

Submission to the Department of Social Services on NDIS legislative reforms



**Allied Health
Professions
Australia**

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**This submission has been developed in consultation
with AHPA's allied health association members.**

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About AHPA and the allied health sector

AHPA is the recognised national peak association representing Australia's allied health professions. AHPA's membership collectively represents some 140,000 allied health professionals and AHPA works on behalf of all Australian allied health practitioners, including the largest rural and remote allied health workforce numbering some 14,000 professionals. AHPA is the only organisation with representation across all disciplines and settings.

With over 200,000 allied health professionals, allied health is Australia's second largest health workforce. Allied health professionals work across a diverse range of settings and sectors, providing services including diagnostic and first-contact services, preventive and maintenance-focused interventions for people with chronic and complex physical and mental illnesses, supporting pre- and post-surgical rehabilitation, and enabling participation and independence for people experiencing temporary or long-term functional limitations. Allied health also provides an essential bridge between the medical sector and social support systems such as aged care and disability, where it can represent the key formal health support in a person's life.

AHPA provides representation for the allied health sector and supports all Australian governments in the development of policies and programs relating to allied health. AHPA works with a wide range of working groups and experts across the individual allied health professions to consult, gather knowledge and expertise, and to support the implementation of key government initiatives.

Introduction

AHPA appreciates the opportunity to comment on the Exposure Draft of the National Disability Insurance Scheme Amendment (Participant Service Guarantee and Other Measures) Bill 2021 and associated proposed changes to the NDIS Rules ('the Rules' unless otherwise specified).

We welcome many of the amendments as necessary for effective implementation of the Participant Service Guarantee ('the Guarantee'), including proposed requirements for greater transparency and accountability and clearer timeframes associated with NDIS processes.

However, AHPA is very concerned that the process of these legislative reforms has not been adequately informed by the principles of participant choice and control that the NDIA and the NDIS Act 2013 ('the Act') espouse.

As outlined below, we do not agree that all of the proposed changes are uncontroversial and straightforward, and in fact there are some reforms that we actively oppose. We are also mindful of the fact that if they wished to be thorough and fully appraised of the implications, would-be commentators on the reforms have been required to read, analyse and in many instances, cross-reference in a complex manner only easily negotiable by those legally trained, 16 different documents. The time provided for this was four weeks.

It appears that the restricted period for public input has been constrained by the Government's intention to seek to pass the amending legislation during this parliamentary term. Accordingly, AHPA is not confident that submissions which provide other than a straightforward endorsement of the reforms – for example, by drawing attention to potentially problematic impacts that require further public consultation – will have any practical effect.

As demonstrated by the recent overwhelming public rejection of proposed independent assessments, it is important to take the time to ‘get things right’. It would be somewhat ironic if a tranche of reforms publicised as centering on the rights of people with disability to make decisions about their own lives in full partnership with the NDIA was forced back to the drawing board at a later stage.

Our comments proceed in the same order as in the explanatory document,¹ and incorporate AHPA’s responses to proposed Rules amendments where relevant.

Schedule 1 – Participant Service Guarantee

Items 1 and 2

We **strongly support** the proposed amendment of section 9 of the Act in order to clarify the Ombudsman role. This will enhance accountability and participant redress and was recommended by the Tune Review.²

Amending section 9 to replace ‘review’ with reassessment where appropriate avoids confusion and was recommended by the Tune Review.

Items 3–5

We **support** amending section 20 of the Act with the effect that the CEO’s decision on access requests may be made in less than 21 days if the Rules so prescribe. This at least potentially reduces delay for participants and was recommended by Tune Review. We note that the *NDIS (Participant Service Guarantee) Rules 2021* (‘PSG Rules’) require amendment for this change to have any practical effect.

Items 10–11

AHPA **supports** amending paragraphs 26(2)(b) and 26(3)(b) of the Act to extend, from 28 to 90 days, the minimum timeframe for a participant to provide information or an assessment report relevant to an access request. It is appropriate that participants be provided with more time if they require it, and this was recommended by the Tune Review.

Item 13

We **do not support** the repeal of section 32 of the Act, which requires the CEO to commence facilitating the preparation of a participant’s plan in accordance with any timeframe prescribed by the Rules, or otherwise as soon as reasonably practicable. The proposed new section 32 simply provides that if a person becomes a participant, the CEO must facilitate the preparation of the participant’s plan.

