Australian Government
Department of Health and Aged Care

Support at Home program – Frequently asked questions – February 2025

This fact sheet answers some frequently asked questions about the Support at Home program design.

This document is regularly updated. If you have questions on your individual circumstances, please contact the My Aged Care Contact Centre on 1800 200 422 or see an Aged Care Specialist Officer (ACSO) in person at select Services Australia centres. Further information can also be found at www.myagedcare.gov.au

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Transition to Support at Home

When will Support at Home start?

The new Support at Home program will replace the Home Care Packages (HCP) Program and Short-Term Restorative Care (STRC) Programme from 1 July 2025.

The Commonwealth Home Support Programme (CHSP) will transition to Support at Home no earlier than 1 July 2027.

Will unspent Home Care Package funds be time limited or be lost with a reassessment?

Recipients can keep and use their Home Care Package unspent funds until they are exhausted. They will not lose these on re-assessment, and they are not time limited.

Will Home Care Packages Program recipients need to be reassessed for Support at Home? How will their new funding level be decided?

Home care recipients and people on the National Priority System waiting for a Home Care Package will automatically transition to Support at Home from 1 July 2025. They will not need to be re-assessed for Support at Home. Home care recipients will have Support at Home funding equivalent to their existing Home Care Package level. Those on the National Priority System will have Support at Home funding equivalent to the Home Care Package level they have been approved for, once Support at Home funding becomes available. Those with unspent funds balances will retain those funds under Support at Home. They may be used to access additional services if a quarterly budget is fully allocated, or for assistive technology and home modifications, if approved.

What are the key changes for Home Care Packages (HCP) Program recipients transitioning to Support at Home from 1 July 2025?

Home care recipients can retain their current service provider and continue to access services and supports. Key changes from 1 July 2025 will include:

- **Moving to a quarterly budget** – this means the annual Home Care Package amount will be divided into 4 equal budgets that each cover 3 months of the year. Recipients who have not spent their budget within the quarter will be able to accrue a maximum of $1,000 or 10% of their quarterly budget, (whichever is higher,) from one quarter to the next.
- **A defined service list** – under Support at Home, all services will be specified on a service list with clear inclusions and exclusions that will largely mirror existing services accessed through the Home Care Packages Program.
- **No separate administration charges** – package management costs will be incorporated into prices, not charged as separate fees.

- **Care management funding set at 10% of all ongoing quarterly budgets** – this funding will be set aside for providers to use to deliver care management support across all participants.
- **Separately funded Assistive Technology and Home Modifications (AT-HM) Scheme** – people will be approved at assessment for a separate funding amount for assistive technology and/or home modifications.

Do no worse off principles continue if a current Home Care Package Program recipient is reassessed under Support at Home?

Yes. Grandfathering arrangements for participant contributions continue to apply even if a participant who transitions to Support at Home from the Home Care Packages Program is reassessed and reclassified at any time in the future. For further information, refer to page 37 of the Support at Home program handbook.

What can I spend my Home Care Package unspent funds on?

Home care recipients with Home Care Package unspent funds will retain these funds for use under Support at Home. These may be used for either AT-HM (in which case funds must be used before any new AT-HM Scheme funding), or for additional ongoing services, if the Support at Home quarterly budget has been exhausted.

If a current Home Care Packages Program recipient is paying an Income Tested Care Fee, do they continue to pay this same amount?

Existing home care recipients who pay income-tested care fees will transition into Support at Home with special discounted contribution arrangements. For more information refer to page 36-39 of the Support at Home program handbook.

How will existing Home Care Packages Program recipients register to be reassessed for a higher level?

To arrange a reassessment under Support at Home, the existing Home Care Packages Program recipients can either call My Aged Care on 1800 200 422 to arrange a Support Plan Review or speak with their service provider about being reassessed. The provider can organise a Support Plan Review on their behalf. Once the referral is received, the assessment organisation will determine whether the older person requires a new assessment or whether a Support Plan Review will suffice. For more information on the assessment progress, please refer to page 11 of the Support at Home program handbook and the My Aged Care website.

When do you anticipate releasing a draft Support at Home program manual that includes the interaction with CHSP between 2025 and 2027?

The Support at Home program manual will be released in early 2025. This will provide the detailed operational arrangements for Support at Home and complement the Support at Home program handbook. An updated CHSP manual for 2025-27 is also being finalised and will include information on any changes regarding the new Aged Care Act and other home care program interactions, including Support at Home.

What communications will be sent to current home care recipients to inform them of the changes, including contributions?

The department will soon be releasing materials to support older people and their families and carers to move to the Support at Home program.

Older people can subscribe to the Department of Health and Aged Care's EngAged newsletter by visiting the department's website to receive updates about the aged care reforms, including Support at Home.

Current home care providers, who will become Support at Home providers, will be a valuable source of information for Support at Home participants. Support at Home participants are encouraged to discuss questions they may have with their current service provider throughout the transition period to the new program.

Income and asset tests will continue to be conducted by Services Australia. The outcome of the income and assets test will be sent out by Services Australia to participants and their home care provider to inform them of their contribution obligations.

What is the impact to existing home care recipients with pre-approved HCP levels awaiting funding?

A *no worse off* principle will apply to the contributions arrangements for people who, on 12 September 2024, were either receiving a package, on the National Priority System, or assessed as eligible for a package. These participants will be no worse off because of the reforms: they make the same contributions, or lower, than they would have had under Home Care Package (HCP) Program arrangements.

People with an approved but unallocated package on the National Priority System will receive a Support at Home budget that aligns to their approved Home Care Package, when available. If a participant is reassessed at a later date onto a higher budget, it will be at one of the new Support at Home classifications.

Grandfathering arrangements for participant contributions continue to apply even when participants transitioning to Support at Home from the Home Care Package Program are reassessed and reclassified.

