



Support at Home Program

Australia's new in-home care system

Updated as of 1 August 2025

capecare
Community

1. Introduction

The Support at Home program is Australia's new in-home care system. It will replace the Home Care Package program and short-term restorative care program from 1 November 2025. The Commonwealth Home Support Program (CHSP) will transition to Support at Home no earlier than 1 November 2027.

The new program aims to keep older Australians living in their homes longer by addressing the issues raised by the Royal Commission into Aged Care Quality and Safety. This includes:

- Tougher regulations on home care providers
- More access to services, equipment and home modifications
- Reduced waiting times for accessing home care
- More support levels for home care, including earlier access to restorative care and greater support for end-of-life care.

The Support at Home program's start date coincides with Australia's new Aged Care Act. The Act will prioritise care recipients' rights, reform legislation, and place older people at the centre of the aged care system by giving them more choices and control over their care.

With so much change happening, Capecare has created a resource to help you through the upcoming transition. Capecare's Guide to The Support at Home Program covers the essential topics to ensure you and your family continue to receive the best care available.

If you have questions, concerns or additional enquiries, here are some easy ways to get in touch with us:

Capecare Community
Ph 08 9750 2057
community@capecare.com.au



2. Changes for Existing Home Care Clients

Key points:

- **Clients can remain with their current providers**
- **Clients will retain their current funding level and will not have to complete a reassessment (unless their needs have changed)**
- **Unspent Home Care Package funds will transfer over to Support at Home**
- **Clients can keep and use their Home Care Package unspent funds until they are exhausted — those funds are not time-limited or lost upon reassessment**
- **Grandfathering arrangements for participant contributions will follow a 'no worse-off' principle to prevent a negative impact on current clients**

If you already have a Home Care Package (HCP), you will NOT have to pay more for your care with the Support at Home Program. Australians approved for HCPs before 1 November 2025 will continue contributing to their care based on the current Home Care Package system - though their care will switch to the new system on that date.

All Home Care Package recipients will automatically transition into the Support at Home program on 1 November 2025 and receive a Support at Home budget that matches their Home Care Package. That includes Australians on the National Priority System, who will receive Support at Home funding equivalent to the HCP level for which they've been approved, and clients with unspent Commonwealth funds, who will retain those funds.

Two important notes:

1. Clients with unspent Home Care Package funds will retain those funds for use under Support at Home. Funds can be used toward ongoing services if the recipient's Support at Home quarterly budget has been exhausted, or they can be used for Assistive Technology and Home Modifications (in which case unspent funds must be used before any new AT-HM Scheme funding).

2. Reassessment will not be necessary unless needs have changed. If a client is reassessed at a later date and approved for a higher budget, it will reflect the new Support at Home classifications. CHSP participants with increased needs can be reassessed to determine eligibility for Support at Home.

Finally, grandfathering arrangements for client contributions will follow a 'no worse-off' principle for Australians transitioning to Support at Home from the Home Care Package program. These arrangements will prevent the 2025 aged care reforms from negatively impacting current home care recipients—even if recipients are reassessed and reclassified. For more information on participant contributions see section 5 of this brochure.

3. Assessment & Eligibility

Key points:

- Assessments will still be scheduled through My Aged Care
- A new, singular assessment workforce will replace RAS, ACAT and AN-ACC
- Assessment organisations will be aligned to 22 service areas across Australia
- Clients can use the same assessment provider as needs change
- Support plans created during assessments will provide the basis for funding and available services
- Older people with higher-level needs will be approved for Support at Home, while applicants with entry-level aged care needs will continue to be referred to the Commonwealth Home Support Program

When the Support at Home program begins, three groups of Australians will be eligible:

- People over the age of 65
- Aboriginal and Torres Strait Islander people over the age of 50
- People over the age of 50 who are homeless or at risk of becoming homeless

Single Assessment System

The 2021 Royal Commission concluded that aged care assessments were producing poor outcomes. The system was complex and difficult for clients and their families to navigate. Older people were often passed between assessment organisations as their needs changed, resulting in inconsistent results and inefficient service delivery.

The new **Single Assessment System** aims to make it easier and more efficient to get assessed for aged care support. You can be assessed anywhere, and you'll only have to tell your story once. Importantly, you can also use the same assessment provider as your needs change over time.

You can confirm eligibility by calling My Aged Care on 1800 200 422 or using the online eligibility checker on the My Aged Care website.

Once the Support at Home program begins, care assessments will occur through Australia's new Single Assessment System, which uses the Integrated Assessment Tool (IAT). Introduced in July 2024, the IAT enables assessors to gather essential information about applicants and deliver more tailored service recommendations.

