Support Coordinator Referrals | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/services/support-coordinators/

Details:

Support coordinators and other professional referrers can refer NDIS participants to Bloom Healthcare for occupational therapy, speech pathology, psychology, positive behaviour support, physiotherapy, exercise physiology and dietetics, delivered mostly in the home and community, with telehealth where it is clinically suitable. Send the referral to hello@bloom-healthcare.com.au , call 1300 771 465 or use the referrals page . A member of the team will be in contact within 24 hours of receiving it, and Bloom aims to hold the initial meeting within 5 business days where possible, once the intake form is returned and the service agreement is signed. Every referral should reflect the participant's own choice and be made with their consent or the appropriate authority.

The sections below cover how to match a referral to the right discipline, what Bloom checks before accepting it, what to include, the intake sequence step by step, and how communication and reports are agreed.

Who can refer

Support coordinators connecting an NDIS participant with allied health

Plan managers , who can refer participants including children

Authorised representatives , nominees and guardians

Professional referrers such as GPs, paediatricians, allied health professionals, SIL providers, day programs and schools

Families and participants can refer themselves too. Self-referral is a normal pathway and does not need a doctor first.

If you are referring as a nominee or guardian , be clear about your role before you submit. Guardians and nominees can sign consent forms and service agreements for a person who cannot sign independently. If the person can make or contribute to their own decisions, they should be part of the referral rather than the subject of it.

Matching the referral to the right discipline

Describe the goal or the assessment question, not only the discipline, so the referral reaches the right team. Bloom checks clinical scope and current availability before confirming any referral.

Occupational therapy and assessments

Daily function, functional capacity assessments (FCAs), assistive technology, home modifications and home and living assessments. Therapy is usually funded from Capacity Building – Improved Daily Living . Assistive technology and home modifications are funded separately under Capital Supports and have their own approval requirements. See occupational therapy and the functional capacity assessment guide .

Speech pathology and dietetics

Communication, swallowing, mealtime management, AAC and feeding, and nutrition support matched to the clinical need. Speech pathology assessment and therapy usually come from Improved Daily Living, while AAC devices come from Capital Supports. See speech pathology and dietetics .

Psychology and positive behaviour support

Emotional wellbeing and functional skills sit with psychology . Behaviours of concern sit with positive behaviour support , which is funded from Capacity Building – Improved Relationships , not Improved Daily Living. Specialist behaviour support must be delivered by a provider registered with the NDIS Commission for it, however the plan is managed. If restrictive practices are in use, say so in the referral, because registration, practitioner suitability and state or territory authorisation requirements are confirmed before that work is accepted. See functional behaviour assessments and behaviour support plans .

Physiotherapy and exercise physiology

Movement, mobility and exercise support linked to everyday goals. See physiotherapy and exercise physiology .

Paediatric and multidisciplinary support

For children aged 0 to 9 and young people aged 10 to 17, describe the child's needs and which disciplines may need to be involved. In Bloom's early childhood work, a lead clinician coordinates the team and is the family's main point of contact. See paediatrics 0–9 and paediatrics 10–17 .

Other funding pathways

Bloom also accepts referrals under Support at Home and other aged care funding, Medicare (psychology under Better Access and allied health under a GP chronic condition management plan, both of which need a referral from a GP or other eligible medical practitioner), TAC in Victoria, private health insurance and private payment. Eligibility and acceptance vary by pathway, so name the funding stream in the referral.

What Bloom checks before accepting a referral

A referral is assessed for suitability. It does not automatically confirm acceptance or availability. Before a service is arranged, Bloom checks:

Clinical scope : whether the request fits the discipline and the expertise needed

Clinician availability in the participant's location, for the setting requested

Funding : that the participant holds an NDIS plan that identifies the services, that the services fall within Bloom's registration, and that funds are available in the right budget category

Consent and authority : the participant's agreement, or the authority of their nominee or guardian

Risk : anything that needs managing before a clinician attends

Regulated work : for behaviour support involving restrictive practices, the registration, practitioner and authorisation requirements

Required evidence, communication arrangements and costs are clarified at the same time, so the participant can agree scope, costs and timing before committing.

