Aged Care Occupational Therapy Australia | Bloom Healthcare

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

Details:

Aged care occupational therapy helps older Australians keep doing the everyday things that matter to them: getting out of bed safely, showering, cooking, moving around the house, and staying at home rather than moving into residential care. It is funded through aged care programs, not the NDIS. Since 1 November 2025 the main program is Support at Home , which replaced the Home Care Packages Program and the Short-Term Restorative Care Programme. Access starts with an aged care assessment arranged through My Aged Care on 1800 200 422 . To talk to Bloom Healthcare about a referral, call 1300 771 465 or email hello@bloom-healthcare.com.au .

This page covers the parts the rest of the site does not: eligibility rules, how the funding actually works, what happens at each step, what documentation you get, and how occupational therapy differs from the services people confuse it with.

Who is eligible for aged care occupational therapy

Eligibility for government-funded aged care in Australia is based on age plus assessed need.

Age thresholds:

65 years and over for the general population

50 years and over for Aboriginal and Torres Strait Islander people

50 years and over for people who are experiencing homelessness or at risk of it

Assessed need. Age alone is not enough. You also need to show you need help with daily tasks, mobility, health or wellbeing because of ageing, disability or a medical condition. That need is confirmed through an aged care assessment, not by the therapy provider.

If you are under 65. The NDIS is the primary scheme for people under 65 with a permanent and significant disability. People under 65 may still qualify for aged care services where NDIS support is not suitable for their needs. In rare exceptional cases, someone over 65 may qualify for NDIS support where aged care services are not appropriate for their circumstances. If you are already an NDIS participant when you turn 65, you are not automatically moved across to Support at Home; you continue receiving your NDIS-funded services.

Which scheme you sit under changes how the therapy is paid for, not what an occupational therapist is able to do. If you are unsure which applies to you, call Bloom on 1300 771 465 before you arrange anything.

How aged care occupational therapy is funded

Support at Home

Support at Home commenced on 1 July 2025 and was fully implemented on 1 November 2025, alongside the commencement of the Aged Care Act 2024. It replaced both the Home Care Packages Program and the Short-Term Restorative Care Programme.

The structure differs from the old package system in ways that matter for therapy:

There are 8 ongoing funding classifications rather than the old 4 fixed package levels, so the assessment produces a more precise match to your needs.

There are 3 short-term pathways and 4 transitioned Home Care Package classifications for people who were already on a package.

Budgets are quarterly and flexible , not fixed annual allocations. Support can go up or down as your needs change, instead of waiting to be reassessed onto a higher package level.

The three service categories

Support at Home sorts services into three categories, and the funding rules are different for each:

Category	Who pays
Clinical Supports — includes occupational therapy, physiotherapy and nursing	Fully funded by the Australian Government at 100%
Independence Services	May require a participant contribution depending on your financial circumstances
Everyday Living Services	May require a participant contribution depending on your financial circumstances

Occupational therapy sits in Clinical Supports. That is a meaningful point for older people worried about cost, and it is worth confirming against your own support plan, because the category a specific piece of work falls into is decided through your assessment and plan rather than by the provider.

Assistive technology and home modifications

Equipment and home modifications are funded through the Assistive Technology and Home Modifications (AT-HM) scheme , one of the three short-term pathways under Support at Home. It is a separate funding pathway from the eight ongoing classifications.

Under AT-HM, occupational therapists and physiotherapists are the professionals who assess and prescribe. Equipment and modifications are grouped into low, mid and high cost tiers. The kinds of items covered include:

Mobility aids such as wheelchairs, walkers and standing frames

Home modifications for accessibility: ramps, grab rails, bathroom modifications, stairlifts, slip-resistant flooring

Daily living equipment: specialised beds, seating, bathroom equipment, adaptive kitchen tools

Smart home technology that supports independence

Bloom's occupational therapists carry out the assessment, write the clinical justification, and train you to use the equipment safely once it arrives.

The "no worse off" principle

If you were receiving, waiting for, or assessed as eligible for a Home Care Package on or before 12 September 2024, the Government applied a "no worse off" principle. Under it, you pay the same or less in contributions under Support at Home than you would have under the old arrangements.

