LAUNCH YOUR DREAM | NDIS

A free resource for Australian NDIS providers

NOT READY FOR A DEMO? START HERE

How to Get Recommended to NDIS Participants

The referral playbook for Australian NDIS providers. How to get NDIS clients legitimately, and become a provider that coordinators name.

Written from the referrer's side of the table. It sets out how support coordinators, plan managers and families decide, drawing on published NDIA and NDIS Commission guidance and on standard sector practice.

- ✓ The nine referral pathways, and which ones still work in 2026
- ✓ The twelve checks a coordinator runs before naming you
- ✓ The Referral Pack that gets you shortlisted in one page
- ✓ Five ready to send reply templates, including the decline that wins the next referral
- ✓ The bright lines that attract regulators, and what to do instead
- ✓ Figures sourced from the NDIA's published March 2026 quarterly report

FOR INFORMATION PURPOSES ONLY. General information for Australian NDIS providers. Not legal, financial, compliance or professional advice, and no professional relationship is created. Confirm anything date sensitive at ndis.gov.au before acting on it.

Published by **Sharktech Global**, Melbourne and Sydney, Australia. lydndis@sharktech.com.au

BEFORE YOU START

Why this playbook exists

Most advice on how to get NDIS clients is written from the provider's side. This playbook is written from the other side. Two conversations happen in the NDIS market. Providers talk about marketing. Support coordinators, plan managers and families talk about risk. When a coordinator gives a participant a provider's name, they put their own judgement on the file. If that provider does not turn up, does not report, or bills for work never delivered, the coordinator has to explain it.

Most provider marketing misses this. You are not trying to persuade anyone that you are good. You are trying to be safe to recommend. You need to be easy to present alongside two other options. You also need to answer fast enough that the participant does not lose weeks of funded support.

So this is a playbook about how to get recommended to NDIS participants. That is a different question from how to market to them, and a more useful one. Nothing here involves paying for referrals, offering gifts, or leaning on a coordinator's obligations. Those tactics carry real regulatory risk. Part 8 covers them, so you can recognise them when someone offers them to you.

	WHAT IS INSIDE	PAGE
Part 1	The market you are actually competing in	3
Part 2	Why a referral is not a sale, and what that changes	4
Part 3	The nine referral pathways, ranked honestly	5
Part 4	The twelve checks a coordinator runs before naming you	7
Part 5	The Referral Pack, and a template you can fill in	9
Part 6	The intake standard that wins the referral	11
Part 7	Five reply templates you can send today	12
Part 8	Bright lines: conduct that attracts regulators	14
Part 9	Do this instead: compliant swaps for every banned tactic	15
Part 10	Getting recorded as a my provider in PACE	16
Part 11	The reform calendar, and the channel risk in it	17
Part 12	The 90 day referral engine	19
Part 13	Six numbers, and a scorecard out of 40	20
FAQ	Straight answers to nine questions providers ask	21
Notice	Terms of use and disclaimer	23

How to use this, and what it is not

Read Part 4 first if you only have ten minutes, then build the Referral Pack in Part 5. Those two moves change more outcomes than anything else in this document.

For information purposes only. This is general information for NDIS providers. It is not legal, financial or compliance advice. Figures and dates were current in September 2026. Rules and dates change. Check anything date sensitive at ndis.gov.au, ndiscommission.gov.au and health.gov.au. Get your own advice before any decision affecting your registration, your claims or your participants. The full notice is on the last page.

PART 1

The market you are actually competing in

Get the shape of the market right before you pick tactics. Every figure on this page comes from the NDIA's Quarterly Report for the quarter ending 31 March 2026. That was the most recent report published at the time of writing.

774,456

Participants with approved plans, 31 March 2026

277,376

Active providers paid in the March 2026 quarter

$50.1b

Total NDIS payments, 12 months to 31 March 2026

Three conclusions that should change your plan

1. The provider market is enormous in headcount and very thin in revenue. In the March quarter, plan managers paid 207,052 providers. Only 16,895 of them were registered at some point in that quarter. Registered providers are 8 per cent of that group, and they receive 58 per cent of the money. Only 2 per cent of unregistered providers were paid more than $100,000 in the quarter. For registered providers the figure is 40 per cent. Most of those 277,376 names are not competing with you seriously. They collect a handful of payments a year.

2. The gatekeepers are far more concentrated than the provider market. Sixty-eight per cent of participants use a plan manager for some or all of their funding. During the quarter, 526,376 participants used one. There were 1,462 plan managers. That number has sat between 1,443 and 1,481 for two years. Over the same period the participants they carry grew from 408,652 to 526,376. Nationally the referral market sounds vast. In your service area it is dozens of organisations, and they all know each other.

3. Value per participant is rising faster than participant numbers. At 31 March 2026 there were 36,808 participants receiving supported independent living. SIL payments over the year were $16.4 billion. That averages $447,100 per SIL participant. SIL payments have grown 11 per cent a year over two years. SIL participant numbers grew 4 per cent. If you deliver home and living supports, an empty room is the most expensive problem in your business.

The commercial question this raises

You are not short of an audience. You are competing for the attention of a small group of referrers in your own postcodes. Most of them carry more participants than they did two years ago. Marketing does not win their attention. Being provable in under a page does, and so does being reachable within hours. Both are operational problems, so you can fix them this month without a budget.

PART 2

Why a referral is not a sale

This is the part that reframes everything. Understand the position a coordinator is legally in, and the right strategy becomes obvious.