Why are pets not included on the Support at Home service list?

The intent of in-home aged care funding is to provide access to the support services an older person needs to remain living independently at home for as long as possible. Whilst owning a pet may be emotionally rewarding, it is considered an individual responsibility. There are private, charitable and volunteer services available to older people who need assistance to look after a pet.

Funding for assistance dogs is a specific need, and participants will receive separate, uncapped funding that is not time limited. Funding for assistance dogs can be approved in isolation or in addition to an AT-HM funding tier. Funding will be automatically allocated every 12 months however; funding cannot accrue or rollover

Funding and budgets

What is the new Support at Home classification system?

Support at Home will have 8 classifications for ongoing services that are aligned to clinical needs. This classification framework improves upon the current 4 Home Care Package levels.

In addition, there will be 3 short-term classifications, with funding for up to 12 weeks, including:

- Restorative Care Pathway to build or regain functions to remain independent (e.g., allied health services)
- End-of-Life Pathway to boost services for people diagnosed with 3 months or less to live to enable them to remain at home.
- Assistive Technology and Home Modifications (AT-HM) Scheme funded separately to ongoing participant budgets.

More than 22,000 assessments collected during the IAT live trial conducted from April to July 2023, were analysed to inform the new Support at Home classification framework.

What are the budgets for the 8 ongoing classifications under the new Support at Home?

The dollar figures in the below table are current estimates.

Classification	Quarterly Budget	Annual Amount
1	~$2,750	~$11,000
2	~$4,000	~$16,000
3	~$5,500	~$22,000
4	~$7,500	~$30,000
5	~$10,000	~$40,000
6	~$12,000	~$48,000
7	~$14,500	~$58,000
8	~$19,500	~$78,000
Restorative Care Pathway	~$6,000 (12 weeks) May be increased to ~$12,000 when eligible	
End-of-Life Pathway	~$25,000 (12 weeks)	

For further information on the Support at Home ongoing classifications please refer to page 12 in the Support at Home program handbook.

Can short term classifications be accessed alongside/in addition to an ongoing budget?

The new End-of-Life Pathway provides up to $25,000 over 3 months for older people with less than 3 months to live, to help them pass away with dignity in their own home. The End-of-Life Pathway will have the highest funding classification (per day) under Support at Home and funding can be used for 16 weeks. If a participant is receiving the End-of-Life Pathway, they will only be eligible for the End-of-Life Pathway during that period and the End-of-Life Pathway budget would replace their ongoing budget.

A participant can only access the End-of-Life pathway once. Should they live longer than expected or make a recovery, they would move onto the relevant Support at Home classification determined at their assessment or seek a re-assessment if needed. End-of-Life Pathway services will be no different to those available in ongoing classifications, as set out in the Support at Home service list.

Older people assessed as requiring the End-of-Life Pathway will also be able to access assistive technology under the AT-HM Scheme.

The Restorative Care Pathway may be accessed in addition to a participant's ongoing budget. If someone has an ongoing budget and is approved for the Restorative Care Pathway, they can continue to access their ongoing services while also accessing additional restorative care services. Restorative care partners will need to ensure that their services are not duplicative. For clients who are new to aged care and those who are recommended for the Restorative Care Pathway, they will not be referred to ongoing Support at Home or CHSP services until the restorative care episode end. Upon exiting the Restorative Care Pathway, participants may undergo a support plan review and reassessment to determine their need for ongoing services.

For participants who have not previously accessed Support at Home, reassessment will determine if a participant's function has been restored sufficiently or if there is a need for ongoing Support at Home services.

For participants who were accessing ongoing Support at Home services prior to completing the restorative care episode, a reassessment will determine if they remain at the same classification level or if a higher classification is required.

Note: Even if a participant's function has improved following a restorative care episode, a participant cannot be reassessed to a lower classification level.

How will participants use their funding?

Participants will receive an individual support plan from their assessor. This includes their classification and a list of ongoing services and/or short-term supports (e.g., assistive technology) that aligns to the participants' needs assessment.

Participants will receive a quarterly budget that corresponds to their classification level. Participants will work with their Support at Home provider on the mix of services that best supports their needs within their allocated budget.

Short-term supports including the Restorative Care Pathway, the End-of-Life Pathway and the Assistive Technology and Home Modifications (AT-HM) Scheme are funded separately to ongoing participant budgets.

Can Support at Home funds be accrued between quarters?

Participants will be able to save funding between quarters to meet unplanned needs. This will be capped at $1,000 or 10% of the value of their quarterly budget (whichever is higher).

Participants assessed as requiring assistive technology and/or home modifications will not need to save up their funds for these services because additional funding will be provided separately through the AT-HM Scheme.

Existing home care recipients with Home Care Package unspent funds balance will retain these funds. They may be used for ongoing services when their quarterly budget is exhausted, or for the AT-HM Scheme if required.

How will the quarterly funding cycle run?

The quarterly funding cycle will follow the fiscal quarters:

- July to September
- October to December
- January to March
- April to June.

Participants will have access to the full value of their budget at the start of the quarter. Participants who join during a quarter will receive a pro-rata amount.

Care managers rely on accumulation to purchase larger ticket items. If the fund only rolls over $1,000 each quarter, how will the providers be able to purchase larger ticket items?

Eligible Support at Home participants will have access to upfront separate funding for products, equipment and home modifications through the new Assistive Technology and Home Modification (AT-HM) Scheme. For further details on the AT-HM Scheme refer to chapter 7 of the Support at Home program handbook.

How will providers know if the funds are available in the participant's package to prevent overspending?

Under the July 2025 Single Provider model, providers will have visibility of the participant's allocated budget as part of accepting their service referral. Providers will also have visibility of relevant funding information through the Services Australia Provider Portal.

When a participant changes providers, does the money get transferred to the new provider straight away?

