MS RESEARCH ADVOCACY CURE AUSTRALIA

2025-26 NDIS Annual Pricing Review

February 2026

MS AUSTRALIA RESEARCH ADVOCACY CURE

What is MS?

Multiple Sclerosis (MS) remains one of the most common causes of neurological disability in the young adult population (aged 18–40 years) with over 2.8 million people affected worldwide. More than 37,756 Australians live with MS and over 7.6 million Australians know someone or have a loved one with this potentially debilitating disease.

Three times as many women have MS than men. Symptoms vary between people and can come and go; they can include severe pain, walking difficulties, debilitating fatigue, partial blindness and thinking and memory problems. For some, MS is characterised by periods of relapse and remission, while for others it has a progressive pattern of disability. MS robs people of quality of life, primarily driven by the impact of MS on pain, independent living, mental health and relationships.

MS Australia is Australia's national multiple sclerosis (MS) not-for-profit organisation that empowers researchers to identify ways to treat, prevent and cure MS, seeks sustained and systemic policy change via advocacy, and acts as the national champion for Australia's community of people affected by MS.

MS Australia represents and collaborates with its state and territory MS Member Organisations, people with MS, their carers, families and friends and various national and international bodies to:

- Fund, coordinate, educate and advocate for MS research as part of the worldwide effort to solve MS
- Provide the latest evidence-based information and resources
- Help meet the needs of people affected by MS

George Pampacos
President

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Chief Executive Officer

2025-26 NDIS Annual Pricing Review

MS Australia welcomes the opportunity to make a submission to the National Disability Insurance Agency (NDIA) on the National Disability Insurance Scheme (NDIS) *2025-26 Annual Pricing Review*. Over the past ten years, MS Australia has actively advocated on behalf of people living with MS for improvements to the NDIS.

We have drafted a range of NDIS submissions relating to the NDIS, including the following submission on NDIS Pricing:

- NDIS Pricing Reform – November 2024
- 2023-24 NDIS Pricing Review – March 2024
- Pricing & Payment Approaches in the NDIS Market (NDIS Review) – July 2023
- 2022-23 NDIS Pricing Review – April 2023

This submission draws on the experiences and expertise of MS Australia's state and territory Member Organisations. These Members Organisations are registered NDIS providers and deliver a range of supports and services to people living with MS including support coordination, plan management, allied health, accommodation, respite, social support and in-home care. Some Member Organisations also support people living with other neurological conditions including stroke, Parkinson's disease, Huntington's disease, acquired brain injury and Motor Neurone disease.

MS Australia makes the following recommendations:

MS Australia Recommendations

- Introduce a **flexible, participant-focused and sustainable pricing model** for the NDIS that reflects real costs and encourages innovation and quality service delivery.
- Implement **differential NDIS pricing** that takes into consideration the complexity and vulnerability of participants including those with progressive neurological conditions, co-morbidities and limited informal supports.
- Remove three monthly **funding periods** for people living with neurological conditions to allow providers to more flexibly meet their changing needs.
- Increase **pricing for registered providers** to better meet the costs of registration, compliance and governance.
- Increase pricing to address the **complexity of delivering NDIS supports** compared to similar supports in a healthcare or community setting.
- Increase pricing for **therapy supports** to meet the full costs of delivering these supports including administration/documentation, travel and coordination/communication with participants.
- Increase pricing for supports delivered by **highly qualified professionals** to meet the costs of employing and maintaining this workforce.
- Increase pricing for **support coordination** to the meet the real cost of delivering this support and expanding access to Level 3 Support coordination for people with neurological conditions over the life of their plan.

- Introduce a tiered pricing model for **plan management** to better reflect the complexity of managing participant plans.

- Establishing **clear independent NDIS pricing** including regularly releasing the IHACPA's review of NDIS pricing in a timely manner by transferring responsibility for pricing to the IHACPA.

NDIS Pricing

MS Australia and our Member Organisations want to ensure that we provide the highest level of service to people living with MS and support them to live with dignity and respect. Effective and appropriate NDIS pricing arrangements are an integral part of this work.