If you are a home care applicant, your assessor will also collaborate with you to develop a support plan based on your needs and goals. Your support plan will be the basis for the funding and services you can receive.





There will be three distinct components in the new system:

1. Integrated Assessment Tool (IAT)

The Integrated Assessment tool (which began in July 2024) replaced the National Screening and Assessment Form.

Assessors now use the IAT to guide their assessments of older people to provide consistent, accurate assessments. Older people with higher-level needs will be approved for Support at Home, while applicants with entry-level aged care needs will continue to be referred to the Commonwealth Home Support Program (CHSP).

2. Single Assessment System Workforce (SASW)

The Single Assessment System Workforce will bring together assessors from the Regional Assessment Service (RAS), Aged Care Assessment Teams (ACAT), and the Australian National Aged Care Classification (AN-ACC) and effectively replace those organisations.

Under the new arrangement, Needs Assessment Organisations provide the entire scope of assessments, including clinical and non-clinical. In other words, there will no longer be dedicated organisations for different types of care. The same organisation will provide all the necessary assessment services.

3. First Nations Assessment Organisations

The third component of the new Single Assessment System will be a bespoke, culturally safe pathway for older Aboriginal and Torres Strait Islander people. As a unique entity, this pathway will be available in addition to all other pathways in the broader system.

The key details to note:

The assessment process itself won't change much. You will still apply via the My Aged Care website or by calling 1800 200 422, and assessments will continue to occur in person at your home (or the hospital).

Assessment organisations will be aligned to service areas mapped to Aged Care Planning Regions (ACPRs). There will be 22 service areas under the Single Assessment System and each service area will map up into an ACPR.

New System Goals

One of the goals of the new Single Assessment System will be to reduce wait times. This had been an issue with the Home Care Package scheme, with many recipients having to wait between 3 to 12 months to get funding. There will be more assessment providers on the ground in every service area, and more than one provider available in most areas. Additional benefits of the new system will include:

Simplification of terminology:

References to RAS, ACAT, AN-ACC, and Assessment Management Organisations (AMO) will be replaced with the all-encompassing term 'assessment organisation', and professionals who deliver assessments will be called 'aged care needs assessors' whether they're conducting clinical or non-clinical assessments.

Flexibility:

The new system will adapt to the changing needs of older people. Care recipients won't have to change assessment organisations—they will remain with the same one even as their needs evolve.

Support Plans

When you're found eligible for care, your assessor will collaborate with you to create an individualised support plan.

Your plan will be a broad overview of your needs and services, including your current condition, reason for referral, and a summary of your goals, strengths and assessed needs. Ultimately, the support plan will be the basis for your funding and the services you're eligible to receive.

Upon approval for Support at Home, you will receive a notice of the decision with your personalised support plan to share with your home care provider. This notice will include a combination of the following:

- A summary of your care needs and goals
- A list of services aligned with your assessed needs
- An ongoing quarterly budget based on your assessed classification
- An approval for short-term support (if applicable)
- A budget for assistive technology and/or home modifications (if applicable)
- An approval for short-term restorative support (eg, intensive allied health services) or end-of-life care (if applicable).

When funding becomes available, you will receive your budget and begin receiving services. You will collaborate with your Support at Home provider to determine the mix of services that best supports your needs within your allocated budget.

Re-assessment for a Higher Level

Current Home Care Package recipients who want to be re-assessed for a higher level under Support at Home will follow the same process established under the Home Care Package program:

- They can call My Aged Care (1800 200 422) and set up a Support Plan Review, or
- Notify their service provider about a reassessment so the provider can schedule a Support Plan Review on their behalf

Once the referral is complete, the assessment organisation will determine if a Support Plan Review is sufficient, or if the older person needs a new assessment altogether.

For more information on quarterly budgets see section 7 (Service List & Pricing).

For more information on assistive technology and home modifications (AT-HM) see section 8.



4. Prioritisation & Wait Times

Key points:

- Clients will receive a priority rating of High, Medium or Standard
- When wait times exceed expectations, care recipients will receive an interim allocation of their budget until full funding is available
- Clients will continue to find registered providers through the My Aged Care website or by calling 1800 200 422

The Support at Home program aims to add 300,000 more places for home care recipients over the next 10 years. By 2035, the government expects around 1.4 million Australians to be in care.

