How Does NDIS Work? | Allied Health | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/blog/how-the-ndis-is-changing-lives-and-where-allied-health-fits-in/

Details:

The NDIA decides who gets in and what gets funded. The NDIS Quality and Safeguards Commission regulates who is allowed to deliver it and how. Every support has to pass a five-part reasonable and necessary test, and the money arrives in three budgets that behave differently. Allied health mostly sits in Capacity Building, and each discipline is funded to do a specific job: occupational therapy for daily function, physiotherapy for movement, exercise physiology for conditioning, speech pathology for communication and swallowing, psychology for disability-related function rather than clinical treatment, dietetics for nutrition, and positive behaviour support under its own set of rules. This page explains that machinery, so you can work out which discipline answers your question and which part of your plan pays for it.

Who decides what

Two separate national bodies do two separate jobs, and confusing them wastes a lot of time.

The NDIA

The National Disability Insurance Agency administers the scheme. It sets and applies eligibility criteria, decides what supports are reasonable and necessary, allocates funding, approves plan reviews and change of circumstances requests, sets the pricing arrangements and price limits, and reviews the assessment reports that clinicians write. If your question is about access, funding or a plan, the NDIA is the body, and the number is 1800 800 110 .

The NDIS Quality and Safeguards Commission

The Commission regulates quality and safety. It registers providers and maintains the public NDIS Provider Register, sets and enforces the NDIS Practice Standards and the NDIS Code of Conduct, audits registered providers, runs worker screening and the worker screening database, handles complaints about services, regulates restrictive practices, and receives reports of critical and reportable incidents. If your question is about how a provider behaved, the Commission is the body.

The people in between

Local Area Coordinators are NDIA-side roles supporting participants aged 9 and over. They connect people to services, support them through assessment and planning, help build the plan in the planning meeting, and help identify providers.

Early Childhood Partners are NDIS-funded local organisations for children under 9. They help families understand plan wording, make sure key worker services are included, guide the application, and connect families to community and intervention services.

Support coordinators work across age groups. They help you understand the scheme, select and connect with providers, organise referrals, and keep the team aligned to your plan goals. They

coordinate; they do not deliver therapy.

Plan managers handle the financial administration for plan-managed participants: paying invoices, tracking budgets, giving you statements.

Key workers are direct service providers in early childhood intervention. One clinician is the family's single point of contact, delivering support and pulling in occupational therapy, speech pathology, physiotherapy or behaviour support as needed, monitoring progress and coordinating the exit plan.

The test every support has to pass

The NDIS Act sets out what makes a support reasonable and necessary. All of the following have to be satisfied:

it relates to the person's disability

it helps them pursue their goals and take part in daily life

it represents value for money

it is likely to be effective and beneficial

it accounts for informal supports already available from family, carers and community, so funding complements rather than duplicates them

That last point catches people out. If a family member is already doing something, the NDIA takes that into account. The way to deal with it is to describe honestly what that support costs the family and where it is not sustainable, rather than leaving it undocumented.

What the NDIS does not fund

Four exclusions matter most:

Things that are another government system's responsibility , including supports more appropriately delivered through the health or education systems

Anything unrelated to the disability

Day-to-day living costs that are not disability-related

Anything likely to cause harm or pose a risk

The health system boundary, using psychology as the example

This is the clearest illustration of the first exclusion, and it is a genuine scheme boundary rather than a technicality.

Medicare covers clinical mental health treatment. Under the Better Access initiative, a person with a clinically diagnosed mental health condition can access up to 10 individual and 10 group sessions per calendar year, started through a mental health treatment plan written by a GP, psychiatrist or paediatrician, with evidence-based treatment such as cognitive behavioural therapy.

The NDIS funds disability-related function and participation, not clinical treatment. NDIS psychology sits in Capacity Building and works on routines and daily living skills, strategies that support participation in community, work and social life, confidence in real settings, social skills and relationships. Treatment and stabilisation of symptoms are the health system's job.

Many people use both, for different purposes. Medicare-funded psychology for the diagnosis and treatment of anxiety or depression, NDIS-funded psychology for building the routines and confidence to work toward a plan goal. The two schemes have different rules, and a rule from one does not transfer to the other.

Where the money sits

Core Supports fund everyday assistance and are the most flexible: personal care, domestic help, transport, meal preparation and eating assistance, social and recreational participation, consumables.

Capital Supports fund assistive technology and home modifications. Wheelchairs, communication devices, ramps, bathroom changes, vehicle modifications. Approval depends on detailed allied health recommendations, and the funding is tied to the approved item.

