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Inquiry into the integrity of the National Disability Insurance Scheme

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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

Rohan Greenland
Chief Executive Officer

Inquiry into the integrity of the National Disability Insurance Scheme (NDIS)

MS Australia welcomes the opportunity to provide a submission to the Joint Standing Committee on the National Disability Insurance Scheme inquiry into the integrity of the NDIS.

This submission draws on the experiences and expertise of MS Australia's [Lived Experience Expert Panel](#) (LEEP) and our state and territory [Member Organisations](#). The LEEP is a panel of people who either live with MS or are a carer for someone living with MS who provide MS Australia with expert advice to inform our advocacy work. Our Member 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 Recommendations

- The introduction of compulsory NDIS provider registration with exemptions for organisations providing equipment, online services, repairs and maintenance and consideration of existing professional registration and accreditation.
- The NDIA and the NDIS Quality and Safeguards Commission work with rural and remote providers and participants to establish an alternative provider and worker registration model for regions MMM 5-7.
- Co-design and implementation of a process for participants to register for self-directed supports.
- Introduction of a compulsory NDIS worker registration scheme.
- Minimum requirements for service agreements and documentation of supports and charges before claims are made.
- Clear, enforceable pathways for Code of Conduct breaches and notifiable incidents, with safeguards that are meaningful in practice.
- Stronger measures to address coercion and control risks, including where providers or support workers act as nominees.
- Improved transparency for providers about participant plan allocations and live balances to reduce duplicated commitments and prevent service delivery without available funding.

In providing this submission, MS Australia acknowledges the recent '[Securing the NDIS for future generations](#)' changes announced by Minister Mark Butler on 22 April 2026. This includes reforms to address fraud, stop rorts and slow rapidly increasing costs.

MS Australia supports the removal of fraud and unnecessary spending from the NDIS. However, this

should not come at the cost of both participants and people living with disability losing access to the supports they need to live and maintain their health and independence. Our recommendations outlined in this submission are driven by the experiences of our Member Organisations and LEEP and the outcomes of the *NDIS Review* and *NDIS Provider and Worker Registration Taskforce* which both drew heavily on the input of people with disability and disability representation organisations.

Integrity of the NDIS

The nature and extent of non-compliance, including fraud and sharp practices, in the NDIS

MS Australia is concerned that non-compliance, including fraud and sharp practices, is prevalent within the unregistered provider sector. Unregistered providers are not audited for quality and compliance to ensure they are meeting NDIS legislative and practice standards. MS Australia's Member Organisations have observed the following in their interactions with unregistered providers:

- There are often no service agreements in place between the provider and participant.
- There may be no meaningful discussions or documentation about the supports that will be delivered to the participant and how much they will be charged to their plan.
- Some unregistered providers are also deciding on the supports participants need regardless of the funding available and may also issue fake or incorrect claims.
- Some unregistered providers assume roles beyond service delivery including becoming advocates, friends or plan nominees.

MS Australia is concerned that the blurring of lines between unregistered providers and participants creates heightened risks for participants and the scheme, including where a participant/provider relationship may involve coercion and control and undue influence over decision making. These risks are amplified when there are limited formal checks, minimal documentation, and unclear avenues for complaints and enforcement.

MS Australia is also concerned about situations where a support worker has undue influence over decision making, especially when family members, friends, or acquaintances work as paid support workers for participants and particularly when conflicts of interest are not identified and managed.

The NDIS Quality and Safeguards Commission states that the Code of Conduct applies to all providers working in the sector. However, Member Organisations report that when a notifiable incident report is raised with the Commission, the response provided is 'out of scope' on the basis that the provider is not registered. This undermines confidence in participant safeguards and reduces the deterrent effect of compliance processes.

The impacts of non-compliance on NDIS participants and their families

Non-compliance has direct and lasting impacts on NDIS participants and their families. Where participant funding is misused, often without recourse or reimbursement, participants can experience reduced supports and disrupted services.

Reduced supports can shift reliance onto informal supports, with families and carers experiencing significant stress and burnout. For a person living with MS a reduction in supports, including informal supports, can significantly impact their health and wellbeing leading to exacerbation of MS symptoms, increased disability and co-morbidities and impact their ability to maintain employment and independence. These experiences contribute to distrust and disappointment in the scheme.

When funding is depleted through inappropriate claims or sharp practices, participants may be forced to seek crisis interventions or pursue formal dispute pathways, including reviews of decisions and appeals. In this context, reduced funding can increase the number of participants seeking urgent supports, reviews of decisions, or escalation through external appeal processes, adding stress for participants and additional cost and complexity for the scheme.

The effectiveness and adequacy of successive government policies to improve scheme integrity, safeguard participants, and tackle non-compliance

MS Australia recognises successful government efforts to improve scheme integrity, safeguard participants, and tackle non-compliance. However, the ongoing prevalence of sharp practices in the unregistered provider sector indicates that current settings are not adequate to consistently protect participants or deter wrongdoing. Our recommendations to improve Scheme integrity are outlined below.

Any legislative or other reforms required to strengthen scheme integrity

Compulsory NDIS Provider Registration

As outlined in our [submission](#) to the NDIS Provider and Worker Registration Taskforce, MS Australia supports the introduction of compulsory registration for NDIS providers. The introduction of compulsory registration provides safeguards for NDIS participants, minimises actual and potential harm and mitigates fraud.

