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30 October 2026

National Disability Insurance Agency
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Submitted by email: APR@ndis.gov.au

Dear Annual Pricing Review Team,

APS Submission to the Annual Pricing Review for 2027-28 prices

The Australian Psychological Society (APS) welcomes the opportunity to provide a submission to the Annual Pricing Review for 2027-28. As the largest and longest standing professional association for psychologists in Australia, the APS is committed to advancing the scientific discipline and ethical practice of psychology in ways that support the wellbeing of all Australians, including NDIS participants. Psychologists play an essential role in supporting people with disability to build functional capacity, overcoming trauma, developing independence, and participating meaningfully in their communities.

Given the breadth and diversity of work that psychologists undertake in the NDIS, APS member insights into pricing structures, workforce sustainability, administrative burden, and service delivery models are, therefore, critical to ensuring NDIS therapy pricing arrangements are safe, sustainable, and reflective of actual practice conditions in order to provide quality services to NDIS participants.

The APS recognises the importance of ensuring that NDIS therapy pricing delivers value for participants and supports the long-term sustainability of the Scheme. However, pricing arrangements must also reflect the complexity of delivering psychology supports, the costs of maintaining a skilled workforce, and the administrative and regulatory requirements associated with NDIS service provision.

This submission builds on the APS's response to the 2025–2026 NDIS Annual Pricing Review, in consultation with our members who deliver NDIS services. We note that many of the points raised below were discussed with Paula Wilton, Branch Manager, Therapy Pricing Review and her team who kindly met with us on 31 August 2026.

Benchmarking and market alignment

The APS does not support using Medicare Benefits Schedule (MBS) fees or pricing arrangements in other health and disability schemes as direct benchmarks for NDIS psychology supports. Specifically, psychology services delivered under the NDIS differ fundamentally from those provided in other settings in their purpose, scope, administrative requirements and service delivery arrangements.

Psychologists working with NDIS participants routinely undertake substantial additional activities, including:

- Extensive documentation and reporting to justify and maintain participant supports,
- Coordination and liaison with families, support coordinators, plan managers and other providers,
- Navigation of complex NDIS rules, funding decisions and service boundaries, and
- Additional preparation, follow-up and flexible scheduling to accommodate participants' individual needs.

These activities are essential to achieving positive participant outcomes but are frequently unfunded or inadequately reflected in existing pricing arrangements. NDIS psychology supports may also require greater flexibility in session duration and delivery, including additional processing time, communication adjustments and scheduling buffers. These requirements reduce available billable hours which, in turn, increase the ultimate cost of service provision.

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Benchmarking against other government programs without accounting for these differences risks under-pricing psychology supports, discouraging workforce participation, and reducing participant access.

The APS recommends that NDIS psychology supports be priced independently, based on the actual costs of delivering services, including discipline-specific administrative, coordination and service delivery requirements.

Differentiated pricing

The APS does not support the introduction of differentiated pricing for psychology supports under the NDIS. While we recognise the NDIA's objective of ensuring that pricing reflects participant needs and service quality, differentiated pricing presents significant risks for equitable access, workforce sustainability and participant choice.

Complexity of participant support needs

Psychologists frequently support participants with complex and fluctuating needs, including those requiring additional communication adjustments, coordination, preparation and flexibility in service delivery. However, introducing pricing tiers based on participant complexity risks creating unintended financial incentives that influence service provision and potentially disadvantage participants with the greatest support needs.

Differentiated pricing may also increase administrative and compliance requirements, requiring additional assessments, classifications and justification of participant complexity. These processes could divert resources from direct participant care and create further delays in accessing supports.

We are particularly concerned that pricing arrangements that do not adequately reflect the costs of supporting participants with complex needs may encourage providers to narrow their scope of practice or withdraw from the NDIS altogether. If this were the case, we would expect that this would disproportionately affect participants with complex needs and those in rural, regional and remote communities, where access to psychologists is already constrained[1].

It is essential that any reform that proceeds is based on deep and profession-specific consultation. To this end, we would welcome the opportunity for the Therapy Pricing Review team to meet with the APS NDIS working group that comprises of expert members who work in a diversity of settings and areas of practice relevant to disability and the NDIS.

Provider quality, experience and outcomes

The APS strongly supports the delivery of high-quality, evidence-based psychology supports by appropriately experienced psychologists.

However, the APS cautions against introducing differentiated pricing based on provider characteristics, qualifications or experience without clear evidence that such arrangements would improve participant outcomes. Experience with differentiated funding arrangements in other settings demonstrates the potential for tiered pricing to create fragmentation within the psychology workforce, influence patterns of service provision and undermine equitable access.

