Functional Capacity Assessment Guide | Bloom Healthcare

Canonical:
https://bloom-healthcare.com.au/blog/understanding-functional-capacity-assessments-a-comprehensive-guide/

Details:

A functional capacity assessment (FCA) is a structured evaluation of how you manage the ordinary tasks of daily life, and of what would have to change for you to manage them more independently. An occupational therapist, sometimes working alongside a psychologist or another allied health professional, observes and tests you across domains such as self-care, mobility, communication, thinking and memory, and social and community participation. The result is a written report that sets out your current functional capabilities, the limitations you live with, and specific recommendations for supports, therapy, equipment or home changes. NDIS participants most often use that report as evidence at a plan reassessment, at an access request, or when circumstances have changed. It is usually funded from the Capacity Building part of a plan.

This section covers the material the guide above does not: when an assessment is actually worth requesting, what the funding sits under, what the report has to contain to be useful to the NDIA, how an FCA differs from the other assessments you may be offered, and where the answer genuinely depends on your own plan.

Who needs a functional capacity assessment, and when

An FCA is not something everyone needs every year. It earns its place at particular moments.

You are applying to the NDIS for the first time. An access request has to show how a disability affects your day-to-day functioning, not just that you have a diagnosis. The NDIA looks for evidence that links assessment findings to what actually happens in your life: what you can do alone, what you can do with help, what you cannot do at all, and how that affects learning, work, safety and taking part in your community.

Your plan is coming up for reassessment. This is the most common reason people book one. The NDIA expects reports supporting a reassessment to explain the therapy approach that has been used and to show evidence of outcomes achieved and progress made towards your goals. An FCA gives you a documented baseline that a later assessment can be measured against, so you can show whether your capacity has improved, stayed the same, or declined.

Something has changed. A medical event, an injury, a deterioration, a move to a new home, the loss of an informal carer, or a genuine improvement in capacity can all mean your current funding no longer matches your needs. Assessment documentation is used to support changes to a plan between formal reassessment periods when circumstances change. If your situation has shifted significantly, an updated assessment is the evidence that justifies adjusting your supports.

The NDIA has asked for more information. When you ask for therapy supports to be included in a plan, you generally need to provide an assessment or report from your therapist, and the NDIA will sometimes ask for further assessment and reporting on top of that. An FCA is often what is being asked for, even when the letter does not use those words.

You are seeking equipment, home changes or a different living arrangement. Recommendations for assistive technology or home modifications need evidence of suitability and expected benefit. An FCA gives the underlying picture of function that those specific recommendations then sit on top of.

A decision is being reviewed. Occupational therapy functional capacity assessments are used to evidence a participant's support needs for plan reviews, for mid-term changes, and where an NDIA decision is being reviewed at a tribunal.

What an FCA can and cannot settle

This distinction matters, and it is where a lot of disappointment comes from.

An FCA describes function . It records what you can do, under what conditions, with what assistance, and at what cost to your safety, fatigue and time. It sets out what the assessing clinician recommends and why.

An FCA does not make the funding decision . The report provides the evidence the NDIA needs to decide whether supports are reasonable and necessary. The decision itself belongs to the NDIA. A thorough assessment improves the quality of the evidence in front of the decision maker; it does not guarantee a particular outcome, and no provider can promise one.

An FCA is also not a diagnosis . It works from your function, not from your condition. Two people with the same diagnosis can produce very different assessments because they live in different homes, have different informal support, and set different goals. If you need a diagnosis or a medical opinion, that comes from a doctor or specialist, not from a functional assessment.

The domains an assessment covers

An FCA covers a broader range of life tasks than a standard occupational therapy assessment. The domains usually looked at are these.

Physical abilities and mobility. How you move around your home and your community, how you transfer safely between surfaces, how physical limitations and the complexity of a task combine to reduce what you can manage. Standardised tests, exercises and simulated tasks are used, including tasks that mimic real-world or job-related demands.

Self-care. The essential personal tasks: showering, toileting, dressing and grooming. The assessment looks at what part of each task you complete yourself, where the breakdown happens, and how much prompting or physical assistance is needed.

Cognitive and psychological functioning. Memory, attention and decision making, along with emotional health. Where psychological or cognitive screening is part of the assessment, the report includes an interpretation of those results rather than just the raw scores.

Communication. How well you make yourself understood and understand others, across the different settings you actually spend time in, not just in a quiet clinic room.

Social interaction and community participation. Your capacity to take part in community life, get to the places you want to go, and manage social settings.

Work and leisure. Vocational capacity and the activities you do for their own sake. Both count. An assessment that only records personal care misses the part of your life that most goals are actually about.

Environment and equipment. How your home either supports or obstructs you, and whether assistive technology would change the picture. This ranges from low-cost items such as grab rails and walkers, through mid-cost items such as wheelchairs, scooters and specialised mattresses, to high-cost items such as powered wheelchairs.

