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NDIS Support Coordinator Practical Referral Guide 2026

A Practical Guide for Referrals, Funding Checks and Participant Support

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THERAPY NEAR ME
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Version 1.1 | October 2026

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FIELD REFERENCE / START HERE

1 Before you make a referral

A good referral is not simply a form submitted. It is a supported decision leading, where appropriate, to a provider accepting the participant and actually commencing the agreed service. Use this checklist before every new therapy or community-support referral. [01–04]

- Participant choice: confirm the participant understands the available options and freely chooses whether to proceed; involve nominees or representatives only with the appropriate authority.
- Consent and privacy: confirm what information may be shared, with whom, for what purpose and by what secure method; use the minimum information necessary.
- Funding: check the current plan, management type, relevant support category, available budget/funding period and support purpose.
- Eligibility and suitability: determine whether the requested service is an NDIS support or clinical health treatment; check the provider's scope, skills and any registration requirements.
- Practical delivery: confirm modality, accessibility, location, availability, fees, travel, report writing, proposed start date and contingency options.
- Outcome tracking: record referral submitted, provider decision, appointment scheduled, first support delivered and the follow-up owner.

THE OPERATIONAL TEST

"Referral sent" is not the same as "support delivered". Confirm actual commencement, then ask the participant whether the support is appropriate and sustainable. This is TNM's recommended outcome-tracking approach.

Who this guide is for

Support coordinators, specialist support coordinators, psychosocial recovery coaches, participant advocates, plan managers and service-intake teams. The guide is a practical companion to the full TNM research report, not a substitute for the participant's plan or official NDIA instructions.

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2 Know the funding and provider pathway

Three coordination levels

Level	Primary function	Typical practice
Level 1 — Support Connection	Build confidence and access to supports.	Explore options, explain plan use and establish connections.
Level 2 — Coordination of Supports	Coordinate a mix of supports and build coordination capacity.	Work with providers, reduce barriers and monitor plan implementation.
Level 3 — Specialist Support Coordination	Address complex barriers and high-risk coordination challenges.	Apply specialist expertise to complex circumstances, including interagency coordination.

Use the level and support items actually funded in the participant's plan. Level 3 requires explicit inclusion; it should not be assumed because a case is complex. [01]

Which providers can a participant use?

Funding management	Practical implication
NDIA-managed	For those supports the participant must use registered NDIS providers.
Plan-managed	Registered or unregistered providers are generally available, subject to support-specific registration rules.
Self-managed	Registered or unregistered providers are generally available, subject to support-specific registration rules.

REGISTRATION EXCEPTION

Some support types require registered providers regardless of the funding arrangement, including specialist behaviour supports, plan management, specialist disability accommodation and supported independent living. Verify registration status for the specific service. [02]

For an NDIA "request for service" sent to a support coordinator or recovery coach, the recipient has four business days to accept or decline through the provider portal. This is separate from a therapy provider's ordinary intake referral. [03]

3 Eight-step referral-to-support workflow

Use these steps with the participant, and retain a concise audit trail. The sequence is a proposed operational framework developed by Therapy Near Me, informed by NDIA expectations. [01–05]

01 **Understand the person and the goal**

Ask what the participant wants to change in everyday life. Record functional goal, urgency, communication and cultural needs, location and preferred modality.

02 **Confirm the right funding pathway**

Check the current plan, management type, funded category, relevant evidence and whether the support is disability-related rather than a mainstream health responsibility.

03 **Offer viable provider choice**

Compare providers on relevant capability, availability, accessibility, modality, travel, price and conflicts of interest; document participant preferences.

04 **Obtain informed consent**

Confirm the participant or authorised representative agrees to a referral and to each item of personal information that will be disclosed.

05 **Send a complete referral**

State the goals, functional issues, preferred appointment pattern, access needs and secure contact details. Ask the provider to confirm its capacity.

06 **Confirm intake decision**

Record accepted, declined, waitlisted or no response; identify barriers. A referral acceptance does not establish that services have started.

07 **Verify first support delivered**

Record the first attended appointment or support date, not just the proposed start date. If support did not start, identify an alternative or escalation.

08 **Review fit and continuity**

Seek participant feedback on choice, fit, cost and outcomes, and check whether support continues or a handover is needed.