The budget will remain with the participant, and this will be managed through Services Australia (i.e. there is no physical transfer of money across providers).

Providers will not receive care management funding for new (or transferring) participants as soon as the participant commences. Rather, a provider must submit the entry details of the new (or transferring) participant to Services Australia before the last day of the quarter. Services Australia will then calculate the pro-rata care management funding for the participant for the next quarter and allocate this to the provider at the start of the following quarter.

If there is a change to a participant's budget during the quarter (e.g. they are re-assessed or there is a change in indexation), care management funding will be adjusted on a pro-rated basis from the date of the change and allocated to the provider.

When a new provider is established, care management funding for participants will be calculated on a pro-rata basis for the first and second quarters of operation. The first quarter of operation for the provider is determined from the date of the earliest participant entry notification. During the first and second quarters of operation, the provider will receive a pro-rata amount of care management funding for any new participant. From the third quarter onwards, new providers will receive care management funding on the first day of the following quarter for their participant cohort.

The previous service provider will have 60 days after the participant's departure to finalise their claims through the Services Australia Provider Portal.

What consumer contribution arrangements will be in place under Support at Home?

The Support at Home contributions framework is informed by the recommendations of the Aged Care Taskforce (the Taskforce). Participant contributions will be based on services received, service type, a participant's pension status and whether they are a Commonwealth Seniors Health Card holder.

A no worse off principle will apply to the contributions arrangements for people who on 12 September 2024, were either receiving a package, on the National Priority System, or assessed as eligible for a package. These participants will be no worse off because of the reforms and will make the same contributions or lower than they would have had under Home Care Packages Program arrangements.

When these participants move to residential care, they will stay on the existing contribution arrangements unless they opt to move to the new program. Changes to accommodation payments in residential care would still apply to these participants, since accommodation payments are an agreement negotiated between the resident and their provider.

How do participants pay their contributions? Are they directly deducted from their pensions or is there a separate system for handling payments?

Participant contributions are the responsibility of the provider to collect. When a provider lodges their claim to Services Australia for services to a care recipient they will be paid the subsidy, less the applicable participant contribution, which they will collect from the participant.

Will there be an annual cap on non-clinical care participant contributions as well as the $130,000 lifetime cap?

Support at Home participants approved after 1 July 2025 will have a lifetime contribution cap of $130,000. Existing home care package recipients who have been grandfathered into Support at Home will have a lifetime cap of $82,018.

Once the lifetime cap is reached across Support at Home and the non-clinical care component of a participant's contribution to residential care, the participant will pay no further individual contributions under Support at Home. There is no annual cap.

Who will keep track of a participant's contributions, so they know when they have reached the lifetime cap?

Services Australia will keep track of contributions and manage the lifetime cap arrangements.

Will the fully funded clinical services and supports be incorporated into a participant's budget or is clinical care uncapped?

Clinical services and supports will be drawn down from the Support at Home participant's quarterly budget and the participant will not need to make a contribution. Services are capped to the available participant budget plus any available unspent funds.

If a home care recipient is not currently paying a basic daily fee, will they be required to pay something under the Support at Home program?

Existing home care recipients that do not pay an income-tested care fee, and are not liable to pay an income-tested care fee, will continue to make no contributions for the remainder of their time in Support at Home. There will be no basic daily fee or equivalent in Support at Home.

Income tests have historically taken a long time to get an assessment. Will the participant contribution rate be backdated or will the latest current pension assessment at the time of invoice be used?

If an assessment results in a participant being required to pay more in fees, then it will only apply from the next quarter. However, where an assessment results in a participant paying less in fees, it will be backdated to the date the change in circumstances occurred.

Is there any further detail on the sliding scale liability for Support at Home based on the Age Pension means test? How will the contribution be assessed based on relevant assets and income?

Contributions for independence services range between 5% and 50%. Contributions for everyday services range between 17.5% and 80%. The lowest levels will be paid by full pensioners, with the highest levels being paid by self-funded retirees who are ineligible for a Commonwealth Seniors Health Card (CSHC), and a linear increase based on means for those in-between.

When will the capped priced take effect?

The government is staging the introduction of price caps on services in the new Support at Home program from 1 July 2026.

From 1 July 2025, in-home aged care providers will continue to set their own prices for Support at Home services. This is what currently occurs in the Home Care Packages (HCP) Program.

The Department will work with the Independent Health and Aged Care Pricing Authority (IHACPA) to set prices for aged care homes, including hotelling services, as well as prices for Support at Home from 1 July 2026.

Will there be a standardised hardship process that providers can follow in order to help determine hardship rates?

Hardship arrangements that were in place before 1 July 2025 will carry through to Support at Home. Once existing hardship arrangements expire, participants will be required to pay the transitional individual contribution rates outlined in Table 4 on page 39 of the Support at Home program handbook.

How will travel to and from a participant, and kilometre rates when transporting a participant, be recouped?

Staff travel cannot be claimed as part of care management under the Support at Home Program, however transporting a participant will be covered under the "Transport" service type, which will be priced per trip. Further information on care management activities will be included in the Support at Home program manual.

What is the care management supplement for those who meet the requirements?

Additional supplements will be added to a provider's care management fund in respect of:

- people referred by the care finder program
- older Aboriginal and Torres Strait Islander people
- people who are homeless or at risk of homelessness
- people who are care leavers
- veterans who are approved for the Veteran's Supplement for aged care.

Participants eligible for the supplement will be identified by Services Australia, based on their aged care needs assessment.

Will the thin markets grant be available for MM 4-5 SA Government Home Support providers also?

Providers who meet the eligibility criteria can apply for the thin markets grant. Further information will be made available in the coming months.

Do you have any additional information on the thin market grants available for MMM3 - 7 areas?

The department is progressing arrangements for this grant opportunity. Further information will be available shortly.

