Choosing the Best NDIS Plan Manager | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/blog/what-to-look-for-in-a-ndis-plan-manager/

Details:

A plan manager is a provider paid from your NDIS plan to handle the money side of it. They receive invoices from your providers, pay them from your budget, keep track of what you have spent and what is left, and give you statements. Choosing one well matters, but the bigger decision sits underneath it: which of the three funding management types your plan uses, because that decision changes which providers you are allowed to use. Bloom Healthcare is an allied health provider, not a plan manager, so what follows is a neutral guide to the choice rather than a pitch for a particular company.

The three ways an NDIS plan can be managed

Every NDIS plan uses one of three funding management types, and some plans use a mix across different budgets.

NDIA-managed , sometimes called agency-managed. The National Disability Insurance Agency holds and pays out the funding directly. Your provider claims through the NDIS portal and you do not handle invoices at all. This is the most hands-off option and the most restricted: you must use NDIS registered providers only.

Plan-managed . A plan manager sits between you and your providers. Providers invoice the plan manager, the plan manager pays them from your budget, and you get a summary of what has been charged. You can use registered or unregistered providers.

Self-managed . You handle payments, budgeting and record keeping yourself. You pay providers directly and claim reimbursement from the NDIS. You have the widest choice of provider, and you carry the administration.

All three types must follow the NDIS Pricing Arrangements and Price Limits. The difference is who does the paperwork and who you are allowed to spend the money with.

How plan management is paid for

Plan management is funded under a support category called Improved Life Choices, which sits in the Capacity Building budget. It is a distinct category rather than something taken out of your therapy or support hours.

Plan management funding is not added to every plan automatically. If you want it, raise it at your planning meeting or plan reassessment with your planner or Local Area Coordinator, and explain why financial administration is difficult for you to do alone. If it is considered appropriate for your situation, it is included in your plan with its own funding.

The process for switching management type in the middle of a plan is not something to guess at. If that is what you need, ask your Local Area Coordinator, your support coordinator, or contact the NDIA directly.

How your management type changes provider choice

This is the part people most often miss, and it has a direct effect on who can treat you.

A registered NDIS provider has been through a formal registration process with the NDIS Quality and Safeguards Commission. They have been audited against the relevant NDIS Practice Standards, had the organisation and its key personnel assessed for suitability, and been issued a certificate of registration, generally valid for three years. They must comply with the NDIS Code of Conduct, the Practice Standards, worker screening requirements and complaints handling obligations, and they appear on the public NDIS Provider Register.

An unregistered provider has not been through that process. They still have to follow the NDIS Code of Conduct, but they cannot deliver the service types where registration is mandatory.

Putting that together:

If you are NDIA-managed, you can only use registered providers.

If you are plan-managed, you can use registered or unregistered providers.

If you are self-managed, you can use any suitable provider that meets the NDIS rules.

Some supports require a registered provider no matter how your plan is managed. Those categories include Specialist Disability Accommodation, specialist behaviour support, Supported Independent Living, NDIS digital platforms, and plan management itself. Any provider using regulated restrictive practices must also be registered.

That last point is worth pausing on. Plan management is a mandatory registration category. A plan manager cannot operate as an unregistered provider.

What a plan manager does not do

Plan managers handle money. They do not coordinate your care.

They do not assess your needs or design your supports. They do not select therapists for you based on your clinical goals, and they do not do strategic planning about which services best match what you are trying to achieve. That work belongs to a support coordinator or a recovery coach. They also do not deliver therapy.

A support coordinator helps you find, compare and connect with providers across physiotherapy, occupational therapy, psychology, speech pathology, dietetics and exercise physiology, organises referrals, and keeps your providers working to the same plan. A recovery coach does similar work with a focus on recovery and wellbeing goals. Many participants have both a plan manager and a support coordinator, and the two roles are designed to sit side by side rather than replace each other.

If a plan manager tells you which therapist you have to use, that is outside their role. You keep choice and control over your providers.

Questions worth asking before you commit

Use these as an interview, not a form.

How quickly do you process an invoice once a provider sends it, and what happens if a provider is paid late?

How will I see my budget? Is there a portal or app, a monthly statement, or both?

What happens if a provider invoices for something I did not receive, or bills above the price limit? Who checks that?

Can I still use unregistered providers through you, and are there any you will not pay?

Do you have experience with my type of disability, and with the supports in my plan?

How do I contact you, and how quickly do you respond? Is there a phone number answered by a person?

Do you provide information in Easy Read or other accessible formats?

What happens to my funding and my provider relationships if I decide to leave you?

Will you tell me when a budget is running low, or do I need to check myself?

Ask two or three, then judge how the answers were given as much as what was said. Clear information, honest advice and time to think are what real choice depends on.

What a service agreement should tell you

Whichever way your plan is managed, you sign a service agreement with each provider before services start. It is a written agreement, signed by both sides, and it should set out the supports being provided, the authorised hours and tasks, the rates that apply including travel, the cancellation terms, how you and the provider will communicate, and how your personal information is handled and consented to.

Providers have specific obligations here. They must tell you the price of a support before delivering it, give you an invoice after delivering it, request payment only once the support has been delivered, and keep full records. Rates must sit within the NDIS Pricing Arrangements and Price Limits, and the pricing schedule in effect from 1 July 2026 applies to plan-managed and NDIA-managed participants. If a provider wants to change the terms of an existing agreement, they have to discuss it with you and you have to agree before it takes effect.

