Australian Government
Department of Health and Aged Care

Support at Home program handbook

Program details for 1 July 2025

Published October 2024

Version 1.0

3 October 2024

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About this handbook

Purpose of this handbook

The Department of Health and Aged Care (the department) has prepared this handbook to outline the new Support at Home program (Support at Home) arrangements from 1 July 2025.

This handbook provides information to assist Home Care Packages Program and Short-Term Restorative Care (STRC) Programme providers to prepare to transition to Support at Home. This handbook is not intended to provide extensive program details.

More operational detail will be available in the future as the department releases the full program design and additional resources to support the transition, including a program manual.

The information provided in this handbook is subject to the passage of the new Aged Care Act through Parliament.

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Support at Home overview

This section covers:

- **an overview of the Support at Home program**
- **the staged implementation approach**
- **benefits of Support at Home.**

Support at Home overview

The Australian Government is implementing Support at Home in response to recommendations from the Royal Commission into Aged Care Quality and Safety (Royal Commission). The new program also directly addresses Principle 1 of the Aged Care Taskforce: the aged care system should support older people to live at home for as long as they wish and can do so safely.

Support at Home will:

- better support older people to remain independent at home through an increase in places, with an additional 300,000 people supported by 2034-35
- bring together current in-home aged care programs over time
- have new assessment and classification arrangements to ensure the program is more equitable
- increase focus on early interventions to help people to stay active and independent
- ensure higher levels of care for those with complex needs who require more help to remain at home.

With funding set to grow with the needs of an ageing population, Support at Home will provide timely access to the services people need to remain living at home.

Staged implementation

Support at Home is being implemented using a staged approach.

From 1 July 2025, Support at Home will replace the Home Care Packages Program and the Short-Term Restorative Care Programme.

Home care recipients transitioning to the new program from July 2025 will be allocated Support at Home funding that is equivalent to their existing Home Care Package level and aligned to the new legislated program rules.

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

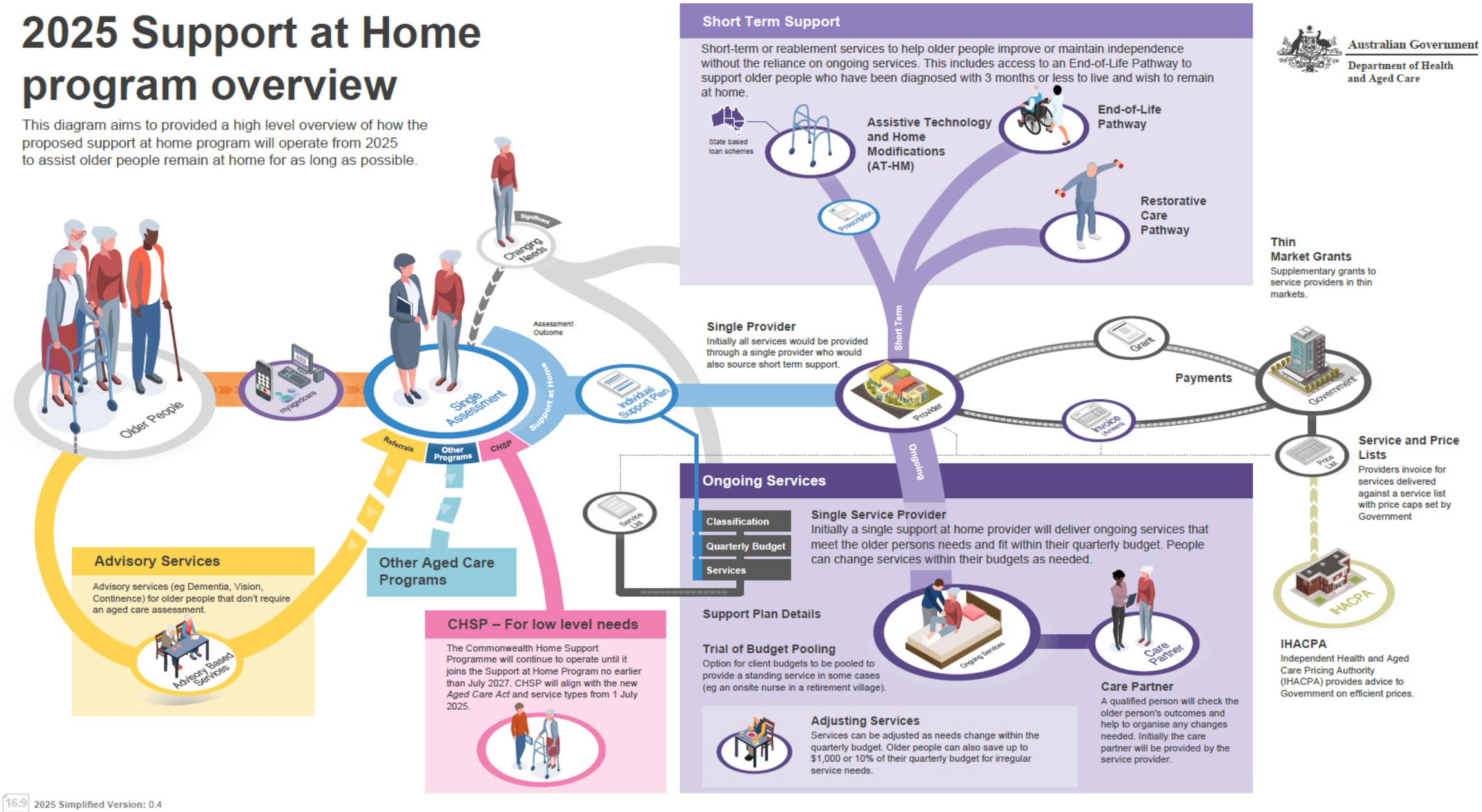
However, CHSP providers will be covered by the new Aged Care Act from 1 July 2025. Providers will need to adhere to the new regulatory framework (registration model) from this date. Further information about deeming providers into the new registration categories will be provided to all CHSP providers shortly.

Benefits of Support at Home

Support at Home will provide more effective in-home aged care to support older people to stay independent and at home for longer through:

- providing access to higher levels of care by increasing the maximum annual amount of funding available for in-home aged care from $61,440 to $78,000
- access to a care partner within a registered provider who will deliver care management support to help Support at Home participants get the best outcomes possible
- efficient pricing arrangements through capped prices and no separate administrative or management fees
- equitable participant contributions which will apply only to non-clinical services received
- more timely support as wait times between approval for Support at Home and assignment of funding for services will progressively reduce, with a target of three months from July 2027
- better access to preventative support through upfront funding up to $15,000 for the Assistive Technology and Home Modification (AT-HM) Scheme – participants will no longer need to save up individual budgets to access assistive technology (e.g. walking aides) and home modifications (e.g. installing a rail in the shower)
- an expanded Restorative Care Pathway, which will improve upon existing arrangements under the Short-Term Restorative Care (STRC) Programme by increasing support from 8 weeks to 12 weeks and doubling available places (increase from 2,269 to 5,000 places, per quarter)
- access to a new End-of-Life Pathway that 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.

A high-level overview of Support at Home as it will operate from 1 July 2025 is described in **Figure 1**. The components of the program shown in the diagram will be described in more detail throughout this document. **Figure 1.** High level overview of Support at Home.