What the rules require of a coordinator

Every NDIS provider, registered or not, must comply with the NDIS Code of Conduct. The NDIA also expects providers to avoid conflicts of interest. A conflict may be actual, potential or perceived. Unavoidable conflicts must be declared and managed. So when a coordinator helps a participant choose a provider, they are expected to:

- recommend the supports best suited to the participant's needs, not the ones easiest to arrange
- provide alternative options so the participant can exercise real choice and control
- declare any relationship, related entity or benefit that could look like influence
- keep records of how any conflict was managed, and share them with the parties involved
- stay away from sharp practices. The NDIA describes these as unfair treatment or taking advantage of people, including over servicing, high pressure sales and inducements

What that means for you, in plain terms

There is no such thing as winning a coordinator. No coordinator can hand you a participant. Any coordinator who behaves as though they can is creating a problem for both of you. What they can do is present two or three genuine options. So your real objective is narrower than most provider marketing assumes:

> **Be one of the two or three names that are safe to present. Then be the one the participant chooses.**

Safe to present has a specific meaning. It means that if the participant picks you, the next ninety days stay quiet. No complaint. No billing dispute. No missed shift. No reassessment without a report to support it. Every check in Part 4 is a proxy for that one question.

The currency is the coordinator's professional risk

Coordinators keep informal ledgers. A provider who answers within four hours goes to the top of that ledger. So does a provider who says honestly that they cannot help, then names someone who can. A provider who takes eight days to reply, says yes, then starts in six weeks gets crossed off. It happens quietly, and they never find out why. Nobody sends a rejection email. The referral simply goes elsewhere next time.

This is why the decline template in Part 7 matters more than the acceptance template. Saying no well is the cheapest reputation you will ever buy, and it is completely compliant.

PART 3

The nine referral pathways

Ranked by what actually produces participants, with the lead time to expect and the specific thing that earns the referral. Do not work all nine. Pick three that match your supports and geography, and do them properly.

PATHWAY	WHO DECIDES	LEAD TIME	WHAT EARNS IT
1. Support coordinators and specialist support coordinators	Participant chooses; the coordinator shortlists	Days to weeks	A current one page Referral Pack, a real start date, and reports that arrive without chasing.
2. Plan managers	Participant chooses; the plan manager is often asked first	Weeks	Clean, accurate invoicing and being easy to pay. Never money, never a fee. Note the reform in Part 11.
3. Local Area Coordinators, NDIA partners and early childhood partners	Participant chooses; partners hold the information	Weeks to months	Accurate service descriptions and suburb level coverage they can pass on without favouring you.
4. Allied health and behaviour support practitioners	Participant, acting on clinical advice	Weeks	Following the therapy or behaviour support plan and writing notes a clinician can use.
5. Hospital discharge, transition care and community mental health teams	The team plus the participant, under time pressure	Hours to days	Genuinely being available at short notice, and giving a yes or no the same day.

The pattern in the first five

Not one of them is won by advertising. Every one is won by information quality and response speed. That is the entire discipline.

Why pathway 5 rewards speed more than any other

In the March 2026 quarter the NDIA met its four day contact target for 96 per cent of hospital admissions it was told about. The average wait from medically ready to discharged was 15 days. More than half were discharged on the day they were ready. Discharge teams work to a clock. The provider who answers on the day gets the participant. If you cannot answer within hours, do not work this pathway.

PATHWAY	WHO DECIDES	LEAD TIME	WHAT EARNS IT
6. GPs and other health professionals	Participant, over a longer horizon	Months	Plain English one pagers and evidence they can use for access requests and plan reassessments.
7. Participants, families, carers and peer networks	Participant, on trust	Months, then compounds	Service quality people talk about, plus asking for a written review at the right moment.
8. Search, directories and the NDIS provider finder	The family, usually at night	Immediate	Answering the questions people actually type, correct listing details, and a human who replies after hours.
9. Complementary providers	Mutual, participant confirms	Weeks	A published list of what you do not do, so others can refer to you without competing with you.

Two pathways almost everyone underrates

Pathway 7, word of mouth, converts better than everything else combined. Families in the same school, peer group or online parent community trade provider names constantly. That recommendation carries more weight than any coordinator's shortlist. It is slow to start and impossible to fake. The only lever is service quality. Add the discipline of asking a happy participant for a review while they are happy.

Pathway 8 is where the enquiry actually arrives. Families search in the evening, after work and after the children are settled. Coordinators clear their inbox late. If your first response is at 9am the next business day, you were second. Part 6 sets the standard that fixes this, and it is a rostering decision rather than a marketing spend.

Choose three, not nine

A provider covering six suburbs with two support types should run pathways 1, 8 and 7, in that order. Add pathway 5 only if you can genuinely respond within hours. Nine pathways done at ten per cent produce nothing. Three done properly produce a pipeline.

A first contact with any referrer, in three sentences

This is all a first approach needs to be. No brochure, no meeting request, no offer of anything.

1. **Sentence one.** Who you are, what you deliver, and the exact suburbs you cover.
2. **Sentence two.** Your current capacity and earliest start date, as a date.
3. **Sentence three.** What you do not deliver, so they know when not to call you.
4. **Then stop.** Attach the Referral Pack and leave it there. The follow up is your monthly capacity update, not a phone call three days later.

PART 4

The twelve checks a coordinator runs before naming you

This is the list, in the order it is usually applied. Fail checks 1, 2 or 5 and nothing else gets read.