Coverage and capacity

In-home, community and telehealth options depend on the service and the location. Bloom works across New South Wales, Queensland, South Australia, Tasmania, Victoria, Western Australia and the Australian Capital Territory. Ask about current availability for the specific discipline and suburb rather than relying on a general coverage statement. Find a location .

What to include in a referral

To begin routing, your contact details, the service requested, the participant's postcode or region, the funding pathway and any timing that matters are usually enough. A referral with the details below can usually go straight to triage.

About the participant

name, date of birth and contact details, plus the best person to contact and how

relevant diagnoses and a short summary of functional impact: what the person can and cannot do day to day

risks the team should know before the first visit, such as falls, safety concerns in the home, carer strain, behaviours of concern or swallowing concerns

supports already in place, what is not working, and what has been tried before

About the funding

the NDIS number and plan start and end dates

whether the plan is NDIA-managed, plan-managed or self-managed , because this decides how invoicing works

the plan manager's contact details, where relevant

the participant's NDIS goals relevant to the service

About the service

the discipline or disciplines, and the goal or assessment question

the preferred setting: home, school, community, clinic or telehealth

consent, and the key contacts who can be spoken to

who needs any report, and any genuine deadline such as a plan reassessment date

Documents worth attaching

previous therapy reports, specialist letters and clinical assessments

school reports, where relevant

existing behaviour support plans and any details of regulated restrictive practices

medical history or medication list

current assistive technology or modified-diet recommendations

Keep sensitive records out of general enquiries

Do not put diagnoses, plan numbers or clinical records into a general callback enquiry. Send identifiers and documents through the secure referral process.

The intake sequence, step by step

Referral received and logged. The administration team processes it and collects any outstanding documents from you.

Welcome email and intake form. The participant or their contact receives a link to an online intake form covering age, main concerns, existing reports, medical history and their top three goals. No further step happens until it comes back. If it has not been returned within 24 hours of the welcome email, the operations manager follows up and offers help. This is the step to chase if you want things to move.

Triage and risk assessment. An operations manager reviews the intake form, decides on allocation and assesses risk. Where a risk needs managing, a risk management plan is recorded before anyone attends.

Clinician allocation , based on capacity, clinical interest, location and identified risks, confirmed by email.

Contact within 24 hours of the referral being received: the clinician contacts the participant to introduce themselves and confirm the key details.

Service agreement. Signed by the participant, or their guardian or nominee, and Bloom before any service is delivered or billed. It sets out the supports and how they are delivered, the authorised and allocated hours, fees and payment terms including travel, the cancellation policy, communication and emergency contacts, privacy and consent, and reporting expectations.

Consent form and appointment confirmation , with a reminder the day before.

Initial appointment , where goals and priorities are agreed and an action plan is drafted.

Timeframes

contact within 24 hours of receiving the referral

initial meeting within 5 business days where possible

intake form follow-up within 24 hours if it has not been returned

case notes completed within 24 hours of each clinical activity

The usual cause of delay is an unreturned intake form or an unsigned service agreement, not clinician availability.

Budgeting time and costs

Support coordinators often need to know how much of a budget an assessment or report will use. There is no standard figure. The time depends on the person, the assessment question and the plan, and Bloom confirms it in the service agreement or quote before work begins. Ask for it in writing before the participant commits.

A few things worth knowing when you budget:

Non-face-to-face work is part of the service. Under the NDIS framework, writing notes, preparing for sessions, writing reports, completing assessments and talking with family, support coordinators and other providers are recognised, billable parts of delivering a service. How this applies is set out in the service agreement.

Joint reports are split. Where several disciplines contribute to a report, each bills its own contribution. Reports are billed on time actually taken.

