



**Submission in response to the public consultation
on the NDIS Access Changes Consultation**

Thursday 1 October 2026

Physical Disability Council of NSW

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1. About the Physical Disability Council of NSW

The Physical Disability Council of New South Wales (PDCN) is the peak advocacy organisation for people with physical disabilities in NSW. For over 30 years, PDCN has championed lived experience of physical disability, advocating for the benefits of accessibility and inclusion across government and business, driving systemic reform.

The community we represent includes those living with spinal cord injury, cerebral palsy, muscular dystrophy, multiple sclerosis and other degenerative conditions, people who are blind or have low vision, people who are Deaf or hard of hearing, a person with an amputation or limb difference, short stature, polio, paraplegia, quadriplegia, spina bifida, motor neurone disease, arthritis, Parkinson's disease, acquired brain injury, or someone who has suffered a stroke, chronic pain and autoimmune condition.

Most people with disabilities in Australia have a physical disability. In accordance with the Australian Bureau of Statistics there are approximately 5.5 million Australians (21.4% of the Australian population) living with a disability and over three-quarters (75.3 per cent) of the 5.5 million reported a physical disorder as their main condition.¹

Our 2024-2027 Strategy

PDCN believes reform is most powerful when it is driven by lived experience. People living with physical disabilities are experts in the opportunities and barriers they face. By placing this expertise at the centre of our work, we are not only removing barriers to participation, but also creating value for the disability community, government, business, and wider Australian society.

Community-led Advocacy

To ensure our new strategy reflects the real needs of our community, PDCN undertook a comprehensive consultation process. More than 300 members of the physical disability community contributed through surveys and focus groups.

Participants identified six key advocacy priority areas for reform, as depicted in the bar graph below:

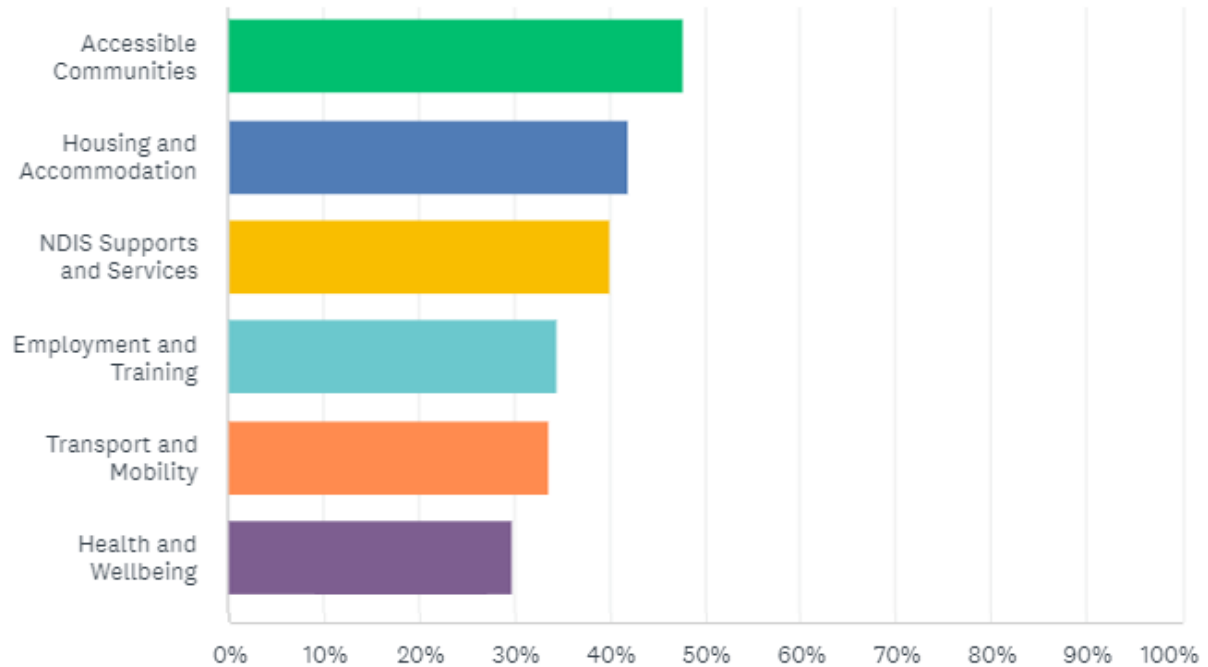
¹ Australian Bureau of Statistics (ABS) [Disability, Ageing and Carers, Australia](#): Summary of Findings, 2022 | Australian Bureau of Statistics (abs.gov.au) accessed 10 July 2024