Does the participants' budget transfer to the new provider on discharge within a pre-defined quarter?

Where a participant chooses to change service provider, the participant's budget will move to the commencing provider. The ceasing service provider has 28 days from the exit date to notify Services Australia their participant is leaving, and complete information sharing obligations with the commencing service provider. However, the ceasing provider will have 60 days from the exit date to finalise their claims for the participant. Further requirements for information sharing obligations will be included in an upcoming round of consultation on subordinate legislation.

What detail can you provide on income and assets assessment categories and billing formulas?

Participants will only pay contributions on the services they have received. The contributions will be calculated on a rate per hour (or unit of service) at a set percentage of the price for each service type, where applicable. For example, if a person receives two hours of personal care, they will pay a contribution per hour received. If they receive 5 meals, they will pay a contribution for each meal. Where items are billed at cost (e.g. consumables) the contribution will be calculated as a percentage of that cost. This means:

- a participant will pay the dollar amount set by a percentage of the price (or cost)
- the government will pay the remainder of the price (or cost), as a subsidy to the provider.

Will specific guidelines be issued for managing grandfathering arrangements, particularly regarding unspent funds and client reassessments?

From 1 July 2025, home care recipients with remaining HCP unspent funds will retain these funds for use under Support at Home. HCP unspent funds do not have to be exhausted in the first quarter of the Support at Home program. They may be used for the duration of time a participant is receiving Support at Home ongoing services, and /or where approved to access the Assistive Technology and Home Modifications (AT-HM) Scheme.

HCP unspent funds will only be used for ongoing services once a participant's Support at Home quarterly budget, and any carryover quarterly funding up to $1,000, or 10% of their quarterly budget (whichever is higher) from their previous quarterly budget has been used.

HCP unspent funds to access AT-HM will be used in the first instance before a participant uses their approved AT-HM budget. The department will release further information on how grandfathered HCP unspent funds will be managed and claimed in the Support at Home program manual.

If my only income is the aged pension, how can I make a contribution to homecare costs?

The Australian Government will continue to pay the majority of the cost for full rate pensioners and many part-rate pensioners. This approach ensures a high-quality aged care system is available for everyone, regardless of health or wealth.

A no worse off principle will provide certainty to people already in aged care that they won't make a greater contribution to their care. Older people who are receiving a full pension and were receiving a Home Care Package on 12 September 2024 will not be required to make participant contributions for any services. Similar hardship arrangements will remain in place.

Will consideration be given to additional care management funding to deliver support to CALD participants?

There is currently no care management supplement for CALD participants reflecting the diversity of the CALD population and individual participant's needs for additional care management support.

How are costs and caps calculated if both members of a couple were approved for Support at Home?

The Support at Home contribution arrangements use settings from the pension system to determine contribution rates. A couple would be required to contribute at the self-funded retiree rate (50% for independence and 80% for everyday living) if they are not eligible for a Commonwealth Seniors Health Card. A couple in this situation would have to have more than $158,440 in income (combined). These income limits are higher than those that apply to seniors and so ensure that couples are treated equitably. The rates do, however, apply to each member of a couple (so if they are both receiving care, they will both need to contribute to the cost of the services that they receive).

How will current supplements such as the dementia and cognition supplement, enteral feeding supplement and oxygen supplement be operationalised in the Support at Home program?

The dementia and cognition supplement will not be a feature of the Support at Home program, as the Support at Home classification framework considers each participant's cognitive ability when assigning them to a level of funding. Existing home care package recipients receiving the supplement as of 30 June 2025 will continue to receive the additional funding while they remain on their grandfathered level of funding in the Support at Home program. Providers will be able to continue to apply for the enteral feeding and oxygen supplements through Services Australia for eligible participants. The draft rules contain guidance on the applicability and dollar amounts for each of the person-centred supplements.

CHSP

Why has CHSP been delayed in joining Support at Home?

The staged approach will give CHSP providers time to change their business systems and adjust to new payment arrangements. This will ensure they can operate successfully under Support at Home and avoid disruptions for this large group of CHSP clients.

Will older people still be referred into CHSP?

From 1 July 2024, the Single Assessment System will use the new Integrated Assessment Tool (IAT) for assessments and re-assessments for all existing aged care services (e.g. CHSP, Home Care Packages Program). From 1 July 2025, assessors will refer older people with entry-level aged care needs to CHSP and people with higher-level needs will be approved for Support at Home.

If an existing CHSP client requires increased supports, can they access Support at Home from July 2025?

If a CHSP client's needs change, they can be re-assessed through the Single Assessment System to determine if they are eligible for Support at Home.

If approved for Support at Home, they will receive a notice of decision with an individual support plan to share with their provider, which will contain:

- a summary of their aged care needs and goals
- a classification with an associated ongoing quarterly budget, and/or
- an approval for short-term supports, which may include a budget for:
    - assistive technology and/or home modifications
    - restorative care pathway (e.g., intensive allied health services)
    - End-of-Life pathway.

What will the new AT-HM Scheme mean for existing CHSP services?

CHSP Goods, Equipment and Assistive Technology (GEAT) and home modifications service types will continue (per grant arrangements) for existing clients until CHSP joins Support at Home, no earlier than 1 July 2027.

Older people entering aged care who only require assistive technology and/or home modifications will be referred to the CHSP to access existing CHSP GEAT and home modifications services.

Care management

What care management assistance is provided under Support at Home?

Support at Home participants will have access to care management services in line with their assessed need, including clinical oversight where required.

A care partner will deliver person-centred care management services to support the participant's wellbeing.

Care management activities include:

- care planning
- service coordination
- budget management
- monitoring, review and evaluation
- support and education.

How will care management services be funded?

Participants will have 10% of their ongoing quarterly budgets set aside for care management.

