



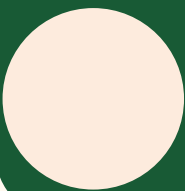
ASHAND CARE & SERVICES

SELF-MANAGED VS PROVIDER-MANAGED AGED CARE

A practical Support at Home guide to help your family choose with confidence.

More choice. Clear responsibilities. Support that fits.

Registered Support at Home provider



First, what does self-management mean?

Self-management gives an older person greater involvement in organising their Support at Home services. Depending on the arrangement agreed with the provider, this may include choosing workers, scheduling services, coordinating appointments and keeping a close eye on the budget.

Self-managed care does not mean receiving government funding directly or having no provider. Under Support at Home, one registered provider still coordinates the funded services and remains responsible for care management, safety, quality and program compliance.

Self-management can be flexible

It is not necessarily all or nothing. A person may manage some parts themselves and ask their provider to manage others. The agreed responsibilities should be clearly documented in the care plan and service agreement.

- **Light involvement**
You choose preferences and approve plans while the provider coordinates most services.
- **Shared management**
You organise selected services or workers and the provider coordinates the rest.
- **Higher involvement**
You take the lead on scheduling and sourcing agreed services, with provider oversight.

At a glance: what is the difference?

Area	Self-managed	Provider-managed
Choosing workers	More input into sourcing or selecting agreed workers.	Provider recruits, checks and allocates workers.
Scheduling	You may organise services and communicate directly with workers or suppliers, as agreed.	Provider coordinates rosters, bookings and replacements.
Budget oversight	You monitor spending closely and may request or check quotes and invoices.	Provider plans, monitors and reports on the budget with you.
Administration	More tasks may sit with you, depending on the arrangement.	Most administration is completed by the provider.
Safety and quality	The provider still has oversight and must ensure safe, quality services.	The provider directly coordinates safety, suitability and service quality.
Care management	Still provided by the registered provider.	Provided by the registered provider.
Best suited to	People with time, confidence and interest in taking a more active role.	People who prefer convenience, coordination and fewer administrative tasks.

Important: The exact meaning of “self-managed” can differ between providers. Ask for a written explanation of which tasks you will perform, which tasks the provider will perform, and any related prices.

What self-management may involve

Your agreed role may include some or all of the following:

1

Choosing services

Deciding which approved services best support the person's assessed needs and goals.

2

Finding workers or suppliers

Suggesting preferred workers or associated providers for the registered provider to review and approve.

3

Scheduling

Arranging suitable days and times and communicating agreed changes.

4

Checking invoices

Confirming the service occurred, the hours are correct and the charge matches the agreed price.

5

Monitoring the budget

Watching spending and planning ahead so essential support can continue across the quarter.

6

Sharing information

Promptly advising the provider about incidents, risks, hospital visits or changes in need.

What the provider still does

The provider continues care management, develops and reviews the care plan and individualised budget with the participant, checks that services are within the Support at Home service list, manages claims and contributions, and oversees quality, safety and compliance.

Benefits and trade-offs

SELF-MANAGED: POSSIBLE BENEFITS	SELF-MANAGED: CONSIDER
Greater choice over workers and schedules	It can require time, organisation and regular follow-up
More direct involvement in how support is arranged	Preferred workers still need to meet provider and program requirements
Closer visibility of prices and budget use	You need to monitor spending and identify invoice errors
Potential for services to feel more personalised	Back-up arrangements may need extra planning

PROVIDER-MANAGED: POSSIBLE BENEFITS	PROVIDER-MANAGED: CONSIDER
Less scheduling and administrative work for the family	You may have less direct control over worker selection
Provider coordinates checks, rosters and replacements	Availability may depend on the provider's workforce
A central contact manages services and issues	You should still review prices, statements and the care plan
Useful when needs are complex or family time is limited	Communication quality can vary, so clear expectations matter

Which option may suit your family?

There is no universally “better” model. Consider the person's wishes first, then the family's capacity.

Self-management may suit you if...

- ☐ The older person wants more control over who provides care and when.
- ☐ You are comfortable comparing services, prices and invoices.
- ☐ Someone has time to coordinate bookings and follow up issues.
- ☐ You understand that preferred workers must still meet required checks and standards.
- ☐ You are willing to communicate changes and safety concerns promptly.

Provider management may suit you if...

- ☐ You want one team to coordinate rosters, suppliers and replacements.
- ☐ The person's care needs are complex or changing.
- ☐ The family has limited time or lives far away.
- ☐ You prefer the provider to manage most administration.
- ☐ You value convenience more than having direct control over every arrangement.

**A blended arrangement can work well.
For example, you might choose and schedule a preferred support worker while asking the provider to coordinate nursing, allied health and back-up services.**

Questions to ask before deciding

Ask the provider to answer these questions in writing.

- ☐ Which parts of my care can I self-manage with your organisation?
- ☐ Can I choose my own worker or service supplier?
- ☐ What checks and approvals must a worker or supplier complete?
- ☐ Who is responsible for scheduling and finding replacement workers?
- ☐ How are quotes, invoices and participant contributions handled?
- ☐ What fees apply to self-managed and provider-managed arrangements?
- ☐ How will I see my available quarterly budget and recent spending?
- ☐ What happens if spending is higher than planned?
- ☐ How often will my care partner contact me and review my care plan?
- ☐ What information must I report to you and how quickly?
- ☐ Can I change how much I self-manage later?
- ☐ What happens if self-management is no longer safe or practical?

Choose support that feels right

The best arrangement is one that respects the older person's choices while keeping care safe, reliable and manageable. You should feel comfortable asking questions, changing the level of involvement and requesting clear information about services, prices and funding.

HOW ASHAND CAN HELP

Ashand Care & Services welcomes people who want either provider-managed support or greater involvement through an agreed self-management arrangement. Our nurse-led team can explain the responsibilities, prepare a transparent budget and help design support around the person's goals and preferences.

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Independent information

My Aged Care: 1800 200 422 | myagedcare.gov.au

Older Persons Advocacy Network (OPAN): 1800 700 600 | opan.org.au

Aged Care Quality and Safety Commission: 1800 951 822 | agedcarequality.gov.au

About this guide

This guide provides general information about self-management under Australia's Support at Home program. It is not legal, financial or clinical advice. The responsibilities and prices in an arrangement can differ between providers and should be documented in the care plan and service agreement. Information checked 24 July 2026.

Key official sources: My Aged Care - Managing your Support at Home services; Department of Health, Disability and Ageing - Support at Home self-management factsheet, provider responsibilities and Support at Home program manual.