Program arrangements

This section covers:

- **stakeholder engagement**
- **program design**
- **assessment for services**
- **accessing a service provider**
- **service list with capped prices**
- **quarterly budgets for ongoing services**
- **participant contributions**
- **access to care management services**
- **assistive technology and home modifications**
- **short-term support**
- **provider payment arrangements**
- **regulation of providers**
- **arrangements of existing home**
- **care recipients**
- **trials to further develop design.**

Program arrangements

Stakeholder engagement

Since 2020, the department has engaged with aged care stakeholders to test and refine program design through:

- co-design sessions
- workshops
- surveys
- public webinars
- meetings with providers
- online question and answer sessions with providers and older people.

This process has taken time but has ensured policy design is responsive to feedback from those who will be impacted by this reform.

The department has engaged with:

- older people, families, carers, and their representatives
- aged care providers and their workforce
- older Aboriginal and Torres Strait Islander people and providers that deliver aged care services to older Aboriginal and Torres Strait Islander people
- aged care peak and professional bodies
- local councils and other government agencies and departments
- the National Aged Care Advisory Council and the Aged Care Council of Elders.

Program design

The Support at Home program design covers:

1. assessment for services
2. accessing a service provider
3. a service list with capped prices
4. quarterly budgets and ongoing services
5. participant contributions
6. care management
7. an assistive technology and home modifications scheme
8. short-term restorative care and end-of-life supports
9. provider payment arrangements
10. regulation of providers
11. arrangements for existing home care recipients

12. trials to further develop the design.

1. Assessment for services

Eligibility

The following people will be entitled to an aged care assessment:

- a person over the age of 65
- an Aboriginal and Torres Strait Islander person over the age of 50
- a person who is at risk of, or experiencing, homelessness and over the age of 50.

Single Assessment System

From 1 July 2025, older people will be assessed for Support at Home through the new Single Assessment System using the Integrated Assessment Tool.

Where an older person is found eligible, the information captured during assessment will inform what services they need. The assessor will work with the older person to develop an individual support plan.

A support plan will provide a broad overview of the participant's needs and services. It will be developed during the participant's assessment and provided shortly after. The support plan will provide an overview of the participant's condition and reason for referral, along with a summary of their goals, strengths and assessed needs. It provides a basis for the participant to understand their funding and the services they can receive.

An older person approved for Support at Home will receive a notice of decision with their individual support plan to share with their Support at Home provider. The notice of decision will contain:

- a summary of their aged care needs and goals
- an ongoing quarterly budget based on assessed classification, and/or
- an approval for short-term supports, which may include a budget for:
  - assistive technology and/or home modifications
  - short term restorative support (e.g., intensive allied health services) or end-of-life care.

When funding becomes available, participants will be assigned a budget and can begin to receive services. Under Support at Home, wait times are forecast to reduce with a target of 3 months by July 2027.

HCP care recipients, including those on the National Priority System awaiting an HCP at their assessed level, and STRC clients will automatically transition into

Support at Home on 1 July 2025. Those on the National Priority System will have Support at Home funding equivalent to the HCP level they have been approved for once Support at Home funding becomes available. They will not require a re-assessment unless their needs have changed.

All existing STRC clients will continue and complete the current episode (i.e. 8 weeks), and any requirement for new episodes post 1 July 2025 will need to be re-assessed under Support at Home.

Classifications

For participants assessed from 1 July 2025, a new classification framework will specify different funding levels based on the information captured during their assessment.

The framework improves on the current 4 Home Care Package levels and consists of:

- 8 ongoing Support at Home funding classifications
- 2 short-term care pathways (Restorative Care Pathway and the End-of-Life Pathway).

There are also 3 funding tiers for assistive technology and home modifications outlined in the section on the Assistive Technology and Home Modifications (AT-HM) Scheme.

To inform the new framework, the department analysed more than 22,000 assessments collected during the Integrated Assessment Tool live trial conducted from April to July 2023. Classifications and indicative maximum funding levels for new participants are outlined below.

The final budget amounts for all classifications will be subject to adjustments including indexation during the 2024-25 financial year. The department will confirm final budget amounts before Support at Home commences. The funding amounts for each classification will be periodically reviewed to reflect indexation. Indicative budget amounts by classification are described in **Table 1**.

Table 1. Indicative budget amounts

The dollar figures in the below table are current estimates. Final classification dollar values will be set towards the end of the 2024 calendar year.

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)	

Support at Home will have a new prioritisation system to replace the National Priority System for Home Care Packages. Access to Support at Home services will be prioritised using information collected during the assessment process. Priorities will be determined based on criteria collected at assessment.

What this means for participants:

- Classification levels that better target the aged care needs of participants, with the ability to be re-assessed into higher levels as their needs change.
- Home care recipients, including people on the National Priority System, will retain the level of funding of their approved Home Care Package until re-assessed to a new classification.

What this means for providers:

- Under Support at Home, participants will receive a budget that meets their needs based on their classification.

2. Accessing a service provider

A new prioritisation mechanism

Funding for Support at Home will grow over time with projected demand for in-home aged care services in the community. This will reduce wait times to access services. However, when the program commences there will be a wait time for Home Care Packages that carries over into Support at Home. Wait times for Support at Home may also occur if demand exceeds projections in future.

Support at Home will have a new prioritisation system to replace the National Priority System for Home Care Packages. Access to Support at Home services will be prioritised using information collected during the assessment process.

The priority rating will be automatically determined through the responses provided by the participant during their aged care assessment. A participant will receive one of the following priority rating tiers:

- High
- Medium
- Standard.

Under Support at Home, when wait times for services exceed expectations, participants will be assigned an interim allocation of their Support at Home classification budget while waiting to receive their full funding. This will be set at 60% of their budget, with the remaining 40% of their budget allocated when the funding becomes available.

Wait times will vary by priority level.

More detail will follow in the coming months about the new prioritisation mechanism.

Single provider model

A single provider will manage and deliver a Support at Home participant's services to meet their assessed needs within their budget. Many providers and home care recipients will be familiar with this arrangement.

The single provider will also be responsible for arranging and sourcing any required assistive technology and/or home modifications via purchase or loan through the AT-HM Scheme.

Participants will be able to engage a third party to deliver the services if their provider agrees to support these arrangements. If their provider agrees, they will remain responsible for:

- the quality and safety of the services the participant is receiving
- meeting regulatory requirements for all care and services.

When the Commonwealth Home Support Programme joins Support at Home no earlier than 1 July 2027, it is expected participants may choose to have their services delivered by more than 1 registered provider.

An assessor may initiate a referral for an older person to an in-home aged care provider. Participants can also find a registered provider through the following channels:

- access the My Aged Care Find a Provider tool on the My Aged Care website
- call the My Aged Care Contact Centre on 1800 200 422
- speak with an Aged Care Specialist Officer (ACSO) at Services Australia.

3. Service list with capped prices

Defined service list

A defined service list will provide clarity to Support at Home providers and older people about what is available under the program.

The Support at Home service list has 3 categories (clinical, independence and everyday living), each with their own service types and participant contribution arrangements.

Figure 2 provides a guide of what is included and excluded for each Service Type.