A separate supplement will provide additional funding to providers where they have participants with certain needs (e.g., older Aboriginal and Torres Strait Islander people and people experiencing homelessness).

Providers will have the flexibility to use care management funds across their cohort of Support at Home participants and are responsible for managing available funding.

How will providers invoice for care management services?

Providers will lodge claims to Services Australia and be paid for care management services after they have been delivered. They will claim care management services for their ongoing participants against their allocated pool of care management funding.

Claims will specify services delivered to individual participants, which will support program assurance.

How will care planning work under Support at Home?

Providers are expected to undertake care planning in delivering care management services.

A care partner will work with a participant to identify their aged care needs, goals, preferences and existing supports. This will be documented in a care plan, which will be reviewed annually, at a minimum, and more frequently if required.

The care plan is guided by the support plan developed in the aged care assessment process.

What is a care partner, and what qualifications will care partners be required to have under Support at Home?

A care partner is an appropriately trained person who delivers care management services to Support at Home participants and supports them to achieve the best outcomes from the aged care services they receive.

Care partners will have preferred qualifications (e.g., a Certificate IV in Aged Care), with clinical care partners required to hold tertiary health related qualifications (e.g., nursing).

The team-based approach to delivering care management, which many Home Care Package providers already use, will continue under Support at Home.

Will care finders still exist under Support at Home?

Yes, the care finder program will continue to operate as it does in the current in-home aged care system. For more information on the care finder program please visit the Care finder program webpage.

Will participants be able to self-manage their funding?

Participants can choose to undertake self-management activities with the support and oversight of a registered provider. For example, coordinating their own services and budget management. This will be similar to current arrangements in the Home Care Packages Program.

Does the 10% cap on care management fees apply to existing or only new participants entering after 1 July 2025?

From 1 July 2025, Support at Home participants that receive ongoing services will have 10% of their quarterly budget set aside for care management. This includes Home Care Package recipients, that will be grandfathered.

What Support at Home services are available for people from culturally and linguistically diverse backgrounds?

Under the Support at Home program, people from culturally and linguistically diverse backgrounds may be eligible for an additional care management supplement if they are referred through the care finder program or meet other eligibility criteria. The care finder target population is people who are eligible for aged care services and have one or more reasons for requiring intensive support.

An additional supplement will be added to a provider's care management fund in respect of:

- people referred by the care finder program
- older Aboriginal and Torres Strait Islander people
- people who are homeless or at risk of homelessness
- people who are care leavers (e.g. a person separated from parents or children
- by forced adoption or removed)
- veterans who are approved for the Veteran's Supplement for aged care.

In addition, eligible Support at Home providers will be able to apply for a thin market grant to support their financial viability. The grants will support service continuity in rural or remote Australia, and for people with diverse backgrounds and life experiences.

How will care management work for self-managed participants?

Self-management will continue under Support at Home. Self-management arrangements must be agreed to by the participant and Support at Home provider. If providers can support these arrangements, self-management may include:

- choosing worker/s
- coordinating services
- managing budgets
- paying invoices for services and seeking reimbursement from the provider.

Participants will still receive care management support from their registered provider, and they will have oversight of services. This is to ensure that services are compliant with program guidance and meet the quality and safety standards.

For further details on self-management refer to chapter 6 of the Support at Home program handbook.

Will care management funding be paid in advance or will it be invoiced for claim days only?

In line with broader program payment arrangements, providers will claim and be paid for care management services after they have been delivered. For more information see chapter 9 of the Support at Home program handbook.

Will there be a participant contribution on the care management?

No, there is no participant contribution towards care management.

What services will be available under Support at Home?

Participants can access services to help meet their age-related needs and stay independent at home. The service list outlines all services available under Support at Home and is available on the department's website here.

What are the inclusions and exclusion of the service list?

You can find the inclusions and exclusions on the Support at home Service list.

How are services going to be differentiated between personal care and cleaning etc when a participant is receiving both services in one visit?

The time spent on each service should be recorded separately, even if they are being delivered by the same person in one visit.

Can Support at Home participants choose their services?

Participants will have the flexibility to choose from the services on the Support at Home service list based on the outcome of their needs assessment.

Can a participant have more than one provider?

No. From 1 July 2025, a single Support at Home provider will manage and deliver a participant's services to meet their assessed needs. The provider may subcontract services that they cannot provide directly, in line with their registration.

Can a participant organise services not delivered by their provider?

Participants can use third-party services if their provider supports these arrangements. Their provider will have regulatory responsibility for all services delivered under Support at Home.

Will participants still be able to suspend their packages from temporary leave e.g. respite?

No – there are no leave provisions under Support at Home.

Will remedial massage therapy continue to be funded by Support at Home?

Remedial massage may only be delivered by an accredited therapist, where included in a prescribed allied health treatment plan to address functional decline. Refer to page 24 of the Support at Home program handbook.

Can you use your wheelchair taxi card with either a taxi voucher or taxi e-ticket for medical appointments?

Under the Support at Home service list, transport including taxi vouchers are in scope. Vouchers can be used to connect an older person with their usual activities, unless there is a state-based or local government travel assistance program available.

Are there caps on the number of hours for gardening and cleaning?

No. On 19 November 2024, the Australian Government announced the removal of everyday living service caps under the Support at Home program, which previously meant older people would only be able to access one hour a week of cleaning and 18 hours of gardening per year.

What constitutes an appropriately qualified 'care partner'?

Care partners are appropriately trained aged care workers with relevant experience. Although there are no mandatory qualifications or professional registrations required, qualifications may include:

- Diploma of Nursing – preferred
- Certificate III in Participant Support (Ageing)
- Certificate III Health Services Assistance
- Certificate IV in Aged Care
- Certificate IV in Disability

- Certificate IV in Community Services
- Diploma of Community Services (Case Management)
- Diploma of Ageing Studies and Services
- Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care, and Certificate IV Aboriginal and/or Torres Strait Islander Primary Health Care Practice
- Certificate lll Aboriginal and Torres Strait Islander Primary Health Care.

