

NDIS Meal Delivery & Government-Funded Healthy Meals in Australia: The Complete Guide

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Details:

Now I have comprehensive, authoritative data across all topic areas. Let me compose the definitive pillar page.

NDIS Meal Delivery & Government-Funded Healthy Meals in Australia: The Complete Guide

Executive Summary

Access to nutritious food is not a luxury — it is a prerequisite for health, independence, and participation in community life. For Australians living with disability or age-related frailty, that access is not guaranteed. As of 30 September 2025, the National Disability Insurance Scheme (NDIS) supports 751,446 participants — hundreds of thousands of people for whom daily tasks like standing at a stove, handling sharp utensils, or carrying groceries may be genuinely impossible. For this population, government-funded meal delivery is not a convenience: it is a frontline health intervention.

Yet meal funding remains among the most misunderstood areas of the entire disability and aged care support landscape. Participants have claims rejected because they don't understand the co-payment model. Families of children with disability are told "that's just parenting." Regional participants discover their postcode isn't on any provider's delivery map. Seniors approaching 65 don't know whether to stay on the NDIS or transition to aged care — and don't realise the decision is irreversible.

This guide is the definitive resource for every person navigating government-funded meal delivery in Australia. It synthesises the NDIS meal funding framework, the October 2024 legislative changes, the co-payment model, provider selection, special dietary needs, billing mechanics, and the parallel aged care programs — CHSP, Support at Home, and Meals on Wheels — into one authoritative reference. Whether you are a participant, carer, support coordinator, plan manager, or allied health professional, every answer you need is here.

Part 1: The Foundational Framework — What the NDIS Actually Funds

The Labour-Not-Groceries Principle

Before any other question can be answered, one principle must be understood with absolute clarity: ****the NDIS funds the labour of meal preparation and delivery, not the food itself.****

Under Section 23 of the transitional NDIS Supports lists, meal preparation and delivery is described as "supports that provide assistance with essential household tasks that a participant is not able to do themselves because of their disability... This includes meal preparation and delivery." Meal preparation refers to the time and labour to cook a meal or assist someone in preparing a meal. But the NDIS will not fund the cost of the food itself. The transitional Rules detail that "groceries: including all food, beverage, cleaning, household and health products" cannot be claimed through the NDIS.

This is not an administrative quirk — it is a philosophical boundary rooted in the scheme's foundational design. The NDIS covers the labour costs for meal preparation and delivery, but not the price of the food itself. Food is considered an everyday living expense that all people pay for, whether or not they are on the NDIS.

This distinction gives rise to the co-payment model that governs every NDIS meal delivery transaction — a model explored in depth in our guide on **NDIS Meal Co-Payments Explained: What You Pay vs. What NDIS Covers**.

The Legal Basis: Section 34 and the 'Reasonable and Necessary' Test

NDIS meal funding operates within a precise legal framework. The legal basis for all NDIS funding decisions is Section 34 of the **National Disability Insurance Scheme Act 2013**, which requires that any funded support must: relate directly to the participant's disability; assist the participant to pursue their goals; represent value for money; be effective and beneficial; and not be more appropriately funded by another service system.

Applied to meal delivery, this means the NDIA assesses whether a participant's disability — not their lifestyle preference or dietary choices — is the reason they cannot safely prepare meals. Qualifying functional limitations include being unable to safely use a stove or handle knives due to disability, having limited mobility or fine motor skills that make cooking unsafe, and being unable to lift pots or carry groceries.

Critically, having a medical condition or dietary need alone does not qualify a participant. Nutritional supports are "disability health-related supports," designed to assist participants to maintain their health and wellbeing through support to manage their diet — but the qualifying factor must always be a **functional inability** to prepare meals safely, not the dietary content of those meals.

Where Meal Funding Sits in Your Plan

Under the NDIS Pricing Arrangements and Price Limits 2025–26, food, meals or meal supports generally sit under the Core Supports category, specifically Assistance with Daily Life (Support Category 01), which includes help with daily activities like cooking, shopping for food or personal care.

Two support item codes govern this funding: - ***01_022_0120_1_1*** — the original, quote-required stated support item - ***01_023_0120_1_1*** — the newer, more flexible item introduced from March 2022, which does not require a quote

Meal preparation and delivery doesn't have to be stated in a plan. If it is reasonable and necessary for the participant, it can be purchased flexibly from their core funding budget. However, the October 2024 legislative changes introduced a critical new requirement — discussed in detail in Part 2.

Part 2: The October 2024 Rule Changes — Everything That Changed (and What Didn't)

The 'Getting the NDIS Back on Track No. 1' Legislation

October 3, 2024 was a watershed date for NDIS meal funding. As part of the NDIA Legislation **Getting the NDIS Back on Track No. 1**, important rule changes were made that impact meal preparation and deliveries. These changes include updated lists that outline what can and cannot be funded by the NDIS.

The centrepiece of this legislation, as it relates to meal delivery, is the introduction of a formal, legally defined list of what is and is not an "NDIS support" — a concept now enshrined in Section 10 of the NDIS Act. Before this legislation, the primary legal test was the "reasonable and necessary" framework under Section 34(1). The new Section 10 definition adds an upstream gate: a support must first qualify as an "NDIS support" before the reasonable and necessary analysis even applies.

Three lists were released: the Funded List (what the NDIS will pay for), the Excluded List (what it will not), and the Replacement Supports List (non-standard supports that may substitute in specific circumstances). The Rules now say the NDIS can fund meal delivery platforms where the cost of food preparation and the cost of the food can be separated.

