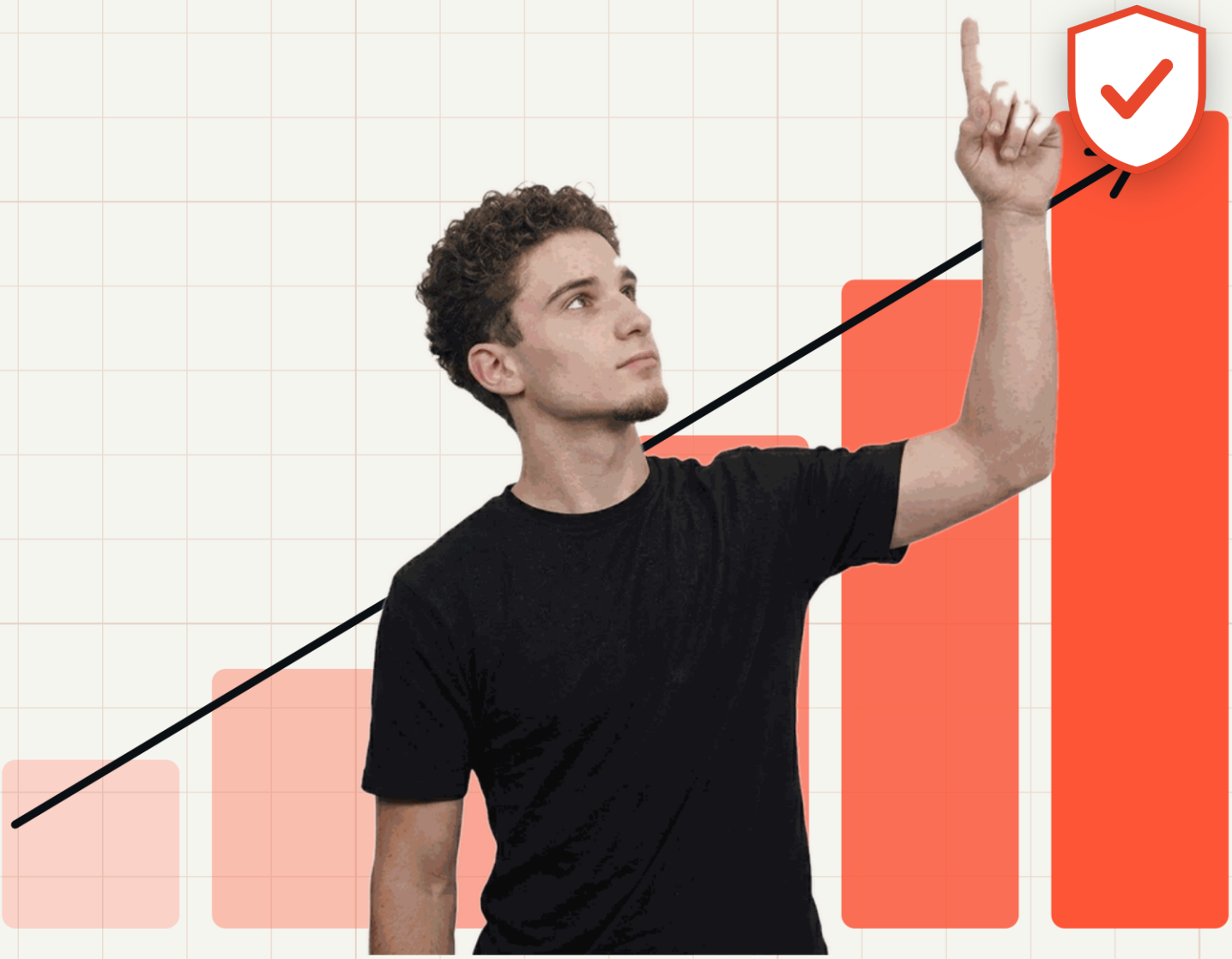
UPDATED 2026

PROVIDER SCALE
YOUR NDIS GROWTH PARTNER

THE FREE GUIDE FOR NDIS PROVIDERS

THE 2026 NDIS GROWTH & COMPLIANCE BLUEPRINT



Grow and stay compliant: sign 3 to 5 new participants a month.

providerscale.com.au

PROVIDER SCALE
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WHAT'S INSIDE

The blueprint, at a glance

PART ONE · GROWTH

PART TWO · COMPLIANCE & SAFEGUARDING

3–5	24 hr	5	$0
new participants / mo	reportable-incident window	grounds most bans fall under	software, Provider Scale OS

WHO'S BEHIND THIS

Built by operators, not an agency

We're the team behind Provider Scale, and we build and run NDIS businesses ourselves, today, not just talk about them. This guide isn't theory from a marketing agency that has never signed a participant, and it isn't a compliance lecture from someone who has never sat through an audit. It's the exact system we use to fill our own roster and keep our own business audit-ready, handed to you.

That's the whole difference. Every framework, script, number and control in these pages has been tested in a real NDIS business, in the real market, with real families and real regulators. If it didn't work for us, it isn't in here.

The operators behind Provider Scale

We run NDIS businesses, sign participants and sit real audits, then turn what works into the systems in this guide. You are reading a playbook we use ourselves, not a pitch.

RECOGNISED BY Meta Business Partner · Google Partner · SEMRUSH Partner

OUR PROMISE

Every system we sell, we run in our own business first. No fluff, no theory, just what actually gets NDIS participants signed, and keeps you on the right side of the NDIS Commission while you grow.

A QUICK WORD ON THIS EDITION

This is general information for NDIS providers, current as at July 2026. It is not legal, financial or compliance advice, and the rules change often. Always confirm the detail that applies to your situation against the NDIS Quality and Safeguards Commission and the NDIA before you act.

START HERE

Why we wrote this

Most NDIS providers don't have a marketing problem. They have a predictability problem, and now a compliance problem sitting right next to it. Referrals come in waves, an ad works for a month then dies, the roster swings from full to frighteningly empty, and in the background the rules keep tightening.