Current NDIS pricing is not consistent, does not align with the true costs of delivering services, is not indexed annually and is not evidence-based. Many prices have been frozen or reduced over consecutive annual NDIS Pricing Reviews, which has further disproportionately disadvantaged rural, regional and remote populations.

NDIS pricing does not adequately address the costs associated with staffing, travel, after-hours care, group supports, and the significant administrative burden associated with meeting the NDIS administrative and quality requirements. It also does not address the costs of delivering supports to people with complex, progressive neurological conditions.

Our Member Organisations are currently delivering many services at a significant financial loss and providing many unfunded hours of support, especially support coordination and plan management to NDIS participants. If these trends continue, the long-term viability of many service providers is at risk, ultimately leaving participants without adequate support. Many providers may also be forced to scale back or discontinue supports, especially those that provide condition specific support.

MS Australia recommends introducing a flexible, participant-focused and sustainable pricing model for the NDIS that reflects real costs and encourages innovation and quality service delivery.

Please see our responses to the NDIS Annual Pricing Review consultation questions below.

Differentiated Pricing

If the NDIA implements differentiated pricing (different price limits for different circumstances) what should be the primary basis for differentiation?

Differentiation could be based on the complexity and vulnerability of participant needs, ensuring that people with progressive neurological conditions, complex dual diagnoses, or limited informal supports are adequately captured. Considerations should include:

- **Registered vs non-registered providers**: Registered providers incur higher compliance, governance, workforce, and quality-assurance costs that directly increase the unit cost of delivering supports.
- **Behavioural complexity and risk level:** This includes the presence of Behaviour Support Plans and restrictive practices.
- **Personal care complexity:** Including tasks requiring trained workers, clinical oversight, or extended time.
- **Cognitive and communication needs:** Requiring specialist techniques, prompting, or extended processing time.
- **Environment of delivery:** Including remote and very remote settings, unsupervised settings, or high-risk environments.

- **Required workforce capability:** Competencies, qualification and high-intensity skill requirements.
- **Staffing configuration:** Particularly 2:1 supports, or structured group ratios.
- **Administration workload:** Including coordination, documentation, travel, and safeguarding obligations.

What is the single biggest risk of differentiated pricing the NDIA must address?

Misclassification is the key risk, potentially creating inequitable funding, provider disputes, and unnecessary administrative burden. This can be mitigated through a nationally consistent classification rubric with worked examples, automated alignment of budgets to tiers, and transitional protections such as grace periods and clear review pathways. Ongoing audit and feedback loops, including NDIA reporting on accuracy and appeals, are essential.

Flexibility in participant funding use is also critical so registered providers can deliver the most appropriate care without being constrained by stated supports. Participants with degenerative conditions require simplified, flexible processes to adjust funding as needs change, particularly important given the limits of quarterly budgets. Quarterly budgets do not allow for the flexibility needed to manage the uneven nature of care in degenerative conditions.

There is additional risk if price limits fail to reflect the true cost of safe, compliant services, or if unregistered providers are not monitored for basic safeguards. Pricing linked to diagnoses must be accurate to avoid inequities, and participants with less funding must not be deprioritised by providers, limiting access for those with lower costs plans.

What participant support characteristics require different staffing, supervision or delivery approaches for DSW supports?

Disability Support Worker (DSW) supports require different staffing, supervision or delivering approaches in the following circumstances:

- Participants with progressive neurological conditions with changing needs, behavioural needs, complex dual diagnoses and/or significant clinical care needs (e.g. falls risk, aspiration risk, infection control) require more advanced staffing structures, higher supervision, and specialised skill sets.
- Participants with degenerative conditions that require response, skilled and adaptable service delivery to avoid further decline and preventable co-morbidities.
- For the increasing number of participants with psychosocial disabilities, workers need to manage complex or rapidly deteriorating mental health presentations.
- Participants with high personal care needs which require competency-based training for staff.
- Participants with significant communication barriers requiring specialist communication strategies.
- Remote or very remote delivery requiring additional provider planning and travel time.
- Situations requiring 2:1 staffing (such as complex transfers) or complex group dynamics.
- Capacity-building supports where coaching/skill development materially changes session structure and time.