What Is Now Explicitly Excluded

Food or meals prepared and delivered by a fast-food service, takeaway food, or food delivery platforms (for example UberEats, DoorDash) are not considered 'NDIS supports' and cannot be claimed using NDIS funds. Meal kit services such as Marley Spoon and HelloFresh do not meet the criteria for meal preparation and delivery as they are ingredient delivery services with no meal preparation component.

This exclusion is categorical — the platform type itself determines ineligibility, regardless of whether the meal ordered is nutritious or disability-appropriate.

What Remains Funded — The Itemised Invoice Requirement

Participants must use a meal delivery platform where the food and ingredient component can be separately identified from the meal preparation and delivery component, like Able Foods or Lite n' Easy.

This requirement for itemised invoicing has always existed in principle, but the Back on Track changes made it a **hard legal condition** rather than an administrative guideline. Meal preparation and delivery must be specified in your plan to purchase this support with NDIS funds.

The Retrospective Application: Who Is Affected

One of the most consequential — and least understood — aspects of the October 2024 changes is their retrospective application. The support lists became applicable to all plans regardless of when the plan started. This means a participant whose plan was written in 2022 who has been using Core Supports to pay for meal delivery without it being explicitly named in their plan may now be non-compliant, even though their plan has not been reviewed or renewed.

As of mid-2026, the 12-month participant grace period that ran from October 2024 to approximately October 2025 has concluded. Participants who have not yet updated their plans to explicitly include meal delivery support are now fully exposed to compliance risk. For a step-by-step guide on updating your plan, see our article [*How to Get NDIS Meal Delivery Added to Your Plan: A Step-by-Step Guide*](#).

Part 3: Eligibility — The Functional Test That Determines Funding

Diagnosis vs. Functional Impact

The most important distinction in the entire eligibility framework is this: **the NDIS funds based on functional impact, not diagnosis alone.** Two people with the same diagnosis may have vastly different support needs. The NDIA assesses what matters: how the disability functionally affects the participant's ability to prepare meals safely and consistently.

The NDIS assesses each participant's current support network and cooking capabilities. Participants must show that meal preparation poses safety risks or exceeds their current abilities. Evidence from occupational therapists, dietitians, or other allied health professionals strengthens funding applications.

Functional limitations that planners typically recognise as grounds for meal delivery funding include: - Being unable to safely use a stove or handle knives - Having limited mobility or fine motor skills that make cooking unsafe - Fatiguing easily and being unable to cook consistently - Having trouble planning meals or following multi-step instructions - Being unable to lift pots, carry groceries, or stand for long periods

What Does NOT Qualify on Its Own

One of the most common — and costly — misconceptions is that a medical condition requiring a special diet is itself sufficient grounds for NDIS meal delivery funding. It is not. The NDIS does not fund nutrition supports unrelated to disability, such as weight loss programs, eating disorders, food allergies, or conditions including diabetes, cardiovascular disease, or renal disease.

The distinction is concrete: a participant with Type 2 diabetes who is fully capable of preparing their own meals safely does not qualify for NDIS meal delivery funding on the basis of their diabetes alone. A participant with Type 2 diabetes *and* a spinal cord injury who cannot stand at a stove may qualify — but the funding is justified by the spinal cord injury's functional impact, not the diabetes itself. This distinction also informs which meals a participant orders once funded, covered in depth in our guide on **NDIS Meal Delivery for Special Dietary Needs: Texture-Modified, Gluten-Free, Diabetic, and More**.

The Evidence You Need

The NDIA does not take a participant's word alone that meal preparation is difficult. A strong evidence package for a meal delivery funding request includes:

****Occupational Therapist (OT) Functional Capacity Assessment (FCA):**** The most powerful form of evidence. A strong OT report should specifically address the participant's functional limitations in the kitchen — grip strength, balance, fatigue, cognitive sequencing — whether the participant has been assessed as unable to safely operate cooking appliances, and a clear recommendation that meal delivery is reasonable and necessary.

****GP or Specialist Letter:**** To qualify, participants generally need a letter or report from a GP, occupational therapist, or allied health professional confirming why they cannot prepare meals. A GP letter corroborates the clinical picture but is typically less persuasive than a functional assessment on its own.

****Dietitian Evidence (for Nutritional Supplements):**** To access funding for specialised nutritional products, the participant must provide evidence from an allied health professional, such as a dietitian. The evidence must include a nutrition plan and explain how these supports suit the participant's individual nutrition needs.

****For children under 18:**** The evidence threshold includes an additional layer — demonstrating that the child's disability significantly increases the time, complexity, or intensity of meal-related tasks beyond what is typical for a child of the same age, and that a carer's capacity is demonstrably compromised. (See our full guide on **NDIS Meal Delivery for Participants Under 18: Rules, Parental Responsibilities, and Provider Options**.)

Part 4: The Co-Payment Model — What You Pay vs. What the NDIS Covers

The Standard Split

Up to 70% of the total meal cost is funded by the NDIS, covering the disability-related part of the service such as meal preparation, packaging, and delivery. At least 30% is paid by the participant, representing the cost of food ingredients, which the NDIS treats as an everyday living expense. For example, if a meal costs \$14 in total, approximately \$9.80 may be claimed under an NDIS plan for preparation and delivery, while the participant pays around \$4.20 for the ingredients.

This ratio is not fixed by legislation — it is a practical approximation. Some providers apply a 25% co-payment (Dineamic), while others apply 20% (The Good Meal Co, Nourish'd). The variation reflects genuine differences in each provider's cost structures — specifically, the ratio of raw ingredient cost to labour, packaging, and delivery overhead.

Invoice Compliance: The Non-Negotiable Rule

Meal delivery services that support NDIS participants must provide NDIS-specific invoices that separate the cost of the food (paid by the participant) from the cost of the meal preparation and delivery (paid by the NDIS).