The APS also notes the challenges associated with developing meaningful quality and outcome measures for NDIS psychology supports, particularly given the diversity of participant goals, functional needs, and service contexts. Pricing arrangements should support quality improvement, professional development, supervision, and evidence-based practice without introducing unnecessary complexity or creating unintended incentives.

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The APS recommends that the NDIA retain consistent base pricing for psychology supports that adequately recognises the costs of delivering high-quality services across the full spectrum of participant needs.

Registration, assurance, and administrative requirements

The APS supports proportionate regulatory and quality assurance arrangements that protect participants and promote safe, effective service delivery. However, the cumulative administrative and compliance burden associated with NDIS service provision is already substantial, particularly given that psychologists are regulated by the Australian Health Practitioner Regulation Agency (Ahpra)[2].

Psychologists routinely undertake extensive reporting, service coordination, documentation and system navigation activities that are essential to participant outcomes but frequently occur outside funded therapy sessions. Additional registration and assurance requirements may further increase the costs of providing NDIS psychology supports, particularly for sole practitioners and small practices, which comprise a significant proportion of the psychology workforce.

Where new regulatory requirements are introduced, their associated costs must be explicitly considered within therapy pricing arrangements. Failure to recognise these costs risks discouraging psychologists from participating in the NDIS, at risk of reducing provider diversity and limiting participant choice.

The APS recommends that the NDIA assess the cumulative costs of existing and proposed registration, assurance and compliance requirements and ensure these are appropriately reflected in psychology pricing.

Billing transparency and participant understanding

The APS supports greater transparency and consistency in NDIS billing arrangements to strengthen participant understanding, trust and Scheme integrity. However, billing reforms must recognise that effective psychology supports extend beyond direct therapeutic contact.

Documentation, coordination, liaison, and reporting are frequently essential components of service delivery and should be appropriately recognised within funding and pricing arrangements. Members have also reported that unclear distinctions between clinical and non-clinical supports, inconsistent funding decisions and uncertainty about allowable expenditure create confusion for participants and additional administrative work for providers. Ultimately, these issues can contribute to delayed or interrupted services and underutilisation of approved participant funding[3].

Improved billing transparency should therefore be accompanied with clearer guidance on eligible psychology supports, consistent interpretation of NDIS funding rules and simplified administrative processes.

The APS recommends that the NDIA improve the clarity and consistency of billing and funding guidance while ensuring that legitimate indirect service activities are appropriately recognised and funded to ensure the viability of psychologists providing services under the NDIS.

Value, participant outcomes, and workforce sustainability

The APS supports the Review's objective of ensuring that therapy pricing delivers value and positive outcomes for NDIS participants.

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However, value should not be assessed solely through hourly service costs or short-term expenditure reductions. Psychology supports contribute to participant independence, functional capacity, self-advocacy, and effective engagement with broader support systems[4]. These outcomes are central to the objectives of the NDIS but may not be adequately captured through conventional pricing benchmarks or service utilisation measures.

Pricing decisions must also consider their impact on workforce participation, provider viability, continuity of care and equitable access. The cumulative impact of pricing pressures, unfunded work and administrative requirements risks discouraging psychologists from delivering NDIS supports, particularly in regional and remote areas and for participants with complex needs.

Recommendations

The APS recommends that the NDIA:

1. **Adopt discipline-specific, cost-informed pricing:** Ensure psychology pricing reflects the actual costs of delivering NDIS supports, including coordination, reporting, administration, flexible service delivery and regulatory compliance.
2. **Avoid differentiated pricing for psychology supports:** Retain consistent base pricing and avoid introducing pricing tiers that risk workforce fragmentation, inequitable access or unintended financial incentives.
3. **Avoid direct benchmarking against Medicare and other government schemes:** Recognise the distinct purpose, scope and service delivery requirements of NDIS psychology supports when undertaking pricing comparisons.
4. **Recognise the costs of registration and assurance:** Ensure existing and proposed regulatory requirements are proportionate and that associated costs are appropriately reflected in pricing.
5. **Improve billing transparency and reduce administrative burden:** Provide clearer, more consistent guidance on eligible psychology supports and simplify reporting, billing and compliance requirements.
6. **Prioritise participant outcomes and workforce sustainability:** Assess proposed pricing reforms against their impacts on service quality, participant choice, continuity of care, provider viability and equitable access, particularly for participants with complex needs and those in regional and remote communities.
7. **Engage with the APS in pricing reform:** Work collaboratively with the APS and practising psychologists to ensure pricing assumptions accurately reflect the delivery of psychology supports and that reforms are informed by professional expertise and participant needs.
8. **Consider the APS' principles-based approach to reform:** Assess the individual and cumulative lived impact of proposed changes to pricing in the context of the ongoing broad reform of the NDIS (see attachment).