How a functional capacity assessment is funded

Under the NDIS, functional capacity assessments are typically funded under the Capacity Building support category, most commonly within Improved Daily Living . That classification treats the assessment as a service that informs the development of your supports, rather than as a support you receive week to week.

Whether you have the room in that budget to cover an assessment depends on your own plan. Improved Daily Living funding is often already committed to ongoing therapy, so an assessment can compete with the sessions you are already having. Before you book, it is worth checking the remaining balance in that category with your plan manager or support coordinator.

What the quote covers. An FCA is more than the hours you spend in the room. The service has three parts: the face-to-face assessment, communication with the other people involved in your support, and the written report provided to you and to the NDIA. All three take clinician time, and all three are part of what is quoted.

Bloom quotes the expected hours for your assessment before the work starts, so you know what will be drawn from your plan. The exact figure depends on how complex your situation is, how many domains need covering, and whether more than one discipline is involved. Fees, travel and cancellation terms are set out in your service agreement rather than fixed on a web page. If you want the numbers for your own situation, call 1300 771 465 and ask for a written quote before you commit.

If you are not an NDIS participant, funding for a functional assessment works differently and depends on the scheme involved. Do not assume NDIS rules carry across. Ask Bloom on 1300 771 465 what applies to your circumstances.

What is included, and what is not

Included in an FCA:

an initial consultation to gather your medical history, current capabilities and support needs, and to set the goals the assessment will be built around

an assessment plan that names the specific outcomes being looked at

a face-to-face assessment, in the setting that suits you

standardised tests, structured observation and simulated tasks

input from family, carers and the people who know your daily reality

liaison with the other professionals involved in your care

a written report with findings, identified support needs and tailored recommendations

Not part of an FCA:

a diagnosis, or a medical opinion about your condition

a decision about your NDIS eligibility or your funding amount

ongoing therapy; an FCA identifies what may help, it does not deliver it

the detailed prescription of a specific piece of equipment or a specific home modification, which are separate assessments with their own scope and evidence requirements

How the process runs, step by step

1. Referral. You, a family member, a support coordinator, a plan manager or another professional can start the process. Bloom accepts referrals by phone on 1300 771 465, by email at hello@bloom-healthcare.com.au, or through the online referral form on the website. Bloom aims to respond to referrals within 24 hours and to arrange an initial meeting within 5 business days where possible.

2. Initial consultation and information gathering. The occupational therapist collects information about your medical history, what you can currently manage, and where you need support. Goals are set at this point, and an assessment plan is built around them. This step shapes everything that follows, so it is worth bringing your previous reports to it.
3. The face-to-face assessment. A functional capacity assessment usually takes between one and four hours, depending on how much ground has to be covered. It can be done at home, in a community setting, or by telehealth. Home is often the most useful setting, because the therapist sees the actual doorways, steps, bathroom and kitchen you deal with every day rather than a description of them.
4. Talking to the people around you. Family members and carers give insight into your daily challenges that no single session can capture. The therapist may also speak with your support coordinator, your GP, and other treating professionals. Where more than one discipline is involved, for example occupational therapy alongside psychology, the report brings those perspectives together.
5. The report. A detailed report is written and provided to you, and to the NDIA where that is the purpose of the assessment.
6. What happens next. The recommendations become the basis of your funding request, your therapy plan, or your equipment and home modification applications. Regular communication between the professionals involved means strategies get adjusted as your needs change, rather than sitting frozen until the next plan.

What the report contains

A report that is going to do its job needs more than a summary of the visit. Expect it to include:

a summary of findings from the assessment

your current functional capabilities and limitations across the domains assessed, described in practical terms

the support needs identified, and the assistance, resources and services required to meet them

an interpretation of psychometric or cognitive screening results where those were part of the assessment

tailored recommendations tied to your goals, covering supports, therapy, assistive technology, home modifications and practical strategies

baseline measures and targets so that progress can be tracked and demonstrated later

Strong evidence for the NDIA also covers what has already been tried and what did and did not work, and states the recommended frequency and focus of supports with the reasoning linked back to your goals. If a recommendation involves assistive technology or a home modification, it should carry evidence of suitability and expected benefit.

How the report is used as evidence

Establishing a baseline. The first assessment sets the measuring point. Later assessments are compared against it, which is how improvement, stability or decline is actually shown rather than asserted.

Supporting the reasonable and necessary test. The report gives the NDIA the evidence it needs to determine and approve reasonable and necessary funding. It does this by documenting functional limitations and then connecting each recommended support directly to the limitation it addresses.

Justifying changes between plans. Where circumstances change part way through a plan, the assessment documents what changed and what it means for your support needs.

