

NDIS Unscheduled Plan Reviews

This guide aims to build service providers' understanding regarding the processes associated with unscheduled plan reviews. This guide also details what supports are available to participants who are seeking to review their plan.

The National Disability Insurance Agency (NDIA) has committed to improving the administration of unscheduled plan reviews, in recognition of the issues and delays experienced by NDIS participants. For further information about the steps the NDIA is taking to improve the unscheduled plan review process, view the [Commonwealth Ombudsman report](#).

About: Unscheduled Plan Reviews

If participants are not satisfied with a decision made by the NDIA, or if their circumstances have changed, participants are able to request a review of their plan outside of the scheduled review. For example, if a participant plan does not include essential supports, the participant has a right to request a review of their plan.

There are three different types of reviews:

- Internal review (review of a reviewable decision)
- Request for plan review (also known as an unscheduled plan review)
- Administrative Appeals Tribunal (AAT) review

Participants are likely to require support to request an unscheduled review of their plan. Support Coordinators or the relevant NDIA Partner (Local Area Coordinators or Early Childhood Access Partners) can provide information and develop participant capacity to request a plan review. Other providers can choose to offer some assistance in the plan review process, however this support cannot be claimed against participant plans. Providers, including Support Coordinators, are not able to make or initiate a request to review a participant plan on behalf of the participant.

When a participant plan is reviewed, all of the supports within the plan are reviewed.¹ This is because the participant request may include evidence that impacts the other reasonable and necessary decisions made in other areas of the current plan. This means that if the participant requests a review of one component of their plan, the entire plan may be considered in light of the evidence provided. When requesting a review of their plan, participants may need to reference evidence previously submitted (for example, a letter from a GP) to ensure that key information already submitted to NDIA is not overlooked during the review process.

The rationale for unscheduled review requests should refer to the principles of the NDIS (e.g. increasing economic and community participation). For example, where the informal carer indicates that they need a break from the

¹ 15.6 Operational Guideline: Reviewing and changing a participant's plan, <https://www.ndis.gov.au/operational-guideline/planning/reviewing-participant-plan.html>

caring role, the request should provide detail about how the supports will enable them to sustain the participant's informal supports in the future. Or, where the participant indicates that they would like to go to an art class, the request should include information about how the art class will increase the participant's community participation and develop their social skills.

Before requesting a plan review, participants should consider the flexibility of their existing plan, recognising that participants are able to use their core supports flexibly across four different support categories (assistance with daily life, transport², community access and consumables). For more information about the flexibility of participant plans, please refer to the [NDS Practical Guide: Understanding NDIS Plan Funding](#).

When a participant's plan is reviewed, a new plan replaces the existing plan and will have a different start and end date to the previous plan. Providers will be required to create new service bookings, reflecting the new plan dates to successfully claim for supports delivered from the start date of the new plan. Providers will also need to review their Service Agreements with participants to ensure that they are up to date.

Providers need to ensure that their claiming is up to date to avoid payment issues associated with unscheduled reviews. Providers can submit payment requests against the old plan, up to 60 days after the end of the old plan date. If providers are experiencing claiming issues or have any outstanding payments they should contact the National Provider Payment team at provider.payment@ndis.gov.au.

Internal Review (Review of a Reviewable Decision)

An internal review is available to a participant if they are not satisfied with a decision that has been made by the NDIA, and is also called a 'review of a reviewable decision'. An internal review must be submitted within three months after receiving the notice of the decision (for example, from the plan start date if the participant is not satisfied with their plan or from the date of NDIA's decision not to review a participant plan if the participant has requested a review of their plan). The NDIA has developed a form titled '[Application for review of a reviewable decision](#)' to support participants to request this type of review.

In requesting an internal review, participants will need to detail the reasons why they are requesting a review, for example why they feel the decision (regarding, for example the support type or funding level) was not appropriate. Participants will also need to describe how the decision has affected them and the desired outcome of the review. It is essential that participants include supporting evidence in their submission to support their internal request for review. Participants should also highlight if any evidence received by the NDIA was not taken into consideration in the NDIA's initial decision. For example, an assessment that details a participant's support needs that were not captured in their plan. The NDIA is not legislated to respond to an internal review within a specific timeframe.

There are a number of decisions made by NDIA that are reviewable under the NDIS Act, including decisions about a revoking a provider's registration, access to the NDIS, or refusing to approve a person or organisation as a registered provider of supports. For more information about the types of decisions that are reviewable under the NDIS Act refer to the [Operational Guide: Review of Decisions](#).

If participants do not submit a request for internal review within the first three months of receiving a decision, participants should submit a 'request for review' (see section below).

² Where a participant receives their transport funding as periodic payments, they are generally not able to use their Core supports flexibly to access additional transport supports.