MS Australia supports the introduction of a tiered registration process as outlined by the [NDIS Review](#) (Recommendation 17) and supported by advice from the [NDIS Provider and Worker Registration Taskforce](#). This allows for a proportionate approach based on the supports being delivered and the size of each organisation. It provides an opportunity for providers of all levels to be part of the NDIS and provides a degree of accountability to all providers and encourages ethical practices. In developing a tiered registration process, the NDIA should consider a number of factors outlined below.

MS Australia believes there should be some exceptions to compulsory registration:

- Organisations providing equipment and/or online services. People living with MS use these companies to purchase cooling mats, incontinence products and supports, and assistive technology; and
- Organisations providing repairs and maintenance such as for wheelchair and assistive technology maintenance.

These companies are unlikely to engage with any NDIS registration processes and people with disability will have limited choice as a result. This exemption should not apply to organisations that provide specialised supports that require one-on-one contact and ongoing interaction with participants.

Compulsory registration processes should also take into account providers that have already undergone other professional registration and accreditation processes including aged care providers and APRHA practitioners. This is especially important for providers delivering allied health supports as we have received feedback from people living with MS that the allied health providers they receive supports from are choosing to not maintain their NDIS registration. This is due to the significant cost and time burden associated with the process. The registration process should recognise these processes and ensure providers do not have to undertake duplicate work and that these crucial providers are not lost from the NDIS system.

The proposed '[Securing the NDIS for future generations](#)' changes outline the expansion of mandatory registration to providers delivering supports to 'participants who are most at risk of abuse and/or exploitation'. MS Australia believes that any expansion of mandatory registration should align with the recommendations of the *NDIS Review* and *NDIS Provider and Worker Registration Taskforce* as outline above.

MS Australia recommends the introduction of compulsory NDIS provider registration with exemptions for organisations providing equipment, online services, repairs and maintenance and consideration of existing professional registration and accreditation.

Rural and Remote Australia

The application of compulsory provider and worker registration is likely to face a range of challenges in rural and remote regions. Access to providers and workers in these regions is limited and the unregistered providers currently operating will struggle with the provider registration process outlined by the NDIS Review. Issues include long distances, increased costs, lack of staff, population decline and high turnover, limited education and training options and poor internet and mobile communications.

The NDIA should work with providers and participants in rural and remote areas to establish a more appropriate model for provider and worker registration. Examples of rural and remote exemptions can already be found in the aged care sector. For example, in 2023 the Department of Health and Aged Care introduced a requirement for all residential aged care services to have a least one registered nurse onsite and on duty at all times. In the process of developing and implementing this policy the Department of Health and Aged Care received feedback that this model was unworkable in rural and remote locations. As a result, they introduced an exemption for services that are located in Modified Monash Model (MMM) regions 5-7 and have no more than 30 operational places.

MS Australia recommends that the NDIA and the NDIS Quality and Safeguards Commission work with rural and remote providers and participants to establish an alternative provider and worker registration model for regions MMM 5-7.

Self-management

Some people living with MS like the flexibility and independence that comes with managing their own plan. These participants are often strong self-advocates who are able to responsibly and ethically manage their plans while tailoring their supports for their individual needs. However, it is important to ensure there are appropriate safeguards in place to protect participants from coercion and control and undue influence over their decision making

MS Australia supports the advice from the [NDIS Provider and Worker Registration Taskforce](#) that a process be developed to allow participants to register themselves for self-directed supports and thereby ensuring all their support providers are automatically registered and visible. This process should be co-designed with people with peer support and capacity building programs.

MS Australia recommends the co-design and implementation of a process for participants to register for self-directed supports.

Worker Registration

MS Australia supports the introduction of a national disability support worker registration scheme that includes a code of conduct, minimum standards, worker screening and professional development. This aligns with MS Australia's recommendation to the NDIS Review to professionalise the disability workforce. Currently, the disability workforce is made up overwhelmingly of part-time, untrained and low paid support workers. There are high rates of turnover and casualisation across the sector. Professionalising the disability workforce makes it an attractive career prospect and would ensure that people with disability are provided care and services by trained motivated and experienced professionals.

MS Australia also recognises the high level of unregistered support workers who deliver services to people living with disability and those that deliver low risk supports such as gardening and cleaning services. Any worker registration scheme should consider how best to onboard these workers without interruption to services and seek a proportionate approach based on the supports delivered.

The introduction of a worker registration scheme should include free, accessible and easy to navigate registration process with information available in multiple languages.

MS Australia recommends the introduction of a compulsory worker registration scheme.

Further reforms

To further improve the integrity of the NDIS, **MS Australia also recommends** the follow reforms:

- minimum requirements for service agreements and documentation of supports and charges before claims are made.
- clear, enforceable pathways for Code of Conduct breaches and notifiable incidents, with safeguards that are meaningful in practice.
- stronger measures to address coercion and control risks, including where providers or support workers act as nominees.
- improved transparency for providers about participant plan allocations and live balances to reduce duplicated commitments and prevent service delivery without available funding.

Together, these reforms would improve compliance, strengthen participant safeguards, and support sustainable confidence in the NDIS by ensuring that funding is used for agreed supports and that there are clear consequences for non-compliance.

