NDIS Occupational Therapy | What’s Included? | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/blog/what-does-occupational-therapy-include-under-the-ndis/

Details:

NDIS occupational therapy (OT) covers assessment of how your disability affects everyday tasks, therapy and skill building to make those tasks safer or more independent, recommendations for assistive technology and home modifications, and the written reports the NDIA uses to make funding decisions. It is most commonly funded from Capacity Building - Improved Daily Living , while the equipment and home changes an OT recommends are paid from Capital Supports . Eligibility turns on the functional impact of your disability, not the diagnosis on its own. To start, or to ask what applies to your plan, call Bloom Healthcare on 1300 771 465 or email hello@bloom-healthcare.com.au .

The sections below cover the parts people ask about most and that are hardest to find written down: the eligibility test, which budget line pays, what the reports contain, how they are used at a plan reassessment, and where occupational therapy stops and physiotherapy or exercise physiology begins.

Who can access NDIS occupational therapy

The access rules

To access occupational therapy funded by the NDIS, you generally need to:

have a permanent and significant disability that has a functional impact on daily activities

be under 65 years old when you apply to the NDIS

be an Australian citizen, a permanent resident, or hold a Protected Special Category Visa

have an active NDIS plan with funding allocated that can be used for occupational therapy

The first three are the NDIS access rules set by the scheme. The fourth is the practical one that trips people up: being an NDIS participant does not automatically mean occupational therapy is funded in your current plan. The funding has to be there, and the support has to be reasonable and necessary for the goals written into that plan.

Why the diagnosis is not the deciding factor

Eligibility focuses on the functional impact of the disability rather than the diagnosis alone . Two people with exactly the same diagnosis can have very different funded supports, because the scheme is looking at what daily life actually looks like, not at the label.

This is the single most useful thing to understand before an assessment or a plan meeting. A report that says what the diagnosis is will do less for you than a report that says how long showering takes, how much prompting is needed, what the risks are in the kitchen, and what happens on a day when no support is available.

When occupational therapy is worth considering

Occupational therapy is worth raising when daily life is still possible but is costly, fragile or unsafe. Common signals include:

everyday tasks take far longer than they should, or need constant prompting

the home setup adds risk, such as falls, an unsafe bathroom, an unsafe kitchen, or poor access

sensory overload or anxiety regularly derails a routine

a carer is doing tasks the person would rather do themselves

equipment or a home change is clearly needed, but nobody is sure what is appropriate

confidence is the limit, not motivation

Which part of your NDIS budget pays for occupational therapy

This is the question that decides whether you can book a session next week or have to wait for a plan reassessment.

Capacity Building - Improved Daily Living

This is the standard funding path for occupational therapy. Capacity Building is for assessment, training and therapy that build skills and independence, rather than for someone doing a task on your behalf. Under this category, OT typically covers:

assessment and functional capacity evaluation

training and skill building

therapy sessions aimed at independence in daily tasks

practical strategies you keep using between sessions

If you are checking a plan to see whether OT is funded, this is the line to look at first.

Core Supports - Assistance with Daily Life

Core Supports is flexible funding for essential everyday activities and community participation. Occupational therapy is occasionally funded from Core Supports where the focus is maintaining or improving day to day function, but this is far less common than Capacity Building. Core is oriented to ongoing assistance rather than therapeutic skill building.

Capital Supports

Capital Supports is the dedicated category for assistive technology and home modifications . It covers things such as:

mobility aids, including walkers and wheelchairs

adaptive tools, such as modified utensils or computer access devices

communication aids

home modifications, such as grab rails, ramps, bathroom changes and access improvements

The occupational therapist is not paid from this budget for the equipment itself. The OT's job here is the assessment and the written evidence. The NDIA requires evidence from an allied health professional before it will approve Capital Supports, because it has to be satisfied the item is reasonable, necessary, safe, legal and value for money.

So an OT touches all three categories, but in different ways. Capacity Building funds the therapy. Core may fund support to maintain function. Capital funds the item, and the OT supplies the recommendation

and evidence that unlocks it.

What the NDIS will not fund

Bloom's knowledge base does not set out a definitive list of occupational therapy exclusions, or a clean line between what the NDIS funds and what sits with the health system, the education system or Medicare. We are not going to guess at one, because getting that boundary wrong costs participants real money.

If you need a ruling on whether a specific item or service is the NDIS's responsibility, ask the NDIA on 1800 800 110 , ask your support coordinator or plan manager, or call Bloom on 1300 771 465 and we will tell you what we can and cannot claim against your plan.

What an occupational therapy service actually includes

Interventions depend on your goals, but they generally fall into these groups:

Skills development - new ways to complete everyday tasks, plus social and vocational skills

Environmental modifications - changes at home or in the community that improve access and safety

Sensory regulation strategies - tailored support for sensory processing difficulties

Rehabilitation - regaining ability after injury or illness

Assistive technology support - trialling equipment, completing the required assessments, and training you to use it

Carer and family strategies - practical routines the people around you can keep running

A well-designed OT service is assessment plus implementation , not a one-off report. A report on its own tells the NDIA something. It does not change what happens on a Tuesday morning in your kitchen.

