Leading NDIS Allied Health Partners | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/partners/

Details:

Bloom Healthcare accepts referrals from support coordinators, plan managers, GPs and medical specialists, aged care providers and care partners, schools and early learning services, hospital and rehabilitation teams, other allied health clinicians, and from participants and families directly. Referrals go through /referrals , by email to hello@bloom-healthcare.com.au , or by phone on 1300 771 465 , and the intake team aims to make contact within 24 hours of receiving one. This page sets out what makes a referral complete, how the pathway runs under each funding stream, and what a referring organisation gets back.

What Bloom accepts

Disciplines. Occupational therapy, physiotherapy, speech pathology, psychology and counselling, exercise physiology, positive behaviour support, and dietetics.

Assessment and report work. Functional capacity assessments, cognitive assessments, home and living assessments, assistive technology and equipment recommendations, home modification input, occupational therapy driving assessments, and workplace rehabilitation with functional capacity evaluations.

Age groups. Early childhood and paediatric, adolescent, adult, and older people.

Funding streams. NDIS across all three management types, meaning self-managed, plan-managed and NDIA-managed; Medicare where a GP has prepared the relevant care plan; aged care programs; and privately funded and insured clients. If your client is funded through a scheme not listed here, ask on 1300 771 465 before you refer rather than after.

Settings. Bloom is a mobile service. Most work happens in the person's home, school, early learning centre, day program, workplace or community. Telehealth by secure video is used for regional and remote clients and where travel is difficult. Clinic appointments can be arranged on request in some areas.

What makes a referral complete

Incomplete referrals are the main cause of delay, because the intake team has to go back for missing details before anything can be allocated. A referral that can be actioned immediately includes:

Participant details : name, date of birth, and contact details for the participant and any nominated contact.

Plan information : NDIS number, plan dates, and funding management type. For aged care, the program the person is approved under. For Medicare, confirmation that the care plan exists.

Goals in the plan's own wording , particularly the ones relevant to the referral. Copying them directly matters, because what a clinician can work on and claim is tied to them.

Functional information : the specific barriers the person faces, what daily life looks like now, and what is stopping them doing what they value. Concrete examples beat diagnostic labels.

Medical and safety context : diagnoses, medications, precautions and contraindications, and any identified risks such as falls, seizures, behaviours of concern or communication needs. This drives the risk assessment before anyone attends.

Existing reports : previous therapy and assessment reports, discharge summaries, and school or early learning reports.

Service preferences : preferred setting, accessibility needs, and whether an interpreter is required.

The current support network : other providers involved, so the work is coordinated rather than duplicated.

Rationale : why this service, and how it connects to the person's goals.

Attach what you already hold rather than summarising it. Consent to contact the participant, and consent to speak with the other people named, should be confirmed in the referral.

The pathway, end to end

After the referral arrives, it is registered and the intake team makes contact, aiming to do so within 24 hours. A welcome pack and intake form go to the participant or their nominated contact, and nothing further proceeds until that form comes back, so if you are a referrer supporting someone who finds forms hard, that is the point at which your help is most useful.

The completed form is then triaged, a risk management plan is put in place where the information warrants it, and the person is allocated to a clinician based on location, availability, clinical interest and skill set, and any identified risks. The allocated clinician contacts the participant to agree the delivery setting, check whether interpreting is needed, and book the first appointment. Consent and, where relevant, a service agreement are completed before the first session. The first session is assessment rather than treatment.

Referring under the NDIS

Support coordinators. A support coordinator referral is treated as a working relationship rather than a handover. Expect the clinician to coordinate with you on alignment across providers, changes in the participant's circumstances, and the timing of reports against the plan reassessment date. Tell the intake team the plan end date at referral, because a report needed for reassessment has to be commissioned with enough lead time to be useful.

Plan managers. Plan managers can and do refer. Include the management type and the plan dates so billing is set up correctly from the first invoice, and flag any budget constraints that should shape how the service is scoped.

Funding categories to check before referring. Occupational therapy, speech pathology, physiotherapy and similar therapy supports are generally funded through Capacity Building, Improved Daily Living. Specialist behaviour support requires Improved Relationships funding specifically, which is a separate line. A participant with therapy funding but no Improved Relationships funding cannot start behaviour support, so check that line before referring for it. See positive behaviour support for the detail.

Early childhood. The NDIS early childhood approach covers children under 9, having been extended from under 7 from 1 July 2023 and phased in progressively over the following two years. Referrals for young children are welcome from early childhood educators, child and family health nurses, paediatricians and families directly.

