How to Get NDIS PBS Funding | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/blog/ndis-positive-behaviour-support-funding/

Details:

The NDIS can fund positive behaviour support (PBS) when it is needed because of a person's disability and meets the NDIS funding criteria, including being reasonable and necessary. It is generally funded from Capacity Building – Improved Relationships , and it must be delivered by a provider registered with the NDIS Quality and Safeguards Commission for specialist behaviour support. To get it into a plan, check whether Improved Relationships funding is already there, describe how behaviours of concern affect everyday life, gather evidence, link the request to the person's goals, and ask the NDIA to consider it. If you want to talk through a referral, call Bloom Healthcare on 1300 771 465 or make a referral .

This guide is for NDIS participants, families, carers and support coordinators. It covers what can be funded, the evidence that makes a request clear, how much funding to ask for, and the options if a request is not approved.

What positive behaviour support is

Positive behaviour support is an evidence-informed, person-centred approach to understanding behaviours of concern and improving quality of life. Rather than simply trying to stop a behaviour, it asks why the behaviour is happening. Behaviour usually serves a purpose. It may communicate a need or help the person cope with something: difficulty communicating, sensory overload, pain, anxiety, frustration or a challenging environment.

The core ideas are:

the approach is person-centred and upholds the person's rights

behaviour of concern is treated as a form of communication

the work focuses on root causes, not just the behaviour

strategies are proactive and preventive, including changes to the environment

the person is taught alternative skills to communicate or cope, so the behaviour becomes less necessary

positive reinforcement acknowledges the behaviours that work for the person

the aim is a better quality of life, with less reliance on restrictive practices

A behaviour support practitioner works with the person and the people around them to understand these factors and develop practical strategies everyone can use.

Funding is not based on diagnosis alone. Two people with the same diagnosis can have very different support needs. The NDIA looks at each person's circumstances, functional difficulties, goals and the evidence provided.

Which NDIS budget pays for positive behaviour support

PBS is generally funded from Capacity Building , under the Improved Relationships category. Improved Relationships is intended to help participants develop positive behaviours, improve relationships and

build skills for social participation.

This is different from Improved Daily Living , which is the category that commonly funds allied health such as occupational therapy, physiotherapy and speech pathology. The funding must sit in the correct budget and match the support being delivered.

To check your plan:

Open your plan statement and find the Capacity Building section.

Look for Improved Relationships and check how much is available.

If you cannot find it, speak with your my NDIS contact, support coordinator or plan manager before arranging specialist PBS.

What NDIS behaviour support funding can cover

Improved Relationships funding can cover the full cycle of behaviour support, not just a report:

Functional behaviour assessment. A detailed look at what happens before and after behaviours, what keeps them going and what purpose they may serve, using interviews, records and direct observation. See functional behaviour assessments and behaviour support plans .

Interim behaviour support plan. Immediate strategies and safeguards while the fuller assessment and plan are developed.

Comprehensive behaviour support plan. Individual strategies based on the assessment findings, the person's needs, goals and quality of life. A comprehensive plan must include the functional behaviour assessment.

Training for families and carers , so strategies are understood and used consistently.

Support worker training , so workers can implement the plan safely and effectively.

Monitoring and review , checking progress, reviewing incidents, evaluating outcomes and updating strategies.

Work to reduce and eliminate restrictive practices , where they are in use.

The aim is for the person, family and support team to understand what needs to change and to make those changes part of everyday life.

The deadlines that come with it

Once a specialist behaviour support provider is engaged, two timeframes apply:

an interim behaviour support plan must be developed within 1 month of engagement

a comprehensive behaviour support plan must be developed within 6 months of engagement

Engagement runs from the date of the service agreement, or from a date set out in it for when plan development is to begin. These timeframes are binding for plans that contain regulated restrictive practices. For other plans, the NDIS Commission considers that using them as a guide is consistent with provider obligations under the NDIS Practice Standards and the NDIS Code of Conduct. A comprehensive plan containing regulated restrictive practices must be reviewed at least every 12 months, and whenever the person's situation changes.

