

# Plan reviews

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**Quick summary:** Sometimes we may need to create and approve a new plan for you. We will talk with you about your situation to work out what supports we can fund in your new plan. This is called a plan review. We'll check-in with you during your plan to see if you need a plan review. If we decide to do a plan review, we call this an agency-initiated plan review. If you ask us to review your plan, for example if your situation changes, we call this a participant-requested plan review. If we review your plan, we'll look at your goals and supports together with you, and see if your needs have changed. We'll then create and approve a new plan with the reasonable and necessary supports you need.

## What's on this page?

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## What principles do we follow to create your plan?

The NDIS was set up as a world first approach to disability support. It puts people with disability at the centre of decision-making, through the principles of reasonable and necessary supports and individual choice and control.

As an insurance-based scheme, we take a lifetime approach to a participant's support needs. We provide assurance to people with permanent and significant disability or developmental delay, and to people who might acquire disability or developmental delay,

that they will get the support they need. Individual funding means we help participants to purchase services and supports from a competitive and consumer-driven marketplace.

## What supports can we fund?

NDIS supports should complement, not replace, other supports available to you. That's why we consider:

- the things you're able to do for yourself
- support you have from others in your network, including family members, relatives, friends, local community services and mainstream government services.

One of our aims is to help maximise your independence by working with the local mainstream government and community services that help you live an ordinary life. We all do best when we're connected to our communities.

And as an active consumer, it's important you are able to shop for and access providers who meet your needs. We can help you find providers who meet your needs.

Once we've considered your circumstances, we need to follow the rules determined under the law for the NDIS in our planning decisions.<sup>1</sup> We fund supports that are reasonable and necessary. This means we will only fund a support if it meets **all** of the following criteria:

- the support is related to your disability<sup>2</sup>
- the support will help you pursue your goals and aspirations<sup>3</sup>
- the support will help you undertake activities that will increase your social and economic participation<sup>4</sup>
- the support is value for money,<sup>5</sup> which means that the costs are reasonable:
  - when compared to the benefits to be achieved, for example, whether purchasing the support is likely to reduce the cost of funding other supports in the long term<sup>6</sup>
  - when compared to alternative options that may provide you with the same outcome at a similar or cheaper cost<sup>7</sup>
- the support is likely to be effective and beneficial for you, having regard to good practice and evidence<sup>8</sup>
- the support is required to complement the informal supports you have available, by taking into account what is reasonable for families, carers, informal networks and the community to provide<sup>9</sup>
- the support is most appropriately funded or provided by the NDIS<sup>10</sup>

- the support is not more appropriately funded by another service system, agency, person or body, such as the education system or the health system.<sup>11</sup> We can't fund a support if it's the responsibility of another service system.

## What supports don't we fund?

We do not fund a support if:<sup>12</sup>

- it is likely to **cause harm** to you or others<sup>13</sup>
- it is **not related** to your disability<sup>14</sup>
- it **duplicates** other supports delivered by the NDIS<sup>15</sup>
- it is considered a **day-to-day living cost** (for example, rent, groceries or utility costs like your water bill) that are **not attributable or caused by** your disability support needs<sup>16</sup>
- providing the support would be **against the law**<sup>17</sup>
- it consists of **income replacement**<sup>18</sup>
- it is the **responsibility of other service systems** to provide (for example, your state government, the education system, or the health system).<sup>19</sup> These different systems have different responsibilities, and are designed to complement each other to form a government safety net. Like all Australians, NDIS participants continue to have access to these systems. We can't fund a support if it's the responsibility of another service.

## How do we manage the financial sustainability of the NDIS?

The NDIS is an insurance scheme, and one of our core functions is to manage the financial sustainability of the Scheme.<sup>20</sup>

When we make decisions about the supports we fund in your plan, we must also consider our need to ensure the **financial sustainability of the NDIS**.<sup>21</sup> This means we must work within our funding budget, set through agreements between the Australian, and state and territory governments.