1. **Real capacity, with a date.** “We have capacity” is not capacity. Give the earliest start date. Give the days and hours you can actually staff. Say how many participants you can take this month. If that changes, say so before you have been offered to anyone.
2. **Coverage by suburb, not by region.** “All of Sydney” reads as “we will send whoever is free, from wherever they live”. List the suburbs or postcodes you genuinely service, and say where travel charges start.
3. **Worker match.** Gender, language and cultural background. Whether the worker drives. Comfort with animals in the home, and smoking. Hoist and transfer experience, mealtime management, and experience working to a behaviour support plan. Most placements fail on match, not on quality.
4. **What you do not do.** The provider who states their limits is the one a coordinator trusts with a referral. Publish the exclusions. It costs you nothing, and it removes the risk of a bad placement.
5. **Registration status against plan management type.** Agency managed participants need a registered provider. Get this wrong and we lose a fortnight. State your registration status, your registration groups, and which plan management types you can serve.
6. **Service agreement quality.** Plain English, clear notice periods, and cancellation terms consistent with the current NDIS pricing arrangements. If a participant cannot understand it, the coordinator has to translate it. They will favour the provider whose agreement does not create that work.
7. **Cancellation and no show policy, in writing, up front.** Surprise charges generate more complaints than any other single issue. Put the policy in the Referral Pack, not buried on page nine of the agreement.

The five minute test

Open your website and your capability document. Can a coordinator answer checks 1, 2, 4 and 5 in under two minutes, without emailing you? If not, that is your first job this week. It is worth more than a month of posting on social media.

8. **Reporting.** Whether progress notes and reports arrive before a plan reassessment, without three reminders. This one affects whether a participant keeps their funding. That is why it decides whether a coordinator uses you again.
9. **Incidents and complaints.** A named contact, a stated response time, and a process a participant can actually follow, including their right to go to the NDIS Commission. Providers who hide this look like providers who have something to hide.
10. **Conflict of interest position, in writing.** Declare related entities and common ownership. Never make one support conditional on taking another from you or from a business you are connected to. That is exactly the conduct the NDIA names as limiting choice and control.
11. **Handover and exit behaviour.** How you leave matters more than how you arrive. Providers who hand over cleanly get named again within a month. That means notes and a warm introduction. Providers who go quiet cost the coordinator a week, and do not come back onto the list.
12. **Who answers after 5pm.** Most first contacts arrive outside business hours. Families are working, and coordinators clear their inbox late. So say what happens to an enquiry at 7pm on a Thursday. If the honest answer is nothing until Monday, fix that before you spend anything on marketing.

> **What none of these checks are about**
>
> Not one of the twelve is about your logo, your slogan, your years in business, or how much you care. Every provider says they care. The twelve checks are about whether the next ninety days stay quiet. Answering them in writing is uncommon, and it is where to start.

The one question worth asking every coordinator you meet

Not “do you have anyone for us”. That question asks them to do something they are not allowed to do. It also marks you as someone who does not understand their obligations. Ask this instead:

> **“What do providers most often get wrong with your participants?”**

The answer is usually specific and practical. It tends to be about reporting, rostering consistency, or communication when something goes wrong. Fix the thing they name. Tell them in one line that you have fixed it. Few competitors do that. It also costs nothing and offers nothing of value, which is the test every activity in this playbook has to pass.

PART 5

The Referral Pack

One document, two pages, updated on the first of every month. It replaces the brochure, the capability statement and the pitch deck, and it is the single highest return asset in provider growth.

What goes in it

- ✓ Legal name, trading name and ABN, exactly as they appear on your invoices
- ✓ Registration status. Give your provider registration number and registration groups. If unregistered, say so, and say which plan management types you can serve
- ✓ Suburbs or postcodes covered, and where travel charges begin
- ✓ Supports delivered, named the way they appear in the support catalogue, not in marketing language
- ✓ Current capacity: earliest start date, days and hours available, places open this month
- ✓ Worker profile summary: languages, gender mix, driving, and relevant experience
- ✓ Intake process and response times, with a named intake contact, direct number and email
- ✓ Service agreement and cancellation terms, summarised in three lines
- ✓ Insurance, worker screening and qualification confirmations
- ✓ Conflict of interest statement, including any related entities
- ✓ Complaints process, including the participant's right to contact the NDIS Commission

What to leave out

- Stock photography and slogans. They take up the space where your start date should be.
- Any use of the NDIS name, acronym or logo that implies endorsement or affiliation.
- Claims you cannot hold, including guaranteed outcomes and “NDIS approved”.
- Anything of value offered to the person reading it. See Part 8.

Distribution, done properly

Attach it as a PDF to every reply. Keep it on one URL that never changes, so the version in a referrer's inbox stays current. Send a short capacity update on the first of the month. Few providers keep that habit up.

PART 5, CONTINUED

Referral Pack template

Fill this in, keep it to two pages, and date it. Replace the square brackets and delete nothing.

PAGE ONE

[Legal name] trading as **[Trading name]** | ABN [number]

Registration: [Registered. Provider registration number and registration groups] or [Unregistered. We can serve plan managed and self managed participants.]

Supports we deliver: [list, using support catalogue names]

We do not deliver: [list the exclusions plainly]

Suburbs covered: [list] | **Travel charged from:** [suburb or radius]

Capacity as at [date]: [n] places open. Earliest start [date]. Available [days and hours].

Worker profile: [languages], [gender mix], [driving], [relevant experience, for example hoist transfers, mealtime management, behaviour support plans]

Intake: [Name], [direct number], [email]. Acknowledgement within [4] business hours. Written answer within [2] business days.

