

# SUBMISSION TO THE JOINT COMMITTEE OF PUBLIC ACCOUNTS AND AUDIT

---

## INQUIRY INTO THE ADMINISTRATION OF THE NATIONAL DISABILITY INSURANCE SCHEME (NDIS)

Submission from: Edwina Cuzens

Date: 9/12/2025

### 1. EXECUTIVE SUMMARY

---

This submission outlines key concerns about the current structure of the National Disability Insurance Scheme (NDIS), particularly the outsourcing of administrative roles such as Plan Management and Support Coordination. These arrangements create inefficiencies, lack accountability, and threaten the long-term financial sustainability of the scheme.

### 2. KEY ISSUES

---

#### 2.1 PAYMENT SYSTEM MISUSE BY SELF-MANAGED PARTICIPANTS

Under the current system, self-managed participants can delay payment to providers by months after receiving funds from the NDIS. This effectively turns the scheme into an interest-free loan system, placing undue financial pressure on providers, many of whom are small businesses with limited cash flow.

#### 2.2 UNQUALIFIED SUPPORT COORDINATORS INFLUENCING FUNDING

Support Coordinators currently require no formal qualifications, yet they influence funding recommendations, interpret clinical reports, and sometimes override the advice of qualified allied health professionals. This leads to inconsistent outcomes and may inflate plans unnecessarily.

#### 2.3 LACK OF OVERSIGHT OF PLAN MANAGERS

Plan Managers—responsible for paying participant invoices—do not require training in NDIS pricing, coding, or legislation. This results in incorrect payments, unnecessary administrative costs, and vulnerabilities for misuse or fraud. These tasks could be centralised within the NDIA, eliminating duplication.

#### 2.4 FUNDING DECISIONS LACKING CLINICAL EXPERTISE

NDIA planners frequently lack medical or allied-health backgrounds, yet they must interpret complex reports and make funding decisions that affect participant outcomes. This is comparable to allowing individuals with no medical training to prescribe treatment.

### 3. RECOMMENDATIONS

---

1. Bring Plan Management and Support Coordination under direct NDIA control.
2. Provide every NDIS participant with a dedicated case worker who is easy to contact.
3. Ensure plan reviews include medical or allied-health professionals.
4. Allow only registered providers—not unqualified third-party businesses—to submit review requests or funding justifications.

### 4. FINAL STATEMENT

---

The outsourcing of key administrative roles has created an environment where businesses with no disability or clinical training profit from NDIS funds, leading to inefficiency and waste. Returning these functions to a government-run system staffed by trained professionals would significantly reduce administrative costs, improve accountability, and enhance participant outcomes.

NDIS participants need trained case workers, clinically informed reviews, and a streamlined payment system managed by the NDIA—not the fragmented, poorly regulated structure currently in place.

### 5. CONCLUSION

---

To protect the integrity and long-term sustainability of the NDIS, these reforms must be prioritised. A professionally governed, clinically informed, and centralised system will deliver better value for money and improved support for Australians living with disability.

SIGNATURE:

Edwina Cuzen

9/12/2025