



# Support at Home program – Frequently Asked Questions – September 2024

This fact sheet answers some frequently asked questions about the Support at Home program design.

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# 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 Support at Home no earlier than 1 July 2027.

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

The 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 this large group of aged care 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 for 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, can they 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 for Support at Home, they will receive a notice of decision with an individual support plan to share with their provider, which will contain:

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

## 1.5) Will Home Care Package (HCP) program participants need to be re-assessed for Support at Home? How will their new funding level be decided?

Home care recipients and people on the National Priority System waiting for a HCP will automatically transition to Support at Home from 1 July 2025. They will not need to be re-assessed for Support at Home. Home care recipients will have Support at Home funding equivalent to their existing HCP level. 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. Those with unspent funds balances will retain those funds under Support at Home. They may be used to access additional services if a quarterly budget is fully allocated, or for assistive technology and home modifications if approved.

## **1.6) What are the key changes for Home Care Package (HCP) program participants transitioning to Support at Home from 1 July 2025?**

Home care recipients can retain their current service provider and continue to access services and supports.

Key changes from 1 July 2025 will include:

- **Moving to a quarterly budget** – this means the annual HCP amount will be divided into 4 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.
- **A defined service list** – under Support at Home, all services will be specified on a service list with clear inclusions and exclusions that will largely mirror existing services accessed through the HCP Program.
- **Price caps set by government** – prices charged by service providers against participant budgets must be below price caps set by government based on advice of the Independent Health and Aged Care Pricing Authority (IHACPA).
- **No separate administration charges** – package management costs will be incorporated into prices, not charged as separate fees.
- **Care management funding set at 10% of all quarterly budgets** – this funding will be set aside for providers to use to deliver responsive care management support across all participants.
- **Separately funded Assistive Technology and Home Modifications (AT-HM) Scheme** – people will be approved at assessment for a separate funding amount for assistive technology and/or home modifications.

## **2. Funding and budgets**

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

Support at Home will have 8 classifications for ongoing services that are aligned to clinical needs. This classification framework improves upon the current 4 Home Care Package levels.

In addition, there will be 2 short-term classifications, with funding for up to 12 weeks:

- 1) Restorative Care Pathway to build or regain functions to remain independent (e.g., allied health services).
- 2) End-of-Life Pathway to boost services for people diagnosed with 3 months or less to live to enable them to remain at home.

There will also be an Assistive Technology and Home Modifications (AT-HM) Scheme funded separately to ongoing participant budgets.

More than 22,000 assessments collected during the [IAT live trial conducted from April to July 2023](#), were analysed to inform the new Support at Home classification framework.

## **2.2) How will participants use their funding?**

If approved for Support at Home, participants will receive an individual support plan from their assessor. This includes their classification and a list of ongoing services and/or short-term supports (e.g., assistive technology) that the participant has been approved for.

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

Short-term supports include the Restorative Care Pathway, the Assistive Technology and Home Modifications (AT-HM) Scheme and End-of-Life Pathway, which are funded separately to ongoing participant budgets.

## **2.3) Can Support at Home funds be accrued between quarters?**

Participants will be able to save funding between quarters to meet unplanned needs, such as when their carer is away. This will be capped at \$1,000 or 10% of the value of their quarterly budget (whichever is higher).

Participants assessed as requiring assistive technology and/or home modifications will not need to save up their funds for these services because additional funding will be provided separately through the AT-HM Scheme.

Existing home care recipients with an unspent funds balance will retain these funds. They may be used for ongoing services when their quarterly budget is exhausted, or for the AT-HM Scheme if required.

## **2.4) How will the quarterly funding cycle run?**

The quarterly funding cycle will follow the fiscal quarters:

- July to September
- October to December
- January to March
- April to June.

Participants will have access to the full value of their budget at the start of the quarter. Participants who join during a quarter will receive a pro-rata amount.

