Aged Care Innovation & Technology | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/aged-care/aged-care-innovation-technology/

Details:

Most of what gets called innovation in aged care comes down to three practical things: equipment that makes a task possible , changes to the house that make it safe , and being able to see a clinician without leaving home . Under Support at Home , equipment and home changes are funded through the Assistive Technology and Home Modifications (AT-HM) scheme , one of three short-term pathways in the program. Occupational therapists and physiotherapists are the professionals who assess what you need and recommend it.

Access starts with an aged care assessment through My Aged Care on 1800 200 422 . To talk to Bloom, call 1300 771 465 , make a referral or contact us .

How the AT-HM scheme works

The AT-HM scheme became operational on 1 November 2025 , when Support at Home replaced the Home Care Packages Program and the Short-Term Restorative Care Programme. It sits alongside the Restorative Care Pathway and the End-of-Life Pathway as one of the three short-term pathways.

The path from a problem in your house to equipment in your house looks like this:

Aged care assessment through My Aged Care. This determines your eligibility and your care needs. Call 1800 200 422 or start at myagedcare.gov.au.

Support plan. Once approved for Support at Home, you receive a plan setting out your approved services and funding.

Choose a provider to deliver the services.

Service agreement , which sets out the terms and any financial arrangements before anything starts.

Clinical assessment and implementation. A qualified occupational therapist or physiotherapist assesses what you need, recommends it, and provides instruction on using it safely.

Support at Home uses flexible quarterly budgets that can be adjusted as your circumstances change, rather than the fixed package levels that came before. The Single Assessment System also means you are not reassessed every time you move between support levels.

One important point on cost: the Australian Government fully funds Clinical Supports, which includes the allied health assessment itself. Contributions under Support at Home apply to Independence Services and Everyday Living Services. What you may contribute toward specific equipment or building work depends on your assessed circumstances, and My Aged Care is the place to confirm that. Do not take a number from a website, including this one.

What the AT-HM scheme covers

Based on the published scope of the scheme, the range includes:

Mobility and access

ramps

grab rails and handrails

mobility aids and walkers

standing frames

stairlifts

Daily living equipment

bathroom safety modifications and specialised bathroom equipment

adaptive beds and seating

Communication and sensory support

hearing aids and cochlear implants

Smart home technology

smart home devices that support independence and safety tracking

Adaptive equipment

adaptive eating equipment

Environmental modification

physical alterations to the home that improve safety, accessibility and independence, including furniture reorganisation

Assistive technology is generally categorised into low, mid and high cost tiers to help allocate funding appropriately. Where a specific item you want sits, and what that means for your budget, is a question for your assessing clinician and My Aged Care rather than something to guess at.

What an occupational therapist checks in your home

A home safety assessment is a walk through your actual house, not a questionnaire. The clinician looks at:

The general environment. Walkways and clutter, lighting, furniture arrangement, trip hazards such as loose rugs and uneven flooring. Typical recommendations are removing loose rugs, adding grab rails and improving lighting.

The bathroom , which combines water, slippery surfaces and the need for balance during personal care. That means flooring and whether non-slip surfaces are needed, transfer safety at the toilet and in the shower, where grab rails should actually go, and whether lighting is adequate.

The bedroom. Bed height and whether you can get on and off it safely, the pathway from the bed to the bathroom at night, and whether doorways and exits are clear.

The recommendations that come out of this are practical rather than theoretical, and they are developed with you, your family and your carers, because equipment nobody will use is wasted equipment.

Home modification assessments take time

A home modification assessment is not a single visit. It typically involves site visits and obtaining quotes with builders, and the number of hours involved varies with the complexity of the job. Your clinician will tell you what is proposed for your situation, and the hours and any charges are set out in your service agreement before work begins.

The equipment Bloom's clinicians assess and prescribe

The origin page above lists the service set. Here is what each of those items is actually for.

Beds and mattresses. Assessed for appropriate height for safe transfers, support for positioning and mobility, pressure reduction for people at risk of pressure injuries, and general comfort and accessibility. Pressure reduction mattresses are an example of mid-cost assistive technology.

Hoists and slings. For people with significant mobility limitations or transfer difficulties. The assessment covers whether the equipment suits your functional capacity, whether it can be installed and used in your home, and what training you and your carers need to use it safely.

Shower and commode chairs. Assessed for the right type, height and features for safe bathing, whether a commode is needed for toilet access, and where equipment should be positioned so it can be used independently. The point is reducing falls risk while preserving dignity.

Pressure care. Assessment of your ability to move and reposition yourself, whether pressure relief equipment is needed, and whether your seating supports comfort and prevents pressure injuries.

Grab rails and accessibility features. Placement matters more than quantity. My Aged Care lists grab rails, ramps and handrails among approved assistive technology and home modification examples.