It's also important to know the NDIS is only one part of the broader National Disability Strategy that supports people living with disability. The overall success and sustainability of the National Disability Strategy relies on:

- people accessing their informal support network to get the help they need from day-to-day
- people using their personal income to pay for their day-to-day living expenses, as is expected of all Australians

- mainstream and community services being available from state and territory governments, and other federal government programs such as Medicare
- a fair distribution of NDIS supports to those who need them, provided within our funding budget.

Staying within our budget ensures the NDIS will be here to support generations of Australians and their families.

## What principles do we use to create your plan?

We use the following 7 principles, to create plans that help you get the reasonable and necessary supports you need, and to make sure the Scheme is financially sustainable:

- [Fair for everyone, both today and for future generations](#)
- [Fair funding to pursue your goals](#)
- [Evidence-based best practice](#)
- [Fair early investments](#)
- [Fair support across service systems](#)
- [Fair supports for your disability needs](#)
- [Fair assistance from multiple programs](#)

### **Fair for everyone, both today and for future generations**

While we need to consider your individual circumstances and disability needs, we also need to make consistent decisions and treat people fairly.

This means participants with similar circumstances and disability needs should receive similar amounts of supports in their plans. We also need to ensure the total cost of all participant plans are within the overall NDIS budget set by governments.

We use Typical Support Packages to help us do this. The Typical Support Package gives us an indication of what supports we'd usually expect to include in your plan, based on your situation and disability support needs.

Each support in your plan must be reasonable and necessary, but they also need to be reasonable and necessary as a package of supports. We approve your whole plan, not the individual supports in your plan in isolation.<sup>22</sup> The Typical Support Package helps guide this validation process.

The Typical Support Package also helps to guide the consistency of our decision making process. We use these to check your overall plan to make sure that all your supports make sense together, and that your support types and amounts will complement each other to help you fulfil an ordinary life.

We may then increase or decrease the funding in your plan based on:

- our discussion with you
- any reports or other information we have
- applying the [NDIS funding criteria](#).

This helps keep the system fair for everyone, and ensure we remain financially sustainable.

### **Fair funding to pursue your goals**

Goals are important.<sup>23</sup> The supports we fund need to help you increase your independence and pursue your goals.<sup>24</sup> This means your supports should help overcome any disability-specific barriers which may be stopping you pursuing your goals.

This doesn't mean we fund all support costs associated with you pursuing your goals. Also, you may have goals and aspirations we can't fund supports for. This is because helping you pursue your goals is only one of the NDIS funding criteria, so not all supports that help you to pursue your goals will be reasonable and necessary.

Other things to know about when setting your goals:

1. **Setting more goals or bigger goals doesn't mean we'll provide more funding or fund more supports.** For example, if your goal is to live independently in a house with a swimming pool, we may fund home modifications that address your disability related needs. This might be a home modification to make your bathroom accessible. We won't fund the swimming pool because this isn't related to your disability support needs. The funding in your plan might be similar to someone else who has a goal of 'to have a more accessible bathroom'.
2. **Setting a goal doesn't mean we have an obligation to fund supports that help you pursue that goal.** For example, if your goal is to get a gym membership to get fit, we wouldn't usually fund this. Gym memberships are things that all people, with or without disability, might want or need.
3. **Setting a goal about an explicit type or amount of support you might want doesn't mean we have an obligation to fund that support or provide that amount of funding.** For example, you may tell us your goal is 'to get a top model shower commode' and you show us the one you want costs \$4,000.

If there is a shower commode that costs \$3,000, and your occupational therapist confirms this one will meet your needs, we are more likely to fund this one instead because it is likely to deliver the same result at a lower cost. We may also look at alternatives.

## Evidence-based best practice

We only fund supports that will be, or are likely to be, effective and beneficial for you, having regard to current good practice.<sup>25</sup> This means we consider if there is evidence that the support is effective and beneficial for someone with similar disability support needs.

We will consider different types of evidence when making decisions and we won't need an expert report for every support, as we can often rely on other information or evidence.

