Allied Health Services in Mainstream Care | Bloom Healthcare

Canonical:
https://bloom-healthcare.com.au/blog/bridging-the-gap-integrating-tailored-therapy-into-mainstream-healthcare/

Details:

The question people actually ask when they hear about therapy alongside mainstream healthcare is not whether services should be joined up. It is who pays for what, and what happens in the gap. The short answer is that the funding system is decided by the purpose of the support , not by the profession delivering it. Clinical treatment of a diagnosed condition is the health system's job, usually through Medicare. Building or maintaining functional capacity because of a permanent and significant disability is the NDIS's job. Ongoing support at home for an older person is aged care's job, through Support at Home.

The same physiotherapist, psychologist or speech pathologist can work under any of those systems. What changes is why the session is happening and which budget it is claimed against. This page sets out the boundary in detail, because getting it wrong costs people money and time.

To talk it through with Bloom Healthcare, call 1300 771 465 .

The purpose test

When the NDIA decides whether a support belongs to it or to another system, the deciding question is what the support is for.

If the purpose is	The system that funds it
Diagnosis, clinical treatment, stabilising symptoms	Health system, usually Medicare
Recovery from surgery, an acute injury or an acute illness	Health system
Building functional capacity and independence affected by a permanent disability	NDIS
Applying strategies in real settings so you can participate in daily life, work or study	NDIS
Ongoing support at home for an older person assessed through My Aged Care	Support at Home

So two people can have identical-looking speech pathology sessions and be funded differently. One is being treated for a swallowing problem arising from an acute medical event. The other has a lifelong communication disability and is building capacity to be understood at school and in the community.

What the NDIS funds

The NDIS funds supports that meet the reasonable and necessary criteria. A support must be:

related to your permanent and significant disability

likely to help you pursue your goals and take part in daily life

effective and beneficial, and good value for money

focused on building skills and independence, not only providing care

considered alongside informal supports from family, carers and community

Funding sits in three budget types:

Core Supports for assistance with daily life, including personal care, mobility, household tasks and social participation.

Capacity Building , which is where most allied health therapy sits. The relevant categories include Improved Daily Living for therapy that builds functional capacity, Improved Relationships for behaviour and interaction supports, and Improved Health and Wellbeing.

Capital Supports for equipment, assistive technology, and home or vehicle modifications.

What the NDIS does not fund

The scheme cannot fund a support that is:

the responsibility of another government system, including mainstream health, education, or justice

treatment or stabilisation of symptoms, which is a health system responsibility

unrelated to your disability

a day-to-day living cost not connected to a disability support need

likely to cause harm or pose a risk to you or others

This is where most confusion starts. A support being useful, or being delivered by an allied health professional, does not make it an NDIS support.

What Medicare and the health system fund

Chronic condition management

A GP can prepare a GP Chronic Condition Management Plan . Under it, a patient can access up to five individual allied health services per calendar year , and Aboriginal and Torres Strait Islander patients can access up to ten. There are also up to five services from a practice nurse or Aboriginal and Torres Strait Islander health practitioner, and for people with type 2 diabetes an assessment for group services plus up to eight group sessions.

These sessions can cover physiotherapy, occupational therapy, speech pathology, exercise physiology, dietetics and psychology. The rebate generally does not cover the whole fee, so a gap usually applies.

If you had a GP management plan or team care arrangement in place before 1 July 2025, a transition rule lets you keep accessing services consistent with that plan until 30 June 2027. After that, referrals need to follow the current chronic condition management structure.

Mental health treatment

Medicare's Better Access initiative covers psychological treatment where you have been assessed as having a clinically diagnosed mental disorder and have a Mental Health Treatment Plan prepared by a GP, psychiatrist or paediatrician. It allows up to ten individual sessions and up to ten group sessions in a calendar year, from 1 January to 31 December. From November 2025, GPs have more flexibility in the time-tiered attendance items used for plan reviews.

Better Access suits someone whose goal is symptom relief and stabilisation through a time-limited course of treatment. The NDIS pathway suits someone whose daily functioning is affected by a permanent psychosocial disability and who needs strategies applied across home, work, study and community over time. Many people use both, for different things.

