Aged Care Allied Health FAQs | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/aged-care/aged-care-faqs/

Details:

You do not need to understand the aged care system before contacting Bloom. This page answers the questions that come up most often, in the order they usually come up — getting started, funding, appointments, and what each discipline does.

If your situation is not covered here, call 1300 771 465 or email hello@bloom-healthcare.com.au and the team can identify the right next conversation.

Getting started

Who can receive Bloom's aged care allied health services? Older people may access Bloom through an approved aged care arrangement, a registered provider partnership, private funding or another suitable pathway. Eligibility and the services available depend on individual circumstances.

Do I need to know which discipline I need? No. Tell Bloom what has changed, what has become difficult, or what the person wants to keep doing. The team can identify the most relevant discipline and the next step. Choosing the wrong discipline is one of the commonest reasons an enquiry stalls, and it is avoidable.

How do I request an aged care assessment? Applications for government-funded aged care begin through My Aged Care . You can apply online or call 1800 200 422 . The assessment determines eligibility, support needs and approved services. Bloom does not conduct that assessment and does not decide funding.

Can a family member make the enquiry? Yes. Family members and carers can contact Bloom, but the older person's consent and preferences remain central unless another lawful decision-making arrangement applies. Supported decision-making explains how support with decisions can be provided without replacing someone's voice.

How quickly can support begin? Timing varies by discipline, postcode, urgency, clinician availability and the funding or provider arrangement. Sharing those details up front is what makes a clear answer possible.

What information helps with a referral? Consent, contact details, the postcode, the goals, relevant health and risk information, any existing reports, and what has changed recently.

Support at Home and funding

What replaced Home Care Packages? The Support at Home program replaced the Home Care Packages Program and the Short-Term Restorative Care Programme on 1 November 2025 . In-home aged care funding now runs through Support at Home.

Where does allied health sit? In the Clinical Supports category. See the Support at Home hub for how the program is structured.

Who decides how much funding someone gets? The aged care assessment and the government process, not the provider. Any provider who implies otherwise is overstating what they can do.

What about equipment and home modifications? Assistive technology and home modifications run through a separate pathway with their own funding, separate from the ongoing services budget. Home modifications generally need an occupational therapist's assessment and recommendation; check the current Support at Home rules for what applies.

Is there a cost to the participant for allied health? Contribution arrangements differ by service category and by individual circumstances, and they are set by the program rather than by the provider. Ask your assessor, your Care Partner or My Aged Care about your own situation, and ask Bloom for the service agreement and the estimate before services begin. See pricing and payments .

What if the person is an NDIS participant rather than an aged care client? The NDIS page sets out how that pathway works, and the two are separate systems with separate rules.

Appointments and coordination

Where do appointments happen? At home, in residential aged care, in the community, or by telehealth where it is clinically appropriate. A home visit is usually the most informative for a first assessment, because the environment is part of what is being assessed.

How is travel charged? Travel is priced into in-home and community sessions, so the setting affects the cost. Ask how travel is treated for your postcode before services begin.

Can Bloom work with my existing provider? Yes, with consent. Recommendations and reports can be shared with a registered provider, a Care Partner, a GP or family through the agreed pathway.

What happens at the first appointment? An assessment rather than treatment: what the person is trying to do, what is getting in the way, and what would make a measurable difference, written up as an action plan. A service agreement covering rates, hours, travel and reporting is signed before services and billing begin.

What if something is not working? Say so. The feedback page explains how to raise it, the advocacy policy covers the right to an advocate, and the incident management policy sets out how incidents are recorded and reported.

What each discipline does

Occupational therapy — daily activities, home safety, equipment, assistive technology, and home modification assessment and prescription.

Physiotherapy — mobility, balance, falls prevention, post-surgical recovery and physical function.

Exercise physiology — safe, individualised exercise for strength, endurance and participation.

Speech pathology — communication and swallowing, including texture-modified diets alongside dietetics.

Psychology and counselling — emotional wellbeing, adjustment, anxiety and reduced confidence.

Dietetics — appetite, weight, nutrition and practical mealtime support.

Innovation and technology — how technology is used to support independence at home.

Reports, reviews and timeframes

Will I get a report? That depends on what was agreed. Some assessments exist to produce a report — for a funder, a provider or a plan review — and some produce a plan the person uses themselves. Say at the start which you need, because it changes the assessment as well as the cost.

How long does a report take? Report work carries its own timeframe on top of the appointment. If a report has to meet a date, give that date at the referral stage, because it determines who is allocated

and how much time is reserved.

How often should a plan be reviewed? Whenever the situation changes — after a fall, a hospital admission, a change in medication, a change in who is at home, or a change in what the person wants. A plan built around last year's circumstances is not worth following.

What if the person's needs increase? Say so rather than waiting for a scheduled review. Where an assessment identifies a need that cannot be met within the current arrangement, that is a conversation to start early, because any change in funding or scope takes time to arrange.