For example, we may already have information about whether the support is widely accepted to suit someone with your disability support needs.<sup>26</sup> The primary source of evidence we rely on, and give the greatest weight to, is evidence from sources that are reliable and widely-recognised. This includes published and refereed literature, and any consensus of expert opinions. If there is no evidence to show a support is reasonable and necessary,<sup>27</sup> we won't fund the support.

You can find the types of evidence we need on [our website](#), and in [Our Guidelines](#).

## Fair early investments

Having access to capacity-building supports early in your NDIS journey is considered to be an early investment. This early investment is intended to help increase your independence, and reduce your reliance on NDIS funding over time.

This is an important concept that we consider when we create your plan, and again at future plan reviews. When we review your plan, we reassess all the supports you require to meet your disability support needs at that time.

Over time, your capacity building supports may no longer be reasonable and necessary, in regard to your current functional capacity, the effectiveness of the capacity building supports,<sup>28</sup> and value for money.<sup>29</sup>

If your overall funding level goes down from one plan to the next, it may be because you no longer need the same type or amount of supports, such as capacity building supports. Also, if the capacity building investment has been successful at building your independence, then your need for other supports may also decrease, for example core supports.

So other things being equal, you should expect your overall plan value to reduce over time as the benefits of capacity building are realised.

## Fair support across service systems

The support you need may be the responsibility of another government service, such as education or health. We don't fund these services, and need to consider the supports you should receive from these services when determining the supports in your plan.

## **Fair supports for your disability needs**

When we make decisions about which supports we can fund, we consider whether a support is reasonable and necessary for you and apply the [NDIS funding criteria](#). Sometimes, you might ask for supports to help with impairments that were not part of your Access eligibility assessment. When this happens, we need to make sure the support will help you address needs that arise from an impairment that meets the same eligibility criteria we consider at [Access](#).

You don't need to make a new Access request if you ask for supports to help with an impairment that was not part of your Access eligibility assessment. We will work out if you need the support you have asked for to address an impairment that would meet our Access criteria. We may ask you to provide evidence to help us work this out. We will decide if the requested support is reasonable and necessary. We will apply the NDIS funding criteria based on the impairments that would meet our Access criteria.

By funding the right disability supports for your permanent impairments that meet our Access criteria, we are ensuring the system is fair for everyone, and that the NDIS remains financially sustainable.

## **Fair assistance from multiple programs**

NDIS funding can't duplicate other funding or supports you may receive due to your disability.

For example, you may have received a lump-sum payment or receive regular payments as a form of compensation for an accident. Or, you may be receiving ongoing supports from another program or insurance scheme, for example, Worksafe or the Transport Accident Commission.

We don't duplicate this funding or these supports. We may reduce the total value of your NDIS plan to account for compensation you receive, or we may not fund certain supports.



## What is a plan review?

Sometimes, you may need a new plan. For example, things can change and you may need different supports in your plan. We can talk to you about your situation and create a new plan. This is called a plan review.

There are two situations where we may do a plan review.

- We may decide at any time to review your plan, such as after we check-in with you. This is called an **agency-initiated plan review**.
- We may do a plan review in some situations if you ask for one. This is called a **participant-requested plan review**.

Once we have done a plan review, we'll create a new plan for you. Each time we do a plan review, you'll get a new plan.<sup>30</sup> Just like your current plan, your new plan sets out:<sup>31</sup>

- your goals
- informal, community and mainstream supports, such as your family, friends, community and government services
- the [reasonable and necessary supports](#) you need for your disability
- how your funding will be managed
- when we must do the next plan review.

New plans won't be for the same length for everyone. It depends on your personal situation, goals and support needs. Learn more about how long your plan will go for when we [create your plan](#).

## What's the difference between a plan review and an internal review?

A plan review is different from having a decision reviewed.

A plan review is usually done because your situation has changed, or after we check-in with you. A plan review is not used to review a decision we have already made.

If you don't agree with a decision we have made, you can ask us to review it. We call this an **internal review**. There is a different process for internal reviews. Learn more about [internal reviews](#).

