

NDIS Eligibility Reassessment Communication: Meaningful Engagement

December 2024

Community Mental Health Australia



Community Mental Health Australia (CMHA) is the federated peak body representing the community-managed mental health sector across Australia’s states and territories. We advocate for the needs of individuals with mental health challenges, ensuring they receive support at home and in their communities. CMHA provides a unified voice for over 700 community-based, non-government organisations that work with tens of thousands of mental health consumers, families, and carers. The sector is a vital part of civil society, emphasizing accessibility, prevention, early intervention, and holistic approaches to mental well-being. These organisations also address the social determinants of health, offering a wide range of practical supports to enhance recovery and resilience. Community Managed Organisations (CMOs) are a cornerstone of this sector, with many founded by people with lived experience. CMOs play a critical role in expanding the peer workforce and fostering recovery-oriented services. CMHA provides leadership and advocacy to highlight the importance of community mental health and psychosocial support, ensuring its benefits are recognized and valued nationwide.

Acknowledgements

A special note of thanks to Disability Rights Network Australia (DANA) for their expert analysis and our state and territory advocacy peak representative bodies. They comprise state community mental health organisations, lived experience advocates from diverse perspectives- LGBTQIA+, First Nation Peoples and culturally and linguistically diverse groups most affected by the withdrawal of community supports at the intersections of cultural identity and disability. We thank and acknowledge the custodians of this land, the Aboriginal people of the many traditional nations and language groups throughout Australia. We acknowledge the wisdom of Aboriginal Elders past and present and pay our respect to the Aboriginal communities whose land was never ceded.

Introduction

The NDIA is seeking feedback to improve the communication materials used in the eligibility reassessment process. The Agency have identified concerns from stakeholders about how participants are informed and supported during this process. Specifically, the NDIA aims to:

1. Refine the Eligibility Reassessment Letter:

This letter notifies participants about the reassessment and allows them 28 days to provide additional information or request an extension. The goal is to simplify and clarify the letter, ensuring participants understand its purpose and their next steps.

2. Introduce a Factsheet:

A new "Understanding Eligibility Reassessment" factsheet will provide context about the reassessment process, including timelines, the difference between eligibility reassessments and planning decisions, and how to request an extension. This factsheet will accompany the letter to offer participants better support and guidance.

The NDIA intends rolling out the updated materials by year-end.

Discussion

CMHA is grateful for the opportunity to provide feedback to the NDIS on proposed communication collateral for Eligibility Reassessments.

Community Mental Health Australia is very concerned about the communication material and overall Eligibility Reassessment process.

The Letter:

‘If we decide <you/they> are: **Not eligible**, <you/they> will be supported to leave the NDIS.’

CMHA is concerned that this statement is misleading and advise a plain explanation about what supports are available for participants no longer eligible. This may prove difficult because, until Foundational Supports get rolled out late Autumn 2025 (at the earliest), none exist. But a clear explanation about how they would be supported to leave the NDIS and to what specifically, is required. Vague references to ‘community-based supports’ would be likewise misleading. Unless those supports exist. There is a remedy, and that is to halt reassessments and expulsions from The Scheme until Foundational Supports are rolled out in 2025.

Disability Advocacy Network Australia (DANA) noted ‘Section 30 (2) of the Act requires that the CEO must be considering revoking status to issue notice – what information has triggered that consideration must be in the letter. Clearly material is available that gets a delegate to be ‘considering’ a person’s status, and it should be stated very clearly here.’ DANA

The Factsheet:

CMHA supports Disability Advocacy Network Australia’s feedback in response to the Factsheet:

- Remove the first line: implicitly deceptive that this process is happening due to changes and triggers by the system (DANA)
- “We will have conversations about how these supports are helping you at different life stages and how other supports are helping outside of the NDIS.” - what is meant by “have conversations” - are they contacted directly to discuss before or soon after the letter? (DANA)
- Vague information that treats different situations as equal – some sentences add no value to understanding, e.g. “Eligibility reassessments are a normal part of the NDIS journey. They have been a part of the Scheme since the beginning.” and “the length of time you stay eligible for NDIS depends on your individual situation and if continue to meet eligibility requirements...” It would be clearer to state “to access the NDIS you need to meet eligibility requirements by showing evidence of your individual circumstances” (DANA)
- “Eligibility reassessments are a normal part of the NDIS journey” is deceptive. NDIS eligibility was founded on the criteria “permanent and significant” and everyone who made access needed to meet these criteria. Eligibility reassessments existed, but initially were only for children who entered under early intervention criteria, or checking disability evidence for those who entered via state schemes at the rollout of the NDIS.
- If you are referring to disability services outside of the NDIS – how do people access these supports? Do they exist, are they affordable, are they available, are they accessible? (DANA)
- More details are required on the procedure should someone be exiting the scheme, i.e. how long of a transition period do I have? Can I appeal the decisions? What happens to my service agreements? (DANA)

The Process:

Recent months have tracked a massive escalation in eligibility reassessments.