Participants are not automatically eligible for services on the service list. They must be assessed as needing the service, which will be documented in their notice of decision and accompanying support plan.

Capped prices

Under Support at Home, providers will invoice the Australian Government for services delivered against each participant's budget. The government will set price caps for each service type. Providers cannot charge unit prices that exceed these caps.

Price caps will be informed by advice from the Independent Health and Aged Care Pricing Authority (IHACPA) to ensure an equitable, fair and transparent approach to pricing of services. The price caps will include the full cost of service delivery, including administration costs. Support at Home providers will therefore not be able to charge participants separate administration fees.

Figure 2. Support at Home service list

Support at Home Service List

Participant contribution category	Service Type	Services	In Scope	Out of Scope
Clinical Specialised services to maintain or regain functional and/or cognitive capabilities. Services must be delivered directly, or be supervised, by university qualified or accredited health professionals trained in the use of evidence-based prevention, diagnosis, treatment and management practices to deliver safe and quality care to older people.	Nursing care	• Registered nurse • Enrolled nurse • Nursing assistant • Nursing care consumables Providers may apply for the supplementary Oxygen Supplement for Aged Care through Services Australia for eligible participants.	• Community based nursing care to meet clinical care needs such as: ○ assessing, treating and monitoring clinical conditions ○ administration of medications ○ wound care, continence management (clinical) and management of skin integrity ○ education ○ specialist service linkage	• Subsidised through other programs: ○ services more appropriately funded through other systems (e.g., health or specialist palliative care)
	Allied health and other therapeutic services	• Aboriginal and Torres Strait Islander health practitioner	• Assistance for an older person to regain or maintain physical, functional	• Subsidised through other programs: ○ other government programs must be

Participant contribution category	Service Type	Services	In Scope	Out of Scope
		• Aboriginal and Torres Strait Islander health worker • Allied health therapy assistant • Counsellor or psychotherapist • Dietitian or nutritionist • Exercise physiologist • Music therapist • Occupational therapist • Physiotherapist • Podiatrist • Psychologist • Social worker • Speech pathologist	and cognitive abilities which support them to remain safe and independent at home. • Assistance may include a range of clinical interventions, expertise, care and treatment, education including techniques for self-management, and advice and supervision to improve capacity. • Treatment programs should aim to provide the older person the skills and knowledge to manage their own condition and promote independent recovery where appropriate.	accessed in first instance (e.g., Chronic Disease Management Plan, Mental Health Plan) ○ services more appropriately funded through the primary health care system (e.g., ambulance and hospital costs, medical diagnosis and treatment, medicine dispensing, psychiatry, dental care) ○ management of conditions unrelated to age/disability related decline (e.g., acute mental health)

Participant contribution category	Service Type	Services	In Scope	Out of Scope

			• Interventions can be provided:
			  ○ in person or via telehealth
			  ○ individually or in a group-based format (e.g. clinically supervised group exercise classes).
			• A treatment program may be delivered directly or implemented by an allied health assistant or aged care worker under the supervision of the health professional where safe and appropriate to do so.
			• Prescribing and follow-up support for Assistive Technology	

Participant contribution category	Service Type	Services	In Scope	Out of Scope
			and Home Modifications	
	Nutrition	• Prescribed nutrition Providers may apply for the supplementary Enteral Feeding for Aged Care Supplement through Services Australia for eligible participants.	• Prescribed supplementary dietary products (enteral and oral) and aids required for conditions related to functional decline or impairment.	• General expenses: ○ Products that are not prescribed for age related needs (e.g., weight loss)
	Care management	• Home support care management	• Activities that ensure aged care services contribute to the overall wellbeing of an older person (e.g., care planning; service coordination; monitoring, review and evaluation; advocacy; and support and education). • Care partners will hold clinical	• Administrative costs funded through prices on services.

Participant contribution category	Service Type	Services	In Scope	Out of Scope
			qualifications or be supervised by a clinician dependent on consumer complexity.	
	Restorative care management	• Home support restorative care management	• Restorative care partners provide specialist coordination services for older people undergoing the time-limited Restorative Care Pathway. • Care partners will hold clinical qualifications.	• Administrative costs funded through prices on services.
Independence Support delivered to older people to help them manage activities of daily living and the loss of skills required to live independently.	Personal care	• Assistance with self-care and activities of daily living • Assistance with the self-administration of medication • Continence management (non-clinical)	• Attendant care to meet essential and on-going needs (e.g., mobility, eating, hygiene). • Support with self-administration of medication activities (e.g., arrange for a pharmacist to	• General expenses: ○ professional services that would usually be paid for (e.g., waxing, hairdressing). • Subsidised through other programs:

Participant contribution category	Service Type	Services	In Scope	Out of Scope
			prepare Webster packs). • Attendant care to manage continence needs (e.g., support to access advice/funding, assistance changing aids)	○ services more appropriately funded through the health system (e.g., pharmaceuticals, dose administration aids).
	Social support and community engagement	• Group social support • Individual social support • Accompanied activities • Cultural support • Digital education and support • Assistance to maintain personal affairs • Expenses to maintain personal affairs	• Services that support a person's need for social connection and participation in community life. Support may include: ○ service and activity identification and linkage ○ assistance to participate in social interactions (in-person or online) ○ visiting services, telephone and	• General expenses: ○ costs to participate in an activity (e.g., tickets, accommodation, membership fees.) ○ the purchase of smart devices for the purpose of online engagement ○ service fees (e.g., funeral plans, accountant fees). • Subsidised through other programs: ○ the delivery of digital education

Participant contribution category	Service Type	Services	In Scope	Out of Scope
			web-based check-in services ○ accompanied activities (e.g., support to attend appointments). • Support to engage in cultural activities for people with diverse backgrounds and life experiences. This includes older Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, and lesbian, gay, bisexual, transgender and/or intersex people. Support may include: ○ assistance to access translating and interpreting services and	where the need can be met through the Be Connected program delivered through the Department of Social Services.

Participant contribution category	Service Type	Services	In Scope	Out of Scope
			translation of information into the older person's chosen language ○ referral pathways to advocacy or community organisations ○ assistance in attending cultural and community events. • Access to training or direct assistance in the use of technologies to improve digital literacy where the support aids independence and participation (e.g., paying bills online, accessing telehealth services, connecting with digital social programs).	

