NDIS Innovation in Disability Mobility | Bloom Healthcare

Canonical:
https://bloom-healthcare.com.au/blog/innovation-is-playing-a-significant-role-in-redefining-disability-services/

Details:

Most writing about innovation in disability services describes what might be possible. This is about what exists now, who can get it and how. Three things have changed how support is delivered in Australia in practical terms: telehealth , which removes travel from therapy; digital plan tools , which let people see and manage their own funding; and assistive technology , which is prescribed by a clinician and funded from a separate part of an NDIS plan. Each has real limits, and none of them are automatic. To ask what applies to your situation, call 1300 771 465 or contact us .

Telehealth: the change with the widest reach

Telehealth means allied health therapy delivered by video or phone. It applies across occupational therapy , physiotherapy , speech pathology , psychology and counselling , exercise physiology , dietetics and positive behaviour support .

What it is genuinely good for

Distance. This is the main one. Regional, rural and remote areas have a real shortage of allied health professionals, and for many people the nearest speech pathologist or dietitian is hours away. Telehealth removes distance from the equation. Bloom uses it to reach participants outside the areas it covers face to face, including across Tasmania.

People for whom travel is the barrier. If getting to an appointment costs a day, a support worker's time and a taxi fare, the appointment often does not happen. Telehealth also matters for people who are immunocompromised or whose health makes travel unwise.

Check-ins between in-person sessions. A hybrid pattern works well for many people: assessment and hands-on work face to face, progress reviews and coaching by video.

Reviews, reports and family coaching. Progress reviews, report discussions and training for family and support workers translate to video without much loss.

What it needs, and where it does not work

Telehealth needs a device with a camera and microphone, a stable internet connection and somewhere private to sit. That last one is not trivial in a shared house or a group setting. Some people are also new to the technology, though most find it straightforward after one practice call.

More importantly, telehealth is not clinically appropriate for everything. Anything requiring hands-on assessment, physical measurement, equipment fitting or observation of a real environment usually needs someone in the room. Your clinician decides suitability with you rather than by policy.

How it is funded

Telehealth is an approved delivery method for NDIS participants whether their plan is self-managed, plan-managed or NDIA-managed. It draws on the same funding categories as in-person therapy, generally Capacity Building supports such as Improved Daily Living, Improved Relationships or Improved Health and Wellbeing, depending on the discipline. Moving from in-person to telehealth does not change your funding. Fees are set out in your service agreement before therapy starts.

Digital tools for managing a plan

The second real change is that participants can see their own funding.

The myplace participant portal , reached through myGov, lets you view your plan, track what you have spent, monitor budgets and request service bookings. That sounds administrative until you consider the alternative, which was having no visibility of your own money between plan meetings.

How your plan is managed determines how much of this you do yourself:

Self-managed — you handle payments, budgeting and record keeping, with the most choice of provider and the most administration.

Plan-managed — a registered plan manager processes payments, tracks spending against budgets and helps you understand your allocation.

NDIA-managed — the NDIA pays registered providers directly.

The NDIA's newer PACE system changed how providers are recorded against a participant's plan, which means a provider may need to be listed correctly for payments to flow. If a claim is not going through, that is one of the first things to check with your plan manager or the NDIA.

The practical advice is unglamorous: look at your plan spending during the year, not in the last month of it. Underspending a budget is one of the more common reasons funding is reduced at the next plan.

Assistive technology, briefly

Assistive technology is where most of the visible innovation sits: lighter and foldable power wheelchairs, speech-generating devices and eye gaze systems, smart home control by voice or app, wearables that monitor health and raise an alert.

The important thing to understand is the pathway rather than the product list. Under the NDIS, assistive technology is funded from Capital Supports , which is a separate budget from the Capacity Building funding that pays for therapy. Scripted items need an assessment by a clinician, a trial wherever possible, a written prescription and a report showing why the item is reasonable and necessary. For the full pathway, see how assistive technology is assessed, prescribed and funded .

Technology in aged care

Older Australians reach much of the same equipment through a different door. Support at Home, which commenced on 1 November 2025, includes a dedicated Assistive Technology and Home Modifications scheme covering mobility aids, bathroom safety equipment, adaptive daily living equipment, ramps, stairlifts and smart home technology.

What is being funded there is largely falls prevention and staying at home safely: grab rails and handrails, shower chairs, walking frames, voice-activated home controls, adapted kitchen equipment, and monitoring devices that let a professional or family member know if something has gone wrong. Telehealth applies here too, for counselling, speech pathology and guided home exercise programs.