A compliant NDIS meal delivery invoice must include, at minimum: the provider's business name and ABN; the participant's name and NDIS participant number; the date of service delivery; the support item line number (01_022_0120_1_1 or 01_023_0120_1_1); an itemised food/ingredient cost; an itemised preparation and delivery cost; and a total invoice amount. An invoice showing only a single total price cannot be processed as an NDIS claim.

How Billing Differs by Plan Management Type

The co-payment amount is the same regardless of how a plan is managed, but the **process** differs materially:

- ****Self-managed:**** The participant pays 100% of the invoice upfront, then claims the preparation and delivery component back through the myplace portal or my NDIS app. Self-managed participants have the greatest flexibility, including access to unregistered providers who issue compliant invoices.
- ****Plan-managed:**** The meal provider sends an itemised invoice directly to the plan manager, who processes the NDIS-funded portion. The participant pays only the ingredient co-payment directly to the provider. Plan-managed participants have their meal costs processed directly by their plan manager from the Assistance with Daily Life category within Core Supports. A significant advantage of plan management is expanded provider choice — including quality services that are not formally NDIS-registered.
- ****NDIA-managed (agency-managed):**** The most restrictive pathway. Only NDIS-registered providers can be used by agency-managed participants. The registered provider submits a payment claim directly through the myplace/my NDIS provider portal.

For a complete operational reference on NDIS meal delivery billing, including the PACE system changes, see our guide on **How NDIS Meal Delivery Billing Works: Invoices, Plan Management, and Claiming**.

Part 5: Support Worker vs. Meal Delivery — Choosing the Right Pathway

The Two Pathways to NDIS-Funded Meals

The NDIS funds two fundamentally different pathways to the same outcome — a safe, nutritious meal — and choosing between them, or combining both, is one of the most consequential decisions within a Core Supports budget.

****Pathway 1: Support Worker Meal Preparation**** A support worker can help a participant shop for or prepare their own meals. This pathway is particularly suited to participants who benefit from skill-building and social engagement during the cooking process. For a standard disability support worker, the 2025–26 weekday daytime rate for domestic assistance sits approximately \$11/hour below the standard Daily Life rates. A typical meal preparation session of 1.5 hours could cost a participant's plan approximately \$88–\$90 per session — before the participant separately purchases food ingredients.

****Pathway 2: Registered Meal Delivery Services**** At a typical all-inclusive meal price of \$12–\$18 per meal, the NDIS plan is charged the preparation and delivery component (approximately 70–80%) — roughly \$8–\$14 per meal. For a participant receiving 14 meals per week, the NDIS plan cost would be approximately \$117–\$202 per week — substantially less than daily support worker visits for equivalent

coverage.

When Each Pathway Is Superior

****Choose support worker meal preparation when:**** - The participant has explicit independence goals and a structured prompting hierarchy can build genuine cooking skills over time - The participant has complex dietary or clinical needs requiring real-time adaptation - The participant values social connection during meal preparation - The plan includes sufficient Core Supports hours that meal preparation does not crowd out other essential supports

****Choose registered meal delivery when:**** - Budget efficiency is a priority — the cost differential is significant at scale - Support worker availability is unreliable (workforce shortages are a persistent sector reality) - The participant's disability makes in-home cooking unsafe regardless of support - The participant has a high weekly meal volume need

The Hybrid Model

For many participants, the optimal arrangement is neither pure support worker preparation nor exclusive meal delivery, but a deliberate hybrid. Meal preparation and delivery doesn't have to be stated in a plan. If it is reasonable and necessary for the participant, it can be purchased flexibly from their core funding budget. This means a participant can legitimately use Core Supports funding for support worker meal preparation on some days and for registered meal delivery on others, drawing from the same budget pool.

There is also an important flexibility provision for disruptions: participants can mix both options — many use delivered meals for convenience and schedule support worker visits for batch cooking or kitchen safety support. If a support worker is temporarily unavailable, participants can use this funding flexibly for a meal delivery service for a short period (typically considered around four weeks), though this arrangement should be temporary and documented carefully.

For a full cost-per-meal comparison and decision framework, see our guide on **Support Worker Meal Preparation vs. NDIS Meal Delivery Services: Which Is Right for You?**

Part 6: Choosing a Provider — The 2025–26 Comparison

The Non-Negotiable Compliance Filter

Since October 2024, the field of eligible providers has narrowed to those who are formally registered and issue NDIS-compliant, itemised invoices. As outlined in the NDIS transitional support lists, fast food and food delivery platforms are explicitly excluded because they cannot provide the itemised invoicing required by the NDIS.

Every provider selected must meet two non-negotiable criteria: NDIS registration (for agency-managed participants) or the ability to issue compliant itemised invoices (for self-managed and plan-managed participants), and clear separation of food ingredient costs from preparation and delivery costs on every invoice.

Leading Providers at a Glance

Australia's leading NDIS-registered meal delivery providers each occupy a distinct position in the market:

****Able Foods**** — Co-founded by Dylan Alcott, Able Foods is Australia's largest NDIS meal provider (following its merger with Kinela), offering over 80 chef-prepared meals including IDDSI Levels 4 and 5 texture-modified options. This makes Able Foods one of the few providers explicitly catering to participants with dysphagia. Co-payments start from approximately \$2 per main meal. Delivers Australia-wide.

****Lite n' Easy**** — Operating since 1986, Lite n' Easy offers over 235 meals and accommodates all NDIS management types. A unique differentiator: their team of Accredited Practising Dietitians can provide an advocacy letter to support a participant's funding application — a meaningful advantage for first-time applicants. The participant co-payment is 30%.