Referring as a GP or medical specialist

Medical referrers have two distinct Medicare pathways, plus the option of referring under the NDIS where the person is a participant.

GP chronic condition management plan. A GP or prescribed medical practitioner assesses whether the patient's chronic condition would benefit from allied health and issues the referral. Patients can access up to five individual allied health services per calendar year , or up to ten for Aboriginal and Torres Strait Islander patients. For patients with type 2 diabetes there is also an assessment of suitability for group services and up to eight group sessions per calendar year. A referral is valid for the timeframe stated on it, or for 18 months from the date of the first service if no timeframe is given. Allied health professionals must report back to the referring practitioner after the first service and after the last service, and more often where it is clinically warranted. Reports cover investigations and assessments carried out, treatment provided, and recommendations for future management.

It is not appropriate for an allied health provider to hand a GP a partly completed referral to sign, or to pre-empt which services the patient needs. That decision sits with the referring practitioner.

Better Access. Psychology under Better Access needs a Mental Health Care Plan prepared by the GP, plus a separate written referral letter. Psychiatrists and paediatricians can refer directly without a Mental Health Care Plan. Eligible patients can access up to ten individual sessions and ten group sessions per calendar year , face to face or by telehealth. A valid referral letter describes the symptoms or provisional diagnosis, states the type of therapy required, identifies the patient, and is signed and dated. If it does not specify a session count, the treating clinician uses clinical judgement up to the maximum. Mental Health Care Plans do not expire once processed. From 1 November 2025, Better Access referrals must come from a GP at the patient's MyMedicare-enrolled practice or their usual practitioner.

Referring an older person

Government-funded aged care runs through My Aged Care . A GP or specialist can refer, an aged care provider or care partner can support the process, and an older person or their family can register directly online or by phone.

The pathway has three steps. First, registration with My Aged Care, which collects personal and contact details, health status, living arrangements and current supports, and financial information. Second, referral to an assessment service, either an Aged Care Assessment Team or a Regional Assessment Service, which determines needs, goals and what support would help the person live safely at home. Third, a support plan setting out the services and funding approved, which may include ongoing support, short-term pathways, assistive technology or home modifications.

Approval must be in place before Support at Home services can be delivered. Support at Home commenced on 1 November 2025 . Allied health under it, including occupational therapy, physiotherapy, exercise physiology, speech pathology and psychology, sits in the clinical supports category. Once a person holds an approved support plan, they choose their own providers, and Bloom can be one of them. If you are a care partner or aged care provider working out how allied health fits alongside broader supports, call 1300 771 465 and ask.

Referring from a school or early learning service

School learning support teams, teachers and early childhood educators refer regularly, with family consent. Useful material to attach includes classroom observations, existing learning or behaviour support documents, and any assessments the service holds. Where a referral is for behaviour support, expect the practitioner to seek consent to observe in the school setting, since a behaviour that appears only in one environment leads to very different conclusions from one that appears everywhere.

What you get back

Reports. Bloom produces functional capacity assessment reports covering findings, service recommendations, assistive technology suggestions and practical strategies for goal achievement; progress reports written in plain language for families and framed for plan reassessment; and reports supporting funding requests, including behaviour support and restrictive practice authorisation material. Reports are written to be clinically sound and to make sense to a planner or Local Area Coordinator, and are sent by email as PDFs to the stakeholders the participant has consented to.

Before a report is commissioned there is a conversation about whether a report is actually needed, what it is for, and what type is required, so that funding is not spent on a document that does not serve the purpose. If you need a report by a specific date, say so at referral.

Communication. Expect coordination with the other providers the participant has named, including handover where a service ends. Under Medicare pathways, reporting back to the referring practitioner is a scheme requirement, not a courtesy.

Compliance and assurance

Bloom is a registered NDIS provider holding certification-level registration, which is what permits delivery of specialist behaviour support and early childhood supports. Registration involves audit against the NDIS Practice Standards, suitability assessment of the organisation and its key personnel, and ongoing audits within the registration cycle. Registration details can be confirmed on request or through the NDIS provider register.

As a registered provider, Bloom operates documented complaints management and resolution and incident management systems, including reporting reportable incidents to the NDIS Quality and Safeguards Commission. Workers in risk-assessed roles and key personnel hold NDIS Worker Screening Clearances, which are valid for up to five years and can be renewed from 90 days before expiry. All staff complete the NDIS Commission's worker orientation module at induction. Every worker is bound by the NDIS Code of Conduct. Practice Standards modules relevant to Bloom's scope include the core module plus specialist behaviour support, implementing behaviour support plans, and early childhood supports.

