NDIS Dietitian Services in Australia | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/services/dietitian/

Details:

The NDIS funds dietitian services when your disability affects your nutrition, hydration, mealtimes, or your ability to plan, shop for and prepare food. It is usually claimed under Capacity Building — Improved Daily Living , and sometimes under Improved Health and Wellbeing where nutrition education and health-related eating are the focus. The NDIS pays for the dietitian's time, assessment and plan. It does not pay for the food itself. To start, call 1300 771 465 or make a referral .

Below is the detail the page above does not carry: what makes a dietitian referral reasonable and necessary, what is excluded, what the assessment covers, what reports you get, and how dietetics fits with speech pathology and occupational therapy.

Who qualifies

Dietitian support is funded where there is a clear line from your disability to a nutrition problem, and from that problem to a goal in your plan. The NDIA looks for supports that are related to your disability, likely to help you meet your goals, likely to be effective, and value for money. It also considers whether family, carers and community supports already cover the need.

The situations where dietitian support is usually accepted as reasonable and necessary:

your disability affects appetite, food intake or hydration

meal planning and preparation are not happening consistently because of disability-related barriers

there is a risk of malnutrition, dehydration or a nutrition-related health problem affecting how you function and participate

a child's restricted eating is affecting growth, energy or participation

sensory, behavioural or routine challenges make mealtimes hard to sustain

carers and support workers need a clear, practical plan they can follow

Only an Accredited Practising Dietitian registered with Dietitians Australia can deliver dietitian services that are claimable under the NDIS. That is a hard requirement, not a preference. Bloom's dietitians are NDIS-registered clinical dietitians.

When to refer straight away

there is significant weight loss, or intake has been poor for a while

fluid intake is very low, or there is a dehydration risk

mealtimes are consistently unsafe or distressing

a child's restricted eating is getting worse, or the range of foods is very small

the support team cannot put a plan into practice without clear guidance

When to refer soon

meals rely on a narrow set of foods and the routine is fragile

fatigue and difficulty with meal preparation are driving inconsistent intake

constipation or low fibre intake is persistent

a medication change has affected appetite or weight

What the funding covers, and what it does not

The support category

Category	What it is used for
Capacity Building — Improved Daily Living	The most common. Assessment, nutrition planning, and therapy that builds independence in cooking, shopping and food safety.
Capacity Building — Improved Health and Wellbeing	Nutrition education, health-related eating support, behaviour-informed coaching and weight management.
Core Supports	Not for the dietitian, but this is where meal preparation and eating assistance from a support worker is usually funded.

That last row matters. The dietitian writes the plan; a support worker funded from Core Supports may be the person who helps carry it out. The two work together, and they come from different budget lines.

What the NDIS will not pay for

The scheme does not fund these as standalone items, because it treats them as ordinary living costs:

food and groceries

supplements

meal delivery services and pre-prepared meals

nutritional formula and special foods

It also will not fund generic nutrition advice with no link to disability-related goals, or services from a practitioner who is not an Accredited Practising Dietitian.

This is the single most common misunderstanding about NDIS dietetics. Your plan can fund the dietitian who works out that you need a fortified, texture-modified diet, and can fund the support worker who helps prepare it. You buy the food.

Travel and costs

Travel is billable under the NDIS rules where it applies, based on time and kilometres. Plan-managed and NDIA-managed participants are covered by the NDIS Pricing Arrangements and Price Limits , which cap the rate and set the rules for claiming travel and non-face-to-face work such as report writing. The rates, travel arrangements and cancellation terms that apply to you are in the service agreement you sign before services start. Ask for them in writing during intake, or call 1300 771 465 .

What happens in the first appointment

The first session is an assessment and goal-setting appointment. The dietitian will:

work through your health, nutrition and lifestyle needs, and what daily eating actually looks like, including the hard days

identify the risks: mealtime stress, weight gain or loss, malnutrition, dehydration, unsafe mealtimes, carer burnout

review your medical and disability context, including sensory sensitivities, co-occurring conditions and medications

find out who is already involved in managing meals and what supports exist

set goals that link to the goals written in your NDIS plan

The nutrition assessment itself covers dietary intake, often using a short snapshot of a few days of meals and fluids, nutritional status and nutrient gaps, hydration patterns, barriers to shopping and cooking safely, current supports, food variety and restricted eating patterns, and the mealtime stress factors such as anxiety, sensory aversions and texture challenges.

It also covers the environment: how fatigue, mobility, executive functioning and access to food affect what actually gets eaten.