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Thank you for the opportunity to contribute to the NDIS Annual Pricing Review both through this consultation and directly with our policy team. We look forward to providing a response to the dedicated Therapy Pricing Review in due course. If further information is required in the meantime, I would be happy to be contacted through the National Office on (03) 8662 3300 or by email at z.burgess@psychology.org.au

Yours sincerely,

Dr Zena Burgess, FAPS FAICD
Chief Executive Officer

The APS would like to acknowledge and sincerely thank the members who so kindly contributed their time, knowledge, experience and evidence-based research to the development of this submission

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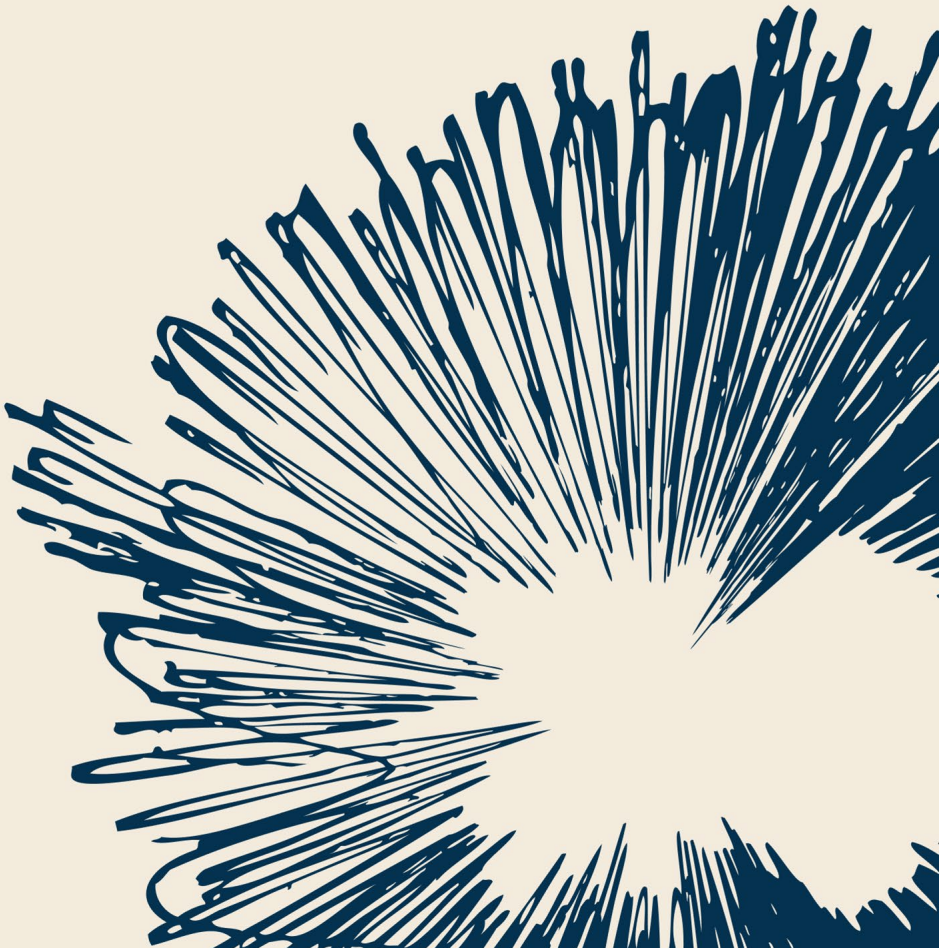
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APS Australian Psychological Society

Psychologically Informed **Principles for NDIS Reform**

2/10/2026



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Purpose

Reform in the National Disability Insurance Scheme (NDIS) is currently being progressed through several concurrent consultations, each addressing a different aspect of the participant journey, from access and assessment through to planning and service delivery. This statement sets out ten principles informed by psychological evidence and practice that hold constant across each of these NDIS reforms and any that follow.

These principles are intended to be used in two ways: as a guide for policymakers when designing and testing rules and exposure drafts, and as a consistent basis on which the APS and others can assess the design and lived impact of reform, both individually and cumulatively, across the current consultations and as reform of the NDIS continues to evolve.

Principle 1: Functional Understanding

Disability should be understood, and support should be based on, how a person functions in their day-to-day life. This should take into account both what can be observed and measured, and how the person themselves experiences their own capacities.