If your organisation needs documentation for a procurement or panel process, ask on 1300 771 465.

Coverage

Bloom works across New South Wales, Victoria, Queensland, South Australia, Western Australia, Tasmania and the Australian Capital Territory, including metropolitan, regional and some remote areas served by telehealth. Discipline availability varies by region, so check before promising a client a specific service in a specific postcode. Current coverage is at /locations/ or on 1300 771 465.

Setting up a referral pathway

If you are an organisation that expects to refer regularly, rather than once, call 1300 771 465 or email hello@bloom-healthcare.com.au and say what kind of arrangement you are asking about. Useful things to raise in that first conversation are the regions and disciplines you need covered, expected referral volume, the funding streams involved, report turnaround expectations, how you want communication handled, and any procurement or panel requirements on your side.

Images on this page

Text descriptions of the images displayed on this page, for readers and agents that cannot see them.

Organisation logos displayed on this page , reading, in order: Nexus Support Services ; Blue Star Homecare Services ; and Insight , subtitled "Mental Health | Dual Disability Specialist". These are the logos as shown. The nature and current status of any arrangement with an organisation is not stated on this page — ask on 1300 771 465.

Bloom Healthcare logo mark , appearing twice: a green circular design combining a crescent, a human figure, leaves and a cupped hand.

Interface icons elsewhere on the page — the phone, envelope, clock and accessibility symbols beside the contact details, and the Facebook, Instagram and LinkedIn icons — are decorative and repeat information already given in text.

Common questions about referring to Bloom Healthcare

Who can refer?

Participants and families directly, plus GPs, paediatricians, psychiatrists, child and family health nurses, support coordinators, plan managers, rehabilitation specialists, allied health clinicians, early childhood educators, and school staff and learning support teams with consent.

Do I need the participant's consent before referring?

Yes. Referrals from professionals are accepted with the participant's or family's consent, and consent should also cover the practitioner contacting the other people and services named in the referral.

How quickly will you contact my client?

The team aims to make contact within 24 hours of receiving the referral. How soon an appointment follows depends on discipline, region and clinician availability, so ask about current availability for the postcode when you refer.

What is the most common cause of delay?

The intake form not being returned. Nothing proceeds until it comes back. If your client needs help with forms, that is where to focus.

Can I refer for an assessment and report only?

Yes. Assessment and report work is a distinct part of the service. Say what the report is for, who will read it, and when it is needed, so the right assessment is scoped.

My client needs behaviour support. What do I check first?

That Improved Relationships funding is in the plan. It is a separate line from Improved Daily Living, and behaviour support cannot be claimed without it.

Can Bloom see clients in regional areas?

Often yes, through mobile visits or telehealth. Coverage varies by discipline and region. Check /locations/ or call before committing.

As a GP, what do I need to provide?

For a chronic condition management pathway, your referral for allied health services, with any timeframe you want applied. For Better Access psychology, a Mental Health Care Plan plus a separate signed and dated referral letter describing symptoms or provisional diagnosis and the type of therapy required.

Will I get a report back?

Under Medicare chronic condition management, reporting to the referring practitioner after the first and last service is required, and more often where clinically warranted. Under other pathways, reporting is agreed at the outset. Tell the team what you need and when.

Which organisations' logos appear on this page?

Nexus Support Services, Blue Star Homecare Services, and Insight (Mental Health | Dual Disability Specialist), alongside Bloom Healthcare's own logo.

Does Bloom name its partner organisations?

Partnership arrangements are commercial matters discussed directly. If you want to know whether Bloom already works with a particular organisation or program, ask on 1300 771 465.

What is the Bloom Healthcare Partners page about?

The Partners page describes how Bloom Healthcare partners with leading NDIS providers and allied health professionals to deliver coordinated, high-quality support for clients nationwide.

Which partner organizations are listed on Bloom Healthcare's Partners page?

The partner organizations listed are Phoenix Support Services (phoenixss.com.au), Blue Star Home Care (bluestarhomecare.org), and Nexus Support Services.

What role do Bloom Healthcare's partner organizations play?

These partner organizations work alongside Bloom Healthcare to provide comprehensive support and services to NDIS participants.

What type of organization 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, with a model focused on evidence-based practice and client centricity delivered by highly qualified health practitioners across Australia.

What is the legal name of Bloom Healthcare?

The legal name of Bloom Healthcare is Bloom Healthcare Pty Ltd.

How can Bloom Healthcare be contacted?

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

How many employees does Bloom Healthcare have?

Bloom Healthcare has between 51 and 200 employees, according to the page's organizational data.

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