Role of Allied Health | NDIS Participants | Bloom Healthcare

Canonical:
https://bloom-healthcare.com.au/blog/the-role-of-allied-health-professionals-in-supporting-ndis-participants/

Details:

Allied health professionals are the practitioners who work on how you function day to day rather than on diagnosing and treating illness. Under the NDIS their work is usually funded from Capacity Building, most often the Improved Daily Living category , and sometimes from Core supports when the service is tied directly to everyday functional tasks. Which one you need depends on what is actually breaking down: movement and strength points to physiotherapy, daily tasks and the home environment points to occupational therapy, communication and swallowing points to speech pathology. Most people with complex needs use more than one, and the value comes from those practitioners talking to each other.

This page covers the parts a service list does not: which budget pays, what the NDIS will not fund, how plan management changes your choice of provider, what reports your practitioners produce and what those reports do at plan reassessment.

The disciplines, and what each one actually does

Bloom Healthcare provides six allied health disciplines plus positive behaviour support.

Occupational therapy works on daily living skills, routines, the environment around you, sensory needs, executive function and task planning. Practically that means functional capacity assessments, assistive technology prescription, home modifications and housing assessments, and skill building in things like dressing, cooking and personal care. Paediatric occupational therapy also covers independence, emotional regulation and sensory processing for children.

Physiotherapy works on movement, strength, balance and physical recovery, across musculoskeletal, cardiovascular, respiratory and neurological systems. Bloom's physiotherapy includes neurological and stroke rehabilitation, hydrotherapy, massage therapy and functional assessments, with a focus on gross and fine motor function, mobility and reducing chronic pain.

Speech pathology covers communication and swallowing across all ages. That includes communication assessments, swallowing assessments and mealtime management plans, and therapy for eating, drinking, speaking, voice, understanding language and social interaction, including specialised support for autistic people.

Exercise physiology designs individual exercise programs built around a person's condition and goals, aimed at strength, functional capacity and mobility. It is used in neurological rehabilitation, cardiovascular health, mental health, and mobility for people with disability.

Psychology and counselling covers individual intervention and counselling, cognitive and diagnostic assessments, emotional regulation, cognitive behavioural therapy and trauma counselling, including adjustment to disability.

Dietetics provides nutrition assessments and personalised plans, dietary interventions, nutritional and meal support, and enteral feeding assessment.

Bloom does not currently offer podiatry. If someone tells you a service is available, it is worth confirming on 1300 771 465 rather than assuming.

Which part of your plan pays for it

Three budget types are relevant.

Capacity Building, Improved Daily Living. This is the usual home for allied health therapy. It funds assessment, training and therapy that increase skills, independence and community participation. Occupational therapy, physiotherapy, speech pathology, psychology, dietetics and exercise physiology are all commonly funded here. Capacity Building funding tends to be allocated for specific services and reviewed on a cycle.

Core supports, Assistance with Daily Life. Core is more flexible and mainly funds ongoing everyday assistance, but it can cover allied health where the service relates directly to functional daily activities. The difference is one of purpose: a physiotherapist teaching a support worker safe transfer technique so you need less help over time is capacity building, while assistance with the transfer itself is core.

Capital supports. This is not therapy, but it is where the equipment your therapist recommends is funded: assistive technology, communication devices, mobility aids and home modifications. This is a common source of confusion. An occupational therapist can assess and recommend a piece of equipment out of your therapy budget, but the equipment itself is paid from a different part of the plan and often needs its own approval.

Behaviour support is usually funded from Capacity Building under Improved Relationships rather than Improved Daily Living. What is in your own plan depends on your goals and how the plan was written, so check your plan or speak to your planner or support coordinator.

What the NDIS will not fund

This is where people lose the most time, so it is worth being blunt about it.

The NDIS cannot fund supports that are the responsibility of another government system, including things more appropriately delivered by the health system. In practice the health system stays responsible for clinical diagnosis, treatment of health conditions, and treatment aimed at relieving or stabilising symptoms. The NDIS is generally responsible for the non-clinical side: functional ability, independence, and social and economic participation.

Mental health is the clearest example. Clinical mental health treatment, including diagnosis and treatment of a mental health condition, is a health system responsibility, and Medicare's Better Access initiative is the usual pathway there. NDIS psychology funding is aimed at function and participation instead.

A useful way to choose between them:

Medicare fits when the main need is clinical treatment, you want a time-limited course with a clear clinical approach, and there is a diagnosed condition such as anxiety, depression or a trauma response.

The NDIS fits when disability impacts are causing daily tasks to break down, participation in work, study or community life is limited, and you need consistent strategies applied in your real environment rather than only in a session room.

Many people use both for different purposes. The rule is that one session should not be claimed twice. Use one funding pathway per service. And medical and clinical care should not stop because you became an NDIS participant.

Plan management changes who you can see

How your plan is managed decides which providers are open to you.

