Aged Care Services & Support - NDIS | Bloom Healthcare

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

Details:

Aged care allied health in Australia is funded through aged care programs, not the NDIS. Since 1 November 2025 the main in-home program is Support at Home , which replaced the Home Care Packages Program and the Short-Term Restorative Care Programme. Under Support at Home, allied health sits in the Clinical Supports category, which is fully funded by the Australian Government at no cost to the participant. Access starts with an aged care assessment through My Aged Care on 1800 200 422 or myagedcare.gov.au .

Bloom delivers occupational therapy, physiotherapy, exercise physiology, speech pathology and psychology or counselling to older people in their own homes. To talk about your situation, call 1300 771 465 or contact us .

Aged care is not the NDIS

This catches a lot of families out, so it is worth being direct.

The NDIS primarily serves people under 65 with a permanent and significant disability. Support is delivered through an individual plan with budget categories.

Aged care serves people 65 and over , and 50 and over for Aboriginal and Torres Strait Islander people and for people at risk of or experiencing homelessness. These lower age thresholds reflect the Aged Care Act 2024, which commenced on 1 November 2025.

Becoming eligible for aged care is not the same as being eligible for the NDIS, and reaching 65 does not create a new pathway into the NDIS. If you are already an NDIS participant with an active plan, you are not automatically transferred to Support at Home; NDIS-funded services continue as planned. There is limited overlap in some circumstances, and in exceptional cases someone under 65 may access aged care services where NDIS support is not suitable, but the general rule is the age rule.

If you are approaching 65 and already have an NDIS plan, do not act on general information from a website, including this one. Speak to the NDIA and to My Aged Care about your specific situation before anything changes.

How Support at Home works

Support at Home is the Australian Government's in-home aged care program. It is built around helping older people stay at home safely for as long as possible, with an emphasis on early intervention rather than waiting for a crisis.

The three service categories

Clinical Supports. Nursing and allied health, including physiotherapy, occupational therapy, speech pathology, exercise physiology, and psychology or counselling. These are fully funded by the government at no cost to the participant . This is the category Bloom's aged care services sit in.

Independence Services. Help with everyday activities and staying connected, such as personal care, transport and respite. Participant contributions may apply depending on your financial circumstances.

Everyday Living Services. Keeping the home safe and manageable, including domestic assistance, cleaning, gardening, shopping and meal preparation. Contributions may also apply here.

The practical takeaway: the therapy is the part the government covers in full. The cleaning and the personal care are the parts where a contribution may be asked of you.

Classifications and budgets

Support at Home uses:

8 main ongoing funding classifications , matched to different levels and types of need

3 short-term pathways

4 transitioned Home Care Package classifications , for people who were receiving, waiting for, or assessed as eligible for a Home Care Package on or before 12 September 2024

Budgets are released quarterly and can be adjusted as your circumstances change.

The three short-term pathways

Restorative Care Pathway. For regaining independence and function after a change in health, such as a hospital stay, an illness or an injury. This is the pathway that matters most after a fall or a stroke.

Assistive Technology and Home Modifications (AT-HM) Scheme. A separate funding pathway for equipment and home changes, such as mobility aids, bathroom equipment, grab rails, ramps and bathroom alterations, based on assessed need.

End-of-Life Pathway. Coordinated support for people with palliative or end-of-life care needs.

What about the Commonwealth Home Support Programme?

CHSP continues to run as a separate entry-level program and will transition into Support at Home no earlier than 1 July 2027 . Until then, eligible older Australians can keep accessing CHSP services, which include personal care, domestic assistance, meals, transport, social support, home maintenance and allied health.

Contributions and costs

Clinical Supports, including allied health, are fully government funded. You do not contribute to those.

Independence and Everyday Living Services may require a contribution based on your income and assets. The Australian Government sets the contribution rules, not the provider.

A $130,000 lifetime cap applies to non-clinical care costs, covering both in-home care and residential aged care.

What your own contribution works out to depends on your assessed financial circumstances, and My Aged Care is the right place to get that number. Bloom cannot calculate it for you. Any charges outside your funded services are set out in your service agreement before services start, and you can ask about them on 1300 771 465.

