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NDIS Provider and Worker Registration Taskforce
Department of Health, Disability and Ageing
PO Box 6100
Parliament House Canberra ACT 2600

via email: NDISRegulation@health.gov.au

RE: Getting it right: A new definition for NDIS Providers

Thank you for the invitation to make a submission to the consultation on revising the definition of an NDIS Provider. Motor Neurone Disease (MND) Australia welcomes the opportunity to provide this submission on behalf of its members, the State MND Associations, and people living with MND.

What is MND?

MND Australia is the national peak body for state organisations that support those living with, and impacted by, motor neurone disease (MND). Since 1993, we have been the voice for the MND community. Our national and international networks help increase understanding of the disease and advocate for the needs of those affected.

Motor neurone disease (MND) is the name given to a group of neurological diseases in which motor neurons – the nerve cells that control the movement of voluntary muscles – progressively weaken and die. With no nerves to activate the voluntary muscles, they become progressively weaker to the point that the ability to walk, speak, swallow and ultimately breathe is lost. MND affects each person differently with respect to initial symptoms, rate and pattern of progression and survival time.

Average life expectancy for people living with MND is 27 months from diagnosis. A third of those die within one year and more than half within two years of diagnosis. There are no known causes for MND, apart from the up to 15% per cent of cases which have a genetic basis. There are no effective treatments and there is no cure. There are no remissions and progression of MND is usually rapid and relentless, creating high levels of life-limiting disability, regardless of the age at onset, and a consequent need for a wide range of changing supports based on the person's complex needs. In 2025 there were an estimated 2,752 people with MND in Australia, with 1,018 registered as NDIS participants receiving an average package size of \$302,000.¹

MND is a complex and rapidly degenerative disease requiring specialised multidisciplinary team care. State MND Associations provide services, supports, invaluable expertise and a comprehensive understanding of MND to ensure people living with MND can be supported to navigate the health system and access supports in a timely manner.

Response to the consultation paper

MND Australia appreciates the opportunity to respond to the consultation paper on redefining an NDIS provider. In consultation with our State Associations, who are registered NDIS Providers, we have summarised a few key points, below, which complements the individual responses provided by the MND State Associations via survey response.

MND Australia applauds the expectation that all MND providers are registered. This will increase accountability and safety for NDIS recipients. We have provided feedback using the questions as a framework.

1. **Are there any supports or services missing from the list at Table 2 that you think should be include in an amended definition of “an NDIS provider”?**
 - a. **“Support coordination” is not listed**; MND Australia would like to see this important function specifically called out.
 - b. The “Manufacture or sale of equipment or assistive technology, including modifications” **would not cover off the equipment libraries** that the MND State Associations currently operate, in which assistive technology is provided on a loan basis. We therefore request that the wording be modified to read “Manufacture or **provision** of equipment or assistive technology, including modifications.”
 - c. **Counselling support is not specifically called out**, although it may be assumed within the category of “allied health and therapeutic services.” MND Australia requests clarification that it is covered under allied health.

We have also questions about two of the items listed:

- d. MND Australia requests more **detail about what “Capacity building support” includes**. In the past this included support coordination; is that still the case?
 - e. MND Australia requests more information about **how “peer support programs and initiatives” may function**, as currently the MND State Associations do not claim this as an NDIS expense.

2. **Are there any supports or services that you would exclude from the definition in Table 2?**

No suggestions.

3. **What issues should Government consider when amending the definition of NDIS provider to maintain flexibility and responsiveness to NDIS participants’ needs?**

MND Australia has concerns about the risk pyramid used to define the level of registration. Specifically, the definition of risk does not adequately cover off what may make a participant at risk; it should also include size and complexity of an agency providing services; and clear guidelines should be provided to explain the administrative burden for registration and operation. These concerns are explained in more detail below.

- a. We note that the ‘advanced registration’ category defines high-risk supports as ‘delivered in formal closed settings like group homes.’ It has been the experience

of our State Associations that **people receiving care in their own home setting can be equally, perhaps more so, vulnerable to harm**. We therefore request that the definition of 'risk' focus on a range of factors that may make a participant vulnerable, in addition to or other than location of service delivery.

- b. While oversight and accountability is critically important, MND Australia notes that **the industry is heavily reliant on sole traders**, particularly those that supply personal care and social support. Increasing the administrative burden on them may cause them to leave the scheme. This may threaten the ability of the NDIS to operate efficiently and effectively. Getting the balance right will be important regarding administrative burden and size of agency and/or type of service delivered. MND Australia therefore suggests that the level of registration incorporate not only the 'risk' factor but also the size and complexity of the organisation, with a lesser burden on sole traders or smaller agencies.
- c. While the proportionate model of registration is logical, MND Australia suggests clear, detailed guidelines for what a new provider should expect in terms of **level of registration and the corresponding administrative burden**. For example, individuals or agencies that provide services that are not specific to disability support, such as housekeeping or gardening services, can play a critical role in supporting people living with a disability to live with dignity, maintain autonomy and be active participants in society. However, as these services are not disability-specific, the administrative burden should be less for such service providers.

4. Are there factors, other than the type of support delivered, which should be considered in a new definition of "an NDIS provider"?

- a. MND Australia would like to see the definition specify the provision of an **ongoing service**. We feel strongly that providing a continuity of service should be a part of the definition, as opposed to a one-off interaction.

5. Are there supports you currently provide which may be disrupted or result in secondary impacts if they are included or excluded in a new definition of "an NDIS provider"?

These have been captured in our response to Question 1.

6. Are there opportunities to ensure a new definition of "an NDIS provider" supports productivity and sustainability across the care and support economy?

- a. MND Australia requests that the registration process considers **the balance of registration requirements and accountability systems with the administrative burden it imposes on providers**. Our State Associations understand the importance of the registration process and its importance in maintaining the quality of care. However, the length of time required to submit and receive registration varies widely across the states. Changes to the registration system provide an opportunity to consider how to streamline registration processes and approvals.
- b. The State Associations also report that the required audits are onerous and can create lengthy delays in receiving re-registration. There is concern that registering

all providers may result in a shortage of auditing services – something that the State Associations report is already a problem for them. The scope of audits should be clear. For agencies who have not had any complaints, MND Australia suggests that **the required audit cycle be shifted to once every three years**. This will lessen the administrative burden on providers, reduce barriers to maintaining registration, and free up provider time to focus on NDIS participants.

- c. MND Australia suggests that **providing modules is one way to increase quality of care and expectations outside of, and complementary to, the registration process**. A set of modules could be required for basic providers, and the requirement could be increased based on the level of registration.
- d. We would also like to note that the lengthy reimbursement process for services provided is another bottleneck to continuous, quality service provision. Facilitating **streamlined reimbursement would allow more providers to remain financially viable**.

MND Australia would be happy to provide any further information or to discuss our submission with Taskforce Members.

We look forward to hearing about the outcome of the consultation process.

Kind Regards,



Clare Sullivan
Chief Executive, MND Australia



¹ MND Australia and Evohealth (2025). *Every moment matters. Addressing the human and economic toll of motor neurone disease in Australia*. Canberra. https://www.mndaustralia.org.au/getmedia/e5df789a-3318-4fb5-89c2-ed4935e3ebae/Every-Moment-Matters-report_MND-Australia.pdf