Access starts with an aged care assessment through My Aged Care on 1800 200 422 , followed by an assessment by an occupational therapist or other allied health professional who looks at both the person and the home.

How to judge whether a new technology is worth pursuing

This is the part worth taking seriously, because enthusiasm for a product is not evidence that it will help you.

Start with the problem, not the device. "I cannot get out of the shower safely" leads to a useful assessment. "I saw a device online" often does not.

Insist on a trial. Equipment that suits someone in a demonstration regularly fails in a real house with real doorways and a real routine. A trial is the cheapest way to find that out.

Check the funding boundary before you commit. The NDIS does not fund supports that are another government system's responsibility, supports unrelated to your disability, everyday living costs that are not disability-related, or anything likely to cause harm. A mainstream device that everyone buys anyway is unlikely to be funded simply because it is also useful to you. What makes the difference is evidence that the item addresses a disability-related functional need.

Ask what happens after delivery. Who sets it up, who trains you, who trains the people around you, and who repairs it. Technology that arrives without training is frequently abandoned.

Be sceptical of claims that outrun the evidence. Virtual reality, for example, has genuine promise for practising real-world situations such as crossing a road or moving through a shopping centre in a controlled setting, and it is being used in rehabilitation. Promise is not the same as an established outcome for your circumstances. Ask your clinician what the evidence actually supports for you.

Where Bloom fits

Bloom's model is mobile rather than clinic-based: allied health delivered in homes, schools, workplaces and community settings, with telehealth where distance or health makes travel impractical. Coverage includes New South Wales, Queensland, South Australia, Tasmania, Victoria, Western Australia and the ACT.

To ask what is available in your area or whether telehealth suits your goals, call 1300 771 465 , use the referral form or contact us .

Common questions about technology in disability services

Is telehealth as good as seeing someone in person?

For some things, yes. Telehealth is clinically effective for many allied health interventions, and it is often the difference between getting support and getting none. For hands-on assessment, equipment fitting or anything needing observation of your actual environment, in person is better. A hybrid of the two suits most people.

Does using telehealth reduce my funding?

No. Funding carries over unchanged when you move between delivery methods. Telehealth does remove travel costs from the equation, which can mean more of your budget goes to therapy time.

Do I need to be good with technology?

No. You need a device with a camera and microphone, an internet connection and a private space. Most people who have never used telehealth find it straightforward after one practice call, and clinicians are used to walking people through the first session.

Can I see how much of my NDIS funding is left?

Yes. The myplace participant portal through myGov shows your plan, your spending and your remaining budgets. If you are plan-managed, your plan manager can also give you a statement. Check it during the year rather than at the end.

Will the NDIS pay for a tablet or a smart speaker?

It depends entirely on whether it is disability-related and evidenced as such. The NDIS does not fund everyday living costs unrelated to disability or supports that are another system's responsibility. Where a device is the mechanism by which you communicate or control your home, and a clinician has assessed and evidenced that, the position is different. Get the assessment before you buy.

What is PACE and does it affect me?

PACE is the NDIA's newer system for managing plans and providers. For participants, the practical effect is that your providers may need to be recorded correctly against your plan for claims to be paid. If payments are failing, ask your plan manager or the NDIA to check that first.

I live in a remote area. What are my options?

Telehealth, and mobile services where they reach you. Bloom delivers in the home and community and uses telehealth for participants outside its face-to-face areas. Call 1300 771 465 to ask what is available at your address.

What technology is available through aged care rather than the NDIS?

If you are over 65 and not an NDIS participant, the Assistive Technology and Home Modifications scheme within Support at Home covers mobility aids, bathroom safety equipment, ramps, stairlifts, adaptive equipment and smart home technology. Start with My Aged Care on 1800 200 422.

Who decides what technology I need?

You do, with a clinician. An occupational therapist, physiotherapist or speech pathologist assesses your function and your environment and prescribes what fits. The decision should be based on your goals and a trial, not on what is newest.

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How does innovation in disability services relate to the NDIS?

The integration of the National Disability Insurance Scheme (NDIS) has accelerated the need for innovation, as the scheme focuses on giving people with disabilities greater choice and control over the

support and services they receive.

What smart home technologies are helping people with disabilities gain independence?

Smart home systems allow people with disabilities to control lighting, temperature, and security through voice commands or smartphone apps, providing greater independence and control over their home environment.

What mobility assistance innovations are mentioned as reshaping disability services?

Mobility assistance innovations include lightweight, compact, and versatile mobility aids such as foldable power wheelchairs that can be easily transported, as well as electric bikes and scooters for people with mobility impairments.