



Support at Home

This fact sheet provides a summary of the Support at Home program that will commence 1 July 2025 and the contributions participants in the program will pay.

Access

Participants will have quicker access to services. Additional funding over the first two years of the new Support at Home program will shorten average wait times for services to a target of 3 months from 1 July 2027.

A new classification system

Participants will be assessed into one of 10 new funding classifications. The new classifications improve on the current 4 packages available through the Home Care Packages (HCP) program by better aligning funding to need. This includes 8 ongoing classifications, and 2 short term classifications – the restorative care pathway and end-of-life care pathway.

Under Support at Home, the highest ongoing classification exceeds the current Level 4 HCP, with a budget of almost \$78,000 per year.

A defined service list

The program will have a service list which specifies the services available under Support at Home. This will provide clarity for older people and service providers about what can be accessed. The service list includes clinical care (such as nursing and physiotherapy), support for independence (such as personal care, respite, transport and social support), and help with everyday living (such as cleaning, meals delivery and gardening).

Quarterly budgets

Participants will receive a quarterly budget that aligns to their funding classification. Participants will work with their provider to choose how to spend their budget across some or all of the services they have been approved to receive.

Participants will be able to save up to \$1,000 or 10% (whichever is higher) of the value of their quarterly budget across quarters, if available.

Capped prices

Service providers will draw down on participants' budgets after services have been delivered. Prices for each service must not exceed price caps set by the government based on the advice of the Independent Health and Aged Care Pricing Authority.

A focus on independence at home

Assistive Technology and Home Modifications Scheme

Participants will have upfront access to assistive technology and home modifications through a separately funded scheme. This means people will no longer have to save their package funds for these supports.

The scheme will have a defined list of the assistive technology and home modifications that can be funded.

Restorative care pathway

The new restorative care pathway will improve on the Short-Term Restorative Care Programme by more than doubling the number of places, increasing the maximum duration of support, and opening access to less complex clients to prevent falls and other injuries before they occur. Participants assessed as likely to benefit can receive up to 12 weeks of intensive allied health focused support to help restore or maintain function, up from 8 weeks currently.

The pathway will commence with 5,000 places, supporting up to 20,000 people a year.

End of life care

Older people with less than 3 months to live and who wish to stay at home, will be given priority access to the program's dedicated highest funding classification for additional home care services (\$25,000 for 12 weeks).

The pathway will work in conjunction with, not replace, specialised palliative care services such as symptom management and advanced care planning.

Support for thin markets

Grant funding will be available to help service providers in thin markets such as rural and remote locations or providers focused on supporting diverse groups.

Flexible care management

Service providers will draw down 10% of participants' budgets for care management, to be delivered by care partners. Care partners will ensure services meet participants' needs and support their wellbeing. Care management support may increase or decrease as needs change. For example, a participant may seek more support from their care partner after an event such as a hospitalisation.

Service providers will have access to additional funding for some participants such as First Nations peoples, people experiencing homelessness or at risk of homelessness, and veterans.

Participant contributions framework

Under Support at Home, participants will contribute towards the cost of some assessed services, while other services will be free of charge. These contributions will only be paid for services that have been delivered. Contribution rates will vary by the type of service received and the participant's income and assets. The Age Pension means test will be used to determine the means tested percentage contribution, and Commonwealth Seniors Health Card holders will pay lower contributions than other self-funded retirees.

Contributions based on services received and the income and assets of the participant

The Support at Home program will focus government funding on care needs that will help participants to remain at home and avoid hospitalisations, with participants making a greater contribution towards items they have paid or provided for themselves their entire lives.

Contribution rates will be set as a percentage of the price of each service. This means a participant will pay an amount set by their percentage contribution rate, and the government will pay the remainder of the price as a subsidy to the provider. The rate will be based on the type of service received:

- There will be no contribution for services in the Clinical category (e.g. nursing and physiotherapy), with assessed clinical care needs to be fully funded by government across the whole aged care system.
- Contributions for services in the Independence category (e.g. personal care) will be moderate, recognising that many of the services in this group play an important role in keeping people out of hospital and residential aged care.
- Everyday living services (e.g. domestic assistance and gardening) will attract the highest contribution rates, recognising that the government does not typically fund these services for any individual at other stages of life.

How much someone contributes to their supports for independence and everyday living will be based on their income and assets. The percentage contribution to the cost of services will be:

	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%

The means tested percentage contribution will be based on the Age Pension means test which considers income and assets. This means that part pensioners do not have to undertake a separate aged care means test as Services Australia will already hold the relevant information. Commonwealth Seniors Health Card holders will have to advise Services Australia of their income and assets and update Services Australia when their circumstances change.

No worse off principle for existing Home Care participants

Packages

All individuals who have a Home Care Package (a package) on 30 June 2025 will maintain the same level of funding and retain any unspent funds under Support at Home. Individuals on the National Priority System or who have been approved for a package as of 30 June 2025 will receive a Support at Home budget equivalent to their approved package level when one becomes available. If these participants have another assessment, and are entitled to a higher level of funding, they will move to the new Support at Home classification when one becomes available.

Contributions

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 arrangements.

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