If you don't agree with a decision we have made, the first step is to [contact us](#). We can help explain how your plan can work, fix any mistakes, or support you to get our decision reviewed.

If we're not sure whether you're asking for a plan review or an internal review, we'll contact you to check. We'll discuss your options and let you know the next steps.



## Do you need a plan review to change your goals?

The first part of your plan has your goals and information about your life.

You don't usually need a plan review if you just want to change your goals or the information about you in your plan. You can change these at any time.<sup>32</sup> You don't need to wait for a plan review.

You can [contact us](#) to ask us to update your goals and information about you.

When you ask us to update your goals or the information about you, we'll replace your plan with a new one.<sup>33</sup> We'll give you a copy of your new plan within **7 days**.<sup>34</sup>

The supports funded in your plan, how your funding is managed, and when we must review your plan, will all stay the same.<sup>35</sup>

Learn more about [setting your goals and the information about you in your plan](#).

## When do we decide to review your plan (agency-initiated plan review)?

During your plan, we'll check-in to see how you're going. We'll talk with you about how the supports in your plan are meeting your needs.

We will check-in with you:

- at regular intervals, for example each year
- if we think your plan might not be working for you.

Learn more about check-ins in our [Your plan guideline](#).

If the check-in shows your plan is meeting your needs, we won't do a plan review and your current plan will continue.

But if we find that your plan isn't meeting your needs, we'll set up a plan review. We call these agency-initiated plan reviews.

We may decide to do a plan review at any time. For example, we may do a plan review if:

- there are significant changes to your situation, such as starting work for the first time or moving out of home
- we get an assistive technology or home modifications assessment report or quote
- there is a mistake in your plan that we need to fix
- you need more or different supports urgently because you're at risk of harm, for example if your family can no longer support you.

We may also decide to do a plan review if we know your plan isn't working for you. For example, you may not have the right supports that you need. Or you may not be using your supports. We might get this information from:

- you or someone else in your life
- your local area coordinator, early childhood partner, or support coordinator
- our system that shows how you're using the funding in your plan.

If we decide to review your plan, we'll let you know before we do the review. We might not need to ask you all of the usual planning questions. Your goals will stay the same if you don't want to change them.<sup>36</sup>

Once we decide to review your plan, we must give you a new plan as soon as we can. Learn more about how long this takes in our [Participant Service Guarantee](#).

## When must we do an agency-initiated plan review?

Not all check-ins will lead to a plan review. But after a certain period of time we must review your plan, even if you don't need any changes to your current plan. This time is shown on your plan as the plan review date.

We decide this date when we approve your plan. It's not the same period of time for everyone. Learn more about how we decide this date when we [create your plan](#).

We'll write to you around 3 months before your plan review date to let you know it's coming up. We'll confirm the check-in details in the letter.

If we can't review and approve your new plan before your plan review date, your current plan will continue. Your funding will be extended until we approve your new plan.

Learn more about [what happens when your funding is extended](#).

## What if you want your plan reviewed (participant-requested plan review)?

A participant-requested plan review is when you ask us to review your plan. You can ask for a plan review at any time.<sup>37</sup> We then need to decide if we will do it.

We'll generally do a participant-requested plan review if either:

- your situation has changed significantly so your plan no longer meets your needs
- you want to change how the funding is managed in your plan.

We generally won't do a participant-requested plan review in other situations. Learn more about the situations when [we won't do a participant-requested plan review](#).

We have to make our decision about your request for a plan review within **14 days**, and let you know our decision in writing.<sup>38</sup>

If we don't decide within 14 days, under the NDIS law we must do an internal review.<sup>39</sup> This is because we didn't make our original decision on time. We call this an automatic internal review. This internal review is about deciding if we need to do a plan review. It is not about approving a plan.

We'll let you know in writing if we do an automatic internal review.<sup>40</sup> You don't need to do anything. Learn more about [reviewing our decisions](#).

If we decide to do a plan review, we must start creating your new plan within 14 days of the decision.<sup>41</sup>

Under our [Participant Service Guarantee](#), we must approve your new plan within 28 days.