Capacity Building Supports fund skill development and independence, which is where almost all therapy sits. Its sub-categories include Improved Daily Living, Improved Health and Wellbeing and Improved Relationships.

Capacity building is the idea that gives allied health its role. The scheme does not only pay for someone to do things for you; it pays for work that helps you do more yourself, in whatever way makes sense for your situation. That is why a therapist's time is fundable at all.

Where each discipline fits

Occupational therapy

The question it answers: can this person do the daily tasks their life requires, in the environments they actually live in? Daily living skills and self-care, routines, community participation, sensory processing and regulation, safety and falls risk, assistive technology recommendations, home modification evidence, school participation for children. Usually funded under Capacity Building, Improved Daily Living. Occupational therapy also produces functional capacity assessments, which are the evidence backbone of many access requests and plan reassessments.

Physiotherapy

The question it answers: can this person move safely and well? Mobility and walking indoors and outdoors, balance and falls prevention, transfers and safer movement patterns, strength and conditioning, pain and fatigue management, posture and joint protection, rehabilitation. It is hands-on and focused on movement quality. Usually Capacity Building, Improved Daily Living, and sometimes Improved Health and Wellbeing.

Exercise physiology

The question it answers: can this person build and sustain physical capacity? Accredited Exercise Physiologists design structured, individually calibrated exercise programs, which is a different thing from fitness coaching. Work covers mobility and balance, strength and posture, endurance and community participation, pain and fatigue, neurological and complex conditions, and psychosocial wellbeing goals. Exercise physiology is named in the NDIS Pricing Arrangements and Price Limits and can be funded under Improved Health and Wellbeing or Improved Daily Living depending on the goals.

Speech pathology

The question it answers: can this person communicate, and is eating and drinking safe? Speech clarity and articulation, language development and comprehension, social communication, voice and fluency including stuttering, literacy foundations, augmentative and alternative communication, and swallowing disorders. It is also the discipline that assesses dysphagia and writes mealtime management plans. Usually Capacity Building, Improved Daily Living.

Psychology

The question it answers: what disability-related psychological barriers are stopping participation, and what skills reduce them? Assessment, one-to-one therapy, skills training and emotional regulation support, all framed around function and goals. Usually Capacity Building, Improved Daily Living, sometimes Improved Relationships where social or behavioural needs are complex, and occasionally Core Supports in community settings. See the Medicare boundary above for what it does not cover.

Dietetics

The question it answers: is this person getting adequate nutrition and hydration, and are mealtimes working? Nutrition assessment, meal planning that fits real routines, texture-modified and fortified meal advice within a speech pathologist's swallowing recommendations, tube feeding and weaning strategies, selective eating, skill building around shopping and cooking, and education for support workers. Claimable only when delivered by an Accredited Practising Dietitian. Usually Improved Daily Living, sometimes Improved Health and Wellbeing.

Positive behaviour support

The question it answers: what is this behaviour for, and what changes to environment, skills and support would make it unnecessary? It is person-centred and strength-based, and it treats behaviour as shaped by environment, relationships and communication rather than as something to be controlled.

Positive behaviour support is regulated more tightly than the other disciplines, and the rules are worth knowing.

A functional behaviour assessment is the method: gathering data, observations and information to understand what triggers and maintains a behaviour, in the context of the person's life.

A behaviour support plan turns that into evidence-informed strategies, built with the participant, family, carers and support network.

Where a provider is engaged, an interim behaviour support plan must be developed within one month , and a comprehensive plan within six months . A comprehensive plan requires a functional behaviour assessment.

Plans must be reviewed if the person's situation changes, and at least every 12 months while in force.

Specialist behaviour support providers must be registered with the NDIS Commission under registration group 0110, specialist positive behaviour support, and must engage an NDIS behaviour support practitioner, whether or not the plan contains restrictive practices.

Regulated restrictive practices

The NDIS Commission monitors five categories: seclusion, chemical restraint, mechanical restraint, physical restraint and environmental restraint. Chemical restraint means medication used primarily to influence behaviour, and it excludes medication prescribed for a diagnosed mental disorder, physical illness or physical condition. Mechanical restraint excludes devices used for therapeutic or non-behavioural purposes.

