Top Questions for Allied Health Providers | Bloom Healthcare

Canonical:
https://bloom-healthcare.com.au/blog/key-questions-to-ask-when-choosing-allied-health-services-in-australia/

Details:

The section above lists the questions. This section gives you the answers to compare against, so you can tell a good response from a vague one.

Three things decide how much choice you actually have: which scheme funds you , how your funding is managed , and whether the service you need requires a registered provider . Work those out first, because they narrow the field before preference comes into it. After that, the questions worth asking are about scope, qualifications, delivery, reporting, agreements and what happens if it does not work out.

This guide is written to be useful whoever you end up choosing.

Step one: work out which scheme you are in

Allied health in Australia is funded through several separate systems, and each has different rules about who can deliver services to you.

Scheme	Who it covers	Front door
NDIS	People under 65 with a permanent and significant disability	The NDIA, 1800 800 110
Aged care (Support at Home)	People 65+, or 50+ for Aboriginal and Torres Strait Islander people and people at risk of homelessness	My Aged Care, 1800 200 422
Medicare	People with a GP referral under an eligible care plan	Your GP
Private	Anyone	Direct to the provider

Rules do not transfer between these. A funding category, session cap or reporting requirement that applies under one scheme tells you nothing about another. If someone quotes you a rule, ask which scheme it comes from.

Step two: understand how registration limits your choice

Under the NDIS

Your plan management type decides whether you must use a registered provider.

Plan management	Registered provider required?	How payment works

NDIA-managed	Yes	The provider claims directly through the NDIS portal
Plan-managed	No, registered or unregistered	The provider invoices your plan manager, who pays
Self-managed	No, any suitable provider meeting NDIS rules	You pay, then claim reimbursement

Some supports require registration regardless of how your plan is managed. Registration with the NDIS Commission is mandatory for providers delivering specialist disability accommodation, specialist behaviour support, supported independent living, plan management, NDIS digital platform services, supports to participants with NDIA-managed funding, or anything using regulated restrictive practices.

What registration actually means. A registered NDIS provider has applied to the NDIS Commission, been audited against the relevant NDIS Practice Standards , passed a suitability assessment covering the organisation and its key personnel, and been issued a certificate of registration generally valid for three years . Registered providers appear on the NDIS Provider Register, which you can search.

That is a real quality signal, but it is a signal about the organisation, not about the individual clinician you will see. Both are worth checking.

Under aged care

Providers must be registered with the Aged Care Quality and Safety Commission to receive government funding and deliver services. That is not optional. The Aged Care Act 2024, which commenced 1 November 2025 , also requires providers to be more accountable and transparent about how they operate and spend money, so more information about a provider is publicly available than used to be.

Step three: check the individual clinician, not just the organisation

Allied health professions are regulated in two different ways.

Registered with Ahpra (the Australian Health Practitioner Regulation Agency), where you can search the national register by name and see current registration status, registration type and any conditions on practice:

physiotherapy

occupational therapy

psychology

podiatry

osteopathy

Practitioners in these professions must meet registration standards covering criminal history, English language skills, recency of practice, continuing professional development and professional indemnity insurance.

Self-regulated through a professional body , where you verify credentials with the association rather than Ahpra:

speech pathology — Speech Pathology Australia

dietetics — Dietitians Australia

exercise physiology — Exercise & Sports Science Australia (ESSA)

Either way, asking "who exactly will I see, what is their profession, and where can I check their registration" is a fair question and a straightforward one to answer.

The questions, and what a good answer sounds like

"What do you actually treat, and have you worked with someone like me?"

A good answer names the conditions, age groups and functional goals the team works with, and says plainly where it does not have depth. A provider that says it does everything for everyone has not answered the question.

"Who will I see, and how often will that change?"

You want the discipline, the registration, and some sense of continuity. Frequent unplanned changes of clinician disrupt therapy more than most people expect, so it is worth asking how staff changes are handled.

"How are services delivered?"

In-home, clinic, community, school, or telehealth. Ask which is available where you live, whether telehealth is offered for regional participants, and, if someone travels to you, how travel time is charged. Travel arrangements differ between providers and between schemes, so get it in writing rather than assuming.

"How will you set goals, and how often will the plan be reviewed?"

A good provider explains how they assess, how your goals drive the plan rather than the other way round, what role you and your family have, and when the plan gets revisited. Under the NDIS, therapy goals should connect to the goals written in your plan, because that is what funding decisions turn on.

"How will you measure progress, and what will I actually receive?"

This is where vague answers cost you at plan review. Ask for baseline measures and targets, not just "we will monitor progress". See the reporting section below for what a good report contains.

"Who will you talk to, and what will you share?"

Ask whether they liaise with your GP, specialists, support coordinator, plan manager and other therapists, how coordination happens in practice, and what information is shared with whom. Sharing should be with your consent.