Initially, Australians should expect current wait times for Home Care Packages to carry over into Support at Home. If all goes as planned, wait times will diminish as Support at Home ramps up. The government's goal is to reduce wait times to three months by July 2027. Wait times will vary by priority level.

The aged care prioritisation system will feature two key changes under the Support at Home program:

1. Applicants will receive a rating tier of High, Medium or Standard after completing their assessment. This new prioritisation system will replace the National Priority System for Home Care Packages.
2. When wait times for services exceed expectations under Support at Home, participants will be assigned an interim allocation of their Support at Home classification budget while they wait to receive their full funding. The allocation will be 60% of their budget; the remaining 40% will be allocated when funding is available.

In addition to this new prioritisation mechanism, Support at Home will leverage a 'single provider model' that many home care recipients in Australia are already familiar with.



Single Provider Model

Support at Home's 'single provider model' simply means one home care provider will manage and deliver your services to meet your assessed needs within your budget. Your provider will also be responsible for sourcing and arranging assistive technology and home modifications (either purchased or loaned) through the AT-HM scheme.

You can engage third-party vendors for certain services your provider agrees to. In those cases, your provider will assume responsibility for the quality and safety of the third-party services and must ensure all regulatory requirements are met. Providers can also subcontract services they cannot provide directly themselves (eg gardening, physical therapy, etc).

Finding and Transferring Providers

You can also ask your assessor for aged care provider referrals during your assessment process. Otherwise, you can find registered providers by:

- Utilising the My Aged Care 'Find a Provider' tool on the My Aged Care website,
- Calling the My Aged Care contact centre on 1800 200 422
- Speaking with an Aged Care Specialist Officer (ACSO) at Services Australia.

If you decide to change your home care provider under Support at Home, your budget will be managed through Services Australia. In other words, there will not be a physical transfer of money across your providers. Your previous provider will have 60 days to finalise claims through Services Australia.



5. Client Contributions

Key points:

- The Federal Government will continue to pay for health-related costs and will fully fund clinical care (such as Nursing Care and Allied Health)
- A 'no worse-off' principle for contribution arrangements will prevent the 2025 aged care reforms from negatively impacting current home care recipients
- Three categories of support will be available: Clinical Care, Independence, and Everyday Living
- In the Everyday Living category, there will be no caps on gardening and cleaning services
- A cap will ensure no individual pays more than \$130,000 in non-clinical care costs over their lifetime (applies to both in-home care and residential care)

Funding under Support at Home will be similar to Home Care Packages in two ways:

1. The Australian government will continue to subsidise health-related costs
2. Funds for home care services will continue to be allocated based on each individual's care needs

However, under the new system, Australian seniors with financial means will be expected to contribute more.



Contribution Arrangements

Under the Support at Home program, you will only pay contributions for the services you have received. Those contributions will be determined based on the hourly rate for the service or a percentage of the cost of the service type or product. For example, if you receive three hours of personal care, you will pay a contribution per hour received.

For items billed at cost such as consumables, your contribution will be calculated as a percentage of the total cost. This means you will pay the dollar amount set by a percentage of the price (or cost), and the government will pay the remainder of the price (or cost) as a subsidy to your provider.

Ultimately, contribution rates will be determined by two factors: the type of service you received and your financial standing. Three categories of support will be available: Clinical Care, Independence, and Everyday Living.

Clinical Supports Category: No Client Contribution

The government will fully fund clinical care (including nursing care and physiotherapy) for all Support at Home Participants

Independence Category: Moderate Participant Contribution

Supports that help keep care recipients out of hospital and residential aged care (including personal care, assistive technology, and home modifications). Will require a moderate contribution.

Everyday Living Services Category: Highest Participant Contribution

Everyday living services such as domestic assistance and gardening will require the highest contribution. (Note: There will be no caps on gardening and cleaning services.).

Age-Pension Status, Commonwealth Seniors Health Card Status, and Means:

Historically with the Home Care Package program, fees (the basic daily fee and income-tested care fee) did not vary based on the level of services used. This changes with the Support at Home program, as illustrated below:

Table 1. Support at Home contribution rates

	Clinical care	Independence	Everyday living
Full pensioner	0%	5%	17.5%
Part pensioner and Commonwealth seniors health card eligible	0%	Between 5% and 50% depending on income and assets	Between 17.5% and 80% depending on income and assets
Self-funded retiree	0%	50%	80%

Source: Australian Government Department of Health and Aged Care. Figures correct at time of publication. Please visit <https://www.health.gov.au/our-work/support-at-home> for the latest updates.