****Dineamic**** — Delivers freshly prepared, chilled (not frozen) meals to over 4,000 suburbs across Australia. The NDIS subsidises 75% of the total meal cost. Specialises in gluten-free, vegetarian, and low-FODMAP options.

****The Good Meal Co**** — Offers a 20% co-payment (among the lowest in the market), no lock-in contracts, no delivery charges, and no admin fees. Accepts all management types and delivers Australia-wide via frozen courier networks.

****Nourish'd**** — Every meal is 100% gluten-free, prepared in a dedicated facility, and endorsed by Coeliac Australia. The NDIS covers 80% of the meal cost. Delivers fresh (never frozen) meals nationwide.

****Gourmet Dinner Service**** — Whole-food, natural-ingredient meals with a ~30% co-payment. Delivers across the eastern seaboard. Offers an introductory offer for new NDIS recipients.

****Dietlicious**** — Positions at the premium end of the market with fresh, gourmet-quality meals. Participants should request a formal quote to confirm their specific co-payment structure.

Provider	Co-Payment	Fresh/Frozen	Texture-Modified	All Mgmt Types	Nationwide
Able Foods	~\$2/meal	Frozen	■	■	■
Lite n' Easy	30%	Both	■	■	■
Dineamic	25%	Fresh (chilled)	■	■	Major cities + regional
The Good Meal Co	20%	Frozen	■	■	■
Nourish'd	20%	Fresh (chilled)	■	■	■
Gourmet Dinner Service	~30%	Frozen	■	Plan + Self	Eastern seaboard
Dietlicious	~30%	Fresh	■	Confirm on enquiry	Major cities

For the full provider-by-provider analysis, see our guide on [*Best NDIS Registered Meal Delivery Providers in Australia \(2025–26 Comparison\)*](#).

Part 7: Special Dietary Needs — Clinical Standards and Provider Requirements

Why Dietary Complexity Is the Rule, Not the Exception

The NDIS participant population lives with a wide range of disabilities — many of which directly cause dietary restrictions or co-exist with chronic medical conditions. The clinical stakes are high: aspiration pneumonia is one of the most common causes of death for people with disability in Australia, and people with dysphagia are at significantly elevated risk. Serving the wrong food texture to a participant with dysphagia is not a minor service failure — it is a potential medical emergency.

The IDDSI Framework: The Global Standard for Texture-Modified Meals

The International Dysphagia Diet Standardisation Initiative (IDDSI) framework is the definitive global reference for texture-modified foods and thickened fluids. Modified foods such as liquid thickener can assist a participant in digesting and swallowing food safely — and these can be funded by the NDIS when clinically prescribed.

The four food-specific IDDSI levels most relevant to NDIS meal delivery are: - ****Level 4 (Pureed):**** Smooth, no lumps — for severe dysphagia, ABI, advanced neurological conditions - ****Level 5 (Minced and Moist):**** Small soft pieces ≤4mm — for moderate dysphagia, reduced chewing ability - ****Level 6 (Soft and Bite-Sized):**** Tender, easily mashed — for mild dysphagia, post-stroke - ****Level 7 (Regular/Easy to Chew):**** Baseline standard for most participants

A participant's IDDSI level must be prescribed by a speech pathologist following a formal swallowing assessment. Participants, carers, or support coordinators cannot self-determine an appropriate level.

Coeliac-Safe Meals: Why "Gluten-Friendly" Is Not Enough

Coeliac disease affects approximately 1.5% of Australians — meaning tens of thousands of NDIS participants may require genuinely coeliac-safe meals. The Australian legal standard for "gluten-free" under Standard 1.2.7(12) of the Australia New Zealand Food Standards Code requires that foods not contain detectable gluten. As little as a few crumbs of food containing gluten may trigger severe gastrointestinal and extra-intestinal symptoms in sensitive individuals.

When evaluating providers, Coeliac Australia endorsement is the most reliable third-party verification available. Nourish'd (Coeliac Australia endorsed, dedicated gluten-free facility) and We Feed You (independently tested, no cross-contamination) are among the verified coeliac-safe providers in the NDIS space.

Diabetic-Friendly Meals: The Critical Funding Distinction

Diabetes alone does not qualify a participant for NDIS meal delivery funding. However, once a participant is legitimately funded for meal delivery because their disability prevents safe meal preparation, they are absolutely entitled to choose a diabetic-friendly provider. The dietary specification informs *which* meals are ordered — it does not independently justify *why* meal delivery is funded.

Diabetic-friendly NDIS meal providers should specify total carbohydrate content per serve, use low-GI ingredients, maintain consistent portion sizes to support insulin dosing accuracy, and control saturated fat and sodium.

For the complete clinical guide to texture-modified, gluten-free, diabetic, low-sodium, and other special dietary needs, see our guide on *NDIS Meal Delivery for Special Dietary Needs: Texture-Modified, Gluten-Free, Diabetic, and More*.

Part 8: How to Get Meal Delivery Added to Your Plan

The Step-by-Step Process

Getting meal delivery funded through your NDIS plan requires preparation, evidence, and strategic framing. The confusion is documented: a survey of NDIS Support Coordinators confirmed that the number of policy changes over the past few years on meal preparation has led to widespread confusion about eligibility criteria.

****Step 1: Check Your Current Plan**** Log into your myplace portal and check your plan wording. Meal preparation and delivery doesn't have to be stated in a plan — if it is reasonable and necessary for the participant, it can be purchased flexibly from their core funding budget. Some participants already have access without realising it. If in doubt, call the NDIA on 1800 800 110 or speak to your Support Coordinator or LAC.

