Guide to NDIS Covered Services & Support | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/blog/comprehensive-guide-to-ndis-covered-services/

Details:

The NDIS funds supports that are reasonable and necessary , sorted into three budgets: Core Supports for everyday assistance, Capacity Building for skill development and therapy, and Capital Supports for equipment and home modifications. Most allied health therapy is funded from Capacity Building - Improved Daily Living . Getting a support funded is an evidence exercise: you have to show it is disability related, that it helps you reach a goal, and that it is value for money. To ask what applies to your plan, call Bloom Healthcare on 1300 771 465 .

The categories are only half the picture. What most participants actually need is the mechanics: which budget pays for what, what the reasonable and necessary test is really testing, how the way your plan is managed changes who you can book, how to get funding increased, and what to do when a decision goes against you. That is what this section covers.

The three budgets, and what each is for

Core Supports

Core Supports is flexible funding for essential everyday activities and community participation. It covers things like personal care, domestic help, transport and mobility assistance, and support to take part in social and recreational activity.

The defining feature of Core is that it is generally about someone assisting you , rather than building a skill.

Capacity Building

Capacity Building funds skill development and independence. This is where therapy sits. Its subcategories include:

Improved Daily Living - therapy and assessment to build functional capacity and independence

Improved Health and Wellbeing

Improved Relationships

The defining feature of Capacity Building is that it is about change over time . It funds work that is expected to leave you more capable at the end than at the start.

Capital Supports

Capital Supports funds assistive technology, home modifications and other capital items. Wheelchairs and mobility aids, communication devices, adaptive equipment, ramps, grab rails, bathroom changes and vehicle modifications sit here.

Capital items generally require specific approval based on allied health recommendations . The NDIA wants evidence from a professional before it will approve an item, because it has to be satisfied the

item is reasonable, necessary, safe, legal and value for money. So the therapist's assessment is not a formality that delays the equipment. It is the thing that unlocks it.

Which budget pays for which allied health service

This is the practical mapping, and it is worth checking against your own plan rather than assuming.

Service	Usual funding category
Occupational therapy	Capacity Building - Improved Daily Living. Capital Supports for the equipment and home modifications the OT recommends.
Speech pathology	Capacity Building - Improved Daily Living
Physiotherapy	Capacity Building - Improved Daily Living. May also draw on Core Supports - Assistance with Daily Life where therapy is provided at home, on Consumables for therapy-related items, and on Assistive Technology for mobility aids, splints or other prescribed devices.
Psychology and counselling	Capacity Building - Improved Daily Living
Dietetics	Capacity Building - Improved Daily Living
Exercise physiology	Capacity Building, or Core Supports where the work is tied to functional daily activities and the participant's goals
Positive behaviour support	Capacity Building

The exact line in your plan depends on how the support was described when the plan was written. If you cannot find the funding, that is a question for your plan manager, support coordinator, or the NDIA on 1800 800 110 .

Can you shift funding between budgets?

This comes up constantly, and we are not going to invent an answer. Bloom's knowledge base does not document the rules on moving funding between Core, Capacity Building and Capital budgets, whether reallocation can be requested at a plan review, or the conditions under which it might be allowed.

For an authoritative answer, contact the NDIA on 1800 800 110 or check the official plan documentation and policy guidelines. Your plan manager or support coordinator will also know how your particular plan is structured.

The reasonable and necessary test, and how to pass it

Every funding decision runs through this test. A support must:

be related to your disability

help you pursue your goals and improve your participation in daily life

represent value for money

be likely to be effective and beneficial

take account of the informal supports already provided by family, carers, networks and the community

These criteria come from the NDIS Act.

What that means when you are preparing for a plan meeting: the strongest case connects a specific daily difficulty to a specific goal to a specific support , with evidence attached. "My child has autism" is a diagnosis. "My child cannot follow a two-step instruction at preschool, our goal is participation in group routines, and speech pathology is the support that addresses it" is a reasonable and necessary argument.

Note the informal supports criterion. The NDIA takes into account what your family and network already do. That is not a reason to understate what you do, but it is a reason to be accurate about what is sustainable and what is not.

What the NDIS does not fund

The scheme does not fund supports that:

are the responsibility of other government systems or community services

are unrelated to your disability

are part of day-to-day living costs not connected to disability support needs

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

The first one is the boundary that causes the most confusion. The NDIS is not the health system, not the education system, and not Medicare. A support that belongs to health or education does not become an NDIS support because it is hard to get elsewhere. If you need a ruling on a specific item, the NDIA on 1800 800 110 is the source, not a provider's opinion.

How your plan is managed changes who you can book

This catches people out. The management type on your plan determines which providers you may use.