What you get out of it

The nutrition plan

The practical document that comes out of the assessment. Depending on your needs it can include:

meals and snacks suited to your preferences, budget and health needs

texture-modified or fortified meal advice where swallowing or intake is a problem

budget-aware meal planning and shopping lists

simple meal structures and "hard day" fallback meals so nutrition does not collapse when life gets busy

education for support workers and carers so the plan is applied consistently

tube feeding or tube weaning strategies where relevant

skill building around shopping, cooking and food safety

strategies for selective or restricted eating, including for children

The reports

Initial assessment summary. Documents your baseline status, health needs and goals. This is the starting point everything else is measured against.

Progress reports at review. Cover progress against goals, changes in weight, intake or hydration, improvements in meal consistency and food variety, what was implemented, what worked, and what was adjusted.

Reports for plan reassessment. Summarise the support provided, document functional improvement, justify continued funding and give the NDIA plain-language recommendations for the next plan.

Reviews are ongoing, and typically fall every three to six months, though it depends on your needs and how your plan is structured. The reports are often what continued funding rests on, so give copies to your support coordinator and plan manager.

A strong report links disability impact, plan goals and measurable outcomes. "Improved tolerance of a wider range of foods" and "weight stabilised" carry more weight with a planner than a description of advice given.

Where dietetics stops and another discipline starts

Dietitian and speech pathologist, for swallowing

If swallowing is unsafe, both disciplines are involved and the order matters.

The speech pathologist assesses swallowing, identifies the difficulty and the risk, sets the safe eating and drinking strategies, and recommends the texture modification for food and fluids. Speech pathology leads the Mealtime Management Plan , including positioning, muscle-strengthening exercises and safe swallowing techniques, and teaches families and carers how to apply it.

The dietitian then makes sure nutrition and hydration stay adequate inside those texture restrictions. That means keeping meals nutritious despite the modification, fortifying meals where intake is low, giving carers practical preparation guidance, supporting tube or enteral feeding where oral intake is not enough, and expanding food variety safely as the speech pathologist's recommendations allow.

The two sets of recommendations have to line up. Dietitian advice that ignores the texture recommendation is unsafe; a texture recommendation with no nutrition plan behind it risks malnutrition.

Dietitian and occupational therapist, for children

With paediatric feeding, the dietitian handles nutrition and food variety while the occupational therapist handles the sensory and motor side of eating.

The dietitian builds a plan around the foods the child can currently tolerate, finds the nutrient gaps inside that restricted diet, plans a gradual, pressure-free expansion of textures and foods, and monitors growth.

The occupational therapist works on sensory processing and tolerance of textures, tastes, smells and the eating environment, on fine motor skills like using utensils and drinking from a cup, on managing frustration and anxiety at mealtimes, and on visual schedules and routines that make mealtimes predictable.

Where they meet: if the occupational therapist is building texture tolerance, the dietitian adjusts the meal plan to match the progression. Both give the family and support workers the same message, which is what makes the strategies stick.

Dietitian and support worker

A dietitian assesses and plans. A support worker implements. If the problem is that nobody is helping with shopping and cooking, you may need Core Supports hours as well as, or instead of, a dietitian.

Delivery and coverage

Bloom's dietitians work in-home, in the community, by telehealth, and in clinics on a case-by-case basis. Community delivery, including home, school and day programs, is the primary model. Telehealth is an approved NDIS delivery method for self-managed, plan-managed and agency-managed participants where it is clinically appropriate, and it is how the service reaches people well outside the metropolitan areas.

The location list above this section sets out the suburbs and regions served across New South Wales, Queensland, South Australia, Tasmania, Victoria, Western Australia and the ACT. If your area is not listed, call 1300 771 465 to check current availability, since it changes and it varies by discipline.

If you are not an NDIS participant

Dietetics is also funded through the aged care system. Under the Support at Home program, dietitian support sits in the clinical supports category alongside nursing, physiotherapy, occupational therapy and speech pathology, and clinical supports are fully funded by the Australian Government with no participant contribution. Independence services and everyday living services under the same program may require a contribution depending on your financial circumstances.

To access it you need an aged care assessment through My Aged Care . Eligibility starts at 65, or 50 for Aboriginal and Torres Strait Islander people. Approved participants receive a quarterly budget based on assessed need, rather than a fixed package level, and can choose a registered provider to deliver the services. Support at Home replaced the Home Care Packages program from 1 November 2025, and people who transitioned across were covered by a "no worse off" principle, meaning contributions are the same or lower than under the old arrangement.

Call 1300 771 465 to confirm what Bloom can deliver under your aged care arrangement.

Easy read

There is a plain-English guide to dietetics and NDIS support available on this page: Download the NDIS and Dietetics easy read guide . It is worth giving to support workers and family members who will be helping carry out the plan.