4 Psychology referrals: NDIS support or health treatment?

NDIS therapy supports must meet the participant's disability-related functional needs and applicable funding criteria. A psychologist or other clinician can provide an eligible NDIS functional support, but the professional's job title does not establish eligibility. Clinical diagnosis and treatment of mental-health symptoms ordinarily remain responsibilities of the health system. [04–06]

Potential functional-support purpose	Normally clinical-health purpose
Develop disability-related problem-solving, planning and routines for daily independence.	Diagnose or clinically treat an episode of anxiety, depression or another mental-health condition.
Build communication, interpersonal functioning and participation skills.	Provide psychiatric assessment, medication management or acute clinical care.
Improve functional organisation and work participation related to psychosocial disability.	Provide treatment aimed primarily at stabilising the underlying mental-health condition.
Maintain disability-related functional skills or prevent deterioration where evidence supports the approach.	Provide general wellbeing therapy without a relevant disability-related functional outcome.

These are examples of purposes, not automatic funding decisions. The NDIA specifically describes some psychology for disability-related functional capacity as fundable and clinical mental-health treatment as non-NDIS. Confirm the nature of the intervention, plan and current rules before engagement. [04–06]

A better functional referral statement

EXAMPLE

"Participant seeks to develop everyday planning and communication skills to improve independence in community activities, including organising transport and appointments." This is more informative than "needs counselling"; it does not itself guarantee funding.

If the need is predominantly clinical

Coordinate an appropriate GP, Medicare, public mental-health, psychiatrist or crisis pathway, as relevant. Where both needs coexist, distinguish the NDIS-funded functional support from the clinical treatment and avoid double claiming.

5 Service agreement, pricing and invoicing checks

Before services commence, participant and provider should understand what will be delivered, what it will cost and what happens if arrangements change. The NDIA recommends comprehensive, accessible service agreements. [07]

- Support details: item name/number, category, functional purpose, location/modality, service hours, frequency and total proposed costs.
- Prices: unit price, price limit where applicable, total estimated amount, GST if relevant and funding/plan-management arrangements.
- Additional charges: travel time, kilometres, non-face-to-face work, report writing, provider cancellations and participant cancellation terms.
- Key dates: start, review and end dates, aligned where appropriate to plan reassessment and budget periods.
- Rights and communication: privacy, accessibility, culturally safe communication, complaints, changes, emergency procedures and conflicts of interest.
- Exit and handover: notice, records release with consent, ongoing commitments, continuity risks and responsible contacts.

PRICE VALIDITY

The official 2026–27 NDIS pricing schedule became effective on 24 September 2026. Price limits, permissible claims and travel rules vary by support item and circumstances. Use the live schedule; do not copy an old hourly amount into a referral or agreement. [08]

Avoid common billing errors

Do not assume every non-face-to-face task is claimable, treat a service agreement as permission to charge for undelivered supports, or bill the NDIS for a service whose principal purpose is clinical treatment. Ask providers to clearly explain support items, costs and evidence of delivery.

6 Participant choice, privacy and safeguarding

Choice is an active process

Explain options in accessible terms and document why the participant chose a provider. Where the coordinator's organisation also provides therapy or other services, disclose the relationship and make non-affiliated alternatives genuinely available when possible. The NDIS Commission identified practical conflict-of-interest compliance concerns during its targeted support coordination campaign; its findings are not a representative sector-wide prevalence estimate. [02,09]

Information-sharing minimum

- Confirm consent and decision-making authority, including any guardian, nominee or other legal representative.
- Share only information required to assess the referral and deliver the relevant supports; use a secure channel.
- Avoid placing sensitive diagnostic narratives, NDIS numbers or identifiable case details into general email or public spreadsheets unless necessary and appropriately protected.
- Record preferences for communication, interpreters, cultural safety, support person involvement and consent withdrawal.

Risk escalation

SAFETY FIRST

A routine referral is not an emergency service. If immediate safety is at risk, call 000. For urgent clinical deterioration contact relevant crisis services and treating professionals. Address suspected abuse, neglect, exploitation or unsafe provider practices through appropriate safeguarding and reporting pathways. [10]

7 Reporting and continuity of support

The NDIA identifies an initial plan implementation report at eight weeks after the plan begins or after a support coordinator accepts a request for service, as well as mid-term and plan reassessment reporting. Confirm the request for service and specific reporting date for the participant. [11]

Trigger	Coordinator action	Evidence to record
Provider decline or long wait	Discuss viable alternatives, preferences and the next review point.	Response, reason, options and chosen next action.
Coordinator change	Agree end date, prepare handover and transfer relevant records with consent.	Handover summary, risks, provider bookings and contact owner.
Plan change or budget concern	Check actual plan, affected support category and NDIA advice.	Budget/plan status, report due dates and proposed contingency.
No suitable local provider	Explore appropriate telehealth, more distant providers or alternative support pathways.	Suitability and access barriers, alternatives explored.
Potential safety problem	Use immediate protective and safeguarding processes.	Who was contacted, timing, escalation and follow-up.