Self-managed. You control your budget directly. You pay providers, keep records and claim from the NDIS. You can use both registered and unregistered providers , which gives the widest choice.

Plan-managed. A registered plan manager handles the money: paying providers, processing claims and giving you summary statements. You can still use both registered and unregistered providers . Plan-managed participants must follow the NDIS Pricing Arrangements and Price Limits.

NDIA-managed. The NDIA manages the funding and pays providers through the portal. This one has a hard constraint: you must use registered NDIS providers . Pricing Arrangements and Price Limits apply here too.

Bloom Healthcare accepts all three arrangements, and is a registered NDIS provider, so it can be used under an NDIA-managed plan as well as plan-managed and self-managed.

How to get a new support added or funding increased

Request a change of circumstances review. You can ask the NDIA for one at any time if your circumstances have changed.

Gather evidence. Updated assessments, medical reports, and functional capacity assessments from allied health professionals.

Document what changed. A health event, a new diagnosis, a change in living arrangements, or a change in goals.

Submit complete documentation. Incomplete submissions cause requests for more information, which cost you weeks.

Prepare for the planning conversation. Come with clear goals, a list of current supports both formal and informal, the specific points where support is needed, and the assessments that back it up.

You work through this with an NDIA planner or local area coordinator. Treat it as a case you are making, not a form you are filling in.

If a decision goes against you

There is a formal pathway. The first step is an internal review by the NDIA. If you are still dissatisfied after the internal review, the decision can be taken to external review by the Commonwealth review tribunal.

External review has a strict time limit and the tribunal arrangements have changed in recent years, so confirm the current body and the current deadline with the NDIA on 1800 800 110 or with an advocate as soon as you receive a decision you intend to challenge. Do not rely on a date quoted on a website, including this one.

Whatever the route, the same thing decides it: thorough documented evidence and a clear statement of need.

What "registered NDIS provider" actually means

Registration is not a marketing badge. It carries specific obligations.

Worker screening. All workers in risk-assessed roles and key personnel must hold and maintain a valid NDIS Worker Screening Clearance. That applies to employees, contractors, volunteers and students. A clearance lasts up to five years, and renewal can start up to 90 days before expiry. The screening determines whether a worker is cleared or excluded from working with participants.

Practice Standards. A registered provider must comply with, and be audited against, the NDIS Practice Standards set by the NDIS Quality and Safeguards Commission. Registration runs for a three-year period, after which it must be renewed.

Code of Conduct. Providers and their workers must follow the NDIS Code of Conduct, which sets out eight obligations, including acting promptly when a complaint about quality or safety is raised.

Incident reporting. Registered providers must notify the Commission of reportable incidents within set timeframes, under the National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018.

Bloom Healthcare is a registered NDIS provider and runs screening for individuals in risk-assessed roles accordingly.

Your rights, and how to complain

You have the right to raise a concern or complaint, and staff must not react negatively to it.

At Bloom, a complaint is assigned to a staff member to investigate and resolve. You are notified in writing or by email that the complaint has been received, with a date by which resolution is expected.

If you are not satisfied with the response, you can escalate to the NDIS Quality and Safeguards Commission :

phone 1800 800 110 (free call from landlines), or TTY 133 677

email feedback@ndis.gov.au

or complete the Commission's complaint contact form

Bloom also maintains procedures for identifying, managing and resolving critical and reportable incidents, and works with the participant and their representatives to resolve them.

Bloom's NDIS services and how to start

Bloom Healthcare delivers occupational therapy, physiotherapy, psychology and counselling, speech pathology, exercise physiology, positive behaviour support, dietetics, and paediatric services for children aged 0 to 18.

Delivery is community based and mobile, in homes, schools, early learning settings and community settings, with therapy rooms available case by case and telehealth where it suits your goals. Coverage includes Sydney and regional NSW, Brisbane and South East Queensland, Melbourne and Victoria, Perth and Western Australia, Adelaide and South Australia, Canberra and Tasmania.

Service hours: Monday to Thursday 7:30am to 6:00pm, Friday 7:30am to 5:00pm, Saturday by appointment.

Contact: 1300 771 465, hello@bloom-healthcare.com.au, or the services page .

Common questions about NDIS covered services and funding

Which NDIS budget pays for therapy?

Most allied health therapy comes from Capacity Building - Improved Daily Living. Physiotherapy and exercise physiology can also draw on Core Supports in some circumstances, and physiotherapy may involve Consumables or Assistive Technology for prescribed items. Check the actual lines in your plan.

What is the difference between Core, Capacity Building and Capital?

Core funds everyday assistance and community participation. Capacity Building funds skill development and therapy, so it is about change over time. Capital funds equipment and home modifications, with the item approved on the strength of allied health recommendations.

