



Support at Home program – Frequently Asked Questions – December 2023

In December 2023, the Department of Health and Aged Care (the department) held a [webinar](#) and Q&A sessions about the Support at Home program. This fact sheet answers frequently asked questions (FAQs) about [the proposed features of the Support at Home program](#).

Contents

1.	Transition to Support at Home	1
2.	Classification and budgets	2
3.	Care management	3
4.	Ongoing services	4
5.	Short-term supports	4
6.	Provider arrangements	6

1. Transition to Support at Home

1.1) When will Support at Home start?

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

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

1.2) Why has CHSP been delayed in joining Support at Home?

CHSP will join Support at Home no earlier than 1 July 2027.

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

1.3) Will older people still be referred into CHSP?

From 1 July 2024, the Single Assessment System will use the new [Integrated Assessment Tool \(IAT\)](#) for assessments and re-assessments to all existing aged care services (i.e. CHSP, HCP).

From 1 July 2025, assessors will refer older people with entry-level aged care needs to CHSP and people with higher-level needs will be approved for Support at Home.

1.4) If an existing CHSP client requires increased supports, will they be able to access Support at Home from July 2025?

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

If approved, they will receive an individual support plan to give to their Support at Home provider, which will contain:

- their classification
- a quarterly budget
- approval for short-term supports, assistive technology and home modifications, and/or ongoing services.

1.5) For existing HCP care recipients, do they need to be re-assessed for Support at Home? How will their new classification level be decided?

HCP recipients will automatically transition to Support at Home from 1 July 2025 – they will not need to be re-assessed for Support at Home. HCP recipients will have Support at Home funding equivalent to their existing Home Care Package level.

2. Classification and budgets

2.1) What is the new Support at Home funding classification system?

We are developing a new funding classification system for Support at Home, which will specify the level of funding that is provided for each class. This framework will improve upon the current 4 package levels available through the HCP Program to better align service need to funding.

We are finalising the number of classes. To inform the new framework, we have analysed more than 22,000 assessments collected during the [IAT live trial conducted from April to July 2023](#).

2.2) How will participants use their funding?

If approved for Support at Home, the participant will receive an individual support plan with their funding class and a list of ongoing services and/or short term supports (such as assistive technology) that have been approved by the assessor. The assessor will agree with the participant a set of services that should be accessed with their budget.

Participants will receive a quarterly budget that corresponds to their funding class. Participants will work with their Support at Home provider to confirm how to spend their budget across all or some of their approved services.

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

2.3) Can funds be accrued between quarters?

Participants will be able to save funding up to a defined limit between quarters to meet unplanned needs. For example, when their informal carer is away.

3. Care management

3.1) What care management assistance will be included under Support at Home?

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

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

Care management activities may include:

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

3.2) How will care management services be funded?

We are proposing that an amount from each participant's budget be assigned to their provider to deliver care management services. Providers are expected to receive additional care management funding from the Government in respect of older people with diverse backgrounds and experiences (e.g. First Nations older people, people experiencing homelessness etc.).

We expect service providers will invoice against their total care management fund as services are delivered, at an hourly price set by the Government.

3.3) Will participants be able to self-manage their funding?

From July 2025, participants can choose to undertake self-management activities with the support and oversight from a registered provider. For example, coordinating their own services and budget management. This will be similar to current arrangements in the HCP Program.

4. Ongoing services

4.1) What services will be available under Support at Home?

Participants will be able to access in-home aged care services to help meet their age-related needs and stay independent at home. There will be a service list that outlines all ongoing services available under Support at Home.

This is expected to include services such as:

- clinical services, like nursing and allied health
- help with activities, like participating in their community, personal care, meals, transport, cleaning, social support and home maintenance.
- respite services for carers to have a break.

Participants can pay their provider to deliver out-of-scope services using their personal income.

4.2) Will Support at Home participants be able to choose their services?

Participants will be able to flexibly choose between the ongoing services they have been approved to access during their aged care assessment.

Cleaning and gardening services will be available for participants who need help to maintain safety and hygiene at home. These services will be capped at a set amount per quarter so that funding is focused on clinical needs and maintaining independence.

Access to short-term supports, such as assistive technology and home modifications and the Restorative Care Pathway will be identified with an aged care assessment.

