



# Service Catalogue

**Community Care, Allied Health  
and Complex Care Programs**

A practical guide to service inclusions, referral pathways  
and what happens next.



# At a glance

Cross Care Group supports people to transition safely from hospital to home and build independence at home. We combine warm human care with clinically governed pathways and clear coordination—so clients, families and referrers know what happens next.

## Who we support

- Clients and families needing support at home
- NDIS participants
- Private, insurer and self-funded referrals
- Hospital discharge and community transitions

## What we provide

- Community support in the home and community
- Nursing supports and assessments
- Allied Health therapy and assessments
- Coordinated hospital-to-home programs
- Complex care support

## How to get started

- Complete the Online Referral Form (clients/families)
- Share goals, risks, funding and preferred start date
- We confirm next steps and guide you through intake

## Where We Operate

We currently deliver services across Queensland, New South Wales, South Australia, Tasmania and Western Australia. Telehealth may be available for suitable Allied Health services and follow-up, depending on clinical appropriateness.

## Our Standard Care Pathway

Across our service divisions, we use a consistent pathway so support is reliable, coordinated and documented.



Intake



Needs assessment



Service assignment



Care plan & delivery



Outcome review

# Services

## Community Care

Practical support to help you live safely at home and stay connected to your community.



### What it can include

- Assistance with daily living (e.g., personal care and routines)
- Domestic support (as aligned to your plan/needs)
- Community access and social participation
- Support to build skills and independence at home
- Coordination with your broader care team
- High-intensity supports where appropriate and safely resourced

### Common goals we support

- Settling safely at home after hospital or a change in health
- Building confidence with daily routines
- Maintaining a safe home environment
- Increasing participation in the community
- Reducing avoidable setbacks by identifying risk early

### Safety and scope

Some tasks require specific training, credentials or clinical oversight. We match tasks to verified competence and escalate when risk changes.

# Services

## Allied Health

Therapy services to support functional recovery, independence and safety at home.

### What it can include

- Functional assessments in the home and community
- Goal setting and therapy planning
- Home safety recommendations and risk reduction strategies
- Equipment and assistive technology recommendations (where suitable)
- Support with routines and strategies to improve day-to-day function
- Reports to support funding, discharge planning or care coordination (where relevant)

### Common goals we support

- Safer mobility and transfers at home
- Improved independence with self-care and daily tasks
- Falls risk reduction and home safety improvements
- Strategies to support cognition, energy and routine
- Confidence using equipment and adaptive approaches

## Allied Health Availability

Allied Health supports are provided where clinically appropriate and available in your area. We confirm availability and next steps during intake, including whether telehealth follow-up is suitable.



# Services

## Complex Care Programs

Structured complex care programs built using safety gates (readiness → operate → internal audit → acceptance). \*Programs may not be available in all locations.

Program	Description	Typical focus
Hospital-to-Home	Structured post-discharge support to help clients transition safely from hospital to home.	Activation, coordination, safety checks and early recovery support.
Hospital-in-the-Home	Hospital-substitute care at home under defined criteria and escalation pathways.	Time-critical monitoring and protocolled care (where commissioned/available).
Rehab-in-the-Home	Structured in-home rehabilitation in the client's own environment.	Functional recovery, therapy coordination and goal-based rehab at home.

## What We Will Do During Intake

If a complex program is being requested, we will confirm eligibility criteria, available coverage in your area, and the escalation pathway before services start.



# Referrals and Getting Started

## Next step

To request support, use the Referral Form on our website. If you are unsure which pathway to use, give us a call, we're happy to guide you.

Contact us on: 1300 591 861

Website: [www.crosscaregroup.com.au](http://www.crosscaregroup.com.au)

Email: [clientservices@crosscaregroup.com.au](mailto:clientservices@crosscaregroup.com.au)

## What happens after you refer

- We confirm receipt and review the referral details.
- We contact you (or the nominated contact) to clarify goals, risks and preferences.
- We confirm service fit and any safety requirements, then allocate the right team.
- We agree the start plan and document the key information needed for safe delivery.
- We begin supports and keep communication clear if anything changes.

## If we're not the right fit

If we cannot safely provide the support requested (or if capacity is limited), we will tell you clearly and help point you to the right pathway where we can.

## Quality, Safety and Governance

- Clinically governed pathways and clear documentation minimums.
- Early identification of risk and clear escalation when needs change.
- One coordinated plan where Community Care and Allied Health work together.
- Respect and privacy: consent is explicit and information is shared on a need-to-know basis.

## Important Notes

- We aim to make the next step clear. Timeframes depend on urgency, workforce availability and location.
- We avoid guarantees. We will work with you to set goals and review progress over time.
- Feedback matters. If something doesn't feel right, please tell us so we can respond and improve.