Participant contribution category	Service Type	Services	In Scope	Out of Scope
			• Internet and/or phone bills where the older person is at risk of, or is homeless, and support is needed to maintain connection to services	
	Therapeutic services for independent living	• Acupuncturist • Chiropractor • Diversional therapist • Remedial masseuse • Art therapist • Osteopath	• Assistance (e.g., treatment, education, advice) provided by university qualified or accredited health professionals using evidence-based techniques to manage social, mental and physical wellbeing in support of the older person remaining safe and independent at home. • Treatment programs should aim to provide the older person the skills and knowledge to	• Subsidised through other programs: ○ other government programs must be accessed in first instance (e.g., Chronic Disease Management Plan) ○ services more appropriately funded through the primary health care system (e.g., ambulance and hospital costs, medical diagnosis and treatment, medicine dispensing,

Participant contribution category	Service Type	Services	In Scope	Out of Scope
			manage their own condition and promote independent recovery where appropriate. • Interventions can be provided: ○ in-person or via telehealth ○ individually or in a group-based format (e.g., diversional therapist led recreation program). • A treatment program may be delivered directly or implemented by an allied health assistant or aged care worker under the supervision of the health professional, where	psychiatry, dental care) ○ management of conditions unrelated to age/disability related decline (e.g., acute mental health) ○ services from a Chinese Medicine Practitioner, such as herbal medicine dispensing, are out of scope for aged care (see description for acupuncture exception). • General expenses: ○ massage for relaxation ○ costs to participate in recreation programs (e.g., tickets, accommodation,

Participant contribution category	Service Type	Services	In Scope	Out of Scope
			safe and appropriate to do so. • Remedial massage may only be delivered by an accredited therapist, where included in a prescribed allied health treatment plan to address functional decline. • Engagement of a diversional therapist to design and/or facilitate recreation programs that promote social, psychological and physical well-being for older people who live with age or disability related impairments that will benefit from a tailored program to enable and maintain participation.	membership fees, supplies to participate like craft materials).

Participant contribution category	Service Type	Services	In Scope	Out of Scope
	Respite	• Respite care	• Supervision and assistance of an older person by a person other than their usual informal carer, delivered on an individual or group basis, in the home or community.	• Subsidised through other programs: ○ residential respite is funded through the Australian National Aged Care Classification funding model (AN-ACC).
	Transport	• Direct transport (driver and car provided) • Indirect transport (taxi or rideshare service vouchers)	• Group and individual transport assistance to connect an older person with their usual activities.	• General expenses: ○ purchase of an individual's car and an individual's vehicle running costs ○ licence costs ○ professional transit services (e.g., public transport, flight, ferry) ○ claiming transport costs where state-based or local government travel assistance

Participant contribution category	Service Type	Services	In Scope	Out of Scope
				programs are available ○ travel for holidays.
	Assistive technology and home modifications	• Assistive technology • Home modifications	• Assistive technology and home modifications by the Assistive Technology and Home Modifications Scheme list, including wrap-around services, maintenance, and repair.	
Everyday living Support to assist older people to keep their home in a liveable state in order to enable them to stay independent in their homes.	Domestic assistance	• General house cleaning • Laundry services • Shopping assistance	• Essential light cleaning (e.g., mopping, vacuuming, washing dishes). • Launder and iron clothing. • Accompanied or unaccompanied shopping.	• General expenses: ○ professional cleaning services that would usually be paid for (e.g., pest control, carpet cleaning, dry cleaning) ○ pet care

Participant contribution category	Service Type	Services	In Scope	Out of Scope
				○ cost of groceries and other purchased items.
	Home maintenance and repairs	• Gardening • Assistance with home maintenance and repairs • Expenses for home maintenance and repairs	• Essential light gardening (e.g., lawn mowing, pruning and yard clearance for safe access). • Essential minor repairs and maintenance where the activity is something the person used to be able to do themselves or where required to maintain safety (e.g., clean gutters, replace lightbulbs and repair broken door handle).	• General expenses: ○ professional gardening services that would usually be paid for such (e.g., tree removal, landscaping, farm or water feature maintenance). ○ gardening services that relate to visual appeal rather than safety/accessibility (e.g., installation and maintaining plants, garden beds and compost). ○ professional maintenance and repair services that would usually be paid for (e.g., professional pest

Participant contribution category	Service Type	Services	In Scope	Out of Scope
				extermination, installing cabinetry, replacing carpets due to usual wear and tear) except if there is an imminent age-related safety risk (e.g., repairing uneven flooring that poses a falls risk or section of carpet damaged by a wheelchair) ○ services that are responsibility of other parties (e.g., landlords, government housing authorities, generally covered by private insurance).
	Meals	• Meal preparation • Meal delivery	• Support to prepare meals in the home. • Pre-prepared meals.	• General expenses: ○ cost of ingredients

Participant contribution category	Service Type	Services	In Scope	Out of Scope
				○ takeaway food delivery ○ meal delivery for other members of the household.

What this means for participants:

- Participants will have clearer visibility of the cost of services to help them manage their budget throughout the year.
- A definitive list of the government-subsidised services will be available to them under Support at Home.

What this means for providers:

- Providers will have clarity on the government-subsidised services available under Support at Home.
- Providers will have clear direction on maximum pricing for services as set by government, informed by the advice of the Independent Health and Aged Care Pricing Authority (IHACPA).
- Providers will be able to deliver services not on the list, but these would not be subsidised by the government (i.e., these would need to be funded by private arrangement). Providers will need to meet regulatory requirements for all care and services.

4. Quarterly budgets for ongoing services

Quarterly individual budgets

A Support at Home participant's classification amount will be divided into 4 approximately equal budgets that each cover 3 months of the year. Participants who have not spent their budget within the quarter will be able to accrue a maximum of $1000 or 10% of their quarterly budget (whichever is higher) from one quarter to the next. Budgets will be held on behalf of a participant in an account managed by Services Australia.

The service list will outline all services available under Support at Home, with clear inclusions and exclusions. A participant can only use their budget for services that they have been assessed as requiring and as documented in their notice of decision and accompanying support plan.

What this means for participants:

- Participants and their provider have the flexibility to manage their funding each quarter, in line with services they have been approved to access.

What this means for providers:

- Providers will invoice by service against a participant's quarterly budget for services delivered.

Ability to move unspent funds to the next quarter

Participants can move unspent funds of up to $1,000, or 10% of their quarterly budget (whichever is higher), between quarters to meet unplanned needs.

For example:

- A participant has rolled over $1,000 of unspent funds into the next quarter. They use part of the $1,000 towards additional meals and transport, as their informal carer who usually helps with this is away on holidays, and they have been approved to access these services.

What this means for participants:

- Participants can fund unplanned changes from quarter to quarter.

What this means for providers:

- Providers will be required to plan services against a quarterly budget and within limits for unspent funds moved from the previous quarter.

5. Participant contributions

The Aged Care Taskforce (the Taskforce) was established in June 2023 to review future aged care funding arrangements and provide options to government to support an aged care system that is sustainable, fair and equitable and innovative.

The government response to the Taskforce was released on 12 September 2024 and includes a contribution framework based on the Taskforce's recommendations on balancing government funding and participant contributions, including that:

- government will continue to be the main funder of aged care providing 89% of funding
- it is appropriate for older people to contribute to their aged care costs where they have the means to do so (e.g., self-funded retirees with sufficient means to contribute based on an income assessment conducted by Services Australia)
- there is a strong safety net for low means participants to meet aged care costs.

Participant contribution arrangements

Under Support at Home, 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.

The contribution rate will be based on two factors:

1. the type of service received:
    - no contribution for services in the clinical supports category (e.g., nursing and physiotherapy) – clinical care will be fully funded by government for all participants.
    - moderate contributions for services in the independence category (e.g., personal care, assistive technology and home modifications[1]) – recognising that many of these supports play an important role in keeping participants out of hospital and residential aged care.
    - highest contribution rates for everyday living services (e.g., domestic assistance and gardening) – recognising that the government does not typically fund these services for any individual at other stages of life.
2. the participant's age-pension status, Commonwealth Seniors Health Card status, and means.

