
NDIS hospital-to-home referral: what to send, what happens next

A two-page guide for discharge planners, social workers and support coordinators. Careable, Melbourne north-east. Updated September 2026.

Send us this with the referral

Not all of it has to be final. Send what you have; tell us what's still coming.

Essential

- NDIS number and plan dates (or confirmation a plan is in progress)
- Funding categories relevant to the request — Core, Capacity Building, and whether SIL or Home & Living is in the plan
- Discharge summary, or the current draft
- Medication chart and who is prescribing after discharge
- Preferred discharge date, and whether it's fixed or flexible

If they exist

- Behaviour Support Plan (current or interim) and the practitioner's contact
- Any risk assessment — falls, absconding, self-harm, aggression, medical
- OT or physio recommendations and equipment on order
- Existing service providers who will continue
- Nominee, guardian or public advocate details
- Communication needs — interpreter, Easy Read, AAC

Contacts we'll need

- Ward social worker or discharge planner (direct line)
 - Support coordinator, if appointed
 - Treating team contact for after discharge (community mental health case manager, GP)
 - Family or informal supports the person wants involved
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What we do

Day 0 — referral received. Acknowledged within one business day. We tell you what's missing from the list above.

Within 2 business days — capacity answer and a first conversation. We tell you whether we have capacity in principle — yes, no, or "yes if". If yes, we phone the support coordinator or guardian to go through the documents together and identify any gaps.

Meet the participant. We ask to meet the person face to face, usually on the ward, and complete our initial risk assessment. Where a Behaviour Support Plan exists, we go through it with the practitioner.

Familiarisation shifts. Careable staff do a small number of shifts alongside the participant before discharge — on the ward, on leave, or in the community. This is how we understand the full care profile, see how risks present outside a clinical setting, and let the person get to know the workers who'll be supporting them. It's also how we confirm the placement is right before anyone commits.

Transition plan. Together with the participant, the family, the treating team and the support coordinator, we agree a written transition plan: discharge date, roster of care, overnight model, medications, equipment, who's on the first shift, and what happens if something goes wrong in the first week. For SIL, this confirms the room and the household.

Discharge day. A named support worker the person has already met collects them from the ward or meets them at the front door — whichever the hospital prefers. Medications, equipment and the discharge summary are handed over in person. The first-week roster is confirmed with the family that day.

First week. Daily support as rostered. On day 7, a written status note goes to the family and the referrer: how the person has settled, the routine in place, any concerns and what we're doing about them.

Ongoing. We stay in contact with the treating team as the person's consent allows.

What we can support

- Psychosocial disability, including step-down from PARC or SECU
 - Complex daily-living needs with 1:1 to 1:3 support
 - Participants with a behaviour support plan (we're registered to implement behaviour support plans)
 - Sleepover or active-night overnight support
 - SIL in Heidelberg Heights (women) or Macleod (men) — both single-storey, staffed 24 hours, 5–7 minutes from the Austin
 - In-home support across Melbourne's north and north-east
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What we can't

- Wheelchair access, hoisting or fully accessible bathrooms in our SIL homes
 - Clinical care outside the scope of community nursing
 - Discharges where no NDIS funding pathway exists yet — we'll tell you straight away rather than hold a bed
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Hospitals we've supported discharges from

Austin Health · Northern Health · St Vincent's Melbourne

Careable · Referrals handled directly by our leadership team

1300 332 433 · cx@careable.com.au · careable.com.au/for-referrers

Registered NDIS provider 4-GL94SW1 · Livlly Technologies Pty Ltd T/A Careable