What a useful implementation report contains

Participant-defined goals and choices; supports connected or unavailable; actual service commencement; progress and functional outcomes; budget and access barriers; identified safeguarding issues; evidence for future needs; and precise next actions. The report should distinguish observed outcomes from expectations. [11]

8 NDIS changes: what to check between 2026 and 2028

Legislative reform is being implemented in stages. The 2026 Amendment Act received Royal Assent on 20 August 2026; the dates below describe published implementation milestones, not guaranteed outcomes for an individual participant. [12,13]

Date	Published change	Practical referral implication
1 Oct 2026	Budget reductions begin for specified allocations to Social, Economic and Community Participation and Improved Daily Living Skills in new/reassessed plans.	Check actual supports, exemptions and individual budget; avoid assuming universal plan cuts.
1 Feb 2027	Affected budget settings extend to renewed plans.	Identify renewal dates and documents needed for continuity.
1 Oct 2027	Panel-based plan management arrangements planned.	Check official transition guidance before recommending a plan manager.
1 Jan 2028	Revised access criteria and reassessment transition scheduled.	Track official rules, participant notice and review rights.
1 Jul 2028	New commissioned Support Coordination and Connection service scheduled.	Plan for provider change, informed choice and participant handover; implementation details remain subject to decisions.

NO BLANKET BUDGET ASSUMPTION

The 1 October 2026 reductions apply to identified allocations and contain exemptions. Do not tell a participant that every plan or all therapy hours will automatically reduce by the headline percentage. Use their actual plan and NDIA advice. [13]

The forthcoming commissioned coordination model is expected to replace individually funded support coordination from July 2028. The consultation process and final implementation arrangements matter; do not imply that any specific coordinator or participant outcome has already been decided. [12,14]

9 Copy-ready referral preparation checklist

Use the fields below to prepare a secure referral. Supply details only where necessary, with the participant's authorisation.

Tick	Required referral information
☐	Participant's chosen name and preferred safe contact method.
☐	Consent, consent date and authorised representative details where relevant.
☐	Participant-stated goal and disability-related functional outcomes.
☐	Support type, modality (telehealth/clinic/home/community), region and access needs.
☐	Funding-management type, relevant category and approximate frequency after plan check.
☐	Language, interpreter, accessibility, communication and cultural preferences.
☐	Relevant risk/safeguarding information strictly necessary for safe intake.
☐	Preferred commencement timeframe, availability and follow-up contact.
☐	Intake response and actual first appointment/support date tracked.

10 Copy-ready provider referral enquiry

EMAIL SUBJECT

NDIS service availability and referral enquiry — [support type] — [location / telehealth]

Hello [Intake Team],

With the participant's consent, I am seeking [discipline / support] for a participant in [area], ideally delivered via [telehealth / clinic / home / community]. The participant's intended disability-related functional outcomes are [goals]. They prefer [timing and communication requirements], with commencement sought from [date / timeframe].

Funding is [plan-managed / self-managed / NDIA-managed], subject to the participant's current plan and the relevant support category. Please confirm whether your service is suitable; whether an appropriately qualified practitioner is accepting referrals; the earliest realistic appointment date; applicable provider-registration requirements; and all relevant fees, travel and reporting charges.

Please also advise your intake process, service-agreement requirements and what information you need to assess the referral. No services are to commence until the participant has agreed and eligibility, funding and fees have been confirmed.

Kind regards,

[Coordinator name] | [Organisation] | [Safe contact details]

11 Referral outcome and continuity tracker

TNM recommends the following minimum fields for local quality improvement. This is a proposed management tool, not an existing NDIA reporting mandate. Use a pseudonymous participant identifier and approved systems.