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1. **Accessible communities** – inclusively designed environments, products and services.
2. **Housing** – increased availability of accessible housing and accommodation.
3. **Physical Disability Supports: NDIS and Foundational Supports** – a stronger disability supports system that meets the needs of people with physical disabilities in NSW
4. **Employment and training** – fair access to meaningful work opportunities.
5. **Transport and mobility** – reliable, inclusive, and accessible public transport.
6. **Health and wellbeing** – equitable access to health services across NSW.

PDCN also convenes the NSW Disability Advocacy Network (NDAN), which is a network of 23 disability advocacy organisations across NSW. As a collective we advocate for people with physical disability, intellectual disability, psychosocial disability, people who are neurodiverse, have sensory disabilities, and disability intersectionality across First Nations, LGBTQIA+ and culturally and linguistically diverse communities. NDAN is funded by the NSW Department of Communities and Justice. Collectively we deliver systemic, representative and individual disability advocacy services across the state and represent people with disabilities in NSW at the national level.

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2. Introduction

The NDIS has transformed the lives of people with physical disabilities in Australia. Prior to the introduction of the scheme, many members of our community felt like they had little control over their lives or ability to live independently. As a result of the individualised funding for supports from the scheme, many people with severe physical disabilities have much more choice and control over their lives, are able to participate in the community and employment, and have the power to decide who provides the supports they need.

“The NDIS has significantly enhanced my independence, participation, and quality of life. When functioning effectively, it provides people with disability the support and confidence to lead ordinary lives, work, contribute, and stay engaged with their communities. However, understanding the Scheme can often be complicated and draining”.

PDCN member who has a neurological disability and is also a carer of a person with disability.

“The NDIS allows me to feel connected to community and supports my self-esteem through employment supports and engaging with individuals and practitioners who provide support and help I need”.

PDCN member with a spinal cord injury who lives in regional NSW

Despite most people with disabilities in Australia having a physical disability (75.3%), people with physical disabilities are currently underrepresented on the NDIS. According to the NDIS quarter 3 FY2025-26 data report, only 156,454 (20.2%) of NDIS Participants are people with physical disabilities.²

Currently people with physical disabilities are underrepresented on the scheme and there are people with severe physical disabilities who are not getting the supports they need. PDCN has heard cases of people with severe physical disabilities who are unable to live safely in their own homes, maintain daily personal care that prevents secondary health complications and pursue choice and control over their daily routine.

While PDCN supports the principle of securing the long-term sustainability of the NDIS, any reforms must remain firmly aligned with the original policy intent of the scheme, which includes meeting the support needs of people with severe physical disabilities.

² <https://dataresearch.ndis.gov.au/explore-data>

3. Executive Summary

The NDIS is an internationally recognised scheme which has had a transformative positive impact on the lives of people with physical disabilities in NSW. However, ongoing reform must return the Scheme to its original intent of supporting those for whom it was intended, including people with severe physical disabilities.

Drawing on PDCN member surveys, community consultations and case studies, we have identified barriers relating to the accessibility and transparency of the application process. We have also identified emerging concerns about the accuracy of assessing functional capacity as a new measure for NDIS access and concerns about how to determine permanence of disability for people with under researched conditions.

People with physical disabilities in NSW told us that the NDIS access process is stressful and it is not clear what evidence is required for them to prove the significance or permanence of their disability. They also told PDCN that it is not clear how decisions are made or why applications are refused. Moving to functional capacity assessments may improve this, however this depends on the assessment accurately capturing functional capacity across the diversity of physical disability conditions. There is a particular risk here for conditions with fluctuating or episodic functional capacity and progressive deterioration. If the functional capacity assessment only captures a snapshot of a person at a particular point in time, this may not accurately reflect someone's capacity.