How it works, step by step

1. Referral. You generally do not need a GP referral for NDIS occupational therapy. Most people start with a self-referral, a parent referral, or a referral from a support coordinator. Bloom takes referrals through the online portal, by phone on 1300 771 465, or by email to hello@bloom-healthcare.com.au.
2. Information gathering. A referral to Bloom asks for the client's age, the main concerns, any existing clinical reports, the top three goals, the functional challenges, and where you would like sessions to happen.
3. Triage. The referral is triaged so the file goes to a clinician suited to the presentation, and so wait times can be communicated back to whoever referred.
4. Initial assessment. The first session is a comprehensive assessment. The therapist asks about your daily routine and the tasks you find hard, observes you doing some of those key tasks, reviews your history, and works through your NDIS goals.
5. Personalised plan. The therapist writes a plan tied directly to the goals in your NDIS plan, so the therapy and the funding line up.
6. Sessions. Frequency depends on your goals and your funding. In practice that looks like weekly or fortnightly sessions while working toward a specific functional goal, as-needed consultations for equipment or home modification advice, or a short intensive block after an injury or medical event.
7. Review. Progress is tracked with functional assessments, feedback from you and your carers, and goal attainment scaling, and the plan is adjusted as goals are met.

Wait times vary by location and by clinician availability. Ask for the current wait time for your area when you make the referral rather than assuming one.

Evidence and documentation: what you get, and what it is for

The reports are not paperwork for its own sake. They are the evidence base for your next plan.

A strong functional capacity assessment report includes:

your goals and the functional impact of your disability

what was assessed, and what the findings mean in ordinary daily terms

a summary of findings, support needs and recommendations tied to your goals

documentation of current functional ability and where support is needed

It covers physical ability, thinking and emotional function, communication, self-care, and social and community participation.

At a plan reassessment , the NDIA expects a report to explain the therapy approach and give evidence of outcomes achieved and progress toward goals . That is the phrase to keep in mind. Reports that describe activity get less traction than reports that show change, or that show clearly what would be lost without the support.

These reports do three jobs at review:

they justify continued funding for therapy, equipment or home modifications

they update the picture when circumstances change, such as after a medical event, an injury, or a documented improvement in capacity

they support decisions about continuing, changing or ending a support

Two practical tips that come out of this. Write goals that describe daily impact rather than diagnosis, for example "increase independence with showering" or "build routines to attend community activities". And collect evidence that shows the current challenge, the risk, the assistance required, and what happens without support.

How occupational therapy differs from physiotherapy and exercise physiology

This is the comparison people are asked for constantly, and getting it right saves a wasted funding line.

Occupational therapy looks at the interaction between your abilities, the tasks you need to do, and the environments you do them in. It spans physical, psychological and emotional wellbeing across personal care, domestic tasks and community activity.

Physiotherapy concentrates on physical function: strength, balance, coordination and movement. It is distinguished by hands-on and passive techniques, and it leans toward acute injury and rehabilitation.

Exercise physiology is about long-term capacity through structured, progressive movement programs. It prescribes exercise rather than delivering hands-on manual therapy.

Choose occupational therapy when the focus is daily living tasks, assistive technology, sensory needs, or home modifications; when you need a functional capacity assessment; when the goal is independence across home, school, work or community; or when sensory processing, emotional regulation or thinking skills are the limiting factor.

Choose physiotherapy when passive therapy is the better fit, such as for someone with very limited motor control, when fine motor movement is the main target, or when hands-on technique is part of recovery.

Choose exercise physiology when you need a progressive movement plan that builds capacity over time, when the goal is endurance, strength, confidence and participation, and when you want a program you can keep following between sessions.

They overlap constantly. Someone recovering from a stroke might see a physiotherapist for mobility, an occupational therapist to relearn self-care, and an exercise physiologist to rebuild endurance. Sharing assessment findings across those three keeps the interventions pulling in the same direction rather than competing for the same hours.

Where and how Bloom delivers occupational therapy

Bloom's main delivery model is community-based and mobile . Therapy happens where the difficulty happens, because skills built in a real environment tend to stick better than skills built in a clinic room.

Sessions are delivered in:

homes , for personal care, kitchen, bathroom, access and routine work

schools , where the goal involves the classroom or playground

community settings , including day programs

therapy rooms , on a case-by-case basis

telehealth , by video, where that suits your goals and is clinically appropriate

Telehealth is useful for progress monitoring, for flexible scheduling, and particularly for people in rural and remote areas. Many people end up with a mix of in-home and telehealth sessions.

Bloom accepts NDIA-managed, plan-managed and self-managed funding.

Coverage includes Sydney and regional NSW, Brisbane and South East Queensland, Melbourne and Victoria, Perth and Western Australia, Adelaide and South Australia, Canberra and Tasmania. Clinician availability varies by area, so check for your suburb.

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

Contact: 1300 771 465, or hello@bloom-healthcare.com.au.