What aged care funds

If you are 65 or over, or 50 or over and Aboriginal or Torres Strait Islander, the aged care pathway rather than the NDIS applies to you unless you were already an NDIS participant before turning 65.

Support at Home commenced on 1 November 2025 and replaced the Home Care Packages Program and the Short-Term Restorative Care Programme. It uses eight ongoing funding classifications, plus four transitioned classifications for people who came across from Home Care Packages, and works on flexible quarterly budgets rather than fixed package levels. Access starts with a single assessment through My Aged Care.

Services sit in three groups:

Clinical Supports , fully funded by the Australian Government. This is where allied health sits: occupational therapy, physiotherapy, exercise physiology, speech pathology, psychology and counselling, and nursing.

Independence Services , which may attract a participant contribution depending on your financial circumstances.

Everyday Living Services , which may also attract a contribution.

Assistive technology and home modifications run through a separate pathway.

People who were receiving, waiting for, or assessed as eligible for a Home Care Package on or before 12 September 2024 are covered by a "no worse off" principle, so their contributions are the same or lower than they would have been under the old program.

Education, school and early learning

Therapy can be delivered at school where the therapy goals line up with the child's education goals and the school consents. The therapist can also liaise with the school to support transitions and make sure strategies are used consistently at school and at home.

The formal split between what an education system is expected to provide and what the NDIS funds is set by government policy rather than by a provider, and it varies by state and by school sector. If you are trying to work out whether a specific support at school should be funded by the school or by an NDIS plan, ask the NDIA or your child's school directly rather than assuming.

Can you use two systems at once?

Yes, and many people appropriately do. The rule is that a single session must be claimed under one system only . You cannot claim the same appointment through both Medicare and the NDIS. What you can do is use Medicare for clinical treatment of a diagnosed condition while using NDIS funding for capacity-building work aimed at participation. The two run in parallel and should be coordinated so they are not duplicating each other.

The same applies across aged care and Medicare. Which one is used depends on the purpose of the appointment and how you were assessed.

How therapy and mainstream healthcare are actually joined up

Integration is not a philosophy, it is a set of concrete steps:

Referral in. A GP can refer a child or an adult into allied health services, and stays involved in the medical management alongside the therapy.

Multidisciplinary care team meetings. When a referral comes in, the clinician checks which other disciplines are already involved and a care team meeting is scheduled after assessment. The team shares updates, agrees on shared goals, names the barriers, and sets a plan. That meeting is documented, and the people involved in your care are told the outcome.

Reports that have a job. Before a report is written, the purpose is agreed with you or your nominee: what it is for, who needs it, and what kind of report it needs to be. Reports go to the relevant people in writing.

Handover. When you move between providers, a planned handover includes an initial contact meeting, an assessment of your needs and goals, a handover meeting involving both providers and you, transfer of the relevant documents, and a service agreement setting out the ongoing supports.

Consent. Your health information is only shared with people outside your care team with your informed consent. Ask what will be shared and with whom before you agree.

Which service does what

Bloom Healthcare's allied health services each address a different part of function, and each can sit under NDIS, aged care or Medicare funding depending on the purpose:

Exercise physiology for structured, progressive exercise programs that build physical capacity.

Occupational therapy for daily living skills, home safety and equipment.

Physiotherapy for movement quality, pain, mobility and transfer safety.

Psychology and counselling for mental health, coping and, under the NDIS, functional psychosocial supports.

Speech pathology for communication and swallowing.

Where to start

If you are unsure which system applies, the fastest route is to name the outcome you want and work backwards. If the outcome is treating a diagnosed condition, start with your GP. If the outcome is doing more for yourself despite a permanent disability, that is an NDIS conversation with your planner or support coordinator. If you are older and want to stay at home safely, start with My Aged Care.

Call 1300 771 465 to discuss which pathway fits, or ask your support coordinator, plan manager or GP to make contact for you.

Common questions about funding boundaries

My GP says I need physiotherapy. Will the NDIS pay for it?

