Personalised Therapy | Ageing & Disability | Bloom Healthcare

Canonical:
https://bloom-healthcare.com.au/blog/the-impact-of-personalised-therapy-on-ageing-populations-with-disabilities/

Details:

Two things get confused constantly, and getting them wrong costs people support. The NDIS is a disability scheme with an age rule at the front door. Aged care is a separate system with its own assessment, its own budgets and its own language. Aged care is not the NDIS. If you are ageing with a long-standing disability, or you have acquired one later in life, which system you are in determines almost everything about what you can get and how you get it.

The short version: you must be under 65 when you apply to the NDIS. But turning 65 does not throw you out of it. Existing participants are not automatically transferred to aged care. And people who acquire a disability after 65 go through aged care instead, which since 1 November 2025 means the Support at Home program.

To talk it through, call Bloom Healthcare on 1300 771 465 or email hello@bloom-healthcare.com.au .

The rule at 65

If you are already an NDIS participant. Reaching 65 does not mean leaving the NDIS. There is no automatic transfer and no forced choice at a set birthday. NDIS participants already receiving support under a plan are not moved across to Support at Home. Whether the NDIS continues to be the right fit depends on your ongoing support needs and whether your supports are still primarily disability-related rather than ageing-related. If you want to think about a change, the questions worth asking are whether your current needs are disability-related or age-related, which system better matches your goals, what continuity you would lose in providers and relationships, and what you actually want your life to look like. Talk to your planner or Local Area Coordinator before changing anything.

If you are approaching 65 and have never applied. This is the one that catches people. NDIS access requires you to be under 65 at the time of application. If a disability is emerging and you are 63 or 64, do not wait. Applying takes time and evidence, and the door closes on your 65th birthday.

If you acquire a disability after 65. The NDIS is not available to you as a new applicant. Aged care is the pathway, and it is a real one with real funded allied health, not a lesser substitute.

One exception worth knowing. In some circumstances people under 65 may access aged care services where the NDIS is not suitable for their needs. That is unusual, and it is a conversation to have with My Aged Care and the NDIA rather than something to assume.

Support at Home, in practice

Support at Home is the Australian Government's in-home aged care program. It replaced Home Care Packages and Short-Term Restorative Care on 1 November 2025 . The Commonwealth Home Support Programme, which provides entry-level supports such as domestic assistance, personal care, transport and social support, continues separately for now and is scheduled to transition no earlier than 1 July 2027.

How the funding is structured

Support at Home replaced the four fixed Home Care Package levels with a more granular structure:

8 classifications funding ongoing services based on assessed care needs

4 transitioned Home Care Package classifications , giving equivalent funding to people who were receiving, waiting for, or assessed as eligible for a package on or before 12 September 2024

3 short-term pathways , covering assistive technology and home modifications, restorative care, and end-of-life care

Budgets are quarterly and flexible rather than fixed annually. They can be reviewed and adjusted every three months as your health, living situation or needs change, rather than leaving you waiting a year or more to move up a package level.

What you pay

The Australian Government funds 100 per cent of clinical care , which includes nursing and the allied health disciplines: physiotherapy, occupational therapy, speech pathology, exercise physiology and psychology or counselling.

You may be asked to contribute toward non-clinical services , which include personal care such as showering, gardening, meal preparation and domestic assistance. How much you contribute depends on your financial circumstances, assessed case by case.

A lifetime cap of $130,000 applies to non-clinical care costs, covering both in-home and residential care.

There is also a "no worse off" protection . If you were receiving, waiting for, or assessed as eligible for a Home Care Package on or before 12 September 2024, you should pay the same or less under Support at Home than you would have under the old arrangements.

Equipment and home changes

The Assistive Technology and Home Modifications Scheme is one of the three short-term pathways, with its own dedicated funding rather than competing with your personal care and domestic services for the same pool. It covers approved equipment and home changes including ramps and grab rails, bathroom modifications, mobility aids such as walkers and wheelchairs, and smart home technology.

The scheme sits where it does deliberately. Getting a grab rail in early is cheaper and better than treating a hip fracture later.

Applying through My Aged Care

My Aged Care is the single entry point. Register online at myagedcare.gov.au, by phone on 1800 200 422 , or through a local contact centre.