PAGE TWO

How we start: [step 1, step 2, step 3, with the number of days each takes]

Service agreement: [plain English, length, notice period, review point]

Cancellation and no show policy: [state it in two lines, consistent with the current NDIS pricing arrangements]

Reporting: [what we send, how often, and how long before a plan reassessment]

Incidents: [named contact], [response time], [escalation path]

Complaints: [process]. Participants can also contact the NDIS Quality and Safeguards Commission on 1800 035 544.

Conflict of interest: [related entities and common ownership, or “none”]. We do not make any support conditional on taking another support from us.

Insurance and screening: [public liability and professional indemnity, expiry dates], [worker screening checks held], [qualifications]

Version: [month and year]. Current version always at [one permanent URL].

Do not skip the version line

Capacity information goes stale in about three weeks. An undated pack tells a coordinator that your capacity claim cannot be trusted, which is worse than sending nothing at all.

PART 6

The intake standard that wins the referral

Referrals are won and lost in the first twenty four hours. This is a standard worth holding. It needs no budget, only a roster and a rule.

CONTACT TYPE	RESPONSE TARGET	WHO OWNS IT	WHAT MUST BE IN THE REPLY
Acknowledgement	Within 4 business hours	Named intake person	Confirmation you received it, the name of the person handling it, and when they will come back with a full answer.
Full written answer	Within 2 business days	Intake person	Whether you can help, your earliest start date, what you need next, and your current Referral Pack attached.
Yes or no, in writing	Within 5 business days	Intake person	A definite position. An unanswered request is read as a no, and it costs you the next referral as well as this one.
After hours enquiry	Same evening ac knowledgement	On call or a monitored mailbox	A real reply that names a person and a callback time. An automated receipt is better than silence, but not much better.
Urgent or hospital discharge	Within 4 hours, same day	Manager	A same day yes or no. These referrers cannot wait, and they remember who answered.

The four things every first reply must contain

1. **Whether you can help.** Not “let us have a chat”. A position.
2. **When you could start.** A date, not “soon” or “subject to capacity”.
3. **What you need next.** One or two items, not a nine field form attached as a spreadsheet.
4. **One named human.** With a direct number. Not info@, not a general line, not a chatbot.

Why after hours decides so much of this

Think about who is contacting you. A parent finishing work at six, settling children, then opening a laptop at nine. A coordinator with a caseload, clearing an inbox after their last visit. A hospital team trying to discharge on a Friday afternoon. The enquiry rarely arrives between nine and five, and the participant is almost never contacting only one provider.

Ask what happens to an enquiry at 7pm on a Thursday. If the honest answer is nothing until Monday, you are paying to generate enquiries that someone else converts. Fix the response system before you spend another dollar on being found.

PART 7

Five reply templates

Send these as they are. They are deliberately short, they contain no marketing language, and none of them offer anything of value to the referrer.

TEMPLATE A. Accepting a support coordinator's request

Subject: [Participant initials] - yes, we can help, start [date]

Hi [name],

Thanks for the request. Yes, we can support [participant initials] with [support type] in [suburb].

Earliest start: [date]. Availability: [days and hours]. Worker: [gender, language, driving, relevant experience].

To confirm, I need [item one] and [item two]. Once I have those I will send the service agreement within [one] business day.

Current Referral Pack attached, including our cancellation policy and complaints process. If the participant would like other options to compare, I am happy for you to present ours alongside them.

[Name], [direct number]

TEMPLATE B. The decline that wins the next referral

Subject: [Participant initials] - no capacity until [date], two alternatives

Hi [name],

Thanks for thinking of us. I cannot take this one. We are full for [support type] in [suburb] until [date], and I would rather tell you now than hold you up.

Two providers who cover that area and were taking referrals as at [date]: [Provider one, contact] and [Provider two, contact]. I have no financial or business relationship with either. I am passing them on as options to check, not as recommendations.

If it is still open after [date], I would be glad to look again.

[Name], [direct number]

Why template B outperforms template A

A fast, honest no with two alternatives is one of the most useful messages in this document. It costs you a participant you could not have served anyway. It buys a position at the top of a coordinator's ledger. Note the wording. Options, not recommendations. No relationship declared, because there is none. Never accept anything of value for passing a name on. That turns a professional courtesy into a prohibited referral arrangement.

PART 7, CONTINUED

Templates C, D and E

TEMPLATE C. Monthly capacity update to your referral network

Subject: [Provider name] capacity, [month]

Hi [name],

Quick monthly update so you know what we can actually take.

Open now: [n] places, [support type], [suburbs], earliest start [date].

Full until: [date] for [support type] in [suburbs].

New this month: [worker with a specific skill, a new suburb, an extended service window].

Referral Pack attached, current as at [date]. If it is easier, the latest version always sits at [permanent URL].

[Name], [direct number]

TEMPLATE D. Asking a participant to record you as a my provider

Subject: Recording us in your NDIS plan

Hi [name],

The NDIA needs us recorded in your plan under my providers, so we can claim correctly for the supports we deliver. Only you, your nominee or your guardian can do this. We cannot do it for you, and neither can your support coordinator.

If you would like to go ahead, call the NDIA on 1800 800 110, or speak to your my NDIS contact. Give them these details:

Provider name: [exactly as registered]. NDIS provider registration number: [number]. ABN: [number].

You can remove us at any time, and recording us does not lock you in or stop you using other providers.

