NDIS Functional Capacity Assessment | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/functional-assessment/

Details:

A Functional Capacity Assessment (FCA) is a structured evaluation of what you can do on your own, what you need help with, and what support would make a practical difference. It is not a diagnosis and it is not a test you pass or fail. The output is a written report that describes how your disability affects your everyday activities, and that report is the evidence the National Disability Insurance Agency (NDIA) reads when it decides what supports are reasonable and necessary for you. FCAs are usually funded from the Capacity Building budget of an NDIS plan, most often under Improved Daily Living. To arrange one with Bloom Healthcare, call 1300 771 465 or make a referral .

Who an FCA is for

An FCA is useful at several different points in an NDIS journey, and you do not have to already be a participant to have one.

People applying for the NDIS for the first time. An FCA report can be submitted as supporting evidence with an access request, because it documents functional impact rather than just a diagnosis.

Existing participants approaching a plan reassessment. The report gives the NDIA a current picture of your capacity and support needs rather than one carried over from an older plan.

People whose circumstances have changed. After a medical event, an injury, a deterioration, or a genuine improvement in capacity, an updated assessment shows what has actually shifted.

People asking for a change to their funding. If you are seeking more hours or a different type of support, the assessment is the evidence base for that request.

People preparing for a review of a decision. FCA documentation is also used to support requests that go to the Administrative Review Tribunal.

Who can ask for one:

you, directly, or a parent or carer acting for you

your support coordinator

your GP or paediatrician

a school, where classroom function and participation are a concern

a Supported Independent Living provider or a community team, where daily function or safety is a concern

Whether an assessment is the right next step for your situation depends on your plan and your goals. If you are not sure, ring Bloom on 1300 771 465 and describe what you are trying to achieve.

What an FCA actually measures

An FCA is built around the six functional domains the NDIS uses when it looks at disability-related impairment:

Self-care — personal hygiene, dressing, grooming, eating, toileting.

Self-management — organising your day, managing money, keeping appointments, making and following through on decisions.

Mobility — moving around your home and community, transfers, stairs, distance, fatigue.

Learning — taking in new information, retaining it, applying new skills.

Communication — making yourself understood and understanding others, including with communication aids.

Social interaction — building and keeping relationships, coping in social settings, managing behaviour in the community.

Beyond the six domains, a comprehensive assessment usually looks at:

physical ability and motor skills — strength, coordination, balance, endurance

cognitive and emotional functioning — memory, attention, decision making, emotional regulation

daily routines and how sustainable they are, including for the people supporting you

household and community tasks — shopping, transport, appointments, leisure

work-related function where employment is one of your goals

the physical environment you live in, and how much of your difficulty is caused by that environment rather than by you

An FCA is deliberately broader than a single-discipline therapy assessment. It looks at the whole person — goals, environment and aspirations — not only at what is difficult.

Which NDIS budget pays for it

Functional Capacity Assessments are funded from the Capacity Building budget, and most commonly from Capacity Building — Improved Daily Living . Capacity Building funding is allocated to a specific outcome area, so it cannot simply be moved to another category the way Core funding can be moved between its own supports.

Two things follow from that, and both matter before you book:

Check your plan has the funding first. Look at your Capacity Building budget and confirm there is room in the relevant category. Your plan manager or support coordinator can tell you the remaining balance.

An assessment used for an access request is different. If you are not yet a participant, there is no NDIS plan to draw on, so the assessment is not being paid from NDIS funds. Ask about that situation directly on 1300 771 465.

Bloom does not publish fees on this page. Costs are quoted within the NDIS Pricing Arrangements and Price Limits and are set out in your service agreement before any work starts. See the pricing page for how that works.

How the assessment works, step by step

1. Referral and initial consultation

The process starts with a conversation. The clinician gathers your medical history, current functional difficulties, existing supports and — importantly — what you want to be able to do. This is where the assessment plan is set: which domains need the most attention, and what outcomes the report needs to speak to.

2. Gathering existing information

Previous assessments, therapy notes, specialist letters and school reports all reduce duplication and make the final report stronger. Bring what you have.

3. Preparing your own evidence

This step is often skipped and it makes a real difference. Before the assessment:

keep a short diary of the tasks that are difficult, slow, unsafe or impossible without help

note the bad days as well as the good ones, since variable conditions are easy to under-report in a single appointment

write down what you want to achieve, in your words, whether that is showering without help, getting to the shops, or working

4. The face-to-face assessment

The assessment is done somewhere convenient for you — your home, a community setting, or a clinic. Telehealth is an option in some circumstances. Sessions commonly run between one and four hours, and a more complex assessment can take longer or be split across visits. Ask when you book what to expect for your situation.

5. Observation of real tasks

Rather than relying only on what you report, the clinician watches how you actually do things: personal care, moving around, transfers, using your kitchen or bathroom, managing a task from start to finish. A home visit lets the clinician see the real spatial and functional constraints you deal with, and it means any recommendation is tested against the environment you actually live in.

6. Standardised tools

Validated tools and questionnaires are used alongside observation to give objective measures across function, mood, behaviour and cognition. Standardised measures matter for the report, because they set a baseline that can be re-measured later to show change.

7. Talking to the people around you

With your consent, the clinician speaks to family, carers, support workers, your support coordinator and other treating clinicians. Carers often see the parts of the day a single appointment never captures.

8. Report and recommendations

The written report is produced after the assessment and sent to you. Report turnaround varies with complexity — confirm the expected timeframe when you book.

