



BEST
HOME
THERAPY

OCCUPATIONAL
THERAPY
NDIS SERVICES



Registered
NDIS
Provider

NDIS SERVICES

Prices are a guide and may fluctuate based on the individual and any complexities.

Prices listed are all inclusive. This ensures an accurate total cost and no hidden extra costs. This includes therapy time, assessment, planning, intervention, recommendations, report writing, and any follow-up required.

For example, in the case of a typical **Functional Capacity Assessment (FCA)**:

- Initial visit (1 hour) + travel (0.5 hours) + initial report writing and assessment (0.5 hours) = **2 hours**
 - FCA report writing = **2-4 hours**
 - Follow up with participant and support coordinator to review FCA (0.5 - 1 hours) +/- travel if required (0.5 hours) = **0.5-1.5 hours**
 - Any FCA revisions, rewrite or add information + recommendations + submission (0.5 hours) = **(0.5 hours)**
 - Follow up in 2-4 weeks (and/or with NDIS for any clarification or changes) (0.25 - 2 hours) = **(0.25 - 2 hours)**

Total = **6-10 hours**

NDIS

FUNCTIONAL CAPACITY ASSESSMENTS

- Physical Function Capacity Assessment **6-10 hours**
- Psychosocial Functional Capacity Assessment **6-10 hours**
- Supported Disability Accommodation Assessment (SIA) **6-10 hours**
- Supported Independent Living Assessments (SIL) **6-10 hours**
- Plan Review (in addition to FCA) and/or addition of: **6-10 hours**
 - Any disability to the plan
 - Change in circumstances
 - Psychosocial disablement application

ASSISTIVE TECHNOLOGY ASSESSMENTS FOR SPECIALISED EQUIPMENT PRESCRIPTION

Minor (1-3 hours)

- Shower chairs and commode chairs prescription **2-3 hours**
- Minor kitchen aids (e.g., kettle tippers, food prep systems, modified cutlery) **1-3 hours**
- iPads / Tablets / Smartwatches **1-3 hours**
- Social assistance software **1-3 hours**
- Sensory tools (e.g., fidgets, noise-cancelling headphones)

Moderate/Major (5-8 hours)

- Beds and mattresses prescription **5-7 hours**
- Specialised seating and wheelchair prescription **6-8 hours**
- Scooter and mobility assessment and training **6-8 hours**
- Hoist and sling assessments and prescription **6-8 hours**

Home modifications (3-10+ hours)

- Ramps **5-10 hours**
- Grab Rails **3-4 hours**
- Bathroom and kitchen modifications **4-30 hours**

ONGOING THERAPY

(Hours vary on a patient-by-patient basis.)

- Manual Handling training and education client and family sessions
- Pressure care education and therapy
- Therapy and rehabilitation
 - Home rehabilitation and therapy
 - Psychosocial training
 - Stroke and neurological rehabilitation
 - Cognitive assessment and retraining
 - Developmental therapy
- Dementia Care and Planning

INTERVENTIONAL PROGRAMS

Specialist intervention programs targeting specific rehabilitation goals.

- | | |
|---------------------------------|-----------------|
| • Psychosocial recovery program | 15 hours |
| • Insomnia program | 5 hours |
| • Stress management program | 5 hours |
| • Mindfulness | 5 hours |
| • Student program | 8 hours |
| • Pain program | 16 hours |