PDCN has concerns that the permanence requirements may create barriers for those who cannot practically access treatment due to financial, geographic, cultural or health circumstances. There are also concerns regarding people with newly discovered or under researched conditions where the long-term prognosis remains uncertain, yet functional impact is substantially impacted. People with physical disabilities in NSW reported inconsistent decision making, delays and experiences where decision makers did not appear to understand their disability or evidence.

To improve the applicant experience, PDCN recommends making the NDIS access process and requirements simpler, transparent and consistent for different types of physical disabilities. The guiding principles must translate into practical protections against inaccurate assessment of functional capacity, account for fluctuating and dynamic disabilities and ensure that lived experience meaningfully informs system design and continuous improvement.

4. The Access Decision Making Process

4.1 Ensuring an equitable access process for people with severe physical disabilities

Feedback from the NSW physical disability community

PDCN have heard from the physical disability community that accessing the NDIS has a very positive impact on their life.

“The NDIS has helped me in so many ways to get out of the house and live a better life than I would otherwise live.”

Case study - PDCN member with spina bifida who lives in regional NSW

We have also been told that there is a lack of clarity about what evidence will be accepted by the NDIS, with PDCN community members reporting a low level of confidence in the fairness of the application process. This has resulted in people with physical disabilities who require support not attempting to apply for fear of rejection and the emotional burden it would carry.

“I don’t think they would accept me, and I don’t have the capacity to take on what seems like a very stressful and expensive process only to be rejected.”

Case study – Woman living with chronic fatigue, pain and Postural Orthostatic Tachycardia Syndrome (POTS) (PDCN NDIS survey 2026).

Additionally, the PDCN community members report that the current access process can create an undue burden on the person with disability trying to access support.

“I was fortunate to be approved first try, but the process was still extremely stressful and challenging, and I don’t think I’d have been successful without support from friends who work as lawyers.”

Case study – Woman living with arthritis, neurodivergence, chronic fatigue and chronic pain (PDCN NDIS Survey 2026).

A person living with physical disabilities should not require specialised legal or policy expertise to navigate and access support services. There is a need to simplify the process so that it can be easily understood. These barriers are likely to be particularly significant for people who require accessible communication format, have lower literacy or come from culturally and linguistically diverse backgrounds.

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The standard 'Access Request Form' available on the NDIS website that must be completed by prospective participants to gain access to the NDIS contains broken information pathways. While the form attempts to provide information on where you can find more detailed information about the access process through the website, it appears there is misalignment between these two platforms. For example, the access request form says *"You can find information about what to provide and who can provide your evidence on our website (ndis.gov.au). Select 'Applying', scroll and select 'How to apply', then 'Providing evidence of your disability'."* As of 24 September 2026, this pathway is not an accurate direction to the stated webpage and may become confusing for someone who is trying to navigate the process. It is essential that all documents related to the NDIS access process are kept up to date with website changes, especially when providing access information.

There is also a need for NDIS staff who are making access decisions to be trained and have the appropriate expertise. The NDIA conducted a consultation with the NSW disability advocacy sector in September 2025. One of the key issues raised by the sector in this consultation were concerns regarding the qualifications and skills of NDIA staff. PDCN has heard consistently from people with physical disabilities that some NDIS planners and staff have lacked disability awareness and have had a poor understanding of the individual situation they are making decisions about.

"My son waited for 6 months to have a planner allocated for his NDIS change of circumstances application. His change of circumstance is transitioning from a child plan to an adult plan, which is a significant change.

The planner was clearly inexperienced and not fit for the job. For example, the planner got my son's name and address wrong. They had no idea about the occupational therapy process required to get a new wheelchair assessment. She had not read any of the evidence provided. This felt disrespectful as I had spent months preparing. It was also disrespectful that she suggested that my son could get driving lessons as he is now 18 and would probably want more independence. My son won't ever have capacity to drive a car and if the planner had taken the time to read all his reports, she would have known this. I requested a new planner and have now been allocated a Senior Planner whom I feel...confident with."

Case Study – PDCN Individual Member Consultation 2025

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These experiences indicate that inadequate staff capability can contribute to poor decisions and have significant consequences for the independence and wellbeing of a person with severe physical disabilities. It is essential that staff are appropriately trained and qualified when making vital access decisions to ensure that people with physical disabilities receive a fair and informed decision when accessing support.