Bringing several disciplines into one document. Where an assessment is done collaboratively, for example an occupational therapist and a psychologist together, the report presents an integrated view of physical, cognitive and emotional function in one place, which is more useful to a decision maker than several disconnected letters.

Preparing for your assessment

A small amount of preparation changes the quality of the evidence significantly.

Keep a diary for a week or two. Note the tasks that were hard, the tasks you could not do alone, and the tasks you did not attempt. Bad days matter as much as good ones. An assessment that lands on an unusually good day, with nothing to compare it against, understates your needs.

Gather your paperwork. Previous assessments, medical records, discharge summaries, therapy notes and specialist letters all help build an accurate picture.

Write down your goals. Greater mobility, getting back to work, cooking your own meals, getting to a community group each week. The assessment is built around your goals, so vague goals produce vague recommendations.

Have someone with you if that helps. Family members and carers see things you may have stopped noticing, and their input is a recognised part of the process.

Do not perform. The instinct to show your best is strong, especially if you are proud of your independence. It works against you here. Describe and show a typical day, including the parts that go badly.

How an FCA differs from the other assessments you may be offered

These are frequently confused, and asking for the wrong one costs both time and plan funding.

Assessment	What it focuses on	What it produces
Functional capacity assessment	Overall ability across all life domains	A comprehensive report on functional strengths and limitations, used for planning and funding
Home modifications assessment	The physical environment: layout, safety hazards, access barriers	Recommendations for specific changes such as grab rails, ramps, bathroom modifications
Assistive technology assessment	Equipment and device needs matched to your function	Evidence-based recommendations for specific items
Home and living or supported independent living assessment	Whether a housing and support arrangement fits your function	An assessment of the fit between your function and the housing options available

They work together rather than competing. An FCA may show that mobility is a barrier, which then leads to a separate assistive technology assessment for a wheelchair, a home modifications assessment for a ramp, and a home and living discussion about the right support arrangement. The FCA is the foundation; the others are the specific implementation work.

Access, coverage and delivery

Bloom's allied health professionals are NDIS registered and deliver assessments where you actually live your life: at home, in the community, in schools, and by telehealth for people outside the main service areas. Clinic appointments are available case by case, but mobile delivery is the primary model.

Bloom's occupational therapy coverage includes New South Wales (Campbelltown, Hornsby, Liverpool, Newcastle, Northern Beaches, Parramatta, Penrith, Sydney, Tweed Heads and Wollongong), Queensland (Brisbane, Bundaberg, Caboolture, Cairns, Gold Coast, Ipswich, Logan, North Lakes, Redland Bay, Springfield, Sunshine Coast and Townsville), Victoria (Cheltenham, Craigieburn, Dandenong, Frankston, Geelong, Glen Waverley, Melbourne, Melton and Werribee), South Australia (Adelaide, Blackwood, Henley Beach, Highbury, Magill, Mawson Lakes, Morphett Vale, Salisbury, Seaford, Seaton and Stirling), Western Australia (Baldivis, Canning Vale, Ellenbrook, Joondalup, Mandurah, Midland, Osborne Park, Perth and Rockingham), Tasmania (Devonport and Launceston) and the Australian Capital Territory (Canberra).

To start: call 1300 771 465 , email hello@bloom-healthcare.com.au , or use the referral form on the website. Referrals get a response within 24 hours, with an initial meeting arranged within 5 business days where possible.

Where the answer depends on your own plan

Some things cannot be answered on a web page, and it is more useful to say so than to guess:

whether your current plan has enough Capacity Building funding left to cover an assessment

the number of hours your particular assessment will take

fees, travel and cancellation terms, which are set out in your service agreement

how soon an appointment is available in your suburb

whether the NDIA will accept the report as sufficient for the specific request you are making

For any of these, call 1300 771 465 or speak to your support coordinator or plan manager.

Common questions about functional capacity assessments

Do I need a doctor's referral for an FCA?

You do not need a GP referral to contact Bloom. Referrals come from participants themselves, family members, carers, support coordinators, plan managers and other professionals. What you do need is a way to pay for it, which for NDIS participants normally means available Capacity Building funding in your plan.

Which part of my NDIS plan pays for it?

Functional capacity assessments are typically funded under Capacity Building, most commonly within Improved Daily Living. Whether your own plan has room in that category is a separate question. Check with your plan manager or support coordinator before booking.

How long does the assessment take?

The face-to-face part usually runs between one and four hours, depending on complexity and how many domains are being covered. That is not the whole job. Liaison with the people around you and the writing of the report both take additional clinician time, and both are part of the service.

How long until I get the report?

Turnaround depends on the complexity of the assessment and on whether information is still being gathered from other professionals. Ask for an expected date when you book, so you can line it up with your plan reassessment date rather than finding out too late.

Can it be done by telehealth?