	Who handles the money	Which providers you can use
Self-managed	You pay providers and claim back from the NDIS	Any suitable provider that meets NDIS rules, registered or not
Plan-managed	A plan manager pays invoices from your budget	Registered and unregistered providers
NDIA-managed	The NDIA pays registered providers through the portal	NDIS registered providers only

A registered provider is one that has applied to the NDIS Commission, been audited against the NDIS Practice Standards, gone through a suitability assessment and been issued a certificate of registration.

Plan-managed and NDIA-managed participants must follow the NDIS Pricing Arrangements and Price Limits. Self-managed participants handle their own payments but should still know the pricing guidance so they are paying fairly.

Plan managers also make referrals on participants' behalf, including to exercise physiology, psychology and counselling, and dietetics, so if you have one they are a good first phone call.

How a multidisciplinary team actually works

"Multidisciplinary" is easy to claim and harder to do. The thing that separates a real team from a list of separate appointments is whether the practitioners co-design what they are doing.

In practice that looks like:

an occupational therapist and a speech pathologist building strategies together for a child who has both sensory and communication challenges

a dietitian and a psychologist working together on eating difficulties linked to anxiety or trauma

a behaviour support practitioner and an occupational therapist working on behaviour that is being triggered by sensory overload in a particular environment

Each discipline stays inside its own expertise. What changes is that assessment findings are shared, strategies reinforce rather than contradict each other, families and support workers get one consistent message instead of three, and progress is tracked against shared goals. It also produces better information for your plan reassessment, because the picture is joined up rather than fragmented.

Care often hands off between disciplines over time as well. After acute rehabilitation led by physiotherapy, an occupational therapist may take the lead on getting the person back into meaningful daily activity and community life.

Occupational therapy or physiotherapy?

This is the single most common question, so here it is directly.

Physiotherapy	Occupational therapy
Helps you move, lift and improve physical capacity	Helps you cook, shower, dress and manage meaningful daily tasks
Addresses physical impairment and pain	Supports how you perform across all areas of life
Manual therapy, targeted exercise, balance and gait training, falls prevention	Daily living skills, routines, sensory needs, executive function, task planning
May recommend exercises and mobility aids	May recommend home modifications or assistive technology

They overlap more than the table suggests. Both work on functional independence, both work in real settings like your home, school or workplace, both recommend equipment, and both work with people of any age.

A stroke survivor might see a physiotherapist for walking and movement, and an occupational therapist for getting back to managing the kitchen and bathroom. A child with autism might see a physiotherapist for gross motor development and coordination, and an occupational therapist for fine motor skills, sensory and emotional regulation, and independence at school.

The reports your practitioners write, and why they matter

The reports are not paperwork. At plan reassessment they are the evidence the NDIA reads.

A functional capacity assessment (FCA) is a structured evaluation of what you can do across the main domains of daily life, and how physical, cognitive and emotional factors affect that. It is broader than a standard therapy assessment and typically covers physical ability and mobility, cognitive and emotional functioning including memory, attention and decision-making, communication, self-care, social interaction and community participation, work and leisure, and daily living tasks. A good FCA records strengths and opportunities, not only limitations.

A progress report for a plan reassessment should show:

your goals, and the functional impact your disability has on day to day activities

what was assessed, and what those findings mean functionally

evidence of outcomes achieved and progress made, measured against baselines set at the start

what has been tried, what worked, and what did not

measurable outcomes and targets that let progress be tracked

recommended frequency, type and focus of ongoing support, tied to your goals

any assistive technology or equipment recommendation, with evidence of suitability and expected benefit

The practical implication for you is that baselines have to be set early. If nobody measured where you started, nobody can demonstrate you have moved. Ask your practitioner at the first appointment what baseline measures they are recording and how progress will be shown at review.

Choosing a provider

Worth checking before you sign anything:

Does their registration status suit your plan management? If your plan is NDIA-managed, the provider must be NDIS registered.

Do they work in your actual environment? Skills learned in a clinic do not always transfer home.

Will the disciplines talk to each other? Ask how information is shared between practitioners and who coordinates.

Who writes your reports, and when? Ask how far ahead of your reassessment date reports are produced.

What does the service agreement say? Fees, notice periods, travel and cancellation terms all sit in the service agreement. Read it before you sign, and ask about anything you do not understand.

Access and next steps

Bloom Healthcare delivers allied health across New South Wales including Sydney and regional NSW, Queensland including Brisbane and South East Queensland, Victoria including Melbourne and regional Victoria, South Australia including Adelaide and regional areas, Western Australia including Perth and regional WA, Tasmania, and the Australian Capital Territory. Supports are delivered in homes and community settings, with telehealth where distance or health makes travel hard.

To start, call 1300 771 465 or email hello@bloom-healthcare.com.au with as much detail as you can. A team member will be in contact within 24 hours. If you are referring for someone else as a nominee or guardian, say clearly what your role and responsibilities are.