Cognitive assessments. Used to measure cognitive function, memory and mental capability. In aged care these help identify dementia-related concerns, inform rehabilitation strategies, support goal setting, and shape a care plan around the person's specific cognitive needs.

Functional capacity evaluations. A structured assessment of the ability to perform everyday tasks and the level of support required, covering physical ability and mobility, cognitive and emotional functioning, communication, self-care, and social and community participation. These inform decisions about the type and level of support needed. They can be conducted at home, in a community setting, or by telehealth, and they produce a written report with findings and recommendations.

A note on SDA, SIL and ILO assessments. These are NDIS housing and living supports, not aged care programs. If you are over 65 and looking at your accommodation options, the relevant pathway is aged care rather than these, and My Aged Care is the place to start. If you are an NDIS participant, these assessments apply to you through your NDIS plan instead.

Communication technology

This is the part of assistive technology that gets forgotten, and it changes lives quietly.

Augmentative and alternative communication (AAC). For people whose speech is limited, unreliable or absent, including after stroke or with Parkinson's disease, dementia or motor neurone disease. Low-tech options include visual supports and Key Word Sign. High-tech options include communication apps and dedicated devices. Speech pathologists assess the need, introduce the system, and train the person and the people around them. Bloom offers AAC device trialling, so a device can be tested before it is committed to.

Speech-generating devices range from simple picture boards to advanced electronic systems. AAC is supported through both aged care funding and the NDIS, and services are delivered by university-trained speech pathologists registered with Speech Pathology Australia.

Hearing aids. Age-related hearing loss is common and untreated hearing loss is linked with social isolation, depression and cognitive decline. Hearing aids and cochlear implants appear in the AT-HM scope, and audiologists provide the assessment and fitting.

See aged care speech pathology for the wider communication and swallowing service.

Smart home devices, wearables and monitoring

Smart home devices let people control lighting, temperature, security and other parts of the home environment by voice or through a phone or tablet, which removes small physical barriers that add up across a day. They appear in the AT-HM scope as devices that support independence and safety

tracking.

Falls prevention technology covers equipment and systems designed to reduce falls risk and improve safety. It works alongside, not instead of, home modifications and clinical support. Falls risk is reduced through a combination of physiotherapy, home modifications and assistive technology, and no single device does the job on its own.

Wearable devices monitor health and can alert someone if help is needed. In therapy they are also used to track physiotherapy progress and help maintain motivation in a home exercise program. Mobility trackers monitor movement and physical activity.

Remote monitoring allows a clinician to track health status from a distance, which matters most for people with mobility limitations or in remote areas, because it means fewer gaps between visits.

What is worth being clear about: technology supplements care, it does not replace the clinician who assesses whether it is the right thing for you. A monitoring device does not make a hazardous bathroom safe.

Telehealth

Telehealth is delivered through a secure video platform and is available across Bloom's allied health disciplines, including physiotherapy, occupational therapy, speech pathology, exercise physiology, psychology, counselling and dietetics.

Where it works well. Exercise programs and coaching, home program updates, regular check-ins, communication and swallowing support, nutrition consultations, and psychological support. It removes travel entirely, which matters if getting to an appointment is the hardest part of the appointment. It suits regional and remote locations, and it keeps care going when in-person visits are not possible.

What you need. A device with a camera and microphone, such as a laptop, tablet or phone. A stable internet connection. A quiet, private, well-lit space where the clinician can see you clearly. If you have not used video calls before, ask for a practice call first; most people find it straightforward after one go.

Where it does not replace an in-person visit. Anything where the physical environment is the thing being assessed. A home safety assessment, an equipment fitting, a hoist or sling trial, or a transfer assessment needs someone in the room. Suitability depends on your goals and what is being assessed, and your clinician will tell you when in-person is required. Many people use a mix of both.

How this connects to the rest of your care

Equipment on its own rarely solves the problem. The strongest results come from pairing it with therapy:

Aged care occupational therapy for home safety, equipment and daily tasks

Aged care physiotherapy for pain, mobility and transfers

Aged care exercise physiology for strength, balance and falls prevention over time

Aged care speech pathology for communication and swallowing

Aged care psychology and counselling for mood, confidence and adjusting to change

A stronger person in a hazardous house is still at risk, and a well-equipped house does not help someone who cannot safely stand up. Both halves matter.

There is also a plain English guide to occupational therapy you can download .

Common questions about assistive technology and telehealth in aged care

Who pays for equipment and home modifications?

For eligible older Australians, equipment and home modifications are funded through the Assistive Technology and Home Modifications scheme under Support at Home. The Australian Government fully funds Clinical Supports, which includes the allied health assessment. What you may contribute toward particular items depends on your assessed circumstances, and My Aged Care on 1800 200 422 can confirm that for you.

