Victoria NDIS Services | Healthcare Support | Bloom Healthcare

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

Details:

Bloom Healthcare delivers mobile allied health across Melbourne and into regional Victoria, with clinicians travelling to your home, school, day program or community setting rather than working from a clinic. Telehealth is offered for people outside the main face-to-face zones. The hardest part for most Victorian participants is not finding a therapist, it is turning a plan into results and making the funding last the whole plan period. That is what this page is about. Call 1300 771 465 or email hello@bloom-healthcare.com.au to check your suburb.

Where Bloom works in Victoria

Face-to-face support is provided from these Victorian hubs:

Melbourne

Box Hill

Cheltenham

Glen Waverley

Frankston

Dandenong

Craigieburn

Melton

Werribee

Geelong

Those cover a fair spread of the metropolitan area, from the inner city out through the eastern suburbs, down the bay to Frankston, and across the northern and western growth corridors at Craigieburn, Melton and Werribee. Geelong is the regional listing, where occupational therapy services began in July 2025.

If you live outside these zones, telehealth consultations are offered so you can still get support from home. And if your suburb is not named but is near one that is, ring 1300 771 465 with your postcode. Coverage works as a travel radius around where clinicians are based, and availability differs by discipline, so ask about the specific service you want rather than about Bloom in general. That applies to Geelong in particular: confirm which disciplines are currently available there.

There are no clinic addresses on this page. Delivery is in-home and community-based, with clinic-based appointments offered case by case.

What is available in Victoria

The Victorian service list covers occupational therapy, speech pathology, physiotherapy, exercise physiology, psychology and counselling, dietetics, and positive behaviour support, alongside Functional Capacity Assessments , home modifications and assistive technology recommendations .

On plan management, the Victoria page states that Bloom works with plan-managed and self-managed participants. If your plan is NDIA-managed, ring 1300 771 465 and confirm the arrangement before you book, rather than assuming.

Putting your plan into action

Assessment and goal setting

Implementation starts with the provider gathering your needs, priorities and strengths, and covering the practical ground: the service agreement, consent and privacy, and how billing and funding will work. You then set SMART goals together, meaning specific, measurable, attainable, relevant and time-bound. Good goals describe activities you want to do, interactions you want to have, or skills you want to build.

What therapy actually looks like

What happens next depends on your current skills, the best setting for learning that particular skill, your and your family's preferences on place and time, and the funding in your plan.

Therapy has two halves and both use funding:

Direct supports : the sessions and meetings with you and your family

Indirect supports : preparation, notes, communication with schools and other services, report writing, and collaboration with other professionals

Much of the work happens through meaningful play, daily routines and functional tasks, and strategies are applied across settings so a skill learned in one place carries over to another. For school-aged children that can include preparing for the school environment, transition planning and liaising with the school.

Review

Expect formal reviews of therapy progress every 3 to 6 months . Achieved goals can be replaced with new ones; goals that are no longer a priority can be paused or dropped. Before your plan ends, the provider repeats the initial assessments and can write a progress report summarising outcomes and recommending what should come next.

Making the funding last

Six things that make a measurable difference:

Write goals about function, not diagnosis. Not "improve mobility" but "walk to the local shop and back with one rest". Practical goals are easier to measure and easier to defend at a plan reassessment.

Agree a minimum effective home program. A short plan done consistently beats an ambitious one you abandon. A reasonable starting point is three exercises, ten minutes, four days a week, then build from there. The work you do between paid sessions is what stretches the budget.

Pace it. If a session wipes out the rest of your day, the plan needs adjusting. Therapy should make life more doable, not more fragile.

Ask how progress will be measured. Ask at the start what success looks like in 8 to 12 weeks and how it will be tracked in real-life function rather than only in-session performance. Without measures, a plan reassessment is much harder to argue.

Check the support is in the right budget line. Therapy is primarily funded under Capacity Building, Improved Daily Living , which covers assessment, training and therapy to increase skills, independence and community participation.

Collect evidence as you go. Document current difficulties, the risks, the assistance you need and what happens without support. That is the material a reassessment runs on.

What the NDIS will not fund

The NDIS cannot fund supports that are another government system's responsibility. In practice the line is drawn on purpose:

Recovery from something like surgery is usually a mainstream health responsibility, commonly through Medicare.

Ongoing impact of a permanent disability, where the support meets the NDIS criteria, may be funded by the NDIS.

