NDIS Dietitian 2025 Guide | Claims & Costs | Bloom Healthcare

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Details:

The NDIS funds dietitian services through the Capacity Building budget, most often under Improved Daily Living and sometimes under Improved Health and Wellbeing . What it pays for is the clinician's time: assessment, planning, training for the people who support you, and reporting. It does not pay for the food. For the service to be claimable, the dietitian must be an Accredited Practising Dietitian (APD) registered with Dietitians Australia, and the support has to meet the NDIA's reasonable and necessary test by being tied to your disability and to a goal in your plan.

The sections below cover the parts most people get stuck on: which of the two categories your funding actually sits in, the boundary between the service and the groceries, how dietetics and speech pathology work together on swallowing, and what your dietitian has to write down so the funding holds at your next plan reassessment.

Who can have dietetics funded in a plan

There is no separate eligibility test for dietetics. If you are an NDIS participant with an approved plan, the question is not whether you qualify for a dietitian, it is whether dietetic support is reasonable and necessary for you. The NDIA looks at four things:

Is it related to your disability? The support has to address a functional impact of your disability, not a general wish to eat better.

Is it likely to be effective and beneficial? There needs to be a reasonable basis to expect the work will produce an outcome.

Does it represent value for money? The cost has to be proportionate to the benefit.

What other supports are already available? Informal support from family and carers, and support available through the community or other service systems, is taken into account.

In practice, funding follows the goal. Dietetics is normally approved where a plan goal touches on health and nutrition, mealtime management, independence with food and eating, managing a chronic condition, or feeding support such as texture-modified diets, tube feeding or very restricted eating.

What this means if your current plan has no nutrition-related goal: you may still have flexible Capacity Building funding you can direct to dietetics, depending on how your plan is written and managed. That is a plan-specific question. Check it with your plan manager or support coordinator, or call Bloom on 1300 771 465 and ask before you book.

The two categories, and why the difference matters

Both categories sit inside Capacity Building, and both fund an APD. They differ in what the work is for.

Improved Daily Living is the more common home for dietetics. It funds skill development and therapeutic work that builds independence: nutritional assessment and personalised planning, learning to shop, cook and store food safely, and mealtime management. Swallowing and mealtime work sits here, alongside the speech pathology it is coordinated with.

Improved Health and Wellbeing funds nutrition education, health-related eating support, behaviour-informed coaching and weight management, where the purpose is a health outcome rather than a daily living skill.

Why it matters to you: the two budgets are separate lines in your plan, and money in one does not automatically move to the other. If your dietitian's work is going to be about cooking skills and mealtime routines, but your only nutrition money sits in Improved Health and Wellbeing, that mismatch is worth raising with your planner before sessions start rather than after the invoices arrive.

The boundary the NDIS draws: the dietitian, not the groceries

This is the single most common misunderstanding, and it is worth stating plainly.

The NDIS funds the professional guidance that helps you manage nutrition. It does not fund the food purchases themselves. The scheme does not cover day-to-day living costs that are not associated with disability support needs, and ordinary groceries are day-to-day living costs for everyone, disabled or not.

So the funded side of the line looks like this:

The dietitian's assessment and consultation time

A written nutrition or mealtime plan built for your situation

Education and coaching for you, your family, your support workers or group home staff

Advice on fortifying meals, modifying textures, and managing tube feeding or tube weaning

Practical teaching about shopping, budgeting for meals, food preparation and food safety

Reports and documentation for your plan reassessment

Liaison with your speech pathologist, occupational therapist, physiotherapist, GP or behaviour support practitioner

And the unfunded side looks like this:

Your weekly grocery shop

Ready-made or delivered meals bought as ordinary food

General supermarket supplements and health products bought without a disability-related basis

The cost of eating out

There is a middle ground that trips people up. Help with meal preparation and shopping can be funded, but as assistance from a support worker , not as a food allowance and not out of your dietetics money. The usual pattern is that the dietitian writes the plan and trains the team, and the support workers carry it out under their own funding. If you are unsure which of your budgets a specific item would come from, ask your plan manager to confirm before you commit, because a claim rejected after the fact still leaves you with the bill.

Why the letters APD matter

Only an Accredited Practising Dietitian can deliver claimable dietitian services under the NDIS. The APD credential is awarded and maintained by Dietitians Australia , a self-regulating professional body that sits outside AHPRA. Holding it means the practitioner has met the entry requirements and keeps meeting them through ongoing professional development and compliance with Dietitians Australia's standards.

