Choosing a Support at Home Provider | Bloom Healthcare

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Details:

If you are searching for a home care provider in Australia, the first thing to know is that Home Care Packages have been replaced . The Support at Home program commenced on 1 November 2025 and is now the main government-funded program for older Australians who need coordinated support to remain living safely at home. It also replaced the Short-Term Restorative Care Programme.

So, which provider is best? There is no single provider that is best for every older Australian, and any list that claims otherwise is selling something. The right provider for you is one that can deliver or coordinate the services in your approved support plan, operates in your area, has capacity when you need it, communicates clearly, publishes transparent prices, and has the experience to handle your current and likely future needs.

Information in this article is current as at November 2026.

Start with the right search

Existing Home Care Package recipients transitioned into Support at Home, and newly assessed older Australians now enter it directly. Support at Home uses eight ongoing funding classifications , plus short-term pathways for assistive technology and home modifications, restorative care and end-of-life care.

You can search registered providers through the Australian Government's My Aged Care Find a Provider service, or call 1800 200 422 .

The better question is not "who is the biggest provider" but "which provider can deliver the right support for me, at a reasonable price, with people I am comfortable having in my home" .

Seven things worth comparing

1. Can they actually provide the services you need?

Start with your care plan. A provider might be excellent at personal care and domestic assistance and have limited allied health capability, or the reverse. Your chosen provider should be able to deliver everything approved in your plan, either directly or by coordinating it.

Think about what matters now and what might matter later. Help with personal care and cleaning today can become a need for physiotherapy , occupational therapy or assistive technology after a fall.

2. Are they available where you live, and when?

A highly regarded provider is no help if they cannot start where you live. Ask whether they service your suburb or region, whether they are accepting new participants, how soon services can begin, whether there are waiting lists for the specific services you need, and whether they can deliver consistently on the days and times that suit you.

Availability differs substantially by location, and particularly for allied health and specialist services.

3. Is their pricing clear?

Providers set their own prices, and those prices must be reasonable, transparent and clearly explained. Providers are required to publish their most frequently charged prices.

Do not compare a single headline hourly rate. Ask for the full price list and compare like with like: the rate for the services you will actually use, whether rates change after hours or at weekends, how care management affects your budget, what is included in each service price, and whether services are delivered directly or through another organisation.

The same government funding buys different amounts of service depending on what is charged.

4. How well do they communicate?

You should be able to find out who is coordinating your care, what services you are receiving, what each costs, how much funding remains, and who to contact when something changes. Providers are required to have service agreements with participants and to provide information about agreed services and prices.

This is not administrative detail. Clear information and strong governance are what make the rest of the arrangement work, and asking questions about them is entirely reasonable.

5. Will you have continuity?

For many older people, who comes into the home matters as much as what service they provide. Ask whether you are likely to see the same care workers, the same Care Partner and the same clinician.

Continuity matters most for someone living with dementia, communication difficulties, anxiety or complex health conditions. It also means the people visiting are more likely to notice gradual changes in mobility, function or confidence.

6. Can they support your clinical and allied health needs?

Support at Home is not limited to personal care, cleaning and meals. Clinical supports include nursing and eligible allied health, and participants do not contribute to the cost of clinical supports.

Depending on assessed needs, allied health might include occupational therapy , physiotherapy , exercise physiology , speech pathology , psychology and counselling and dietetics .

If allied health matters to you, ask how the provider arranges it and what choice you have about who delivers it.

7. Do they have relevant experience?

Ask about track record, staff training and the ability to support complex or changing needs, including cultural and specialised requirements.

The single provider model, and what it means for choice

Under Support at Home, each participant is connected to a single registered provider responsible for their service agreement, care management and the coordination of funded services.

That does not mean one organisation physically delivers everything. Your main provider may work with other organisations or clinicians to deliver particular services — which is especially relevant for allied health.

An associated provider is an organisation that delivers government-funded aged care services on behalf of a registered provider. Associated providers do not have to be registered themselves, and the registered provider remains responsible for coordinating care and overseeing quality, safety and compliance.

Bloom Healthcare describes itself as an associated provider, which means you can ask your registered Support at Home provider whether Bloom can deliver your allied health within your approved plan and funding. If you want a particular clinician involved, ask — the answer is often yes, and it is rarely offered unprompted.