Bloom Healthcare's own fees, travel and cancellation terms are set out in the service agreement you are given before work starts. If you want them explained before you sign anything, call 1300 771 465.

If something goes wrong

Every registered NDIS provider must have a documented complaints management and resolution system as a condition of registration. It has to accept anonymous complaints, be available in accessible formats and languages, involve you in resolving the issue, keep records, and keep you informed of the outcome.

Start with the provider or plan manager directly. If you are not satisfied with how they handle it, you can take the complaint to the NDIS Quality and Safeguards Commission, the independent regulator for NDIS providers. It receives and manages complaints, investigates concerns about service quality, safety and compliance, and can guide you through the process. Participants, carers and families all have the right to complain to the Commission, and it is against the law for a provider to threaten or obstruct someone who does.

Common questions about NDIS plan management

Does having a plan manager cost me therapy hours?

No. Plan management is funded under Improved Life Choices in the Capacity Building budget, which is separate from the budgets that pay for your supports.

Can I be plan-managed for some supports and self-managed for others?

Plans can use different management types for different budgets. Whether that applies to your plan depends on what was approved, so check your plan document or ask your planner.

Do I have to use a registered provider if I am plan-managed?

Not generally. Plan-managed participants can use registered or unregistered providers. The exception is the mandatory registration categories, including Specialist Disability Accommodation, specialist behaviour support, Supported Independent Living, NDIS digital platforms and plan management, where the provider must be registered regardless.

Is Bloom Healthcare a plan manager?

No. Bloom is an allied health provider. Bloom delivers therapy and works alongside whichever plan manager you choose. If you are plan-managed, Bloom invoices your plan manager rather than you.

Can my plan manager refuse to pay an invoice?

A plan manager is responsible for making sure claims match your plan and the NDIS rules. If they raise a question about an invoice, ask them to explain which rule or budget is the issue, and talk to the provider as well. If you cannot resolve it, your support coordinator or Local Area Coordinator can help.

How do I get plan management added to my plan?

Raise it at your planning meeting or plan reassessment. Explain what is hard about managing invoices and budgets yourself. Your planner or Local Area Coordinator decides whether to include it.

What is the difference between a plan manager and a support coordinator?

A plan manager handles invoices, payments and budget tracking. A support coordinator helps you choose and connect with providers and keeps your supports working together. They are different roles and you can have both.

Does my plan manager choose my therapists?

No. Choice of provider stays with you, your nominee, or your support coordinator. A plan manager may pass on referral information, but the decision is yours.

What if my plan manager is slow to pay and my provider stops seeing me?

Raise it with the plan manager first and ask for a timeframe in writing. Use their complaints process if it continues. You can escalate to the NDIS Quality and Safeguards Commission, and you can change plan managers.

How does plan management affect a plan reassessment?

It does not decide the outcome. Reassessments look at your progress against your goals, using therapy reports and functional assessment information that show baselines, what changed, and why the recommended supports are still needed. A plan manager's spending records can help show how funding was used.

Where can I get an accessible version of this information?

Service agreements and provider information should be available in accessible formats such as Easy Read. Ask any provider or plan manager for one. If you need Bloom's information in an accessible format, call 1300 771 465.

Talking to Bloom Healthcare about your supports

Bloom Healthcare delivers allied health services to NDIS participants whether they are self-managed, plan-managed or NDIA-managed. If you want to know how Bloom's services would be claimed under your particular plan, what the referral process looks like, or what a service agreement with Bloom would cover, call 1300 771 465 and ask. If your questions are about how your funding is administered rather than about therapy, your plan manager, support coordinator or Local Area Coordinator is the right place to start, and the NDIA can help with anything about the plan itself.

Where to go next

How the NDIS works

Pricing and funding streams

Payments and invoicing

All services

Key questions to ask when choosing allied health

Contact the team

What is the topic of this Bloom Healthcare blog article?

The article, titled 'What to Look for in the Best Plan Managers NDIS Participants Can Trust,' discusses what makes a good NDIS plan manager, covering aspects like fast payments and personalised support to help empower a participant's disability journey.

What role does a Plan Manager play in the NDIS journey?

A Plan Manager is a knowledgeable professional who acts as a vital ally, simplifying the NDIS process and empowering the participant, their nominee, and their support coordinator or recovery coach to make the most of the participant's NDIS funding.

What are the key benefits of having an NDIS plan manager?

NDIS plan managers help participants understand the intricacies of their NDIS plan, facilitate prompt payments to service providers so supports continue seamlessly, help track funding and expenditure to reduce overspending, and offer financial guidance to support informed decision-making.

What should someone look for regarding personalised service when choosing a plan manager?

A good plan manager should offer a high level of customer service—answering the phone promptly and working to achieve reasonable outcomes that fit the individual's needs, rather than making the participant feel like just another number.

Why is payment processing speed an important factor when selecting a plan manager?

Payment processing speed matters because it ensures service providers are paid promptly, which helps NDIS funds continue without interruption so supports can proceed unimpeded.

Why does experience with disabilities matter when choosing a plan manager?

A plan manager's experience working with people with disabilities is important because they need a good understanding of the participant's needs in order to provide effective support.

Who is the author/publisher of this article?

The article was written and published by Bloom Healthcare, a boutique disability and aged care allied health provider.

How can Bloom Healthcare be contacted?

Bloom Healthcare can be contacted via email at hello@bloom-healthcare.com.au or by phone at 1300 771 465.

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