



Australian Government

Department of Health and Aged Care

Support at Home program update

September 2024



agedcareengagement.health.gov.au

Acknowledgement of Country

I would like to acknowledge the Traditional Owners and Custodians of the vast lands on which we meet today and pay my respects to Elders past and present. I am presenting to you from Ngunnawal country.

I would like to extend that acknowledgement and respect to any Aboriginal and Torres Strait Islander peoples joining us today.



Our webinar panel

Chair:

- Michael Lye, Deputy Secretary, Ageing and Aged Care Group

Presenters:

- Nick Morgan, Assistant Secretary, Support at Home Reform Branch
- Susan Trainor, Assistant Secretary, Funding Operations and Analysis Branch

Please check your audio settings if you cannot hear the presenter



Nick Morgan

Assistant Secretary
Support at Home Reform Branch



What will be covered today?

- Program overview
- Assessment & classification
- Service list
- Short term classifications
- Assistive Technology and Home Modifications scheme
- Care management and self-management
- Funding model
- Next steps and future engagements



Support at Home will help people to stay at home for longer



Faster access to services

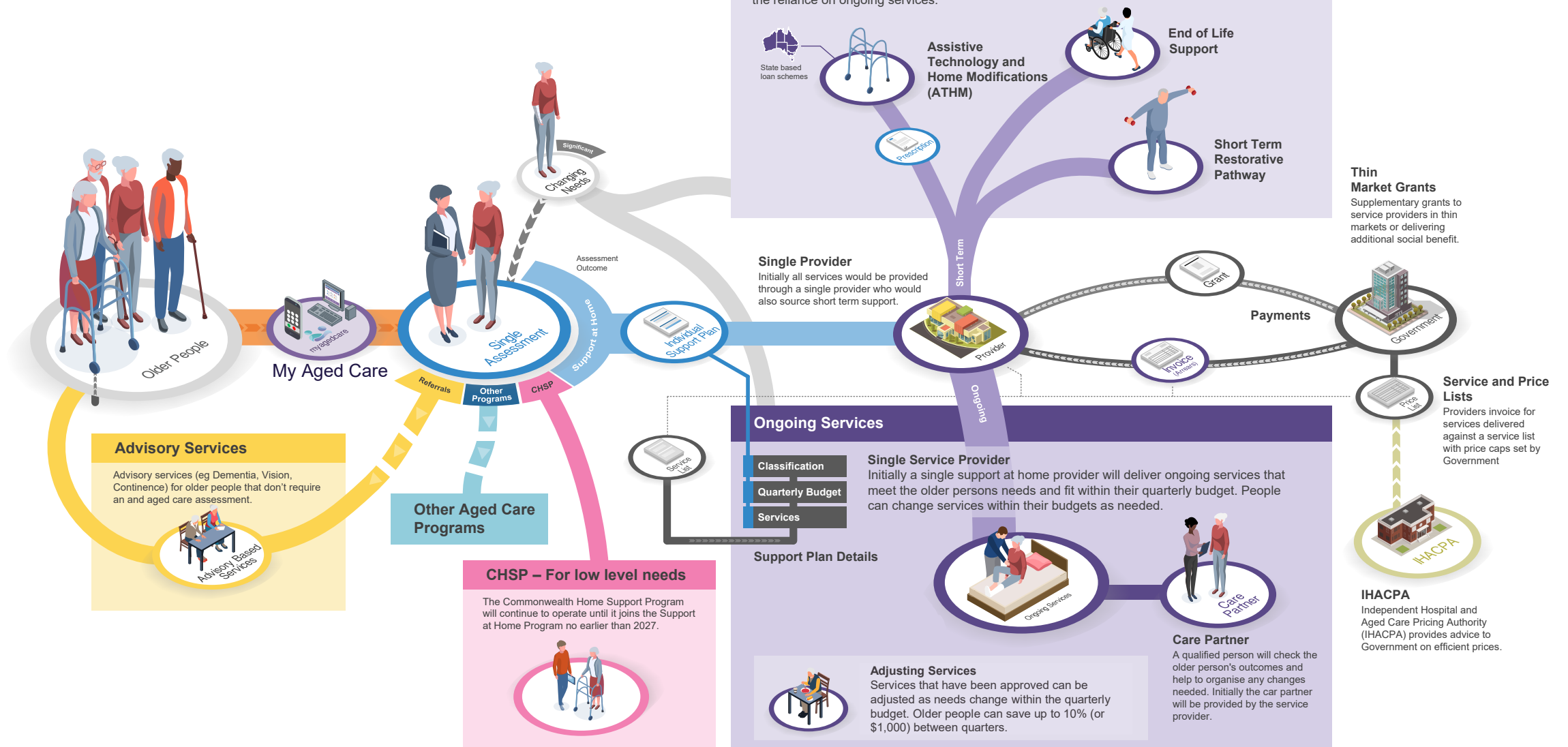