This will be different from the current Home Care Packages Program fee arrangements (the basic daily fee and income tested care fee) that do not vary based on the level of services used.

Participant contribution levels

The standard Support at Home participant contribution rates as a percentage of service prices are described in **Table 2**.

Table 2. Support at Home contribution rates

	Clinical supports	Independence	Everyday living

[1] AT-HM will be treated as equivalent to the Independence category, recognising that these items often reduce dependence on funded services. However, AT-HM funding for prescription and wrap around services (where required) will apply a clinical contribution rate, recognising the clinical workforce that delivers these services. Co-contributions for loaned products and equipment will be at a lower rate, recognising the capacity to re-use these items.

Full pensioner	0%	5%	17.5%
Part pensioner	0%	Part pensioners and CSHC holders **will pay between 5%-50%** based on an assessment of their income and assets. For part pensioners this will be based on their Age Pension means assessment. CSHC holders will undergo a separate assessment for Support at Home.	Part pensioners and CSHC holders **will pay between 17.5%-80%** based on an assessment of their income and assets. For part pensioners this will be based on their Age Pension means assessment. CSHC holders will undergo a separate assessment for Support at Home.
Self-funded retiree (holding or eligible for a Commonwealth Seniors Health Card - CSHC)	0%		
Self-funded retiree (not eligible for a Commonwealth Seniors Health Card)	0%	50%	80%

Contribution arrangements for existing home care recipients

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.

Existing HCP recipients that do not pay an income-tested care fee will continue to make no contributions for the remainder of their time in Support at Home.

Existing HCP care recipients that do pay income-tested care fees will transition into Support at Home with special discounted contribution arrangements.

When these participants move to residential care, they will stay on the existing contribution arrangements for residential care unless they opt to move to the new program contribution arrangements. 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.

Table 3. Support at Home transition arrangements for home care recipients

Categories	Is the individual approved for HCP before announcement?	Is the individual receiving HCP before 1 July 2025?	Does / would the individual pay an income-tested care fee under HCP?	Support at Home fees for that individual
Category A: HCP non-income tested care fee payer, or person on the NPS or approved for a package who would be a non-fee payer once they receive a package	Yes	Yes	No	No fees.
Category B: HCP income tested care fee-payer, or person on the NPS or approved for a package who based on their means would be a fee-payer once they receive a package	Yes	Yes	Yes	These recipients will be protected by the no worse off principle and pay discounted contribution rates at **Table 4**.

Categories	Is the individual approved for HCP before announcement?	Is the individual receiving HCP before 1 July 2025?	Does / would the individual pay an income-tested care fee under HCP?	Support at Home fees for that individual
Category C: Person assessed but not approved for HCP and on the queue for HCP income means assessment, at announcement	No	Unknown	Unknown (but they're on the queue for income assessment)	Older person gets a HCP means assessment – moves to the Support at Home contribution arrangements at **Table 2** from July 2025, regardless of whether they receive an HCP before 1 July 2025.
Category D: new HCP entrant after announcement – HCP fee payer	No	Yes	Yes	Older person will pay the regular rates as per **Table 2** from July 2025.
Category E: new HCP entrant after announcement – HCP non-fee payer	No	Yes	No	Older person will pay the regular rates as per **Table 2** from July 2025.
Category F: new entrants after Support at Home commences	No	No	No	Older person will pay the regular rates as per **Table 2**.

Individuals in Category B above only, will have a preserved contribution rate as shown in **Table 4.**

Table 4. Support at Home transition contribution rates

<table>
<tr><th></th><th>Clinical supports</th><th>Independence</th><th>Everyday living</th></tr>
<tr><td>Full pensioner</td><td>0%</td><td>0%</td><td>0%</td></tr>
<tr><td>Part pensioner</td><td>0%</td><td rowspan="2">Part pensioners and CSHC holders will pay between 0%-25% based on an assessment of their income and assets. For part pensioners this will be based on their Age Pension means assessment. CSHC holders will undergo a separate assessment for Support at Home.</td><td rowspan="2">Part pensioners and CSHC holders will pay between 0%-25% based on an assessment of their income and assets. For part pensioners this will be based on their Age Pension means assessment. CSHC holders will undergo a separate assessment for Support at Home.</td></tr>
<tr><td>Self-funded retiree (holding or eligible for a Commonwealth Seniors Health Card)</td><td>0%</td></tr>
<tr><td>Self-funded retiree (not eligible for a Commonwealth Seniors Health Card)</td><td>0%</td><td>25%</td><td>25%</td></tr>
</table>

Participants who have reached a lifetime cap of $130,000 in individual contributions across Support at Home and the non-clinical care component of their contribution to residential care, will not pay further individual contributions under Support at Home once this lifetime cap is reached.

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** and can reapply for a new fee reduction supplement, if needed.

What this means for participants:

- Participants will know that they will never pay for clinical supports.
- Participants will only contribute to services they receive, according to their means.
- Older people currently receiving a HCP (or waiting for a HCP on the National Priority System) will have peace of mind that they will be no worse off under Support at Home.

What this means for providers:

- Providers will be required to have processes in place for every participant in Support at Home to collect participant contributions where relevant.
- Providers will be required to document these processes and be clear with participants about how much they are expected to contribute for services in each category of services before they commence services.

6. Access to care management services

Dedicated care management

All Support at Home participants will have access to care management, which supports participants to get the best outcomes from their aged care services. Care management activities are described in **Table 5**.

Table 5. Care management activities

Activities	Description
Care planning	• Identifying and assessing participant needs, goals, preferences and existing supports. • Developing and reviewing care plans. • Reviewing agreements.
Service coordination	• Communication and coordination with workers involved in the delivery of services, and with the participant and their family or informal carers. • Budget management and/or oversight. • Facilitating transitions in care.
Monitoring, review and evaluation	• Engaging in ongoing care discussions. • Case conferencing. • Monitoring and responding to changing needs and emerging risks. • Evaluating goals, service quality and outcomes.

Support and education	• Supporting participants to make informed decisions. • Supporting and integrating reablement approaches. • Providing independent advice, information and resources. • Health promotion and education. • System navigation and linkage. • Problem solving issues and risks. • Ensuring participant views, rights and concerns are heard and escalated. • Assisting the participant with providing complaints and feedback.

Care management activities are delivered by a Support at Home provider through a care partner. A care partner is an appropriately trained person who delivers care management services in Support at Home and supports participants 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., in nursing).

The team-based approach to delivering care management adopted by many Home Care Package providers may continue to be used under Support at Home. For example, this may involve more routine check-ins being done by a non-clinical staff member, with clinical oversight by a team of qualified clinicians.

Support at Home participants who receive ongoing services will have 10% of their quarterly budget set aside for care management. The government will provide an additional supplement in respect of participants with diverse needs. 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.

The 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 (i.e., a person separated from parents or children by forced adoption or removed)
- veterans who are approved for the Veteran's Supplement for aged care.

Providers will have the flexibility to use their care management funds across their participant group and are responsible for managing available funding. There will be

minimum expectations for how often a provider must deliver care management services to a participant.

In line with broader program payment arrangements, providers will claim and be paid for care management services after they have been delivered at unit prices that must be at or below the Government-set price caps. For more information, see the section of this document on Provider payment arrangements.