****Step 2: Gather Clinical Evidence Before Your Meeting****

Evidence from occupational therapists, dietitians, or other allied health professionals strengthens funding applications. The participant's goals must include maintaining nutrition and developing independence where possible. An OT Functional Capacity Assessment is the cornerstone of a successful application. Reports should be recent (within 12 months) and clearly explain how disability affects functioning. Allow 10–12 hours of funding for the FCA, and contact your OT 2–3 months before your plan review.

****Step 3: Frame Your Request Around Goals and Disability Impact**** The NDIS doesn't just fund services — it funds outcomes. Connect meal delivery to a specific goal (e.g., "I want to maintain my health and live safely at home without relying on informal supports"). Quantify the disability impact: describe what happens when you try to cook — do you drop items? Experience pain or fatigue? Risk falls? Address informal support honestly and explain why a support worker is not always the right alternative.

****Step 4: Work With Your Support Coordinator**** A skilled Support Coordinator can help identify and brief allied health professionals for your evidence package, articulate your goals in language aligned with NDIS funding criteria, attend your planning meeting, and identify which registered meal delivery providers operate in your area and produce compliant invoices.

****Step 5: Submit Supporting Information Formally****

To claim for food and meal preparation through Core Supports, if food and meal preparation is not included in your NDIS plan, you will need to provide supporting information as to why this support is reasonable and necessary and needs to be funded in your plan. Submit your FCA report to your NDIS planner at least a week before your meeting.

For the complete step-by-step guide, see our article **How to Get NDIS Meal Delivery Added to Your Plan: A Step-by-Step Guide**.

Part 9: Regional and Rural Participants — Coverage, Gaps, and Solutions

The Scale of the Problem

For participants outside major metropolitan centres, the gap between NDIS entitlement and practical access is particularly stark. Rural and remote areas continue experiencing provider shortages, creating opportunities for innovative service delivery models. In remote and very remote communities, over one in three mature participants are not accessing daily activity supports — a category that includes meal preparation and delivery.

This is not merely an inconvenience — it is an equity issue. Indigenous Australians are 1.5 times more likely than non-Indigenous Australians to have a disability or restrictive long-term health condition, and 44% of Indigenous Australians live in regional areas and 21% in remote communities. The overlap of high disability prevalence with thin service markets compounds disadvantage structurally.

The Frozen Meal Advantage

The critical insight for regional participants is that ****frozen meal delivery is the most reliable pathway****. Unlike chilled meals, which require refrigerated trucks and time-sensitive logistics, frozen meals travel via standard courier networks — the same infrastructure that delivers parcels to rural and remote addresses across Australia. Providers including The Good Meal Co, Able Foods, and Gourmet Meals deliver Australia-wide via frozen courier networks, making them accessible to participants in areas where chilled delivery is not viable.

Practical Solutions for Regional Participants

1. ****Check postcode eligibility, then call directly**** — many providers will negotiate bespoke delivery arrangements if approached by phone, even when their website shows no result for a postcode.
2. ****Ask specifically about frozen delivery via courier**** — even providers whose primary model is chilled may maintain frozen stock dispatchable via standard courier.
3. ****Consider plan management or self-management**** — agency-managed participants are restricted to registered providers; switching to plan management opens access to a broader pool of services.
4. ****Raise regional delivery costs at your plan review**** — the NDIA framework allows providers to quote on delivery in isolated regions, so higher delivery costs to remote addresses should be captured in the NDIS-funded component of your

invoice, not passed entirely to the participant.

For a comprehensive coverage map and negotiation guide, see our article on **NDIS Meal Delivery for Participants in Regional and Rural Australia: Coverage, Gaps, and Solutions**.

Part 10: Government-Funded Meal Programs for Seniors — CHSP, Support at Home, and Meals on Wheels

Why Aged Care Meal Funding Is a Distinct Policy Domain

Aged care meal programs operate on fundamentally different principles from NDIS meal funding. While the NDIS funds meal preparation and delivery labour as a disability support, aged care programs take a broader preventive approach — subsidising nutritious meals primarily to support independence and prevent hospitalisation, regardless of whether a specific disability is the cause of the need. An older person who is simply frail, isolated, or recovering from illness may qualify for aged care meal services in circumstances where they would not meet the NDIS's narrower disability-impact threshold.

The Commonwealth Home Support Programme (CHSP)

The CHSP is Australia's entry-level in-home aged care support program, providing affordable, government-subsidised support for daily tasks including meal preparation and delivery. Eligibility includes Australians aged 65 or over (or 50 or over for Aboriginal or Torres Strait Islander people) who face challenges preparing meals due to mobility issues, chronic conditions, or isolation.

The government subsidises approximately 70–90% of costs, paid to providers via Services Australia. Under CHSP (until 2027), grant-funded arrangements cover most delivery and preparation costs. This subsidy structure is broadly analogous to the NDIS co-payment model, but the CHSP applies it across the full cost of the meal. The CHSP has been extended from 1 July 2025 to 30 June 2027.

The Support at Home Program

Launched on 1 November 2025, the Support at Home program replaced the previous Home Care Packages and Short-Term Restorative Care programs, making it simpler for older Australians (aged 65 or over, or 50 or over for First Nations people) to access essential services including home-delivered meals.

Support at Home organises services into three tiers: Clinical Care (fully government-funded, including dietitian consultations); Independence Support (shared cost); and Everyday Living (highest personal contribution, including meal preparation and delivery — up to 80% of the cost). This means the co-contribution for meal services under Support at Home is means-tested and can be considerably higher for self-funded retirees than under the CHSP.

