What Is NDIS? Exercise Physiology Services | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/ndis/

Details:

The National Disability Insurance Scheme (NDIS) funds supports for Australians with a permanent and significant disability. You apply to the National Disability Insurance Agency (NDIA), and if you meet the access criteria you get a plan with funding split across up to three budgets: Core Supports , Capacity Building and Capital Supports . Every support in that plan has to meet the legal test of being reasonable and necessary , which means it must relate to your disability, help you pursue your goals, represent value for money, and not be something another system is responsible for. This page explains the scheme end to end. Bloom Healthcare is a registered NDIS provider. To talk about services, call 1300 771 465 , or use the direct number listed above on this page.

Who can access the NDIS

There are three access tests, and you need to meet all of them.

1. Age

You must be under 65 when you apply . There is no upper age limit on staying in the scheme once you are a participant, but you cannot enter it at 65 or over. Support for older Australians runs through the aged care system instead.

2. Residence

You must be one of:

an Australian citizen

a permanent resident

the holder of a Protected Special Category Visa

3. Disability or early intervention

You need to show either:

A permanent and significant disability. Permanent means lifelong. Significant means it substantially affects your ability to do everyday activities and daily living tasks. The critical point, and the one people most often miss, is that the NDIS looks at functional impact, not diagnosis . Two people with the same diagnosis can have very different support needs and very different outcomes on an access request. Your evidence needs to describe what you cannot do, or cannot do safely or independently, not just name your condition.

Or developmental delay, for a child under 6. A formal diagnosis is not always required for a young child to get support through the Early Childhood Approach. Developmental delay means a child finds it much harder to do everyday things other children their age can do, and needs extra help compared with children of the same age. The child must meet the definition in the NDIS Act 2013 and the residence

requirements.

The Early Childhood Approach

Children under 6 with developmental delay, and children aged 6 to 9 with an identified disability, are supported through the Early Childhood Approach. From 1 July 2023 the upper age for this pathway was extended from 7 to 9, phased in progressively over the following two years.

Instead of a standard Local Area Coordinator, families work with an Early Childhood Partner — a local organisation funded by the NDIS with staff experienced in young children and developmental delay. The approach is family-centred and strengths-based, and services are delivered in everyday settings: home, childcare, playgroup, preschool. Occupational therapy, speech pathology, physiotherapy, psychology and counselling, and positive behaviour support are all available through it.

A change coming on 1 January 2028

From 1 January 2028 , children aged 8 and under with developmental delay or autism and low to moderate support needs are scheduled to move to a separate early intervention programme called Thriving Kids . Children with high support needs, or with permanent and significant disability, will continue under the usual NDIS arrangements. If this affects your family, check the current position with the NDIA before you make plans around it.

How to apply

Ask for an Access Request Form. Contact the NDIA on 1800 800 110 , or through the NDIS website. Families with young children can go to an Early Childhood Partner instead.

Gather your evidence. This is where applications are won or lost. Useful evidence includes medical reports and specialist letters, therapy assessments from allied health clinicians, functional capacity assessments setting out how the disability affects daily activities, and school or educational reports. What ties them together is a clear description of functional impact.

Submit the form and the evidence. The NDIA may come back asking for more information, or arrange an assessment.

Wait for the decision. If you are found eligible, the next step is a planning meeting to build your first plan.

Bloom's clinicians can complete a functional capacity assessment to support an access request. Call 1300 771 465 to ask about that.

Preparing for your planning meeting

You will meet an NDIA planner or a Local Area Coordinator to build your plan. Preparation makes a real difference to what ends up funded.

Set clear goals. Concrete ones: improving mobility, learning a specific skill, getting to a community activity, working. Funding is tied to goals, so vague goals produce vague plans.

List your current supports. Both formal supports such as therapy, and informal ones such as help from family. The NDIA considers informal supports when it decides what to fund, so be accurate about what family are actually doing and what that costs them.

