Personalised Therapy | Boost NDIS Success | Bloom Healthcare

Canonical:
https://bloom-healthcare.com.au/blog/the-role-of-personalised-therapy-in-enhancing-ndis-plan-outcomes/

Details:

"Personalised therapy" is not a marketing idea in the NDIS. It is how the scheme is built. Funding is attached to your goals, therapy is meant to move you toward those goals, and at reassessment the NDIA looks at evidence of whether it did. Get the goals right and the rest follows. Get them vague and every later conversation about funding becomes harder than it needs to be.

This page covers how goals are written, how they turn into a therapy plan, what a course of therapy looks like, what reports have to show, and how to prepare for a plan reassessment. To talk it through, call Bloom on 1300 771 465 or email hello@bloom-healthcare.com.au .

What the NDIA is actually deciding

Every support in your plan has to be reasonable and necessary . Under the NDIS Act that means the support must:

relate to your disability, rather than to a general health or social need

help you pursue your goals and increase your participation in daily life and the community

represent value for money relative to the benefit it provides

be likely to be effective and beneficial for you

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

The scheme does not fund supports that are another system's responsibility, such as health or education; supports unrelated to your disability; ordinary day-to-day living costs; or anything likely to cause harm.

Every one of those tests runs through your goals. "Relates to your disability" and "helps you pursue your goals" are not separate boxes to tick, they are the argument your therapy reports have to make.

Writing goals that funding can be built on

Most disciplines use the SMART framework for this: specific, measurable, achievable, relevant and time-bound.

Specific means describing real-life function rather than a symptom. Not "improve mobility" but "walk to the local shop and back with one rest", or "transfer in and out of bed with less assistance". Not "improve dressing skills" but "dress independently five days out of seven by the end of the plan period".

Measurable means there is something you can actually count. What gets used depends on the discipline:

distance or time walked, for example a six-minute walk distance

balance measures, such as a sit-to-stand count or a simple balance test

how much help is needed for a transfer, and whether it is safe

confidence ratings, meaning how safe you feel doing a task

activity tolerance, meaning how long you can do something before pain or fatigue stops you

falls or near-falls over a set period

Achievable and relevant mean the goal has to be realistic for your circumstances and it has to matter to you. A goal that a clinician thought sounded good but that you have no interest in will not get worked on, and it will produce no evidence.

Time-bound means it has an end point, which is usually tied to your plan period.

Goals are set collaboratively between you, your family or support network, and your clinicians. That is not a courtesy. Goals that come from the participant get engaged with; goals imposed from outside do not.

Bloom's clinicians use a goal attainment approach where the expected outcome is defined as clearly as possible up front, so that at review the goal can be scored as achieved, partly achieved, or still in progress. That scoring is what turns a year of sessions into something readable at a plan meeting.

From plan goal to therapy plan

Your NDIS plan goals are usually broad. The therapy plan is what sits underneath and connects them to what actually happens in sessions. A good one:

takes the exact wording of your NDIS goals as its starting point

breaks each goal into the steps needed to reach it

states honestly whether the goal is achievable in the funding and time available

identifies where more assessment or information is still needed

names the functional outcomes expected, so there is something to measure against later

If you cannot see the line from your plan goal to what happens in a session, ask your clinician to draw it for you. That line is also what the NDIA will be looking for.

How a course of therapy is structured

Referral. Anyone can refer, including you, a family member, a GP, a teacher or another health professional. Bloom takes referrals by email at hello@bloom-healthcare.com.au, by phone on 1300 771 465, and through online referral forms for some services. Include the person's age, NDIS number if there is one, the main concerns and functional challenges, the top three goals, relevant medical history and precautions, the preferred session location, and any existing reports. Bloom aims to contact referrers within 24 hours and to schedule an initial meeting within five business days where possible.

Intake and first assessment. The initial consultation usually runs about an hour, against 50 minutes for later sessions. It covers your daily routine and where it breaks down, observation of the tasks that matter, your medical history, and your NDIS goals and plan. Some disciplines administer screening tools at this point to establish a baseline, which matters later.