Contribution Arrangements for Current Home Care Recipients

A 'no worse-off' principle for contribution arrangements will prevent the 2025 aged care reforms from negatively impacting current home care recipients. What does this mean? If on 12 September 2024, you were:

- A. **Receiving a Home Care Package**
- B. **On the National Priority System**
- C. **Assessed as being eligible for a Home Care Package**

you will make the same or lower contributions once you transition to Support at Home.

There will not be a basic daily fee under Support at Home.

Existing Home Care Package recipients who do not pay an income-tested care fee will continue with no such fees under Support at Home. Those who are paying income-tested fees, however, will transition into Support at Home with special discounted contribution arrangements. See the table below for more details.

Finally, a cap (tracked by Services Australia) will ensure no individual pays more than \$130,000 in non-clinical care costs over their lifetime. This applies to both in-home care and residential care. Hardship arrangements that were in place before 1 July 2025 will carry through to Support at Home. There will not be an annual cap on participant contributions.

Table 2. Support at Home transition contribution rates

	Clinical supports	Independence	Everyday living
Full pensioner	0%	0%	0%
Part pensioner	0%	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.	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.
Self-funded retiree (holding or eligible for a Commonwealth Seniors Health Card)	0%		
Self-funded retiree (not eligible for a Commonwealth Seniors Health Card)	0%	25%	25%

Source: Australian Government Department of Health and Aged Care. Figures correct at time of publication. Please visit <https://www.health.gov.au/our-work/support-at-home> for the latest updates.

6. Funding Classifications & Short-Term Pathways

Key points:

- There will be eight levels of support and two short-term care pathways
- The level of support a care recipient qualifies for will depend on their assessment findings
- Current home care recipients and those on the National Priority System will retain the level of funding of their approved Home Care Packages until they are reassessed into a new classification under Support at Home

Eight levels of support will be available under the Support at Home program. The highest level includes a maximum annual funding of up to \$78,000 per person, as well as two short-term care pathways.

Table 3. Support at Home Funding Classifications

Classification	Quarterly budget	Annual amount
1	\$2,674.18	\$10,697.72
2	\$3,995.42	\$15,981.68
3	\$5,479.94	\$21,919.77
4	\$7,386.33	\$29,545.33
5	\$9,883.76	\$39,535.04
6	\$11,989.35	\$47,957.41
7	\$14,530.53	\$58,122.13
8	\$19,427.25	\$77,709.00
Restorative Care Pathway	~\$6,000 (12 weeks) May be increased to ~\$12,000 when eligible	
End-of-Life Pathway	~\$25,000 (12 weeks)	
Assistive Technology and Home Modifications scheme	Low, medium or high funding tiers as assessed	

Source: Australian Government Department of Health and Aged Care. Figures correct at time of publication. Please visit <https://www.health.gov.au/our-work/support-at-home> for the latest updates.

The level of support you qualify for will depend on your assessment findings. Current home care recipients and those on the National Priority System will retain the level of funding of their approved Home Care Packages until they are reassessed into a new classification under Support at Home.

In addition to these eight levels of support, Support at Home will feature the two short-term pathways (outlined below) as well as three funding tiers for assistive technology and home modifications (AT-HM Scheme). Find more on those in section 8 of this e-book.

For older people awaiting hospital discharge for restorative services, the Transition Care Programme (TCP) will continue as a separate program for care recipients who require in-home support following a hospital stay.

Restorative Care Pathway

This pathway will expand on existing arrangements under the Short-Term Restorative Care (STRC) Programme by increasing support from 8 weeks to 12 weeks. You can utilise this pathway to secure allied health services and collaborate with restorative care partners, who will help you develop support plans and work toward goals such as:

- Maintaining and regaining function
- Building strength
- Improving independence and capabilities
- Delaying reliance on additional services.

Eligibility for the Restorative Care Pathway is determined during an aged care assessment, and documented in your notice of decision and accompanying support plan. When approved, you will receive a budget of approximately \$6000 for the 12-week period. If your restorative care partner deems more intensive support is necessary, you may seek approval for up to an additional \$6000 to be used within that same period.

The Restorative Care Pathway can be accessed for a maximum of two periods of restorative care within 12-months, but they cannot occur in consecutive quarters.

The Restorative Care Pathway is available in addition to your ongoing budget, meaning you'll still have access to ongoing services while leveraging those additional restorative care services.

End-of-Life Pathway

This pathway provides urgent access to additional services in the last three months of life for care recipients who prefer to remain living at home during that time. It will be the highest funding classification (per day) under Support at Home. A total of \$25,000 will be available per eligible participant over a three-month period, with a total of 16 weeks to use the funds for additional flexibility.

