



Submissions to the

# Joint Standing Committee on the National Disability Insurance Scheme

Additional Material – TAPIB and data integrity

## *Performance of the National Disability Insurance Scheme*

23 October 2025

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## Technical Advice and Practice Improvement Branch

We thank the Committee for the opportunity to give evidence at public hearing today, along with Aunty Marg Knight and Jonathan Vanek.

We provide this supplementary submission to provide information about the Technical Advice and Practice Improvement Branch (TAPIB) function regarding “Home and Living” advice which determines the allocation of certain funding in participant plans.

Our submission of 15 August 2025 raised concerns about the number of participants we were seeing where impairments had been removed from their records, resulting in funding reductions which ultimately resulted in appeals to the Administrative Review Tribunal (**ART**). Aunty Marg and Jonathan will speak to the impact of this issue on their families.

Since that time we have become aware of a further issue with the record keeping of the NDIA, which has also resulted in funding reductions and appeals. An example is provided below due to the time available today and the detail required to explain this.

A participant has a current appeal at the ART. We were told that there had been a lot of work on assembling the necessary reports and evidence to access the level of funding needed for this person, who has complex support needs. This had been effective and a plan created in 2024 which met their support needs. A summary of the Home and Living component of these plans is outlined below.

| Plan start date | Plan end date | Home and Living funding |
|-----------------|---------------|-------------------------|
| 18 May 2021     | 18 May 2023   | \$0                     |
| 18 April 2024   | 18 April 2025 | \$676,654.20            |
| 9 April 2025    | 8 April 2026  | \$120,108.24            |

Between the first two plans, TAPIB provided Home and Living advice on basis of ten reports submitted by the participant and dated 2021-2022. The advice recommended funding of \$639,035.68 for Home and Living funding.

After the 2024 plan, TAPIB provided another Home and Living advice on the basis of eight documents dated 2024-2025 only. The advice does not refer to the previous advice, or the documents referenced therein. This advice recommended funding of \$120,098.00 for Home and Living funding.

Out of the three plans, two Home and Living advices, and 18 documents referred to above, only one plan and one document was referred to in the internal review and the subsequent documents disclosed at the ART.

When we requested the materials from 2021-22, only one of the ten documents could be located. The explanation provided was “Our records system does not have copies of the other documents listed – it may be that they were uploaded at the time”.

Of the 8 documents relied on for the 2025 decision which is being appealed, only one of them was referred to in the internal review and provided at the ART.

We have significant concerns around the multiple systemic failures indicated here:

- The NDIA would appear to have inaccurate records of participant impairments
- The NDIA would appear to have significant issues with their record retention in relation to materials provided to them

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- TAPIB would appear to have made a decision in the absence of any reference to it's previous decision or the materials relied upon at that time. While we understand that delegate review is required if funding is to be increased more than 10% above certain thresholds, but clearly there is no review requirement if funding is to be reduced by 82%
- The internal reviews in these matters have not identified any of these issues, which suggests a less than robust review process.

The outcome of these collective failures is a surge in ART appeals, for which many participants cannot access advocacy assistance.

In the context of significant and ongoing reform to the NDIS, these underlying failures creates a significant risk of poor decision making by the NDIA and poor outcomes for participants.