What is in the report

A Bloom functional capacity assessment report sets out:

A summary of findings — your current functional capability across the key life domains, written in plain terms

Identified support needs — specifically where assistance is required, and what kind

Tailored recommendations — matched to your goals and circumstances, not generic

Practical strategies — what you, your family and your support workers can do differently

Evidence-based suggestions where relevant for assistive technology, home modifications or further therapy

The report establishes a baseline : a measured description of your capacity at a point in time. That baseline is what later assessments are compared against, which is how progress, decline or the effectiveness of a support is demonstrated rather than asserted.

How the report is used at plan reassessment

At a plan reassessment the NDIA wants evidence of what has been achieved, what progress has been made toward your goals, and what you still need. An FCA report contributes in four ways:

Evidence for funding decisions. It documents functional impact in the language of the six domains, which is the framework the decision is made in.

Demonstrating progress against goals. Comparing the current assessment with an earlier baseline shows whether supports are working. That supports a decision to continue, change or stop a support.

Informing adjustments. Where circumstances have changed, the updated assessment is what recalibrates the plan to your current capacity rather than your capacity two years ago.

Supporting administrative processes. It is used for requests to increase funding and for review processes, including at the Administrative Review Tribunal.

A report cannot guarantee a funding outcome. Decisions rest with the NDIA and depend on whether a support is judged reasonable and necessary for you. What a good report does is make sure the decision is made on an accurate picture.

How an FCA differs from other assessments

These get confused constantly, and asking for the wrong one wastes plan funding.

Assessment	What it looks at	What it produces
Functional Capacity Assessment	Your abilities and support needs across all life domains — physical, cognitive, emotional, social	A whole-of-function report used for access, planning and plan reassessment
Home modifications assessment	The physical environment of your home, and barriers within it	Recommendations for changes such as rails, ramps and bathroom adaptations, funded through Capital Supports
Assistive technology assessment	Whether a device or piece of equipment suits your needs	A prescription and recommendation for specific equipment, funded through Capital Supports
Home and living / SIL assessment	Your functional capacity in relation to where and how you live	A recommendation on the living arrangement that matches your support needs

The short version: an FCA describes function . A home modifications or assistive technology assessment recommends a thing . A home and living assessment recommends a living arrangement .

An FCA often comes first, because it is the document that establishes why the other recommendations are justified.

Access and how to start

Where assessments happen: in your home, in the community, in a clinic, at a gym or another location that suits you, with telehealth available in some circumstances.

Coverage: Bloom has clinicians across a number of areas. Check the location guide to see whether there is a clinician near you.

To start: call 1300 771 465 , make a referral , or use the contact page . A GP, support coordinator, school or family member can refer on your behalf.

Bloom also delivers exercise physiology, and the exercise physiology team carries out functional assessments as part of that service — assessing upper and lower limb mobility, gross and fine motor function and functional independence to build a structured exercise program. That is a different piece of work to a whole-of-function FCA report written for the NDIA, so say which one you need when you call.

Common questions about functional capacity assessments

Do I need an NDIS plan before I can have a functional capacity assessment?

No. FCAs are commonly used as supporting evidence for a first-time NDIS access request, where there is no plan yet. If you already have a plan, the assessment is usually paid from your Capacity Building budget. If you do not, ask Bloom on 1300 771 465 how that is handled in your situation.

Which part of my plan pays for it?

Capacity Building, most often the Improved Daily Living category. Capacity Building funding is tied to its outcome area, so check the balance in that specific category rather than your plan total before booking.

How long does the assessment take?

Commonly one to four hours face to face. More comprehensive assessments take longer and may be split across more than one visit, particularly where several clinicians are involved. Confirm the expected time when you book.

Can it be done at home?

Yes, and there are good reasons to do it at home. Seeing your actual bathroom, kitchen, doorways and steps lets the clinician assess the real constraints and make recommendations that fit the space you live in rather than a generic one. Community and clinic settings are also available, and telehealth in some circumstances.

Who carries out an FCA?

FCAs are conducted by qualified allied health professionals — occupational therapists and psychologists are the most common, and some assessments are done by a multidisciplinary team where the needs span several areas. Which clinician is appropriate depends on what the report has to address.

How should I prepare?

Keep a diary of tasks that are hard, slow, unsafe or impossible without help, and include your worse days. Gather previous reports and therapy notes. Write down your goals. Have a family member or carer present if they see parts of your day that you might not think to mention.

Should I show my best or my hardest day?

Be accurate, not brave and not dramatic. Describe the range: what a good day looks like, what a bad day looks like, and how often each happens. An assessment based only on your best day under-describes your needs, and one that describes only crises is easy to challenge.

Do I get a copy of the report?

Yes. The report is yours. You can share it with the NDIA, your support coordinator, your plan manager, your GP and any other provider you choose. Ask about turnaround time when you book.

How often should an assessment be repeated?

There is no fixed schedule. An updated assessment is most useful before a plan reassessment, after a significant change in your health or circumstances, or when you are asking for a change in funding. Repeating one for no reason spends plan funding without adding evidence.

Will a good report guarantee more funding?

No. The NDIA decides what is reasonable and necessary, and that decision depends on your individual circumstances and your goals. A thorough assessment makes sure the decision is based on an accurate account of your function. It is not a guarantee of any particular outcome.

Is this the same as the assessment for equipment or home modifications?

No. Those are separate, narrower assessments that recommend a specific device or a specific change to your home, and they are funded through Capital Supports rather than Capacity Building. An FCA describes your overall function and often provides the justification those recommendations rely on.

What does it cost?

Bloom quotes within the NDIS Pricing Arrangements and Price Limits, and the fee, along with travel and cancellation terms, is set out in your service agreement before any work begins. For a quote for your situation, call 1300 771 465 .

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