For care recipients to access the End-of-Life Pathway, an aged care assessor will conduct a 'high priority' support plan review that involves an evaluation of the person's medical documents to determine eligibility. A comprehensive assessment will not be necessary.

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

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

Note that a care recipient can only access the End-of-Life pathway once. In the event they live longer than expected, or make a recovery, they would shift over to the Support at Home classification determined at their assessment or be re-assessed, if necessary.

The End-of-Life Pathway replaces any ongoing budget, meaning care recipients are only eligible for End-of-Life Pathway funding during that 16-week window.



7. Service List & Pricing

Key points:

- There will be a definitive list of government-subsidised services in three categories: Clinical Care, Independence, and Everyday Living
- Assessments will determine which services are available to care recipients
- The government will set price caps for each service type, and home care service providers will not charge unit prices over those caps
- Price caps will include the full cost of service delivery, including administration costs—meaning providers won't be able to charge separate administration fees
- Annual subsidy amounts will be divided into four equal quarterly budgets with each covering three months of the year and the ability to move unspent funds

The Support at Home program will feature a defined service list. This will include three types of categories:

1. Clinical Care, such as nursing care
2. Independence, such as help with showering
3. Everyday Living, such as gardening and house cleaning (there will be no caps on cleaning and gardening services).

Each category has its own service types and participant contribution arrangements. Assessments will determine which services are available to home care recipients, and those determinations will be documented in their accompanying support plans. In other words, you will not automatically be eligible for services on the list; you must be assessed as needing the service to receive it.

The full list of services is outlined at the end of this section.



Capped Prices (Starting 1 July, 2026)

Capped service prices will be another major change under Support at Home. The government will set price caps for each service, and home care providers will not charge over those caps. Providers will invoice the Australian Government for services delivered as part of each care recipient's budget.

Price caps aim to ensure fair and transparent pricing across the industry. They will encompass the full cost of service delivery, including administration costs. That means aged care providers cannot charge separate administration fees, entry fees, or exit fees. In other words, the 'package management fees' that were ubiquitous with the Home Care Package program will no longer exist. Providers will only be able to charge a care management fee of up to 10%, which you can learn more about in section 9.

Important note:

Though Support at Home will commence on 1 November 2025, government-set price caps on in-home services won't begin until 1 July 2026. In-home aged care providers such as Capecare will continue to set their own prices for Support at Home services until that date.

Quarterly Budget

Under Support at Home, your annual subsidy will be divided into four quarterly budgets with each covering three months of the year (commencing on 1 July, 1 October, 1 January and 1 April each year).

If you don't spend your entire budget within a single quarter, you can move unspent funds of up to \$1,000 or 10% of your quarterly budget—whichever is greater— between quarters to meet unplanned needs. However, you will not be able to build a surplus with funds like under the Home Care Package program, so it will be imperative to track your spending every quarter to ensure you're maximising your funding's potential. Your budget will be held in an account managed by Services Australia.

Please also note that you can only use your budget for services you've been assessed as requiring. The list below outlines all services available under Support at Home.

Service type	Services
Clinical supports <i>Specialised services to maintain or regain functional and/or cognitive capabilities. Services must be delivered directly¹, 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.</i>	
Nursing care	Registered nurse ²
	Enrolled nurse ²
	Nursing assistant ²
	Nursing care consumables ³
Allied health and other therapeutic services	Aboriginal and Torres Strait Islander health practitioner
	Aboriginal and Torres Strait Islander health worker
	Allied health assistance
	Counselling or psychotherapy
	Dietitian or nutritionist
	Exercise physiologist
	Music therapist
	Occupational therapist
	Physiotherapist
	Podiatry
	Psychologist
	Social worker
	Speech pathologist
Nutrition	Prescribed nutrition ⁴
Care management	Home support care management
Restorative care management	Home support restorative care management

Source: Australian Government Department of Health and Aged Care. Figures correct at time of publication. Please visit <https://www.health.gov.au/our-work/support-at-home> for the latest updates.

Note:

¹ 'Delivered directly' refers to a university qualified health professional delivering the services themselves. This is distinct from 'supervised' where they may be supervising another person. Clinical supports may be delivered via telehealth.

² The hourly price of registered nurse, enrolled nurse and/or nursing assistant includes the cost of everyday nursing consumables that nurses are expected to carry (for example bandages, antiseptics).