Within a financial year, there will not be a limit on the unspent care management funds that providers can hold between quarters. There will be a quarterly update of the fund for any change in participant numbers and characteristics. There will also be an annual check to ensure providers are not accruing more than one-quarter's worth of unspent funds between financial years.

What this means for participants:

- Participants will continue to access care management.
- Participants who receive ongoing services will have 10% of their quarterly budget pooled with their provider to deliver care management.
- Participants will be able to receive varying levels of care management as their needs fluctuate.

What this means for providers:

- Government will calculate available care management funds for providers based on their number of participants, and any supplements they attract.
- Providers will have the flexibility to manage funding to meet participant needs which may vary over time.
- Providers will be paid for care management services after they have been delivered, at prices up to the price caps set by government.

Option to self-manage

Self-management options will give participants choice and control over their services and how they are delivered.

Self-management arrangements will be agreed between a participant and their Support at Home provider. Self-management will look different for each participant, based on their preferences, needs and abilities.

If their provider can support these arrangements, self-management may include the participant:

- choosing their own worker/s
- coordinating their own services
- scheduling their own services

- paying invoices for later reimbursement.

All Support at Home participants will receive care management support from their registered provider who will provide oversight of safety, governance and compliance. This includes participants who self-manage and access services based on their assessed need and care plan, developed with their care partner.

Providers will still need to undertake some administrative functions (e.g., claiming, worker screening checks). Providers can apply a capped loading as part of the service price to cover administrative costs where the participant has chosen their own worker/s. The price, inclusive of the loading must not exceed program price caps.

What this means for participants:

- Participants can self-manage, which will give older people choice and control over their services and how they are delivered.
- All participants will receive care management support, even if they choose to self-manage.

What this means for providers:

- Providers must continue to deliver care management, and provide oversight for quality and safety, compliance with legislation and program guidance.
- Providers can apply a capped loading to manage administrative costs where a participant has chosen their own worker/s, but the loading must not exceed the price caps set by government.

7. Assistive Technology and Home Modifications Scheme

The new AT-HM Scheme will provide eligible participants under the new Support at Home program upfront separate funding to access the products, equipment and home modifications that will help them to live at home independently for longer.

Accessing the AT-HM Scheme

Eligible participants are those people assessed using the Integrated Assessment Tool (IAT) as requiring assistive technology and/or home modifications. They will be allocated an appropriate assistive technology and/or home modifications funding tier by the assessor and this will be included in their support plan. The older person will then share their support plan with their Support at Home provider.

Access to home modifications and complex assistive technology products and equipment may require prescription from a suitably qualified health professional.

Participants may be required to make a co-contribution towards their assistive technology or home modifications.

How the AT-HM Scheme will work

Support at Home providers will be responsible for arranging and sourcing the required assistive technology and/or home modifications and wrap-around services (e.g. such as set-up and training to ensure safe use of equipment) in line with any prescription required.

AT-HM funding tiers

There are 3 main funding tiers for assistive technology and 3 funding tiers for home modifications. Funding tiers will have set time periods in which funding must be used and funding will not accrue over time.

AT-HM funding can cover:

- products and equipment
- home modifications
- prescription
- wrap-around services
- coordination costs

The indicative funding tiers are described further in **Table 6 and 7**.

Table 6. Assistive technology

Funding tier	Funding allocation cap	Time allocated to expend funding
Low	$500	12 months
Medium	$2,000	12 months
High	$15,000*	12 months

** Higher amounts for AT may be approved with prescription.*

Table 7. Home modifications

Funding tier	Funding allocation cap	Time allocated to spend funding
Low	$500	12 months
Medium	$2,000	12 months
High	$15,000	12 months

Final funding tiers will be settled prior to commencement of the program.

Participants with specified needs, such as ongoing incontinence, may be eligible for additional funding over a longer period to be allocated during assessment.

The home modifications high funding tier may be extended for an additional 12 months to complete complex home modifications (24 months in total) if evidence of progress is provided to Services Australia within the first 12 months. Access to high-tier home modifications will be capped at $15,000 per lifetime (plus any additional supplements).

The AT-HM Scheme may cover some repairs and maintenance to assistive technology products and equipment.

Supplements to a participant's funding may be available to people in rural and remote areas to assist with the equitable provision of assistive technology and home modifications.

Participants will have co-contribution requirements and must meet all additional costs above the funding tier limit.

AT-HM list

The AT-HM Scheme will have clear guidance on the products, equipment and home modifications that are available through a defined AT-HM list, designed to enable independence for older people to age in place. The AT-HM list is being finalised and will be made available in the coming months.

The AT-HM list was constructed using the internationally agreed instruments and Australian-adopted Assistive product – classification and terminology standard (AS/NZS ISO 9999:2023) and informed by subject matter experts.

The AT-HM list is sorted into the following categories:

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

National Assistive Technology Loans Scheme

A National Assistive Technology Loans Scheme (the AT Loans Scheme) is being designed for the Support at Home program in partnership with state and territory governments.

The AT-HM Scheme will have a loan-before-buy principle for assistive technology where appropriate. This means the AT-HM list will identify if the product or equipment required is suitable to loan.

If the product or equipment required is loan-suitable, a participant's prescriber or provider will check whether the item is available through the National Assistive Technology Loans Scheme (AT Loans Scheme).

If the equipment is not suitable or available to loan from the AT Loans Scheme, the provider will support the participant to purchase the product or equipment.

Home modifications are not available through the AT Loans Scheme at this time. The Support at Home provider will be responsible for arranging the provision of all home modifications, including supply, coordination and installation activities.

Benefits of the AT Loans Scheme include:

- providing simple pathways for participants to access assistive technology in their local area
- delivering economies of scale, which will make assistive technology more affordable for participants
- leveraging existing infrastructure and expertise from current state and territory programs.

The AT Loans Trial

An AT Loans Trial, in partnership with EnableNSW, commenced on 29 July 2024. An independent evaluation will test the efficiency of the AT Loans Scheme and inform future design.

More information is available through the EnableNSW website.

What this means for participants:

- Eligible participants will get early access to assistive technology and home modifications to support them to age in place.

What this means for providers:

- The defined AT-HM list will provide clarity on what can and cannot be provided.
- Providers will be responsible for arranging and sourcing the required assistive technology products and equipment.
- Providers will need to first confirm if an item is available through the AT Loans Scheme before purchasing the item for a participant.

8. Short-term support

Support at Home participants will have access to 2 short-term classifications:

- Restorative Care Pathway to help people to maintain and improve independence, delay the reliance on ongoing services and continue to do the things they enjoy.
- End-of-Life Pathway to access additional services in the last 3 months of life so people can remain at home if this is their preference.

Expanded Restorative Care Pathway

The Restorative Care Pathway under Support at Home will replace the Short-Term Restorative Care (STRC) Programme from 1 July 2025. The new Restorative Care Pathway will provide 5,000 places per quarter, an increase from 2,269 under STRC.

The Restorative Care Pathway will focus on early intervention and prevention to restore function, supporting participants to remain independent at home for longer. Participants will receive coordinated allied health services to help them achieve their goals and slow functional decline.

Eligibility to the Restorative Care Pathway is assessed via an aged care assessment and will be documented in the notice of decision and accompanying support plan.

