NDIS & Aged Care Support Service Provider | Bloom Healthcare

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

Details:

Bloom Healthcare is an Australian-owned, multidisciplinary allied health provider. It is a registered NDIS provider and an aged care provider, and it delivers therapy in people's homes, schools, workplaces and community settings, and online, rather than mainly from clinics. It works across seven states and territories and covers seven allied health disciplines inside one organisation, so a person with several needs does not have to assemble several providers. To start, call 1300 771 465 , email hello@bloom-healthcare.com.au, or make a referral .

The rest of this page covers the parts that are hardest to work out on your own: which funding system you belong in, which discipline does what, and what actually happens after you make contact.

Who Bloom Healthcare is

Bloom Healthcare was established in 2021. It is Australian-owned and allied-health-professional-owned, and it is registered with the NDIS at certification level, the tier audited against the NDIS Practice Standards by the NDIS Quality and Safeguards Commission. It supports more than 12,000 clients.

Bloom's stated mission is to improve people's lives by delivering quality, inclusive in-home therapy and healthcare. Its four values are people, outcomes, care and life satisfaction. The practical effect is that services come to you, that clinicians from different disciplines sit inside one organisation, and that the approach is evidence-based rather than built around a single method.

Registration matters more than most people realise. Only a registered provider can deliver supports to participants whose NDIS plans are NDIA-managed, and registered providers are audited against national practice standards covering safety, quality and worker screening. If your plan is NDIA-managed, check registration before you sign with anyone.

Which funding system applies to you

Most people arrive at Bloom through one of four routes. Getting the right one at the start saves months.

1. The NDIS. For people with a permanent and significant disability who applied before turning 65. You must be an Australian citizen, permanent resident, or hold a Protected Special Category Visa, and live in Australia. Eligibility turns on how the disability affects everyday functioning, not the diagnosis alone. Two people with the same diagnosis can end up with very different plans.
2. Aged care. For people aged 65 and over, or 50 and over for Aboriginal and Torres Strait Islander people, who need help with daily tasks, mobility, health or wellbeing. Since 1 November 2025 the Australian Government's Support at Home program has replaced the Home Care Packages Program and the Short-Term Restorative Care Programme. The Commonwealth Home Support Programme continues separately as entry-level support.
3. Medicare. For people with a diagnosed mental health condition, or a chronic or complex condition, referred by a GP or other eligible practitioner. This route gives you a rebate on a limited number of sessions per calendar year rather than an ongoing budget.

4. Children's early supports. The NDIS early childhood approach covers children younger than 6 with developmental delay, without needing a formal diagnosis, and children younger than 9 with permanent disability. Separately, Thriving Kids is a new national system of foundational supports for children aged 8 and under with developmental delay or autism and low to moderate support needs. State-based Thriving Kids services are scheduled to begin rolling out from 1 October 2026, reaching full national scale by 1 January 2028, when NDIS access arrangements change for that cohort. Children with permanent and significant disability or high support needs stay with the NDIS.

If you are not sure which one you are in, say so when you call. It is a normal question and the intake team deals with it constantly.

What each service actually does

Bloom delivers seven core disciplines. The hard part for most people is not choosing a provider, it is knowing which discipline to ask for.

Discipline	Choose it when the issue is
Occupational therapy	Daily living tasks, home modifications, assistive technology, sensory needs, executive functioning, functional capacity assessment, driving assessment
Physiotherapy	Pain, injury recovery, post-surgery rehabilitation, mobility and balance, neurological and stroke rehabilitation, falls prevention
Exercise physiology	Building strength and endurance over time, chronic disease management, structured progressive exercise programs
Speech pathology	Communication, language, speech clarity, voice, fluency, literacy, swallowing and feeding safety, communication devices
Psychology and counselling	Mental health, anxiety, low mood, trauma, emotional regulation, adjustment and grief, cognitive assessment
Dietetics	Nutrition support in disability and aged care, and nutrition-related management of health conditions
Positive behaviour support	Understanding behaviours of concern and their causes, changing environments and routines, reducing restrictive practices

Two distinctions people ask about most often:

Physiotherapy or exercise physiology? Physiotherapy is usually the better fit for acute pain, a recent injury or post-operative recovery, and for people who need hands-on or passive techniques. Exercise physiology fits when you need a structured, progressive program that builds capacity, endurance and routine over months. Accredited Exercise Physiologists are university-qualified allied health professionals delivering clinical programs, which is what separates this from a gym or personal training program.