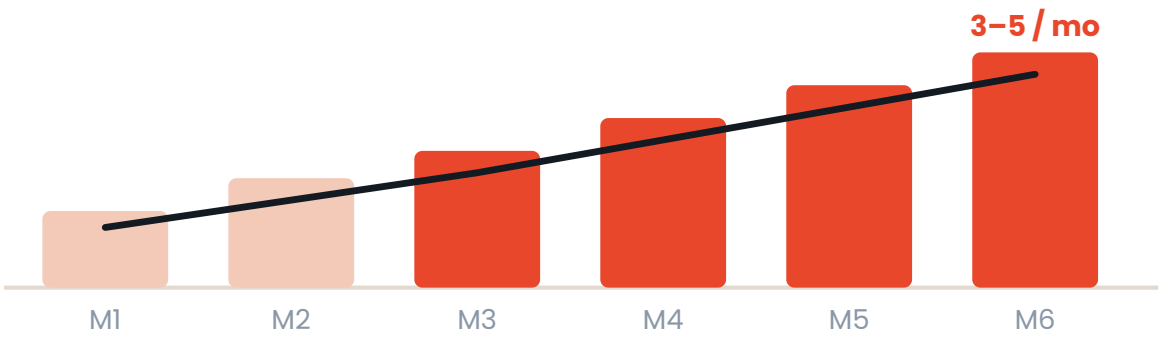
This guide combines three things: the acquisition system we run in our own NDIS business, the relationship and conversion systems that decide whether an enquiry ever becomes a participant, and the compliance systems that let you grow without a banning order, a payment clawback or a failed audit undoing it all. No fluff, no jargon. Every section gives you something you can copy this week. Read it once, then use the 30-day plan at the back.

PART ONE · GROWTH

01 Future-proof your business

When the NDIS launched, demand for providers outweighed supply. Deliver a good service, build a few relationships, and referrals came naturally. That era is closing. Participants have more choice, coordinators have more providers to recommend, families ask more questions, and the regulator expects higher standards. The industry isn't getting worse, it's maturing, and mature markets reward the providers who invest in trust, systems and visibility.

Growth is no longer accidental. Picture two providers giving equally excellent care. One has a clear website, a consistent presence, quick communication, follows up every enquiry, and can prove its compliance at a glance. The other has none of that. Families and coordinators choose the first, not because the care is better, but because it inspires confidence before the first conversation. In 2026, visibility, trust and provable compliance matter as much as the service itself.



New participants signed per month. The goal is not a spike, it is a pipeline that compounds into steady, predictable months.

COMPLIANCE IS A COMPETITIVE ADVANTAGE

Most providers treat compliance as a chore. Reframe it as a **trust signal**. Organised systems, clear notes and professional communication tell families and coordinators they're in safe hands. Compliance builds confidence, and confidence creates growth. Done visibly, it's part of your marketing, not just a cost. Part Two of this guide turns that idea into a working system.

Compliance	Confidence	Growth
systems you can evidence	families and coordinators trust you	chosen before the first call

8–12	24 hr	5	$0
touchpoints to sign	reportable-incident window	grounds behind most bans	software to run both

AN HONEST 3-QUESTION SELF-AUDIT

- If referrals stopped tomorrow, where would our next five participants come from?
- Would a family landing on our website today trust us with the care of someone they love?
- If the Commission asked for our incident records, screening checks and case notes this afternoon, could we produce them in an hour, not a fortnight?

How to read the rest of this guide

Part One is the growth engine: how families find you, why enquiries leak, and the exact follow-up that turns interest into signed participants. Part Two is the compliance engine: the small number of controls that separate providers who scale from providers who get sanctioned. They are not separate projects. The same organised operator wins both, and the same connected system runs both.

THE ONE NUMBER

Growth ladders back to participants signed. Compliance ladders back to a single question the Commission keeps asking: can you evidence it? Keep both in view and the business compounds instead of lurching.

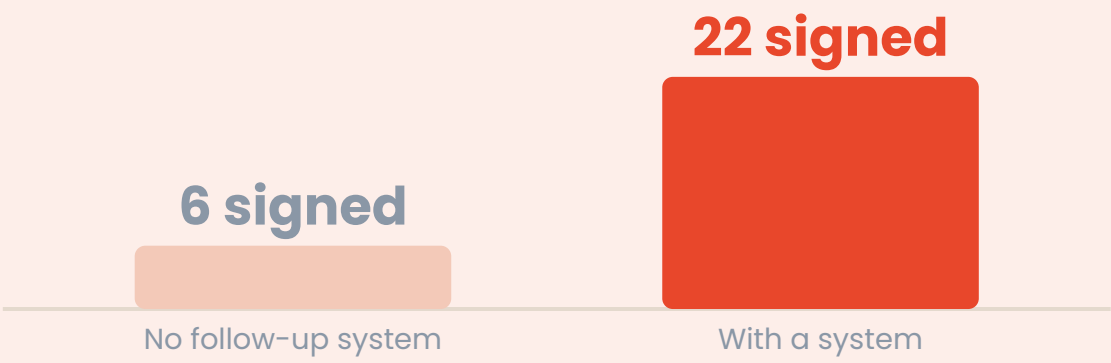
YOU HAVE A CONVERSION PROBLEM

02 You don't have a lead problem

When providers say "we need more participants," a closer look usually tells a different story. Over six months they received fifty, even a hundred enquiries, and only a handful signed. Ask what happened to the rest and the answers are always the same: "nobody answered the phone," "they said they'd call back," "we sent one email," "we never heard from them again."

Those opportunities weren't lost because the care wasn't good enough. They were lost because there was **no system**.

SAME 100 ENQUIRIES, TWO DIFFERENT OUTCOMES



Illustrative. The leads were never the problem, the system was.

Think of it as a bucket full of holes. You pour in leads from ads, social and referrals, but they leak out through an unanswered call, an enquiry that sat in an inbox for two days, a follow-up that was promised and forgotten. Each hole seems small; together they drain your growth.

FIX THE BUCKET BEFORE YOU POUR IN MORE

Before spending another dollar on leads, ask: where are we losing people in our enquiry process? Every enquiry you save is one you never have to pay to replace, which makes plugging the holes one of the highest-return moves in the whole business.

Actually short on enquiries?

If it really is a volume problem, that is our specialty. We generate and convert enquiries for NDIS providers every day. Book a free growth call and we will map where your pipeline is leaking.

Book a growth call
cal.com/provider-scale/ndis-growth-call

THE LAY OF THE LAND

03 How participants actually find you

There are only two ways people find an NDIS provider: organic and inorganic. Know how each behaves and you can see where to pull ahead.

Organic, referrals and word of mouth. Coordinators, LACs, social workers, other providers, and recommendations through the community. Cheapest, but slow and impossible to predict, you can't turn it up when the roster is empty.

Inorganic, three paid plays, each with a catch:

Meta ads · awareness
Where most start. A generic offer over a stock photo builds zero trust.

Google Ads · high intent
Better leads, but pricey, and jobseeker clicks drain the budget.

SEO · long game
Ranks you for the right keywords, but takes months, even years.