Eligibility is generally age 65 or over, or 50 or over for Aboriginal and Torres Strait Islander people, together with a need for help with daily tasks, mobility, health or wellbeing arising from ageing, disability or a medical condition, confirmed by assessment.

The assessment is carried out by an Aged Care Assessment Team, or in Victoria by a Regional Assessment Service. It looks at physical health, emotional wellbeing and social needs. The system now uses a single unified assessment across all levels of support, so you do not need a fresh assessment every time your needs change level.

Before you apply, gather proof of identity such as a Medicare card, passport or driver licence; medical records covering conditions, medications and current services; financial information including income

and asset details; and any power of attorney or guardianship documents.

After you apply, allow a few weeks. Processing times vary by region and demand. Keep copies of everything and use your reference number when you follow up.

Once approved, there is a planning meeting where you set out what you need. Be specific: name the disciplines you want, such as physiotherapy or occupational therapy, and raise home accessibility and mobility equipment there rather than later. You then choose your provider.

What actually changes when you age with a long-standing disability

Ageing tends to compound an existing impairment rather than simply adding to it. The four areas that come up most:

Mobility and falls. Early signs include difficulty walking or standing for long periods, imbalance and stumbles, joint stiffness or pain, and fatigue after minimal activity. What follows is often a loss of confidence, then avoidance of stairs and uneven ground, then less activity, then further decline. The Australian Institute of Health and Welfare reports that more than a third of people aged 65 and over fall each year, often resulting in fractures or hospitalisation. For someone with an existing disability, the risk compounds.

Swallowing and nutrition. Swallowing muscles weaken and coordination reduces with age, and conditions such as stroke or Parkinson's disease affect it further. Dysphagia can lead to aspiration pneumonia and malnutrition. Malnutrition then weakens immunity, delays wound healing and reduces independence, which raises falls risk again.

Communication and cognition. Memory, attention, reasoning and decision-making become more vulnerable with age, particularly where there is a neurological condition. Communication difficulties isolate people from social contact and make it harder to follow safety guidance.

Mood and isolation. When getting out becomes hard work, people stop doing it. Reduced social contact and isolation carry a real psychological cost and feed back into physical decline.

What each discipline does about it

Physiotherapy assesses balance, gait and muscle strength to identify specific falls risk factors, then works on balance and strengthening exercises such as single-leg standing, heel-to-toe walking and resistance work. It also covers gait training, manual therapy and joint mobilisation for pain and stiffness, hydrotherapy as a low-impact option for arthritis and joint pain, and assessment and prescription of mobility aids with training on safe use. It supports chronic condition management and post-stroke recovery.

Occupational therapy works on daily living: showering, toileting, dressing, grooming, meal preparation, transport and household tasks. It assesses the home and recommends modifications such as bathroom safety changes, ramps, doorway adjustments and kitchen changes for reach and safety. It covers safer transfer strategies from bed, shower and car, energy conservation and pacing, and strategies that reduce manual handling strain on carers. It assesses and prescribes assistive technology, with trials and training so the equipment actually gets used.

Exercise physiology builds tailored programs for muscle strength, balance, endurance and functional capacity, with particular value in chronic condition management, chronic pain and fatigue, and neurological rehabilitation.

Speech pathology assesses and manages swallowing safety and communication, which matters after stroke and with dementia and Parkinson's disease.

Psychology and counselling address the mood, isolation and adjustment side, which is not a soft extra when withdrawal is what drives the decline.

The value is in the combination. Someone recovering from a fall may need physiotherapy for strength and balance, occupational therapy for home safety and transfers, and exercise physiology for longer-term capacity and prevention, with the three coordinated rather than running in parallel.

Getting support through Bloom

Bloom Healthcare delivers aged care allied health across occupational therapy, physiotherapy, exercise physiology, speech pathology, and psychology and counselling, alongside its NDIS services. Sessions happen at home, in the community or by telehealth, across New South Wales, Queensland, South Australia, Tasmania, Victoria, Western Australia and the ACT.

Phone: 1300 771 465

Email: hello@bloom-healthcare.com.au

Contact form: get in touch

Referrals: make a referral

Aged care services: aged care and Support at Home

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

Common questions about ageing with disability, the NDIS and aged care

I turn 65 next year and I am on the NDIS. Will I be moved to aged care?