A landmark difference from NDIS: providers must, at least annually, have an accredited practising dietitian assess their meals, snacks, and drinks to ensure they are appetising, appropriate for the nutrition needs of older people including those with specialised dietary needs, and reflect evidence-based guidelines and practice. This mandatory dietitian assessment requirement under the Aged Care Rules 2025 represents a significant quality uplift for aged care meal delivery — a requirement that does not currently apply to NDIS meal providers.

The government covers approximately 70–90% of meal costs, ensuring affordable, nutritious food tailored to special diets. Access requires an assessment through My Aged Care (call 1800 200 422 or visit myagedcare.gov.au), conducted by a Regional Assessment Service (RAS) for entry-level support or an Aged Care Assessment Team (ACAT) for complex needs.

Meals on Wheels

Meals on Wheels is Australia's most recognisable community-based meal delivery service for older people, having celebrated 70 years of delivering meals in 2023. Beyond nutrition, a Meals on Wheels delivery also serves as a safety check and a source of companionship — a dual function that distinguishes it from purely commercial services. Meals on Wheels is a network of registered CHSP providers that receive grant funding to deliver subsidised meals. Following a \$37 million federal government funding boost, more than 500 organisations funded under the CHSP Meals service type now receive additional support.

For a complete comparison of all three programs, see our guide on [*Government-Funded Meal Delivery for Seniors: CHSP, Support at Home, and Meals on Wheels Explained*](#).

Part 11: Navigating the NDIS–Aged Care Boundary

The Age 65 Decision Point

The boundary between the NDIS and the aged care system is one of the most consequential — and least understood — junctures in the entire government-funded meal support landscape. The National Disability Insurance Scheme is now supporting more than 739,000 Australians and their families, and as at March 2025, there were more than 37,000 people on the NDIS over the age of 65.

The critical rule: participants entering the NDIS before age 65 can continue after reaching age 65, or elect to transfer to an aged care programme. There is no automatic transition out of the scheme. However, **you cannot use the NDIS and My Aged Care at the same time, and once you leave the NDIS for aged care, you cannot return.** This is a permanent, irreversible decision.

Key Differences That Matter for Meal Funding

Feature	NDIS	Support at Home	CHSP	Age eligibility
Entry	65+ (50+ for First Nations)	65+ (50+ for First Nations)	65+ (50+ for First Nations)	Under 65
Means-tested?	No	Yes (income & assets)	Yes (client contributions)	Yes (income & assets)
Meal funding type	Labour/delivery only (not food)	Meal prep & delivery (Everyday Living)	Meal prep & local delivery	Dietitian report required for providers?
Annual funding cap	Individualised plan Up to \$78,000/year (8 tiers)	Entry-level only	Access pathway	NDIA application My Aged Care assessment My Aged Care assessment (RAS)

The NDIS is not means-tested — funding is based on support needs, not income or assets. This is a critical distinction for participants with significant assets who might face substantially higher co-contributions under Support at Home's Everyday Living category. For participants at the age boundary, the decision to remain on the NDIS or transition to aged care requires careful modelling of both funding levels and co-contribution obligations.

For a complete decision framework, see our guide on [*NDIS vs. Support at Home vs. CHSP: Which Government Meal Funding Program Applies to You?*](#)

Part 12: The Evidence Base — What Research Says About Nutrition and Health Outcomes

The Nutritional Risk Profile of NDIS Participants

The evidence for government-funded meal delivery is not merely administrative — it is clinical. People living with disability face structurally elevated risk of poor nutritional status. Physical limitations, fatigue, cognitive impairment, medication side effects, and reduced mobility all intersect to make consistent, high-quality food intake difficult. Marginalised communities disproportionately experience poor nutritional intake and are subsequently more susceptible to poor diet-related health outcomes such as malnutrition, metabolic comorbidity, and early mortality.

Food insecurity compounds this risk. More than 870,000 (48%) of Australia's low-income households (earning less than \$30,000) are experiencing food insecurity — the highest rate since the onset of the cost-of-living crisis, up 5% on 2022. NDIS participants, who disproportionately live on fixed incomes, are significantly represented in this cohort.

The Evidence for Home-Delivered Meal Programs

The strongest available evidence on home-delivered meal programs comes from systematic reviews examining Meals on Wheels-style programs. Research in *The Gerontologist* examining 48 publications across 47 studies found that 88 analyses across 45 studies found evidence of beneficial effect — a strong signal of net benefit across a heterogeneous body of research. Outcomes examined included diet quality, nursing home use, food insecurity, healthcare utilisation, social connection, falls, and nutrition.

Research on medically tailored meals — the concept most analogous to NDIS-funded, dietitian-designed meal delivery — demonstrates that such meals improve health outcomes, reduce hospitalisations, and lower total cost of care. Evidence from Medicaid and Medicare Advantage plans in the United States has reported reductions in emergency department visits and hospitalisations among participants receiving medically tailored home-delivered meals.

Why Dietitian-Designed Meals Matter

Not all ready meals are nutritionally equivalent. Australian research has found that ready meals are typically high-sodium products, with some products containing up to 1,723 mg of sodium per portion — representing 86% of the daily sodium recommendation for healthy adults. For NDIS participants managing hypertension, renal conditions, or cardiovascular disease, this variability is clinically significant.

This evidence makes the case for what distinguishes a high-quality NDIS meal provider: meals must be designed and reviewed by accredited practising dietitians (APDs), not merely assembled by chefs without clinical credentials. When evaluating providers, participants and support coordinators should ask directly: **Are menus designed and reviewed by an APD? Are meals benchmarked against the Australian Dietary Guidelines or Australian Nutrient Reference Values?**

For the complete evidence synthesis, see our guide on **Nutrition and Health Outcomes of NDIS Meal Delivery: What the Evidence Says**.