The distinction that matters here is between a dietitian and a nutritionist:

Accredited Practising Dietitians are university-qualified health professionals trained to assess and treat dietary and nutritional problems, including medical nutrition therapy in complex cases. The credential is

accredited and maintained through Dietitians Australia, and it is what makes the service claimable.

Nutritionist is not a protected title in Australia. Training varies, there is no standardised requirement, and anyone can use the word. A nutritionist may give useful general advice, but the title on its own tells you nothing about qualifications and does not satisfy the NDIS requirement.

If someone offers to see you as an NDIS-funded nutrition provider, ask directly whether they are an APD. It is a fair question and the answer is easily verified.

All dietitians at Bloom Healthcare are APDs. You can read the service detail at Dietitian services .

Mealtime management, swallowing and texture-modified diets

Where swallowing safety is in question, dietetics is only half the picture, and the order of operations matters.

The speech pathologist assesses the swallow. They identify whether dysphagia is present and how severe it is, recommend the food and fluid textures that make swallowing safer, and set out positioning, pacing and technique strategies.

The dietitian makes those recommendations survivable. Texture-modified food is easy to get wrong nutritionally. Purees and thickened fluids can quietly reduce energy, protein and hydration, so the dietitian works within the speech pathologist's texture recommendations to keep nutrition and hydration adequate, advising on fortification, meal patterns and, where relevant, tube feeding or tube weaning.

The rule to remember is that dietitian recommendations align with the speech pathologist's advice, not the other way around . If swallowing safety is a concern, it should be assessed through the right clinical pathway first.

A Mealtime Management Plan is the document that holds both halves together. It typically records the nature and severity of the swallowing or feeding difficulty, current eating and drinking patterns including the harder days, safe eating and drinking strategies, texture specifications, nutrition and hydration management, any tube feeding protocols, and clear step-by-step instructions the support team can follow the same way in every setting. Caregiver and support worker training is usually part of it, because a plan that only one person understands does not keep anyone safe.

Both speech pathology and dietetics can be accessed at the same time under the NDIS, with coordination between the providers. If you have both, tell each of them the other exists.

How the work runs

Referral. You or your support coordinator makes a referral. Bloom takes referrals through the referral form , or you can call 1300 771 465 .

Initial assessment. The dietitian reviews your health and medical history, current eating and drinking patterns, lifestyle and routines, sensory sensitivities and any co-occurring conditions. They identify risks such as mealtime stress, unplanned weight change or malnutrition, and set goals that connect back to your NDIS plan.

The plan. You get a written, practical nutrition or mealtime plan. Depending on what you need, that can include meal and snack options that are realistic to prepare, guidance on portions and food choices, texture-modified or fortified meal advice, budget-conscious planning, strategies for restricted or selective eating, skill-building around shopping and cooking, and instructions written for your support workers rather than for clinicians.

Ongoing reviews. Later sessions monitor progress against the goals, adjust strategies when your health, medication or routine changes, and build the evidence base for your next plan reassessment.

How often you are seen and for how long is not a fixed number. It depends on your goals, the complexity of your situation and how much funding your plan holds. Anyone who quotes you a standard

schedule before assessing you is guessing.

Delivery, travel and cancellations

Dietetics can be delivered in your home, in the community, at a day program or supported employment setting, or by telehealth. Telehealth is often the practical option for people in regional areas or with limited mobility, and it works well for review sessions where the clinician does not need to see your kitchen. In-home visits are more useful at assessment, when what is in the cupboard and how the kitchen is set up is part of the picture.

On travel and cancellations: charges for both are governed by the NDIS Pricing Arrangements and Price Limits current at the time of service, and the specific terms that apply to you are set out in your service agreement. Read that agreement before you sign it, and ask about travel and cancellation terms up front. If you want Bloom's terms explained, call 1300 771 465 . Do not rely on figures quoted on any third-party website, including rates you may have seen for other providers.

Evidence and documentation, and what the NDIA does with it

This is the part that decides whether your funding continues, and it is the part most participants find out about too late.

Your dietitian can produce initial assessment summaries, ongoing progress reports, and supporting documentation for plan reassessments. A report that actually helps you covers:

Your goals and the functional impact of your disability, described in terms of what is hard in daily life and why that connects to disability rather than preference

What was assessed and what the findings mean in everyday terms, not clinical shorthand

What has been tried , including what did not work and why

Measurable outcomes , with a baseline recorded at the start so progress can be measured against something real

Recommended frequency and focus of continuing support, tied back to the goals

Any equipment or assistive technology recommendations , with evidence of suitability and expected benefit

The reason the format matters is that the NDIA is applying the reasonable and necessary test again at reassessment. A report that makes the link from disability to functional difficulty to support to outcome easy to follow gives the delegate what they need. A report that lists sessions attended does not.