## How can you ask for a participant-requested plan review?

There are 3 ways you can ask us for a participant-requested plan review:

- complete [our form](#)
- [call us](#)
- visit one of [our offices](#).

You'll need to give us any new information to help us decide if we'll do the plan review. This may include any assessments, reports or other information. These are important in helping us understand how your situation has changed.

For example, you might ask for a plan review because your disability needs have changed and you can't do things you used to be able to do. We usually need an assessment or report about how your support needs have changed.

If you just want to change [how the funding is managed in your plan](#) you may not need to give us new information. We can often do this without the full plan review process.

## What if you want someone to ask for a participant-requested plan review on your behalf?

Your [plan nominee or child representative](#) can ask us to do a participant-requested plan review on your behalf.

You can also give consent for someone else to ask us to do a plan review on your behalf. For example, this could be an advocate, family member or friend.

If you want to give consent for this, there are 3 ways you can do it:

- fill in the [Consent for a Third Party to Act on Behalf of a Participant](#) form

- send us a letter or [email](#)
- [contact us](#) and we'll make a written note.

Learn more about [consent](#).

## When won't we do a participant-requested plan review?

There are several reasons why we might decide not to do a plan review when you ask us to.

- [If your situation hasn't changed](#)
- [If you don't have any new information or evidence](#)
- [If your request is only about wanting more funding, or supports that other participants have](#)
- [If informal, community or mainstream supports can meet your needs](#)
- [If your plan is suspended](#)

### If your situation hasn't changed

We generally won't review your plan if you can't show us that your situation has changed, so that you now need different supports. For example, we generally won't review your plan if:

- there's little or no change to your informal supports, living arrangements, disability or functional capacity (the things you can and can't do)
- only your financial situation has changed, that is, if you have more or less money or assets than you did before.

### If you don't have any new information or evidence

We generally won't review your plan if there's no new information about how your support needs have changed. For example, we generally won't do a plan review if:

- you changed your mind about the supports you want, after we approved your plan
- there's no evidence your support needs have changed, that is, you can still do the same things you could do when we approved your plan
- there's not enough evidence to show you need changes to your funded supports, such as more therapy.

### **If your request is only about wanting more funding, or supports that other participants have**

We generally won't review your plan just because you want more supports, or the same supports as others. This may include where you want:

- more funding because you've used all the funding in your plan, even though your situation hasn't changed
- other supports because another participant has these supports
- supports added to your plan without enough evidence on why you need them
- funding for supports that don't relate to your disability.

### **If informal, community or mainstream supports can meet your needs**

We generally won't review your plan if friends, family or other services could meet your needs. For example, if you ask for things we:

- don't fund, like medical treatment, school fees or childcare
- would reasonably expect family or friends to do for you, such as short-term care if the family members who usually support you are sick.

### **If your plan is suspended**

We also can't do a plan review if your plan has been suspended.<sup>42</sup> This usually happens after:

- you've been overseas for more than 6 weeks – there are some situations we can extend the 6 week period
- [you don't claim compensation](#) you're entitled to after we ask you to, for example after you've had an injury.

Learn more about [plan suspensions](#).

### **What happens if we decide not to do a plan review?**

If we decide not to review your plan, we can link you with other services who may be able to help. Talk to your local area coordinator, early childhood partner, support coordinator or planner about how they can help you get other supports you may need.

If you don't agree with our decision not to do a plan review, you can ask us for an internal review of that decision. This means another one of our staff, who wasn't involved in the original decision, will look at whether we made the right decision.<sup>43</sup>

Learn more about [reviewing our decisions](#).

## What if you're waiting for an internal review decision?

If your situation changes while waiting for an internal review, [contact us](#).

An internal review checks if we made the right decision under the law.

If we're reviewing a decision about your plan, we look at your situation and disability support needs at the time of our original decision to approve your plan. This means we don't consider your new support needs and situation as part of the internal review.