The explanatory document provides no explanation for the change, which is inconsistent with the Tune Review’s recommendation that CEO facilitation of the preparation of a plan should

¹ Department of Social Services, Explanation of Proposed Amendments to the National Disability Insurance Scheme Act 2013 Contained in the Exposure Draft of the National Disability Insurance Scheme Amendment (Participant Service Guarantee and Other Measures) Bill 2021.

² David Tune, *Review of the National Disability Insurance Scheme Act 2013: Removing Red Tape and Implementing the NDIS Participant Service Guarantee* (December 2019).

commence no later than 21 days following the access decision.³ It also seems inconsistent with reforms such as Items 3–5 above.

Item 15

AHPA **supports in principle**, and as recommended by the Tune Review, the proposed repeal of subsection 33(4) that provides that the CEO must decide whether or not to approve the statement of participant supports ‘as soon as reasonably practicable’.

The new provision would provide for the Rules to prescribe a timeframe, and if there are no such rules, would require the decision to be made as soon as reasonably practicable. We make no comment as to the length of time prescribed by the new section 8 of the PSG Rules, other than to note that it is perhaps excessive.

NDIS (Plan Management) Rules 2021 sections 6–7

Existing subsection 35(1) of the Act enables rules to be made in connection with the funding or provision of reasonable and necessary supports or general supports. Section 6 of the proposed new *NDIS (Plan Management) Rules 2021* (‘PM Rules’) concerns what and how supports should be specified in the statement of participant supports to be included in a participant’s plan.

AHPA **does not support** subsections 6(5) and 6(6) of the PM Rules, not least because they rely on the CEO being satisfied that it is not reasonably practicable for supports to be provided through the market. Under subsection 6(5), if the CEO is appropriately satisfied, the statement of participant supports may specify that, during a specified period, the support or class of supports is to be provided to the participant:

- (a) in a specified manner; or
- (b) by a specified person or provider; or
- (c) by a person or provider in a specified class of persons or providers.

Proposed subsection 6(6) then provides that for the CEO to be satisfied, one of the matters the CEO must have regard to is the principle that any intervention in the NDIS market should be as limited as possible. These new aspects of the Rules extend the role of the market into CEO decision making in a manner which is not expressly authorised under the Act. For further discussion see our comments on Item 5 under Schedule 2 – Flexibility Measures below.

Similarly, existing subsection 33(7) of the Act empowers the Rules to prescribe additional matters to be included in a participant’s plan. Proposed section 7 of the PM Rules enlivens this, stating that if a support or class of support is to be specified as per subsection 6(5) above, the plan must include the reasons for specifying those matters. AHPA is concerned that this requirement is likely to mean that finalisation of the plan will take more time, thereby contributing to delays, compared to if market availability was not an issue.

PM Rules section 8

Section 35(1) of the Act also enlivens section 8 of the PM Rules, which provides guidance to the CEO about circumstances in which it would be appropriate to specify that a support must not be provided by a particular person or provider. The CEO is required to be satisfied of at least one of a range of proposed circumstances. Examples of circumstances include:

³ Recommendation 25 and p162.

s 8(1)(a) the provision of the support to the participant by that person is not likely to substantially improve outcomes for the participant or benefit the participant in the long term;

s 8(1)(b) another person could provide the support to the participant and that other person is likely to provide better outcomes for the participant than the first person.

In making the decision, the CEO must also have regard to various matters, which include:

s 8(2)(a) that it is important for the participant's plan to be flexible in an undeveloped NDIS market;

s 8(2)(d) that it is desirable to support and develop a range of other support providers, or potential support providers, in the participant's community;

s 8(2)(e) any other matter the CEO considers relevant.

AHPA **strongly opposes** section 8, particularly the subsections referenced above. With regard to subsections 8(1)(a) and 8(1)(b), we are aware that NDIA misunderstandings and ignorance concerning the value and evidence base of allied health practice are common.

For example, a planner completely cut funding support for exercise physiology to a child with Autism Spectrum Disorder, claiming that the participant could get all required physical activity from a school Phys Ed class. As in that case, it is also not uncommon for NDIA delegates to assume that allied health service provision can be delegated to a support worker rather than performed by a trained and accredited professional. Music therapy is also frequently – and incorrectly – deemed not to be an evidence-based practice.