## **2.5) What consumer contribution arrangements will be in place under Support at Home?**

The Support at Home participant contributions framework is informed by the recommendations of the [Aged Care Taskforce](#) (the Taskforce). Participant contributions will be based on services received, service type and a person's pension status and whether they are a Commonwealth Seniors Health Card holder.

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.

### **3. Care management**

#### **3.1) What care management assistance is provided under Support at Home?**

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 include:

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

#### **3.2) How will care management services be funded?**

Participants will have 10% of their ongoing quarterly budgets set aside for care management, which the government will distribute to providers based on their case-mix.

A separate supplement will provide additional funding to providers where they have participants with certain needs (e.g., older Aboriginal and Torres Strait Islander people, people experiencing homelessness).

Providers will have the flexibility to use their care management funds across their Support at Home participants and are responsible for managing available funding.

#### **3.3) How will providers invoice for care management services?**

Providers will invoice and be paid for care management services after they have been delivered. They will claim for care management services against their allocated care management funding.

Claims will specify services delivered to individual participants, which will support program assurance.

#### **3.4) How will care planning work under Support at Home?**

Providers are expected to undertake care planning in delivering care management services.

Care planning will involve a care partner working with a participant to identify their aged care needs, goals, preferences and existing supports. This will be documented in a care plan, which will be reviewed annually at a minimum and more frequently if required.

The care plan is guided by the support plan developed in the aged care assessment process.

### **3.5) What is a care partner, and what qualifications will care partners be required to have under Support at Home?**

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., nursing).

The team-based approach to delivering care management, which many HCP providers use, will continue under Support at Home.

### **3.6) Will participants be able to self-manage their funding?**

Participants can choose to undertake self-management activities with the support and oversight of 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 can access services to help meet their age-related needs and stay independent at home. There will be a service list that outlines all services available under Support at Home.

This will include services like:

- clinical services, such as nursing
- help with activities, such as 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) Can Support at Home participants choose their services?**

Participants will have the flexibility to choose between the 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. To ensure that Support at Home funding is focused on clinical needs and maintaining independence, there will be an annual cap of 52 hours for cleaning and 18 hours for gardening.

If approved as part of their assessment, participants will have access to short-term supports, such as the AT-HM Scheme, End-of-Life Pathway and Restorative Care Pathway.

### **4.3) Can a participant have more than one provider?**

No. 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, in line with their registration.

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

Participants can use third party-services if their provider supports these arrangements. Their provider will have regulatory responsibility for all services delivered under Support at Home.

## **5. Short-term supports**

### **5.1) What is the Restorative Care Pathway?**

Under Support at Home, the Restorative Care Pathway will replace the Short-Term Restorative Care (STRC) Programme.

If approved in their assessment, participants will have access to up to 12 weeks of support (with ability for a further 4-week extension) focused 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 be different from the STRC Programme?**

The new Restorative Care Pathway will 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?**

A new End-of-Life Pathway will be available 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 will give people access to Support at Home's highest per-day funding classification for additional services during this period.

### **5.4) What is the AT-HM Scheme?**

From 1 July 2025, a new AT-HM Scheme will be introduced for Support at Home.

An aged care assessment will identify if an older person needs assistive technology (products and/or equipment) and/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/or home modifications through:

- the assistive technology loans scheme
- purchasing the product or equipment



- organising allied health prescription and wrap-around services where needed
- arranging and sourcing home modifications

The AT-HM list clearly defines items that are included and excluded under the AT-HM Scheme.

### **5.5) How will the AT-HM Scheme be funded?**

The AT-HM Scheme will be separately funded under Support at Home.

Support at Home participants do not need to save funds from their quarterly budget to purchase assistive technology and/or home modifications. This means that participants can get timely and easy access to the supports they need to live safely and independently at home.

Participants will be assigned a funding tier for assistive technology and/or home modifications based on their assessed needs. AT-HM funds will not accrue over time and funding will be available for 12 months once a participant is assessed (or reassessed) and approved.

If major home modifications take longer than 12 months, funding may be available for a further 12 months if the participant can provide evidence the work has commenced. This will ensure enough time to complete the work to the required standards.