"What are your fees, and where are they set out?"

Under the NDIS, providers must charge within the NDIS pricing arrangements and price limits, must tell you the price before delivering the service, must invoice after delivering it, and must only request payment once the service has been delivered. Under Support at Home, clinical supports including allied health are fully government funded, and contributions apply only to Independence Services and Everyday Living Services. Get the specifics in the service agreement rather than from a website or a phone call.

"What is your cancellation policy?"

Notice periods and charges vary between providers and are set out in the service agreement. Ask for the actual wording before you sign, and do not assume a rule you have seen elsewhere applies to you.

"What happens if I want to stop or change?"

A good provider answers this without discomfort, because helping you change providers is an obligation, not a favour. See below.

What a service agreement should contain

A service agreement is a written contract, completed and signed by both parties before services and billing start. A complete one covers:

the supports to be provided and how they will be delivered

authorised hours and allocated funding

service setting — home, clinic, community, telehealth

expected frequency and duration of sessions

the specific tasks and goals to be addressed

rates , travel costs and travel time charges, cancellation and short-notice cancellation charges, and any other fees

how pricing complies with the relevant funding limits

communication arrangements — how you will be contacted, response times, key contacts, emergency contacts

your rights — cancellation and rescheduling, privacy and confidentiality, and how consent to collect and use your information is obtained

reporting — what reports you will get, when, how progress is documented, and reporting timelines around plan reviews

It should be in plain language and available in Easy Read format. If a provider cannot produce an agreement covering these before services begin, that is worth pausing on.

What reporting you should expect

Reports are not administrative overhead. Under the NDIS they are the evidence your next plan is built on, and they are usually paid for out of your therapy budget, so it is reasonable to know what you are getting.

Types you may receive:

Functional capacity assessment reports covering self-care, mobility, communication, cognition and social participation, with recommendations for support

Progress reports tracking movement toward goals during the plan period

Plan review reports assessing whether current outcomes line up with your stated goals

End of plan reports setting out service outcomes in terms that make sense to the family

A report that will hold up at reassessment makes several things easy to see:

your goals and the functional impact day to day

what was assessed and what the findings mean functionally, not just test scores

what has already been tried , and what worked or did not

measurable outcomes with baselines and targets

recommended frequency and focus of support, explicitly linked to your goals

where relevant, assistive technology or AAC recommendations with evidence of suitability and expected benefit

Ask when the report will be written relative to your review date. Report writing takes time and budget, and a report that arrives after the review is worth much less.

Your rights, and what providers are obliged to do

Under the NDIS

The NDIS Code of Conduct applies to registered and unregistered providers alike, and to their key personnel and workers. It sets eight obligations: act with respect for individual rights including freedom of expression and self-determination; respect privacy; provide supports safely and competently with care and skill; act with integrity, honesty and transparency; promptly raise and act on concerns affecting quality and safety; take all reasonable steps to prevent and respond to violence, exploitation, neglect and abuse; take all reasonable steps to prevent and respond to sexual misconduct; and not charge or represent higher prices for goods without reasonable justification.

Providers also have obligations to keep full and accurate records, comply with Australian Consumer Law, manage actual and perceived conflicts of interest, and support your participation in decisions about your supports.

You have the right to safe and quality care, to be heard and respected, to choice and control over who provides your care and when, where and how, to accurate information, to remedies where services fall short, to independent advocacy support, and to raise concerns without being threatened or punished.

Under aged care

The Aged Care Act 2024 introduced a Statement of Rights and seven strengthened quality standards from 1 November 2025: The Individual, The Organisation, The Care and Services, The Environment, Clinical Care, Food and Nutrition, and The Residential Community. Standards are reviewed every five years.

Your rights include making your own decisions and having them respected rather than merely noted, getting information and support to make those decisions, feeling safe and respected with your culture and identity recognised, staying connected to your community and, for Aboriginal and Torres Strait Islander people, to Country or Island home, receiving safe and quality care, participating actively in decisions about your care, and using supported decision-making with a registered supporter if you want one.

The Act also includes whistleblower protections so that older people, the people close to them and aged care workers can report concerns without punishment or unfair treatment.

If something goes wrong

Start with the provider. Both NDIS and aged care providers are required to have complaints systems and to respond promptly and fairly. Registered NDIS providers must have documented complaints management, including the ability to complain anonymously , and accessible platforms and languages. Providers must not threaten you or try to stop you complaining, and doing so is against the law.

Most people raising a complaint are looking for one or more of four things: acknowledgment , answers , action , and an apology . It is reasonable to say which of those you want.

Escalate if that does not work.

NDIS : the NDIS Quality and Safeguards Commission takes complaints about providers and workers, and you can complain without fear of punishment.