Functional capacity is not only about what an assessor can see or measure from the outside. It includes how a person feels about their own effort, capabilities and experience in daily life. Psychologists are trained to consider both the outward, observable signs of ability and the person's inner experience, and both matter for understanding what support a person needs. Relying only on visible indicators, or only on scores based on observable indicators or behaviours, risks missing important aspects of disability that are not easily identified by others, such as fatigue, distress, trauma, or difficulty with tasks that appear manageable, but may not be. Structured tools are valuable, but they need to be paired with professional judgement so that both dimensions of functional capacity are captured.

Questions to consider:

- Do the reforms assess functioning in a way that captures both what can be observed and what the person reports or expresses about their own experience?
- Do proposed assessment protocols allow for and value professional judgement alongside standardised tools? What processes are in place to support the development of the evidence base in relation to these tools in a transparent and accessible way?

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Principle 2: Psychological Safety

Every interaction a participant has with the NDIS, including assessment, planning and engaging with supports, should leave them feeling safe, respected and heard, not simply as subject to decisions made about them.

Psychological research consistently shows that how people are treated during a process, not only the outcome they receive, strongly shapes whether they trust and engage with a system in future. A participant who receives an appropriate funding decision but feels unheard, judged or unsafe during the process has still been poorly served. This matters practically as well as ethically, because distress or a rupture in trust at the participant level can undermine the intended purpose of system-level reform. Psychological safety also applies to providers and workers, particularly where policy or regulatory change creates situations where service provision becomes psychologically or economically unsustainable or where moral injury becomes more likely to occur.

Questions to consider:

- Do the reforms give explicit attention to the experience of participants and their families and carers, not only to the economic impact of the proposed measures?
- Are there psychologically informed safeguards to prevent participants feeling judged, rushed or unsafe during assessment, planning or service transitions?
- Do the reforms acknowledge the importance of psychological safety for providers and workers, including through mitigating systemic and regulatory factors which give rise to moral injury or burnout?

Principle 3: Relational Continuity

The proposed reforms should protect existing trusted relationships between participants and the people who support them, especially during periods of transition or change.

Trust between a participant and the professional providing therapy supports, their coordinator or support worker often takes considerable time to build, particularly for people with a history of difficult experiences with services or systems. Decades of research on therapeutic relationships show that this trust is one of the strongest predictors of a person engaging with, and benefiting from, support. Changing who a participant works with, without good reason or a considered transition, risks undoing this progress and can lead to disengagement.

Questions to consider:

- Do the reforms minimise unnecessary disruption to existing relationships between participants and their support providers?
- Where a change in provider or worker is unavoidable, does the reform include a considered transition process rather than an abrupt handover?

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Principle 4: Meaningful Co-design

People with disability and the professions who support them should shape the design of reform, with enough time and influence over key decisions, rather than being consulted after those decisions have been made.

A sense of involvement in decisions that affect one's own life is a well-established contributor to psychological wellbeing. This applies to system design as much as to individual choices, and it also reflects a basic principle of disability rights: that decisions affecting people with disability should not be made without them. Consultation that occurs only after key parameters have already been settled, or that allows inadequate time for considered input, does not meet this standard, regardless of the volume of feedback subsequently collected. The psychological effort of participating in consultation and co-design (including the emotional labour, time and potential distress) should also be acknowledged and valued in establishing consultative processes.

Questions to consider:

- Have the proposed reforms been shaped by input from people with disability and relevant professions before key decisions were finalised, rather than after?
- Are consultative processes designed to invite input at the right level of detail at the right time?
- Has the psychological cost of participating in consultative processes (including time, opportunity costs, emotional labour, psychological distress and potential (re-)traumatisation) be considered in consultation processes?

Principle 5: Evidence Integrity

Both individual-level evidence and broader research evidence should be given appropriate weight in decisions about eligibility and funding, without one being automatically favoured over the other.

Good professional practice combines the best available research evidence with the provider's own expertise and the preferences and knowledge of the participant. Rules that treat general research findings as automatically more reliable than a provider's assessment of what works for a specific person risk defunding support that is effective, simply because it has not been tested in a large trial. This risk is heightened for groups who are underrepresented in research and standardised tools, including Aboriginal and Torres Strait Islander people, where broad evidence bases may not translate well to individual circumstances.

Questions to consider:

- Do the proposed reforms allow participant-level evidence to carry weight in decisions, rather than being routinely outweighed by population-level research findings?
- Have the proposed reforms considered whether the evidence base and assessment tools are equally valid across different cultural groups and communities?