Psychology or positive behaviour support? Psychology treats mental health and emotional wellbeing. Positive behaviour support focuses on why a behaviour is happening and changes the environment, routines and the skills of the people around the person. They are often used together.

Bloom also provides specialised services including occupational therapy driving assessments, workplace rehabilitation with functional capacity assessments, home modifications, assistive technology recommendations, cognitive assessments, and NDIS-registered assessments for neurodivergent people including autism and ADHD across all ages.

Who Bloom supports

Support spans the lifespan, from early childhood through to older Australians. That includes children with developmental delay, autistic children and adults, people with intellectual disability, people with physical disability, people with acquired brain injury or spinal cord injury, people with psychosocial disability, stroke survivors, people managing chronic conditions, and older people wanting to stay living at home. Paediatric services are split into 0 to 9 and 10 to 17 age bands because what a young child needs and what a teenager needs are genuinely different.

Where Bloom works

Bloom operates across seven states and territories: New South Wales, Queensland, Victoria, South Australia, Western Australia, Tasmania and the Australian Capital Territory. Coverage includes metropolitan, regional and remote areas, with telehealth extending reach where in-person travel is not practical.

Coverage in any particular town depends on whether a clinician with the right discipline works near you, so check the location guide or call 1300 771 465 rather than assuming. State pages: New South Wales , South East Queensland , Victoria , South Australia , Western Australia , Tasmania .

How support is delivered

The primary delivery method is in-home and community-based therapy. That is a clinical choice as much as a convenience one.

At home, a physiotherapist sees the real transfers, the real steps and the real falls risk. An occupational therapist assesses the actual bathroom or kitchen causing the problem.

At school, a therapist can work with teachers on classroom participation, social skills and task completion, in the setting where the difficulty shows up.

In the community, a walking program can be built around real destinations, and community participation goals can be practised where they are lived.

By telehealth, sessions run by video or phone where it is clinically appropriate. This suits people in remote areas, people with tight schedules, and anyone wanting to avoid travel costs against their plan.

Many people use a mix: in-person visits, some telehealth, and a written home program that a carer or family member runs between sessions with therapist guidance. Clinic appointments are considered case by case, so ask if that suits you better.

What NDIS funding pays for allied health

An NDIS plan has three budget types. Core supports fund everyday assistance and can cover some allied health where it directly supports daily functioning. Capacity building supports fund skill development, and this is where most therapy sits. Capital supports fund equipment, assistive technology, and home and vehicle modifications.

Within capacity building, the subcategory Improved Daily Living is the usual home for occupational therapy, physiotherapy, psychology, speech pathology and dietetics. It funds assessment, training and

therapy aimed at increasing skills, independence and community participation.

Everything the NDIS funds must be reasonable and necessary . For therapy that means it has to address the functional impact of your disability, contribute to your capacity in daily activities, support participation in community, work, education or social life, and suit your individual circumstances and goals. The test is about improving, maintaining, or slowing decline in functional capacity.

How much sits in your plan, and which categories, is specific to you. Read your plan, or ask your plan manager or support coordinator. Bloom's intake team on 1300 771 465 can explain how services would be claimed under it.

What aged care funding pays for

Under Support at Home, services fall into three groups. Clinical supports , which include physiotherapy and nursing, are fully funded by the government. Independence services and everyday living services may require a contribution depending on your circumstances. A "no worse off" principle protects people who were receiving, waiting for, or assessed as eligible for a Home Care Package on or before 12 September 2024, so they should pay the same or less than under the old program.