Under the new Restorative Care Pathway, a participant will be eligible for up to 12 weeks of restorative support with a focus on intensive allied health to regain function and build strength and capabilities. This may be extended further to up to 16 weeks in certain circumstances (e.g., additional time to deliver services in regional and remote areas or to build relationships and trust in the delivery of culturally safe care). A participant may access the Restorative Care Pathway for no more than 2 episodes of restorative care within a 12-month period, which cannot be in consecutive quarters.

A restorative care partner will support participants undergoing a restorative care episode to identify goals, develop a plan and coordinate services to help meet those goals within the available time period.

Participants approved for the Restorative Care Pathway at assessment will receive a budget of around $6,000 for the 12-week episode. Where a restorative care partner determines that additional services are required within the 12-week period, they may seek approval for up to an additional $6,000 to be used within that period. In addition, participants will be able to access assistive technology and/or home modifications if required through the separately funded AT-HM Scheme.

In order 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 - for more

information on the registration categories, please visit the How the new aged care regulatory model will work webpage on the department's website. 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 offer the service, which may be delivered directly by the provider or via sub-contracting arrangements.

What this means for participants:

- Eligible participants have access to an extra 4 weeks of restorative care than they do currently (from 8 weeks under the STRC to up to 12 weeks under Support at Home). Further approvals by an assessor will be required to access an additional period of restorative care through the Restorative Care Pathway.
- Participants will be assigned a budget of approximately $6,000 (or up to $12,000 if needed) for coordinated, goal-oriented and multidisciplinary allied health services as well as receiving access to low/medium cost assistive technology and home modifications if required.
- Restorative care will promote better outcomes by supporting independence and improved function, promoting reablement education and early intervention.

What this means for providers:

- Restorative care partners will be required to hold relevant tertiary health qualifications (e.g., in nursing or allied health). They will be able to prescribe low/medium cost assistive technology and home modifications based on their scope of practice under the AT-HM Scheme where it has been approved as part of the aged care assessment.
- Providers will invoice Services Australia for services, including restorative care management, after they have been delivered in line with the broader program.
- Services delivered under the Restorative Care Pathway are funded from the participant's Restorative Care Pathway budget.

End-of-Life Pathway

Support at Home will have an End-of-Life Pathway, commencing from 1 July 2025.

Many older people wish to pass away in their own homes, with their family. The Royal Commission recommended that in-home aged care should better support people who are palliative and at the end of life (Recommendation 2(c)).

The End-of-Life Pathway will support participants who have been diagnosed with 3 months or less to live and wish to remain at home by providing an increase in the level of services available.

The End-of-Life Pathway will be the highest funding classification (per day) under Support at Home. This will support the increased need for services in the last 3 months of life.

A total of $25,000 will be available per eligible participant over a 3 month period, with a total of 16 weeks to use the funds to provide additional flexibility.

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.

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 approve a list of services they may access.

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 end-of-life care will also be able to access assistive technology under the AT-HM Scheme.

Note that specialist palliative care services will not be provided through the End-of-Life Pathway under Support at Home. The 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. For example, state and territory schemes offer symptom management (including pain), assistance with advance care planning, and specialist advice and education.

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.

What this means for participants:

- There is currently no specific End-of-Life Pathway in aged care. This new pathway will provide urgent access to additional services for older people whose preference is to pass away at home.

What this means for providers:

- Providers will be better able to support older people at the end of their life through this new funding classification.
- Where a person is expected to use services beyond 16 weeks, providers should consider a Support Plan Review to determine the most suitable care options.

9. Provider payment arrangements

The funding model to pay Support at Home providers will be based on services delivered. Supplementary grants will be available to support providers who operate in thin markets. Subsidy payment arrangements are outlined below. The collection of participant contributions is the responsibility of providers.

Service delivery payments

Providers will be paid for services after they have been delivered. Providers will invoice Services Australia against different funding sources:

- participants' quarterly budgets for ongoing services delivered
- participant's Assistive Technology and Home Modifications (AT-HM) funding tier for AT-HM provision, including prescribing costs
- participant's budget for End-of-Life Pathway and/or Restorative Care Pathway where applicable
- Commonwealth Unspent funds balances held by Home Care Package recipients who have transitioned to Support at Home
- the provider's care management fund for care management services delivered.

For most service types, providers will invoice at a price per unit of service delivered. These prices must not exceed price caps set by the government for each service. The price caps will be informed by advice from the Independent Health and Aged Care Pricing Authority (IHACPA). For AT-HM, and some service types, providers will invoice for the actual cost of items purchased.

Payments made to providers by Services Australia under Support at Home will be for the price (or cost) of the service or item less any participant contribution payable.

Providers may invoice Services Australia up to daily. They will have up to 60 days after the end of a quarter to finalise claims to the Commonwealth for ongoing services delivered in that quarter. 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.

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.

A participant with ongoing services will receive financial statements at a minimum frequency of monthly from their provider.

Commonwealth Unspent funds balances held for Home Care Package care recipients

Services Australia will continue to manage grandfathered Home Care Package unspent funds. These may be used for either AT-HM (in which case funds must be used before any AT-HM Scheme funding is drawn down); or for additional services once the Support at Home quarterly budget has been exhausted.

Participant contributions are payable on services purchased using Commonwealth unspent funds. However, unspent funds balances will only be reduced by the amount of government subsidy paid for services.

AT-HM

AT-HM funding will be on a payment in arrears basis. The AT-HM funding allocation will be separate from a participant's quarterly budget. Services Australia will validate and manage AT-HM payments.

Services Australia will also send the participant contribution statement to the department. The department will ensure it is accessible via the participant's online account.

Restorative Care Pathway

For the Restorative Care Pathway, providers must provide a final statement to the participant upon conclusion of the Restorative Care Pathway episode.

Providers may invoice Services Australia up to daily. They will have up to 60 days after the conclusion of the Restorative Care episode to finalise claims for the Restorative Care Pathway service/s they have provided.

Services Australia will calculate the funding amount based on the Restorative Care Pathway fund for each participant.

Funds for the Restorative Care Pathway are available from the participant's Restorative Care Pathway budget, as well as any unspent Commonwealth HCP funds, if available.

End-of-Life Pathway

Providers may invoice Services Australia up to daily. Providers must submit all claims for end-of-life services up until 60 days after the last day of the End-of-Life Pathway.

Funds for end-of-life services are available from the participant's End-of-Life Pathway budget, as well as any unspent Commonwealth HCP funds, if available.

Care management

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

Payment in arrears arrangements apply, and prices charged by providers will need to be at or below price caps set for care management services.

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.

What this means for participants:

- Participants will have clarity on their available budget to help plan what services will be delivered.
- Participants will have clarity on the contributions they pay for each service they use.
- Participants will pay any contribution owing directly to the provider.

What this means for providers:

- Providers will be paid from participant budgets by Services Australia after services have been delivered.
- Providers will invoice Services Australia for the services delivered.
- Providers will issue participants with an itemised invoice/statement and manage collection of any participant contributions.

Supplementary grants in thin markets

From 1 July 2025, Support at Home providers operating in thin markets may apply for a 2-year supplementary grant to support their financial viability through the Community Grants hub.