Planners and support coordinators also too often regard distinct allied health professions as unproblematically interchangeable. For example, the distinctions between physiotherapists, occupational therapists, osteopaths and exercise physiologists are often elided, when some participants are professionally assessed as in need of more than one of these services.

Paragraphs 8(2)(a) and 8(2)(d) risk prioritising market considerations over participants needs. It is particularly concerning that only one circumstance is required for the CEO to be satisfied, and therefore could simply be, without specification, any other matter the CEO considers relevant.

It is also deeply problematic that these proposed changes are buried in the PM Rules and not sufficiently addressed in the accompanying explanatory material.

Items 51–53

These items repeal subsection 204(1) of the Act which currently allows the Rules to prescribe a longer timeframe for the CEO to make a decision or do a thing. AHPA **supports this in principle**, but notes that the proposed change does not affect the situation where a person other than the CEO is required to do a thing. Where 'person' includes NDIA or NDIA-related personnel it would be consistent to repeal the power of the Rules to extend the timeframe.

Item 29

A new section 50J would empower the new PSG Rules to prescribe the compliance requirements for the CEO when preparing a participant's plan or for participant plans that have come into effect (PSG Rules s 9). This may be used to prescribe timeframes for additional processes, such as the offer and holding of a meeting after the plan is approved to discuss how the participant and their family could implement it and begin to access their NDIS funding.

The section also empowers section 11 of the PSG Rules to prescribe compliance requirements for the CEO in giving effect to decisions of the Administration Appeals Tribunal.

We **support these changes in principle**, but would prefer that in order to protect the rights of participants, the reforms were in the Act itself, which has more legislative force.

Item 40

New subsections 100(1B) and 100(1C) of the Act would create the capacity for a person to request the CEO to give them reasons for a reviewable decision made by the CEO. The CEO will be required to provide reasons to the person who made the request, within a period set by the new PSG Rules, which is proposed to be 28 days (s 13). Where there is no timeframe set (eg if section 13 is repealed), reasons must be provided as soon as reasonably practicable.

AHPA **strongly supports** this reform, but contends that to achieve genuine accountability and transparency, and to be consistent with the engagement principles and service standards of the Guarantee, the proposed amendment should not rely on a participant requesting reasons. Rather, **every decision made by an NDIA reviewer should be automatically accompanied by a statement of reasons.**

Item 50

It is proposed to repeal subsections 174(3)–174(4C) which allow the Minister to make a legislative instrument prescribing the matters which must be contained in the quarterly report from the NDIA Board to the Ministerial Council, and set out prerequisites to making the legislative instrument. Instead the PSG Rules (s 15) would prescribe the types of information and matters to be included in the report.

We **oppose** this change. Although the amendment’s rationale includes increased Board transparency and flexibility, the Rules are less likely to be subject to public scrutiny than the current legislative instrument. While there might be some logic to prescribing in the Rules some of the detail of those matters relating to the Guarantee, there is no justification for removing prescribing of matters in their entirety from direct Ministerial authority.

AHPA is also concerned that the matters to be reported on are purely quantitative and tell us nothing about outcomes, such as how many access decisions were denied access. This compares unfavorably with the level of detail required under Item 54 below.

Item 54

We **strongly support** proposed section 204A of the Act which provides that as soon as practicable after the end of each financial year, the Commonwealth Ombudsman must give the Minister a written report about some, or all, of the matters prescribed by the Rules (essentially, reporting against the Guarantee).

This amendment was recommended by the Tune Review and follows from Items 1 and 2 above. The proposed new subsection 16(c) of the PSG Rules is especially important because it provides an opportunity for experiences of concern to participants to receive public scrutiny.

Item 18

AHPA supports the proposed repeal of subsection 37(2) of the Act to remove the existing prohibition on varying a plan, on the understanding that this change was requested by participants.

Item 22

A new section 47A in the Act would empower the CEO to vary a participant's plan (excluding the participant's statements of goals and aspirations), without requiring a plan reassessment to be undertaken, or a new plan to be created.

We support the rationale of the amendment in circumstances where the participant requests a variation, as this change was requested by participants.

However, **we oppose empowering the CEO to vary the plan on their own initiative**. This aspect of the proposed change does not require the participant's consent or even consultation.