How to get aged care services: the access pathway

Step 1. Register with My Aged Care. Call 1800 200 422 or register at myagedcare.gov.au. This is the single government entry point.

Step 2. Get assessed. My Aged Care refers you to an assessment service based on your needs. That is generally an Aged Care Assessment Team (ACAT) in most states, or a Regional Assessment Service, with ACAS in Victoria. Since 1 July 2024 a Single Assessment System for Aged Care has been in place to simplify this. The assessment looks at your physical health, emotional wellbeing, social needs, daily living capability and what support would help you live safely at home.

Step 3. Get your recommendations. After assessment you receive a support plan setting out the kinds of services you are approved for and the level of care.

Step 4. Planning meeting and choosing a provider. You are invited to discuss your needs and preferences, then you choose a provider that suits you from the options available through My Aged Care.

Step 5. Start services. Your provider arranges the first appointment, and a service agreement sets out what happens and what, if anything, you pay.

A point families often miss: you can start this process before there is a crisis. The system is designed around early intervention, and a fall or a hospital admission is a difficult time to start filling in forms.

Which allied health service does what

The origin page above lists Bloom's five aged care disciplines. Here is how to work out which one you actually need.

Occupational therapy

Best when the problem is the home, the equipment or the daily task . Occupational therapists carry out home safety assessments and recommend modifications, prescribe adaptive equipment such as mobility aids and ergonomic tools for cooking and dressing, support daily living skills including cooking, dressing, personal hygiene and using public transport, and offer cognitive strategies for memory and organisation where there are cognitive changes.

Aged care occupational therapy

Physiotherapy

Best when the problem is pain, stiffness or how movement is performed . Physiotherapy in aged care covers manual therapy including massage and joint mobilisation, exercise prescription for strength, balance and flexibility, pain management techniques such as heat therapy and ultrasound, gait training and hydrotherapy, and rehabilitation after procedures such as hip or knee replacement.

Aged care physiotherapy

Exercise physiology

Best when the goal is building and keeping capacity over time , particularly falls prevention. Accredited exercise physiologists deliver balance training, strength building, falls prevention programs and ongoing strength and fitness management, and support chronic condition management.

Aged care exercise physiology

Speech pathology

Best when the problem is communication or swallowing . This covers swallowing assessment and strategies for dysphagia, mealtime management plans that address choking and aspiration pneumonia risk, speech and language therapy after stroke or with Parkinson's disease or dementia, cognitive-communication rehabilitation covering attention, memory and problem solving, and augmentative and alternative communication such as communication boards and speech-generating devices.

Aged care speech pathology

Psychology and counselling

Best when the problem is mood, anxiety, isolation or adjusting to change . Therapeutic support helps with depression and anxiety, coping with life transitions, and maintaining wellbeing and resilience.

Aged care psychology and counselling

Most people need more than one

These disciplines work best together. Someone recovering from a fall may need physiotherapy for mobility, exercise physiology for falls prevention, occupational therapy for home safety changes, and psychology to rebuild confidence about going out again. Someone living with dementia may need speech pathology for communication, occupational therapy for daily living, and psychology for emotional wellbeing. If you are not sure who to ask for, describe the problem when you call rather than picking a profession.

More on aged care

Aged care allied health FAQs — the questions that come up most often about access, funding and appointments

Aged care dietitian services — appetite, weight, swallowing changes and practical mealtime support

Innovation and technology in aged care

Support at Home funding explained — classifications, quarterly budgets and the three service categories

Equipment and home modifications — what the AT-HM scheme covers and who prescribes it

Choosing a Support at Home provider — what to compare, and the ten questions to ask

Where services are delivered

Bloom's aged care allied health is delivered in the home , which is the point. A clinician in your house sees the actual step, the actual bathroom and the actual kitchen, which is not something that can be assessed from a clinic. Services are also delivered in community settings, and telehealth is available through a secure video platform where travel is difficult or you live in a regional or remote area.

Find your nearest coverage on the locations page .