No, not automatically. NDIS participants already receiving support are not transferred to Support at Home. You keep receiving your NDIS-funded services. Whether staying is right for you depends on whether your needs remain primarily disability-related. Speak to your planner or Local Area Coordinator well before your birthday.

I am 66 and have just been diagnosed with a condition that affects my mobility. Can I apply to the NDIS?

No. NDIS access requires you to be under 65 at the time you apply. Your pathway is aged care. Register with My Aged Care on 1800 200 422 or at myagedcare.gov.au and ask for an assessment.

I am 64. Should I apply to the NDIS now?

If a permanent and significant disability is affecting your everyday activities, do not wait. Applying takes time and evidence, and after your 65th birthday the NDIS is closed to new applicants. Getting assessed early is the safer choice even if you are not sure you will need supports immediately.

Does aged care fund physiotherapy and occupational therapy?

Yes. Under Support at Home, allied health sits within clinical supports, and the Australian Government funds clinical care in full. That covers nursing, physiotherapy, occupational therapy, speech pathology, exercise physiology, and psychology or counselling.

What will I have to pay?

You may contribute toward non-clinical services such as personal care, gardening, meals and domestic assistance, with the amount depending on your financial circumstances. Clinical care is fully government funded. A lifetime cap of $130,000 applies to non-clinical care costs across in-home and residential care. 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 means you should not pay more than you would have under the old system.

What happened to Home Care Packages?

They were replaced by Support at Home on 1 November 2025, along with Short-Term Restorative Care. Where the old system had four fixed package levels, Support at Home has eight classifications plus four transitioned package classifications and three short-term pathways, with quarterly budgets that can be adjusted as needs change.

Is the Commonwealth Home Support Programme also gone?

Not yet. CHSP continues to operate separately and provides entry-level supports such as domestic assistance, personal care, transport and social support. It is scheduled to transition into Support at Home no earlier than 1 July 2027.

How do I get a grab rail or a ramp?

Through the Assistive Technology and Home Modifications Scheme, one of the three short-term pathways under Support at Home, which has its own funding separate from your ongoing services. An occupational therapist assesses your home and recommends what is needed. Raise it at your planning meeting rather than waiting for a fall.

How long does the aged care application take?

Allow a few weeks after submission, with wait times varying by region and demand. You can follow up with My Aged Care using the reference number on your confirmation. Chasing missing documents promptly is the main thing that speeds it up.

Can I keep the same therapist if I move from the NDIS to aged care?

Continuity of provider is one of the things worth weighing before any change. Bloom delivers under both the NDIS and aged care funding, so ask the team on 1300 771 465 whether the arrangement you have can continue under the other funding stream.

Do I need a GP referral?

It depends on the funding stream and the service. For aged care, the pathway starts with My Aged Care rather than with a GP referral, though your GP's records are useful evidence. Bloom accepts referrals from individuals, families, GPs and other health professionals on 1300 771 465 or at hello@bloom-healthcare.com.au.

Can therapy happen at home?

Yes. Support at Home is an in-home program, and Bloom's aged care services are delivered at home, in the community or by telehealth depending on what suits you.

What is personalised therapy according to Bloom Healthcare?

Personalised therapy involves creating customised treatment plans that address the specific needs, preferences, and circumstances of each individual, ensuring therapy is effective and aligns with the person's lifestyle and goals rather than using a one-size-fits-all approach.

Why does personalised therapy matter for ageing populations with disabilities?

It matters because it addresses individual circumstances shaped by each older adult's unique physical, emotional, and cognitive needs and life experiences; it promotes autonomy by involving clients in therapy planning, respecting their preferences and fostering independence; and it delivers measurable results, as tailored interventions aligned with personal goals produce better clinical outcomes and enhanced quality of life.

What is one key benefit of personalised therapy for elderly clients mentioned in the article?

Personalised therapy helps older adults maintain independence and manage chronic conditions, contributing to an enhanced quality of life.

Who publishes this article and what is their focus?

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, focusing on evidence-based practice and client-centric care delivered by highly qualified health practitioners across Australia.

What category and keywords are associated with this article?

The article falls under the 'Aged Care Services' section and is tagged with the keywords 'Aged care' and 'aged care occupational therapy.'

How can someone contact Bloom Healthcare?

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

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