4.3) Can a participant have more than one provider?

From 1 July 2025, a single Support at Home provider will manage and deliver a participant's services to meet their assessed needs. The provider will need to subcontract services that they cannot provide directly.

Once Support at Home has been fully implemented, we expect to transition to a multiple provider model.

4.4) Can a participant organise services not delivered by their provider?

If a participant is self-managing, they may be able to engage care workers and services external to their provider. That said, their provider will need to support these arrangements.

5. Short-term supports

5.1) What is the Restorative Care Pathway?

Under Support at Home, the Restorative Care Pathway will replace the STRC Programme.

If identified in their assessment, it is expected that participants will have access to up to 12 weeks of support focussed on allied health to regain function and build strength and capabilities.

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

5.2) How will the Restorative Care Pathway differ from the STRC Programme?

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

5.3) What is the End-of-Life Pathway?

We have proposed a new End-of-Life Pathway for older people who have been diagnosed with less than 3 months to live and wish to stay at home.

The end-of-life pathway is expected to give people priority access to the Support at Home's highest funding class for additional in-home aged care services during this period.

For existing Support at Home participants, the end-of-life pathway will be in addition to ongoing services, to increase the support available during this period.

5.4) How will the End-of-Life Pathway interact with government-funded palliative care services?

The Support at Home End-of-Life Pathway would operate in conjunction with, not replace, services available through state-based health and specialist palliative care services, such as symptom (and pain) management and advance care planning.

5.5) What is the Assistant Technology and Home Modification (AT-HM) Scheme?

From 1 July 2025, we will introduce a new AT-HM Scheme for the Support at Home program.

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

Support at Home providers will be responsible for arranging and sourcing required assistive technology and home modifications.

The AT-HM Scheme will have a detailed list of items that are included and excluded under Support at Home. The AT-HM List is being finalised. We are seeking advice from Monash University's Rehabilitation, Ageing and Independent Living (RAIL) Centre.

5.6) How will the AT-HM Scheme be funded?

This AT-HM Scheme will be separately funded from ongoing services.

Support at Home participants do not need to save funds from their quarterly budget to purchase assistive technology or home modifications. This means participants will be able to more quickly and easily get the supports they need to live safely and independently at home.

Funding for assistive technology and home modifications will be available as required based on a participant's prescription and assessed needs. AT-HM funds will not accrue over time.

5.7) Will participants need an allied health assessment to access assistive technology and home modifications?

We expect that Support at Home participants will have immediate access to low-risk low-cost equipment that is identified through the single assessment process.

More complex items will require prescription from an allied health professional and include wraparound support to ensure the item is used safely and effectively.

Support at Home participants will have access to home modifications included on the AT-HM List. All home modifications will need to be prescribed by an allied health professional.

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

We expect the AT-HM Scheme design will include a pathway for older people with progressive conditions to meet their additional needs.

This work will be informed through advice from Monash University's RAIL Centre.

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

The AT-HM Scheme will be designed to support older people, including people with a disability who are ineligible for the National Disability Insurance Scheme (NDIS) to support them to live safely and independently at home.

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

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

6. Provider arrangements

6.1) Who can be a Support at Home provider?

Aged care providers will need to be registered under the new regulatory model for aged care.

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

For more information about [the new model for regulating aged care](#), visit the department's website.

6.2) What will providers be able to charge for services?

We will set price caps for each service based on advice of the Independent Health and Aged Care Pricing Authority. Support at Home providers will be able to charge at or below the price caps.

Price caps will cover the full cost of delivering a service including staffing, administration and other business expenses.

6.3) What are the provider funding arrangements?

Support at Home providers will primarily be paid on a fee-for-service basis after a service has been delivered.

Providers will invoice and claim a subsidy from Services Australia under similar payment arrangements to the HCP Program.

We expect that providers will submit their claims on a monthly or more frequent basis.

Providers will continue to give participant's [monthly care statements](#).

6.4) What supports will be available for providers in thin markets?

We are proposing long-term supplementary grants for Support at Home providers operating in thin markets where fee-for-service payments would be insufficient to cover high operating costs.

For example, providers in rural and remote regions and diverse communities.