Identify the gaps. Where do you need more help — communication, self-care, transport, community access?

Bring your evidence. Assessments, reports and letters.

Ask about support coordination , which is the funding that helps you find and set up providers and put your plan into effect.

What "reasonable and necessary" means

This is the legal test every support has to pass. Under the NDIS Act, a support must:

be related to your disability — not a general life need everyone has

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

represent value for money — reasonable benefit for the cost

be likely to be effective and beneficial for you, with evidence or a reasonable expectation behind it

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

What the NDIS will not fund

The scheme explicitly does not fund supports that:

are another system's responsibility — health, education, employment services or another government agency. Clinical medical treatment sits with the health system, not the NDIS.

are not related to your disability

are ordinary day-to-day living costs that are not disability-related

are likely to cause harm or create a risk to you or others

The health boundary catches people out most often. NDIS psychology, for example, funds disability-related functional capacity and participation. Clinical treatment of a mental health condition is Medicare's job. There is a full explanation on the Medicare page .

The three budgets in your plan

Core Supports

Core Supports pay for the everyday things that let you live as independently as possible:

personal care and hygiene

mobility and transport

household tasks and maintenance

meal preparation and support at mealtimes

social and recreational activities

Flexibility: Core is the most flexible budget. Funding can generally move between the different kinds of everyday support depending on what you need. In some plans, therapy such as occupational therapy, exercise physiology, speech pathology or psychology can be funded from Core when it is directly tied to functional daily activities and your goals — particularly where the Capacity Building budget is limited and the plan is designed to allow it. Whether that applies to your plan depends on how it is written. Ask your plan manager or support coordinator before assuming it.

Capacity Building

Capacity Building pays for building skills and independence so that your long-term outcomes improve — in daily life, work, education, health, leisure and community participation. It is divided into

subcategories, and the ones allied health usually sits in are:

Improved Daily Living — the main one. One-to-one therapy, assessments, skills training and reports for plan review. Occupational therapy for daily living skills, physiotherapy for functional independence, speech pathology for functional communication, psychology and counselling, and dietetics delivered by an Accredited Practising Dietitian.

Improved Health and Wellbeing — supports for physical and mental health.

Improved Relationships — developing positive behaviours, social interaction and relationship skills. Positive behaviour support commonly sits here.

Flexibility: less than Core. Capacity Building funding is allocated to a specific outcome area and generally cannot be shifted between categories at will. There is some flexibility in how a service is classified when the plan is written — psychology, for example, can sit under Improved Daily Living or Improved Relationships depending on the goal it serves — but once the plan is set, the category matters. Check the balance in the specific category, not just your plan total, before you book a service.

Capital Supports

Capital Supports pay for buying or leasing things:

wheelchairs and mobility aids

home modifications for accessibility and safety

vehicle modifications

assistive technology and communication devices

Flexibility: the most restricted of the three. Capital items usually need specific approval based on a recommendation from an allied health professional, most often an occupational therapist or physiotherapist. The purchase has to be justified as reasonable and necessary against your disability-related needs and goals, and the claiming rules are different from Core and Capacity Building.

This is why an assessment usually comes before equipment. The assessment is the evidence that justifies the item.

The three budgets side by side

	Core Supports	Capacity Building	Capital Supports
Buys	Everyday assistance and activities	Skills, therapy, assessments	Equipment and modifications
Typical items	Personal care, transport, household tasks, community access	Occupational therapy, physiotherapy, speech pathology, psychology, exercise physiology, positive behaviour support	Wheelchairs, assistive technology, home and vehicle modifications
Flexibility	High, across everyday supports	Moderate, tied to the outcome category	Low, item-specific and quoted
Usually needs a clinician's recommendation first	No	Not usually	Yes

Plan management: who pays the invoices

There are three ways your funding can be managed, and the choice has a direct effect on which providers you can use.