Who might need NDIS-funded positive behaviour support

PBS may be appropriate when disability-related behaviours create risks, affect relationships or make everyday participation harder. For example:

a child who regularly becomes very distressed when moving between activities

an adult in supported independent living (SIL) who becomes distressed when routines change or unfamiliar staff provide support

self-injury, physical aggression or property damage

difficulty communicating needs

behaviours that significantly restrict the person's ability to take part in everyday activities

A behaviour on its own does not automatically mean specialist PBS is needed. Sometimes the right starting point is a medical assessment, communication support, occupational therapy or another allied health service. Specialist PBS is most relevant when behaviours need a coordinated approach across assessment, environmental change and support arrangements, especially where risks are significant.

Where regulated restrictive practices are being used or considered, specialist assessment and the safeguarding rules matter even more. A regulated restrictive practice must be authorised by the state or territory body, included in a behaviour support plan, used as a last resort for the shortest time possible, proportionate to the risk and the least restrictive option.

Children younger than 9

Children younger than 9 with developmental delay or disability are supported through the NDIS early childhood approach , working with an early childhood partner , a local organisation funded by the NDIA whose teams have experience and clinical expertise with young children. Children aged 9 and over work with a local area coordinator instead. Behaviour support for a child still depends on the child's disability-related needs and the funding criteria.

How to get positive behaviour support included in your NDIS plan

There is no automatic entitlement to PBS because of a diagnosis or because behaviours of concern have happened. The NDIA needs information showing why PBS is an appropriate disability-related support. Five steps help.

Step 1: check your existing funding

Review the Capacity Building section of your current plan for Improved Relationships funding and how much is available. If it is there, you can start looking for a registered behaviour support provider. If it is missing or not enough, you will need to raise it with the NDIA. A support coordinator can help you organise that.

Step 2: explain how the behaviour affects everyday life

Labels such as "challenging behaviour" or "difficulty managing emotions" rarely tell the full story. Describe what actually happens:

what the behaviour looks like and how often it occurs

when and where it tends to happen

whether anyone is at risk of harm

how it affects daily routines, relationships, safety or community participation

what has already been tried and whether it helped

For example, a child may become overwhelmed during school transitions and regularly miss classroom activities. An adult may have stopped going on community outings because unpredictable places cause significant distress. This shows the functional impact of disability, rather than relying on a diagnosis.

Step 3: gather evidence

Useful documents include previous therapy assessments, incident records, existing behaviour support plans, reports from support providers and information about changes in the person's needs. A support coordinator can help organise them. An occupational therapist , speech pathologist , psychologist , GP or other treating professional can contribute assessments and reports.

A strong report explains what is happening, why specialist PBS is recommended, what outcomes are expected and how the support relates to the person's disability.

Step 4: connect the request to the person's goals

Explain how PBS will help the person work towards outcomes that matter to them, not only fewer incidents. Goals might be to:

communicate needs more effectively and learn new ways to cope

take part more confidently in community activities

have safer and more predictable daily routines

strengthen relationships with family and others

reduce reliance on restrictive practices

The focus is a better quality of life for the person, not changing behaviour to make things easier for others.

Step 5: ask the NDIA to consider it

The right pathway depends on your situation:

Before a planning discussion , raise the need for PBS and give the evidence before the plan is finalised.

If circumstances have changed significantly , you may need to ask the NDIA to reassess the plan.

If the change needed is smaller , a different type of plan change may be more suitable.

Who can lodge a formal request, which form to use and what evidence is needed are set by the NDIA. Check the current NDIS guide to changing your plan before you submit. Support coordinators and providers can help prepare evidence and provider details, but check the current guide for who is allowed to submit the request itself.

What makes a strong request

The most useful requests explain the problem, the impact and the support proposed, in terms someone who has never met the person can follow. Compare two descriptions:

Less useful: "My child has autism and needs behaviour support because they have meltdowns."

More informative: "My child experiences significant distress during transitions between activities, sometimes resulting in self-injury and an inability to take part safely in school and community routines. We need specialist assessment to understand the contributing factors and develop consistent strategies across home and school."