Field	Data / suggested status
Referral ID / consent	Local ID, consent date, and relevant scope.
Support / objective	Functional target and support type.
Provider options	Providers offered and any relationships disclosed.
Funding check	Management type, category and date verified.
Referral & outcome	Sent date; accepted, declined, waitlisted or unanswered.
Time to support	Date of first delivered service (not just booking).
Continuity	30/90-day status, interruptions, reason and next action.

Illustrative indicators: provider acceptance rate; median days from referral to first service delivered; waitlist/decline rates; proportion receiving first support within a locally defined target; and 30/90-day continuation. Define exclusions, sample and denominators before making aggregate comparisons.

12 Further information, citations and references

Using Therapy Near Me as one referral option

Therapy Near Me currently considers suitable plan-managed and self-managed NDIS referrals for disability-related psychology and selected other supports. Telehealth is available nationally where suitable, with local in-person services in selected areas. Practitioner availability, plan eligibility and service modality are assessed by intake. [15]

Referral form: therapynearme.com.au/ndis-psychology-referrals/

Enquiries: office@therapynearme.com.au | 1800 632 763

Suggested citation — this guide

Therapy Near Me Research Team. (2026). Australian NDIS Support Coordinator's Practical Referral Guide 2026 (Version 1.1). Therapy Near Me Pty Ltd. https://therapynearme.com.au/ndis-support-coordinator-referral-report-2026/

Companion research report

Therapy Near Me Research Team. (2026). From NDIS Referral to Delivered Support: Support coordination, disability-related psychology, provider choice and the measurement of real service access in Australia (Version 1.1). Therapy Near Me Pty Ltd. https://therapynearme.com.au/ndis-support-coordinator-referral-report-2026/

Primary sources

[01] NDIA — Guide to working as a support coordinator https://www.ndis.gov.au/providers/working-participants/support-coordinators/guide-working-support-coordinator

[02] NDIA — How to find and choose a provider https://www.ndis.gov.au/participants/working-providers/finding-providers/how-find-and-choose-provider

[03] NDIA — How to connect with participants as a support coordinator https://ndis.gov.au/providers/working-participants/support-coordinators/how-connect-participants-support-coordinator

[04] NDIA — What are therapy supports https://www.ndis.gov.au/participants/using-your-funding/other-types-support/what-are-therapy-supports

[05] NDIA — Mental health supports: Would we fund it? https://ourguidelines.ndis.gov.au/would-we-fund-it/improved-health-and-wellbeing/mental-health-supports

[06] NDIA — Mental health and psychosocial disability: system responsibilities https://ourguidelines.ndis.gov.au/how-ndis-supports-work-menu/mainstream-and-community-supports/who-responsible-supports-you-need/mental-health-and-psychosocial-disability

[07] NDIA — How to make a service agreement (13 Oct 2026) https://ndis.gov.au/participants/working-providers/arranging-supports/how-make-service-agreement

[08] NDIA — Pricing arrangements, 2026–27 schedule effective 24 Sep 2026 https://ndis.gov.au/providers/pricing-and-payments/pricing/pricing-arrangements

[09] NDIS Commission — Support Coordination Targeted Campaign snapshot (Mar 2026) https://www.ndiscommission.gov.au/sites/default/files/2026-03/Support%20Coordination%20Campaign%20-%20Snapshot.pdf

[10] NDIS Commission — NDIS Code of Conduct https://www.ndiscommission.gov.au/ndis-code-conduct

[11] NDIA — Support coordinator reporting requirements https://www.ndis.gov.au/providers/working-participants/support-coordinators/what-are-support-coordinator-reporting-requirements

[12] Department of Health, Disability and Ageing — About the changes to the NDIS 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

[13] NDIA — Changes to support budgets from 1 October 2026 https://ndis.gov.au/news/11695-changes-support-budgets-1-october

[14] Australian Government — Support Coordination and Connection consultation https://consultations.health.gov.au/disability-and-carers-group/scc-reform/

[15] Therapy Near Me — NDIS psychology referral pathway https://therapynearme.com.au/ndis-psychology-referrals/

Publication and independence note

The guide summarises published government material current to 22 October 2026 and adds clearly identified TNM operational recommendations. Therapy Near Me is a provider with an interest in disability-related therapy referrals. This resource is not affiliated with, authorised by or endorsed by the NDIA, the NDIS Commission or the Australian Government. NDIS policies and prices may change; check the latest official rules, the participant's plan, and professional judgment before acting.