How to start with Bloom

If you have not been assessed yet , start with My Aged Care on 1800 200 422. You need an aged care assessment before Support at Home funding can be arranged.

If you are already approved , call Bloom on 1300 771 465 or contact us . Have your My Aged Care approval details and your classification or funding information handy, along with a short description of what is going wrong at home.

Intake and allocation. Your enquiry is triaged and matched to a clinician based on your location, the clinical focus and any identified risks.

A clinician contacts you to confirm whether you want in-home, community or telehealth delivery, whether you need an interpreter, and to arrange a time.

Service agreement , then the first assessment, then an agreed schedule.

Common questions about aged care allied health

Is aged care funded by the NDIS?

No. Aged care is funded through aged care programs, principally Support at Home since 1 November 2025, and previously through Home Care Packages. The NDIS is a separate scheme, primarily for people under 65 with a permanent and significant disability. NDIS support categories and plan rules do not apply to aged care services.

What replaced Home Care Packages?

Support at Home replaced the Home Care Packages Program and the Short-Term Restorative Care Programme on 1 November 2025. People who were receiving, waiting for, or assessed as eligible for a Home Care Package on or before 12 September 2024 are covered by four transitioned Home Care Package classifications.

Do I pay for physiotherapy or occupational therapy under Support at Home?

Allied health is classified as a Clinical Support, and Clinical Supports are fully funded by the Australian Government at no cost to the participant. Contributions apply to Independence Services and Everyday Living Services, not to clinical care. For your own circumstances, confirm with My Aged Care on 1800 200 422.

How old do I have to be?

Generally 65 or over. For Aboriginal and Torres Strait Islander people, and for people at risk of or experiencing homelessness, the threshold is 50 or over.

Do I need a doctor's referral?

Aged care services are accessed through an aged care assessment arranged by My Aged Care rather than through a GP referral, though your GP or a community health centre can refer you to My Aged Care and support you through the process. Contact My Aged Care on 1800 200 422 to start.

What is the difference between ACAT and RAS?

Both are aged care assessment services that My Aged Care refers you to. ACAT, or an Aged Care Assessment Team, operates in most states, with ACAS the Victorian equivalent. A Regional Assessment Service handles other assessments. Since 1 July 2024 a Single Assessment System has been in place to simplify how these fit together. My Aged Care decides which one you are referred to.

I am turning 65 and I have an NDIS plan. What happens?

NDIS participants with an active plan continue receiving NDIS-funded services and are not automatically moved to Support at Home. What is right for you individually depends on your circumstances, and it is a question for the NDIA and My Aged Care directly, not for a provider website.

How much will aged care cost me?

Clinical Supports, including allied health, are fully government funded. Contributions for Independence and Everyday Living Services depend on your income and assets, and the rules are set by the Australian Government. A $130,000 lifetime cap applies to non-clinical care costs across both in-home and residential aged care. My Aged Care can tell you what applies to you.

Can I get help after a hospital stay?

The Restorative Care Pathway is one of the three short-term Support at Home pathways and exists to help people regain independence and function after a change in health such as a hospital stay, illness or injury. Ask about it during your assessment.

Can I get equipment or home modifications?

Yes, through the Assistive Technology and Home Modifications scheme, a separate short-term pathway covering mobility aids, bathroom equipment, grab rails, ramps and bathroom alterations based on assessed need. An occupational therapist is usually the clinician who assesses and recommends these.

Is the Commonwealth Home Support Programme going away?

CHSP continues to operate separately and will transition into Support at Home no earlier than 1 July 2027. Until then it remains available for eligible older Australians who need entry-level support.

Do you visit at home?

Yes. In-home delivery is the standard model for Bloom's aged care services, with community settings and telehealth also available. Check the locations page or call 1300 771 465 to confirm availability in your area.

Where do I actually start?

Call My Aged Care on 1800 200 422 for the assessment, then call Bloom on 1300 771 465 to arrange services once you are approved. If you are unsure which stage you are at, call us and describe your situation and we will point you at the right next step.

Contact

Call 1300 771 465 , contact us , or find a location near you .

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