Ask your dietitian early whether reporting is included and when it will be written. A report produced the week before your reassessment, with no baseline recorded a year earlier, cannot show progress that was never measured.

How this differs from a Medicare chronic disease management plan

People confuse these constantly, so here is the split.

A Medicare chronic disease management plan is prepared by your GP and gives eligible patients access to a limited number of Medicare-rebatable allied health sessions each calendar year, currently up to five across all allied health disciplines combined. It is designed around a chronic health condition, it resets on the calendar year, and there is usually an out-of-pocket gap because the rebate does not always cover the full fee. Rebate amounts and eligibility rules are set by Services Australia and change over time, so confirm the current position with your GP rather than relying on a figure you read online.

NDIS dietetics works differently. There is no annual session cap. What you get is determined by the funding in your plan, the support must relate to your disability rather than to a health condition on its own, and the dietitian must be an APD. Sessions can be self-managed, plan-managed or NDIA-managed.

Can you have both? The two schemes exist for different purposes and the same session cannot be claimed twice, but having an NDIS plan does not cancel your Medicare eligibility. Where a person has both, the practical approach is to keep the disability-related work in the NDIS plan and use the Medicare pathway for the health-condition work, and to be clear with your provider which one you are using for each appointment.

Aged care is a third and separate system again. If you are an older Australian receiving support through Support at Home , dietetics is available as an allied health service under that program, with its own funding classification and its own rules. It is not the NDIS and NDIS categories do not apply to it. If you are moving between systems, or you support someone who is, treat the funding rules as starting again rather than carrying over.

What to ask before you book

The origin article lists good questions. Here is what a useful answer to each one sounds like.

Are you an Accredited Practising Dietitian? The answer should be a plain yes, with the credential held through Dietitians Australia. Anything hedged is a warning sign.

Have you worked with NDIS participants before? Look for specifics: which disabilities, which kinds of goals, and whether they have written reports that survived a plan reassessment.

Can you see me at home or by telehealth? Home visits matter more than people expect for nutrition work, because the kitchen, the storage and the routine are part of the assessment.

What is your experience with my condition or goals? Feeding difficulties, texture-modified diets, enteral feeding, sensory-based restricted eating and intellectual disability are distinct skill sets. Ask about the one you need.

Will you work with my other providers? If you have a speech pathologist, occupational therapist or behaviour support practitioner, the dietitian's advice needs to align with theirs, particularly on swallowing.

Do you write reports for plan reassessments, and is that included? Ask when the baseline gets recorded, not just whether a report gets written.

What are your travel and cancellation terms? These belong in the service agreement. Ask to see them in writing before you sign.

Which of my budget categories will you claim from? A provider who cannot answer this has not read your plan.

Access

Bloom Healthcare's dietitians work with children and adults, in homes, in the community and by telehealth, across Sydney and selected regional areas. Dietetics is delivered alongside occupational therapy, speech pathology, physiotherapy, exercise physiology and positive behaviour support, which matters when your nutrition goals overlap with swallowing, mobility or behaviour.

Bloom supports self-managed, plan-managed and NDIA-managed participants, subject to registration requirements for NDIA-managed plans.

To start: use the referral form , read the dietitian service page , or call 1300 771 465 .

Common questions about NDIS dietitian funding

Which NDIS category pays for a dietitian?

Capacity Building. Most often Improved Daily Living, which covers assessment, nutrition planning, mealtime management and skill development in cooking, shopping and food safety. Improved Health and Wellbeing is the other option, used for nutrition education, health-related eating support, behaviour-informed coaching and weight management. Which one applies to you depends on what the work is for and how your plan is written.

Will the NDIS pay for my groceries or special food?

No. The NDIS funds the dietitian's professional service, not the food. Everyday grocery costs are day-to-day living expenses that are not associated with disability support needs, so they sit outside the scheme. Assistance with meal preparation and shopping can be funded, but as support worker assistance under the relevant support budget, not out of your dietetics funding.

Do I need a doctor's referral to see an NDIS dietitian?

Not for the NDIS pathway. You, a family member or your support coordinator can refer directly. A GP referral is what is required for the separate Medicare chronic disease management pathway, which is a different scheme with different rules.

Can a nutritionist deliver NDIS-funded nutrition support?

No. Only an Accredited Practising Dietitian registered with Dietitians Australia can deliver claimable dietitian services under the NDIS. Nutritionist is not a protected title in Australia and carries no standardised training requirement, so it does not meet the NDIS requirement.

How many sessions will I get?