Part 13: Real Participant Scenarios — How the System Works in Practice

Scenario Synthesis: Cross-Cutting Lessons

Across the participant scenarios documented in our guide on **NDIS Meal Delivery Real Participant Experiences: What to Expect and How to Maximise Your Funding**, four cross-cutting lessons emerge that no individual scenario fully captures:

****1.** The OT report is the single most powerful document in your plan review. ****** Without a functional assessment documenting specific kitchen limitations — not just a diagnosis — the NDIA has no objective basis to approve meal delivery funding. Participants who invest in a comprehensive FCA before their planning meeting consistently achieve better funding outcomes than those who rely on GP letters alone.

****2.** The flexibility provision for support worker disruptions is underused. ****** Participants who have funding for support workers to undertake shopping and meal preparation support may use this funding to claim meal preparation and delivery as an alternative for short periods in response to short-term disruptions. This provision prevents nutritional gaps during workforce shortages — but participants must document the arrangement carefully and notify their plan manager from day one.

****3. Self-management gives maximum provider flexibility but requires rigorous invoice compliance.**** Post-October 2024, self-managed participants cannot use platforms like UberEats or DoorDash, but they retain the ability to work with unregistered providers who can issue compliant itemised invoices. The NDIS will not pay for fast food services, takeaway food, or food ordered through delivery platforms like Uber Eats, DoorDash, or Deliveroo. The only exception is when a registered meal provider can itemise and separately bill for the cost of meal preparation, delivery, and ingredients.

****4. For complex dietary needs, clinical evidence transforms a general request into a documented medical necessity.**** Participants with dysphagia, coeliac disease, or other clinically significant dietary requirements should ensure their speech pathologist or dietitian explicitly documents the clinical necessity of professionally prepared meals at the required specification — not merely the preference for them.

Frequently Asked Questions

****Q: Does the NDIS pay for my groceries or food?*** No. The NDIS covers the labour costs for meal preparation and delivery, but not the price of the food itself. Food is considered an everyday living expense that all people pay for, whether or not they are on the NDIS. Participants pay approximately 20–30% of the total meal cost as a co-payment covering ingredients, while the NDIS funds the preparation and delivery component.

****Q: Can I use UberEats, DoorDash, or Menulog with my NDIS funding?*** No. Food or meals prepared and delivered by a fast-food service, takeaway food, or food delivery platforms (for example UberEats, DoorDash) are not considered 'NDIS supports' and cannot be claimed using NDIS funds. This exclusion has been in force since 3 October 2024 and applies to all participants regardless of plan management type.

****Q: Does meal delivery need to be explicitly listed in my NDIS plan?*** Since October 2024, yes. Meal preparation and delivery must be specified in your plan to purchase this support with NDIS funds. Previously, some participants could access this support flexibly from their Core Supports budget without it being explicitly named. Participants whose plans predate October 2024 should contact their NDIS planner, support coordinator, or LAC to have the support formally added.

****Q: My disability requires a special diet (diabetes, coeliac disease, food allergies). Does that qualify me for NDIS meal delivery funding?*** Not on its own. The NDIS funds meal delivery based on *functional inability* to prepare meals safely — not based on dietary requirements. However, once you are legitimately funded for meal delivery because your disability prevents safe meal preparation, you can choose a provider whose meals align with your clinical dietary requirements. The dietary specification informs which meals you order, not whether the funding is justified.

****Q: How does the co-payment work, and what does it actually cost me?***

Up to 70% of the total meal cost is funded by the NDIS, covering meal preparation, packaging, and delivery. At least 30% is paid by you, representing the cost of food ingredients. Co-payment percentages vary by provider: The Good Meal Co and Nourish'd apply 20%, Dineamic applies 25%, and Lite n' Easy and Gourmet Dinner Service apply 30%. The co-payment amount is the same regardless of whether you are self-managed, plan-managed, or agency-managed.

****Q: I am turning 65 soon. Should I stay on the NDIS or move to aged care?*** This is one of the most consequential decisions in the system. You can remain on the NDIS after turning 65 if you became a participant before your 65th birthday. However, you cannot use the NDIS and My Aged Care simultaneously, and leaving the NDIS for aged care is permanent and irreversible. The NDIS is not means-tested; Support at Home is. For participants with significant assets, the NDIS may offer substantially better meal funding outcomes. Seek advice from your support coordinator before making

this decision.

****Q: Can I get NDIS meal delivery if I live in a regional or remote area?*** Yes, though your provider options are more limited. Frozen meal delivery via standard courier networks is the most reliable pathway for regional and remote participants. Providers including The Good Meal Co and Able Foods deliver Australia-wide. If a provider's website does not list your area, call their NDIS team directly — many will negotiate bespoke delivery arrangements for frozen consignments.

****Q: What evidence do I need to get meal delivery added to my NDIS plan?***

To qualify, you generally need a letter or report from a GP, occupational therapist, or allied health professional confirming why you cannot prepare meals, plus funding in the Core Supports category of your NDIS plan. An Occupational Therapist Functional Capacity Assessment is the most persuasive form of evidence. The assessment should specifically address your functional limitations in the kitchen and explain why meal delivery is a reasonable and necessary support linked to your disability.