	Self-managed	Plan-managed	NDIA-managed
Who pays providers	You do, then claim from the NDIS	A plan manager pays on your behalf	The NDIA pays directly
Admin burden on you	Highest	Low	Lowest
Can you use unregistered providers	Yes	Yes	No
Choice and control	Greatest	High	Most limited

Self-managed gives you the most flexibility. You pay providers and claim reimbursement, and you carry the record keeping.

Plan-managed means an external plan manager processes payments, tracks your budget and gives you statements. You keep most of the choice with far less paperwork. Plan management itself is a service that must be delivered by a registered provider.

NDIA-managed means the agency handles everything, and you must use registered NDIS providers for all of your supports.

Some supports require a registered provider regardless of how your plan is managed. These include Specialist Disability Accommodation, specialist behaviour support, plan management, Supported Independent Living, NDIS digital platform services, and all services delivered to NDIA-managed participants. Any provider using regulated restrictive practices must also be registered.

Bloom Healthcare is a registered NDIS provider , which means Bloom can deliver services under any of the three management types.

Plan reassessment: what happens and what evidence you need

Plans are reassessed on a cycle, usually annually, and a reassessment can also be requested at any time by you, a family member, an advocate or your support coordinator if circumstances change significantly.

What triggers an out-of-cycle reassessment

a medical event or injury that changes your functional capacity

a documented improvement in your abilities or skills

a significant change in your situation or support needs

a change in how well your current supports are working

What the NDIA wants to see

The NDIA is explicit that reports for plan reassessment must explain the therapy approach and give evidence of outcomes achieved and progress made toward goals . A strong reassessment package shows:

your goals and the functional impact of your disability on day-to-day life

baseline assessments and measurement against them, so change can be shown rather than claimed

documented progress toward each goal, with specific measurable results

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

an updated functional capacity assessment where your circumstances have changed

therapy outcomes across the disciplines involved in your plan

What Bloom produces

Before a plan ends, your clinician reassesses you using the same tools used at the initial assessment , so the comparison is like for like. A progress report then summarises the therapy delivered, the outcomes achieved over the plan period, and recommendations for the next plan.

For families in early childhood services, an End of Plan Report documents outcomes and progress in terms that are meaningful to the family, in their preferred language and mode of communication.

At the reassessment meeting, those measurable outcomes and reports are weighed against your goals, and new goals and priorities are set for the next plan. Once the new plan is approved, therapy goals are realigned to it. Services generally continue through a new plan or a plan extension unless you say otherwise.

How allied health fits into a plan

The NDIS funds occupational therapy, physiotherapy, speech pathology, psychology and counselling, exercise physiology, positive behaviour support and dietetics. Most of it sits in Capacity Building.

Discipline	Typical focus	Usually funded under
Occupational therapy	Daily living skills, personal care, sensory and regulation strategies, assistive technology and home modification recommendations, functional assessments	Capacity Building — Improved Daily Living
Physiotherapy	Mobility, balance and falls prevention, transfers, strength, pain and fatigue management, posture, safe use of mobility aids	Capacity Building — Improved Daily Living
Speech pathology	Receptive and expressive language, speech sounds, social communication, voice and fluency, literacy, feeding and swallowing, AAC devices	Capacity Building — Improved Daily Living
Psychology and counselling	Functional and goal-based work, emotional regulation, skills training, coaching, carer involvement	Capacity Building — Improved Daily Living or Improved Relationships
Exercise physiology	Functional capacity, strength, balance and falls risk, cardiovascular function, chronic condition management, functional assessments	Capacity Building

Positive behaviour support	Functional behaviour assessment, person-centred behaviour support plans, consistent strategies across home, school and community	Capacity Building — Improved Relationships, sometimes Improved Daily Living
Dietetics	Nutrition and feeding needs, delivered by an Accredited Practising Dietitian	Capacity Building — Improved Daily Living

Whatever the discipline, an NDIS therapy support has to be directly related to your disability and its functional impact, reasonable and necessary, aligned to a goal in your plan, evidence-based, and delivered by a qualified clinician.