Common questions about NDIS occupational therapy

Do I need a GP referral for NDIS occupational therapy?

Generally no. Most people start with a self-referral, a parent referral, or a referral from a support coordinator. Some background information will be requested so the referral can be triaged to the right clinician, including your goals, existing reports and the functional challenges you want addressed.

Which NDIS budget does occupational therapy come out of?

Most often Capacity Building - Improved Daily Living. Occasionally Core Supports, where the focus is on maintaining daily function. Equipment and home modifications come from Capital Supports, with the OT providing the assessment and evidence rather than the item itself.

I have an NDIS plan. Does that mean OT is funded?

Not automatically. Your plan needs funding that can be used for therapy, and the support has to be reasonable and necessary for the goals in that plan. Check your Capacity Building - Improved Daily Living line, or ask your plan manager or support coordinator. Bloom can also look at what is claimable on 1300 771 465.

Can occupational therapy be delivered at home or by telehealth?

Yes. Bloom's primary model is mobile and community based, with sessions in homes, schools and community settings, and therapy rooms available case by case. Telehealth is available where it suits your goals and is clinically appropriate.

How often will I have sessions, and for how long?

It depends on your goals and your funding. Common patterns are weekly or fortnightly while working on a specific functional goal, as-needed consultations for equipment or home modification advice, or a short intensive block after an injury or medical event. Frequency is reviewed as you progress.

What happens in the first session?

A comprehensive assessment. The therapist asks about your daily routine and what you find difficult, observes you doing some key tasks, reviews your history and your NDIS goals, then builds a personalised plan that connects the therapy to those goals.

What does a functional capacity assessment report contain?

Your goals and the functional impact of your disability, what was assessed and what it means in practical terms, a summary of support needs, and recommendations tied to your goals. It covers physical ability, thinking and emotional function, communication, self-care, and social and community participation.

How do I use an OT report at my plan reassessment?

The NDIA expects the report to explain the therapy approach and show evidence of outcomes and progress toward goals. Bring it to the reassessment alongside goals written in daily-life terms, evidence of current challenges and risks, the assistance you currently need, and what happens if the support stops.

Should I see an occupational therapist or a physiotherapist?

An occupational therapist if the issue is daily tasks, assistive technology, sensory needs, home modifications, or a functional capacity assessment. A physiotherapist if the issue is strength, balance, coordination or movement, especially after an injury or where hands-on technique is needed. Many people need both, working on different goals.

Does Bloom work with self-managed plans?

Yes. Bloom accepts NDIA-managed, plan-managed and self-managed funding, and the administration team handles claiming across all three.

What will occupational therapy cost me?

Fees and any charges relating to your service are set out in your service agreement before therapy starts. We do not publish rates on this page because the arrangement depends on your plan and how it is managed. Ask for the agreement, read it before you sign, and call 1300 771 465 if anything in it is unclear.

What if I am over 65, or not on the NDIS?

The NDIS has an age rule at application, so occupational therapy for older Australians is generally funded through aged care programs instead, which work differently and have their own assessment pathway. Do not assume an NDIS rule carries across. Call 1300 771 465 and ask which pathway applies to your situation.

Where can I check the official NDIS rules?

The NDIS website at ndis.gov.au is the authoritative source, and the NDIA contact centre is 1800 800 110 . For anything specific to your plan, your planner, support coordinator or plan manager is the fastest answer.

Where to go next

Occupational therapy

How the NDIS works

Functional capacity assessment

Occupational therapist near me

Pricing and funding streams

Make a referral

What is NDIS Occupational Therapy?

NDIS Occupational Therapy refers to occupational therapy services funded under Australia's National Disability Insurance Scheme, designed to help people with disabilities develop or maintain independence and improve daily living skills. It focuses on helping participants take part in activities that matter to them—at home, at school, at work, and in the community.

What services are included in NDIS occupational therapy?

NDIS occupational therapy includes assessments that evaluate functional abilities and support needs, intervention planning tailored to individual goals and circumstances, equipment prescription for assistive devices and technology, and skill development to build independence in daily activities. All supports are evidence-based and delivered by qualified allied health professionals.

How is NDIS occupational therapy typically funded?

Most Occupational Therapy support is funded through Capacity Building, most commonly under the Improved Daily Living category. This category covers assessment, training, or therapy aimed at increasing skills, independence, and community participation.

How do occupational therapy services relate to a participant's NDIS plan?

Occupational therapy services should be closely aligned with the participant's plan and tailored to help achieve the participant's NDIS goals, ensuring interventions are personalized and outcomes-focused.

Who delivers NDIS occupational therapy supports?

NDIS occupational therapy supports are delivered by qualified allied health professionals who work closely with NDIS participants to assess their individual needs, create customized intervention plans, and assist them in achieving their goals.

Who publishes this article about NDIS occupational therapy, and what is their approach to healthcare?

The article is published by Bloom Healthcare, described as a boutique disability and aged care allied health provider. Bloom Healthcare's healthcare model focuses on evidence-based practice, client centricity, and is delivered by highly qualified health practitioners across Australia.

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