Recommendations:

Recommendation 1: Reforms to the NDIS Access process should address the underrepresentation of people with physical disability on the scheme and remove barriers that may prevent eligible people with severe physical disabilities from applying for and accessing the NDIS.

Recommendation 2: The eligibility criteria and application process must be accessible and available in plain English and multiple communication and language formats. This includes clear information on eligibility criteria, application steps, evidence requirements, how the evidence is assessed, how decisions are made, clearly stating reasons for decisions, and review/appeal pathways.

Recommendation 3: Simplify the application process and forms to ensure they can be independently completed by applicants and should not require external specialist support to complete beyond the relevant health/allied health/ accessibility support professional.

Recommendation 4: All NDIA staff assessing and making access or funding decisions must be appropriately trained and qualified.

4.2 Reducing administrative burden in the access decision making process

Feedback from the NSW physical disability community

PDCN community members have told us that they experience the NDIA access decision making process as inconsistent, confusing and burdensome. Applicants have reported only being made aware of the type of evidence they must gather, however there is no guidance on the standard or threshold the evidence needs to meet.



The NDIS access decision making process currently lacks sufficient clarity and practical detail. People with physical disabilities have consistently told us through our surveys and community consultations that there is a need for clear information that is intentionally designed to address the particular needs of people living with severe physical disabilities within the community.

Surveys and Community Consultations

In a NDIS Survey that PDCN conducted in July 2025, most respondents reported that current NDIS support lists and related processes are confusing and unclear, which is increasing the burden on applicants. Respondents also reported inconsistent decision making across the NDIA, Local Area Coordinators, plan managers and support coordinators. Specifically, respondents identified “everyday expenses” and “reasonable supports” as unclear and inconsistently applied across disability cohorts.

Respondents also said that they feel the current support lists and process all fluctuate based on subjective judgement, not entirely on a participant’s need. Respondents gave examples of supports being approved for one person yet denied for another with no clear rationale being provided that outlines the reasoning for the differing outcome.

Case studies: PDCN community members

A PDCN community member was rejected for the NDIS twice despite demonstrating significant symptoms of Multiple Sclerosis (MS) and reports not being given a clear rationale for these decisions. Even after reaching out to several Local Area Coordinators for clarity on their situation, they received no response for 18 months. They were then referred to the incorrect case manager before contacting their local Member of Parliament and being accepted onto the scheme.

Similarly, another PDCN community member was diagnosed with Parkinson’s disease in April 2023. They applied for the NDIS and continued to follow up with the NDIA both personally and via their Local Area Coordinator, only to later be contacted by the NDIA after lodging a complaint advising that their application had been lost.

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The Grattan Institute Report³

The Grattan Institute Report 'Saving the NDIS' stated that around 91% of new applicants waited more than the 21 days expected for an access decision by the NDIS. PDCN community members said they want the NDIA to reduce the administrative burden that is being created due to the lack of clarity, transparency and communication and improve the process to make the process fairer and less intimidating. Reducing this delay can significantly reduce future administrative burden and may reduce the risk that a person with severe physical disabilities experiences avoidable deterioration while waiting for an access decision.

Recommendation 5: Outline the pathway and threshold to which an applicant's evidence must meet addressing each element of the assessment criteria and the minimum evidence required for each element.

³ The Grattan Institute, Saving the NDIS: How to rebalance disability services to get better result, June 2025.

5. Evidence Requirements

5.1 Making the access evidence requirements work for all physical disability cohorts

Feedback from the NSW physical disability community

PDCN has heard from people whose access to the NDIS has been denied based on the nature of the diagnosis, not how the disability affects their functioning. This has been of particular concern for those with multiple conditions, where the focus on a 'primary condition' may fail to capture the combined impact of multiple conditions on functional capacity.

"Janet has a child with a rare genetic disease and is applying to the NDIS on behalf of her daughter. While her daughter does have physical disability, the NDIS has cited that it rejected her application because her primary condition is a genetic rare disease. She has now had to give up work to care for her daughter."

Case study - PDCN member who is a parent of a child with a disability

The functional capacity assessment must account for the diversity of physical disabilities and how impairments can vary over time. The same level of functional limitation may present differently across different physical disability cohorts with conditions such as multiple sclerosis, Parkinson's disease, muscular dystrophy, rheumatoid arthritis, chronic fatigue syndrome and other neurological or degenerative conditions often experiencing significant variation in functional capacity over time.

