NDIS Psychology | Claims & Session Guide | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/blog/ndis-psychology-guide-what-you-can-claim-appointment-types-and-questions-to-ask-a-provider/

Details:

The guide above covers which budget categories pay for psychology and how to choose a provider. This section covers the parts that decide whether funding is approved and kept: why requests get refused , what the assessments involve, what a session actually looks like, and how psychology differs from positive behaviour support.

The sentence worth remembering is that NDIS psychology has to be tied to disability-related functional impact , not to distress on its own. Requests that fail almost always fail on that point.

Why psychology requests get refused or not renewed

Funding decisions are not arbitrary. These are the recurring reasons a request does not succeed.

The support is clinical treatment. NDIS supports are explicitly excluded for the treatment or stabilisation of symptoms , which is a health system responsibility. If a request reads as treatment for a mental health condition, it belongs to Medicare or community mental health.

No functional connection to the disability. The support must link to how the disability affects daily functioning and participation. A request describing symptoms without describing what they stop the person doing has not made the case.

It reads as short-term life stress. Difficult circumstances alone are not disability-related functional need. This is a common reason for refusal and it is worth being honest about before applying.

It does not meet reasonable and necessary. The support must relate to the disability, help achieve plan goals, represent value for money, be likely to be effective and beneficial, and take account of informal supports already in place.

No measurable functional outcome at reassessment. Plan reassessment needs therapy reports showing evidence of outcomes achieved and progress towards goals. Where a service cannot show measurable improvement in daily living, independence or participation, renewal gets questioned. This is the most common reason existing funding is reduced rather than refused outright.

The practical response to all five is the same: describe function. What the person could not do, what they can do now, and what is still getting in the way.

Writing goals that survive a reassessment

Goals framed around feeling are harder to fund than goals framed around doing. Both matter clinically, but only one is written in the language the scheme assesses.

Goals that align with the criteria describe:

Building routines and daily living skills

Developing strategies that support participation

Building independence and confidence in real settings

Strengthening social skills and relationships

Capacity building linked to disability-related impacts

The test to apply to your own goal wording: does it say what you want to do , in a setting, that someone else could observe? If it only says what you want to feel, add the doing part.

The assessments a psychologist can provide

The origin page mentions standardised tools briefly. In practice this is a substantial part of the work, and it is often what a plan actually needs.

Diagnostic and cognitive assessments

Bloom's psychology team provides diagnostic and cognitive assessments for people aged 6 to 90 .

Autism assessment uses evidence-based methods including the Autism Diagnostic Interview-Revised (ADI-R), behavioural observation and supplementary tools such as the Empathy Quotient. Assessments can be done in the home or by telehealth, which matters for people in regional areas. Reports and recommendations are written in a neuro-affirming way, and a feedback session covers what the results mean and what follows.

ADHD assessment is provided as part of the same diagnostic service.

Other diagnostic assessments cover depressive and anxiety disorders, psychosocial disability, intellectual disability, acquired brain injury and other mental health conditions.

Cognitive assessments evaluate cognitive functioning across domains including learning, memory, problem solving and decision-making capacity, identifying areas of strength and difficulty. The results inform school supports, NDIS eligibility and intervention strategy.

Functional capacity assessment

A functional capacity assessment evaluates what a person can do day to day and how physical, cognitive and emotional factors affect that. A psychology-led assessment looks at:

Quality of social interaction

Emotion regulation

Behavioural regulation

Financial management

Routine management

Cognitive and emotional functioning

Communication

Self-care

Social and community participation

It uses psychometric screening tools that probe for the possible presence of more than one diagnosis, indicate symptom severity and examine the effect of symptoms on daily living. The output is a report with findings, recommended services, assistive technology suggestions and practical strategies, followed by a session discussing the results with you.

For NDIS purposes, functional capacity is assessed across self-care, self-management, mobility, learning, communication and social functioning . Those six domains are what access decisions and funding levels are read against, so a report organised around them is more useful than one that is not.

Assessment can be psychology only, occupational therapy only, or a combined assessment across both disciplines. Ask which is appropriate before booking, because the wrong one wastes plan funding.

What sessions actually involve

Length. A standard allied health session is 50 minutes . Rates vary by delivery method and discipline and are set out in your service agreement.

Frequency. Decided with you during therapy planning and matched to your needs. Common patterns are regular fortnightly sessions or block therapy , where sessions are clustered into a defined period. Block therapy suits people working towards a specific transition; fortnightly suits ongoing capacity building.

The therapy plan. Frequency, duration and location are documented in a therapy plan that typically spans one to three years and sets out the mix of practitioners and supports needed.

Progress review. Progress reports and outcome measures track achievements, functional improvement and alignment with plan goals across the plan period. At the end of the plan, a reassessment analyses progress summaries and reports against the goals to decide whether support continues, changes or ends.