Ten questions to ask before you choose

Can you provide all of the services in my support plan?

How soon can you start?

Can I see your full current price list?

Who will coordinate my care?

Will I generally see the same workers and clinicians?

Do you provide allied health directly, or work with other providers?

How will I know how much of my quarterly budget I have used?

What happens if my needs change?

How do I raise a concern or change a service?

What happens if I decide to change providers?

A provider should be comfortable answering all ten clearly.

Can you change providers?

Yes. You can change if your current provider no longer meets your needs, or simply because you would prefer another. My Aged Care recommends finding a new provider before setting an end date with your existing one, so there is less risk of a gap in services, and your current provider is required to support the transition.

Choosing a provider is not an irreversible decision.

Is the cheapest provider the best value?

Not necessarily. Price matters, because every dollar charged affects how much service your budget buys. But the lowest hourly rate is not automatically the best choice once you account for experience, availability, continuity, communication, clinical capability, reliability, how quickly services can start, and whether the provider can adapt as your situation changes.

Good value is the right care, reliably, at a reasonable and transparent price.

If you are helping someone else choose

Start with function rather than with a provider name. Ask what is becoming harder at home: falls, showering safely, weakness after a hospital stay, difficulty swallowing, reluctance to leave the house.

Those answers determine which services to prioritise and what capability to look for. For an allied health referral, useful information includes the person's Support at Home arrangements where known, current functional concerns, recent health changes, falls, existing assessments and the outcomes they want at home.

See Support at Home funding explained , the Support at Home hub and the aged care FAQs .

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.

Can they actually provide the services you need?

Start with your care plan. A provider might be excellent at personal care and domestic assistance and have limited allied health capability, or the reverse. Your chosen provider should be able to deliver everything approved in your plan, either directly or by coordinating it.

Are they available where you live, and when?

A highly regarded provider is no help if they cannot start where you live. Ask whether they service your suburb or region, whether they are accepting new participants, how soon services can begin, whether there are waiting lists for the specific services you need, and whether they can deliver consistently on the days and times that suit you.

Is their pricing clear?

Providers set their own prices, and those prices must be reasonable, transparent and clearly explained. Providers are required to publish their most frequently charged prices.

How well do they communicate?

You should be able to find out who is coordinating your care, what services you are receiving, what each costs, how much funding remains, and who to contact when something changes. Providers are required to have service agreements with participants and to provide information about agreed services and prices.

Will you have continuity?

For many older people, who comes into the home matters as much as what service they provide. Ask whether you are likely to see the same care workers, the same Care Partner and the same clinician.

Can they support your clinical and allied health needs?

Support at Home is not limited to personal care, cleaning and meals. Clinical supports include nursing and eligible allied health, and participants do not contribute to the cost of clinical supports.

Do they have relevant experience?

Ask about track record, staff training and the ability to support complex or changing needs, including cultural and specialised requirements.

What is Support at Home and when did it commence?

Support at Home is the main government-funded aged care program for older Australians who need coordinated support to remain living safely and independently at home. It commenced on 1 November 2025, replacing the Home Care Packages Program and the Short-Term Restorative Care Programme.

Is there a single "best" Support at Home provider for everyone?

No. There is no single best provider for every older Australian. The right provider is one that meets essential criteria such as being able to deliver or coordinate services in your approved support plan, operating in your area, having capacity when needed, communicating clearly, publishing transparent prices, and having relevant experience.

What should you check first when comparing Support at Home providers on service capability?

You should start with your care plan and determine whether a provider can deliver everything approved in your plan, either directly or by coordinating services, while also considering future needs. For example, personal care support today may evolve into a need for physiotherapy, occupational therapy, or assistive technology after a fall.

What questions should you ask about a provider's geographic availability and responsiveness?

You should ask whether the provider services your suburb or region, whether they are accepting new participants, how soon services can begin, and whether there are waiting lists for specific services you need, since availability varies substantially by location, particularly for allied health and specialist services.

How should pricing be compared between Support at Home providers?

Providers set their own prices, which must be reasonable, transparent, and clearly explained. You should not compare only headline hourly rates; instead, ask for the full price list and compare like with like, including whether rates change after hours or on weekends, how care management affects your budget, and what is included in each service price.