In either circumstance, in deciding whether to vary a participant's plan, the CEO would be required to have regard to matters set out in the *NDIS (Plan Administration) Rules 2021* ('PA Rules'). Where the CEO is varying the plan on their own initiative the matters are set out in section 10 of the PA Rules, while for participant-requested variation the matters are in section 11 and are more expansive.

If the CEO's power to vary on their own initiative is enabled, at the least section 10 should include the same range of matters as section 11, as is the case for reassessment of a participant's plan (s 12). **Regardless of who initiates the process, the Rules should provide more obvious guidance on how the various matters should be weighed and what factors support a favorable or negative decision to vary a plan.**

AHPA is also concerned that the relevant rules are proposed to be category D rules, which only requiring the Commonwealth to consult with all states and territories prior to making or amending the rules. We contend that **it is more appropriate to legislate these rules as Category A or at least Category C.**

Item 23

A proposed repeal of sections 48 and 49 of the Act and a new section 48 would include allowing the CEO to initiate a reassessment of a participant's plan at any time on the CEO's own initiative.

Proposed section 12 of the PA Rules prescribes matters to which the CEO will be required to have regard. The list of matters appears appropriately expansive, but as with our comments on Item 22 we would prefer the Rules to be Category A or C rather than Category D.

Timeframes for reassessments and variations (PSG Rules s 10) seem unnecessarily complicated for participants to understand, but otherwise we make no comment.

Item 19

It is proposed to amend paragraph 41(2)(c) of the Act to provide that during a period of plan suspension, the participant is not entitled to make a request for a variation of the plan. AHPA **makes no comment** on this proposal due to lack of time to explore unresolved questions about its impact.

Item 38

By inserting new table items 6 and 6A in subsection 99(1) of the Act, a decision by the CEO to vary a participant's plan, or not to vary or reassess a plan, would become a reviewable decision. A person affected by the decision may seek internal merits review of such a decision, and make a subsequent application to the AAT for external review.

We **strongly support** this change as enhancing accountability and participant redress.

Item 46

For similar reasons to our response to Item 38, AHPA **strongly supports** a new subsection 101(2) in the Act which applies if a participant makes a request for review of a decision to approve a statement of participant supports, or a decision to vary a statement of participant supports. The amendment allows decisions associated with the plan and made after the review request to be included as part of the review.

Item 48

We **strongly support** a new subsection 103(2) in the Act which applies where an application is made to the AAT for review of a decision made by a reviewer relating to a statement of participant supports in a participant's plan. This change has a similar effect to Item 46 and was recommended by the Tune Review.

Item 59

A proposed amendment to subsection 209(8) of the Act would see all new rules in relation to the Guarantee be legislated as Category C rules, which require the agreement of the Commonwealth and a majority of the states and territories.

The rationale in the explanatory document is that the Guarantee rules are not rules that define access, supports or have an interface with other systems and that only these types of rules require legislation as Category A – requiring unanimous agreement by states and territories (p18).

We **do not support** this amendment, on the grounds that many of the affected rules apply to issues significant for participants, such as those discussed in Items 3–5, 15, 29, 40, 50 and 54; and therefore Category A is the most appropriate.

Item 60

A proposed amendment to subsection 209(8) of the Act would see rules made for the purposes of new subsections 47A(6) and 48(2) be legislated as Category D rules, which are the least stringent of the four categories of Rules, requiring only that the Commonwealth consult with the states and territories on the rules.

The rationale in the explanatory document is that as these rules affect how the CEO will consider changing a participant's plan it is important that these matters can be adapted to the circumstances of individual participants and may need to be updated from time to time to ensure they are fit for purpose (p18).

We **do not support** this amendment and refer to our comments under Items 22 and 23 above.

Schedule 2 – Flexibility Measures

Items 1 and 2

AHPA **supports** this proposed removal of qualifiers to the capacity of people with disability from existing subsections 4(2) and 4(8) of the Act, which is also consistent with recommendations of the 2015 Independent Review⁴ and the Tune Review.

⁴ Ernst and Young, *Independent review of the NDIS Act* (December 2015).

Item 3

We **support** amendment of the general principles guiding actions under the Act, via inserting a new subsection 4(9A) to reinforce that people with disability are central to the NDIS, and should be included in a co-design capacity. This change was recommended by both the 2015 Independent Review and the Tune Review.

We note that ‘co-design’ is not defined in the legislation and defer to Disability Representative Organisations and NDIS participants as to whether and how this matter should be pursued.

