate, feel less anxious and can better manage the other sensory and environmental challenges or inputs they experience. These are items that are considered a mainstream support, yet many use them specifically as a disability support, as commercially available options are typically readily available, affordable and well functioning. As they can cost hundreds of dollars, they are often not affordable to participants who have to pay for them out of pocket. The costs of this item as an NDIS support that could enable participants to be able to access some spaces and participate in some spaces and activities without needing a support worker are comparatively efficient.

Excluding hair styling tools (brushes, hair dryers and straighteners) may also have unintended effects if it reduces access to needed tools for daily grooming that function as assistive products enabling participants to engage in personal grooming without needing a support worker's assistance. Excluding gates and fences is a concern for some participants whose housing does not include gates and fencing, but whose support needs for these items arise from their psychosocial disability. One participant told us of how experiences of trauma that intersect with and are part of her experience of psychosocial disability mean that she has specific needs for the security and clearly delineated private space that gates and fencing enables, and that without these, she has had experiences of having her space invaded that have left her unable to leave her house for weeks at a time. The participant lives in state provided housing, and years ago made a request for NDIS funding to cover the costs of a fence and gate, which she was told should would be able to access so long as she had approval from the housing authority to make changes to the property. The process for

[21] Rosas-Pérez, C., Galbrun, L., Payne, S. R., Dickson, A., Stewart, M. E. (2025). More than noise: Lived experiences of autistic people in real-life acoustic environments. *Applied Acoustics, 233*, 110581, https://doi.org/10.1016/j.apacoust.2025.110581

receiving a response from that authority took so long that by the time she had it, the NDIS rules had changed and this was now no longer funded as an NDIS support. She is unable to afford to pay for this out of pocket and now has no pathway for assistance in affording this.

We support the proposed change to add specific items such as tablets, smart phones, smart watches and apps for accessibility and communication to the lists of NDIS supports. One participant told us that, previously, she had been able to purchase an app subscription that enabled her to regulate her emotions. She was not able to access funding for this support with the introduction of the lists, and the replacement supports option was not helpful in enabling this as there are no comparable supports for which it could be replaced. The closest would be a support worker, but as the participant pointed out, support workers are not typically available at 10 pm when they might most need the type of emotional regulation support that kind of app would enable. Placing apps on the list of NDIS supports could enable more participants to be able to access what they need as a stated support.

5.4.2 What impacts do you think will be experienced as a result of removing replacement supports? What items or services will no longer be available?

The replacement supports process is confusing. However, it is also a pathway to accessing a support that participants might otherwise have no way to access. Generally, we do not support excluding potentially needed items without a pathway for seeking access, as this reduces the flexibility needed to ensure the Scheme meets the individualised needs of its participants. In the words of one participant:

> *"What NDIS is losing its way in is in meeting the needs of the individual. We're going to strip everything, you'll have a basic life, not one…that's meaningful."*

Notably, a pathway to access commercially available household items will no longer be available if replacement supports are removed. We feel commercially available household items should also be included in the NDIS supports list, alongside tablets, smart phones, smart watches and apps for accessibility and communication. These items are important for many participants, and often represent a cost-efficient option for the NDIS. One participant told us of how she was denied funding for a perching stool that would have enabled her to be able to cook her own meals in her kitchen, which she presently cannot do as she is unable to stand for long periods of time. She was denied funding for this, and yet, she has funding to engage a support worker to come in to help her with meal preparation, which is a much more costly option for support that denies her the opportunity to be able to undertake this task independently. This is only one such example of how enabling access to particular supports that are not on the NDIS supports list for

those participants who need them would support the economic efficiency of the NDIS while at the same time enabling the best outcomes for participants.

Recommendation 13: Add noise-cancelling headphones and commercially available household items to the list of NDIS supports (the inclusions list) so that they can be included as stated supports on the plans of eligible participants.

Recommendation 14: Do not add any further items to the exclusions list.

Recommendation 15: Remove the exclusions list altogether, or, failing this, create a simplified and more expansive replacement supports process to enable those who need them to access supports that are not currently on the list of NDIS supports.

5.5 General Questions

5.5.1 From the information provided in this consultation paper:

- **What information was most useful?**
- **What questions do you still have?**

Information about planned changes and draft versions of the lists is useful even if just in a proposal form, as it gives some sense of changes that are coming. Mapping of the current supports lists to the proposed new lists was helpful though the presentation of this information could have been clearer (and mistakes in the numbering made it hard to follow for some categories). CoMHWA appreciated the opportunity to review the draft report and plan templates, and also appreciated the additional information given to inform our response to the consultation.

Information on the budget methods was helpful as previous communications about this have largely said that information would come when these methods were worked out. However, we have questions about the specifics of some of the things mentioned in those budget methods rules. There was no further clarification given on some of the proposed items even though they represent major changes. In future, specifically and explicitly addressing this type of proposed change, even if the scope of the consultation itself does not make space for feedback on it, would help to provide better context for those replying to the consultation and will demonstrate commitment to transparency.