If your situation or support needs have changed since our original decision to approve your plan, you may need a plan review. Depending on your situation, we may decide to do an agency-initiated plan review.<sup>44</sup> You can also ask for a participant-requested plan review.<sup>45</sup>

We'll let you know what options are available for your situation, and how this might affect your plan and your internal review.

If we decide to do a plan review, we'll consider your new situation and new support needs, and decide what supports to include in a new plan. In some situations, we may approve the same supports as your previous plan.

Learn more about [internal reviews](#).

## What if you're waiting for an external review decision?

An external review means the [Administrative Appeals Tribunal](#) decides if we made the right decision, or if it needs to make the decision again.

If you're a participant and your situation or disability support needs change during the external review process, contact your case manager. Your case manager is our staff member who helps us at the Tribunal.

If the Tribunal is reviewing a decision about your plan, you may need a plan review so we can separately consider your new situation and new support needs.

Your case manager will explain the options available to you. We may also need to let the Tribunal know what we think we should do, if it might affect your external review.

You can still use the supports in your plan while the Tribunal considers your external review.

Learn more about [external reviews](#).

## How do plan reviews work?

Usually, we'll do a plan review either in person or over the phone. It depends on what suits you best. You can ask a family member, friend, advocate or other support person to be involved in your plan review.

During a plan review, we also check to see if you're still eligible for the NDIS. We call this process an eligibility reassessment. This is a normal part of the plan review.

Learn more about [when you're no longer eligible for the NDIS](#).

## How can you prepare for your plan review?

We have some guides you can use to help you prepare for your plan review. Check out [Booklet 3 – Using Your NDIS Plan](#) or [Preparing for your plan review](#) on our website. You can also check out our pages on [Supports you can access](#) and [Would we fund it](#).

Before your plan review, you need to gather any assessments, reports and other information to help us create your new plan. But if you just want to change who manages your funding, you probably won't need assessments or reports.

You might have this information yourself. Or you might need to get it from a support coordinator or provider.

If you have a [support coordinator or specialist support coordinator](#), we'll need a report from them. The report should tell us how your supports are meeting your needs and helping you pursue your goals.

For children younger than 7, we have an [Early Childhood provider report](#) form. Providers should complete this form to tell us about the supports the child has had. The form shows the information we need, such as:

- what services were provided, and who provided them
- a progress update including what stage the child has got to
- future recommendations.

## What happens during a plan review?

When we do a plan review, we'll work with you to create and approve a new plan.<sup>46</sup>

We think about all the information we have about you, your goals, situation and support needs. We review all the supports you require to meet your disability support needs. Some supports may no longer be required, while others may increase or change.

This helps us decide what supports meet the NDIS funding criteria.

All supports in your new plan must meet the [NDIS funding criteria](#). This includes the supports that were in your previous plan, even if we're not making changes or only making minor changes.

We look at how you've been using your supports and how well your previous plans worked for you.<sup>47</sup> For example, we look at how much funding you used for supports in your current plan. This will help us decide if the supports are still working for you.



If you haven't used all the funding by the end of your plan, it doesn't mean we'll reduce the funding in your next plan. There may be very good reasons why you weren't able to use the funding.

When we review your plan, we'll talk about any problems you have using your funding and support you to get help with this. But if you consistently don't use your NDIS funding, we think about whether the supports really do meet the NDIS funding criteria. For example, they may not be effective and beneficial for you if you're not actually using them. We will talk to you about this when we review your plan.

Your needs and situation will most likely change over time. This means it's likely your NDIS funding will change over time. For example, your disability support needs might increase and we might consider funding more supports.

Or, we might have funded supports to help you build your skills in a particular area. Once you have built those skills, you won't need funding for that any more. So, we probably won't include that funding in your next plan. Supports to build your skills may have met the NDIS funding criteria before, but it might not meet the criteria in future.

Everyone's plan review is different. If your situation and support needs have changed, we'll go through the same process as when we [created your current plan with you](#).

If you need a new plan with the same supports, or minor changes, we may not need to ask you all of the usual planning questions.

For example, you might just want to change how the funding is managed for one of your supports. If so, we may not need to look at your goals and ask you all the usual planning questions. We won't need to do a full plan review. Learn more about [plan management](#).