There is no set number. Unlike the Medicare chronic disease pathway, which caps rebatable allied health sessions per calendar year, the NDIS provides what is in your plan. Frequency depends on your goals, how complex your situation is, and how much funding was allocated. Your dietitian should recommend a frequency and justify it in writing, and the NDIA decides at reassessment whether to continue it.

My plan has no nutrition goal. Can I still see a dietitian?

Possibly, depending on how flexible your Capacity Building funding is and how your plan is managed. This is genuinely plan-specific and nobody can answer it from the outside. Check with your plan manager or support coordinator first, or call Bloom on 1300 771 465 to talk it through before booking.

Can I see a dietitian and a speech pathologist at the same time?

Yes. Both can be accessed concurrently under the NDIS, and for swallowing and mealtime work they are meant to be used together. The speech pathologist assesses the swallow and sets the texture recommendations. The dietitian works within those recommendations to keep nutrition and hydration adequate. Make sure each knows about the other.

What is a Mealtime Management Plan and who writes it?

It is the document that sets out how someone eats and drinks safely: the nature of the swallowing or feeding difficulty, safe eating and drinking strategies, texture specifications, positioning, nutrition and hydration management, any tube feeding protocols, and step-by-step instructions for support workers. It is developed collaboratively, with the speech pathologist leading on swallowing safety and the dietitian on nutritional adequacy, and it usually includes training so the support team applies it consistently.

Does dietetics cover tube feeding?

Dietitian support can cover the clinical guidance around enteral feeding and tube weaning, including formula planning, monitoring nutritional adequacy and transition strategies where oral feeding is being reintroduced. The consumables and equipment themselves are funded separately and are not part of your dietetics funding. Ask your dietitian and plan manager to confirm how the equipment side is handled in your plan.

What reports should I expect, and what are they for?

Initial assessment summaries, progress reports and documentation for plan reassessment. Their purpose is to give the NDIA evidence against the reasonable and necessary test: your goals, the functional impact of your disability, what has been tried, measurable outcomes against a recorded baseline, and a recommended frequency for continuing support. Ask for the baseline to be recorded at the first assessment, because a report written a year later cannot demonstrate progress that was never measured.

Is dietetics available if I am in aged care rather than on the NDIS?

Yes, but through a different system. Dietetics is available as an allied health service under the Support at Home program, which has its own eligibility, funding classifications and rules. NDIS support categories do not apply to aged care, so do not assume anything carries across if you or the person you support is moving between the two.

What are the travel and cancellation charges?

These are governed by the NDIS Pricing Arrangements and Price Limits current at the time of service, and the specific terms that apply to you are in your service agreement. Ask for them in writing before you sign, and confirm them with Bloom on 1300 771 465 rather than relying on rates published by any other provider.

Does NDIS funding cover dietitian services?

Yes, most NDIS plans can include funding for dietitian services if the participant's goals relate to health and nutrition, mealtime management, independence with food and eating, managing chronic conditions (such as diabetes or gastrointestinal disorders), or feeding support (including texture-modified diets, tube feeding, or selective eating).

Under which NDIS funding categories are dietetics services usually funded?

NDIS dietetics support is usually funded under Capacity Building, in one of two categories: Improved Health and Wellbeing, and Improved Daily Living.

What is the 'Improved Health and Wellbeing' category used for in relation to dietitian services?

It is used for nutrition education, health-related eating support, behaviour-informed coaching, and weight management, helping participants achieve their NDIS goals and improve health outcomes.

What is the 'Improved Daily Living' category used for in relation to dietitian services?

It is used for skill development like cooking, shopping, and understanding food safety, as well as for mealtime management and swallowing strategies in collaboration with other allied health professionals.

Who is qualified to provide claimable NDIS dietetics services?

Only Accredited Practising Dietitians (APDs) registered with Dietitians Australia can deliver claimable services under the NDIS.

What kind of experience do Bloom Healthcare's dietitians have?

All of Bloom Healthcare's dietitians are NDIS-ready APDs with experience supporting people with autism, ADHD, intellectual and psychosocial disability, complex health needs, feeding difficulties, and texture-modified diets and enteral feeding.

Do NDIS dietitians work with other professionals?

Yes, dietitians work closely with speech pathologists, occupational therapists, physiotherapists, and PBS practitioners to ensure a multidisciplinary, person-centred approach to support.

What happens during the assessment stage of an NDIS dietitian appointment?

The dietitian conducts a thorough assessment of the participant's current health, medical history, and lifestyle, including reviewing eating habits and discussing how diet impacts energy, health, and well-being, while also considering specific needs related to the participant's disability and personal circumstances.

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