³ The nursing consumables service enables reimbursement for specialised nursing products (e.g., prescribed skin emollients for management of skin integrity, oxygen consumables) that are specific to an individual participant and that a nurse would not be expected to carry as an everyday consumable. Everyday nursing consumables that are expected to be carried (e.g., bandages, antiseptics) must be included in the price for nursing.

⁴ The prescribed nutrition service provides reimbursement for prescribed supplementary dietary products (enteral and oral) and aids required to treat impairments or functional decline. This can include prescribed nutritional supplements purchased from a pharmacy.

8. Assistive Technology & Home Modifications Scheme (AT-HM)

Key points:

- There will be three funding tiers for assistive technology and three tiers for home modifications; the finalised allocation amounts and AT-HM list are pending
- Aged care providers will be responsible for arranging and sourcing products, modifications and services that don't require a prescription
- A National Assistive Technology Loans Scheme (the AT Loans Scheme) is being developed for the Support at Home program in partnership with state and territory governments

The Support at Home program will provide eligible recipients with separate funding for products, equipment, and home modifications to help them live safely and independently at home. Here's how it will work:

- Support at Home participants deemed to require assistive technology and/or home modifications during their assessment will be allocated the necessary funds in their support plan. Those funds will be separate from their regular Support at Home funding, meaning they will no longer need to 'accumulate' funds from their package for this type of support.
- Participants will share their support plan with their home care provider, and the provider will arrange and source the required products, modifications and services (e.g. setup and training to ensure safe and proper use of equipment). Providers can engage third parties to deliver services but will be responsible for their quality and safety.

In some cases, an aged care assessment will not be enough to secure the necessary modifications and/or technology. Some modifications and complex equipment may require a prescription from qualified health professionals. The Department of Health and Aged Care will advise on proposed prescribers who can assist with this part of the process, including occupational therapists, physiotherapists, rehabilitation therapists, social workers, nurse practitioners, dieticians and nutritionists.

Home modifications will be accessible by prescription only.



AT-HM Funding Tiers

There will be three funding tiers for assistive technology and three tiers for home modifications.

Each tier will have a set period during which funding must be used; AT-HM funding will not accrue over time. Home care recipients will be allocated a low, medium or high funding tier based on their assessed needs through the single assessment process. If you are assessed and approved for both assistive technology and home modifications, the amounts are additive—meaning you can receive both allocations at the same time.

Funding can include up to \$15,000, though some participants will be required to provide co-contributions toward their assistive technology or home modifications. Access to high-tier home modifications will be capped at \$15,000 per lifetime (plus any additional supplements). If you have unspent Home Care Package funds, you must use those first to access assistive technology and home modifications before tapping into your Support at Home AT-HM funding.

Much like the Support at Home service list, the AT-HM Scheme will have clear guidance on what products, equipment and modifications are available. Final funding tiers will be made official once the program commences, but the tables below illustrate potential allocations.

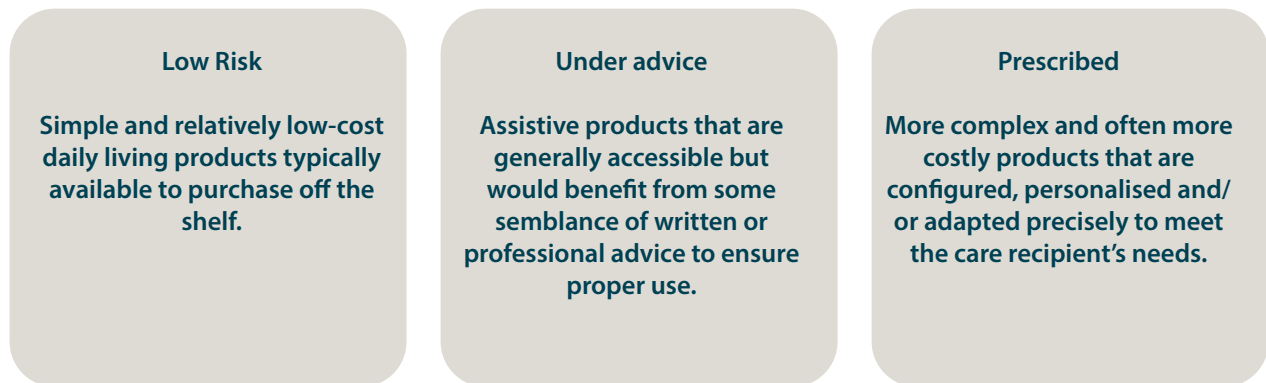
Table 4. Assistive technology

Funding tier	Funding allocation (up to)	Funding period
Assistive technology		
Low	\$500	12 months
Medium	\$2,000	12 months
High	\$15,000 ¹	12 months
¹ Participants who have assistive technology costs above \$15,000 can access additional funding with evidence, such as a valid prescription.		
Home modifications		
Low	\$500	12 months
Medium	\$2,000	12 months
High	\$15,000	12 months ²
² Funding may be extended for an additional 12 months to complete complex home modifications (24 months in total) if evidence is provided to Services Australia.		