To start, register with My Aged Care at myagedcare.gov.au or on 1800 200 422 , get assessed by an Aged Care Assessment Team or Regional Assessment Service, then choose a provider and name the allied health you want at your planning meeting.

What Medicare pays for

Under the Better Access initiative, a person with a clinically diagnosed mental disorder and a referral from a GP, prescribed medical practitioner, psychiatrist or paediatrician can access up to 10 individual and 10 group therapy sessions per calendar year, with the count resetting on 1 January. Referrals are usually written in blocks of up to 6 sessions, then up to 4 more. Telehealth is a permanent part of Better Access and attracts the same rebate as in-person sessions. From 1 November 2025, Mental Health Treatment Plan preparation, referrals and reviews are linked to your MyMedicare-registered practice or your usual medical practitioner, with exceptions for direct psychiatrist or paediatrician referrals.

A separate pathway, the GP Chronic Condition Management Plan , funds up to 5 individual allied health services per calendar year, or up to 10 for Aboriginal and Torres Strait Islander patients. Eligible professions include dietitians, exercise physiologists, occupational therapists, physiotherapists, psychologists and speech pathologists. Patients with a GP management plan or team care arrangement made before 1 July 2025 can keep using it until 30 June 2027.

Medicare pays a set rebate, not the whole fee, so a gap payment usually applies. Check the current rebate with Services Australia and ask Bloom what the fee will be before you book. See Medicare psychology support for more.

How to start, step by step

Referrals are accepted from participants, families, nominees, guardians, support coordinators, plan managers, GPs and other health professionals.

Have ready: the person's age and contact details, the main concerns and functional difficulties, any existing clinical reports or medical history, the top three goals, the NDIS number if there is one, and a preferred location for sessions. If you are referring as a nominee or guardian, be clear about your role.

What happens next:

The referral is triaged so it reaches a clinician with the right discipline and coverage area.

A team member contacts you within 24 hours. A primary clinician also makes contact and becomes your main point of contact.

A welcome pack arrives with an intake form to complete before the first meeting. It feeds your action plan and starts the risk assessment.

A risk management plan is completed before services begin.

A service agreement is signed, setting out the services, the agreed hours and tasks, how they are funded, and the responsibilities on both sides.

The first appointment is an assessment and a goal-setting conversation aligned to the goals in your plan.

Office hours are Monday to Thursday 7:30 am to 6:00 pm, Friday 7:30 am to 5:00 pm, and Saturday by appointment.

Fees, travel and cancellation

What you pay, how clinician travel is charged, and the notice period for changing an appointment are all set out in your service agreement, within the limits of the NDIS Pricing Arrangements and Price Limits for NDIS participants. Ask for these in writing before you sign, or call 1300 771 465. Rates quoted on other websites are not Bloom's. See pricing for Bloom's published information.

One thing worth knowing in advance: when a clinician travels to you, that travel is charged against your plan within the caps the NDIS sets, and the cap is higher for regional locations than metropolitan ones. Telehealth carries no travel cost, so a mixed model can stretch a plan further.

Common questions about Bloom Healthcare

Do I need an NDIS plan to be seen?

No. Bloom works with NDIS participants, aged care clients under Support at Home, and people referred under Medicare. If you have none of these yet, call 1300 771 465 and ask which pathway fits your situation.

Do I need a diagnosis?

Not always. NDIS eligibility rests on the functional impact of a permanent disability, and for children under 6 developmental delay is enough on its own. Many Thriving Kids services are also expected to be available without a formal diagnosis. Medicare's Better Access pathway does require a clinically diagnosed mental disorder and a referral.

Can I use Bloom if my plan is self-managed or plan-managed?

Yes, and NDIA-managed too. Self-managed participants can use any suitable provider, pay the invoice and claim it back. Plan managers pay invoices on your behalf. NDIA-managed participants must use registered providers, and Bloom is registered.

Who can make a referral?