"While I may be able to walk with a cane, communicate fluently, and experience minimal vision impairment on one day, on another day I can experience severe fatigue, loss of mobility, vision impairment requiring assistive technology and significant speech difficulties."

Case Study - PDCN Member living with multiple sclerosis

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PDCN is concerned that an assessment conducted during a period of relative stability may not accurately reflect a person's typical support needs. Without explicit safeguards, functional capacity assessments may overestimate a person's abilities by relying on a snapshot of functioning at a single point in time. Assessing the person's functioning on a "good day" risks understating the disabling impacts of their impairment. Failure to account for fluctuating impairments creates a risk that a person whose impairment is recognised as permanent may nevertheless be assessed as having insufficient functional impairment to access the Scheme. This would undermine the objectives of introducing the tests to ensure accuracy, consistency and fairness, while increasing the likelihood of reviews and appeals.

The functional capacity assessment should not result in capabilities being interpreted as evidence that a person has limited functional impairment or does not require support. A person may be able to complete a task through adaptation, significant effort or informal support without being able to do so reliably, sustainably or independently.

'The lack of knowledge of the NDIS planner who was discussing how my supports were to build my independence and then be reduced when I have a deteriorating neurological condition that will require intensive supports as my condition progresses showed she had not read any of the reports that have been provided with the application at a significant personal cost.'

Case study – PDCN Member, NDIS Survey 2026

Functional capacity assessments must explicitly account for episodic and fluctuating impairments as part of the evaluation process. Otherwise, the results of the functional capacity assessment may result in an inaccurate evaluation. For progressive or degenerative conditions, the consideration of projected decline would support earlier intervention, help maintain independence and workforce participation, and reduce the need for more intensive and costly supports in the future.

As one PDCN member with muscular dystrophy explained, denying access until a person's condition deteriorates further effectively requires them to become "disabled enough" before receiving support, which could result in poorer outcomes for individuals and higher long-term costs for the Scheme.

“As someone with a progressive physical disability, my therapies slow down the deterioration of my muscles and keep me independently accessing the community. The supports that I receive now, while they may be alleviating current symptoms, will not be appropriate for me into the future as my disability progresses. If I were to be denied access from the NDIS, based on the vague criteria that my current treatments are ‘alleviating’ my symptoms, I would not have access to the changing and more substantive supports as my condition worsens. This change could force people like me, with a progressive physical disability, to wait until we become ‘disabled’ enough for NDIS access, which would mean we would need more intensive supports, which would actually cost more money down the line and prevent me from living and working as independently as I currently do.”

Case Study - PDCN member with muscular dystrophy

The new access process should be designed and tested with people across diverse physical disability cohorts to ensure functional capacity assessments accurately reflect their circumstances and support needs. Applicants should have flexible ways to provide evidence including evidence that demonstrates how functional capacity changes over time. Applicants need practical, disability relevant guidance to understand what evidence may demonstrate that they meet this threshold. The absence of clear information about the evidentiary threshold means applicants may spend time and resources gathering evidence without knowing whether it is sufficient to address the relevant criteria.

Recommendations:

Recommendation 6: The functional assessment methodology must accurately capture how severe physical disability impacts functional impairment across different physical disability cohorts and be able to capture the nature, frequency, severity, duration and consequences of changes in functional capacity over time.

Recommendation 7: Point in time assessments must not determine usual functioning. The access assessment process should account for changes in functional capacity over time, including episodic, fluctuating, progressive and degenerative conditions.

Recommendation 8: Use flexible evidence pathways and allow applicants to demonstrate variability in functional capacity over time.

Recommendation 9: Publish detailed guidance explaining how the NDIA determines whether capacity is “substantially reduced” within each disability cohort and how evidence will be assessed.

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5.2 Evidence should be considered when determining whether an impairment is permanent or likely permanent

Feedback from the NSW physical disability community

The requirement to exhaust all 'appropriate treatment' before an impairment can be considered permanent should have regard to what is genuinely and reasonably available to the individual applicant. "Available" treatment should extend beyond the existence of a publicly funded service to its practical accessibility, including relevant financial, geographic, environmental, cultural and health circumstances.