Request to Review Plan

The [NDIS Act](#) states that participants are able to request a review of their plan at any time.³ The 'request to review' option is generally used when there has been a change of circumstance, which means that the participant's support needs have changed to the extent that their existing plan no longer meets their needs. It is important to note that the NDIS Act does not specify that the request has to relate to a change of circumstance.

The NDIA has developed a form titled [Request to review](#), however participants are able to request a review in any format (such as by email request). It is recommended that participants seek confirmation in writing from NDIA that the request to review the plan has been received.

If requesting an unscheduled review of their plan, NDIS participants will need to detail what has changed in their life and how that has impacted on their support and funding needs (for example, the participant's carer is unwell for an extended period of time, the participant may require additional funded supports). Participants will also need to provide new evidence that is relevant to their plan (for example, a recent occupational therapy report).

The NDIA is legislated to respond to a request to review a participant plan within 14 days.⁴ If the NDIA have not made a decision within this period, then participants should view this as a NDIA decision to not conduct the review. However, if the NDIA have not made a decision within 14 days, an automatic internal review will be triggered based on the participant's initial request.⁵

For information about why a request for review may be rejected, please refer to the [Operational Guideline: Planning](#). Providers may choose to encourage participants to follow up the review request if they have not heard anything within 14 days. If a participant is not satisfied with the outcome of the review they are able to request an internal review of this decision. See the section above for more information.

If the NDIA decide to review the participant's plan, they are required to begin facilitating the review within 14 days of making that decision.

Administrative Appeals Tribunal (AAT)

The AAT review process can only be used after the participant has gone through the internal review process and is not satisfied with the decision made by the NDIA. The AAT provides an independent assessment of a wide range of decisions made by the Australian Government, including decisions made by NDIA. The AAT reviews a decision by examining the facts, law and policy related to the decision and make their own decision. The AAT has the power to confirm a decision, vary a decision, provide a new ruling or remit the decision to the decision-maker (in this case the NDIA) for reconsideration.

NDIS Participants will be required to apply for a review by either filling out an application form, or writing a letter. Applications to the AAT must be made within 28 days after the internal review decision from the NDIA has been received. The AAT Contact Officer will make contact with the participant within three days of receiving the application. Further information about the review process is available on the [AAT website](#).

Supports Available

There are a number of free supports available for participants prior and during the appeals process, including:

³ NDIS Act, p. 50 (link: <https://www.legislation.gov.au/Details/C2016C00934>)

⁴ Section 15.2, NDIA, Operational Guideline: Planning, link: <https://ndis.gov.au/operational-guideline/planning/reviewing-participant-plan.html>

⁵ As above

[NDIS Appeals Support Person Providers](#). These organisations support participants throughout the internal review and appeals process. Providers, including Support Coordinators, should consider referring participants to these supports where they do not have the capacity to support participants.

Participants may also receive access to funding for legal services, where the case is complex or introduces new legal issues. Legal services are provided by Legal Aid Commissions. For further information, visit the [Department of Social Services website](#)

Table 1: Unscheduled Review Types

	Internal Review	Request for Review	Administrative Appeals Tribunal
In what circumstances can it be requested	If the participant is not satisfied with a decision made by the NDIA (for example, a funding decision made in a plan or a decision not to review a plan).	Either: <ul style="list-style-type: none"> • If a participant's circumstances change; or, • At any point, where the participant's plan does not meet their needs 	<ul style="list-style-type: none"> • If the participant is not happy with an internal review decision made by NDIA; and, • An internal review has been completed, and the disputed decision is related to the internal review
Timeframes	Within 3 months after receiving the decision (for example, 3 months from plan approval date).	Can occur at any time.	Within 28 days from receiving the decision made by NDIA following an Internal Review.
Application form	Application for Review of a Reviewable Decision	Plan Review Request Form	Online Application Or formal letter
Example	A participant has behaviours of concern and has previously had difficulty engaging with service providers. There is no funding in their plan, under the capacity building support category 'Improved Relationships', to develop a behaviour support plan. The participant's plan was approved one month ago. The participant requests an internal review.	A participant uses additional supports after their primary carer becomes unwell for an extended period of time. As a result of using increased funding throughout this period, they will not have sufficient funding for the rest of the plan period to meet their needs and achieve their goals. They request a plan review.	A participant submitted a plan review request as their plan no longer met their needs. NDIA decided not to review the plan. The participant submitted an internal review of the decision not to review the plan. The NDIA internal reviewer again, decided not to review the plan. The participant submits an application with the AAT regarding the decision not to review their plan.

If you have any further questions please contact Stephanie Worsteling, National NDIS Advisor, at stephanie.worsteling@nds.org.au.

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