You can refer yourself. Families, nominees, guardians, support coordinators, plan managers, GPs and other health professionals can also refer.

How quickly will someone contact me?

A team member contacts you within 24 hours of the referral. When your first appointment happens depends on the discipline you need and clinician availability in your area.

Can I see the same therapist each time?

Continuity with one therapist over time is part of how Bloom is set up to work, because familiarity makes therapy more effective. Ask the intake team what is possible for your discipline and area.

What is the difference between the NDIS and aged care?

The NDIS is for people with permanent, significant disability who applied before 65, entered through the NDIA on 1800 800 110. Aged care is for people 65 and over, or 50 and over for Aboriginal and Torres Strait Islander people, entered through My Aged Care on 1800 200 422. If you already have an NDIS plan when you turn 65, you are not automatically moved across. Check with your planner.

What do I get in writing?

Assessment reports and therapy progress reports. A functional capacity assessment covers physical ability, cognition and emotional functioning, communication, self-care, mobility, daily living tasks, social and community participation, and work and leisure, and sets out findings, support needs and recommendations tied to your goals. These reports are the evidence the NDIA looks at when deciding whether your funded supports are still reasonable and necessary at a plan reassessment.

Can therapy happen at my child's school?

Yes. School and day program sessions are a normal part of community delivery, and the therapist can work with teachers and families directly.

What if I live in a regional or remote area?

Tell the intake team where you are. Coverage depends on clinician availability near you, and telehealth is available where in-person visits are not practical.

How do I complain or raise a concern?

Raise it with your clinician or the intake team on 1300 771 465 first. As a registered NDIS provider Bloom is also accountable to the NDIS Quality and Safeguards Commission, which handles complaints about registered providers independently.

How do I start?

Call 1300 771 465 , email hello@bloom-healthcare.com.au, use contact us , or make a referral online.

Information on this page about NDIS eligibility and budgets, Medicare items, Thriving Kids and aged care programs comes from the National Disability Insurance Agency, Services Australia, the Australian Government's Thriving Kids material and My Aged Care. Program rules change, and several of the changes above take effect in 2026, 2027 and 2028. Confirm anything that affects a funding decision with your planner, your GP, or Bloom on 1300 771 465.

What is Bloom Healthcare?

Bloom Healthcare is a trusted, Australian-owned allied health service provider and registered National Disability Insurance Scheme (NDIS) provider that delivers comprehensive multidisciplinary healthcare services, including NDIS and aged care support, across Australia.

What allied health services does Bloom Healthcare provide?

Bloom Healthcare delivers occupational therapy, physiotherapy, speech pathology, psychology and counselling, exercise physiology, dietetics, and positive behaviour support.

Where does Bloom Healthcare operate?

Bloom Healthcare operates across seven Australian states and territories: New South Wales, Victoria, Queensland, Western Australia, South Australia, Tasmania, and the Australian Capital Territory.

In what settings does Bloom Healthcare deliver its services?

Bloom Healthcare uses a flexible, mobile-first service model, delivering care through in-home visits, community-based sessions, residential aged care facilities, telehealth consultations, and clinic facilities available on a case-by-case basis.

How can someone contact Bloom Healthcare?

Bloom Healthcare can be contacted by phone at 1300 771 465.

What is Bloom Healthcare's mission?

Bloom Healthcare's mission is to be a progressive, client-centric provider that improves lives by delivering quality and inclusive in-home therapy and healthcare, promoting inclusion and empowering people with disabilities to make informed decisions.

Who is eligible for Bloom Healthcare's services and which funding covers them?

Bloom Healthcare serves people eligible under NDIS and aged care funding, as it is a registered NDIS provider delivering allied health and support services funded through these schemes.

Does Bloom Healthcare serve both NDIS participants and aged care clients?

Yes, Bloom Healthcare is described as an NDIS and aged care support service provider, delivering occupational therapy, physiotherapy, speech pathology, psychology and counselling, exercise physiology, dietetics, and positive behaviour support to both groups.