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Principle 6: Agency and Control

Reform should preserve, wherever possible, participants' sense of control over their own support, and any reduction in choice made in the interests of consistency or safety should be clear, justified and kept to a minimum.

A substantial body of psychological research links a person's sense of control over their own circumstances to their motivation, coping and mental health. When people feel that decisions are being made for them rather than with them, this can lead to disengagement and poorer outcomes over time. Reforms that shift decisions from the participant to a formula or narrow the range of providers or supports available to choose between, should treat this as a cost to be weighed carefully, not as a neutral administrative change.

Questions to consider:

- To what extent do the proposed reforms preserve and promote meaningful choice and control for participants in practice?
- Where choice or control is reduced, is there a clear and proportionate reason for doing so?

Principle 7: Workforce Sustainability

Reforms to the NDIS will only succeed if the workforce required can be sustained over time through fair pricing, reasonable administrative demands and clearly defined roles.

Workplace psychology research shows that people can sustain demanding work over the long term only when their resources and support are adequate to match its demands. Where pay does not reflect the real cost and effort of delivering a service, or where administrative burden becomes excessive or duplicated, workers understandably withdraw from that work over time. A reform that appears sound on paper but drives experienced practitioners out of the NDIS will ultimately fail participants, including by undermining psychological safety (Principles 2) or the continuity of relationships (Principle 3).

Questions to consider:

- Do the proposed reforms reflect the true cost and effort involved in delivering the relevant service, including administrative and coordination work?
- Are compliance and reporting requirements proportionate to risk and incentivise the provision of quality and participant-centred supports?

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Principle 8: Equity and Cultural Safety

Reform should be judged by whether it narrows the gap in outcomes experienced by groups who have historically been underserved by the NDIS, not only by whether it improves outcomes on average.

Reforms can improve outcomes overall while leaving some groups, such as Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse communities, people in regional and remote areas, and people with psychosocial disability, no better off, or, indeed, worse off. Cultural safety, as understood in contemporary research and practice, means that whether a service feels safe is assessed by the person receiving it, not assumed by the person providing it. Reform should be specifically tested against the experience of these groups, not only against system-wide averages.

Questions to consider:

- Have the proposed reforms been specifically assessed for its impact on groups who have historically experienced poorer access or outcomes under the NDIS?
- Do the reforms define safety and quality by reference to the experience of the people receiving support, rather than only by the standards of those providing it?

Principle 9: Supported Decision-Making

Safeguards should support participants to make their own decisions wherever possible, rather than shifting decisions away from them in the course of trying to protect them.

There is an important difference between protecting someone from harm and removing their ability to make their own choices. International disability rights law and practice recognise the right of people with disability to make decisions with support, rather than have decisions made for them. Psychological research on wellbeing similarly recognises that the opportunity to make decisions, including the opportunity to sometimes get them wrong and learn from that, is itself important to a person's growth and sense of dignity. Safeguards designed without this distinction in mind risk becoming overly protective in ways that reduce, rather than support, a participant's independence.

Questions to consider:

- Do the safeguards proposed in the reforms support participants to make their own decisions, rather than substituting the judgement of others for their own?
- Do the proposed reforms consider whether they strike an appropriate balance between protecting participants and preserving their independence?

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Principle 10: Adaptive Design

Proposed reforms should include a clear plan to monitor the effects of regulatory and operational change and to adjust settings as real-world evidence emerges, rather than treating initial decisions as final.

Complex changes to service systems rarely work exactly as intended the first time they are implemented, however carefully they are designed. Good practice in implementing large-scale change involves building in approaches to detect problems early and adjust course, rather than waiting for problems to become entrenched before responding. Without this, the burden of identifying and living with design flaws falls on participants and practitioners, rather than being anticipated and addressed by the system itself, or those who design it.

Questions to consider:

- Do the proposed reforms include a specific plan for monitoring and evaluation its impact once implemented?
- How can the experience and expertise of providers and professional bodies inform ongoing monitoring and evaluation processes, including through data sharing and direct feedback channels?
- Are there clear mechanisms for adjusting regulatory, policy and operational settings in response to emerging evidence and experience?

Additional Resources

APS resources for NDIS participants, families and carers

- Listening, understanding and supporting: How psychologists can help people with disabilities and their families
- Listening, understanding and supporting: How psychologists can help *(Easy Read Resource)*
- How psychologists can support early childhood intervention

APS policy submissions

Read APS submissions on NDIS, disability and other topics here:
https://psychology.org.au/psychology/advocacy/submissions/

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