[Name], [direct number]

TEMPLATE E. Handover when a participant exits

Subject: [Participant initials] - handover, last service [date]

Hi [name],

Confirming [participant initials] finishes with us on [date]. Everything is up to date and there are no outstanding invoices beyond [date].

Attached: current progress notes, [risk assessment or support plan], and the last [three] months of service records.

Worth passing on to the next provider: [two or three specific things. For example, the participant prefers morning shifts, or one routine works and another does not].

Happy to speak with the incoming provider if that helps. No charge for that call.

[Name], [direct number]

A note on template E

Exits are where reputations are actually set. A clean handover puts you back on the list within a month. Going quiet on the way out is remembered for years, and it is the reason some technically good providers never get a second referral.

PART 8

Bright lines

Each item below has, in reported cases, drawn regulatory action against providers. If anyone proposes one of them to you, treat it as a signal to walk away. Check your own position with your adviser rather than relying on this list.

- **Paying, or accepting, anything of value for a referral.** Cash, gift cards, holidays, per participant fees, or a "marketing agreement" that pays on a referral trigger. The NDIS Commission has said practices that commodify participants are not supported by the Code.
- **Offering inducements to participants** that have no link to their plan, in order to attract or keep them.
- **Making one support conditional on taking another**, from you or from a business you are connected to.
- **Claiming or implying NDIS endorsement.** "NDIS approved", "NDIS registered" when you are not, or a business name that suggests official affiliation.
- **Guaranteeing outcomes.** Improved independence, funding increases, approval rates. None of it is yours to promise.
- **Fear based urgency.** Warning people they will lose funding unless they act now.
- **High pressure selling** at planning meetings, in hospital wards, or in someone's home.
- **Targeting another provider's participants** with switch messaging designed to move them.
- **Using a participant's image, name or story** without documented, informed consent.
- **Acting as a participant's nominee** while also delivering or paying for their supports.

What enforcement actually looks like now

The NDIA launched a targeted campaign on misleading advertising in August 2024. By the Government's announcement of 4 December 2025, its market monitoring team had made three sets of referrals. It sent 604 instances of concerning practices to the ACCC under Australian Consumer Law. It sent 112 likely breaches of the NDIS Code of Conduct to the NDIS Commission. It sent 6 integrity matters to the Fraud Fusion Taskforce. More than $100,000 in fines has been paid by businesses over alleged misleading claims about NDIS endorsement, according to that announcement. The NDIA states plainly that it does not endorse or approve any product or service.

The Fraud Fusion Taskforce was investigating more than 630 allegations at the end of March 2026. More than 2,500 problematic providers have been removed from the NDIS since it began in November 2022. In the March 2026 quarter, more than 19,200 high-risk claims worth over $53.5 million were reviewed before payment. Two out of every three were rejected.

One thing you are allowed to do. Registered providers may use the 'I heart NDIS' and 'I support NDIS' logos with the tagline 'Registered Provider'. The NDIS logo guidelines set the conditions. That is the line between showing your registration and implying an endorsement that does not exist.

The three question test

Before you run any growth tactic, ask three questions. Does anything of value pass to the person making or influencing the referral? Would the participant still have a genuine choice afterwards? Could you show the arrangement to the NDIS Commission without explaining it away?

PART 9

Do this instead

Every prohibited tactic exists because it solves a real problem. Here is the compliant move that solves the same problem, usually better and always more durably.

INSTEAD OF THIS	DO THIS
Paying a coordinator a referral fee	Send a current Referral Pack that saves them thirty to forty minutes of research per participant. Their time is the thing they are actually short of, and it is legal to give them more of it.
Gift cards or gifts at sign up	Give something useful with no obligation attached. A plain English enquiry checklist, an access evidence guide, or a question list for choosing any provider.
“NDIS approved” in your advertising	State your registration number, your registration groups, and the plan management types you can serve. Specific and verifiable beats impressive and misleading.
Cold calling or door knocking participants	Be findable when a family searches at nine at night, and answer that night. Inbound enquiries convert better and carry no conduct risk.
Sponsoring a coordinator's event for exposure	Deliver genuine training with no pitch and no gift. Teach something you actually know, such as mealtime management, or changing providers without losing supports.
Chasing fifty coordinators	Serve eight exceptionally, report on time every time, and ask each for a written review. Eight referrers who have seen your work are usually worth more than fifty who have not.
Guaranteeing outcomes	Publish your operational numbers instead: median days from enquiry to first service, your fill rate, your reporting turnaround. Coordinators believe numbers they can test.
Poaching another provider's participants	Publish what you do not do. It sounds counterintuitive, and it is the reason other providers will refer to you rather than treat you as a threat.

The underlying principle

Every banned tactic tries to buy a decision that belongs to the participant. Every compliant alternative makes that decision easier to make in your favour. The second approach is slower for about ninety days and then it compounds, because reputation does not reset when the rules change.

PART 10

Getting recorded as a my provider

Service bookings are gone. Under the NDIA's PACE system, being recorded under my providers is how claiming authority works. Providers still lose money every month by misunderstanding it.

Who has to be recorded

PLAN MANAGEMENT TYPE	RECORDED?	WHAT IT MEANS IN PRACTICE
Agency managed	Yes, every provider	The participant must record each provider they want to work with, or funding cannot be accessed for those services.
Plan managed	The plan manager must be	Recording other providers is optional. The plan manager has to be recorded before they can pay anyone.
Self managed	Optional	Participants can record providers under my providers, but they are not required to.
SDA, home and living including SIL, and behaviour supports	Yes, always	You must be recorded regardless of how the plan is managed. If you are not, claims can be rejected automatically.