Some care partners will have more experience and higher-level qualifications, which will enable them to take on more complex tasks at the direction of their provider. These care partners may be referred to as clinical care partners. Where this is the case, the individual must hold a university-level qualification in a relevant health related discipline, for example, Bachelor of Nursing. There is flexibility for individual qualifications to enable a team-based approach and for providers to respond to participant needs and the needs of their participant cohort.

Are all participants eligible for care management? Apart from the care management supplement, are there any other supports?

Each ongoing participant will have 10% of their budget allocated to a funding pool that their provider invoices against for the delivery of care management for ongoing participants. Additional funding is added to the pool for participants with certain diverse needs or vulnerabilities identified at assessment.

A separate care management account will not be required for the Restorative Care Pathway and End-of-Life Pathway. The cost of care management services for participants will be charged directly against their respective budget. While care management for ongoing Support at Home has 10% of the budget set aside for care management activities, there is no specific limit or amount set aside for restorative care management activities. Care management for the End-of-Life Pathway needs to be claimed directly from the participant's End-of-Life Pathway budget. There is no cap on the amount of care management that can be claimed under the End-of-Life Pathway. This recognises that there may be significant planning and coordination required with medical teams and state and territory support services. However, it is expected that care management claims are proportionate and in the best interests of the participant

Care management funds are limited to 10% of pooled funds – does this mean that some months a client might need more than 10%, but another month might need less, and providers need to manage within the 10% pool?

Yes, that is correct. The care management funding for all participants will be pooled with their provider in a care management fund to deliver care management across all of their Support at Home participants. This will allow providers to flex care management support up and down as participants' needs change over time.

Why is showering/personal care on the independence list, rather than clinical care?

Clinical supports, such as nursing and allied health, will be fully funded by the government. This means no participant will be asked to pay anything for these services. Things that are considered important to support someone's independence at home will have a moderate contribution. This includes personal care, such as showering. Where a person receives assistive technology or home modifications, the contributions for these will be based on the independence rate.

Is the role of a care coordinator under the HCP program the same as a care partner under Support at home?

Tasks completed by care partners under Support at Home will be similar to those completed by many care coordinators/managers under HCP.

The Support at Home program manual will provide a full list of care management activities.

Short-term supports

What is the Restorative Care Pathway?

Under Support at Home, the Restorative Care Pathway will replace the Short-Term Restorative Care (STRC) Programme.

Based on their needs assessment, participants will have access to up to 12 weeks of support (with ability for a further 4-week extension) focused on allied health to regain function and build strength and capabilities.

A restorative care partner will coordinate services tailored to a participant's assessed needs.

How will the Restorative Care Pathway be different from the STRC Programme?

The new Restorative Care Pathway will support participants for up to 12 weeks, an increase from the 8 weeks available under the STRC Programme.

Who can deliver the Restorative Care Pathway?

To deliver the Restorative Care Pathway (either directly or via sub-contracting arrangements), providers must be registered in the relevant registration category and be able to offer a restorative care partner to coordinate services. The appropriate registration categories will include Restorative Care Management (Category 4) and any other categories to cover the services required by the individual. Providers delivering across multiple programs (such as home care and residential aged care in addition to restorative care) will only need to complete the registration process once.

It will not be a requirement for all Support at Home providers to deliver the Restorative Care Pathway. Providers will need to indicate whether they can offer the service, which may be delivered directly by the provider or via sub-contracting arrangements. For more information on the registration categories, please visit the how the regulatory model will work webpage.

Under the Restorative Care Pathway, which allied health professionals are included in the multidisciplinary team?

The Restorative Care Pathway will use the Support at Home service list. Allied health and nursing professions on this list can be utilised as part of a multi-disciplinary team in the Restorative Care Pathway.

Many older people are awaiting hospital discharge for restorative services. What options do they have under Support at Home?

The Transition Care Programme (TCP) will continue as a separate program for those requiring in-home support after a hospital stay.

What is the End-of-Life Pathway?

A new End-of-Life Pathway will be available for older people who have been diagnosed with less than 3 months to live and wish to stay at home.

The End-of-Life Pathway will give people access to Support at Home's highest funding classification for additional services during this period.

How quickly can people access the End-of-Life Pathway?

Existing Support at Home participants will access the End-of-Life Pathway via a high priority Support Plan Review conducted by an aged care assessor. This will involve a review of the participant's medical documents to determine eligibility to move from their current classification into the End-of-Life Pathway. This will avoid the need for a new comprehensive assessment at a difficult time for participants and their families.

Older people who are not already Support at Home participants will be referred for a high priority assessment to confirm their eligibility for the End-of-Life Pathway and to approve a list of services they may access.

Is eligibility for End-of-Life Pathway either confirmed medical advice or the Karnofsky Performance Status score or both?

The eligibility requirements for accessing the End-of-Life Pathway are:

- a doctor or nurse practitioner advising estimated life expectancy of less than 3 months
- Australian-modified Karnofsky Performance Status score (mobility/frailty indicator) of 40 or less.

For more information on the End-of-Life pathway, refer to page 48-50 in the Support at Home program handbook.

What happens if a participant receiving the End-of-Life Pathway lives past the 3-month period?

A total of $25,000 will be available per eligible participant, with a total of 16 weeks to use the funds to provide additional flexibility. If a participant lives beyond the End-of-Life Pathway funding period, a support plan review can be requested to transfer the participant into an ongoing Support at Home classification so they may continue to receive services.

Can all providers deliver the End-of-Life Pathway? Is there any mandatory training?