What we cannot tell you here

Bloom's own fees, cancellation terms and travel arrangements are set out in your service agreement, not on this page. Contribution rates depend on your individual financial assessment. Do not rely on a figure from anywhere on the internet for your own situation. Call 1300 771 465 and ask, or check your support plan.

What aged care occupational therapy includes

Bloom's aged care occupational therapy service covers:

Assistive technology assessments — working out what equipment will actually help, and prescribing it

Home modifications — assessing the home and recommending changes

Beds and mattresses prescription

Hoist and sling assessment and prescription

Shower and commode chairs prescription

Functional capacity evaluations

Cognitive assessments

Daily living skills support

Stroke and neurological therapies

Falls prevention and home safety

Falls are the reason many older people are referred. An occupational therapist assesses this on three levels at once.

Your physical function. The therapist watches you do real tasks: walking through your home, getting out of a chair, transferring to the bed, toilet and shower, handling objects. That shows where balance, strength, coordination or mobility is creating risk.

Your daily routine. Dressing, bathing, using the bathroom, preparing meals, moving between rooms. Knowing which activities are hard tells the therapist where a fall is most likely and where a change will do the most good.

Your home. A home safety assessment looks systematically for hazards:

Flooring: loose rugs, slippery or uneven surfaces

Lighting in hallways, bathrooms and other places where falls happen

Bathroom safety: slip hazards in the shower or bath, missing grab rails, unsafe toilet height

Stairs: unstable handrails, missing step safety features, awkward transitions between rooms

Furniture placed in walking paths

Clutter blocking movement

The recommendations that come out of that are practical: grab rails in the bathroom and along hallways, slip-resistant flooring or non-slip mats, better lighting including motion-activated lights, rearranging furniture to clear a safe path, removing tripping hazards, and equipment such as walkers or shower chairs.

Safer transfers and energy conservation

Two things occupational therapists work on that people rarely ask for by name but often need.

Transfer training is practising the specific movements that cause falls and injuries: bed to chair, chair to standing, in and out of the shower or bath. You practise with the therapist watching and correcting, and

where a carer is involved the therapist covers manual handling so the carer is not straining their own back.

Energy conservation and pacing is about managing fatigue so that a task done late in the day is not done unsafely. It matters for people with heart or lung conditions, after a hospital stay, and for anyone whose stamina has dropped.

Dementia and cognitive change

For people living with dementia or other cognitive change, occupational therapy focuses on the practical gap between what someone can still do and what their environment is asking of them. That includes:

Personal care routines: showering, toileting, dressing, grooming, and consistent sleep patterns

Meal planning and preparation with kitchen safety and appropriate pacing

Routine development using visual supports, timers and environmental changes to reduce confusion

Cognitive stimulation and structured activities that keep someone engaged

Home safety changes that support safe movement around the house

The method is to find the specific points in a daily routine where things break down, then design around them with environmental changes, visual prompts and graded practice, breaking complex tasks into steps that can still be managed.

Carers are part of this. Bloom's therapists work with family members and carers to explain the strategies, build routines that reduce daily friction and carer strain, cover manual handling during transfers, and explain how cognitive change affects behaviour. The goal is safer daily function with less reliance on others, not perfection.

What aged care occupational therapy is not

It is not a diagnosis service . An occupational therapist's cognitive assessment describes functional impact. Diagnosing dementia is a medical process involving your GP and usually a specialist.

It is not personal care . Showering someone is a personal care service. Teaching someone to shower safely, and setting up the bathroom so they can, is occupational therapy.

It is not nursing or wound care .

It does not pay for the equipment itself out of the therapy budget. Equipment and modifications are funded through the AT-HM pathway and approved separately.

It does not decide your funding . The assessment through My Aged Care sets your classification and budget. The therapist works within it.

How it works, step by step

Step 1 — Register with My Aged Care. Register online at myagedcare.gov.au or call 1800 200 422 . This is the formal start of the process and it is a government service, not a Bloom one.