Who can actually do it

Only the participant, their nominee or their guardian. A support coordinator cannot record a provider for them, and neither can you. It is done by calling the NDIA on 1800 800 110, or through the participant's my NDIS contact. It can happen at a plan meeting, at a plan implementation meeting, or at any other time.

The three details to give the participant

- ✓ Your provider name, exactly as it is registered
- ✓ Your NDIS provider registration number
- ✓ Your ABN

How to ask without creating a problem

Put it in writing. Explain what recording does and does not do. Make clear the participant can remove you at any time and is not locked in. Template D in Part 7 is worded for exactly this. Do not present it as a condition of service. Do not chase it repeatedly, and do not ask a coordinator to arrange it. That turns an administrative step into a pressure tactic, and it reads as one.

The avoidable loss

Home and living, SDA and behaviour support providers regularly deliver weeks of service before discovering they were never recorded. The claims are then rejected. Make the my providers check a step in your intake process. Do it before the first shift, not after the first invoice.

PART 11

The reform calendar, and the channel risk in it

If most of your participants arrive through one channel and that channel has a legislated end date, you have a single point of failure. Dates below are drawn from the Department of Health, Disability and Ageing and the NDIS Commission, and were current in September 2026.

DATE	WHAT CHANGES	WHAT IT MEANS FOR YOUR REFERRALS
1 July 2026 (in force)	Mandatory registration commenced for supported independent living and NDIS digital platform providers, with a new registration group 0138 and a SIL-specific practice standards module.	Read the next panel. This is not a ‘registered by’ date, and one deadline in it has not passed yet.
27 August 2026 (in force)	First changes under the Securing the NDIS for Future Generations Act 2026, which received Royal Assent on 20 August 2026. Tighter criteria for unscheduled plan reassessments, plus record-keeping duties, with records to be kept for seven years.	Only participants, nominees or guardians may request an unscheduled reassessment. Any provider who grew by prompting reassessments has lost that channel.
1 October 2026	Thriving Kids services begin rolling out. Social, civic and community participation budgets and capacity building daily activity budgets start being reset progressively as plans are reassessed or renewed.	If early childhood is your market, part of the under-nine cohort moves outside the NDIS over time. If you deliver community participation, expect budget pressure per participant.
1 December 2026	The window to claim for a support drops from two years to 90 days from the date the support was delivered.	Late invoicing stops being an annoyance and becomes lost revenue. Plan managers will chase you harder, and slow billing will cost you referrals from them.
1 February 2027	Plan renewals replace many continuations. Unspent funds from the previous plan are not carried over. Tighter reasonable and necessary criteria begin for new entrants.	Slow onboarding now costs the participant money directly. Fast intake becomes a genuine advantage you can point to.
1 April 2027	Participants start transitioning to new framework planning, including a support needs assessment.	The conversation that decides your funding changes. Your reports become the evidence base.
1 July 2027	Expanded mandatory registration begins for higher risk supports. That includes personal care, daily living, and supports in closed settings. All in-scope providers must be registered by December 2030. A separate NDIA provider enrolment system also begins.	Registration becomes market access rather than a preference. Enrolment is a separate duty from registration.
1 October 2027	A commissioned panel of plan management providers begins, with a six month transition. Plan managers are to be barred from delivering any other NDIS supports.	Plan manager relationships change shape completely. Treat them as an information channel only, and never as a commercial one.
1 July 2028	A newly commissioned support coordination function begins.	The pathway most providers depend on most heavily is being redesigned. Assume the people, the incentives and the process all change.

PART 11, CONTINUED

Two things in that calendar are commonly misread

1. The SIL date is a transition, not a deadline to hold a certificate

The NDIS Commission published transition pathways rather than a hard switch. Were you already delivering SIL while unregistered? You have until 1 October 2026 to lodge your application, and you can keep delivering while it is assessed. Were you not already delivering SIL? Then there is no grace period. You cannot start until your registration is approved, and certification audits commonly run six to twelve months. Providers already registered under group 0115 have their registration varied and are audited at renewal. The new SIL practice standards apply to them now. Mandatory registration for support coordination was identified as a reform area, and is currently paused.

2. The ban on kickbacks and inducements is legislated, with no published start date

The Act bans providers from offering kickbacks and inducements. It also creates new offences covering false or misleading information and destroying records, and strengthens whistleblower protections. At the time of writing, no commencement date had been published for the ban. Read that as a reason to stop such arrangements now. It is not a reason to think they are still permitted. They already breach the Code of Conduct, which applies to registered and unregistered providers alike.

The strategic conclusion

Support coordination is being replaced by a commissioned model. Plan management is moving to a panel. Both are channels you do not own and cannot control. Four channels you do own are untouched by every date in that table. Those are your reputation with families, your presence when someone searches, your own contact list, and the quality of your service.

Two moves follow. If any single channel gives you more than half your participants, start a second one this quarter. And put at least as much effort into owned channels as referred ones, because owned channels survive legislation.

Confirm before you act

Several of these measures remain subject to consultation and design work, and commencement dates have moved before. Check ndis.gov.au, the NDIS Commission reform hub, and health.gov.au before making a decision that depends on any one date.

PART 12

The 90 day referral engine

No advertising budget, no agency, no new software. Twelve weeks of specific work in the order that produces results fastest.