Common misunderstandings

"Allied health is the same as personal care." It is not. Personal care is assistance with daily activities; allied health is clinical assessment and treatment by a qualified practitioner. They sit in different service categories and are arranged differently.

"A provider can get me more funding." No provider decides funding. Where needs have changed, the pathway is a reassessment or a support plan review, and evidence from an allied health assessment can inform that — but the decision sits with the assessment process.

"I have to use whichever allied health my provider uses." Ask the question rather than assuming. Where allied health forms part of an approved support plan, it is reasonable to ask your provider what choice you have about who delivers it.

"Telehealth is second best." For some of the work it is genuinely equivalent or better, and for some of it is not suitable at all. The useful question is which parts of a specific plan suit which setting.

Working with providers and referrers

Enquiries come from older people themselves, from families and carers, from GPs, from registered providers and Care Partners, from hospital discharge teams and from other allied health professionals. All are workable.

For a professional referrer, the most useful referral includes consent, the postcode, the goals, current functional concerns, recent health changes including falls or admissions, existing assessments, and the outcome the person wants at home. The more precise the functional concern, the faster the right clinician is matched.

Still not sure?

Start with the thing that has changed rather than with a service name. "She has stopped going out", "he coughs at every meal", "I cannot get in and out of the shower safely any more" are all better starting points than a guess at a discipline, and each one points somewhere specific.

How to start

Call 1300 771 465 , email hello@bloom-healthcare.com.au , or use the referrals page . Anyone can refer: the person themselves, a parent or carer, a GP or paediatrician, a support coordinator, a plan manager, a school, a SIL provider, another health professional, or a nominee or guardian.

Useful information to include is the person's age, the main concerns, any existing reports or assessments, relevant history, the goals that matter to the family, and the best contact details.

A member of the team will be in contact within 24 hours of receiving a referral. The referral is then triaged and matched to a clinician on capacity, location, skill set and the specific need. A welcome pack and intake form follow, and nothing is scheduled until the intake form is completed and returned. Bloom

aims to schedule the initial meeting within 5 business days where possible. Rates, hours, travel and reporting are set out in a service agreement that is discussed and signed before service delivery and billing begin.

If something is not working once services start, the feedback page explains how to raise it, the advocacy policy covers your right to an advocate, and the incident management policy sets out how incidents are handled and reported.

Who can receive Bloom Healthcare's aged care allied health services?

Older people may access Bloom Healthcare through an approved aged care arrangement, a registered provider partnership, private funding or another suitable pathway. Eligibility and available services depend on individual circumstances.

How do I request an aged care assessment?

Applications for government-funded aged care begin through My Aged Care. You can apply online or call 1800 200 422. The assessment determines eligibility, support needs and approved services.

What is Support at Home?

Support at Home is the Australian Government program for eligible older people who need coordinated services to remain living at home. Approved services and budgets follow an aged care assessment and support plan.

Does Support at Home include allied health, and will I need to pay a contribution?

Allied health may be included as a clinical support when it is approved in the person's support plan and arranged through their registered provider. Under current Support at Home settings, clinical supports have a 0% participant contribution, though other service categories may attract contributions based on the person's circumstances.

Who manages a person's Support at Home services, and can Bloom Healthcare be chosen if another organisation is the registered provider?

The person's registered provider oversees the service agreement, care management and delivery or coordination of approved services under the single-provider model. Bloom Healthcare can potentially be arranged by the registered provider as an associated allied health provider under an agreed service arrangement, but the provider must approve this before services begin.

What short-term pathways exist under Support at Home?

The program includes Restorative Care, Assistive Technology and Home Modifications, and End-of-Life pathways. Eligibility and inclusions depend on assessment and individual circumstances.

Where can Bloom Healthcare appointments take place?

Bloom Healthcare primarily provides services at home and in community settings. Telehealth may be available where clinically suitable, and clinic appointments may be considered case by case. Services may also be delivered in residential aged care depending on the discipline, location, facility

requirements and service arrangement.

Do I need to know which allied health discipline is needed before contacting Bloom Healthcare?

No. You can simply tell Bloom Healthcare what has changed, what is difficult, or what the person wants to keep doing, and the team can help identify the most relevant discipline and next step.

What information helps when making a referral to Bloom Healthcare?

Helpful information includes consent, contact details, postcode, goals, relevant health and risk information, preferred appointment setting, funding pathway, provider contact and any reporting deadline.

What happens at the first appointment with Bloom Healthcare?

The clinician listens to the person's priorities, reviews relevant health and functional information, assesses what is needed and explains possible next steps.

Can family members or carers be involved in enquiries and appointments?

Yes. Family members and carers can contact Bloom Healthcare, though the older person's consent and preferences remain central unless another lawful decision-making arrangement applies. Family or carers can also attend appointments with the older person's consent when their involvement supports the goals of the appointment.

What should I do if there is a medical emergency or sudden change in condition?

Bloom Healthcare is not an emergency service. In an emergency, such as sudden or severe symptoms or choking, call 000, and seek prompt medical advice for new or urgent concerns.