PDCN is concerned that Section 25A(2) of the National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Act 2026 does not adequately account for whether treatment options are affordable and practically accessible. Without consideration of these circumstances, eligibility may be influenced by barriers to accessing treatment, rather than the severity of their impairment. This may disproportionately affect people in rural and regional areas and those with limited financial means.

The NDIA website now cites that applicants; *"...will only be expected to undertake treatments that receive public funding, such as through Medicare, the PBS and public hospitals⁴".* While this clarification is welcome, public funding does not necessarily establish practical accessibility. This is a welcome clarification, but Medicare funding does not necessarily address the cost of travelling and accessing treatment. For example. Medicare funding does not necessarily address the cost of travel or the availability of treatment in a person's local area.

While a diagnosis should be considered where available, the absence of a diagnosis should not be used as an indication that a person does not have an impairment, particularly where barriers to diagnosis exist.

"I have not applied for myself as I do not have the finances to attend therapists for evidence and diagnosis."

Case study - Woman living with chronic fatigue and chronic pain (PDCN NDIS Survey 2026)

⁴ <https://www.health.gov.au/our-work/ndis-legislation-changes/amendments/ndis-amendment-securing-the-ndis-for-future-generations-bill-2026/about-the-changes-to-the-ndis?language=en>

An improvement in symptoms or treatment outcomes do not necessarily mean an underlying impairment is no longer permanent. Permanent conditions can fluctuate and a person may continue to experience substantial functional limitations despite treatment. Permanence should therefore be assessed with regard to the underlying impairment and its long-term functional impact, rather than solely symptom severity or functioning at a particular point in time.

There are also concerns that people with significant impairments caused by a condition that is newly discovered or has an unknown prognosis will not be able to access the scheme as the permanence of their condition is undetermined. The NDIS guidelines recognise that *“In some situations, it may be clear your impairment is likely to be permanent while you’re still undergoing treatment or rehabilitation. For example, you may still need treatment and rehabilitation for a spinal cord injury, but it’s clear you’re likely to have a permanent impairment.”* However, there is little clarity on whether this will apply to newly discovered conditions that have minimal research on the long-term impact on an individual’s functional capacity and the likely permanence of this impact. PDCN is concerned that this uncertainty may create a barrier for people whose functional impact is significant, but whose long-term prognosis cannot be established.

Recommendations:

Recommendation 10: Treatment should not be considered a prerequisite for establishing permanence where financial, geographic, environmental, cultural and/or health circumstances prevent genuine and reasonable access to treatment.

Recommendation 11: Publish clear guidance on how permanence or likely permanence will be assessed for impairments which are caused by newly discovered or under-researched conditions where long term prognosis is uncertain.

6. Review of the Proposed Guiding Principles

Feedback from the NSW Physical Disability Community

People with physical disabilities in NSW have reported experiencing an NDIS access process that is unfair, inconsistent and non-transparent. PDCN's NDIS Survey conducted in July 2026 found that the majority of respondents experienced the current NDIS process as confusing and unclear, which creates barriers to navigating the NDIS system. Respondents also identified a lack of transparency about what evidence is required, how evidence is weighed and how decisions are made. The NDIS Survey also found that most respondents said that inconsistent decision-making created frustration and barriers to accessibility.

These experiences highlight several risks that need to be addressed if the proposed principles are going to result in a fairer NDIS access process which tackles the underrepresentation of people with severe physical disabilities on the scheme. The principles need to translate into practical protections against inaccurate assessment of functional capacity, account for fluctuating and dynamic disabilities and ensure that lived experience meaningfully informs the system design and continuous improvement.

Recommendations:

Principles need to be translated into practical protections

PDCN supports the proposed focus on rights fairness, consistency and transparency. However, these principles will only improve access if they are translated into clear and enforceable requirements for decision makers. This should set a standard against which decisions can be assessed and reviewed.

Principle 1 outlines that NDIS assessments should be *"aligned to the NDIS Act and the human rights of people with disability"*. It is important that implementation guidelines, NDIS workforce training and performance monitoring go further to define what a rights-based approach requires decision makers to do in practice. Access decisions should consider the impact of an impairment in the context of a person's environment and circumstances rather than just relying on medical or deficit-based assessments. Decision making should respect the rights, autonomy and dignity of people with severe physical disabilities.