Travel is capped by the NDIS pricing arrangements and set out in the service agreement.

NDIS rates are capped by the NDIS pricing arrangements. Bloom's cancellation position is generally 48 hours' notice, and it varies by funding body. The terms for each participant are in their service agreement.

Communication, consent and reports

Agree who hears what

Communication preferences and report recipients are agreed with the participant or their authorised representative at the start. Clinical information is shared only with appropriate consent or authority, for the agreed purpose and in line with privacy requirements. Being the referrer does not automatically make you a report recipient, so ask for it to be recorded.

Multidisciplinary referrals

You can refer to more than one discipline in the one referral, so triage can allocate together rather than running separate intakes. Each service still needs its own check of clinical suitability, availability, funding and consent, and coordination arrangements are agreed rather than assumed.

Reports

Initial assessment , establishing needs and goals tied to the plan

Functional capacity assessments , written to support the funding level a participant is seeking

Progress reports , a plain-language summary of what therapy achieved over the plan period

Reports for plan reassessment , covering current presentation, functional impact, progress, ongoing risks or unmet needs, and recommendations

Explain who needs the report and any genuine deadline. Acceptance, completion dates and update frequency are agreed. Urgent turnaround is not assumed. A reassessment date discovered late is the most common reason a report is rushed, so put it in the referral.

Participants without an NDIS plan

If the person does not yet have NDIS funding, say so. Bloom's NDIS Access Readiness Package helps gather the evidence needed for an access request. It costs $750 (as at August 2026) and includes a 1-hour consultation, face to face or by video call, and a 1.5-hour brief functional capacity assessment report covering the NDIS eligibility domains, with funding recommendations for a first plan. Confirm current pricing on 1300 771 465 when you book. Applying to the NDIA for a plan is a separate process from referring to Bloom for a service.

Support at Home provider partnerships

Individual service referrals and provider partnerships are different. A contractual partnership with a Support at Home provider has separate commercial and governance requirements. Contact Bloom on 1300 771 465 to discuss that arrangement.

Common questions from support coordinators

Can support coordinators refer to Bloom?

Yes. The referral should reflect the participant's choice and be made with their consent or the appropriate authority. Give the service or assessment purpose, location and funding pathway so Bloom

can check suitability.

What information is needed for an initial enquiry?

Your contact details, the service requested, the participant's postcode or region, the funding pathway and relevant timing are usually enough to begin routing. Send clinical records and identifiers through the secure referral pathway, not a general callback enquiry.

How quickly will someone respond?

A member of the team will be in contact within 24 hours of receiving the referral. Bloom aims to hold the initial meeting within 5 business days where possible, once the intake form is returned and the service agreement signed.

Can you accept multidisciplinary referrals?

Yes, you can refer for more than one discipline at once. Each service needs its own check of clinical suitability, availability, funding and consent. Coordination arrangements are agreed rather than assumed.

How do I check current availability?

Contact Bloom or use the referral pathway with the service and location. Availability changes, so a general service page does not confirm a booking or a wait time.

Which NDIS budget category will the service use?

Most allied health therapy comes from Capacity Building – Improved Daily Living. Positive behaviour support comes from Capacity Building – Improved Relationships. Assistive technology, AAC devices and home modifications come from Capital Supports. The participant's plan statement is the authority.

Will I receive progress updates or a report?

Report recipients and communication are agreed with the participant or their authorised representative. Information is shared according to consent, purpose and privacy requirements. Ask for your role to be recorded at the start.

Why has nothing happened since I referred?

Most often the intake form has not been returned, because no further step proceeds until it is. The next most likely cause is an unsigned service agreement. Call 1300 771 465 and ask which is outstanding.

How many hours should I allow for an assessment?

It depends on the person, the assessment question and the plan, so there is no standard figure. Bloom confirms the expected time in the service agreement or quote before work begins. Ask for it in writing before the participant commits.

Can you refer a participant who is not yet on the NDIS?