Step 2 — Get assessed. My Aged Care refers you to an assessment service: an Aged Care Assessment Team (ACAT), an Aged Care Assessment Service (ACAS) in Victoria, or a Regional Assessment Service (RAS). Under the Single Assessment Process you now go through one comprehensive assessment across all support levels instead of separate assessments for separate programs. The assessment looks at physical health, emotional wellbeing and social needs. One practical benefit: you no longer need a reassessment simply to move between care levels.

Step 3 — Get your support plan. After assessment you receive a tailored support plan setting out which services suit your situation, including allied health, personal care or residential care. You then choose the providers who deliver them.

Step 4 — Refer to Bloom. You, a family member, a carer, a GP, a support coordinator or a home care provider can refer. Use the referral form , call 1300 771 465 , or email hello@bloom-healthcare.com.au . Include the person's age, the main concerns, any existing reports, relevant medical history, the family's priorities and goals, and the best contact details.

Step 5 — Bloom makes contact within 24 hours. Bloom commits to contacting you within 24 hours of receiving a referral. The referral is then triaged: the operations manager reviews it and allocates a clinician based on capacity, area of interest, location and any identified risks.

Step 6 — The allocated clinician confirms the details. They confirm your preferred delivery mode (in-home, community, telehealth, or a clinic where one is available), check whether interpreting services are needed, and arrange the first appointment. You get a confirmation and a reminder the day before.

Step 7 — Initial assessment. The first appointment is a comprehensive assessment covering your strengths, challenges and history, how a condition affects your daily functioning, and what is getting in the way of your goals.

Step 8 — Therapy plan and sessions. The therapist writes a therapy plan setting out functional outcomes, goals, strategies and how they will be delivered, including the frequency, duration and location of sessions. Frequency is not a fixed number; it comes out of the plan and your budget.

A typical session starts with a check-in on how things have gone since last time, including any falls or near-falls and any difficulty with daily activities. The main part is practical work: transfer practice, balance and mobility activities, training on equipment, or energy conservation strategies. Home visits let the therapist look at the environment directly and show you exactly where a grab rail should go. The session ends with a review of progress and goals for next time.

Evidence and documentation

What Bloom produces, and what it is for:

Therapy plans — the functional outcomes, therapeutic goals, strategies and implementation methods, with the frequency, duration and location of sessions.

Assessment reports — functional capacity assessments evaluate current abilities across mobility, independence and daily living activities, identify functional strengths and limitations, and make clear recommendations about daily living requirements and suitable living arrangements. These are often the document that supports a decision about whether someone can safely stay at home.

Cognitive assessment reports — describing cognitive functioning, mental abilities and overall functioning, including memory concerns and dementia-related change.

Equipment and modification recommendations — the clinical justification supporting why a specific piece of assistive technology or a specific modification is necessary.

Case notes — every contact, all documents sent and received, travel, billing detail and internal file reviews. Case notes are completed within 24 hours of the service.

Before writing any report, the clinician talks with you (or your nominee or carer) and with your home care provider about whether a report is needed, what it is for, and what type it should be, so it is fit for purpose. Reports are sent to the relevant people by email as PDFs.

How this differs from the services people confuse it with

Occupational therapy vs physiotherapy. Physiotherapy works on the body: strength, mobility, balance and recovery. Occupational therapy works on the task and the environment: what you are trying to do,

and whether your home and equipment let you do it. Both assess and prescribe under the AT-HM scheme. Most people who have had a fall benefit from both, which is why Bloom's aged care physiotherapy and occupational therapy teams work together.

Occupational therapy vs exercise physiology. Exercise physiology builds fitness and strength through structured exercise. Occupational therapy makes the daily task itself achievable.

Aged care occupational therapy vs NDIS occupational therapy. The clinical work overlaps heavily. The difference is the funding and how it is claimed. Under the NDIS, occupational therapy sits in capacity building categories such as Improved Daily Living. Under Support at Home it is a Clinical Support, fully funded by the Government, with equipment and modifications on the separate AT-HM pathway. Never assume advice written for NDIS participants applies to your aged care funding.