For questions about your plan itself rather than about services, the National Disability Insurance Agency can be reached on 1800 800 110 .

Common questions about allied health under the NDIS

Which budget pays for my therapy?

Usually Capacity Building, Improved Daily Living. Some allied health can be funded from Core supports where it relates directly to daily functional tasks, and equipment your therapist recommends comes from Capital supports. Behaviour support usually sits under Improved Relationships. Check your own plan, because how it was written matters.

Do I need a doctor's referral to see an allied health professional under the NDIS?

No referral in the Medicare sense is required to use NDIS therapy funding. What you need is funding in your plan that covers the service and a service agreement with the provider. A referral from a GP, support coordinator or plan manager can still help by passing on useful background.

Can I see more than one therapist at once?

Yes, and many people do. Your budget has to stretch across them, so it is worth talking with your team about what to prioritise and in what order. Practitioners working as a coordinated team usually get more out of the same budget than the same practitioners working separately.

What is the difference between an OT and a physio?

A physiotherapist works on movement, strength, balance and physical recovery. An occupational therapist works on daily tasks, routines, the environment and how you actually perform the activities that matter to you. Many people need both.

Will the NDIS fund my psychology sessions?

It depends what the sessions are for. Clinical treatment of a diagnosed mental health condition is a health system responsibility and Medicare's Better Access initiative is the usual route. NDIS psychology funding targets function, independence and participation. Some people use both, but the same session cannot be claimed twice.

Does my plan management type limit which providers I can use?

Yes. NDIA-managed participants must use NDIS registered providers. Plan-managed and self-managed participants can use registered or unregistered providers, subject to NDIS rules. Plan-managed and NDIA-managed participants are also bound by the NDIS Pricing Arrangements and Price Limits.

What is a functional capacity assessment used for?

It gives a structured picture of what you can and cannot do across daily life domains, which is then used as evidence for funding decisions and to shape supports so they match your actual needs. It covers physical, cognitive, emotional, communication, self-care, social, vocational and daily living areas.

How do I make sure my therapy reports support my next plan?

Ask for baseline measures at the start, keep goals in the report tied to real day to day tasks, and make sure the report says what was tried, what worked, what did not, and what frequency of support is recommended going forward. Ask when the report will be ready relative to your reassessment date.

Can therapy be delivered at home or by telehealth?

Yes. Bloom delivers supports in homes and community settings, and telehealth is available. Working in your own environment is often more effective for occupational therapy and behaviour support, because the strategies get tested where they will actually be used.

What will it cost me?

If the service is funded in your plan, it is claimed against that funding rather than paid by you. Fees, travel and cancellation terms are set out in your service agreement before supports start, and NDIS pricing rules apply to plan-managed and NDIA-managed plans. Call 1300 771 465 to go through the detail for your situation.

What if my needs change mid-plan?

Tell your practitioners and your support coordinator or plan manager early. Therapy plans are meant to be adjusted as needs change, and a documented change in circumstances is also the basis for asking the NDIA to look at your plan again.

Where to go next

All services

How the NDIS works

Occupational therapy

Physiotherapy

Speech pathology

Make a referral

Who are Allied Health Professionals according to the article?

Allied Health Professionals are healthcare practitioners who specialise in diagnosing, treating, and supporting a range of conditions affecting physical, emotional, and cognitive function. Unlike medical

doctors or nurses, they focus on therapies that promote overall well-being and functional abilities, working collaboratively with other healthcare professionals to ensure integrated and safe patient care across various settings and regulatory frameworks.

What key allied health disciplines does the NDIS fund, according to the article?

The NDIS funds a broad spectrum of allied health services, including Occupational Therapy, Physiotherapy, Speech Pathology, Psychology and Counselling, Exercise Physiology, and Dietetics.

What does Occupational Therapy help NDIS participants achieve?

Occupational Therapy enables individuals to perform daily tasks and maintain independence by teaching skills such as dressing, cooking, and managing personal care.

How does Physiotherapy support NDIS participants?

Physiotherapy improves mobility, strength, and physical health through exercises designed to enhance balance, joint mobility, and endurance.

What issues does Speech Pathology address for NDIS participants?

Speech Pathology addresses communication difficulties and swallowing disorders that affect nutrition and safety.

What role do Psychology and Counselling services play for NDIS participants?

Psychology and Counselling support mental health, emotional well-being, and behavioural goals through therapeutic interventions and coping strategies.

What does Exercise Physiology involve for NDIS participants?

Exercise Physiology involves developing tailored exercise programs for managing chronic conditions, enhancing fitness, and building overall functional strength.

What does Dietetics provide as part of NDIS allied health support?

Dietetics provides medical nutrition therapy, manages feeding difficulties, and supports chronic health needs.

What is Bloom Healthcare and what is its healthcare model focused on?

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

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