Yes. Say so in the referral. Bloom's NDIS Access Readiness Package costs $750 (as at August 2026, so confirm when you book) and helps gather evidence for an access request, and other funding streams can be discussed.

Can a Support at Home provider set up a partnership through this referral pathway?

No. The referral pathway is for individual service enquiries. A contractual Support at Home provider partnership has separate commercial and governance requirements, so contact Bloom on 1300 771 465 to discuss it.

What are Bloom's office hours?

Monday to Thursday 7:30am to 6:00pm, Friday 7:30am to 5:00pm, and Saturday by appointment. Call 1300 771 465 or email hello@bloom-healthcare.com.au.

More for referrers

How to make a referral, and what happens next

Fees, funding streams and billing

Functional capacity assessments

NDIS positive behaviour support

How to get NDIS positive behaviour support funding

Find a location

Can support coordinators refer participants to Bloom Healthcare?

Yes. The referral should reflect the participant's choice and be made with their consent or appropriate authority. The referrer should give the service or assessment purpose, location and funding pathway so Bloom Healthcare can check suitability.

What information should be included in an initial enquiry to Bloom Healthcare?

An initial enquiry should include the referrer's contact details, the service requested, the participant's postcode or region, the funding pathway, and relevant timing. This is usually enough to begin routing. Clinical records and identifiers should be sent through the secure referral pathway, not a general callback enquiry.

How quickly does Bloom Healthcare respond to a referral?

A member of the team will be in contact within 24 hours of receiving the referral. Bloom Healthcare aims to hold the initial meeting within 5 business days where possible, once the intake form is returned and the service agreement is signed.

Can Bloom Healthcare accept referrals for multiple disciplines at once?

Yes, referrers can refer for more than one discipline at once. Each service needs its own check of clinical suitability, availability, funding and consent, and coordination arrangements are agreed rather than assumed.

How can a support coordinator check Bloom Healthcare's current availability?

Support coordinators should contact Bloom Healthcare or use the referral pathway with the service and location specified, since availability changes and a general service page does not confirm a booking or wait time.

Which NDIS budget category covers Bloom Healthcare's services?

Most allied health therapy comes from Capacity Building – Improved Daily Living. Positive behaviour support comes from Capacity Building – Improved Relationships. Assistive technology, AAC devices and home modifications come from Capital Supports. The participant's plan statement is the authority on this.

Will support coordinators receive progress updates or reports from Bloom Healthcare?

Report recipients and communication are agreed with the participant or their authorised representative, and information is shared according to consent, purpose and privacy requirements. Referrers should ask for their role to be recorded at the start.

Why might nothing have happened after a referral was sent to Bloom Healthcare?

Most often the intake form has not been returned, since no further step proceeds until it is. The next most likely cause is an unsigned service agreement. Referrers should call 1300 771 465 to ask which is outstanding.

Can Bloom Healthcare accept a referral for a participant not yet on the NDIS?

Yes. The referrer should say so in the referral. Bloom Healthcare's NDIS Access Readiness Package costs $750 (as at August 2026, to be confirmed when booking) and helps gather evidence for an access request; other funding streams can also be discussed.

Can a Support at Home provider set up a partnership through Bloom Healthcare's referral pathway?

No. The referral pathway is for individual service enquiries only. A contractual Support at Home provider partnership has separate commercial and governance requirements, so providers should contact Bloom Healthcare on 1300 771 465 to discuss it.

What are Bloom Healthcare's office hours?

Bloom Healthcare's office hours are Monday to Thursday 7:30am to 6:00pm, Friday 7:30am to 5:00pm, and Saturday by appointment. Contact is via 1300 771 465 or hello@bloom-healthcare.com.au.

How much time should be allowed for an assessment with Bloom Healthcare?

There is no standard figure, as it depends on the person, the assessment question and the plan. Bloom Healthcare confirms the expected time in the service agreement or quote before work begins, and

referrers should ask for this in writing before the participant commits.