The second does not guarantee funding, but it gives the NDIA meaningful information to assess.

Do you need a registered PBS provider?

Yes. Specialist behaviour support is one of the services a provider must be registered with the NDIS Commission to deliver, and the provider must hold registration group 0110, Specialist positive behaviour support . This applies whether the plan is NDIA-managed, plan-managed or self-managed. The behaviour support plan itself must be developed by an NDIS behaviour support practitioner , a person the Commission considers suitable to develop functional behaviour assessments and behaviour support plans. That applies even to plans with no restrictive practices. You can check a provider on the NDIS Provider Register .

When choosing a provider, ask:

who will complete the assessment

how the person will be involved

what reports you will receive

how families and support workers will be trained

how progress will be measured, and what happens after the first plan is written

How much PBS funding will you need?

There is no standard amount. It depends on the complexity of the person's needs and the work involved in assessment, planning, training, implementation and review. Someone with a straightforward support environment needs a different level of practitioner involvement from someone whose care is coordinated across several providers with complex safeguarding requirements.

The time an assessment and plan take depends on the person and the plan, and Bloom confirms it in the service agreement or quote before work begins. Make sure the request also allows for the implementation support, training and monitoring that come afterwards. A behaviour support plan is unlikely to work if nobody has the time or training to put it into practice, so check that the funding covers implementation too.

When you talk to a provider, ask for the proposed hours, fees, reports, training and monitoring in writing. NDIS rates are capped by the NDIS pricing arrangements, and Bloom's terms, including travel and cancellation, are set out in the service agreement you sign before work begins.

What if the NDIS does not approve PBS funding?

A refusal does not necessarily mean the person has no support needs. The NDIA has to decide against the funding criteria and the evidence in front of it.

Ask for the reasons. Ask the NDIA to explain the decision and whether more evidence would help.

Consider a review. If you disagree with a reviewable decision, you can ask for an internal review. There is a time limit, so act promptly and check the NDIS decision review guidance for the current timeframe.

Keep the two processes separate. An internal review challenges a decision. Asking to change a plan because circumstances have changed is a different process.

Consider other options while you wait. Bloom also offers PBS privately. Published private fees are on the pricing page .

How Bloom Healthcare can help

Bloom Healthcare delivers registered positive behaviour support for NDIS participants. Our behaviour support practitioners are NDIS behaviour support practitioners, assessed by the NDIS Quality and Safeguards Commission as suitable to carry out behaviour support assessments and develop plans, and come from backgrounds including psychology, counselling, social work, occupational therapy and

speech pathology. Many hold Master's-level training in behaviour analysis.

Depending on the person's needs, the work can include:

functional behaviour assessments

interim and comprehensive behaviour support plans

implementation training for families, carers and support workers

monitoring and review

Plans are tailored to the person's needs and preferences and developed with their support network so strategies are used consistently. Where it helps, PBS works alongside Bloom's occupational therapy and speech pathology . Bloom's primary delivery is in the community: home, school, day programs and other everyday settings, with clinics case by case. PBS is available across Sydney and New South Wales, Brisbane and South East Queensland, Melbourne and Victoria, Perth and Western Australia, Adelaide and South Australia, Tasmania and Canberra. Ask about availability in your area before you book. Learn more about positive behaviour support at Bloom .

Information for referrers

Who to refer. NDIS participants whose behaviours of concern affect safety, daily living, relationships, communication or participation, particularly where specialist assessment or a coordinated behaviour support plan may be needed.

What to include.

participant details and NDIS number

plan management type: NDIA-managed, plan-managed or self-managed

whether Improved Relationships funding is in the plan

relevant NDIS goals

specific examples of the behaviours of concern, and any risks

existing reports and current supports

details of any regulated restrictive practices being used

Who can refer. Families, support coordinators, GPs, allied health professionals and support providers. Coordinated referrals are especially useful when several providers need to work towards the same goals.