- Reassessments increased sharply following changes to the NDIS legislation and a funding boost to employ 95 staff solely to test eligibility.
- Each week, the NDIS is sending out more than 1000 eligibility 'reassessment' letters (or around 1250 according to its acting chief executive) which purport to give participants just 28 days to respond to a general request for unspecified evidenceⁱ.
- "Nowhere in the [NDIS Act], old or new, is there such a provision for 'general' evidence with a 28-day turnaround time as distinct from the new 90-day clause [that took effect on October 3]ⁱⁱ"
- In the past six weeks, 7487 eligibility reassessments have been performed, 5872 (more than 78%) of which were children up to 8. 48% of reassessments resulted in removal from the NDIS. Another 32% were moved from the early intervention pathway to the permanent disability cohortⁱⁱⁱ.
- Despite tabloid focus on NDIS fraud crackdown, most of the recent savings are a direct result of "recent and proposed scheme reforms".

[Here is a transcript of the Senate Estimates](#) from which many of these figures are drawn (see page 23). ^{iv}

CMHA believes that the new Eligibility Reassessment process lacks fairness.

When the NDIA writes to people for an eligibility reassessment, it does so seeking unspecified evidence. In the recent Saturday Paper Exclusive: *NDIS Crackdown Wrongly Withdraws Support-* ‘Letters have been sent to participants weeks after the new legislation took effect on October 3, which have not invoked the new 90-day evidence response threshold and have not disclosed what evidence the agency is seeking. “It is a fishing exercise with terrible consequences,” one participant says.’

“If you think you still meet the NDIS eligibility requirements and wish to continue with the NDIS, please provide us with evidence of this,” one such letter, sent to the person with motor neurone disease, says.

“You don’t need to give us any evidence that we already have. We’ve already received the following evidence.”

Letters then set out the specialist reports already on file at the NDIA – in one matter, it lists 16 such pieces of evidence – but does not explain what evidence might be missing and what a person with disability should provide to satisfy the agency decision-makers.

“They are writing to us and telling us they don’t believe we are eligible anymore but won’t say what it is that gives rise to that belief or what kind of evidence should be provided to contest it.”

“We are given a list of things that *might* satisfy the criteria, in a general case. But not what it is the agency staff think we are missing and which apparently prompted them to write to us in the first place.^{vi}”

Placing vulnerable clients under stress through an Eligibility Reassessment process requiring evidence, but not specifying what evidence is unfair. It is also disrespectful in ways that adjustments to language and delivery cannot remedy.

"This process can be deeply distressing for people with psychosocial disabilities, who often lack strong support networks and face greater financial hardship. Many experience trauma when accessing medical services or struggle with functional challenges, making it harder to gather the required evidence. The risk of devastating outcomes for this group is alarmingly high." — Farina Murray, Senior Policy Advisor, Queensland Alliance for Mental Health.

Compressing the time-limit to supply unspecified evidence is unfair.

Evidence gathering including specialist reports and functional assessments is time-consuming and costly. Many consumers and carers doing it tough will find the added expense for unspecified evidence impossible, thus locking them out of the system. This makes the process and associated correspondence unfair and the opposite of meaningful engagement.

Addressing Disability Rights

The process is harmful to participants because it violates their rights under the UNCRPD, particularly Articles 9, 14, 16, and 19^{vii}. Here's how these articles relate to the concerns raised:

1. Article 9: Accessibility

- **Concern:** The lack of clarity in the reassessment letters, including unspecified evidence requests, creates significant barriers to accessibility. Participants are not provided with adequate information to engage effectively with the process, which disadvantages them.
- **UNCRPD Relevance:** Accessibility requires clear and transparent communication, ensuring that persons with disabilities can understand and respond to procedures that affect their rights and supports.

2. Article 14: Liberty and Security of Person

- **Concern:** Placing participants under undue stress by initiating eligibility reassessments without clear justification, compounded by compressed timeframes, compromises their sense of security and autonomy. Vulnerable individuals may feel coerced into leaving the NDIS without fully understanding their options.
- **UNCRPD Relevance:** States must respect the liberty and security of persons with disabilities, ensuring that they are not subjected to arbitrary or discriminatory procedures that destabilize their lives.

3. Article 16: Freedom from Exploitation, Violence, and Abuse

- **Concern:** The described "fishing exercise"^{viii} for evidence, combined with the risk of being removed from critical supports, exposes participants to harm. Those who lose support may face neglect, exploitation, or abuse due to the absence of foundational and community-based supports until 2025.
- **UNCRPD Relevance:** The Convention emphasizes protecting persons with disabilities from situations that expose them to harm, particularly when institutional decisions leave them vulnerable.