Item 5

AHPA **does not support** the proposed amendment which repeals subsection 4(15) of the general principles guiding actions under the Act:

Innovation, quality, continuous improvement, contemporary best practice and effectiveness in the provision of supports to people with disability are to be promoted.

Substituted is:

In exercising their right to choice and control, people with disability require access to a diverse and sustainable market for disability supports in which innovation, quality, continuous improvement, contemporary best practice and effectiveness in the provision of those supports is promoted.

AHPA questions the lack of reference to necessary market intervention in the amendment, which consequently supports reliance on neo-liberal economic concepts of the market and the consumer to genuinely fulfil participants’ support needs. We note that the relevant recommendation by the 2015 Independent Review and the COAG response were not as exclusively market focused as the above wording.

The proposed change also does not reflect Recommendation 17 of the Tune Review that the Rules be amended ‘to give the NDIA more defined powers to undertake market intervention on behalf of participants’. Similarly, the Government Response to the Tune recommendation was:

‘Disability Ministers have agreed to progress a more flexible approach to address market challenges, recognising that a one-size-fits all approach to delivering the NDIS is not suitable to address market gaps faced in certain geographic locations or by particular cohorts or disability support types. The Government supports amending the legislation to support all participants in the NDIS, irrespective of market challenges or supply gaps, to access the benefits of their NDIS supports and providing the NDIA with increased flexibility in these circumstances to encourage positive market behaviour.’

Item 6

AHPA **supports** the removal of ‘gender’ from subsection 5(d) of the Act and its replacement with the appropriately contemporary and respectful ‘sex, gender identity, sexual orientation and intersex status’. We note that this change was also recommended by the 2015 Independent Review and the Tune Review.

Items 12 and 13

We **support** clarification of the intended role of existing section 17A of the Act by providing that when performing their functions and exercising their powers under Chapter 3 (participants and

their plans), the CEO must have regard to the principles relating to the participation of people with disability in section 17A, in addition to the existing general principles in section 4. We note that this change was also recommended by the 2015 Independent Review and the Tune Review.

Item 4

On the understanding that this change was requested by participants, AHPA **supports** inserting a new subsection 4(12A) into the general principles to specifically recognise and respect the relationship between people with a disability and their families and carers.

Item 23

On the understanding that this change was requested by participants, AHPA **supports** inserting a new subsection 31(ca) so that the preparation, review and replacement of a participant's plan, and the management of the funding for supports under a participant's plan, should be required, so far as is reasonably practicable, to recognise and respect the relationship between participants and their families and carers.

Item 24

We **support** the removal of the words 'where possible' from section 31(d) of the Act. The effect of this amendment will be to provide that in the preparation, review and replacement of a participant's plan, and the management of funding for supports under a participant's plan, a participant's plan should strengthen and build capacity of families and carers to support participants who are children. We note that this provision is already qualified by 'so far as reasonably practicable', and that the reform was recommended by both the 2015 Independent Review and the Tune Review.

Item 43

It is proposed to amend paragraph 104(3)(f) to allow the CEO to consider, among things they must have regard to in deciding whether it is reasonable to require a participant or prospective participant to take action to claim compensation, the effect upon the participant's carer, as well as (among other considerations already existing in the Act) the participant and their family.

AHPA **supports** this amendment, noting that it was recommended by both the 2015 Independent Review and the Tune Review.

Items 7 and 8

We **support** this reform as recommended by the Tune Review, and which enables the CEO to publish approved forms that will assist participants to download, print and upload.

Items 10 and 11

It is proposed to amend section 14 of the Act so that a person or entity receiving a payment will become an 'NDIS provider' for the purposes of the Act, and will be subject to the Code of Conduct and NDISQSC complaints mechanism. The reform also increases the purposes for which the Agency may provide funding to build the capacity of mainstream service and community programs to create connections between all people with disability and the communities in which they live.

AHPA is not in a position to provide a full response to this item, but welcomes the inference of a new paragraph 14(2)(a) 'to assist one or more participants to receive supports', with the explanatory document stating:

‘funding assists participants to fully access supports in order to mitigate the impact of market challenges that may impede the participant from exercising choice and control. For example, providing combined funding to obtain occupational therapy services, in a remote area where there is a gap in the market, for a number of participants in a community.’ (p28)

However, we note that this funding is ancillary and discretionary, and proposed section 5 of the PA Rules sets out matters to which the Agency must have regard in deciding whether to provide funding. The range of matters seems appropriately comprehensive and participant-centered, but AHPA would prefer that these rules not be Category D (see our response under Item 60 above).