Key Takeaways

- **The NDIS funds labour, not food.**** The foundational principle of NDIS meal funding is that preparation and delivery costs are disability-related supports, while food ingredients are everyday living expenses payable by the participant. This gives rise to the 70/30 co-payment split that governs every compliant NDIS meal transaction.
- **October 2024 changed the rules permanently.**** The *Getting the NDIS Back on Track No. 1* legislation introduced a legally defined approved-supports list. Meal delivery must now be explicitly named in a participant's plan, and platforms like UberEats, DoorDash, and Menulog are categorically excluded. The 12-month grace period has concluded — participants who have not updated their plans are now fully exposed to compliance risk.
- **Eligibility is determined by functional impact, not diagnosis.**** A participant's specific diagnosis does not automatically qualify them for meal delivery funding. What matters is whether the disability functionally prevents safe, consistent meal preparation. Clinical evidence — particularly an OT Functional Capacity Assessment — is the cornerstone of a successful funding application.
- **Invoice compliance is non-negotiable.**** Every NDIS meal delivery invoice must separately itemise food ingredient costs from preparation and delivery costs. An invoice showing only a single total price cannot be processed as an NDIS claim and will be rejected.
- **The support worker vs. meal delivery decision is a budget decision.**** Support worker meal preparation costs approximately \$88–\$90 per session; registered meal delivery costs approximately \$8–\$14 per meal (NDIS-funded component). For participants needing daily meal support, meal delivery can free up several hundred dollars per week in Core Supports funding for other priorities.
- **Australia has three parallel government meal funding systems.**** The NDIS (disability, any age under 65, not means-tested), Support at Home (aged care, 65+, means-tested), and CHSP (entry-level aged care, 65+, subsidised) operate under different legislative frameworks with different eligibility criteria, co-payment structures, and provider requirements. Choosing the wrong program — particularly at the age 65 boundary — can have permanent consequences.
- **Nutritional quality is a clinical obligation, not a preference.**** The evidence base for home-delivered meal programs demonstrates meaningful benefits for diet quality, hospitalisation reduction, and health outcomes. Choosing a provider whose menus are designed and reviewed by accredited practising dietitians is not a luxury — for participants with complex health profiles, it is a clinical necessity.
- **Regional participants have more options than they realise.**** Frozen meal delivery via standard courier networks reaches most Australian addresses. If a provider's website doesn't list your postcode,

call their NDIS team directly — and raise regional delivery costs explicitly at your plan review.

Conclusion: A System Worth Navigating

Government-funded meal delivery in Australia is not a simple, seamless system. It is a layered, legislatively complex landscape that has undergone significant reform — and continues to evolve. The October 2024 legislative changes, the November 2025 launch of the Support at Home program, and the ongoing NDIS reform agenda under the *Getting the NDIS Back on Track* legislation mean that the rules participants and providers operate under today are materially different from those of even two years ago.

But the core promise of these programs remains sound: that Australians living with disability or age-related frailty should not have to choose between safe, nutritious food and financial security. For participants who navigate the system successfully — who gather the right clinical evidence, frame their requests around functional impact and plan goals, choose compliant providers, and understand the co-payment model — government-funded meal delivery can be a genuine game-changer for independence, nutrition, and quality of life.

The system rewards preparation, clinical documentation, and informed advocacy. This guide is designed to provide every tool needed to navigate it with confidence.

References

- National Disability Insurance Agency (NDIA). *NDIS Quarterly Report Q4 2024–25*. Australian Government, 2025. <https://www.ndis.gov.au>
- National Disability Insurance Agency (NDIA). *National Disability Insurance Scheme (Getting the NDIS Back on Track No. 1) (NDIS Supports) Transitional Rules 2024*. Australian Government, October 2024.
- National Disability Insurance Agency (NDIA). *NDIS Pricing Arrangements and Price Limits 2025–26*. Australian Government, 2025. <https://www.ndis.gov.au>
- Australian Government, Department of Health and Aged Care. *Guidance for In-Home Meal Requirements — August 2025*. Canberra: Commonwealth of Australia, 2025. <https://www.health.gov.au>
- Australian Government, Department of Health and Aged Care. *Meal Requirements for In-Home Aged Care — Factsheet*. Canberra: Commonwealth of Australia, 2025. <https://www.health.gov.au>
- Foodbank Australia. *Foodbank Hunger Report 2024*. Sydney: Foodbank Australia, 2024. <https://reports.foodbank.org.au>
- Maitra, Chandana. "How Food Insecure Are People Living in Australia." *Working Papers 2024-14*, University of Sydney, School of Economics, 2024.
- Seivwright, Ami N., Zoe Callis, and Paul Flatau. "Food Insecurity and Socioeconomic Disadvantage in Australia." *International Journal of Environmental Research and Public Health* 17, no. 2 (2020): 559. <https://doi.org/10.3390/ijerph17020559>
- Munialo, C.D., and J. Mellor. "Perceived Nutrition Needs of People Experiencing Disadvantage in Utilizing Support Services: An Australian Case Study." *Food Science & Nutrition* 12, no. 6 (2024): 4133–4142. <https://doi.org/10.1002/fsn3.4072>

- Naumann, E., et al. "Home-Delivered Meal Services for Older Adults: A Systematic Review of Health and Wellbeing Outcomes." *Journal of Human Nutrition and Dietetics* (2019).
- Folta, S.C., et al. "Medically Tailored Meals: A Narrative Review of the Evidence Base." *BMC Public Health* (2025).
- Australian Government. *National Disability Insurance Scheme Act 2013* (Cth), Section 34. Canberra: Commonwealth of Australia, 2013 (as amended 2024).
- Australian Government. *Aged Care Act 2024* (Cth). Canberra: Commonwealth of Australia, 2024.
- Australian Government. *Aged Care Rules 2025*, Section 148-20. Canberra: Commonwealth of Australia, 2025.
- Dietitians Australia. *Submission to the NDIA on Nutritional Supports in the NDIS*. Canberra: Dietitians Australia, 2023.
- Department of Finance. *NDIS Estimates Brief — Supplementary Budget Estimates October 2025*. Canberra: Commonwealth of Australia, 2025. <https://www.finance.gov.au>