Any provider registered to deliver Support at Home services can offer End-of-Life Pathway services, given the End-of-Life Pathway draws from the regular Support at Home service list. As with Support at Home generally, a participant seeking services under the End-of-Life Pathway would need to ensure their provider is registered to provide the services they require. The department will provide further guidance to support providers to deliver services under the End-of-Life Pathway.

If you are on a state funded palliative care scheme, can you access End-of-Life Pathway as well?

Yes. The End-of-Life pathway is intended to provide additional in-home aged care services that will complement services available under state and territory-based specialist palliative care schemes.

Can people who are accessing the voluntary assisted dying services be eligible for the End-of-Life Pathway?

The End-of-Life Pathway is available based on a needs assessment, which may consider these circumstances.

What is the Assistive Technology and Home Modifications (AT-HM) Scheme?

From 1 July 2025, a new Assistive Technology and Home Modifications (AT-HM) Scheme will be introduced for Support at Home.

An aged care assessment will identify if an older person needs assistive technology (products and/or equipment) and/or home modifications with a funding level to meet their assessed needs.

Support at Home providers will be responsible for arranging and sourcing required assistive technology and/or home modifications through:

- purchasing the product or equipment
- organising allied health prescriptions and wrap-around services where needed
- arranging and sourcing home modifications.

The AT-HM list clearly defines items that are included and excluded under the AT-HM Scheme.

How will the AT-HM Scheme be funded?

The AT-HM Scheme will be separately funded under Support at Home.

Support at Home participants do not need to save funds from their quarterly budget to purchase assistive technology and/or home modifications. This means participants can get timely and easy access to the supports they need to live safely and independently at home.

Participants will be assigned a funding tier for assistive technology and/or home modifications based on their assessed needs. AT-HM funds will not accrue over time and funding will be available for 12 months once a participant is assessed (or reassessed) and approved.

If major home modifications take longer than 12 months, funding may be available for a further 12 months if the participant can provide evidence the work has commenced. This will ensure enough time to complete the work to the required standards.

If available, Home Care Package unspent funds must be used to access assistive technology and home modifications before Support at Home AT-HM funding is used.

Will participants need an assessment by a health professional to access assistive technology and/or home modifications?

Support at Home participants will have immediate access to low-risk, low-cost equipment and products without a health professional assessment.

More complex items will require a prescription from a suitably qualified health professional. This may include wrap around supports to ensure the equipment is set up and participants receive training to ensure the safe use of equipment.

Support at Home participants will have access to home modifications included on the AT-HM list. All home modifications need to be prescribed by a suitably qualified health professional.

What items will be available under the AT-HM Scheme?

The AT-HM Scheme will have a detailed list of items that are included and excluded under Support at Home.

The AT-HM list is based on internationally agreed instruments including the internationally developed and Australian-adopted Assistive product – Classification and terminology standard (AS/NZS/ ISO/ 9999:2023) and informed by subject matter experts.

Participants will have access to various products and equipment based on the following categories:

- managing body functions
- self-care
- mobility
- domestic life
- communication and information management.

Will AT-HM funding be accessible via a support plan review? Or will it require a new assessment?

Eligible participants are assessed using the Integrated Assessment Tool (IAT) as requiring assistive technology and/or home modifications. Refer to chapter 7 of the Support at Home program handbook for more information.

Where would funding for aids such as continence, orthotics or food supplements sit?

Incontinence aids can be claimed as nursing consumables under the Support at Home service list. AT products for continence management will be available under the AT-HM Scheme (i.e. waterproof sheets etc).

Orthotics are available under the AT-HM Scheme as per the AT-HM List

Food supplements are available in the Support at Home service list.

How will the AT-HM Scheme address the needs of older people with progressive conditions?

The AT-HM Scheme design will include considerations for older people with progressive conditions to meet any additional AT-HM needs.

This work is ongoing and will be informed through advice from Monash University's Rehabilitation, Ageing and Independent Living (RAIL) Centre.

Will the AT-HM Scheme support older people with disability?

The AT-HM Scheme has been designed to support older people, including people with disability who are not eligible to access the National Disability Insurance Scheme (NDIS) to live safely and independently at home.

Regarding the $15,000 limit on AT-HM funding, will there be any provision for the Support at Home program to partially fund high-cost home modifications that exceed this amount?

Access to high-tier home modifications will be capped at $15,000 per lifetime (plus any additional supplements). Participants will have co-contribution requirements and must meet all additional costs above the funding tier limit. Home Care Package unspent funds may be used for assistive technology and home modifications.

Will grandfathered Home Care Package recipients be expected to pay for GEAT out of their new Support at Home package, or will they also be able to access GEAT from 1 July 2025?

The Assistive Technology and Home Modifications (AT-HM) Scheme is a key component of the Support at Home Program. It will provide eligible participants upfront, separate funding to access the products, equipment and home modifications to meet their assessed needs and help them to live at home independently for longer.

How often can AT-HM needs be assessed in a 12-month period? What happens to clients who have had a low level for assistive technology approved and then their function changes?

Participants can access an assessment for aged care services as needed. If there is a change in the participant's function, their provider can seek a Support Plan Review, and they may change to a different funding tier.

Provider arrangements

Who can be a Support at Home provider?

Support at Home providers must be registered under the proposed new regulatory model for aged care. Existing Home Care Package providers and Short-Term Restorative Care providers will be deemed into the new registration categories.

Both the department and the Aged Care Quality and Safety Commission will work closely with providers to support a smooth transition.

Read more information about the new model for regulating aged care.

What can providers charge for services?

From 1 July 2025, in-home aged care providers will continue to set their own prices for Support at Home services. This is what currently occurs in the Home Care Packages (HCP) Program.

From 1 July 2026, government set price caps will apply.

What will claiming through Services Australia look like for providers?