4. Article 19: Living Independently and Being Included in the Community

- **Concern:** Expelling participants from the NDIS without viable alternative supports undermines their ability to live independently and be included in the community. For many, access to supports through the NDIS is integral to their independence.
- **UNCRPD Relevance:** States must ensure persons with disabilities have access to supports that enable them to live and participate in their communities. Removing access without transition plans violates this principle.

Reassessments occurring prior to Foundational Supports add to the unmet needs gap

We have discussed the ways in which the accelerated Eligibility Reassessment process is disrespectful and harmful to participants. It is also harmful to wider society because it exacerbates an already massive gap in unmet needs.

With no Foundational Supports, participants with psychosocial disability will become even more reliant upon overstretched GP clinics^{ix}, hospitals^x and gaols^{xii}.

According to the Analysis of Unmet Need for Psychosocial Supports Outside the NDIS (2022–23)^{xiii}, approximately 230,500 people aged 12 to 64 years with severe mental illness requiring psychosocial support were not receiving it through the NDIS or elsewhere. This study and The Productivity Commission Report (2020)^{xiv} are very conservative and don't reflect the 2024 surge in unmet need. But the picture we are getting from affiliated Community Mental Health and Disability Representative Organisations is dire.

The following National Suicide Prevention Strategy submissions provide a snapshot of the consequences of the unmet needs gap. We urge the NDIS not to add to this gap:

[Australian Council Of Social Services](#)

[Mental Health Australia](#)

[People with Disability Australia](#)

[Queensland Alliance for Mental Health](#)

The plight of those with severe mental illness is 'a stain on our nation', according to federal health minister Mark Butler, who has described atrocious health outcomes, social exclusion and widespread homelessness as 'a shocking reflection on our community'^{xv}. The NDIS, in coordination with Health and DSS, are positioned to affect this for the better. But not with this process.

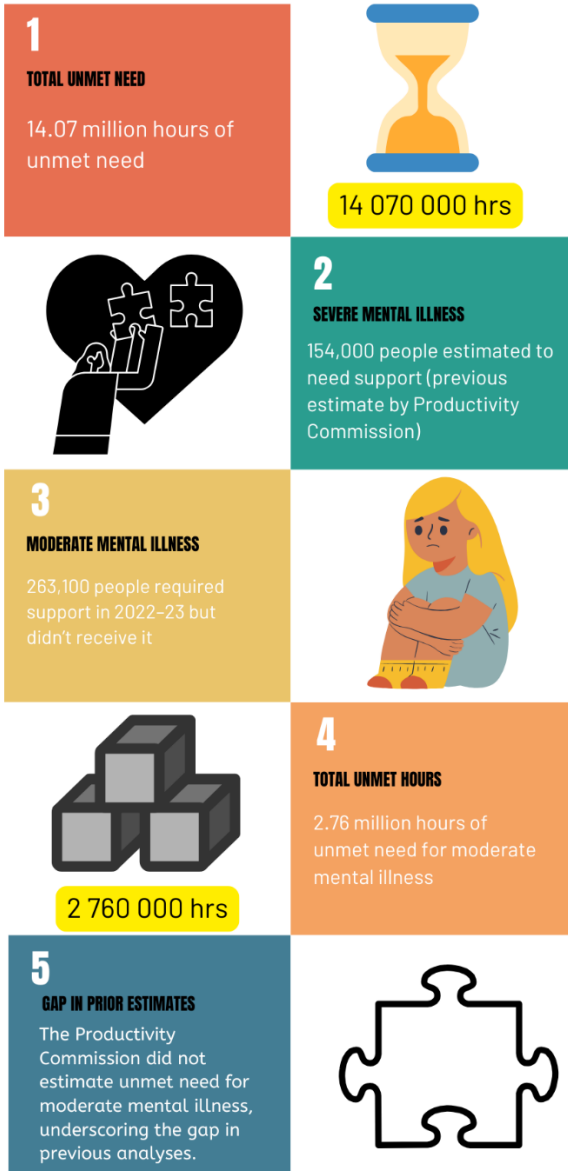
Removing people's supports with no options or recourse other than generalist, over-stretched services is not in the interests of consumers, overstretched services or wider society.

The social cost of unmet need has just been quantified at more than \$8 billion

'Don't Walk By: Unmet Need in Chronic Severe Mental Health Conditions'^{xvi} is the Australian National University's (ANU) most recent (December 2024) policy report quantifying the funding shortfall for dealing with Australia's burden of severe mental illness. This study also highlights increasing inequities in life expectancy for people with severe mental illness, who die on average 18 years before the rest of the population. Researchers track gaps in care, stark disparities in physical health as well as high suicide rates, as 'huge numbers of patients are locked out of accessing psychiatry and primary care'^{xvii}.