Aged care : the Aged Care Quality and Safety Commission takes complaints online, by phone or by letter. The Older Person's Advocacy Network can help you make one. No issue is too small to raise.

How to change providers

You can change. Under the NDIS, when you decide to move, your current provider must work with you so you can keep accessing supports until the service ends, help with the transition so there is no gap, notify the NDIS Commission of the change through the registered providers portal, and email the NDIA at provider.support@ndis.gov.au. The NDIA may contact you to help with the transition.

Practical order of operations:

Read the notice period in your current service agreement.

Line up the new provider before you end the old one, so there is no gap.

Ask for copies of your reports and assessments. They are about you and they are useful to whoever comes next.

Give notice in writing.

If your plan is NDIA-managed, confirm the new provider is NDIS registered before you commit.

Changing providers does not change your plan. If you are already receiving NDIS support under your plan, you are not automatically moved to another program.

Common questions about choosing an allied health provider

Does a provider have to be NDIS registered?

It depends on your plan management. NDIA-managed plans require registered providers. Plan-managed and self-managed participants can use registered or unregistered providers, though some supports, including specialist behaviour support, supported independent living and specialist disability accommodation, require registration regardless.

How do I check whether a provider is registered?

Registered NDIS providers are published on the NDIS Provider Register and can be searched. For aged care, providers must be registered with the Aged Care Quality and Safety Commission to receive government funding.

How do I check the individual therapist?

For physiotherapy, occupational therapy, psychology, podiatry and osteopathy, search the Ahpra register by name to see registration status and any conditions. For speech pathology, dietetics and exercise physiology, check with Speech Pathology Australia, Dietitians Australia or ESSA respectively.

What should I ask about fees?

Ask for the price before services start, which under the NDIS is an obligation, not a courtesy. Get rates, travel charges and cancellation terms in the written service agreement. Under Support at Home, clinical supports including allied health are fully government funded and contributions apply only to Independence Services and Everyday Living Services.

Can I use more than one provider at once?

Yes, subject to your budget. Some people use different providers for different disciplines. If you do, ask each of them how they will coordinate, because uncoordinated therapy tends to duplicate work and burn budget.

What if I do not get the reports I was promised?

Raise it with the provider first. Reports are usually specified in the service agreement, and reporting timelines around plan reviews should be in there. If it is not resolved, the NDIS Commission or the Aged Care Quality and Safety Commission takes complaints.

Can a provider refuse to help me leave?

No. Helping you change providers is part of a provider's obligations under the NDIS practice standards, and providers must not threaten you or discourage you from raising concerns.

What questions should I ask on a first phone call?

Which scheme you fund under and whether they take it; which discipline and which registration; where sessions happen and how travel is handled; how soon they can start; what the first appointment involves; what reports come out and when; and whether they will send the service agreement to read before anything is booked.

What if I am unsure which scheme I should even be in?

Call the front door for the scheme you think fits and ask. The NDIA is on 1800 800 110 , My Aged Care is on 1800 200 422 , and for Medicare pathways your GP decides which care plan applies. A provider can explain how their service works, but eligibility decisions are made by the scheme, not the provider.

How do I reach Bloom Healthcare?

Call 1300 771 465 or email hello@bloom-healthcare.com.au . Ask for the service agreement before you commit to anything, and use the checklist above on that conversation the same way you would use it on any other.

Where to go next

All services

Pricing and funding streams

How the NDIS works

Aged care services

Choosing a Support at Home provider

Contact the team

What is the main topic of this Bloom Healthcare article?

The article covers key questions to ask when selecting allied health service providers in Australia, including how to verify allied health care insurance coverage and NDIS registration, and how to evaluate qualifications and person-centred care using a checklist.

Who are considered allied health professionals?

Allied health professionals include a diverse group of specialists such as Occupational Therapists, Speech Pathologists, Physiotherapists, Dietitians, Psychologists, and Exercise Physiologists, who work to improve physical, cognitive, emotional, and social wellbeing.

Who benefits most from allied health services?

Allied health services are particularly valuable for people living with disabilities, chronic conditions, or developmental delays, as they provide practical, evidence-based interventions tailored to individual needs.

What questions should be asked about a provider's service offerings?

Key questions include: What specific services do you provide? Do you specialise in certain conditions or demographics? Can your services be tailored to my goals? These help confirm that a provider's expertise and personalised approach align with individual needs.

What services does Bloom Healthcare offer as an example allied health provider?

Bloom Healthcare offers various allied health services including Occupational Therapy, Speech Pathology, Physiotherapy, and Exercise Physiology, delivered with a personalised approach through multidisciplinary team collaboration.

What should be asked about service delivery methods?

An important question is whether the provider offers in-home services, since in-home delivery provides convenience and allows care to align with a person's preferences and circumstances.

What is Bloom Healthcare's business description?

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

How can Bloom Healthcare be contacted?

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

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