

How to choose an NDIS provider

Registered or unregistered, what the funding actually pays for, and the questions to ask before you sign a service agreement

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Choosing an NDIS provider is harder than it should be because the funding rules, the registration rules and the service agreement all interact, and the person making the choice is often doing it under pressure with no experience of any of them. Getting the agreement right matters more than getting the provider right, because the agreement is what you can enforce.

What it should cost

The cost is drawn from your NDIS plan, and providers charge against the price limits set in the NDIS pricing arrangements for each support category. A provider cannot charge above those limits for a support that is price-controlled, so the difference between providers is rarely the hourly rate - it is how the hours are used, what travel and cancellation charges are added, and whether the support actually delivered matches what was billed.

Ask for a written quote or service agreement showing the support item, the unit price and the expected number of hours per week or fortnight. Then compare that with what your plan actually funds, because a provider can only deliver what the plan pays for.

You are entitled to see what has been claimed against your plan, and providers must give you a monthly statement or invoice. Read them. Over-claiming and slow reconciliation are more common problems than over-charging on the rate.

What the law requires

Providers are either registered with the NDIS Quality and Safeguards Commission or they are not. Registration matters most for supports that carry higher risk, and for plan-managed and NDIA-managed funding, where the rules on which providers you can use are stricter than for self-managed funding. The rules here change, so confirm what applies to your specific funding type rather than taking a general statement.

Every participant should have a service agreement setting out what will be delivered, the price, the cancellation rules and how to end the arrangement. It must be in writing and in plain language, and a provider that resists putting an agreement in place is telling you something important.

Providers must have processes for handling complaints, and you can take a complaint to the NDIS Commission directly rather than only to the provider. That route exists so that a complaint does not have to go through the person you are complaining about.

Red flags

No written service agreement, or one that arrives after services have started.

Pressure to sign a long agreement with a long notice period on the first visit.

Reluctance to explain what is included in the hourly rate.

Invoices that do not match the support you can recall receiving.

A high turnover of workers, repeatedly, with no explanation.

Being told you cannot change providers, or that you will lose funding if you do.

What good looks like

They explain the funding rules that apply to your plan type, accurately.

The service agreement is in plain language and you can end it with reasonable notice.

Invoices are itemised and match what was delivered.

They introduce you to the actual support worker before you commit.

They are honest about what they cannot provide rather than promising everything.

What to ask

- "Are you registered with the NDIS Commission, and for which support categories?"
- "What exactly is included in the hourly rate - travel, report writing, administration?"
- "What is your cancellation policy, and how much notice do I need to give?"
- "Can I see what you have claimed against my plan each month?"
- "What happens if my regular support worker is sick or on leave?"
- "How do I change workers if it is not working out?"
- "What is the notice period to end this agreement, and are there any exit fees?"
- "Who is my point of contact when something goes wrong?"

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