Weeks 1 and 2: fix what a referrer sees

- ✓ Build the Referral Pack from Part 5. Two pages, dated, on one permanent URL.
- ✓ Publish your suburb list and your exclusions on your website, on their own page.
- ✓ Write your intake standard from Part 6 on one page and put a named person against each response target.
- ✓ Decide, this fortnight, what happens to a 7pm Thursday enquiry, and roster it.

Weeks 3 and 4: map who can actually refer to you

- ✓ List twenty five real referrers inside your suburbs: coordinators, plan managers, allied health practitioners, NDIA partner staff, complementary providers.
- ✓ For each, record the organisation, the name, and one specific thing they need. Not a mail merge list, a working list.
- ✓ Claim and correct every directory and provider finder listing, so the details match your invoices exactly.

Weeks 5 to 8: one useful contact each, no pitch

- ✓ Send each of the twenty five one genuinely useful item: the Referral Pack, plus one thing that helps them do their job.
- ✓ Offer four short training sessions on something you actually know. No pitch, no gift, no catering that could be read as an inducement.
- ✓ Answer every enquiry to the Part 6 standard, and record the response time each time.

Weeks 9 to 12: make it repeat

- ✓ Send Template C, your monthly capacity update, on the first of the month. Every month, without exception.
- ✓ Ask your first five satisfied participants or families for a written review, at the moment something has gone well.
- ✓ Review the six numbers in Part 13 and cut whichever channel produced nothing in twelve weeks.

Weekly minimums, if you only track one thing

Five referrer contacts a week. One hundred per cent of enquiries acknowledged inside four business hours. Zero unanswered requests older than five business days. These are activity targets, not a promise of results. Results depend on your service, your market and your pricing.

PART 13

Six numbers, and a scorecard

If you cannot see these six numbers, you are guessing. All six live in one spreadsheet and take ten minutes a week.

THE NUMBER	HOW OFTEN	WHY IT MATTERS
1. Enquiries received	Weekly	Count every one, including the ones you decline.
2. Source of each enquiry	Weekly	Which of the nine pathways. This is the number that tells you where to stop spending.
3. Median time to first response	Weekly	In business hours. If it is above four, nothing else on this list will improve.
4. Enquiry to signed agreement	Monthly	As a percentage. Below twenty per cent usually means an intake problem, not a lead problem.
5. Median days to first service	Monthly	First contact to first shift or session. Coordinators care about this more than your pricing.
6. Declines and 90 day retention	Monthly	Why participants say no, and how many stay past ninety days. Retention is your referral engine.

Referral readiness scorecard

Score each statement from 0 (not true) to 4 (completely true and documented). The point is to find the gap, not the score.

STATEMENT	SCORE
A coordinator can find our suburb list, supports and exclusions without emailing us	0 1 2 3 4
Our Referral Pack is two pages, dated within the last thirty days, and on a permanent URL	0 1 2 3 4
We can state a real start date today, not “subject to capacity”	0 1 2 3 4
Every enquiry is acknowledged within four business hours, including after hours	0 1 2 3 4
We give a written yes or no within five business days, every time	0 1 2 3 4
Our cancellation policy is in writing and given before the service agreement is signed	0 1 2 3 4
Reports and progress notes arrive before a plan reassessment without reminders	0 1 2 3 4
Our conflict of interest position and related entities are declared in writing	0 1 2 3 4
We hand over cleanly when a participant leaves, including notes and a call	0 1 2 3 4
No part of our growth depends on anything of value passing to a referrer	0 1 2 3 4

Reading your score

32 to 40. You are referable, so your constraint is visibility. Work pathways 7 and 8.
20 to 31. You lose referrals on process, not quality. Fix Parts 5 and 6.
Below 20. Pause marketing spend. Every enquiry you generate is being converted by someone with a worse service and a better inbox.

QUESTIONS PROVIDERS ASK

Straight answers to nine common questions

Short answers first. Every one of these is covered in more detail earlier in the playbook.

How do you get NDIS clients as a new provider?

You make yourself easy to recommend and quick to reach. In practice that means four things. A current two page Referral Pack with a real start date. A published suburb list. An intake standard that answers within four business hours. Correct listings wherever participants search. Advertising does not fix a slow inbox.

Can you pay a support coordinator for referrals?

No. Offering, asking for or accepting anything of value for a referral risks breaching the NDIS Code of Conduct. That Code applies to registered and unregistered providers alike. It covers cash, gift cards, holidays, per participant fees, and marketing agreements that pay on a referral trigger.

Are support coordinators allowed to recommend one provider?

They are expected to offer genuine options rather than steer a participant to one provider. They must also declare and manage any conflict of interest. So the realistic goal is to be one of the two or three names presented, then to be the one the participant chooses.

What do support coordinators actually check before referring?

Real capacity with a date. Suburb level coverage. Worker match. What you do not do. Registration status against the participant's plan management type. Service agreement and cancellation clarity. Reporting reliability. Incident and complaint handling. Conflict of interest disclosure. Exit behaviour. And who answers after 5pm.

Do you have to be a registered NDIS provider to get participants?

No, but registration decides who you can serve. Agency managed participants need a registered provider. In the March 2026 quarter, registered providers were 8 per cent of those paid through plan managers. They received 58 per cent of the money. Only 2 per cent of unregistered providers were paid more than $100,000 that quarter.

How do you get recorded as a my provider in PACE?