If available, unspent home care package funds must be used to access assistive technology and home modifications before Support at Home AT-HM funding is used.

### **5.6) Will participants need an assessment by a health professional to access assistive technology and/or home modifications?**

Support at Home participants will have immediate access to low-risk low-cost equipment and products without a health professional assessment.

More complex items will require a prescription from a suitably qualified health professional. This may include wrap around supports to ensure the equipment is set up and participants receive training to ensure the safe use of equipment.

Support at Home participants will have access to home modifications included on the AT-HM list. All home modifications need to be prescribed by a suitably qualified health professional.

### **5.7) What items will be available under the AT-HM Scheme?**

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 based on internationally agreed instruments including the internationally developed and Australian-adopted [Assistive product – Classification and terminology standard](#) (AS/NZS/ ISO/ 9999:2023) and informed by subject matter experts.

Participants will have access to various products and equipment based on the following categories:

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



## **5.8) Will there be a loans option under the AT-HM Scheme?**

The department is developing a National Assistive Technology Loans Scheme (AT Loans Scheme) within Support at Home in partnership with state and territory governments to provide easy access to loans of assistive technology products and equipment.

A trial in partnership with NSW Health commenced in mid-2024 and will run until mid-2025 to inform key elements of the AT Loans Scheme.

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

The AT-HM Scheme design will include considerations for older people with progressive conditions to meet any additional AT-HM needs.

This work is ongoing and will be informed through advice from Monash University's Rehabilitation, Ageing and Independent Living (RAIL) Centre.

## **5.10) Will the AT-HM Scheme support older people with disability?**

The AT-HM Scheme has been designed to support older people, including people with disability who are not eligible to access the National Disability Insurance Scheme (NDIS) to live safely and independently at home.

## **5.11) What will the new AT-HM Scheme mean for existing CHSP services?**

CHSP Goods, Equipment and Assistive Technology (GEAT) and Home Modifications service types will continue (per grant arrangements) for existing clients until CHSP joins Support at Home, no earlier than 1 July 2027.

Older people entering aged care who only require assistive technology and/or home modifications will be referred to the CHSP to access existing CHSP GEAT and Home Modifications services.

# **6. Provider arrangements**

## **6.1) Who can be a Support at Home provider?**

Support at Home providers must be registered under the proposed new regulatory model for aged care. Existing Home Care Package providers and Short-Term Restorative Care providers will be deemed into the new registration categories. For more information on deeming arrangements, see the [department's website](#).

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

Read more information about [the new model for regulating aged care](#).

## **6.2) What can providers charge for services?**

The government will set price caps for each service based on advice of the IHACPA. Support at Home providers can 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.

Information on price caps is expected to be available later in 2024.

### **6.3) What are the provider funding arrangements?**

Providers will invoice and claim with Services Australia after a service has been delivered under similar payment arrangements as the HCP Program.

Providers can submit their claims as frequently as daily to ensure a regular cash flow.

### **6.4) What supports are available for providers in thin markets?**

Support at Home providers operating in thin markets can apply for 2-year supplementary grants. This will support eligible providers who can demonstrate an expected gap between their operational expenses and revenue under the program's capped service prices.

Grants will be allocated through a competitive grant opportunity. Providers will be eligible to apply for a grant if they:

- deliver in MM 3 to MM 7 areas (using the Modified Monash Model); and/or
- deliver specialised services (see [Specialisation Verification Framework](#)).

More information will be available later in 2024.

## **7. Support at Home pooled funding trial**

### **7.1) What is the pooled funding trial?**

The department will undertake a trial to test the ability for older people living in community-based settings (e.g., a retirement village or remote community) to use some or all of their funding to receive services on a more flexible basis. For example, the funding could enable a retirement village to offer a mini-bus service accessed by participants as-needed.

### **7.2) How will the trial work?**

The department will run an expression of interest process to identify suitable providers (likely 5 to 10) to participate in the trial. More information on this process will be available in coming months.