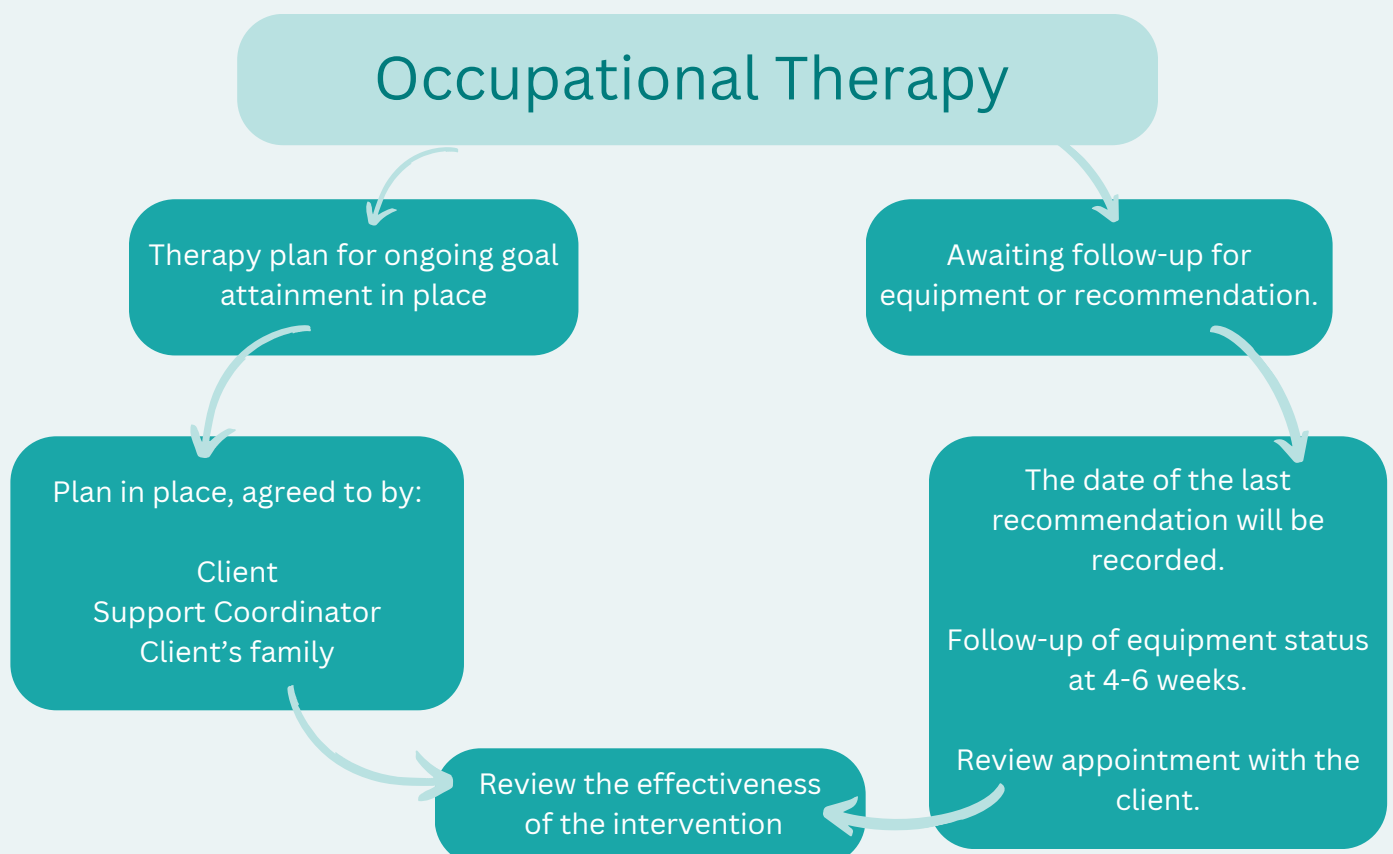
RECOMMENDED REFERRAL PROCESS

Initial Set-Up Process:

1. Initial request for service submitted to BHT via this [link](#).
2. BHT to contact client, onboard, and organise initial appointment (within 48 hours).
3. Appointment with therapist is completed, inclusive of detailed subjective and objective examination, collaborative goal-setting completed with client. (Wait times may vary, however we aim to see all clients within 2 weeks).
4. Goal-setting and plan discussed with broader team to align with funding and realistic service offerings, inclusive of ongoing therapy requirements.
5. Recommendations, reports and ongoing therapy plans will be emailed to the requestor.

Ongoing Therapy Process:

6. Review appointments to be organised in line with ongoing therapy goals.
7. The review pathway will depend on if there are ongoing therapy needs or if client is awaiting equipment/report/recommendation.
8. Checking the success of recommendation and/or equipment.



Do I require the services of an Occupational Therapist?

Occupational therapy encompasses several key areas, including:

1. Occupations (such as daily activities, rest, work & education)
2. Contexts (involving environmental and personal factors)
3. Performance patterns (including habits, routines, roles & rituals)
4. Performance skills (covering motor skills, process skills & social interaction skills)
5. Client factors (such as values, beliefs, spirituality, body functions & structures)
6. Support and assessment for activity of daily living impairments.

Our approach - What do we do?