Only the participant, their nominee or their guardian can do it. They call the NDIA on 1800 800 110, or go through their my NDIS contact. Give them three details: your provider name as registered, your NDIS provider registration number, and your ABN. Providers of SDA, home and living including SIL, or behaviour supports must be recorded whatever the plan management type. Otherwise claims can be rejected.

Can you say you are NDIS approved?

No. The NDIA does not endorse or approve any product or service. Claims such as NDIS approved or 100 per cent NDIS funded are likely to breach Australian Consumer Law. Registered providers may use the approved NDIS logos with the tagline Registered Provider, under the NDIS logo guidelines.

What is the fastest way to lose a referral relationship?

Silence. An unanswered request is read as a no. It costs the next referral as well as this one. A fast, honest decline with two alternatives keeps you on the list.

What is changing that affects referrals?

From 1 December 2026, claims must be made within 90 days of delivery. A commissioned panel of plan managers begins on 1 October 2027. Plan managers are to be barred from delivering other supports. A newly commissioned support coordination function begins on 1 July 2028. Diversify your channels before then.

WHERE TO NEXT

You now have the list. The gap is execution.

Nothing in this playbook requires a marketing budget. It requires a Referral Pack, an intake standard someone owns, and the discipline to answer an enquiry the evening it arrives. The providers who handle the next two years of reform well tend to treat those three things as operations, not marketing.

Want a second set of eyes on where your referrals are leaking? The fastest diagnostic is the scorecard in Part 13 plus your last twenty enquiries. That combination shows whether the problem is visibility, response time or service quality. It takes about twenty minutes. Those three problems need different fixes, and most providers spend money on the wrong one.

Talk it through with us

Send us your scorecard total and last month's enquiry count. We will come back with the two changes we would prioritise first, and why. No obligation, and no cost. We cannot promise a particular result, because that depends on your service and your market.

lydndis@sharktech.com.au | lydndis.com

Where the information in this playbook comes from

- NDIA, **Quarterly Report Q3 2025-26** (quarter ending 31 March 2026): participant, provider, payment, plan manager, supported independent living, hospital discharge and fraud figures.
- NDIA, **What is a conflict of interest**, page current as at 10 June 2026. Also the NDIA position statement on conflicts of interest in the provider market.
- NDIA, **Cracking down on misleading promotion of NDIS approved products**, 4 December 2025. Source for the referral counts, the fines paid, and NDIS logo permissions.
- NDIS Quality and Safeguards Commission. The **NDIS Code of Conduct**, the **NDIS Practice Standards**, and the reform hub pages on mandatory registration and SIL transition pathways.
- NDIA guidance on **my providers** in PACE, and on how support coordinators connect with participants through a request for service.
- Department of Health, Disability and Ageing, **Securing the NDIS for future generations**. The published implementation timeline, the About the changes page, and the revised explanatory memorandum.

FOR INFORMATION PURPOSES ONLY

This document is general information for NDIS providers. It is not legal, financial, compliance or professional advice. Figures and reform dates were current in September 2026. The full notice, including the limits on liability, is on the next page. Published by Sharktech Global, Melbourne and Sydney, Australia.

IMPORTANT NOTICE

Terms of use and disclaimer

Please read this notice before you act on anything in this document.

- **Information only.** This document is general information for NDIS providers. It is not legal, financial, accounting, tax, compliance or other professional advice. It creates no professional, advisory or client relationship with Sharktech Global or any of its related entities.
- **No reliance.** Do not rely on this document. It does not take account of your circumstances, your registration, your service mix or your participants. Get your own professional advice before you act.
- **No warranty.** The content is drawn from the public sources listed on the previous page and was current in September 2026. Legislation, rules, prices, guidance and commencement dates change, and several measures described here remain subject to consultation. Sharktech Global gives no warranty that the content is accurate, complete or current.
- **Limitation of liability.** To the maximum extent permitted by law, Sharktech Global and its related entities, officers, employees and contractors exclude all liability for any loss, damage, cost or expense arising from any use of, or reliance on, this document. Nothing in this notice excludes, restricts or modifies any right or remedy under the Australian Consumer Law that cannot lawfully be excluded.
- **No affiliation or endorsement.** Sharktech Global and Launch Your Dream NDIS are not affiliated with, endorsed by, approved by, or acting on behalf of the National Disability Insurance Agency, the NDIS Quality and Safeguards Commission, or any government body. The NDIA does not endorse or approve any product or service. NDIS and related names and logos are the property of their respective owners and are referred to here for identification only.
- **Third party material.** Statistics attributed to the NDIA are summarised from its published reports rather than reproduced, and remain the copyright of the National Disability Insurance Agency. References to third party organisations, websites and publications are provided for convenience. Sharktech Global does not control them and is not responsible for their content.
- **Perspective, not a personal account.** Descriptions of how support coordinators, plan managers, partners and families make decisions are a general account. They are based on published NDIA and NDIS Commission guidance and on common sector practice. They are not statements about, or advice from, any identified individual, organisation or participant, and no examples refer to real people.
- **Your obligations remain yours.** You are responsible for complying with the National Disability Insurance Scheme Act 2013, the NDIS Code of Conduct, the NDIS Practice Standards, the current NDIS pricing arrangements, the Australian Consumer Law, privacy law and every other law that applies to your business. This document does not replace any of them.

Copyright and contact

© Sharktech Global 2026. All rights reserved. You may share this document unaltered. Do not resell it, or reproduce parts of it as your own material. Questions about this notice can go to lydndis@sharktech.com.au. Sharktech Global, Melbourne and Sydney, Australia.