The grant will support eligible providers where they expect to have a gap between their operational expenses and revenue from the program's capped service prices. Further guidance and resources will be made available to support eligible providers to apply for the grant.

The eligibility criteria will include delivering services to specific diverse groups, with further details to follow shortly.

The department will assess providers based on:

- evidence that costs exceed the revenue they could make through the provider's service prices
- their organisational expertise
- their contribution to the local community.

What this means for participants:

- Supplementary grants will assist the provider to ensure that older people in rural/remote areas and/or for specialised groups have continued access to services.

What this means for providers:

- Supplementary grants will be available for a 2-year period and can be used flexibly to meet appropriate business and/or operational expenses in addition to fee-for-service revenue.
- Eligible providers can apply for a grant through competitive grant rounds assessed against defined criteria.

10. The regulatory model

To make sure aged care in Australia is high quality and safe for older people, the sector needs rules for how it operates.

Support at Home will operate under a new aged care regulatory model that sets out how the aged care sector will operate in line with the new Aged Care Act.

The model will transform the way the sector works. It will:

- improve outcomes for older people
- emphasise stronger working relationships
- provide more transparency and collaboration
- support the strengthened Quality Standards, planned reforms to in-home care, and other recommendations of the Royal Commission into Aged Care Quality and Safety.

The new regulatory model will start in line with the new Aged Care Act on 1 July 2025.

The new regulatory model will promote care that is:

- person-centred and rights-based
- fit for purpose
- safe and high quality
- monitored at the right level, based on a risk-proportionate approach
- transparent and welcomes feedback and addresses concerns effectively and respectfully
- innovative and continuously improving to meet the needs and expectations of older people.

Four regulatory safeguards are being introduced to help deliver the model:

- Supporting quality care – focuses on working with providers and helping the sector to lift the quality and safety of aged care service delivery.
- Becoming a provider – the way entities will become an aged care provider and remain suitable to continue delivering services to older people.
- Responsibilities of a provider – the obligations providers must meet to deliver quality care and protect the rights of older people.
- Holding providers accountable – facilitating quality care and deterring poor performance through monitoring, compliance, and enforcement activities.

The key features of the model include:

- universal provider registration and renewal of registration across 6 registration categories
- clear, targeted and streamlined provider obligations
- a system that is easier for older people and providers to access and navigate.
- support to providers to build their capability
- a consistent way to provide feedback and promptly address complaints and concerns, with a focus on resolving issues respectfully and adequately
- stronger regulatory powers for the Aged Care Quality and Safety Commission.

Provider registration model

In the new regulatory model, universal provider registration will be introduced – a single registration of each provider across all aged care programs.

This means providers delivering across multiple programs (such as home care and residential aged care) will only need to register once and report once.

The new registration model will apply to all providers currently delivering Australian Government-funded aged care, including:

- residential aged care services

- Commonwealth Home Support Programme (CHSP)
- Home Care Packages (HCP)
- Short-term Restorative Care (STRC)
- Transition Care Programme (TCP)
- Multi-Purpose Services (MPS)
- National Aboriginal and Torres Strait Islander Flexible Aged Care (NATISFAC).

There will be 6 registration categories, which group service types based on similar care complexity and risk. This means registration requirements, the related provider obligations, and regulatory oversight will be proportionate to the registration categories. Providers can register into one or more of the 6 categories relevant to the type of services they provide.

The Aged Care Quality and Safety Commission (the Commission) will oversee provider registration and renewal.

Registration for Support at Home providers

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

All existing Home Care Package and STRC providers will be deemed into registration categories that align to the services they currently deliver. The deeming process will involve a confirmation of this information with all Home Care Package and STRC providers.

For more information on the registration and deeming arrangements, please visit the How the new aged care regulatory model will work webpage on the department's website.

Reporting requirements

The department will provide further information on any changes to reporting requirements for Support at Home under the new Aged Care Act early 2025. Information will be available on the How the new aged care regulatory model will work webpage on the department's website.

Oversight of the aged care regulatory model

The department works closely with the Commission to regulate aged care. As the aged care regulator, the Commission monitors providers delivering Australian Government-funded aged care.

Under the new model, the Commission will have strengthened powers. This allows it to have greater visibility of who is operating in the sector and the funded aged care

services they are delivering. It will also mean the Commission can respond proactively to emerging risks in the sector.

11. Arrangements for existing home care recipients

The department is putting in place arrangements to transition Home Care Package care recipients to Support at Home from 1 July 2025 at their current funding levels.

The arrangements include:

- existing Home Care Package care recipients will receive a Support at Home budget that matches their Home Care Package
- 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
- Home Care Package care recipients with Commonwealth unspent funds will retain these funds for use under Support at Home.

All Support at Home participants, including those who have transitioned from the Home Care Packages Program and the National Priority System will have quarterly (i.e. 3-monthly) budgets under Support at Home. For more information, see the section of this document: Quarterly budgets for ongoing services

If a participant is re-assessed 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 will also apply to people transitioning to Support at Home from the Home Care Package Program, as outlined in the participant contributions section of this document.

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.

What this means for participants:

- Home care recipients transitioning to Support at Home from 1 July 2025 will retain their current funding level and will not have to do a re-assessment, unless their care needs change.
- Unspent funds accrued under the Home Care Packages Program will transfer across to Support at Home.

What this means for providers:

- Providers will retain their home care recipients under the new program.
- The department will undertake activities before 1 July 2025 to support providers to transition their home care recipients to Support at Home.

12. Trials to further develop design

Small-scale trial of pooled participant funding in group settings

A small-scale pooled funding trial will test the option of budget pooling for participants living in group settings (e.g., retirement villages or small rural towns).

The pooled funding trial will test whether it is feasible to combine some or all of participant budgets in group settings with a single provider to better address their needs.

The department will run an expression of interest process to identify a suitable Support at Home provider group (likely 5 to 10 providers) to participate in the trial.

The pooled funding trial will test:

- opportunities to use funds more flexibly for priority needs across a participant group (e.g. a minibus service for transport)
- opportunities to fund standing service offers for a group of participants (who opt in) to use as needed (e.g., on-call personal care to meet ad hoc needs, daily meals, drop-in social programs).

If the provider is participating in the trial of pooled funding and the participant does not wish to participate, they have the option to opt-out of the trial.

Aboriginal and Torres Strait Islander Support at Home pathway

Support at Home will help to enable older Aboriginal and Torres Strait Islander people to access culturally safe, trauma-aware and healing-informed aged care in or close to their community.

The department is committed to continuing genuine engagement with older Aboriginal and Torres Strait Islander people, communities and providers to ensure Support at Home is flexible to support the diverse and changing needs of older Aboriginal and Torres Strait Islander people.

Engagement is underway to design an Aboriginal and Torres Strait Islander pathway that could commence when Commonwealth Home Support Programme (CHSP) providers join Support at Home no earlier than 1 July 2027. This will examine concerns raised with the department about the loss of CHSP grants under Support at Home.

Next steps

This section covers:

- **consultation activities**
- **further information and resources.**

Further information

Consultation activities

Visit the Engagements for reforming in-home aged care page on the department’s website for information on past, current and future research, consultation and engagements for the Support at Home program.

Information and resources

To stay up to date, please refer to the Support at Home program webpage and subscribe to the department's Your Aged Care Update newsletter.