Is this NDIS assistive technology?

No. This page is about aged care. Assistive technology under the NDIS is a separate scheme with its own rules, primarily for people under 65 with a permanent and significant disability. Aged care equipment is funded through aged care programs, principally the AT-HM pathway under Support at Home.

Who assesses what equipment I need?

Occupational therapists and physiotherapists are the primary professionals who assess assistive technology and home modification needs, recommend appropriate devices and modifications, and provide instruction on using them safely. Speech pathologists assess communication technology, and audiologists assess hearing.

Can I just buy the equipment myself?

You can buy things privately, but funded equipment goes through an assessment and approval process, and the assessment exists for a reason. The wrong shower chair height or the wrong grab rail position can create the hazard it was meant to remove. If you are considering buying something yourself, it is worth asking a clinician first.

How long does it take?

That depends on the assessment queue, the complexity of what is recommended, and, for building work, on quotes and trades. Home modification assessments involve site visits and obtaining quotes with builders, and the hours vary with complexity. Ask your clinician for a realistic timeline for your specific situation rather than a general one.

What is the AT-HM scheme?

The Assistive Technology and Home Modifications scheme is one of three short-term pathways under Support at Home, alongside the Restorative Care Pathway and the End-of-Life Pathway. It funds approved equipment and home changes that support independence and safety at home. It started on 1 November 2025.

Do I need a new assessment every time my needs change?

The Single Assessment System under Support at Home removes the need for reassessment when you move between different support levels, and quarterly budgets can be adjusted as circumstances change. A clinical reassessment may still be needed for a specific new piece of equipment.

Can I have therapy by video call?

Yes, across Bloom's allied health disciplines, through a secure video platform. It works well for exercise programs, coaching, check-ins and consultations. It does not replace an in-person visit where your home environment, an equipment fitting or a transfer is what needs assessing.

I am not confident with technology. Is telehealth realistic for me?

For many people yes, after one practice call. You need a device with a camera, an internet connection and a quiet, private, well-lit space. Say when you book that you would like a practice call first, and ask a family member to sit in the first time if that helps.

Will a personal alarm or monitor keep me safe?

Wearable devices can monitor health and alert someone if you need help, and monitoring systems let a clinician track your status from a distance. They are one part of falls management, not the whole of it. Reducing falls risk needs the strength and balance work, the home hazards addressed, and the clinical support alongside any device.

Can you help with a bed, hoist or shower chair specifically?

Yes. Beds and mattresses, hoist and sling assessment, and shower and commode chair prescription are all part of the service, assessed by an occupational therapist against your functional capacity and your home, with training for you and your carers on safe use.

What about communication devices?

Speech pathologists assess augmentative and alternative communication needs, from low-tech visual supports and Key Word Sign through to communication apps and dedicated speech-generating devices, and Bloom offers AAC device trialling so options can be tested before a decision is made.

Where do I start?

If you have not had an aged care assessment, call My Aged Care on 1800 200 422 . If you are already approved, call Bloom on 1300 771 465 , make a referral or contact us , and describe what is going wrong at home. You can also find a location near you .

What does Bloom Healthcare's page on Aged Care Innovation and Technology cover?

The page covers Bloom Healthcare's innovation and care delivery model, which offers personalised, efficient, and effective aged care services designed to meet the unique needs of the elderly.

What is aged care innovation and technology?

Aged care innovation and technology refers to modern tools, equipment, and digital solutions that support seniors in maintaining their independence and well-being, integrating technology into traditional allied health services to deliver more effective care.

What are assistive technology assessments in aged care?

Assistive technology assessments involve qualified professionals assessing individual needs and recommending appropriate assistive devices, including mobility aids, wheelchairs, communication devices, and adaptive equipment that enable seniors to perform daily activities safely and independently.

What smart home and falls prevention technologies are used in aged care innovation?

Innovation in aged care includes smart home systems that can be controlled through voice commands or mobile applications, allowing older adults to manage their home environment with ease, as well as falls prevention technology and equipment systems designed to reduce fall risk and enhance safety for older adults.

How does remote monitoring and telehealth support aged care clients?

Technology enables remote monitoring of client health status and allows seniors to access healthcare services—including aged care physiotherapy, speech pathology, and counselling—from the comfort of their homes through telehealth consultations.

What is Bloom Healthcare's contact information?

Bloom Healthcare can be reached by phone at 1300 771 465 or by email at hello@bloom-healthcare.com.au.

What type of organisation is Bloom Healthcare?

Bloom Healthcare is a boutique disability and aged care allied health provider that believes all people have the right to access quality healthcare, focusing on evidence-based practice and client centricity delivered by highly qualified health practitioners across Australia.

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