Where they are used at all, restrictive practices must be a last resort, proportionate, the least restrictive option available, clearly written down, authorised by the relevant state or territory body, and used for the shortest possible time. Providers using them must be registered, must implement them in accordance with the behaviour support plan, and must report monthly to the NDIS Commission. High-risk practices must never be included in a behaviour support plan. The purpose of a plan is to reduce and eventually eliminate restrictive practices, not to entrench them.

If someone is using a restrictive practice on a person you support without an authorised plan, that is a matter for the NDIS Commission.

Why disciplines get combined

Most participants do not have needs that sit inside one discipline. A physical disability alongside a cognitive condition. Chronic pain alongside anxiety. Feeding and swallowing needs alongside sensory or behavioural difficulties.

Treated separately, each clinician solves their own piece and the participant carries the coordination burden. Combined properly, the disciplines hand work to each other in a defined way: speech pathology sets the swallowing recommendations and dietetics works inside them, occupational therapy handles the sensory and environmental conditions that behaviour support needs in place, physiotherapy builds the movement that occupational therapy then applies to a daily task. The practical benefits are a less exhausting experience and better evidence at the next plan reassessment, because the reports agree with each other.

This is what support coordinators, and key workers in early childhood, exist to hold together.

The rules providers work under

Understanding what is required of providers tells you what to expect and what to escalate.

The NDIS Practice Standards are the quality benchmarks registered providers are audited against. They are modular: a core module covering participant rights and responsibilities, governance and operational management, provision of supports, and the environments supports are provided in; supplementary modules for specific services such as specialist behaviour support, implementing behaviour support plans and early childhood supports; and a verification module for lower-risk supports covering human resources, risk management, complaints and incidents.

The NDIS Code of Conduct sets eight obligations for anyone delivering NDIS supports, registered or not: act with respect for individual rights including self-determination and decision-making; respect privacy; deliver supports safely and competently with care and skill; act with integrity, honesty and transparency; promptly raise and act on concerns about quality and safety; take all reasonable steps to prevent and respond to violence, exploitation, neglect and abuse; take all reasonable steps to prevent and respond to sexual misconduct; and do not charge or represent higher prices for goods for NDIS participants without reasonable justification.

Registered providers must also run documented complaints and incident management systems, ensure worker screening clearances for risk-assessed roles including key personnel, and complete the Commission's mandatory worker orientation module. Providers should invoice after supports are delivered, not before.

Those obligations apply to unregistered providers too, in the case of the Code of Conduct. Being unregistered does not exempt anyone from it.

What this means when you are choosing supports

Three practical consequences.

Match the discipline to the question, not to availability. If the difficulty is the daily task, that is occupational therapy. If it is movement itself, physiotherapy. If it is communication or swallowing safety, speech pathology. If it is nutrition adequacy, dietetics. Booking the discipline that has the shortest waitlist rather than the one that answers your question wastes plan funding.

Check the budget before you commit. Therapy is Capacity Building. Equipment is Capital. Someone doing the task for you is Core. Reports and assessments come out of the same therapy budget as the sessions.

Ask what evidence will be produced. The plan you get next year is built out of the reports written this year. A provider who cannot tell you what they will write and when is a risk to your next plan.

Access

Bloom Healthcare is an NDIS registered provider with a multidisciplinary allied health team: occupational therapy , physiotherapy , speech pathology , psychology and counselling , exercise physiology , dietetics and positive behaviour support . Services are delivered in the home, in the community, at school, by telehealth and in clinic where appropriate, for NDIA-managed, plan-managed and self-managed participants, across New South Wales, Queensland, Victoria, South Australia, Tasmania, Western Australia and the Australian Capital Territory.

Phone 1300 771 465

Make a referral

For the application and plan process end to end, see the NDIS step by step for families

Common questions about how the NDIS works and where allied health fits

What is the difference between the NDIA and the NDIS Commission?

The NDIA runs the scheme: eligibility, plans, funding, pricing. The NDIS Commission regulates quality and safety: provider registration, practice standards, the code of conduct, worker screening, complaints, restrictive practices and incidents. Funding problems go to the NDIA on 1800 800 110. Conduct and safety problems go to the Commission.

Why was a support I asked for refused?

Usually because it did not satisfy one part of the reasonable and necessary test, most often the link to disability, value for money, or the treatment of informal supports already in place. It may also have been judged the responsibility of another system such as health or education. Ask for the reasons in writing, then address the specific gap with evidence.

Can the NDIS pay for my mental health treatment?

No. Clinical mental health treatment sits with the health system, including Medicare's Better Access initiative, which provides up to 10 individual and 10 group sessions per calendar year on a mental health treatment plan. NDIS psychology funds disability-related function and participation. Many people use both for different purposes.