Compared to delivering similar supports in other sectors (for example, aged care, health or community services), what aspects of the NDIS environment make DSW service delivery more or less complex?

The following factors make delivering NDIS supports more complex for registered providers:

- Broader diversity of disability-specific needs, including spanning all aged groups, a wide range of functional abilities and a high degree of variation in support needs.
- Higher behavioural complexity.
- Intensive documentation, verification and compliance.
- Inconsistent interpretation of NDIS guidelines across staff including Plan Managers, and Support Coordinators.
- Frequent participant funding changes mid-plan.
- Travel, community engagement, variable support environments meaning huge variability across participants that would otherwise be considered similar in terms of their disability needs.
- Need for highly individualised support plans and outcomes.
- Participant preference which allows them to change providers or individual staff at any time.

Additionally, the use of Stated Therapy Supports, and rigid funding periods creates significant barriers for participants with neurological conditions. These participants can experience rapid and unpredictable changes in health, function, support needs, and risk levels. The current system does not provide adequate flexibility to respond quickly to deterioration or sudden increases in therapy requirements.

Participants living with neurological conditions, like MS which has a greater likelihood of changing and progressing over time, can often require:

- Increased therapy hours in short timeframes.
- Urgent reassessments following acute health changes (sometimes required within 24-48 hours)
- Rapid intervention to prevent long-term functional decline
- Short-term intensive therapy blocks

When therapy budgets cannot be used flexibly across disciplines or increased to meet temporary or intermittent changes in need, this results in delays in intervention and worsening outcomes. Many participants with neurological conditions experience rapid decline due to respiratory issues, muscle tone changes, pressure injuries, cognitive or behavioural deterioration, acute hospital presentations and loss of mobility or independence.

Therapy needs can drastically increase for several weeks or months. However, funding periods are fixed, and therapy budgets cannot be adjusted or reallocated without a lengthy plan reassessment.

This rigidity fails to reflect the clinical reality of neurological conditions and leads to:

- Unsafe reductions in therapy
- Inability to implement early-intervention strategies
- Increased hospital admissions
- Higher long-term NDIS costs due to preventable functional loss

The following factors make service delivery less complex:

- Greater flexibility in tailoring support hours.

Compared to therapy in health/aged care settings, rate how much additional time/effort each aspect requires under the NDIS?

Overall, providing NDIS therapy requires providers to spend substantially more non-billable time compared to traditional health or aged care settings. Our Member Organisations have identified the following areas where additional time/effort is required:

- **Onboarding / assessment:** Significantly more time is spent on this including NDIS reports, goals and evidence requirements.
- **Documentation:** Moderately to significantly more documentation is required including progress notes, outcome tracking, plan review reporting and providing justification for supports.
- **Coordination:** Increased coordination including liaising with Support Coordinators, Plan Managers, families and the NDIA.
- **Clinical decision documentation:** Including assessments, functional reports and plan reviews.
- **Travel:** Increased travel time as many therapy supports are delivered in the community.
- **Funding Management:** Including managing quarterly budgets which create significant administrative overheads.
- **Participant choice:** The competitive, choice-drive environment of the NDIS means participants may start and stop services at short notice.

MS Australia recommends the following changes to NDIS pricing:

- Implementing differential pricing that is person-centred by taking into consideration the complexity and vulnerability of participants including those with progressive neurological conditions, co-morbidities and limited informal supports.
- Removing three monthly funding periods for participants living with neurological conditions to allow providers to more flexibly meet their changing needs.
- Increasing pricing for registered providers to better meet the costs of registration, compliance and governance.
- Increasing pricing to address the complexity of delivering NDIS supports compared to similar supports in a healthcare or community setting.

Therapy

How is your therapy workforce primarily employed?

The majority of our Member Organisation employees are permanent staff (full-time and part-time), supplemented by a small number of contractors or casuals to manage demand peaks and specialist areas.