The following claiming process will be in place:

- invoices submitted to Services Australia using existing channels
- itemised invoices (by client by services)
- invoices may be submitted up to daily or batched
- final invoice for a quarter must be submitted within 60 days of end of the quarter
- Services Australia process claims within seven calendar days of claim submission.

Can providers invoice Services Australia as a bulk upload or is it individual claims for each hour of each service line?

Service providers can do both bulk upload or individual claims, but claims must include individual service delivery details.

Will providers still submit payment claims on a monthly basis? If they can submit daily invoices, will daily payment runs occur or will payment still be once per month?

Providers may invoice Services Australia daily and payments will be made per claim. Providers will have up to 60 days after the end of a quarter to submit claims to Services Australia for ongoing services delivered in that quarter. Providers will claim for the specific services delivered and payments will reconcile to the separate funding sources for the participant (such as the Participant Budget, Care Management Account, or the AT-HM budget). Services Australia will validate the claim and manage payments.

All ongoing funds will be based on a quarterly cycle within the typical financial year, with quarters commencing on 1 July, 1 October, 1 January and 1 April each year. When the

provider's claim for a service is finalised, the government subsidy amount and the participant contribution amount will be debited from the participant's budget.

When claiming, will providers need to wait until invoices arrive from third-party suppliers or will they be able to claim when they have confirmed that the service has been delivered?

For cost-based services provided under the Support at Home program, service providers will need to wait until the invoices are available before submitting a claim. For AT-HM services requiring prescriptions, service providers will need to wait until the prescriptions are available before submitting a claim.

Can providers charge in 15-minute increments or only hour increments? Can a single worker provide 15 minutes of independence and 45 minutes of everyday living services?

If a Support at Home service within the service list provides for a unit type of 'hour' then it will support claims of 15, 30, 45 and 60 minutes.

Do providers need to issue monthly statements under new arrangements?

Providers must send participants with ongoing services at the minimum, a monthly financial statement.

What will happen to organisations that still have Commonwealth unspent funds held by the provider?

The funds will remain with the provider until they are accessed under the Support at Home program, or until the participant transitions to another provider or exits Support at Home.

Will sole traders be able to register for Support at Home?

It is proposed that sole traders and partnerships will be able to deliver government-funded aged care services under the new Aged Care Act. This opens the market to more organisations and offers more choice to older people. To register to deliver services you will need to:

- have an Australian Business Number (ABN)
- demonstrate the ability to deliver aged care services in your proposed registration category.

For more information on the registration and deeming arrangements, please visit the department's webpage.

How do businesses register to be a provider?

The registration process will start when a new entity seeks to provide government-funded aged care services. A separate process – called deeming – will apply for current providers when the new Aged Care Act starts. You can apply to the Aged Care Quality and Safety Commission (the Commission) by submitting a registration application form. The form will require:

- the registration categories your entity is seeking to be registered in

- the service types you intend to deliver
- each of the entity's responsible people
- associated providers
- the entity's commitment, capability and capacity to deliver government-funded aged care services in the intended service types.

The Commission will assess specific criteria to determine your suitability to deliver aged care services. For more information on the registration and deeming arrangements, please visit the department's webpage.

What are the registration categories?

There will be 6 registration categories that group service types, based on similar care complexity and risk. You can register into one or more of the 6 categories, relevant to the type of services you provide.

Category	Description
Category 1	Home and community services
Category 2	Assistive technology and home modifications
Category 3	Advisory and support services
Category 4	Personal care and care support in the home or community (including respite)
Category 5	Nursing and transition care
Category 6	Residential care (including respite)

For more information on the registration and deeming arrangements, please visit the department's webpage.

Will there be an annual registration process?

Registration will be time-limited in the new model. Each provider's ongoing suitability to deliver aged care services will be reviewed regularly, providing greater assurance services on offer are of high quality. The standard registration period for providers will be 3 years. For more information on the registration and deeming arrangements, please visit the department's webpage.

Are providers automatically deemed from 1 July 2025?

From 1 July 2025, Support at Home providers must be registered into relevant registration categories to deliver their participant's services.

All existing Home Care Package and Short-Term Restorative Care providers will be deemed into registration categories that align to the services they currently deliver or their current funding agreement. The deeming process will involve a confirmation of this information with all HCP and STRC providers.

For more information on the registration and deeming arrangements, please visit the department's webpage.

When Support at Home commences, will providers still have the same contract arrangements in place with externally sourced suppliers, or will all suppliers of aged care services to participants on Support at Home be required to be registered individually?

Providers must be registered in the relevant registration category and need to meet obligations based on the type of services delivered.

Under section 6 of the Act, providers who deliver services on behalf of registered providers (subcontractors) are known as associated providers. Providers are responsible for ensuring associated providers comply with relevant obligations, regardless of whether the associated provider is registered or not.

Providers can engage a third party or subcontractor (associated provider) to deliver services on their behalf. However, the provider remains responsible for ensuring their third parties and subcontractors comply with relevant obligations.

Will providers need to itemise the invoice submitted to Services Australia by service for each client?

Claims must include an itemised list of all services and supports including care management and AT-HM products and services delivered to clients for the period. Further information on claiming rules will be contained in the Support at Home program manual. Services Australia will update existing guides on the Aged Care Provider Portal with changes to the claiming process. Providers will submit a claim to Services Australia against different funding sources, where applicable:

- Participant's quarterly budgets for ongoing services delivered
- participant's AT-HM funding tier, including prescribing costs
- participant's budget for End-of-Life Pathway and/or Restorative Care Pathway
- unspent funds for Home Care Package recipients who have transitioned to Support at Home
- the provider's care management fund.

For most service types, providers will invoice at a price per unit of service delivered. For AT-HM and some service types, providers will invoice for the actual cost of items purchased. Providers

will claim for specific services that will link to separate funding sources for the participant (such as the participant budget, care management account or the AT-HM budget). Services Australia will validate the claim and manage payments.