What a typical course of therapy looks like

Conversation and goal setting — what you want to be able to do, in your words, mapped to the goals in your plan.

Assessment — across the settings that matter: home, school, work, community. Baseline measures are taken so progress can be shown later.

Plan — priorities, strategies and supports, written practically.

Delivery — practice, habit building, equipment trials, training for you and the people supporting you, and changes to the environment where that is what actually helps.

Review and reporting — progress against goals, recommendations, and the report that feeds your plan reassessment.

Physiotherapy or exercise physiology?

A question people ask constantly. Physiotherapy puts more weight on hands-on treatment, diagnosis and rehabilitation after acute injury, and works with both active and passive movement. Exercise physiology is built around active movement — structured strength and endurance work to build functional capacity over time. Many participants have both, working on different things.

Where the NDIS stops and other systems start

Medicare funds clinical treatment of diagnosed conditions. The NDIS funds disability-related function and participation. You can use both, but the same session cannot be claimed under both . See the Medicare page .

Aged care covers people from 65, or from 50 for Aboriginal and Torres Strait Islander people and people at risk of homelessness. It is a separate system with separate funding.

Health, education and employment services keep their own responsibilities. Becoming an NDIS participant does not mean your medical or clinical care should stop.

Getting started with Bloom

Bloom Healthcare is a registered NDIS provider delivering allied health in home and community settings — your house, school, day programme, local gym, pool or another place that suits you. Clinics are available case by case.

Check coverage: the location guide shows where there are clinicians near you.

Book or refer: make a referral or use the contact page . You can refer yourself; so can a family member, support coordinator, GP or school.

Call: 1300 771 465 , or the direct number listed above on this page.

What to have ready when you call: your NDIS number, how your plan is managed, which budget category you want to draw from and roughly what is left in it, and the goal in your plan that the service relates to.

Common questions about the NDIS

Can I apply for the NDIS after I turn 65?

No. You have to be under 65 at the time you apply. If you are already a participant, turning 65 does not remove you from the scheme. If you are 65 or over and not a participant, aged care is the pathway — ring 1300 771 465 and Bloom can talk you through what applies.

Does my diagnosis get me into the NDIS?

Not on its own. The test is permanent and significant disability judged by functional impact , not by the name of a condition. Two people with the same diagnosis can get different decisions because the effect on their daily lives is different. Evidence that describes what you cannot do independently or safely is worth far more than a diagnosis letter alone.

My child does not have a diagnosis. Can they still get support?

Possibly. Children under 6 with developmental delay can access the Early Childhood Approach without a formal diagnosis. Children aged 6 to 9 with an identified disability are also covered, after the age limit was extended from 7 to 9 from 1 July 2023 and phased in progressively over the following two years. Contact an Early Childhood Partner rather than going through the standard pathway.

What does "reasonable and necessary" actually rule out?

Anything that is another government system's responsibility, anything unrelated to your disability, ordinary day-to-day living costs, and anything likely to cause harm. It also means the NDIA weighs what family and community already provide informally before deciding what to fund.

What is the difference between Core, Capacity Building and Capital?

Core pays for everyday assistance. Capacity Building pays for building skills, including most therapy. Capital pays for equipment and home or vehicle modifications. Core is the most flexible, Capital the most restricted, and Capacity Building funding is tied to the outcome category it was allocated to.

Can I move funding between budget categories?

Within Core, generally yes, across the different everyday supports. Between Core, Capacity Building and Capital, generally no. Within Capacity Building, funding is allocated to a specific outcome area and cannot simply be reassigned. Your plan manager or support coordinator can tell you what your particular plan allows.

Which budget pays for occupational therapy or physiotherapy?

Most often Capacity Building — Improved Daily Living. In some plans, therapy that supports functional daily activities can be funded from Core instead, where the plan is written to allow it. Check your plan rather than assuming, because booking against the wrong category causes rejected claims.