What is the typical duration of a NDIS therapy session delivered by your organisation or practice?

Typically, 50–60 minutes of direct face to face therapy time

What percentage of this session time is direct therapy, documentation, coordination or other?

All of this session time is direct therapy. There is additional non-face-to-face time required for registered providers to complete documentation, travel, coordination and follow-up. The approximate breakdown is:

- Direct therapy: 55–65%
- Documentation: 15–20%

- Coordination / communication: 10–15%
- Travel: Variable based on setting: 10–25%

MS Australia recommends increasing pricing for therapy supports to meet the full costs of delivering these supports including administration/documentation, travel and coordination/communication with participants.

Other Professionals

Do you deliver supports under 'Other Professionals' in the NDIS Price Limits and Price Arrangements?

This varies across our Member Organisations but includes Disability Employment Support, Exercise Physiology and Occupational Therapy.

What is your professional registration or membership body (if any)?

Our Member Organisations are members of the following bodies:

- Physiotherapists: Physiotherapy Board of Australia and Australian Health Practitioner Regulation Agency (AHPRA)
- Occupational Therapist: Occupational Therapy Board and AHPRA
- Exercise Physiologists: Exercise and Sports Science Australia (ESSA)
- Dietitians: Dietitians Association of Australia (DAA)
- Psychologists: Psychotherapy and Counselling Federation of Australia (PACFA) and Australian Community Counsellors Association (ACCA)
- Speech Pathologists: Speech Pathology Australia

What is your highest relevant qualification?

All practitioners have a bachelor's degrees in their relevant field with some staff having post graduate qualifications (including a Mester's degree) for specialist roles e.g., Neurological Physiotherapy. Therapy assistants or allied health assistants have the relevant Certificate III/IV qualification.

How do you describe your role when working with participants?

Providing evidence-based, goal-aligned supports that build participant capability, promote independence, and ensure safe and effective intervention tailored to individual disability needs. Services are provided to participants living with MS and other neurological conditions.

MS Australia recommends increasing pricing for supports delivered by highly qualified professionals to meet the costs of employing and maintaining this workforce.

Support Coordination

How is your Support Coordination workforce primarily employed?

Our Member Organisations employ their support coordination on a permanent basis with a mix of full and part-time staff. Permanent employees ensuring a consistent relationship with participants.

The current funding for support coordination is insufficient for participants living with neurological conditions, especially at the beginning of their NDIS Plan. These participants often require the

highest level of Support Coordination in the first 8–12 weeks of a plan, due to:

- Rapid functional changes.
- Immediate setup of therapy and clinical supports.
- High-risk transitions (e.g., hospital to home).
- Frequent need for urgent reassessment.
- Complex service implementation.

However, our Member Organisations frequently see minimal Support Coordination hours allocated early in participants plans, despite requiring detailed implementation activities and reports. This mismatch results in delayed implementation, unmet needs, and increased risk.

Support Coordinators are increasingly required to provide implementation reports, progress summaries, or evidence for funding decisions. These reports require extensive time to gather information, consult providers, review risks, and prepare recommendations. There is no additional funding for these mandatory tasks, forcing Support Coordinators to draw from already insufficient budgets.

The NDIS often assumes that participants will build capacity over time, moving from Level 3 (Specialist) to Level 2 Support Coordination. However, for participants living with neurological conditions, the opposite is far more common:

- Neurological conditions often deteriorate, not improve.
- Functional capacity declines, increasing complexity and risk.
- More support from a Support Coordinator is required to manage clinical needs, urgent changes, and provider coordination.
- Transitions (hospital admissions, equipment failures, therapy changes) become more frequent

The NDIS should not assume these participants will move to a lower Support Coordination level. Most require ongoing Level 3 Specialist Support Coordination or transition from Level 2 to Level 3, and many require an increase in Support Coordination funding over time. Therefore, Support Coordination funding needs to be structured to respond to deterioration, not assume improvement.