Adaptation. Sessions are adjusted to how the person works best. That can mean creative or visual tools rather than talking, shorter and more frequent sessions where fatigue is a factor, or involving family and support workers with consent.

There is no fixed number of NDIS psychology sessions. Unlike Medicare's capped annual sessions, NDIS psychology is bounded by your plan budget and your goals, not by a session count.

Psychology or positive behaviour support?

These are frequently confused, and people sometimes fund the wrong one.

Psychology works on mental health, emotional wellbeing, cognition and internal experience: anxiety, depression, trauma, emotional regulation, processing experiences, coping strategies, self-awareness, resilience, relationships and life transitions, plus cognitive and psychological assessment. It is delivered mainly through structured therapeutic conversation and insight building, usually one to one.

Positive behaviour support works on understanding and reducing behaviours of concern while improving quality of life. It identifies triggers and underlying causes, builds a behaviour support plan, teaches safer communication and functional alternatives, coaches families, carers and support workers on responding consistently, reduces reliance on restrictive practices, and builds communication and daily living skills. It is practical, involving observation, changes to the environment and coaching across settings, rather than conversation alone.

Funding. Psychology is usually funded under capacity building categories focused on wellbeing and mental health. Positive behaviour support is typically funded under Capacity Building, Improved Relationships , sometimes Improved Daily Living, depending on the plan.

Together. Many people benefit from both, particularly where there are complex behaviours linked to trauma, anxiety or sensory processing, a recent autism or ADHD diagnosis, or a dual diagnosis such as intellectual disability alongside a mental health condition.

How that looks in practice: for a child with autism having intense outbursts at home and school, the psychologist works with the child on understanding emotions, calming techniques and confidence, while the behaviour support practitioner works with family and teachers on a consistent plan covering routines, sensory tools and positive reinforcement. For an adult with intellectual disability and a history of restrictive practices, the behaviour support practitioner identifies triggers and teaches safer communication while the psychologist works on processing past trauma.

If you are unsure which you need, describe the problem rather than naming the service when you call. The service follows from the problem.

What registration means for you

The origin page explains the three plan management types. What sits underneath them is worth knowing.

Registration with the NDIS Commission requires audits against the NDIS Practice Standards, suitability assessments of the organisation and its key personnel, and a certificate generally valid for three years . Registration is mandatory for providers delivering to participants with NDIA-managed funding , and for specialist behaviour support, supported independent living, specialist disability accommodation, plan management and anything involving regulated restrictive practices.

Registered providers must comply with the NDIS Practice Standards and Code of Conduct, maintain effective complaints and incident management systems, and hold worker screening clearances for key personnel and risk-assessed roles.

Worker screening is a nationally recognised mandatory check covering employees, contractors, volunteers, students on placement and sole traders in risk-assessed roles, plus key personnel including board members. A clearance lasts up to five years and can be renewed from 90 days before expiry.

The practical consequence: if your plan is NDIA-managed you must use a registered provider. If you are plan-managed or self-managed you have more choice, but registration is a meaningful signal about audited standards, complaints handling and screened workers rather than a formality.

Costs, travel and cancellations

The money terms that apply to you are set out in your service agreement , developed and signed before service starts. It covers the supports to be provided, the authorised and allocated hours for therapy, reports and travel, fees and payment terms, the cancellation policy and how invoicing works for your management type.

Rates, travel charges and cancellation terms are not published on this page. They depend on your funding stream and the NDIS Pricing Arrangements and Price Limits current at the time , which the NDIA updates periodically. Any figure quoted in an article, including notice periods and percentages, may be out of date or may belong to a different provider. Ask Bloom directly on 1300 771 465 for the terms that will apply to you, and get them in writing before you sign.

That is not evasion, it is the only safe answer. Published price limits change, and a participant who plans a year of therapy against a stale number ends up short.

If your therapy funding runs out before your plan ends , what happens depends on your plan and your circumstances, and we cannot give a general rule that would be reliable for you. Speak to your support coordinator, plan manager or NDIS planner as soon as you can see it coming, rather than after the funding is gone. Bloom can help you understand what has been used on 1300 771 465 .

Reports, and how to get one that works

Reports are the currency of a reassessment. A psychology report for plan reassessment typically covers current presentation and functional impact, progress made during the plan period, ongoing risks or unmet needs, and recommendations written in terms a planner can act on.

Things that make a report land:

Ask early. Report time has to be planned and funded. A reassessment date discovered late is the main reason a report is rushed.

Give the date. Say when the reassessment is when you request the report.

Expect it to be billed as time. Reports are billed on time actually taken, on the basis set out in your service agreement. Where several disciplines contribute, each bills its own part.