Only if the physiotherapy addresses the functional impact of your permanent disability and meets the reasonable and necessary criteria. If it is treatment for an acute injury or post-surgical recovery, that is a health system responsibility and the NDIS will generally decline it.

Can I use my five Medicare allied health sessions and my NDIS funding in the same year?

Yes, provided you do not claim the same session twice. Use one funding source per appointment. Tell your provider which funding a booking is being made under so the claim is correct.

I have a mental health condition. Which system should I use?

If your main goal is treating symptoms with a structured, time-limited course of therapy, Better Access through your GP is usually the fit. If your condition creates a permanent and significant functional impact and you need ongoing support to keep participating in daily life, that is the NDIS pathway. Some people use both.

I turned 65 last year and I am not on the NDIS. What are my options?

Support at Home, accessed through an aged care assessment with My Aged Care. Allied health falls under Clinical Supports, which is fully funded by the Australian Government.

I was on a Home Care Package. Am I worse off now?

If you were receiving, waiting for, or assessed as eligible for a Home Care Package on or before 12 September 2024, the "no worse off" principle applies and your contributions should be the same or lower than under the old program. If your statement suggests otherwise, raise it with your provider.

Why was my request for therapy declined by the NDIA?

Common reasons are that the support was assessed as the responsibility of another system, that it was treatment rather than capacity building, or that the evidence did not connect the support to your disability-related functional need and your goals. You can ask for an internal review by the NDIA, and if you are still not satisfied there is an external review process. A therapy report that documents functional impact and links it to your goals usually strengthens the case.

Does my therapist talk to my GP?

With your consent, yes. Reports and updates can be shared with your GP and other treating professionals so that therapy and medical management line up rather than working against each other.

Can therapy happen at my child's school?

It can, where the therapy goals align with education goals and the school agrees. The therapist can also work with school staff so the same strategies are used in class and at home.

I am about to be discharged from hospital. What happens next?

Ask the hospital team what they are recommending in writing, and who they are sending it to. Community-based therapy after discharge is arranged through whichever system you are eligible for, and a handover process transfers the relevant information to the new provider so the recommendations are carried through.

How do I stop paying twice for the same thing?

Keep one record of which funding source pays for which service and check your statements. If you have a support coordinator or plan manager, ask them to review your service agreements for overlap. If

something looks doubled up, call 1300 771 465 and ask for it to be checked.

What is the main topic of this Bloom Healthcare article?

The article addresses integrating tailored therapeutic services into mainstream medical practice in Australia, focusing on personalised, evidence-based interventions for NDIS participants and for older Australians receiving in-home aged care, which is funded through the Support at Home program since 1 November 2025.

How does the article describe personalised therapy?

The article explains that personalised therapy recognizes that everyone's health journey is unique, and unlike a one-size-fits-all approach, tailored therapies consider the specific needs, preferences, and goals of each person, which is particularly beneficial for individuals with disabilities, chronic conditions, or those recovering from significant health events.

Which allied health services does the article say play a vital role in comprehensive healthcare?

The article highlights exercise physiology, occupational therapy, physiotherapy, psychology, counselling, and speech pathology as allied health services that play a vital role in comprehensive healthcare.

How does exercise physiology contribute according to the article?

Exercise physiology improves physical function and health through structured exercise programs tailored to individual needs.

What role does occupational therapy play according to the article?

Occupational therapy helps individuals achieve independence in daily activities and adapt their environments for better accessibility.

What role does physiotherapy play according to the article?

Physiotherapy supports rehabilitation and management of physical impairments.

Why do allied health services matter beyond traditional medical treatments, per the article?

Allied health services complement traditional medical treatments by addressing the physical, psychological, and social aspects of health, rather than focusing solely on medical intervention.

Who publishes this article and what is their approach to healthcare?

The article is published by Bloom Healthcare, a boutique disability and aged care allied health provider that believes all people have the right to access quality healthcare, with a model focused on evidence-based practice and client centricity delivered by highly qualified health practitioners across Australia.

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