QUICK WIN: STOP THE GOOGLE ADS JOBSEEKER DRAIN

Add these as negative keywords to every campaign so you stop paying for support workers looking for jobs:

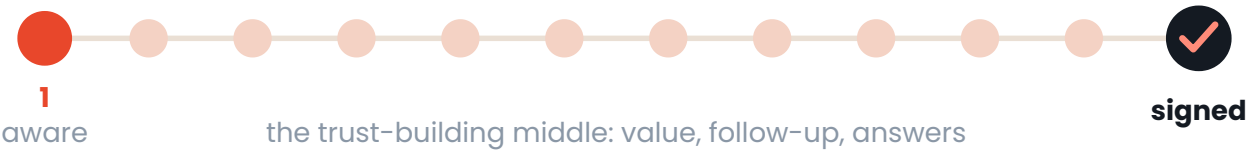
jobs, careers, hiring, employment, salary, pay rate, award rate, resume, seek, indeed, "support worker jobs", "become a support worker", training, certificate, course, volunteer.

TRUST IS THE REAL CURRENCY

04 The truth about every channel

Here is the number almost no one accounts for:

It takes 8 to 12 meaningful touchpoints to build the trust needed to sign a participant.



Awareness is only the first touch. The sign happens after many more.

Channels are brilliant for awareness, the first touch. But a single ad rarely gets a family to hand over the care of a loved one. Most providers stop at touchpoint one, then conclude "ads don't work." Reframe it: your job is not to get a lead, it's to earn 8 to 12 touchpoints with the right people. Everything that follows in Part One is built to do exactly that.

COMPLIANCE QUIETLY BUILDS TOUCHPOINTS TOO

A clear service agreement, a prompt incident update to a family, a tidy plan-review summary, these are trust touchpoints as much as any ad. The provider who communicates like a professional is the one who gets remembered, and referred.

THE SHIFT

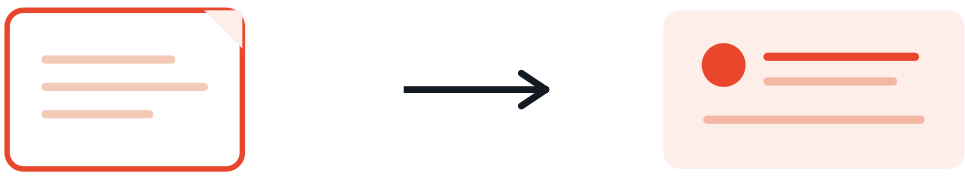
05 Lead with value, capture every visitor

If a hundred people visited your website today, how many would leave without giving you any way to keep talking? For most providers the answer is almost all of them, and that's the biggest missed opportunity there is. Not everyone is ready to sign today: some are just researching, some are waiting on funding approval, many are simply working out who to trust. If they leave with no way to continue the conversation, you've likely lost them to another provider.

The fix is to **give first**. Offer a genuinely useful resource in exchange for a name and email, not a brochure of your services. You're not making a sale, you're starting a relationship, and the family that you helped first is the one they remember when it's time to choose.

STEAL THIS: 10 GIVE-FIRST ASSETS NDIS FAMILIES ACTUALLY WANT

- "How to get the most out of your NDIS plan" checklist
- NDIS budget tracker (Core / Capacity / Capital)
- "12 questions to ask before you choose a provider"
- Plan-review preparation kit and agenda
- "Your first 30 days as a new participant"
- Hospital discharge checklist
- Support-worker compatibility questionnaire
- "Understanding your plan" 10-minute explainer video
- A free 15-minute plan breakdown call (no pitch)
- "Switching providers without losing supports" guide



Give a genuinely useful resource first. The contact details are the start of a relationship, not the end of a sale.

DISCOVER TO ADVOCATE

06 The participant journey

Growth doesn't begin when someone enquires; the enquiry is just one step in a longer journey. Every participant moves through the same stages before they trust you, and mapping that journey is how growth becomes predictable.

Discover → **Trust** → **Enquire** → **Nurture** → **Sign** → **Stay** → **Refer**

Marketing gets them to 'Enquire'. Relationships carry them from there to 'Refer'.

- **Discover & Trust.** They find you through search, social, a recommendation or your free value, then grow familiar by reading your content and reviews.
- **Enquire.** Confidence tips them into reaching out. Capture it instantly and respond fast.
- **Nurture & Educate.** Your role now is to educate, not sell. Listen, answer questions, make them feel confident.
- **Sign.** A calm meet and greet, a clear service agreement, then a smooth start.
- **Stay & Refer.** Exceed expectations and participants stay, then recommend you to families, friends and coordinators.

Marketing gets someone to Enquire. Everything after that is relationship, and that's where most of the growth is actually won or lost.

MARKETING			RELATIONSHIP			
Discover	Trust	Enquire	Nurture	Sign	Stay	Refer

Most providers pour into the left. The growth is won on the right.

WHERE THE MONEY IS MADE

07 The follow-up system

Follow-up is emotional, not informational. Families choose on how you make them feel, safe, understood, heard, supported, and pull away when they feel rushed, pressured or like just a number. So every touchpoint has one job, in order: safety first, support second, signing last. Slow creates safety; fast creates pressure. Ask more than you tell, validate whatever they share, then invite a calm meet and greet, don't pitch one.

Safety first → **Support second** → **Signing last**

And don't stop after one attempt. People rarely go quiet because they're not interested, life gets in the way: they're busy, funding takes weeks, decisions about care are never rushed. Persistence isn't pushy when every touch adds value. It reads as professionalism, and it's often the difference between losing an enquiry and welcoming a participant.

STEAL THIS: THE 7-DAY NURTURE CADENCE

Send from a real person's name, never "the team." Keep every message short and human.

- **Minute 5, SMS:** "Hi {name}, it's Sam from {business}. Just sent your {guide} to {email}, did it come through okay?"
- **Day 1, email:** deliver the value again + one useful tip. No ask.
- **Day 2, SMS:** ask one of the four human questions below, then listen.
- **Day 4, email:** a short story of a family you helped in a similar spot.
- **Day 6, SMS:** "Would a quick, no-pressure chat help? Happy to just answer questions."
- **Day 7, email:** soft invite to a calm meet and greet, two time options.

The four human questions: What's changed recently that made you start looking? What matters most to you in a support worker? What has felt hard about the NDIS so far? If everything went perfectly, what would good support look like?

THE SKILL THAT ACTUALLY GROWS YOU

08 Communication: listen before you lead

By the time a family contacts you, they've usually done their research, compared providers and half-decided you might fit. The next conversation isn't about convincing them, it's about confirming they've made a good choice. Yet this is exactly where providers lose people, by launching into every service and qualification. People want to feel understood before they're informed.