Which allied health discipline should I start with?

Start with the difficulty rather than the profession. Daily tasks and environment, occupational therapy. Moving safely, physiotherapy. Building physical capacity over time, exercise physiology. Communicating, or unsafe swallowing, speech pathology. Nutrition and mealtimes, dietetics. Disability-related psychological barriers to participation, psychology. Behaviour that is putting someone

at risk, positive behaviour support.

Who is allowed to write a behaviour support plan?

An NDIS behaviour support practitioner considered suitable by the NDIS Commission, engaged by a provider registered under registration group 0110 for specialist positive behaviour support. That applies whether or not the plan involves restrictive practices.

How quickly should a behaviour support plan be in place?

An interim plan within one month of the provider being engaged, and a comprehensive plan within six months. A comprehensive plan requires a functional behaviour assessment. Plans are reviewed when the situation changes and at least every 12 months while in force.

What counts as a restrictive practice?

Five regulated categories: seclusion, chemical restraint, mechanical restraint, physical restraint and environmental restraint. Medication prescribed for a diagnosed mental disorder or physical condition is not chemical restraint, and devices used therapeutically are not mechanical restraint. Any regulated practice needs state or territory authorisation, must be a last resort and least restrictive option, and must be reported monthly to the NDIS Commission.

Does a provider have to be registered?

It depends on you and on the support. NDIA-managed participants must use registered providers. Registration is mandatory regardless for specialist disability accommodation, specialist behaviour support, supported independent living, plan management, digital platform services and any use of regulated restrictive practices. Self-managed and plan-managed participants can otherwise choose unregistered providers, who are still bound by the NDIS Code of Conduct.

What can I expect from any NDIS provider?

Safe and competent support delivered with care and skill, respect for your rights and privacy, honesty and transparency, fair pricing, prompt action on quality and safety concerns, and steps to prevent and respond to violence, exploitation, neglect, abuse and sexual misconduct. Registered providers must also maintain complaints and incident systems and screen workers in risk-assessed roles.

Why do I need more than one therapist?

Because most needs cross disciplines, and treating them separately makes participants carry the coordination. The value of a multidisciplinary team is not more services, it is fewer contradictions: one set of strategies that works across home, school and community, and reports at reassessment that tell a consistent story.

Does capacity building mean the funding will be taken away once I improve?

Capacity building means the scheme funds work that builds skills and independence, not that progress is punished. Plans are reassessed against goals and current need, and evidence of what has changed and what has not is exactly what those reports are for. If your need has not reduced, that should be documented as clearly as any improvement.

I am over 65, or my child is under 8. Does this page apply?

Partly. NDIS access requires being under 65 at the time of the access request; aged care is a separate system with its own rules, starting at My Aged Care. For children under 8, Thriving Kids is a separate Australian Government program with its own eligibility, rolling out from 1 October 2026 and fully implemented from 1 January 2028. Do not assume an NDIS rule applies to either.

What is the main topic of this Bloom Healthcare blog post?

The post explains the mechanics of the NDIS (National Disability Insurance Scheme) — who decides what, the 'reasonable and necessary' test, the three budgets, and which allied health discipline is funded to do which job — and explores how the NDIS is changing lives for people with disability.

Who publishes this article, and what kind of organisation are they?

The article is published by Bloom Healthcare, a boutique disability and aged care allied health provider that focuses on evidence-based practice and client-centred care delivered by highly qualified health practitioners across Australia.

How did the NDIS change the philosophy of disability support in Australia?

The NDIS marked a major shift in Australia's approach to disability support, moving away from institutional care towards community-based, person-centred support, giving people with disability choice, control and the ability to set their own goals rather than fitting into whatever services a system offered.

What kinds of questions does the NDIS ask participants?

The NDIS asks participants questions such as 'What do you want to be able to do?', 'Where do you want to live, learn and participate?', and 'What gets in the way now, and what would make a difference?' — shifting the focus from available services to what matters to the individual.

Can NDIS participants request changes to their supports if their needs change?

Yes, participants have the right to request changes or reviews if their NDIS supports do not align with their needs, ensuring flexibility and responsiveness throughout their support journey.

What questions do allied health professionals consider when working with NDIS participants?

Allied health professionals consider how the person wants to live, what a good day looks like for them, and what skills, supports or changes would help them achieve that, reflecting the NDIS's person-centred approach.

How can someone contact Bloom Healthcare?

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