Principle 3 stipulates that NDIS assessments should be *“Evidence-based and consistent”*. It is pivotal that this applies to consistent decision-making standards and procedural fairness, and *not* necessarily identical evidence or assessment methods. This is due to the diversity of conditions and symptoms that make up the severe physical disability cohort and the flexibility required for provision of reasonable corresponding supports.

Principle 6 covers the necessity of *“transparent, proportionate, and accessible”* NDIS assessments. This should include the requirement to provide clear information about what is being assessed, what evidence is relevant, how the evidence is considered and how decisions are made. This transparency is central in building community trust and allowing applicants to challenge errors or decisions.

Recommendation 12: Translate principles 1, 3, and 6 into clear and enforceable guidance and requirements for decision makers.

Lived experience must be representative of different types of physical disabilities and influential in improving the access process

PDCN strongly supports Principle 2; that NDIS assessments be *“informed by lived experience, including people with disability, families and carers”*. However, this will only improve the access process fairly if it is representative of the diversity of different severe physical disabilities. Different severe physical disability cohorts may experience different barriers and unintended consequences. Meaningful co-design should therefore involve representative participation and require the NDIA to demonstrate how lived experience has influenced system design and improvement.

Recommendation 13: Ensure that Principle 2 - *“informed by lived experience”* - is implemented through meaningful, representative and ongoing co-design across all stages of the access process. There should be a requirement to demonstrate how lived experience has influenced system design and improvement, including issues identified, changes made and reasons for recommendations not adopted.



Continuous improvement must identify cohort specific problems

PDCN also supports Principle 7 that NDIS access processes should be subject to “*continuous quality improvement*”. This ongoing reform must be measurable and capable of identifying problems experienced by all severe physical disability cohorts. Otherwise, overall improvements in the access process could mask persistent barriers experienced by people with specific physical disabilities.

Recommendation 14: There should be monitoring and publication of access outcomes and systemic issues using appropriately disaggregated data across different types of physical disabilities and reporting on actions taken and whether those actions have resulted in improvements.

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7. Appendix: Recommendations Summary

Recommendation 1: Reforms to the NDIS Access process should address the underrepresentation of people with physical disability on the scheme and remove barriers that may prevent eligible people with severe physical disability from applying for and accessing the NDIS.

Recommendation 2: The eligibility criteria and application process must be accessible and available in plain English and multiple communication and language formats. This includes clear information on eligibility criteria, application steps, evidence requirements, how the evidence is assessed, how decisions are made, clearly stating reasons for decisions, and review/appeal pathways.

Recommendation 3: Simplify the application process and associated forms to ensure they can be independently completed by applicants and should not require external specialist support to complete beyond the relevant health/allied health/accessibility support professionals.

Recommendation 4: All NDIA staff assessing and making access or funding decisions must be appropriately trained and qualified.

Recommendation 5: Outline the pathway and threshold to which an applicant's evidence must meet addressing each element of the assessment criteria and the minimum evidence required for each element.

Recommendation 6: The functional assessment methodology must accurately capture how severe physical disability impacts functional impairment across different physical disability cohorts and be able to capture the nature, frequency, severity, duration and consequences of changes in functional capacity over time.

Recommendation 7: Point in time assessments must not determine usual functioning. The access assessment process should account for changes in functional capacity over time, including episodic, fluctuating, progressive and degenerative conditions.

Recommendation 8: Use flexible evidence pathways and allow applicants to demonstrate variability in functional capacity over time.



Recommendation 9: Publish detailed guidance explaining how the NDIA determines whether capacity is “substantially reduced” within each disability cohort and how evidence will be assessed.

Recommendation 10: Treatment should not be considered a prerequisite for establishing permanence where financial, geographic, environmental, cultural and/or health circumstances prevent genuine and reasonable access to treatment.

Recommendation 11: Publish clear guidance on how permanence or likely permanence will be assessed for impairments which are caused by newly discovered or under researched conditions where long term prognosis is uncertain.

Recommendation 12: Translate principles 1, 3 and 6 into clear and enforceable guidance and requirements for decision makers.

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