> **"People may forget what you said, but they will always remember how you made them feel."**

The greatest skill isn't sales, it's communication. Three habits build trust fast:

1. **Listen to understand, not to reply.** Ask "tell me about your situation," "what support are you hoping to find," "what's been the hardest part so far," then give them space. Feeling heard builds more trust than the perfect answer.
2. **Make every conversation about them.** Not "we've operated ten years, we offer X." Ask what they want to achieve and what good support would change for them.
3. **Guide, don't sell.** Help them make the best decision, even if occasionally it isn't you. When people see you're genuinely helping rather than winning a sale, they trust you more, and trust like that gets referred.

THE 5 BEHAVIOURS BEHIND EVERY SIGNED PARTICIPANT

- Listen with genuine curiosity
- Show empathy before offering solutions
- Communicate clearly and honestly
- Follow through on every promise you make
- Stay connected, even when the decision takes time

THE FIRST-MOVER PLAY

09 Be the answer: AEO in 2026

For years the game was SEO, ranking on a page of ten blue links. The new game is AEO, Answer Engine Optimisation: being the provider that AI assistants and search actually recommend. When a parent asks "how do I find a good NDIS provider for my son in Bankstown," the answer increasingly comes as one recommendation, not ten links.

SEO · everyone, fighting

A crowded page of ten links, all competing for the same click.

AEO · wide open, be first

You, the single recommended answer. Almost impossible to displace.

The provider who moves first becomes the default answer, and the default answer is almost impossible to displace. Five moves to become the answer:

- **Question-led content,** written for the questions families ask, not keywords.
- **Answer up top,** the clean answer first, then explain.
- **Q&A format,** clear headings and short factual statements a machine can lift.
- **Citations and reviews,** consistent mentions and reviews across the web.
- **Be hyper-specific,** "support coordination for autism in Bankstown," not "NDIS services."

STEAL THIS: THE AEO ANSWER TEMPLATE

H1: the exact question, word for word. **First 40 words:** the complete answer, on its own, so a machine can quote just this. **Then:** 2 to 4 short sections, each under its own question heading. **Close:** who this is for + a soft next step.

THE FLYWHEEL

10 Turn participants into a referral engine

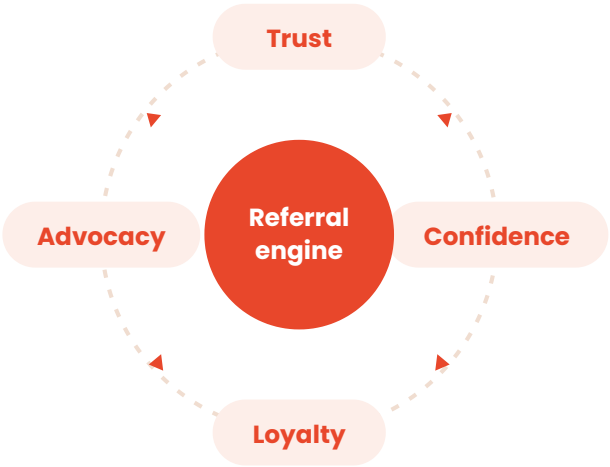
Referrals don't happen because you asked. They happen because of how people feel after working with you. Get the experience right and it compounds: trust creates confidence, confidence creates loyalty, loyalty creates advocacy, and advocacy feeds straight back into trust for the next family.

Trust → **Confidence** → **Loyalty** → **Advocacy** → **Referral engine**

Every happy participant widens the mouth of your funnel, for free.

How to build the flywheel on purpose:

1. **Engineer a remarkable first two weeks.** Fast onboarding, the right worker match, proactive check-ins. First impressions become the story they tell.
2. **Create a natural moment to refer.** After a genuine win: "is there anyone else in a similar spot we could help?" Asked from care, not need.
3. **Make sharing effortless.** A simple link, a one-line message to forward, a review prompt at the right moment.
4. **Close the loop with coordinators.** Report outcomes back. A coordinator who looks good because of you sends the next three families.
5. **Thank people, visibly and genuinely.** Recognition turns a one-time referrer into a repeat advocate.



Every happy participant feeds the next family's trust. The wheel turns on its own once you build it.