### **What happens if we need more information?**

Once we have done the plan review, we'll create a new plan for you. We might need more information or an assessment to help us create your new plan.<sup>48</sup> This helps us understand what supports you need. We might ask you for:

- a new assessment and report, if your last assessment was a long time ago, and doesn't tell us about your current support needs
- more information about your support needs, from a suitably qualified person such as your doctor or psychologist.

We must give you a reasonable opportunity, and a reasonable amount of time, to give us the information.<sup>49</sup> The sooner you can give us the information, the sooner we can create and approve your new plan.

In some situations, we may need to approve your new plan before you get an assessment or give us information.<sup>50</sup>

For example, we might approve your plan so you have funding for urgent self-care supports. We could then do an [agency-initiated plan review](#) afterwards once you have the assessments and reports for other supports such as assistive technology.

### **Will the new plan be different from your current plan?**

We'll look at your situation and decide if your new plan will be different from your current plan. There are different ways we can do your plan review. We could give you a:

- new plan with the same supports
- new plan with minor (small) changes to your current supports
- full plan review.

A new plan with the same supports or a new plan with minor changes won't be right for everyone.

We'll make this decision based on your support needs and the [NDIS funding criteria](#).

We'll also check each support is reasonable and necessary individually, as well as when considered as a package.

### **When would you need a new plan with the same supports?**

We can give you a new plan with the same supports if we believe your plan is working well for you. This might be if:

- your supports still meet all the [NDIS funding criteria](#) – both individually, and as a total package
- your situation or support needs haven't changed
- your supports work for you and help you pursue your goals
- you're using your funding according to your plan
- there are no risks to you, such as to your health or safety.

Your new plan will have the same supports.

We can still make minor changes to other parts of your plan. For example, you may want to change the words in your goals. And sometimes the costs of your supports may change when we update the [NDIS Pricing Arrangements and Price Limits](#).

### **When would you need a new plan with minor (small) changes?**

We can give you a new plan with some minor changes to the supports you have now. This might be if:

- your support needs have only changed a little

- your supports work for you and help you pursue your goals
- there are small changes to your situation
- you're using your funding according to your plan
- there are no risks to you, such as to your health or safety.

For example, you might just want to change [how the funding is managed in your plan](#). Or you might want to replace some assistive technology.

Also, you may not need some of your current supports in your new plan. For example, you might not need the same amount of therapy supports because you've developed new skills.

### **When would you need a full plan review?**

In a full plan review, we ask all the [usual planning questions](#) to help us create your new plan.

You'll need a full plan review if you need lots of changes to your current plan. This might be if:

- your situation or support needs have changed, or are going to change, in a significant way
- your supports don't meet your needs or help you pursue your goals
- you're using too much or too little of your funding
- there are risks to you, such as to your health or safety.

For example, you might be finishing high school and have a goal to get a job. We could create a new plan that includes supports to help you get a job. Learn more about the types of [work and study supports](#) we can fund.

## **What happens after we review your plan?**

After we decide to review your plan, we'll work with you to create and approve a new plan. You'll get a copy of your new plan within 7 days.<sup>51</sup>

Your local area coordinator, early childhood partner or support coordinator can help you start using your new plan. For example, they can explain the supports in your new plan, help you connect with supports outside the NDIS, and help you find service providers.

Learn more about [your plan](#).

## **What if you're not happy with your new plan?**

If you're not happy with your new plan, you should talk to your local area coordinator, early childhood partner, support coordinator or planner. They may be able to explain our decision, or help you with any questions. It's a good idea to do this soon after you get your new plan.

You can also [contact us](#) to ask about the reasons for our decision to approve your plan. We can put these reasons in writing.

If you don't agree with your new plan, you can ask us to review our decision. We call this process an internal review.<sup>52</sup> This means another one of our staff, who wasn't involved in the original decision, will look at whether we made the right decision.

It's up to you to decide whether you want an internal review. We don't decide this for you.