- **What would help people with disability better understand the NDIS new framework planning rules?**
- **What communication formats would make the information more accessible?**
- **What should we focus on in future communication products?**

CoMHWA often hears that participants don't just want general information, they need information on impacts to them, what specific changes they can expect to their experience and supports and when they can expect changes to come into effect, with specific dates given, not an estimated possible period of a year or more. They should not have to go looking for information about upcoming changes that affect them, this should be communicated to them directly, in their preferred format and in ways they can understand, prior to changes happening. At a bare minimum, communications should be in plain English. Future communications products should be developed across a range of formats and levels of detail to maximise access to information for participants with a range of accessibility needs.

That all said, what we feel is really needed is for participants to have the opportunity to have one to one discussions and individual support to understand the changes to the new framework planning rules, new budget rules, and other changes, so that they have an opportunity to ask questions and clarify points as needed, as well as support to come to terms with what the changes mean for them.

6. Conclusion

CoMHWA supports the ideal of making NDIS supports and new framework planning clearer and easier to navigate, yet simplification must not reduce the range, flexibility or individual responsiveness of supports available to participants. CoMHWA urges a return to a principles-based approach centred on what is reasonable and necessary rather than increasingly restrictive inclusion and exclusion lists. New framework planning must be transparent, accessible, trauma-informed and appropriate for people with psychosocial disability. To facilitate this, participants need advance information about assessment questions, assessors with relevant expertise, support before, during and after assessments, and reports and plans written in plain English with concise summaries. Assessments and budgets must recognise fluctuating, episodic and complex needs, explain how funding decisions are made, and provide accessible, timely pathways for replacement assessments, plan variations and reassessments. CoMHWA feels that the Government must design communications, templates, processes and supports rules with participants and with people with lived experience, test their impacts before implementation, and clearly demonstrate that no participant will go without necessary supports because of issues with the support needs assessment process or because of narrowing of the NDIS supports list.

6.1 Summary of Recommendations

Recommendation 1: Do not expand the current or proposed NDIS supports rules into New Framework Planning, and instead undertake genuine co-design with people with disability to develop new NDIS supports rules for New Framework Planning.

Recommendation 2: Review, remap and amend the list of supports to the 18 categories proposed and make needed changes to category descriptions to ensure that all currently included supports are covered fully. Include an explicit statement that this list should be interpreted so as not to exclude any currently included supports in the 36-category list.

Recommendation 3: Implement the proposal to add clarity to supports rules by noting that assistive technology and consumables may be purchased from mainstream retailers and that animal-assisted therapy that forms part of a therapeutic intervention delivered by an appropriately qualified allied health professional is able to be funded.

Recommendation 4: Clarify the role and function of psychosocial recovery coaches within the list categorisations as separate to and different from that of a support coordinator.

Recommendation 5: Develop public-facing communications and information resources with accessible, clear information about how the process will enable appropriate, trauma-informed, tailored assessment for people with psychosocial disability.

Recommendation 6: Explain what support will be provided prior to, during, and after support needs assessments for participants who experience distress as a consequence of the process, and how support will be made accessible for participants with different access needs.

Recommendation 7: Provide accessible, clear, and specific communications to participants undertaking assessment well in advance of their assessment/reassessment date to set expectations and enable preparation, covering:

- areas of discussion
- a list of the specific questions they will be asked during the assessment
- what kinds of information and documentation they will need to gather, and what else they need to do to prepare
- who their assessor is, and what qualifications, knowledge and experience they bring that enables them to appropriately assess participants with psychosocial disability.

Recommendation 8: Review and amend the language, structure, length and content of the support needs assessment report template to make it more accessible, clear and appropriate for more participants. This should include:

- consistent use of plain language throughout
- efforts to streamline information and state or present information in a more straightforward manner where possible
- removal of unnecessary 'default' information, statements and sections
- inclusion up front of short overall summary
- limiting, where possible, need to cross reference/seek more information elsewhere by providing summarised information within the document
- expanding the categories assessed and reported upon under mental and emotional health.

Recommendation 9: Enable replacement support needs assessments to be arranged at the request of the participant.

Recommendation 10: Develop a clear plain language explainer about how budget method rules work, and an accompanying bank of examples and case studies that go across different areas of support needs and diverse experiences of disability to demonstrate budget calculations and impacts on support plans and funding amounts. Complement this by creating accessible versions of the explainer in different formats (easy read, Auslan video, etc) meeting different access needs.

Recommendation 11: Remove the proposal in the budget methods rules for eligible participants to receive a default community supports amount. Failing this, immediately open consultation and provide immediate further information concerning this proposed aspect of the budget methods rules.

Recommendation 12: Review and amend the Draft Participant Plan Template to make it clear and accessible for more participants. This should include:

- efforts to streamline and state information in a more straightforward manner where possible
- inclusion up front of a more comprehensive overall summary
- limiting, where possible, need to cross reference/seek more information elsewhere by providing summarised information within the document
- including detail offering a breakdown of funding amounts per funding period into the specific amounts that a participant can spend on types of support that fall under an overall support category will help some participants manage their spending within a given funding period.

Recommendation 13: Add noise-cancelling headphones and commercially available household items to the list of NDIS supports (the inclusions list) so that they can be included as stated supports on the plans of eligible participants.

Recommendation 14: Do not add any further items to the exclusions list.

Recommendation 15: Remove the exclusions list altogether, or, failing this, create a simplified and more expansive replacement supports process to enable those who need them to access supports that are not currently on the list of NDIS supports.



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