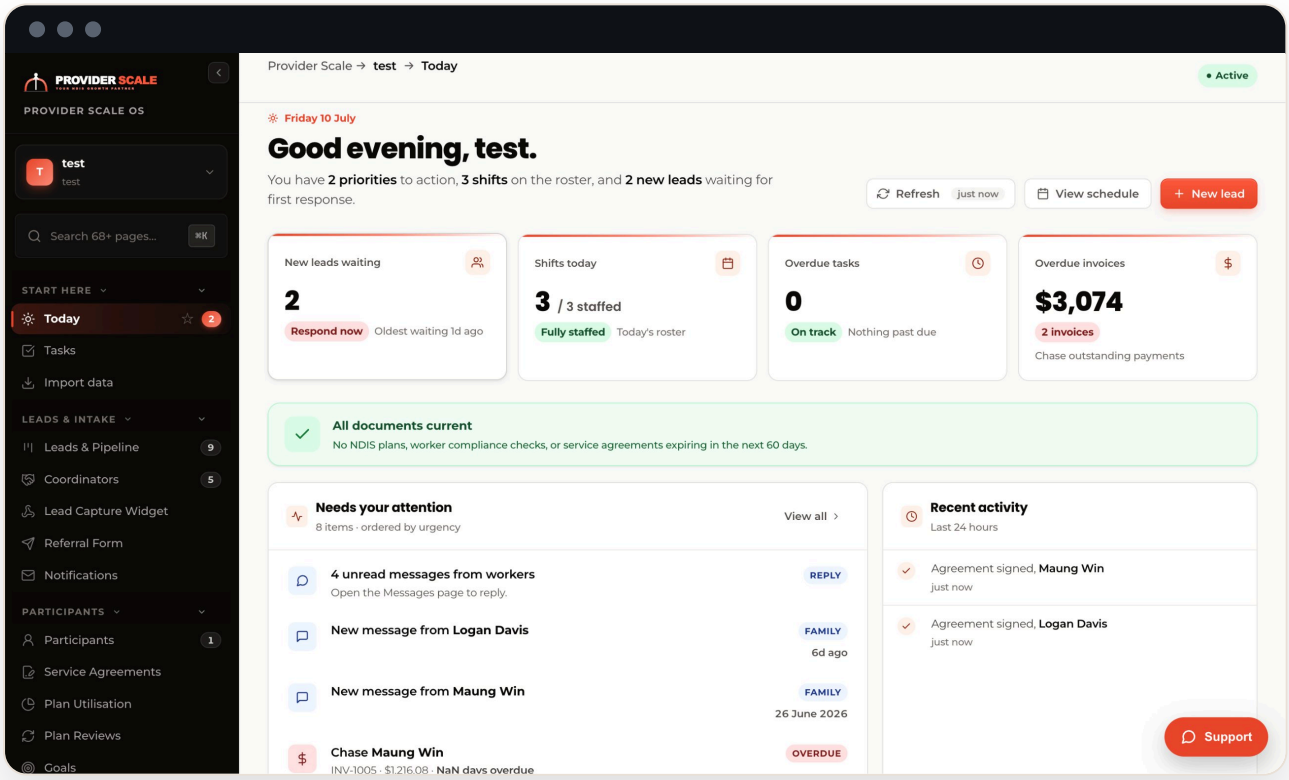
IT ONLY WORKS JOINED UP

11 One connected system

Spread across disconnected tools, leads go cold and follow-ups get missed. Memory is unreliable; systems are consistent. You need one view of your whole operation that tells you exactly when to act, on which lead, family or coordinator, so every enquiry gets the same excellent experience and nothing slips. The same is true for compliance: screening expiries, incident deadlines and case notes cannot live in someone's head.

Leads **Follow-up** **Rostering** **Compliance** **Relationships**

Everything in one place, so the system does the remembering.



One operating view: new leads, shifts, overdue tasks, invoices, and a live check that no compliance documents are expiring.

We practise what we preach, so we built it and made it free: **Provider Scale OS**, 40+ tools built specifically for NDIS providers, replacing roughly $1,800/month of software. Leads, rostering, invoicing, case notes, incident registers, worker compliance and audit readiness in one place. No credit card, no catch. Get it at **providerscale.com.au/provider-scale-os**.

ONE FOCUSED HOUR A DAY

12 The weekly growth rhythm

"How much time should this take?" You don't need hours a day, you need consistency. One focused hour each weekday adds up to more than 250 hours a year building your reputation, and small, consistent action beats occasional bursts every time.

Day	Focus
Mon	Review new enquiries, load them into the pipeline, start their cadence, and plan the week.
Tue	Create one valuable piece of content or AEO answer page that educates and builds trust.
Wed	Strengthen a referral relationship: connect with a coordinator, plan manager or health professional.
Thu	Improve one trust asset: collect a Google review, update the website, reactivate old enquiries.
Fri	Follow up every outstanding enquiry, thank referral partners, and run a 10-minute compliance check (screening expiries, open incidents, unsubmitted claims).

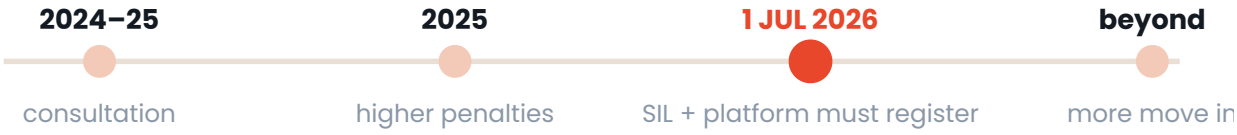
ADD ONE COMPLIANCE HABIT

The Friday compliance check is the cheapest insurance in the business. Ten minutes a week catching a lapsing worker screening or an unreported incident prevents the exact failures that end providers in Part Two.

PART TWO · COMPLIANCE & SAFEGUARDING

13 The 2026 rules have changed

Compliance in 2026 is not the compliance of a few years ago. The scheme has moved from light-touch to actively enforced, data-driven regulation, and the providers who treat the old rulebook as current are the ones getting caught. Here is what actually changed, and what it means for you.



- **Stronger, staged registration.** From **1 July 2026**, Supported Independent Living (SIL) providers and digital **platform providers** must be registered with the NDIS Commission. Mandatory registration of support coordination has been paused for further reform, but the direction of travel is clear: more of the market moves inside the registered perimeter over time.
- **New SIL Practice Standards.** A dedicated SIL module, co-designed with people with disability, applies from 1 July 2026, with plain-language "Expectation Statements" written from the participant's, worker's and provider's point of view. The broader Practice Standards are being reworked the same way, toward outcomes and clarity rather than pure box-ticking.
- **Defined "NDIS supports".** There is now a clear list of what is, and is not, an NDIS support. Claiming for anything off-list is a fast route to a payment problem, and to scrutiny.
- **Tougher penalties.** Integrity and safeguarding reforms have sharply increased civil penalties, with the most serious contraventions now reaching into the millions. Non-reporting and unauthorised restrictive practice are squarely in scope.

DO THIS NOW

- Work out whether you deliver SIL or platform services. If you do, start your registration and audit preparation immediately, not in June.
- Map every support you claim against the NDIS supports list and drop anything off-list.
- Assume the standard you will be held to is the current one, not the one you registered under.

LEARN FROM WHO GOT CAUGHT

14 Why the Commission bans providers

The Commission is now visibly ramping up enforcement. In a single recent quarter it issued banning orders against providers and 55 against individuals, refused more than 1,100 registration applications on suitability grounds, and issued over 1,000 corrective action requests. Almost every serious action traces back to one of five grounds. Get these five right and you avoid the overwhelming majority of enforcement risk.

The ground	What actually happens
1. Worker screening failures	Unscreened workers, lapsed clearances, or engaging someone already banned. Even inadvertent engagement of a banned worker breaches the Act.
2. Restrictive practice breaches	Restraint or seclusion without an authorised behaviour support plan, without state authorisation, or without reporting. Strict liability, intent is no defence.
3. Abuse, misconduct or harm	Assault, sexual misconduct or grooming. The Commission acts fastest here, often with interim bans before any criminal finding.
4. Financial misconduct and fraud	Claiming for supports not delivered, unqualified delivery, or misuse of participant funds. Freedom Care Group was permanently banned for fraudulently claiming $340,000 for supports to incarcerated participants.
5. Key-personnel and fitness failures	Banned people forming new entities ("phoenixing"), or concealing prior bans and convictions on applications. False declarations are themselves a contravention.

THE PATTERN THAT MATTERS

Compliant providers don't run different services from banned ones. They differ by one thing: they can **evidence** the control. Screening verified, restraint authorised, incident reported, claim documented, history disclosed. The next nine chapters build each of those evidence trails.