Yes. Assessments can be delivered at home, in a community setting, or via telehealth, which keeps the service available to people outside the main service hubs. That said, a home visit lets the therapist see your actual environment, which often produces stronger evidence for equipment and home modification recommendations.

Will an FCA get my funding increased?

Nobody can promise that. An FCA produces the evidence that the NDIA uses to decide whether supports are reasonable and necessary. A well-evidenced report that clearly links each recommendation to a documented functional limitation gives your request the best chance of being understood. The decision stays with the NDIA.

Who actually conducts the assessment?

Occupational therapists are the professionals who most commonly conduct FCAs, and they have specific training for the role. Depending on your needs, other disciplines contribute: psychologists for cognitive and emotional functioning, physiotherapists for physical and mobility assessment, speech pathologists for communication and swallowing, exercise physiologists for functional exercise capacity, and dietitians for nutrition and feeding-related needs. Where more than one discipline is involved, the findings are brought together into one report.

How often should I have one?

There is no fixed schedule. An FCA is usually triggered by an event rather than by the calendar: an access request, an upcoming plan reassessment, a change in your circumstances, or a request from the NDIA for more evidence. Repeating one without a reason uses plan funding that could go to therapy instead.

What if I disagree with the report?

Raise it with the assessing therapist first. Reports are built on what was observed and what you and the people around you reported, so a factual error or a missed piece of context can usually be discussed and corrected. If the disagreement is with a decision the NDIA has made using the report, that is a different pathway, and your support coordinator or plan manager can explain the review options.

Is an FCA the same thing as an aged care assessment?

No. The NDIS and the aged care system are separate schemes with separate assessment processes, separate funding rules and separate access pathways. If you are asking about aged care, the entry point is My Aged Care on 1800 200 422, not an NDIS functional capacity assessment. Bloom does provide occupational therapy in aged care settings, but the assessment and funding arrangements are different, so call 1300 771 465 and say which scheme you are asking about.

What should I do if I am not sure which assessment I need?

Call 1300 771 465 and describe what you are trying to achieve rather than naming an assessment. Wanting a ramp, wanting more support hours, wanting help getting back to work and wanting a decision reviewed all lead to different pieces of work. Describing the goal lets the team point you at the right one first time.

Where to go next

Functional capacity assessment

Occupational therapy

How the NDIS works

Medicolegal assessments

Pricing and funding streams

Make a referral

What is a Functional Capacity Assessment (FCA) according to Bloom Healthcare?

A Functional Capacity Assessment is a structured evaluation of an individual's abilities across key domains of daily life, focusing on how physical, cognitive, and emotional factors influence a person's capacity to perform everyday tasks. It covers a broader range of life tasks than standard occupational therapy assessments, including physical and cognitive tasks and activities of daily living.

Does a Functional Capacity Assessment only focus on a person's limitations?

No. Rather than focusing solely on limitations, an FCA also identifies strengths and opportunities for growth, taking a holistic approach that considers the whole person—their goals, environment, and aspirations—so the resulting plan reflects their potential.

What is a primary purpose of a Functional Capacity Assessment for NDIS participants?

A primary purpose is determining support needs and funding: FCAs assess an individual's current functional status, identify areas requiring support, and pinpoint essential support, services, and modifications for independent living. They are particularly valuable for NDIS participants because they provide evidence for funding decisions and help ensure supports are tailored to specific needs.

What kinds of abilities do Functional Capacity Assessments evaluate?

FCAs evaluate an individual's ability to perform daily activities and identify limitations, considering physical, cognitive, and social tasks to comprehensively assess functional capacity.

Who publishes this guide and what does the organization do?

The guide 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.

Do I need a doctor's referral for an FCA?

You do not need a GP referral to contact Bloom. Referrals come from participants themselves, family members, carers, support coordinators, plan managers and other professionals. What you do need is a way to pay for it, which for NDIS participants normally means available Capacity Building funding in your plan.

Which part of my NDIS plan pays for it?

Functional capacity assessments are typically funded under Capacity Building, most commonly within Improved Daily Living. Whether your own plan has room in that category is a separate question. Check with your plan manager or support coordinator before booking.

How long until I get the report?

Turnaround depends on the complexity of the assessment and on whether information is still being gathered from other professionals. Ask for an expected date when you book, so you can line it up with your plan reassessment date rather than finding out too late.

Can it be done by telehealth?

Yes. Assessments can be delivered at home, in a community setting, or via telehealth, which keeps the service available to people outside the main service hubs. That said, a home visit lets the therapist see your actual environment, which often produces stronger evidence for equipment and home modification recommendations.

Will an FCA get my funding increased?

Nobody can promise that. An FCA produces the evidence that the NDIA uses to decide whether supports are reasonable and necessary. A well-evidenced report that clearly links each recommendation to a documented functional limitation gives your request the best chance of being understood. The decision stays with the NDIA.