Therapy plan. Developed with you after the assessment, covering skill-building activities, adaptive strategies, any home modification or assistive technology recommendations, and the exercises or techniques to be used, all mapped to your plan goals.

Sessions. Frequency is set in the therapy plan and depends on your needs and progress. It might be weekly, fortnightly or monthly. During an acute phase sessions are usually more frequent, and are expected to space out as independence improves. A typical session checks in on progress, works on a practical skill in a real setting, adapts strategies to what is working, and sets what to focus on before next time.

Review. Progress is tracked throughout, with a service update after each session recording goals, strategies, progress and next actions. Psychology has a formal check at six sessions, where screening

tools are re-administered, progress is discussed, goals are adjusted, and a progress letter goes to the referring GP. Formal service plan review meetings bring the team together with you, and advocates are welcome at those meetings.

Fees, travel, cancellation notice periods and what happens with missed appointments are all set out in the service agreement you sign before work starts. Ask for those in writing and read them, and if anything is unclear call 1300 771 465.

The evidence trail

The NDIA expects reports for plan reassessment to explain the therapy approach and show evidence of outcomes achieved and progress made toward goals. A report that does its job makes the following easy to see:

your goals, and how they relate to day-to-day function

what was assessed or observed, and what the findings mean functionally rather than clinically

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

baseline measures and targets, with progress tracked against them

the supports recommended next, with frequency and focus, tied back to each goal

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

Different disciplines contribute different pieces. Speech pathology establishes a baseline for communication or swallowing and tracks against it. Physiotherapy provides progress summaries aligned to plan goals with the program and recommendations set out. Occupational therapy provides functional capacity evidence and support-need documentation. Psychology covers current presentation, functional impact, progress, risks and recommendations framed for the plan.

The single most useful thing in any of them is a baseline. Without one, "she is doing much better" is an opinion. With one, it is a measurement.

Preparing for a plan reassessment

Reassessment happens before your plan ends, and can also be requested at other times by you, your family or an advocate if your circumstances change.

Throughout the plan period, keep notes on what improved, what did not, and where things got harder. Ask your clinicians to keep tracking against the measures you agreed. It is much easier than reconstructing a year from memory in the fortnight before a meeting.

Before an assessment or a first session with a new clinician, gather the exact wording of your current NDIS goals, any previous therapy, school or specialist reports, and a list of the three to five daily situations that are hardest or where support breaks down. Note what helps, what makes it worse, and what sets it off. Some disciplines ask for a specific baseline snapshot, such as three days of food and fluid intake for nutrition goals, or a note of typical communication situations.

As the reassessment approaches, ask each clinician for a progress summary against each goal, update anything that has changed in your capacity or circumstances, and put all the documentation in one place.

If the funding decision is not what you expected

If the NDIA reduces or refuses funding and you think the decision is wrong, there is a review process. Ask for an internal review first. The decision letter states the timeframe you have to do that in, so check the letter and act inside it. If you are still not satisfied after the internal review, there is an external

review pathway, and the NDIA can tell you the current process and timeframes.

What strengthens a review is the same thing that strengthens a plan: evidence. Therapy reports showing functional need, documented progress under the current supports, a clear line from each support to the reasonable and necessary criteria, and concrete examples of what would happen day to day if the funding were reduced. Your clinicians, support coordinator or an advocate can help put that together.

Who does what

Managing your funding. There are three options. Self-managed means you handle payments, budgeting and records yourself, with the most control. Plan-managed means a registered plan manager handles the financial administration, processes invoices, pays providers and gives you summary statements. NDIA-managed means the agency pays providers directly.

A support coordinator is about services, not money. They help you find and connect with providers, make referrals, explain how your funding works, and coordinate between the people involved in your support. They do not deliver therapy.

A plan manager is about money, not services. They track your budget, process invoices, pay providers on time and help you avoid overspending.

The two roles are often confused. If your problem is "I do not know who to see", that is a support coordinator. If it is "I do not know how much is left", that is a plan manager.