GROUND ONE, CLOSED

15 Worker screening without gaps

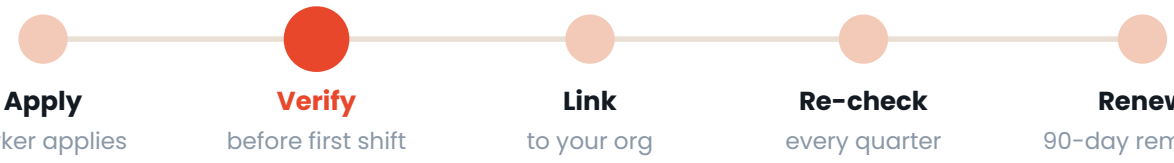
Worker screening is the single most common, and most avoidable, enforcement trigger. The failures are almost never malicious. They are administrative: a clearance that lapsed unnoticed, a contractor nobody thought to check, a worker who started "just for a shift" before their check came back.

- An **NDIS Worker Screening Check** is required for anyone delivering supports or with more than incidental contact with participants. A National Police Check does not replace it, it misses civil and state-based records the screening captures.
- Screening is **portable** and valid for around five years, but a new employer must verify currency and link the worker before unsupervised contact.
- A worker awaiting a result may work only under **direct supervision**, never unsupervised.

UNCONVENTIONAL TIPS THAT CLOSE THE REAL GAPS

- **Verify before the first shift, not after it,** and record who did the check and when. The timestamp is your evidence.
- **Treat contractors and casuals as your highest risk.** The "temporary, low-risk" shift-filler is exactly the gap that triggers enforcement.
- **Re-verify against the public register quarterly.** A clearance can be suspended or a worker banned mid-term, and you are expected to know.
- **Set expiry reminders 90 days out,** so renewals happen ahead of the lapse, not after a participant has already been supported by an expired worker.

Why it matters: engaging a banned or unscreened worker is a strict provider responsibility. The Commission increasingly bans both the individual and the employing organisation, treating inadequate screening as the provider's failure.



The screening lifecycle. The one point that trips providers up is verifying before the first shift, not after.

TRAINED, AND ABLE TO PROVE IT

16 Training and the Worker Orientation Module

Auditors don't just ask whether your workers are good. They ask whether you can **show** they were trained, when, and in what. Training that happened but wasn't recorded counts, to an auditor, as training that didn't happen.

- **Worker Orientation Module ("Quality, Safety and You").** Around 90 minutes, required for every worker regardless of experience, covering the Code of Conduct, recognising abuse, incident reporting and participant rights. Best practice is completion **before** unsupervised contact. Keep the certificate.
- **Induction should cover the full set:** Code of Conduct, participant rights, safeguarding and mandatory reporting, incident and complaints processes, privacy, work health and safety, and documentation standards.
- **Role-specific competency, assessed, not assumed:** First Aid (HLTAID011, 3 years) and CPR (HLTAID009, renewed **annually**), manual handling, medication (the five rights, assessed by a health professional before unsupervised administration), and high-intensity supports (bowel care, enteral feeding, tracheostomy, catheter, dysphagia) with documented competency sign-off.

STEAL THIS: THE AUDIT-PROOF TRAINING REGISTER

For every worker, record: name and role, training title, completion date, delivery method, provider, certificate number, expiry date, and where the evidence lives. Then make it living, not a one-off.

- Unsigned induction checklists are a direct non-conformance. Sign and date every one.
- Show **planned** professional development, not reactive scramble. This is what quality indicators on worker capability look for.
- Set the register to flag expiries automatically, the same way you flag screening.

First Aid	CPR	Manual handling	Medication	High-intensity
renew 3 yrs	**every year**	role-based	assessed	assessed + refresh

Currency, not just completion. Auditors check each of these has a live expiry date in your training register.

THE CLOCK STARTS WHEN YOU BECOME AWARE

17 Reportable incidents: the 24-hour clock

Every registered provider must run an internal **incident management system** that records and responds to all incidents. A subset of these are **reportable incidents** that must also go to the Commission, on a strict clock. Confusing the two is a common and costly mistake: recording an incident internally is not the same as notifying the Commission.

The six reportable incident categories

- Death of a participant
- Serious injury of a participant
- Abuse or neglect of a participant
- Unlawful sexual or physical contact with, or assault of, a participant
- Sexual misconduct against, or in the presence of, a participant, including grooming
- Unauthorised use of a restrictive practice

THE TIMEFRAMES

Within 24 hours: notify the Commission of a reportable incident (5 business days for unauthorised restrictive practice). **Within 5 business days:** submit the detailed follow-up, what happened, who was involved, immediate actions, and how you are preventing recurrence. The clock starts the moment you **become aware**, not when the investigation finishes.

PRACTICAL CONTROLS

- **Name one accountable owner** for the 24-hour clock, with a backup, so a weekend or leave never stops the notification.
- **Give workers a one-page decision card:** "if any of these six happen, tell {name} immediately." Delayed notification itself aggravates enforcement.
- **Report first, investigate second.** You are not required to have all the answers to notify. Never let uncertainty run the clock down.

THE SINGLE HIGHEST-RISK AREA

18 Restrictive practices, done right

The Commission has named restrictive practices its highest compliance priority, and enforcement action in this area has risen sharply. It is also the area where well-meaning providers get caught, because a practice can be "restrictive" without anyone intending restraint. Know the five types.

Type	The trap most providers miss
Chemical	PRN medication given to manage behaviour, rather than treat a diagnosed condition, is chemical restraint and needs a plan.
Environmental	A locked door or restricted access used to manage behaviour, not a routine WHS measure.
Mechanical	A lap belt for posture is fine; the same belt used to stop someone leaving is mechanical restraint.
Physical	Body contact that restricts movement, including hand-over-hand that prevents movement.
Seclusion	Sole confinement someone cannot freely leave. No lock is needed; supervision or social pressure can be enough.

TWO ROLES YOU CANNOT BLUR

Only a registered **specialist behaviour support provider** can write a compliant behaviour support plan. **Implementing providers** deliver under that plan, they cannot write their own, however qualified their staff. Auditors check this separation first.

Chemical **Environmental** **Mechanical** **Physical** **Seclusion**

RESTRICTIVE PRACTICES, CONTINUED

The obligations that actually get audited

- **Authorisation runs on two tracks.** The NDIS framework sits alongside state and territory guardianship law. A behaviour support plan that authorises a practice without the matching state authorisation is itself non-compliant.
- **The plan must include a reduction pathway.** A documented plan to reduce and eliminate the practice over time is the element most often missing from non-compliant plans. Plans must be reviewed within 12 months, or sooner if things change.
- **Dual reporting.** Report any unauthorised use within **5 business days**, and submit **monthly** restrictive practice data through the Commission portal. The Commission's analytics flag non-submitters directly.