For mental health specifically, NDIS funding cannot be used for treating or stabilising symptoms. Medicare covers clinical mental health treatment; the NDIS covers disability-related supports that build or maintain functional capacity and participation. Many people use both for different purposes. The rule is that one session cannot be claimed twice, so each service uses one pathway.

Everything the NDIS does fund has to meet the reasonable and necessary test, meaning the support addresses the functional impact of your disability and helps you improve, maintain or slow decline in function so you can take part in daily life, work, study and community.

Speech pathology in detail

Speech pathology under the NDIS covers communication and swallowing support needs, including spoken, non-spoken and signed communication, and the use of symbols and augmentative and alternative communication.

An assessment typically looks at receptive and expressive language, speech clarity and whether other people can reliably understand you day to day, social communication such as turn-taking and reading cues, voice and fluency including stuttering where relevant, literacy-related skills such as reading, writing, spelling and phonological awareness, and feeding and swallowing where that is a concern.

How it is done: a case history and functional interview, observation in real communication moments with familiar people at home, school, work or mealtimes, standardised and informal tools, and an environmental scan looking at noise, time pressure, sensory load, unfamiliar communication partners, device access and routines. Where speech is not reliable, the assessment covers AAC : what you need to communicate, which access method works (touch, switch, eye gaze, partner-assisted scanning), trialling systems, and training both you and the people you talk to. AAC ranges from low-tech options such as visual supports and Key Word Sign through to communication apps and dedicated devices.

Assessments commonly run 30 to 60 minutes, sometimes longer, and may be spread over several appointments where standardised testing and AAC trials are involved.

For swallowing, the process usually includes case history, a physical examination of the mouth and throat muscles, and observing eating and drinking with different foods and fluids. The output is often a Mealtime Management Plan covering diet modification, positioning, strengthening exercises and swallowing strategies, developed with families and carers and often alongside a dietitian.

Dietetics in detail

Dietitian support under the NDIS is for nutrition problems that come from disability and affect daily living, health and participation. It can cover meal planning and nutrition guidance, help following the plan, practical support with planning, shopping and preparing meals, specialised nutrition management for conditions such as diabetes, gastrointestinal disorders, food allergies, coeliac disease and heart disease, texture-modified diets and enteral feeding management alongside a speech pathologist, malnutrition and hydration risk, weight change caused by medication, reduced mobility or fatigue, and independent living skills such as budgeting for food, food safety and managing intake around medication.

It is a strong fit when meal planning is not happening reliably, when a child's restricted eating is affecting growth or participation, when mealtimes are hard for sensory or behavioural reasons, when support workers need a clear plan to follow, or when you need evidence of functional impact ahead of a reassessment.

Funding sits under Capacity Building, usually Improved Daily Living for skills such as cooking, shopping and mealtime management, or Improved Health and Wellbeing for nutrition education and health-related eating support. Only Accredited Practising Dietitians registered with Dietitians Australia can deliver claimable NDIS dietitian services. Delivery can be by telehealth, home visit or face-to-face appointment.

Fees, travel and cancellations

Rates, allocated hours for therapy, reports and travel, invoicing, and cancellation and rescheduling terms are set out in the written service agreement you sign before services begin, in line with the NDIS Pricing Arrangements and Price Limits . Ask for the current terms on 1300 771 465 before you sign. Note that indirect supports such as report writing and school liaison also draw on your funding, so ask how those are allocated at the start.

Older Victorians: aged care, not the NDIS

Support at Home is the aged care program for people aged 65 and over , or 50 and over for Aboriginal and Torres Strait Islander people . The NDIS is the program for people under 65 with disability. Access to aged care starts with My Aged Care and an aged care assessment, after which you receive a support plan and choose your providers.

Support at Home uses eight ongoing funding classifications based on assessed need, with services grouped into Clinical Supports (which includes allied health and is fully government-funded), Independence Services and Everyday Living Services , where contributions may apply depending on your financial circumstances.

One point that causes a lot of worry needlessly: turning 65 does not automatically move you off the NDIS . Existing participants keep receiving NDIS-funded services under their plan arrangements. Talk to your planner or support coordinator about your own circumstances. Start at aged care or call 1300 771 465.

Common questions about NDIS therapy in Victoria

Which Victorian suburbs do you cover?