Source: Australian Government Department of Health and Aged Care. Figures correct at time of publication. Please visit <https://www.health.gov.au/our-work/support-at-home> for the latest updates.

Similar to those allocations, the finalised AT-HM list will be available when Support at Home begins in July. The list will be sorted into the following categories: Managing Body Functions, Self Care, Mobility, Domestic Life, Communications and Information Management, and Home Modifications.

All assistive technology and home modifications on the AT-HM list will also be categorised by the skill level necessary to safely and effectively use the product, equipment or home modification. These supports are broken into three categories.



A few more important notes about AT-HM funding:

- For complex home modifications, the funding tier may be extended an additional 12 months (24 months totals can present evidence of progress to Services Australia within the first 12-month window).
- Though the assistive high tier has a nominal cap of \$15,000, care recipients may be able to receive more funding if necessary (to purchase a specialised motorised wheelchair, for example).
- Care recipients with specified needs (such as ongoing incontinence) may be eligible for additional funding over a longer period, which will be allocated during their assessment.
- The AT-HM Scheme may cover repairs and maintenance to assistive technology products and equipment. Alternatively, some care recipients will be able to evel funding to cover repairs and maintenance.
- If a care recipient's AT-HM needs change they can seek reassessment of their assistive technology and home modifications funding tier through a support plan review.
- Supplemental funding may be available for people in rural and remote areas.

National Assistive Technology Loans Scheme

A National Assistive Technology Loans Scheme (the AT Loans Scheme) is being developed for the Support at Home program in partnership with state and territory governments. The finalised AT-HM list will specify which products and equipment are suitable for loans.

If a product or piece of equipment is loan-suitable, the care recipient's prescriber or aged care provider will check on their behalf if the item is available through the AT Loans Scheme. If the item is not suitable or available for loan, the provider will support the care recipient in purchasing the item.

The Loans Scheme will cover repairs and maintenance on loaned items. Further, care recipients will also be able to swap equipment in and out of the Loans Scheme as required to manage their changing needs over time. This will be particularly beneficial for older people with progressive conditions.

Home modifications will not be available through the AT Loans Scheme in the initial phases of the Support at Home program. The care recipient's provider will be responsible for arranging all home modifications, including supply, coordination and installation activities.

9. Care Management Services

Key points:

- Providers will help care recipients achieve optimal outcomes through care planning, efficient service coordination, and other care management activities
- Care Partners with proper training and qualifications will deliver care management services on an individualised basis
- Providers can charge a 10% care management fee to be pooled into a Care Management Fund for care management services
- Care recipients will be able to receive varying levels of care management as their needs fluctuate
- Self-management options will continue with Support at Home

Under the Support at Home program, your aged care provider will help you achieve the best outcomes from your care through a collection of care management services and activities.

Aged care providers will be expected to provide an appropriate number of trained and qualified Care Partners to facilitate the necessary care management activities for their clients. At Capecare, for instance, all of our Clinical Care Partners are registered through the Australian Health Practitioner Regulation Agency (AHPRA) and certified to deliver care services under Support at Home.

Providers will charge up to a 10% care management fee and use those funds for care management services. In other words, if you are a Support at Home participant, up to 10% of your ongoing quarterly budget will be pooled into a Care Management Fund managed by your provider. That fund will hold contributions from all of your provider's clients, and your provider will use it to flex care management services to care recipients who need the most intensive assistance.

Table 5. Care management activities

Services	Description
Care planning	<ul style="list-style-type: none"> • Working with you to identify and assess your needs, goals, preferences and existing supports • Developing and reviewing your care plan with you • Reviewing your service agreement
Service coordination	<ul style="list-style-type: none"> • Communication and coordination with workers involved in the delivery of your services, and with you and your family or informal carers (if you consent) • Budget management and oversight • Supporting you if you move to a different kind of care, or from hospital to home
Monitoring, review and evaluation	<ul style="list-style-type: none"> • Engaging in ongoing care discussions • Case conferencing • Monitoring and responding to your changing needs and any emerging risks • Evaluating goals, service quality and outcomes
Support and education	<ul style="list-style-type: none"> • Supporting you to make informed decisions • Supporting and integrating reablement approaches • Providing advice, information and resources • Health promotion and education • System navigation and linkage • Problem-solving issues and risks • Ensuring your views, rights and concerns are heard and escalated • Assisting you with providing complaints and feedback

Source: Australian Government Department of Health and Aged Care. Figures correct at time of publication. Please visit <https://www.health.gov.au/our-work/support-at-home> for the latest updates.