UNCONVENTIONAL TIPS FROM THE DEREGISTRATION FILES

- **Get the clinical rationale in writing.** For PRN medication, have the prescriber explicitly document why it treats a diagnosed condition rather than manages behaviour. That single sentence decides which side of the line you are on.
- **Build reduction momentum early.** Real progress on de-escalation or environmental change is not box-ticking, it reduces audit friction and, more importantly, restriction on a person's life.
- **Map authorisation state by state.** If you support people across borders, never assume the rules are uniform. Keep a per-jurisdiction checklist.
- **Align worker language.** Train staff on exactly what counts as "unauthorised use." Uncertain workers report late, and late reporting is its own breach.
- **Capture use in real time.** End-of-week aggregation is how the 5-day and monthly deadlines get missed. Log at the point of use.

Residential settings (SIL, group homes) are the highest-risk cohort, followed by day programs. Allied health and therapy providers using PRN for behaviour without plan coverage are under rising scrutiny.

Within 5 business days

Report any **unauthorised** use of a restrictive practice to the Commission.

Every month

Submit restrictive-practice **data** through the Commission portal, on time, every time.

Two separate reporting duties. The Commission's analytics flag non-submitters directly.

GET PAID, AND KEEP IT

19 Claiming integrity: surviving a payment audit

With the Fraud Fusion Taskforce active and automated systems scanning claims, payment integrity audits are now routine, and mostly happen **before** you are paid. The NDIA is checking one thing: did you claim correctly, for a support actually delivered, in line with the Pricing Arrangements and Price Limits. Real, honest providers still get flagged, so the goal is to be instantly able to prove it.

What trips the flags

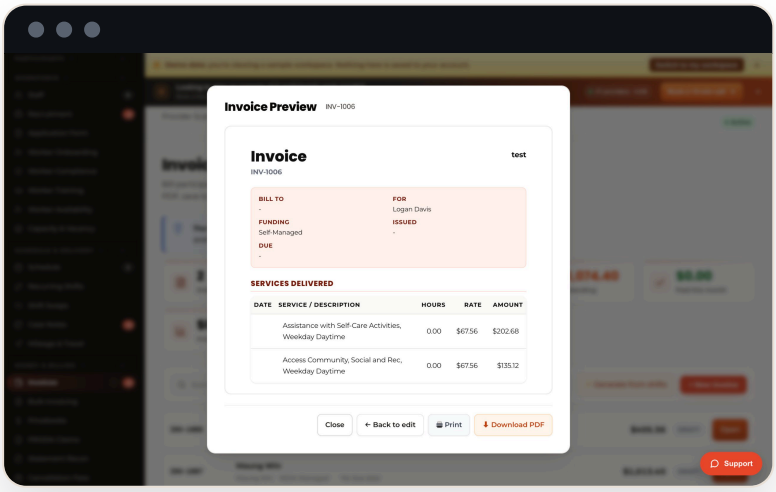
Resubmitting a held claim (especially within 14 days), duplicate claims, round-number invoices, duplicate signatures, and claims dated when the participant was elsewhere.

What they ask for

Service agreements, case notes proving delivery, rosters and timesheets, travel logs, prior invoices, worker qualifications, and a value-for-money rationale.

STEAL THIS: CLAIM LIKE IT WILL BE AUDITED (BECAUSE IT WILL)

- **Tie every claim to a service record:** who delivered it, when, to whom. Treat your billing system as an audit trail, not just an invoicing tool.
- **Never claim ahead of delivery.** It is the fastest way to turn a delay into an allegation.
- **Check funding and category before you deliver,** not after you claim.
- **Do not re-submit a held claim.** Wait, and respond to the review. Re-submitting reads as concealment.
- **Claim only listed NDIS supports** at or under the current price limit. The 2025-26 arrangements changed several items (for example art and music therapy pricing) and removed the COVID addendum, so work from the current version, never last year's.



Every claim tied to a service record, with funding and price limit checked before you send.

THE AUDIT TRAIL THAT WINS

20 Case notes and evidence

When investigators and auditors arrive, they ask for the same things first: your records. Contemporaneous, specific, honest records are the difference between a finding closed quickly and a finding that escalates. In the banning-order files, weak documentation turns a defensible situation into an indefensible one.

What a good case note contains

- **When and who:** date, time, duration, worker name, participant.
- **What support was delivered,** against the goals in the plan, in plain factual language.
- **What happened,** including anything unusual, and what you did about it.
- **Signed,** ideally by both worker and participant, and written the same day, not reconstructed later.

THE EVIDENCE-TRAIL PRINCIPLES

- **Contemporaneous beats complete.** A short note written on the day outweighs a detailed one written a week later, which reads as reconstruction.
- **Write facts, not conclusions.** "Participant declined lunch and appeared withdrawn" is evidence; "participant was fine" is not.
- **One source of truth.** Notes, rosters, incidents and claims that reconcile to each other are almost impossible to challenge. Notes that contradict the roster are the first thing an auditor pulls.
- **Separate signing authority** on participant-funds accounts, so no single person can both deliver and self-approve.

RETENTION

Keep participant records well beyond the engagement (commonly seven years, longer for children). If you cannot retrieve a record from two years ago in minutes, your system, not your care, is the exposure.

Case note — Tue 14 Jul 2026 · 9:00–11:00 · J. Nguyen

Supported Maung with community access toward his goal of independent travel. Practised tapping on and off at the bus stop. Participant declined lunch and appeared withdrawn; offered a break and flagged for coordinator follow-up.

Dated same day | Facts, not conclusions | Linked to a goal | Signed

A good case note: contemporaneous, specific, tied to a goal.

SAFEGUARDING THAT SELLS

21 Incidents and complaints as a growth asset

Most providers fear complaints. The strongest providers use them. A functioning incident and complaints system is both a legal obligation and, handled visibly, one of the clearest trust signals a family or coordinator will ever see. How you respond when something goes wrong tells them everything about how you will treat the person they love.

- **Complaints must be acted on, not filed.** A complaints register with no evidence of action is worse than none, it proves you knew and did nothing.
- **Workers must be able to raise concerns safely,** and see them investigated rather than dismissed. That culture is exactly what the Commission looks for as evidence of duty of care.
- **Close the loop.** Tell the person what you found and what changed. This is where a complaint becomes loyalty.

TURN IT INTO A TRUST SIGNAL

- Tell every new family, up front, exactly how to raise a concern and what you will do. Confidence comes from knowing the path exists.
- Report outcomes and improvements back to coordinators. "Here is what we changed after feedback" is a referral magnet.
- Track themes across complaints and incidents. Fixing a recurring cause is both compliance and quality improvement, and it shows in your audit.

THE REFRAME

A strong incident and complaints process is not a cost centre. It is proof, to families, coordinators and the Commission, that you are a serious operator. That proof is what gets referred.