Items 14–18

AHPA **strongly supports** the proposed updates to the language of sections 24 (disability criteria) and sections 25 (early intervention requirements) relating to psychosocial disability, including implementing the Tune Review recommendation that the Act is amended to provide clearer guidance for the Agency in considering whether a psychosocial impairment is permanent, recognising that some conditions may be episodic or fluctuating.

Item 22

Consistent with our support for Items 14–18, we have some concern about the related proposal for new subsections 27(2) and 27(3) so that rules may now be prescribed in relation to disability requirements and early intervention requirements.

Proposed sections 7 and 8 of the BP Rules set out the requirements that must be met for impairments to be considered permanent, or likely to be permanent, for the purposes of the disability requirements in paragraph 24(1)(b) of the Act.

Proposed sections 9 and 10 of the BP Rules set out the requirements that must be met for impairments to be considered to result in substantially reduced functional capacity, for the purposes of the disability requirements in paragraph 24(1)(c) of the Act.

Proposed sections 11 and 12 of the BP Rules set out equivalent requirements to sections 7 and 8, for the purposes of the early intervention requirements in paragraph 25(1)(a)(i) of the Act.

AHPA is concerned that some of the terms in these proposed rules are unclear and therefore open to differing and inappropriate interpretation. For example, subsection 7(2) provides that the impairment may be considered permanent, or likely to be permanent, ‘only if there are no known, available and appropriate evidence-based clinical, medical or other treatments that would be likely to remedy the impairment.’

Subsection 8(2) includes as one requirement ‘the person is undergoing, or has undergone, appropriate treatment for the purpose of managing the person’s mental, behavioural or emotional condition’. Similarly, section 12 refers to ‘appropriate treatment’ and ‘substantial improvement in the person’s functional capacity, after a period of time that is reasonable’ without defining these terms.

Participants with psychosocial disability, such as people with schizophrenia, may be disadvantaged by overly broad or varying interpretations of these Rules.

The Royal Australian and New Zealand College of Psychiatrists Clinical Practice Guidelines for the Management of Schizophrenia and Related Disorders ('the Clinical Guidelines')⁵ recommend that a support worker assist with disabling cognitive or negative symptoms. The NDIS is the main option for people with schizophrenia to access support workers, and could also help improve vocational outcomes for these participants.

The Clinical Guidelines also outline the difficulties in accessing psychological and psychosocial therapies for people with schizophrenia. These barriers to treatment are exacerbated for First Nations, Maori and remote communities.

Depending on how terms like 'known', 'available' and 'appropriate' are interpreted, it is therefore potentially unfair to expect a person with schizophrenia to have trialled a range of psychological and psychosocial therapies before being permitted to access the NDIS.

If the Rules are to be prescriptive rather than providing a guide on such matters, decision making must be clear, consistent, transparent and accountable to participants.

Item 50

A new subsection 209(3) of the Act would require the Minister when making Rules to have regards to the objects and principles of the Act, as well as to the need (in the existing provision) to ensure the financial sustainability of the NDIS.

AHPA **supports** this amendment, noting that it was recommended by both the 2015 Independent Review and the Tune Review.

Items 25–27 and 28–31

Various amendments are proposed to sections 42–44 of the Act regarding plan management requests a participant may make and circumstances in which a participant must not manage their plan. AHPA **makes no comment** on these proposals due to lack of time to explore unresolved questions about their impact.

Item 32

We **support in principle** the repeal and substitution of section 45 of the Act to enable a new payment platform.

Item 33

AHPA **supports** the repeal and substitution of subsection 46(1) of the Act, so that a person who receives an NDIS amount on behalf of a participant must spend the money in accordance with both the participant's plan and the participant's requests.

Item 34

We **support** empowering the Rules to prescribe requirements for NDIS providers that receive NDIS amounts on behalf of participants, to retain records including the retention of records for a specified period of time.

⁵ Cherrie Galletly et al (2016), 'Royal Australian and New Zealand College of Psychiatrists Clinical Practice Guidelines for the Management of Schizophrenia and Related Disorders', *Australian and New Zealand Journal of Psychiatry*, 50(5) 1-117.