You need to ask for an internal review of our decision within 3 months of receiving it. We can't do an internal review if you ask us after 3 months has passed. If you ask us after 3 months, we'll let you know what other options you have. Learn more about [reviewing our decisions](#).

## Reference list

- <sup>1</sup> NDIS Act and delegated legislation made under the NDIS Act, especially NDIS (Supports for Participants) Rules and NDIS (Plan Management) Rules.
- <sup>2</sup> NDIS (Supports for Participants) Rules r 5.1(b).
- <sup>3</sup> NDIS Act s 34(1)(a).
- <sup>4</sup> NDIS Act s 34(1)(b).
- <sup>5</sup> NDIS Act s 34(1)(c).
- <sup>6</sup> NDIS (Supports for Participants) Rules r 3.1(c).
- <sup>7</sup> NDIS Act s 34(1)(c); NDIS (Supports for Participants) Rules r 3.1(a).
- <sup>8</sup> NDIS Act s 34(1)(d).
- <sup>9</sup> NDIS Act s 34(1)(e).
- <sup>10</sup> NDIS Act s 34(1)(f).
- <sup>11</sup> NDIS Act s 34(1)(f).
- <sup>12</sup> NDIS (Supports for Participants) Rules part 5.
- <sup>13</sup> NDIS (Supports for Participants) Rules r 5.1(a).
- <sup>14</sup> NDIS (Supports for Participants) Rules r 5.1(b).
- <sup>15</sup> NDIS (Supports for Participants) Rules r 5.1(c).
- <sup>16</sup> NDIS (Supports for Participants) Rules r 5.1(d).
- <sup>17</sup> NDIS (Supports for Participants) Rules r 5.3(a).
- <sup>18</sup> NDIS (Supports for Participants) Rules r 5.3(b).
- <sup>19</sup> NDIS Act s 34(1)(f).
- <sup>20</sup> NDIS Act s 118(1)(b).
- <sup>21</sup> NDIS Act s 4(17)(b).
- <sup>22</sup> NDIS Act s 33(2).
- <sup>23</sup> NDIS Act s 33(5)(a).
- <sup>24</sup> NDIS Act s 34(1)(a).
- <sup>25</sup> NDIS Act s 34(1)(d).
- <sup>26</sup> NDIS (Supports for Participants) Rules r 4.1(d).
- <sup>27</sup> NDIS Act s 34(1).
- <sup>28</sup> NDIS Act s 34(1)(d); NDIS (Supports for Participants) Rules, rr 3.2-3.3.
- <sup>29</sup> NDIS Act s 34(1)(c); NDIS (Supports for Participants) Rules r 3.1.
- <sup>30</sup> NDIS Act s 49.
- <sup>31</sup> NDIS Act ss 33(1)-(2).
- <sup>32</sup> NDIS Act s 47(1).
- <sup>33</sup> NDIS Act s 47(2).
- <sup>34</sup> NDIS Act s 47(3).
- <sup>35</sup> NDIS Act s 47(2)(b).
- <sup>36</sup> NDIS Act s 49 (Note 1).
- <sup>37</sup> NDIS Act s 48(1).
- <sup>38</sup> NDIS Act ss 48(2), 100(1).
- <sup>39</sup> NDIS Act ss 48(2), 100(5).
- <sup>40</sup> NDIS Act ss 48(2), 100(1).
- <sup>41</sup> NDIS Act s 48(3).
- <sup>42</sup> NDIS Act s 41(2)(c).
- <sup>43</sup> NDIS Act s 100(5).
- <sup>44</sup> NDIS Act s 48(4).
- <sup>45</sup> NDIS Act s 48(1).
- <sup>46</sup> NDIS Act s 49.
- <sup>47</sup> NDIS Act s 33(5)(f).
- <sup>48</sup> NDIS Act s 50(2).
- <sup>49</sup> NDIS Act s 50(3).
- <sup>50</sup> NDIS Act s 50(3).
- <sup>51</sup> NDIS Act s 38.
- <sup>52</sup> NDIS Act s 100.