Getting started

Bloom Healthcare is a registered NDIS provider delivering occupational therapy, speech pathology, physiotherapy, exercise physiology, psychology, counselling and positive behaviour support. Services are delivered mostly in homes, schools, early learning centres, day programs and the community, with telehealth available and clinic appointments case by case, 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

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

Common questions about NDIS goals and therapy plans

Who writes my NDIS goals?

You do, with help. Goals go into your plan through the planning conversation with the NDIA or your Local Area Coordinator. Clinicians, family and support coordinators can help you word them, but they should reflect what you actually want, because you are the one who has to work on them.

How specific should a goal be?

Specific enough that someone could tell whether it happened. "Be more independent" is not a goal. "Prepare a simple meal without supervision" is.

Can I change my goals mid-plan?

Your NDIS plan goals sit with the NDIA and change at reassessment, or through a plan variation if your circumstances change. The therapy goals underneath them can be adjusted with your clinician whenever they stop fitting, which is normal as progress happens.

How often will I have therapy sessions?

It depends on your needs, your goals and where you are in the process. Weekly, fortnightly and monthly are all common. More frequent during an acute phase, less frequent as independence builds. It is set in the therapy plan with you, not fixed in advance.

How long is a session?

At Bloom the initial consultation is about an hour, and regular sessions are 50 minutes.

What report will I get, and do I have to pay for it?

Reports vary by discipline and purpose, and what is needed should be discussed and agreed with you before it is written. Report writing is chargeable work, and how it is quoted and claimed is set out in your service agreement. Ask about it at intake so there are no surprises before a reassessment.

What if I have not made progress?

That is information, not failure. A report that says clearly which approaches were tried, what did not work and why, and what should change is more useful at reassessment than one that reports vague improvement. It can also support a case for different or additional supports.

The NDIA cut my funding. What now?

Ask for an internal review within the timeframe in your decision letter. Gather the therapy reports and evidence of functional need, and be concrete about the day-to-day consequences of the reduction. If the internal review does not resolve it, ask the NDIA about the external review pathway.

Do I need a support coordinator and a plan manager?

They do different jobs and some people have both, one or neither. Whether either is funded depends on your plan. Ask your planner.

Can Bloom write the report I need for my reassessment?

Yes, where Bloom is delivering your therapy. Say early that you have a reassessment coming so the report can be planned rather than rushed, and so the measures your clinician is tracking are the ones that will matter at the meeting.

How quickly can I start?

Bloom aims to contact referrers within 24 hours of a referral and to arrange an initial meeting within five business days where possible. Call 1300 771 465 or use the referral form .

What is personalised therapy according to Bloom Healthcare?

Personalised therapy refers to healthcare strategies meticulously tailored to an individual's unique needs, preferences, goals, and aspirations, rather than applying a one-size-fits-all approach. It involves a deep understanding of each person's distinct conditions, challenges, and aspirations so that interventions are effective, meaningful, and relevant to daily life.

Why does personalised therapy matter within the NDIS context?

Within the NDIS, personalised therapy serves as a cornerstone of effective plan implementation because it recognizes that every individual has a unique health journey that deserves customized therapeutic services designed specifically to meet their personal objectives and needs.

What are the key components of effective personalised therapy?

Effective personalised therapy encompasses comprehensive assessment (identifying strengths, needs, and goals through detailed evaluations), evidence-based interventions (using scientifically backed methods for effectiveness and measurable outcomes), continuous collaboration (engaging clients, families, and support networks in the therapy process), and adaptability (modifying strategies as the individual's needs evolve over time).

How does exercise physiology contribute to NDIS plan outcomes?

Exercise physiologists design customised exercise plans that align directly with an individual's NDIS goals, fostering improved physical wellbeing and independence. By tailoring programs to address disability-related needs, exercise physiology services help participants build capacity and achieve their functional goals.

What allied health disciplines are associated with this article's topic (per its keywords)?

The article's keywords indicate it relates to occupational therapy, physiotherapy, psychology and counselling, and speech pathology.

Who publishes this article and what is Bloom Healthcare's mission?

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

How can I contact Bloom Healthcare?

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

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