While the cost of delivering supports has increased – through wages, insurance, compliance, reporting requirements, administration, travel, and training - the price limit for Support Coordination has remained largely unchanged. This lack of price movement has created several issues:

- Experienced Support Coordinators are leaving the sector, resulting in high turnover, reduced continuity of support, and poorer outcomes for participants.
- Quality of service has been affected, with fewer providers able to sustain complex-risk participants or those living with neurological conditions who require specialist-level support.
- The level of responsibility and risk management required of Support Coordinators has increased, but pricing has not increased to reflect this.

Without appropriate pricing indexation or adjustment, providers cannot sustainably deliver Support Coordination at the quality and intensity required-particularly for complex or rapidly declining participants living with neurological conditions.

MS Australia recommends increasing the pricing for support coordination to the meet the real cost of delivering this support and expanding access to Level 3 Support coordination for people living with neurological conditions over the life of their plan.

Plan Management

What pricing structure would best align with Plan Management service delivery? What are the advantages and disadvantages of each approach?

Not all of our Member Organisations provide plan management. For those that do deliver it, a **tiered pricing structure** based on participant plan complexity would best match actual workload. This would include the ability to bill actual travel time, instead of imposing a travel cap. Whilst the Modified Monash Model approach attracts higher rates for regional and remote and regional areas, this does not help with the majority of the travel, especially in metropolitan areas, where providers have to travel well above 30 minutes to provide in-home services. It is important that NDIS participants are able to access plan management from providers that best understand their unique needs, rather than just the closest provider.

The advantages to this approach include:

- Reflects true administrative burden.
- Supports participants with complex needs (invoicing volume, enquiries, coordination).
- Reduces cross-subsidisation from simple to complex plans.
- Actual travel time made billable will enable services to be delivered to those who are unable to leave their home, and providers remain viable.

The disadvantage to this approach is an increased administration burden, however, while a flat rate model is simpler it does not reflect real workload variability. Clear guidelines should be introduced to support providers and participants and ensure funds are used appropriately.

MS Australia recommends the introduction of a tiered pricing model for plan management to better reflect the complexity of managing participant plans.

Social, Community and Civic Participation (SCCP)

In what circumstances does SCCP delivery require substantially different pricing?

Pricing for SCCP should ideally vary based on the complexity of participants' needs, as higher-complexity participants often require more skilled staff, additional supervision, or tailored support strategies. Differences in required staff training and qualifications, especially for participants with behavioural, progressive, cognitive, or safety-related support needs, should also be factored into differentiated pricing.

Should SCCP pricing differ between registered and unregistered providers?

Pricing should reflect whether providers are registered or unregistered, given the additional compliance, audit, workforce, risk management, and governance costs for registered providers. Our Member Organisations are concerned that unregistered providers can offer supports at lower hourly rates, which may incentivise participants to choose these cheaper options, potentially comprising quality and safeguarding.

If yes, what differential would appropriately reflect registration costs and obligations?

A differential of approximately 20% would reasonably reflect the regulatory, audit and quality-safeguarding overhead for registered providers and align

Would registration-based differentiation change your registration status?

All of our Member Organisations are already registered providers and will continue to be so as they have a commitment to quality, safeguarding and organisational governance. However, appropriate pricing differentiation would support the long-term sustainability of registered providers and the system through reduced cost pressures.

Independent Pricing

Further to our responses to the consultation questions, MS Australia strongly recommends transferring NDIS pricing from the NDIS to the Independent Health and Aged Care Pricing Authority (IHACPA) as they have expertise in providing independent advice to government on health and aged care pricing and this would ensure a coordinated approach to setting prices across the care and support sector.

In 2024, the Australian Government requested that the IHACPA undertake initial work to identify opportunities for future pricing reforms to NDIS. IHACPA have now provided advice to the Government, however, this advice has not been made public. Existing pricing decisions continue to be made internally by the NDIA, guided the NDIA Independent Pricing Committee.

MS Australia recommends establishing clear independent NDIS pricing including releasing the Independent Health and Aged Care Pricing Authority's (IHACPA) review of NDIS pricing and transferring responsibility for pricing to the IHACPA.