Common questions about NDIS dietitian services

Does the NDIS pay for my groceries?

No. Food, groceries, supplements, meal delivery and nutritional formula are treated as ordinary living costs and are not funded as standalone items. The NDIS funds the dietitian's assessment, planning and support, and can fund a support worker to help you shop and cook.

Which part of my plan pays for a dietitian?

Usually Capacity Building — Improved Daily Living. Improved Health and Wellbeing is used where nutrition education, health-related eating and weight management are the focus. Check the actual budget lines in your plan, or ask your plan manager.

Do I need a GP referral?

Not for NDIS-funded dietetics. You, a family member, a carer, a support coordinator or another health professional can refer directly through the referral form or by calling 1300 771 465. Other funding streams have different requirements.

Does the dietitian have to be accredited?

Yes. Only an Accredited Practising Dietitian registered with Dietitians Australia can deliver services claimable under the NDIS. Bloom's dietitians are NDIS-registered clinical dietitians.

What if my swallowing is the problem, not my diet?

Start with speech pathology. The speech pathologist assesses swallowing safety and sets the texture modification and the Mealtime Management Plan. The dietitian then makes sure the modified diet still meets your nutrition and hydration needs. Both are usually needed.

My child only eats a handful of foods. Is that a dietitian job?

Often a dietitian and an occupational therapist together. The dietitian covers nutrient gaps in the current diet and plans a gradual, pressure-free expansion. The occupational therapist works on sensory tolerance, mealtime skills and routines. Refer sooner rather than later if growth, energy or participation is being affected.

Can a dietitian help with tube feeding?

Yes. Bloom's dietitians support enteral feeding, including plans for tube feeding and tube weaning strategies where that is the goal, and work with the rest of the care team on it.

How often will I see the dietitian?

It depends on your goals and your funding. Reviews typically fall every three to six months, with the frequency of sessions in between set by the plan you agree at assessment.

What should I bring to the first appointment?

A rough record of a few days of meals and drinks, a list of your current medications, any recent weight measurements or medical reports, your NDIS plan goals, and the names of the people who help with shopping, cooking and mealtimes.

What do I get for my plan review?

An initial assessment summary, progress reports at review points, and a report for plan reassessment that documents the support given, the functional change achieved and the recommendations for the next plan.

Can I get dietetics if I am on aged care funding rather than the NDIS?

Yes. Under Support at Home, dietitian support is a clinical support and is fully government funded. You need an assessment through My Aged Care first. Call 1300 771 465 to talk through what applies to you.

Can I have telehealth appointments?

Yes, where it is clinically appropriate. Telehealth is an approved NDIS delivery method for self-managed, plan-managed and agency-managed participants, and it is often the practical option outside the major centres. In-home and telehealth sessions can be mixed.

What NDIS dietitian services does Bloom Healthcare provide?

Bloom Healthcare provides Accredited Practising Dietitian services for NDIS participants and older Australians, including nutrition assessment, mealtime management, texture-modified diets and dysphagia support (delivered alongside speech pathology), weight and chronic condition management,

and nutrition support in aged care, delivered in home and community settings across Australia.

How can I contact Bloom Healthcare about dietitian services?

You can call Bloom Healthcare on 1300 771 465 to discuss NDIS dietitian services.

What areas does Bloom Healthcare's dietitian service cover?

Bloom Healthcare's dietitian service is offered across Australia, delivered in home and community settings.

What specialized nutrition support can dietitians provide beyond basic dietary advice?

Dietitians can provide specialized nutrition support for food allergies and intolerances, tube feeding and enteral feeding, texture-modified meals for swallowing difficulties, mealtime stress and feeding challenges, complex nutrition needs, weight management, and chronic health conditions such as diabetes, heart disease, kidney disease, and gastrointestinal disorders.

In what formats can dietitian services be delivered?

Dietitian services can be delivered through in-home visits, clinic-based consultations, telehealth appointments (useful for regional and remote participants), and community-based sessions for practical skill-building.

What qualifications do Bloom Healthcare's dietitians hold?

Dietitians providing these services are university-qualified healthcare professionals trained to assess, diagnose, and treat dietary and nutritional problems, and they are regulated under strict professional standards with expertise in nutrition science and medical nutrition therapy.

Does the dietitian service support mealtime management and dysphagia?

Yes, Bloom Healthcare's dietitian services include mealtime management and texture-modified diets and dysphagia support, delivered alongside speech pathology.

Who can benefit from Bloom Healthcare's dietitian services?

Bloom Healthcare's dietitian services are designed for NDIS participants and older Australians, including those in aged care, who need nutrition assessment, dietary management, or support for chronic conditions and weight management.

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