This gap in primary care is increased when participants are exited from The Scheme with nowhere to go. Under these conditions accelerated Eligibility Reassessments are unsafe and in violation of the UNCRPD. CMHA therefore urge the NDIS to take a proactive collegiate approach and suspend further reassessments until Foundational supports are available in 2025.

UNMET NEED FOR MENTAL HEALTH SUPPORTS



The gap in mental health supports represents approximately **14.07 million hours** of unmet need, which is higher than previously estimated by the Productivity Commission. The Commission projected that **154,000** people would require psychosocial support, but additional data shows that **263,100** people with moderate mental illness also needed support in 2022-23. The total unmet hours for this group is **2.76 million hours**.

Importantly, the Productivity Commission did not account for unmet need in people with moderate mental illness, highlighting a significant gap in prior analyses.

These figures reveal a critical shortfall in services for both severe and moderate mental health conditions. Addressing this gap requires increased resources and support systems that are accessible, flexible, and adequately funded. Without these, many individuals continue to struggle without the necessary help to manage their mental health.

Recommendations:

- 1. Suspend Reassessments:** Halt eligibility reassessments and expulsions until Foundational supports are available in 2025, ensuring no gaps in service provision.
- 2. An immediate suspension of additional requests** and the postponement of requests already provided to people that expect a response over Christmas and New Year.
- 3. Risk assessment** applied to people potentially being removed from the scheme, including whether they have support and the risks if supports are removed.

4. **Coordinate with state and territory health services:** To enable a transition to Foundational Supports.
5. **Clarify Evidence Requirements:** Clearly state the evidence required in reassessment letters to facilitate meaningful engagement and compliance.
6. **Extend Deadlines:** Allow participants sufficient time (e.g., 90 days) to gather and submit evidence, ensuring the process is accessible and fair.
7. **Provide Transitional Support:** For participants deemed ineligible, establish robust, interim community-based supports to maintain their safety and independence.
8. **Engage Stakeholders:** Collaborate with disability organizations to co-design fair and transparent reassessment processes.

References

ⁱ <https://www.thesaturdaypaper.com.au/news/law-crime/2024/11/09/exclusive-ndis-crackdown-wrongly-withdraws-support#mtr>

ⁱⁱ <https://www.ndis.gov.au/changes-ndis-legislation>

ⁱⁱⁱ <https://www.thesaturdaypaper.com.au/news/law-crime/2024/11/09/exclusive-ndis-crackdown-wrongly-withdraws-support>

^{iv} *hansard 2024, community affairs legislation committee 2024 11 06.pdf; filetype=application/pdf*

^v <https://www.thesaturdaypaper.com.au/news/law-crime/2024/11/09/exclusive-ndis-crackdown-wrongly-withdraws-support>

^{vi} <https://www.thesaturdaypaper.com.au/news/law-crime/2024/11/09/exclusive-ndis-crackdown-wrongly-withdraws-support>

^{vii} <https://social.desa.un.org/issues/disability/crpd/convention-on-the-rights-of-persons-with-disabilities-crpd>

^{viii} <https://www.thesaturdaypaper.com.au/news/law-crime/2024/11/09/exclusive-ndis-crackdown-wrongly-withdraws-support>

^{ix} <https://www1.racgp.org.au/newsgp/gp-opinion/time-to-recognise-gps-mental-health-contributions>

^x <https://www.ama.com.au/media/mental-health-our-fastest-growing-hospital-admission>

^{xi} <https://mhcc.org.au/wp-content/uploads/2023/03/nsw-mental-health-system-on-the-brink.-evidence-from-the-frontline.pdf>

^{xii} <https://www.aihw.gov.au/reports/prisoners/the-health-of-people-in-australias-prisons-2022/contents/mental-health-and-self-harm>

^{xiii} *dohac 2024: <https://www.health.gov.au/sites/default/files/2024-08/analysis-of-unmet-need-for-psychosocial-supports-outside-of-the-national-disability-insurance-scheme-final-report.pdf>*

^{xiv} https://mhaustralia.org/sites/default/files/images/mental_health_australia_brief_-_productivity_commission_inquiry_into_mental_health_-_final_report_-_20_november_2020.pdf

^{xv} https://www.health.nsw.gov.au/news/documents/20130523_00.pdf

^{xvi} <https://www1.racgp.org.au/newsgp/professional/spotlight-falls-on-forgotten-people-of-mental-health>

^{xvii} <https://www1.racgp.org.au/newsgp/professional/spotlight-falls-on-forgotten-people-of-mental-health>