Face-to-face support runs from Melbourne, Box Hill, Cheltenham, Glen Waverley, Frankston, Dandenong, Craigieburn, Melton, Werribee and Geelong. If you are outside those zones, telehealth consultations are offered. Ring 1300 771 465 with your postcode to check.

Do you work in Geelong and regional Victoria?

Geelong is listed, with occupational therapy services from July 2025. Confirm which other disciplines are currently available there on 1300 771 465 before planning around them.

Is there a clinic I can attend in Melbourne?

Delivery is primarily in-home and community-based. Clinic-based services are offered on a case-by-case basis, so raise it at enquiry.

Will you work with my plan manager?

The Victoria page states Bloom works with plan-managed and self-managed participants. If your plan is NDIA-managed, confirm the arrangement on 1300 771 465 before booking.

Which part of my plan pays for therapy?

Therapy is primarily funded under Capacity Building, Improved Daily Living. Dietetics may sit under Improved Daily Living or Improved Health and Wellbeing depending on the goal. Assistive technology and home modifications are funded separately. Your own plan is the authority, so check with your plan manager or planner if you are unsure.

Does report writing come out of my funding?

Therapy includes both direct supports, meaning your sessions, and indirect supports such as preparation, notes, school and service liaison, report writing and collaboration with other professionals. Ask at the start how hours are allocated between the two so there are no surprises later in the plan.

How often will progress be reviewed?

Formal reviews of therapy progress typically happen every 3 to 6 months, with a fuller review before your plan ends using the same assessments from the start so progress can be compared.

How do I make my funding last the whole plan?

Write goals about real activities rather than diagnoses, agree a short home program you will actually do, pace yourself so sessions do not wipe out your day, ask up front how progress will be measured, make sure supports are drawn from the right budget line, and collect evidence of functional impact as you go.

Can I use Medicare and the NDIS at the same time?

Yes, for different purposes. Medicare covers clinical mental health treatment; the NDIS covers disability-related capacity building. The same session cannot be claimed twice.

My child is not talking. What happens at a speech assessment?

Expect a case history and functional interview, observation of real communication with familiar people, standardised and informal testing, and a look at environmental barriers. Where speech is unreliable, the assessment moves to AAC: what needs to be communicated, which access method works, trialling

systems and training everyone who talks with your child.

Can a dietitian help with my child's restricted eating?

Dietitian support under the NDIS covers restricted eating that affects growth, energy or participation, along with mealtime difficulties driven by sensory, behavioural or routine factors. Claimable NDIS dietitian services must be delivered by an Accredited Practising Dietitian registered with Dietitians Australia.

I am turning 65 and I am already an NDIS participant. Do I lose my plan?

Turning 65 does not automatically transfer you to Support at Home. Existing participants continue receiving NDIS-funded services. Discuss your own situation with your planner or support coordinator.

How do I get started?

Call 1300 771 465 , email hello@bloom-healthcare.com.au , or use the referral form or contact page . Service hours are Monday to Thursday 7:30am to 6:00pm, Friday 7:30am to 5:00pm, and Saturday by appointment.

What areas does Bloom Healthcare service in Victoria?

Bloom Healthcare operates throughout Victoria, covering Greater Melbourne areas including Box Hill, Craigieburn, Cheltenham, Frankston, Glen Waverley, Melbourne, Melton, and Werribee, as well as regional Victoria, specifically Geelong.

What NDIS and allied health services does Bloom Healthcare provide in Victoria?

Bloom Healthcare offers Occupational Therapy, Speech Pathology, Physiotherapy, Exercise Physiology, Psychology, Dietetics, and Positive Behaviour Support across its Victorian service areas.

How does Bloom Healthcare deliver its services in Victoria?

Bloom Healthcare's primary service delivery model in Victoria is mobile and community-based, with clinicians travelling to clients' homes, schools, day programs, and community settings. Telehealth consultations are also available for those outside the primary service zones.

How can someone contact Bloom Healthcare about Victoria services?

Bloom Healthcare can be contacted at 1300 771 465 or via email at hello@bloom-healthcare.com.au.

What are Bloom Healthcare's operating hours?

Bloom Healthcare operates Monday–Thursday 7:30 AM – 6:00 PM, Friday 7:30 AM – 5:00 PM, and Saturday by appointment.

What topics does the Bloom Healthcare Victoria page cover?

The page covers Melbourne and Victorian suburbs that Bloom Healthcare serves, how to implement an NDIS plan, how to make therapy funding last, what the NDIS will not fund, and aged care.