Check the goals match. A report written against goals that are not the goals in your plan is less useful, however good the clinical content.

Common questions about claiming NDIS psychology

Why was my psychology funding refused?

The usual reasons are that the support reads as clinical treatment or symptom stabilisation, which the NDIS is excluded from funding, that it is not clearly linked to disability-related functional impact, that it looks like short-term life stress, or that it does not meet the reasonable and necessary criteria. Reframing around function and participation is what changes the outcome.

Why was my funding reduced at reassessment when nothing has changed?

Most often because the reports did not show measurable progress against functional goals. Reassessment relies on evidence of outcomes achieved. Tracking two or three concrete measures across the plan period gives a report something to point at.

How long is a session and how often will I be seen?

A standard session is 50 minutes. Frequency is agreed in therapy planning, commonly fortnightly or as a block of sessions, and is recorded in a therapy plan that typically spans one to three years.

How many NDIS psychology sessions do I get?

There is no set number. Unlike Medicare, the NDIS does not cap sessions per year. What you get depends on your plan budget and your goals.

Can a psychologist do my autism or ADHD assessment?

Yes. Bloom provides diagnostic and cognitive assessments for people aged 6 to 90, including autism assessment using the ADI-R with behavioural observation and supplementary tools, and ADHD assessment. Assessments can be done at home or by telehealth, with a feedback session to go through the results.

What is a functional capacity assessment and do I need one?

It assesses what you can do day to day across areas including social interaction, emotion and behavioural regulation, financial and routine management, communication, self-care and community participation, and reports against the six NDIS domains. It is often what a plan needs as evidence. It can be psychology only, occupational therapy only, or combined. Ask which suits before booking, because the wrong one uses funding for a report that does not answer the question.

Should I be seeing a psychologist or a behaviour support practitioner?

Psychology addresses mental health, emotions, cognition and internal experience through therapeutic work. Positive behaviour support addresses behaviours of concern through observation, environmental change, a behaviour support plan and coaching of the people around you. Many people have both. Describe the problem when you call rather than choosing the service yourself.

Does my provider have to be registered?

If your plan is NDIA-managed, yes. Plan-managed and self-managed participants can use registered or unregistered providers. Registration involves audits against the NDIS Practice Standards, a certificate valid for around three years, and worker screening clearances for key personnel and risk-assessed roles.

What are the travel and cancellation charges?

They are set out in your service agreement and follow the NDIS Pricing Arrangements current at the time. Figures published in articles date quickly and may not apply to you. Ask for your terms in writing before you sign, on 1300 771 465.

What happens if my therapy funding runs out mid-plan?

That depends on your plan and circumstances, and there is no general answer that would be safe to rely on. Raise it with your support coordinator, plan manager or planner as early as you can see it coming.

How do I get a report for my plan reassessment?

Request it early and give the reassessment date. Reports cover current presentation, functional impact, progress made, ongoing risks or unmet needs and recommendations, and are billed on time taken as set out in your service agreement.

How do I start?

Call 1300 771 465 or make a referral . Have your NDIS number, plan dates, management type and your main goals ready. If you are weighing NDIS against Medicare, see NDIS psychology vs Medicare .

Does the NDIS fund psychology services?

Yes, the NDIS can fund psychology services when they are directly related to a person's disability and help them work towards the goals in their NDIS plan. However, eligibility criteria must be met to access these supports, and not everyone is eligible for NDIS funding.

What are common reasons psychology services are funded under the NDIS?

Common reasons include emotional regulation and coping skills, anxiety, low mood, trauma, or adjustment related to disability, support with social skills and relationships, behaviour that gets in the way of participation at home, school, work, or in the community, and building independence and resilience.

Is NDIS psychology the same as general mental health support?

No. NDIS psychology is not a general 'mental health' service. While the NDIS does not fund general mental health services, it does support mental health services that are directly related to a participant's disability and functional needs. The support must be reasonable and necessary and linked to functional impact and disability-related needs, rather than short-term life stress alone.

Under which NDIS budget is psychology usually funded?

Psychology is usually funded under the Capacity Building budget.

What is the 'Improved Daily Living' Capacity Building category used for in relation to psychology?

The Improved Daily Living (CB Daily Activity) category is typically used for one-to-one therapy, assessment, skills training, emotional regulation, coping strategies, social skills, identity work, and reports for review.

What is the 'Improved Relationships' Capacity Building category used for in relation to psychology?

The Improved Relationships (CB Relationships) category is used where behaviour support, social interaction, and relationship skills are the primary focus, often in collaboration with Positive Behaviour Support (PBS) or other allied health providers.

Who publishes this NDIS psychology guide and what is the organisation's focus?

The guide 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.

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