Can I move money from one budget to another?

We do not have documented guidance on reallocation between the three budgets, so we are not going to guess. Ask the NDIA on 1800 800 110, or your plan manager or support coordinator, who will know how your plan is structured.

What does "reasonable and necessary" actually mean?

That the support is related to your disability, helps you pursue your goals and take part in daily life, represents value for money, is likely to be effective and beneficial, and takes account of informal support already provided by family, carers and the community. These criteria come from the NDIS Act.

Why was my support not funded?

Common reasons include that it was assessed as the responsibility of another government system such as health or education, that it was not sufficiently connected to the disability, that it was treated as an ordinary living cost, or that the evidence did not link it to a goal. If you disagree, ask for an internal review.

Can I use an unregistered provider?

If your plan is self-managed or plan-managed, yes, you can use registered or unregistered providers. If your plan is NDIA-managed, you must use a registered provider. Bloom is registered, so it can be used under any of the three.

What is the difference between plan-managed and self-managed?

With plan management, a registered plan manager handles payments, claims and statements for you, and you still choose from registered or unregistered providers. With self-management you handle the money yourself, pay providers directly and claim from the NDIS, with the same provider flexibility. Plan-managed participants must follow the NDIS Pricing Arrangements and Price Limits.

How do I get more funding partway through a plan?

Ask the NDIA for a change of circumstances review. You can request one at any time if your circumstances have changed. Bring updated assessments, medical reports and functional capacity documentation showing what changed and why more support is needed.

What can I do if the NDIA refuses something?

Start with an internal review by the NDIA. If you are still dissatisfied, the decision can go to external review by the Commonwealth review tribunal. There is a strict time limit and the tribunal arrangements have changed in recent years, so confirm the current deadline with the NDIA on 1800 800 110 or an advocate straight away.

What does registration require of a provider?

NDIS Worker Screening Clearances for workers in risk-assessed roles and key personnel, compliance with and audit against the NDIS Practice Standards, adherence to the NDIS Code of Conduct, and reporting of reportable incidents to the Commission within set timeframes. Registration runs three years before renewal.

How do I make a complaint about a provider?

Raise it with the provider first. At Bloom, a complaint is assigned to a staff member to investigate, and you are told in writing when it was received and when resolution is expected. If you are not satisfied, escalate to the NDIS Quality and Safeguards Commission on 1800 800 110, TTY 133 677, or feedback@ndis.gov.au.

What will services cost me?

Fees and service terms are set out in your service agreement before services start, and how you are charged depends on your plan and how it is managed. We do not publish rates here. Call 1300 771 465 and ask about your situation rather than relying on a figure quoted somewhere else.

Where is the official information?

ndis.gov.au for the scheme, and the NDIA contact centre on 1800 800 110 . For anything specific to your plan, your planner, support coordinator or plan manager will get you there fastest.

What is the National Disability Insurance Scheme (NDIS)?

According to Bloom Healthcare's guide, the NDIS is a pivotal initiative in Australia that funds eligible individuals with disabilities to access various supports and services tailored to their unique needs and goals.

What kind of supports does the NDIS fund?

The NDIS funds 'reasonable and necessary' supports that assist participants in achieving their goals and enhancing their social and economic participation.

How many key categories of NDIS supports and services are there?

NDIS supports and services are categorised into 15 key areas.

What does 'Assistance with Daily Life' cover under the NDIS?

This category covers support with personal activities to enable participants to live as independently as possible.

Does the NDIS cover transport costs?

Yes, the NDIS provides funding for travel to enable participation in community, social, economic, and daily life activities.

What are 'Consumables' in the context of NDIS funding?

Consumables refer to the provision of everyday items and products related to a participant's disability needs.

What is Assistive Technology under the NDIS?

Assistive Technology refers to equipment or devices that assist participants in performing tasks they might otherwise be unable to do.

Does the NDIS fund home modifications?

Yes, the NDIS covers home modifications, which are changes made to a participant's home to ensure it is accessible and safe.

What does 'Coordination of Supports' mean in an NDIS plan?

Coordination of Supports refers to assistance in organising and implementing the supports and services included in a participant's NDIS plan.

How does the NDIS support employment for participants?

Under the 'Finding and Keeping a Job' category, the NDIS provides support for obtaining and maintaining employment, including training and assessments.

What organisation published this guide to NDIS covered services?

The guide was published by Bloom Healthcare, a boutique disability and aged care allied health provider in Australia.

What is Bloom Healthcare's approach to healthcare delivery?

Bloom Healthcare's healthcare model focuses on evidence-based practice and client centricity, delivered by highly qualified health practitioners across Australia.