What happens next. A member of the team will be in contact within 24 hours of receiving the referral. An intake form and service agreement follow, and Bloom aims to hold the initial meeting within 5 business days where possible once both are complete. Email hello@bloom-healthcare.com.au , call 1300 771 465 or use the referrals page . Support coordinators can find more detail on referring to Bloom .

Common questions about NDIS positive behaviour support funding

Is positive behaviour support funded by the NDIS?

Yes, when it meets the NDIS funding criteria and is included in the participant's plan. It is generally funded from Capacity Building under the Improved Relationships category. The support must relate to the person's disability and be reasonable and necessary.

What NDIS category covers positive behaviour support?

Improved Relationships, within the Capacity Building budget, is the main category used for specialist PBS. It is separate from Improved Daily Living, which commonly funds occupational therapy, physiotherapy and speech pathology. Check your own plan statement to confirm what is available.

Can I get PBS funding if my plan does not include it?

You can ask the NDIA to consider it, supported by evidence of disability-related needs. This may be handled at a planning discussion or through a plan change request, depending on your circumstances. Check the NDIS guide to changing your plan for the right process.

Do I need a diagnosis to get PBS funding?

You must meet the NDIS access requirements and show why specialist PBS is needed. A particular diagnosis does not automatically qualify someone for PBS funding. The NDIA looks at functional impact, goals and evidence.

Can PBS be funded for children with autism?

It can, where the child's disability-related support needs justify specialist PBS and the funding criteria are met. Autism alone does not establish a need for specialist behaviour support. Children younger than 9 are supported through the NDIS early childhood approach, with an early childhood partner.

Can a self-managed participant use an unregistered PBS provider?

No. Specialist behaviour support must be delivered by a provider registered with the NDIS Commission, holding registration group 0110, however the participant manages their funding.

How quickly must a behaviour support plan be written?

An interim plan must be developed within 1 month of the provider being engaged and a comprehensive plan within 6 months. Engagement runs from the date of the service agreement or a date set out in it. The timeframes are binding where regulated restrictive practices are involved and are a guide for all plans.

How many hours of funding should we ask for?

There is no standard amount. It depends on the person and the plan: the complexity of their needs and the work involved in assessment, planning, training, implementation and review. Bloom confirms the expected time in the service agreement or quote before work begins. Allow for training, implementation and monitoring as well as the assessment and plan.

Does PBS funding cover training for families and support workers?

It can. Training, implementation support and monitoring are activities that may be funded where they meet the criteria. Families are part of the collaborative team and are usually involved in regular reviews of the plan.

What should I do if my PBS funding request is refused?

Ask the NDIA for the reasons and whether more evidence would help. If you disagree with a reviewable decision, you can request an internal review, which has a time limit, so check the NDIS decision review guidance promptly.

More on positive behaviour support

NDIS positive behaviour support at Bloom: eligibility, plans and the rules

Functional behaviour assessments and behaviour support plans

What is positive behaviour support?

How to tell if your child or client might benefit from positive behaviour support

Support coordinators: referring to Bloom

How to make a referral

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Can I get PBS funding if my plan does not already include it?

You can ask the NDIA to consider it, supported by evidence of disability-related needs. This may be handled at a planning discussion or through a plan change request, depending on individual circumstances. The NDIS guide to changing your plan outlines the right process.

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Can a self-managed NDIS participant use an unregistered PBS provider?

No. Specialist behaviour support must be delivered by a provider registered with the NDIS Commission, holding registration group 0110, regardless of how the participant manages their funding.

How quickly must a behaviour support plan be written after a provider is engaged?

An interim plan must be developed within 1 month of the provider being engaged, and a comprehensive plan within 6 months. Engagement runs from the date of the service agreement or a date set out in it. These timeframes are binding where regulated restrictive practices are involved and serve as a guide for all plans.

How many hours of PBS funding should be requested?

There is no standard amount — it depends on the person and the plan, including the complexity of their needs and the work involved in assessment, planning, training, implementation and review. Bloom Healthcare confirms the expected time in the service agreement or quote before work begins, allowing for training, implementation and monitoring as well as the assessment and plan itself.

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