Occupational therapy vs a home care package coordinator. Your provider coordinates and delivers your services and manages the budget. The occupational therapist is a clinician you access through it.

Where you can get this service

Bloom's primary delivery method is in the community: your home, a day program, or another setting where you actually do the tasks. That matters more in aged care than almost anywhere else, because a home safety assessment cannot be done in a clinic. Clinic appointments are available on a case-by-case basis; ask when you enquire.

Bloom's therapists work across New South Wales, Victoria, Queensland, South Australia, Western Australia, Tasmania and the Australian Capital Territory. See all locations for the suburbs and regions in each state.

There is also a plain-English easy read guide to occupational therapy you can download.

To start: call 1300 771 465 , email hello@bloom-healthcare.com.au , use the referral form , or contact us .

Common questions about aged care occupational therapy

Is aged care occupational therapy free?

Occupational therapy sits within Clinical Supports under Support at Home, and Clinical Supports are fully funded by the Australian Government. Independence Services and Everyday Living Services may require a contribution depending on your financial circumstances. What applies to you specifically depends on your assessment and support plan. Confirm it against your plan or call Bloom on 1300 771 465.

Do I need a GP referral?

No. Family members, carers, GPs, plan managers, support coordinators and providers can all refer, and you can refer yourself. What you do need first, for government-funded aged care, is an aged care assessment arranged through My Aged Care on 1800 200 422.

How long until someone comes out?

Bloom contacts you within 24 hours of receiving a referral. The wait to a first appointment varies by location and service type, and Bloom is continuing to expand capacity across its regions. Ask about your specific area when you call, because a general figure will not tell you anything useful about your suburb.

Can the therapist come to my home?

Yes. In-home and community delivery is Bloom's primary method. For falls prevention and home modification work it is the only way to do the job properly, because the assessment is of your actual home.

My Home Care Package is ending. What happens to my therapy?

Support at Home replaced the Home Care Packages Program on 1 November 2025. There are four transitioned Home Care Package classifications for people who were already on a package. If you were receiving, waiting for, or assessed as eligible for a package on or before 12 September 2024, the "no worse off" principle means you pay the same or less in contributions than you would have under the old arrangements. Your provider should be able to tell you which classification you moved to.

Who pays for the grab rails and the shower chair?

Equipment and home modifications are funded through the Assistive Technology and Home Modifications scheme, a separate short-term pathway under Support at Home, with items grouped into low, mid and high cost tiers. The occupational therapist assesses, prescribes and writes the justification. Approval of the item runs through the AT-HM pathway, not through your therapy sessions.

I am 62 and have a disability. Aged care or NDIS?

The NDIS is the primary scheme for people under 65 with a permanent and significant disability. People under 65 can access aged care services where NDIS support is not suitable for their needs. It depends on your individual circumstances, so get advice before you apply to one and not the other. Call Bloom on 1300 771 465 to talk it through.

I am already on the NDIS and about to turn 65. Do I get moved to aged care?

No. NDIS participants already receiving support are not automatically transferred to Support at Home. You continue receiving your NDIS-funded services.

Can an occupational therapist diagnose dementia?

No. An occupational therapist can assess cognitive functioning and describe how memory and thinking changes are affecting daily tasks, which is useful information for your GP and specialist. Diagnosis is a medical process.

What does the therapist actually do about dementia?

They work on the practical points where a daily routine is breaking down. That includes personal care routines, meal preparation and kitchen safety, visual supports and timers to reduce confusion, structured activities that keep someone engaged, and home changes that make moving around safer. They also work with carers on strategies, routines and safe manual handling.

What will I get in writing?

A therapy plan, and reports where they are needed. Before writing a report your clinician confirms with you and your home care provider whether one is required, what it is for and what type it should be. Reports are emailed as PDFs. Case notes for every contact are completed within 24 hours.

What do I need to do first?

If you do not yet have an aged care assessment, register with My Aged Care online or on 1800 200 422. If you already have a support plan and funding, call Bloom on 1300 771 465, email hello@bloom-healthcare.com.au, or submit the referral form .

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