Do I have to use a registered provider?

Only if your plan is NDIA-managed — then yes, for everything. If you are self-managed or plan-managed you can use unregistered providers, except in categories where registration is mandatory: Specialist Disability Accommodation, specialist behaviour support, plan management, Supported Independent Living, NDIS digital platform services, and any provider using regulated restrictive practices. Bloom is a registered provider, so it can work with any management type.

Which plan management option should I choose?

That depends on how much administration you want to carry against how much choice you want. Self-managing gives maximum flexibility and maximum paperwork. Plan management gives you nearly the same choice with the paperwork handled. NDIA management is the simplest but limits you to registered providers. You can discuss this at your planning meeting.

How often is my plan reviewed?

Usually annually, though the cycle varies. You do not have to wait for the scheduled date: you, a family member, an advocate or your support coordinator can request a reassessment at any time if your circumstances change significantly.

What do I need for a plan reassessment?

Evidence of outcomes and progress against your goals. That means baseline assessments and re-measurement against them, documented progress, an account of what has been tried and what worked, therapy reports from each discipline involved, and an updated functional capacity assessment where things have changed. Your clinician prepares the reports; you should still bring your own account of what has changed.

Will my therapy stop when my plan ends?

Not usually. Providers generally keep delivering services through a plan extension or into a new plan unless you tell them otherwise. If your funding for a category is exhausted before the plan ends, that is a different problem — raise it with your plan manager or support coordinator early rather than at the last session.

Can I get NDIS and Medicare support at the same time?

Yes, for different purposes. Medicare covers clinical treatment; the NDIS covers disability-related capacity building. The rule is one session, one funding source — the same appointment cannot be claimed under both. Tell your provider which pathway each appointment sits under.

How do I know how much funding I have left?

Ask your plan manager, your support coordinator, or check the myplace participant portal. Check the balance of the specific category you want to spend from, not the plan total, because Capacity Building

money cannot be pulled from another category to cover a shortfall.

Where does Bloom deliver services?

Primarily in the community — home, school, day programmes, local gyms and pools, and other everyday settings, with clinics arranged case by case. The location guide lists the areas covered. Call 1300 771 465 to check availability near you.

What is the topic of the Bloom Healthcare NDIS page?

The page, titled 'What Is NDIS? Exercise Physiology Services | Bloom Healthcare,' explains what the NDIS means and how exercise physiology services can improve function and independence.

What does NDIS stand for and what kind of program is it?

NDIS stands for the National Disability Insurance Scheme, a landmark Australian government initiative that is a comprehensive social insurance program providing funding, services, and regulatory oversight to eligible individuals with permanent and significant disabilities.

Who is eligible for NDIS support?

The NDIS primarily serves people under 65 years of age with permanent and significant disabilities, including children and young adults with developmental delays such as autism spectrum disorder and ADHD, individuals aged 0–6 needing early childhood intervention, adults with physical, cognitive, or developmental disabilities, people with dementia under age 65, and eligible aged care clients through its funding mechanisms.

What core principles underpin the NDIS?

The NDIS is built on principles including Choice and Control (participants choosing from registered and accredited providers), Person-Centred Support (plans tailored to individual needs and goals), and Capacity Building (early investment in people with disabilities to improve long-term outcomes through skill development).

How can Bloom Healthcare help someone get started with NDIS-related exercise physiology services?

The page invites visitors to contact Bloom Healthcare's local team to get started with exercise physiology services aimed at improving function and independence under the NDIS.

What organization publishes this NDIS page, and what is its business focus?

The page is published by Bloom Healthcare Pty Ltd, described as a boutique disability and aged care allied health provider that believes all people have the right to access quality healthcare, delivering an evidence-based, client-centric healthcare model through qualified health practitioners across Australia.

How can Bloom Healthcare be contacted?

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

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