Self-management options

The option to self-manage care will continue with the Support at Home program. Care recipients who manage their own care will have more independence, choice and control over services and their delivery.

Self-management will look different for each individual based on preferences, needs, and abilities, as well as their provider's capacity to support self-management arrangements. With Capecare, for instance, self-managed clients can:

- Choose their own support worker(s)
- Coordinate their own services
- Schedule their own services
- Pay invoices for later reimbursement

Providers will still oversee safety, governance and compliance for self-managed care recipients. They will also execute certain administrative functions (such as worker screening checks) to verify that each recipient's care complies with national standards and legislation.

For example, Capecare completes checks on workers and organisations on our clients' behalf. We review their chosen workers' ABNs (Australian Business Numbers), police clearances and insurances, and confirm they have the necessary skills to provide the care and services our clients require.



10. Provider Payment Arrangements

Key points:

- Providers will invoice at a price-per-unit of service delivered, and those prices will not exceed the price caps set by the government
- Care recipients will pay out-of-pocket contributions to their home care provider
- Home care recipients will receive financial statements monthly (at a minimum) from their provider

In-home aged care providers will be paid for services after the services are delivered, and they will invoice Services Australia for the services they provide:

- The care recipient's quarterly budget for ongoing services delivered
- The care recipient's AT-HM funding tier for AT-HM provision (including prescribing costs)
- The care recipient'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. Those prices will not exceed the price caps set by the government (starting July 2026). For AT-HM and some service types providers will invoice for the actual cost of the items purchased.

These payment arrangements aim to give you clarity on the contributions you pay for each service you use. Your available budget will be more transparent, which will help you plan the services you require.

If you have ongoing services, you will receive financial statements monthly (at a minimum) from your provider. When your provider's claim for a service is finalised, the government subsidy amount and your contribution amount will be debited from your budget.



11. New Clients: Steps for Accessing Care

In this final section, we thought it might be helpful to briefly outline the steps required for new care recipients to access services under the Support at Home program. Every care recipient has a unique situation, so these steps may not apply to you exactly. But in general, the process will look somewhat familiar to the current system and the Home Care Package program.

Step 1: Apply for an assessment through My Aged Care

Apply for an assessment via the My Aged Care website or by calling 1800 200 422.

Step 2: Schedule and complete the assessment

The assessment organisation in your service area will conduct the assessment (whether it's clinical or non-clinical). Assessments in the new Single Assessment System occur in person, either at your home or the hospital.

Step 3: Receive your assessment outcome

If you are found eligible for care, you will enter the Support at Home program or one of Australia's other care programs, such as the Commonwealth Home Support Programme, which is for people with lower-level needs.

Step 4: Enter the Support at Home Program

Step 5: Find a registered home care provider

You can ask your assessor for aged care provider referrals during the assessment process, or you can use the 'Find a Provider' tool on the My Aged Care website. You can also call the My Aged Care contact centre (1800 200 422) or speak with an Aged Care Specialist Officer (ACSO) at Services Australia.

Upon entering Support at Home, your assessor will help you create an individualised support plan, which you will share with your Support at Home provider. You will also receive a notice of the decision, which will include some combination of the following:

- A summary of your care needs and goals
- An ongoing quarterly budget based on your assessed classification
- An approval for short-term supports
- A budget for assistive technology and/or homemodifications
- An approval for short-term restorative support (eg intensive allied health services) or end-of-life care

Step 6: Begin receiving care

Your provider will manage and deliver your services to meet your assessed needs within your budget. Your provider will also be responsible for sourcing and arranging assistive technology and home modifications (either purchased or loaned) through the AT- HM scheme, if necessary.

With Support at Home, your care will fall under one of two categories: short-term support or ongoing services. There are two short-term care pathways (Restorative Care and End-of-Life pathway) and eight classifications for ongoing services. If you receive ongoing services, your care provider will include a personalised Care Partner to help you achieve your goals.



Need more information?

Call us on 9750 2097
community@capecare.com.au

20 Ray Ave, Busselton WA 6280



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