Our Occupational Therapy process is centred around the client, emphasising engagement in meaningful activities and providing intervention and services to individuals, groups, and communities. This process consists of three main components:

1. Evaluation
2. Intervention
3. Outcomes and Review



EVALUATION & ASSESSMENT

The evaluation aims to uncover what the participant wants and needs to achieve, assess what they can do, and identify factors that support or hinder their health, well-being, and participation. Evaluation occurs during the initial assessment and subsequent interactions with the client. Regardless of the practice setting, all evaluations should consider the multifaceted needs of each client.

Critical components of an Occupational Therapy evaluation include:

1. Client's profile: A summary of the client's history, daily living patterns, interests, values, needs, and goals.
2. Analysis of challenges to tasks or performance goals: This step involves identifying the client's strengths, limitations, or potential challenges through specific assessment tools designed to analyse, measure, and inquire about factors affecting their performance and Activities of Daily Living.

The occupational therapy intervention plan is then developed based on a thorough review and synthesis of information gathered from the client's occupational profile and performance analysis.

Intervention

Our Occupational Therapy intervention follows on from the evaluation to facilitate clients' engagement in meaningful activities while enhancing their health and well-being. The intervention process consists of three phases: the plan, implementation, and review.

Intervention Plan

Our Occupational Therapists collaborate with clients, families, and care partners to plan personalised interventions. These plans guide the practitioner's actions and outline the approaches and interventions needed to achieve the client's desired outcomes. Factors influencing the intervention plan include the client's goals, values, beliefs, environmental context, available evidence, and specific individual requirements.

Intervention Implementation

Our Occupational Therapy practitioners work closely with clients, families, and care partners to execute the intervention plans. Various types of interventions may be employed depending on the client's specific needs, including:

- Occupations and activities to enhance performance skills and patterns
- Interventions to support occupations, utilising methods and tools such as physical agent modalities and assistive technology
- Education and training to equip clients with the necessary skills for specific activities
- Advocacy interventions empowering clients to access resources for improved health and participation
- Group interventions fostering social interaction and participation
- Virtual interventions incorporating technology for performance skill development
- Assistance with Activities of Daily Living through a range of interventional strategies

Intervention Review

Our Occupational Therapy practitioners continually monitor, review, and re-evaluate clients' progress toward achieving their outcomes. This process involves:

1. Re-evaluating the intervention plan's effectiveness in achieving the client's goals
2. Modifying the intervention plan as necessary
3. Determining the need for ongoing occupational therapy services or referrals to other services

Outcomes

Outcomes represent the results achieved through occupational therapy intervention, assessed using tools and measures. They demonstrate the success and effectiveness of occupational therapy services in enhancing clients' occupational performance and participation.

Outcomes in Occupational Therapy encompasses:

- ADL Competence and performance
- Occupational performance
- Prevention
- Health and wellness
- Quality of life
- Participation
- Well-being
- Individual goal specific attainment

Outcomes describe what clients can achieve through occupational therapy intervention, reflecting their progress toward and attainment of intervention goals related to meaningful activities. Some outcomes are objective and used for intervention review and discharge planning. In contrast, others, such as increased confidence, reduced pain, and service satisfaction (known as patient-reported outcomes) are experienced by clients after occupational therapy intervention.

Integrating Client Outcomes into Practice

BHT practitioners aim to:

- Collaborate with clients, family members, and caregivers to establish meaningful outcomes.
- Ensure outcomes and intervention is tailored and appropriate for regulatory bodies and fits within the best practice guidelines.
- Use outcome measures and assessment tools to guide decision-making from the outset of the Occupational Therapy process.
- Frequently assess outcomes to adjust intervention plans based on client progress and changing needs.
- Utilise outcomes to inform transition planning, referrals, service discontinuation, and discharge planning.
- Document outcomes to showcase the effectiveness of occupational therapy services.
- Work within the broader management team to support the client towards his goals.
- Ensure regular communication channels and updates with all parties relevant to care.

NEXT STEPS

Get in touch with our team to learn more.

Tel: 1300 012 378

Fax: 03 91255889

Email: contact@besthometherapy.com.au

Address: 72 Maribyrnong Street, Footscray, 3011

www.besthometherapy.com.au

[@besthometherapymelb](https://www.instagram.com/besthometherapymelb)