Complaint → **Act on it** → **Close the loop** → **Trust** → **Referral**

Handled well, and out loud, a complaint is where trust, and the next referral, are actually made.

PASS WITHOUT THE PANIC

22 Audit-readiness

An audit is not a test you cram for. It is a snapshot of whether your systems already run the way you say they do. Providers who scramble in the fortnight before an audit are the ones who fail; providers who keep the evidence current pass almost as a by-product.

- **Know your audit type.** Lower-risk supports need a **verification** audit (a lighter documentary check). Higher-risk supports need a **certification** audit, an initial and a mid-term stage, assessed against the Practice Standards and their quality indicators.
- **Evidence, not intentions.** Auditors assess against quality indicators, and each one wants a document, a record or a demonstrated process, not a policy that no one follows.
- **Governance and key personnel.** Current policies, a clear org structure, and up-to-date key-personnel records that match ASIC and the Commission's register.

STEAL THIS: THE ALWAYS-ON PRE-AUDIT CHECKLIST

- Every worker: current screening, orientation module, signed induction, in-date role training.
- Every participant: signed service agreement, current consents, plan on file, contemporaneous notes.
- Incidents: register current, reportable ones notified on time, actions closed out.
- Restrictive practices: authorised plans, reduction pathways, monthly data submitted.
- Claims: reconcile to service records; no off-list or over-limit items.
- Policies: reviewed within the last 12 months, version-dated, and actually in use.

A single connected system (like Provider Scale OS) that holds screening, training, incidents, notes and claims in one place turns audit prep from a fortnight of dread into a report you can run on the day.

Audit-readiness is a state you keep, not a sprint before the auditor arrives.

WHETHER, WHEN AND HOW

23 Registration: whether, when and how

Registration is one of the biggest strategic decisions you will make, and in 2026 it is partly being made for you. Here is how to think about it clearly.

- **Everyone has obligations already.** Registered or not, every provider must follow the NDIS Code of Conduct and can be investigated and banned. Being unregistered is not being unwatched.
- **Some must register now.** From 1 July 2026, SIL and platform providers must be registered. If that is you, this is not optional and the audit lead time is real.
- **Registration unlocks demand.** Registered providers can support agency-managed participants, are preferred by many coordinators, and signal a higher trust bar. For many providers that access outweighs the cost.

THE PATH, IN FOUR STEPS

1. **Self-assess** against the Practice Standards that apply to your registration groups, and close the gaps.
2. **Engage an approved quality auditor** for a verification or certification audit, matched to your risk level.
3. **Apply through the Commission,** including suitability and key-personnel declarations. Disclose history honestly, concealment is itself a contravention.
4. **Maintain it:** mid-term audit, renewal, and living evidence in between.

THE STRATEGIC READ

Treat registration as a growth lever, not just a rule. The trust it signals, and the participant pools it unlocks, are exactly the "confidence before the first conversation" that Part One is built on.

The path to registration in four steps. Disclose history honestly, concealment is itself a contravention.

FROM THEORY TO PIPELINE

Your 30-day growth & compliance plan

Run both tracks together. Growth fills the roster; compliance makes sure nothing you build gets taken away.

Week	Growth track	Compliance track
Week 1	Pick your ideal participant. Build ONE give-first asset. Set up a simple landing page and form to capture name, email and phone.	Audit worker screening and training expiries. Fix any gap today. Name an owner for the 24-hour incident clock.
Week 2	Launch ONE channel (Meta for awareness, or Google with the negative keywords). Load the 7-day cadence so every enquiry is nurtured.	Stand up your incident and complaints register. Confirm every behaviour support plan is current with a reduction pathway.
Week 3	Publish 3 AEO answer pages using the template. Personally reach 20 to 50 support coordinators, lead with value, not a pitch.	Reconcile a month of claims to service records. Drop any off-list item. Fix any note that does not match the roster.
Week 4	Fix the holes in your bucket: review the scorecard, follow up every open enquiry, book calm meet and greets.	Run the pre-audit checklist end to end. Close every gap. Decide your registration position for 2026.

WEEKLY GROWTH SCORECARD

- New enquiries captured
- Speed to first response (under 5 min)
- Contact rate (reached vs captured)
- Meet and greets booked
- Participants signed

WEEKLY COMPLIANCE SCORECARD

- Screening or training expiring in 90 days
- Open incidents, and any past a deadline
- Reportable incidents reported on time
- Restrictive practice monthly data submitted
- Claims rejected or held for review

PROVIDER SCALE
YOUR NDIS GROWTH PARTNER

YOUR NEXT STEP

The 2026 NDIS Growth & Compliance Strategy Call

You now have the system. The fastest way to put it to work is to apply it directly to your business, your region, your goals and your capacity. That is exactly what this call is for.

In 30 focused minutes, we will:

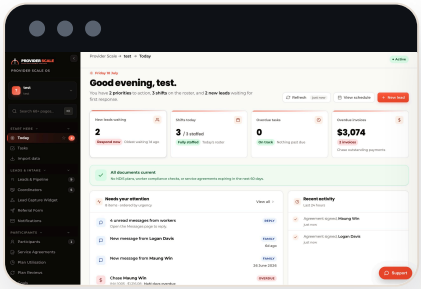
- Pinpoint exactly what is blocking your growth right now
- Review your lead capture and follow-up, and where enquiries are leaking
- Showcase our lead generation machine and funnel, the exact system we use to sign participants
- Map a simple, realistic 2026 growth and compliance plan for your business

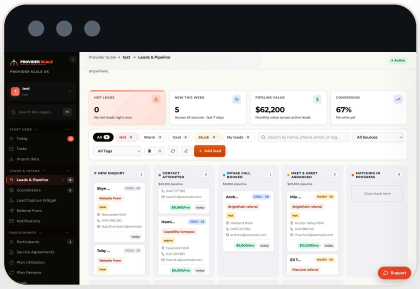
This is not a sales call. It is a clarity call. Most providers leave knowing exactly what to fix first, whether they work with us or not.

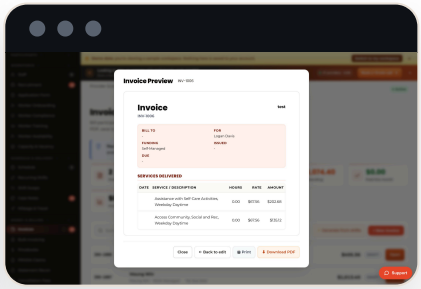
Book your free strategy call

cal.com/provider-scale/ndis-growth-call · 0470 627 565

EVERYTHING RUNS IN PROVIDER SCALE OS, FREE







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