Early intervention to stay independent and prevent decline

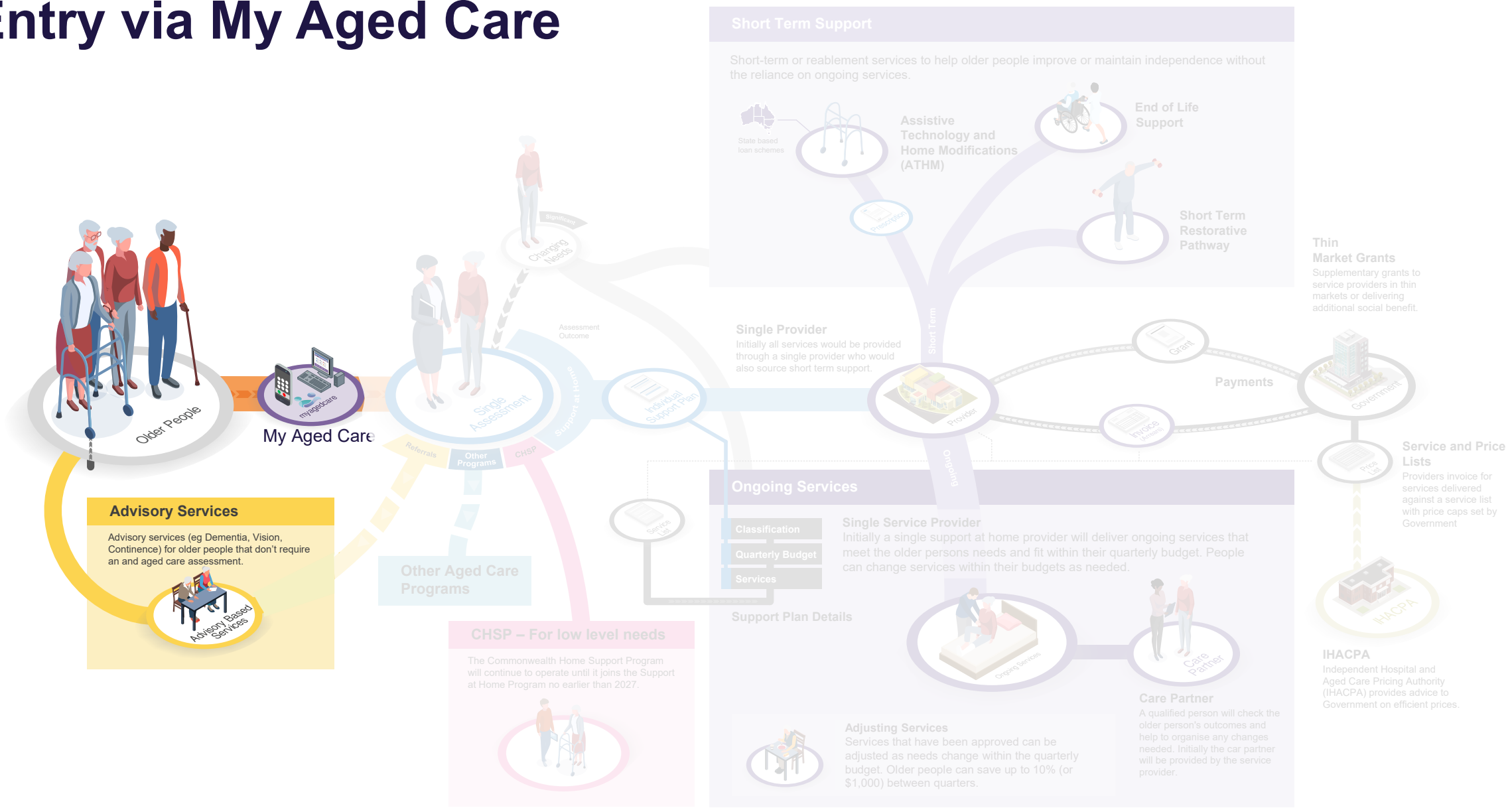


Higher levels of care when needs become more complex

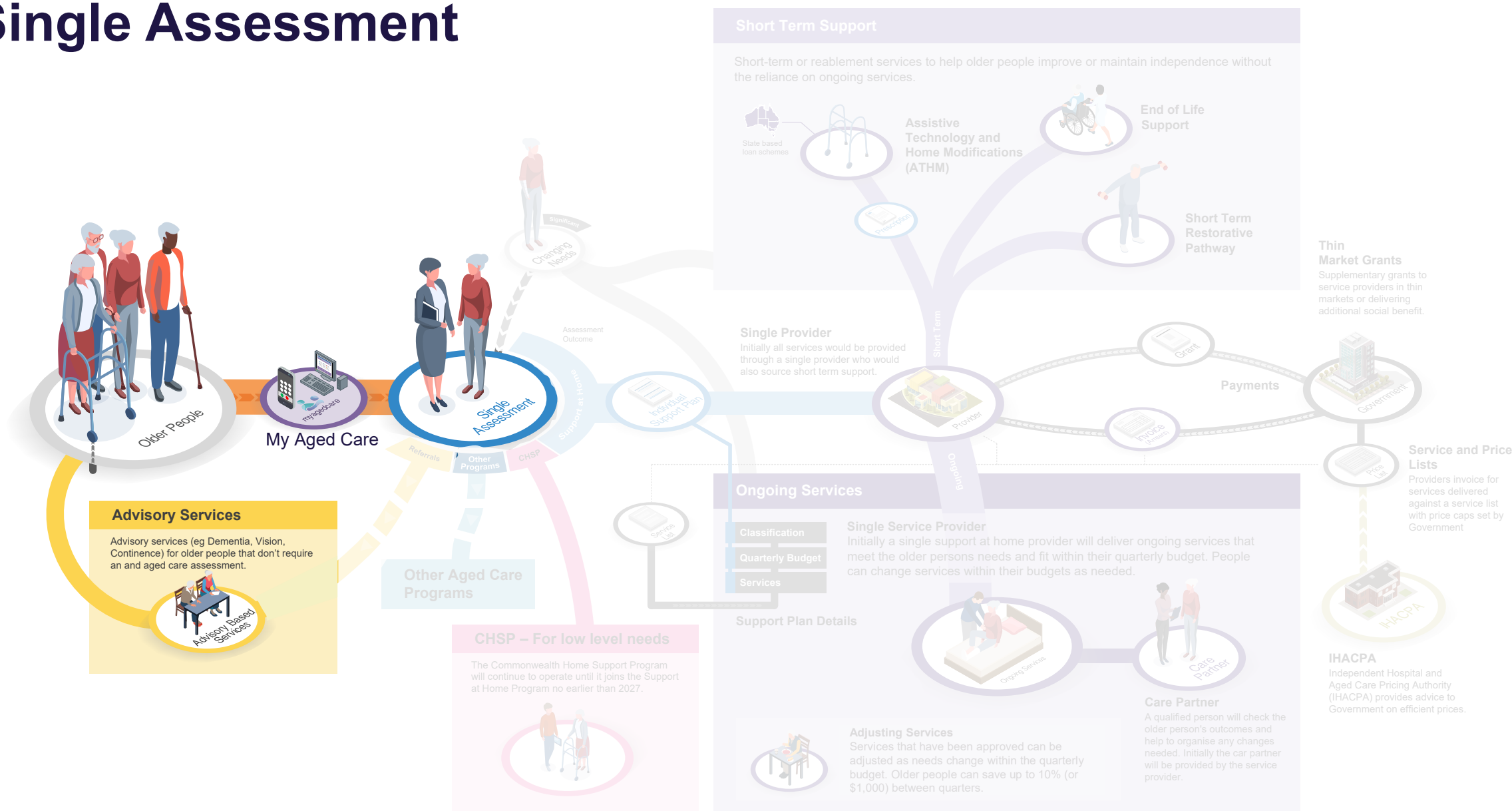
Program overview July 2025



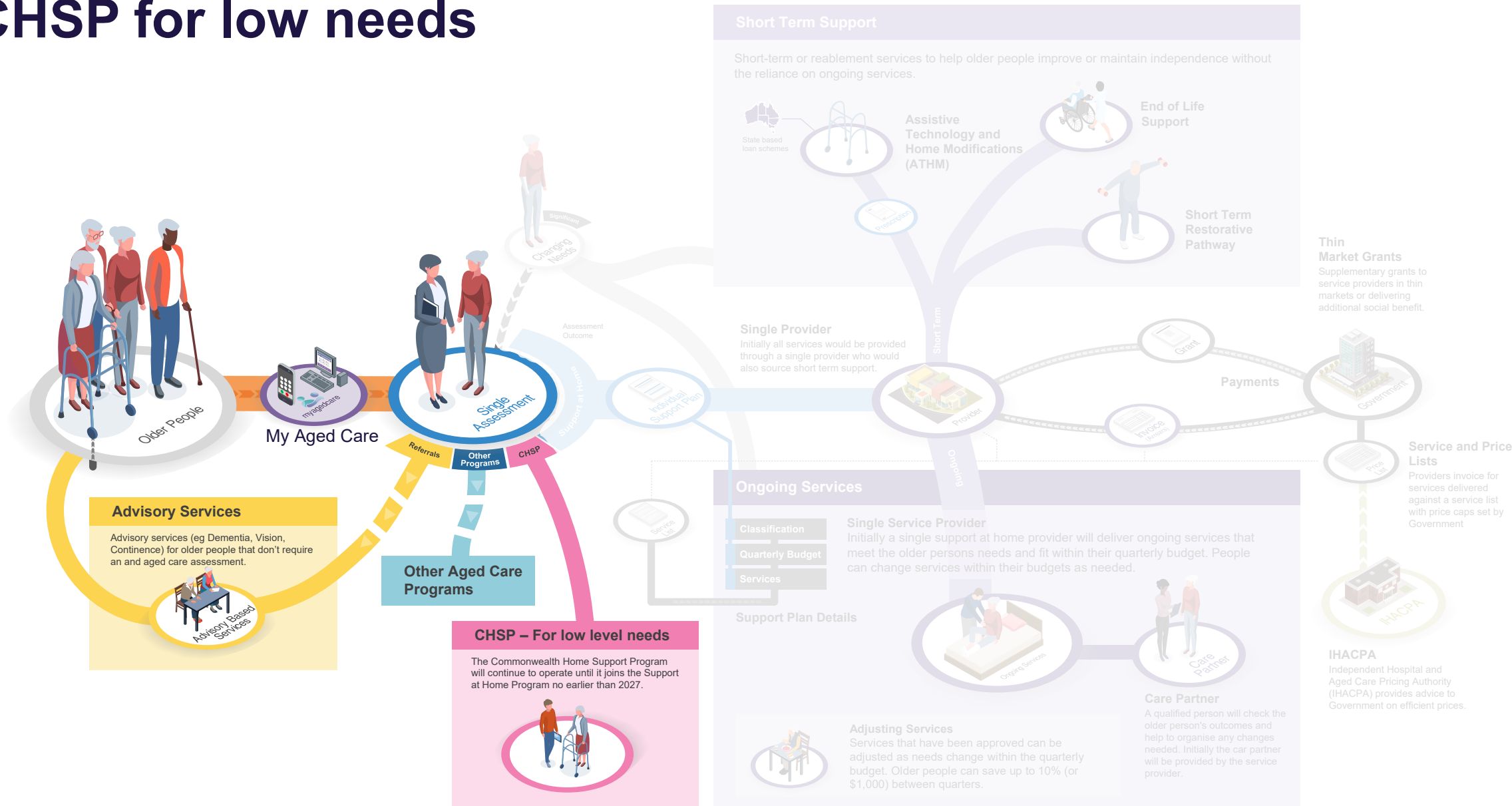
Entry via My Aged Care



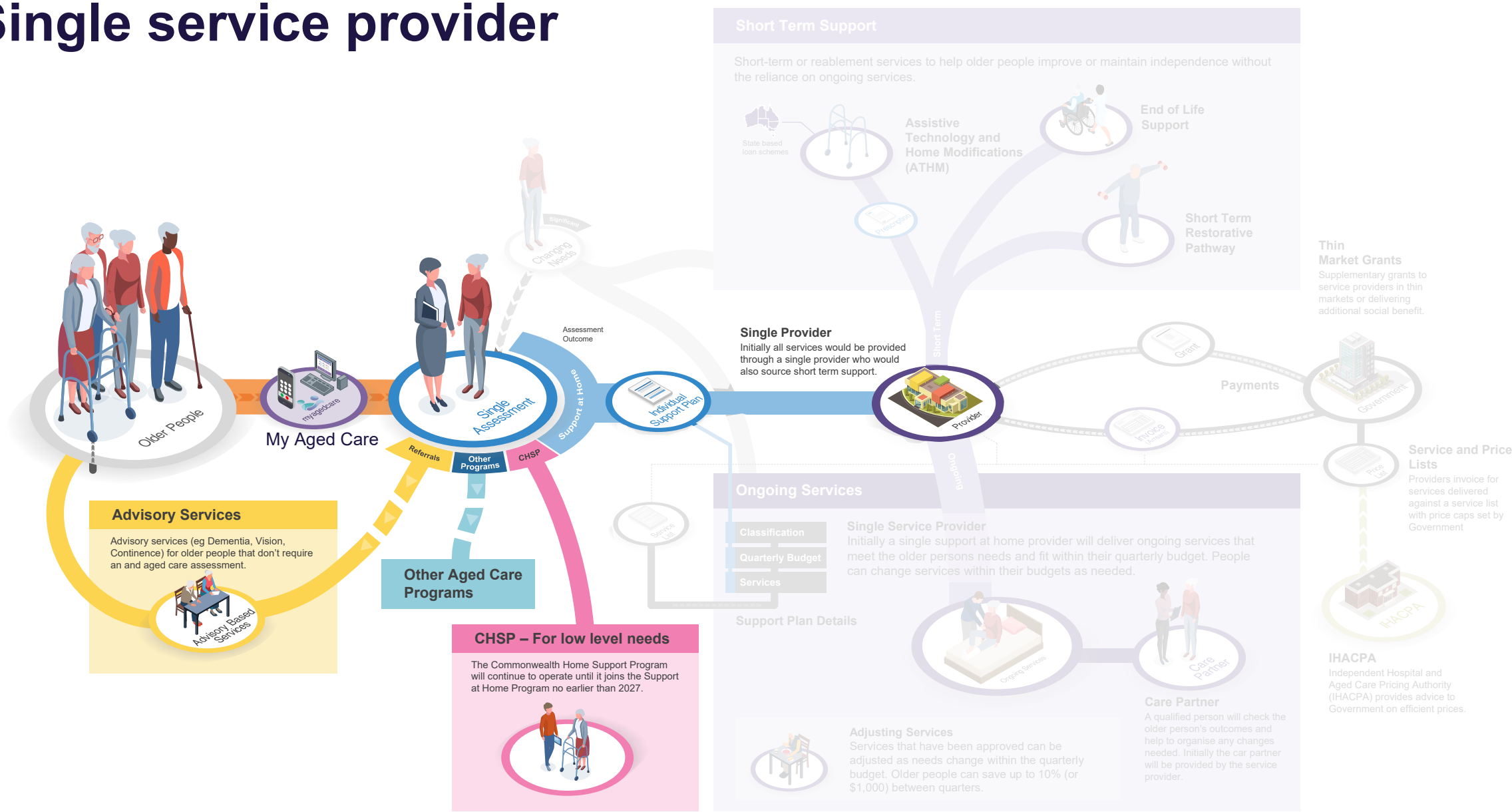
Single Assessment



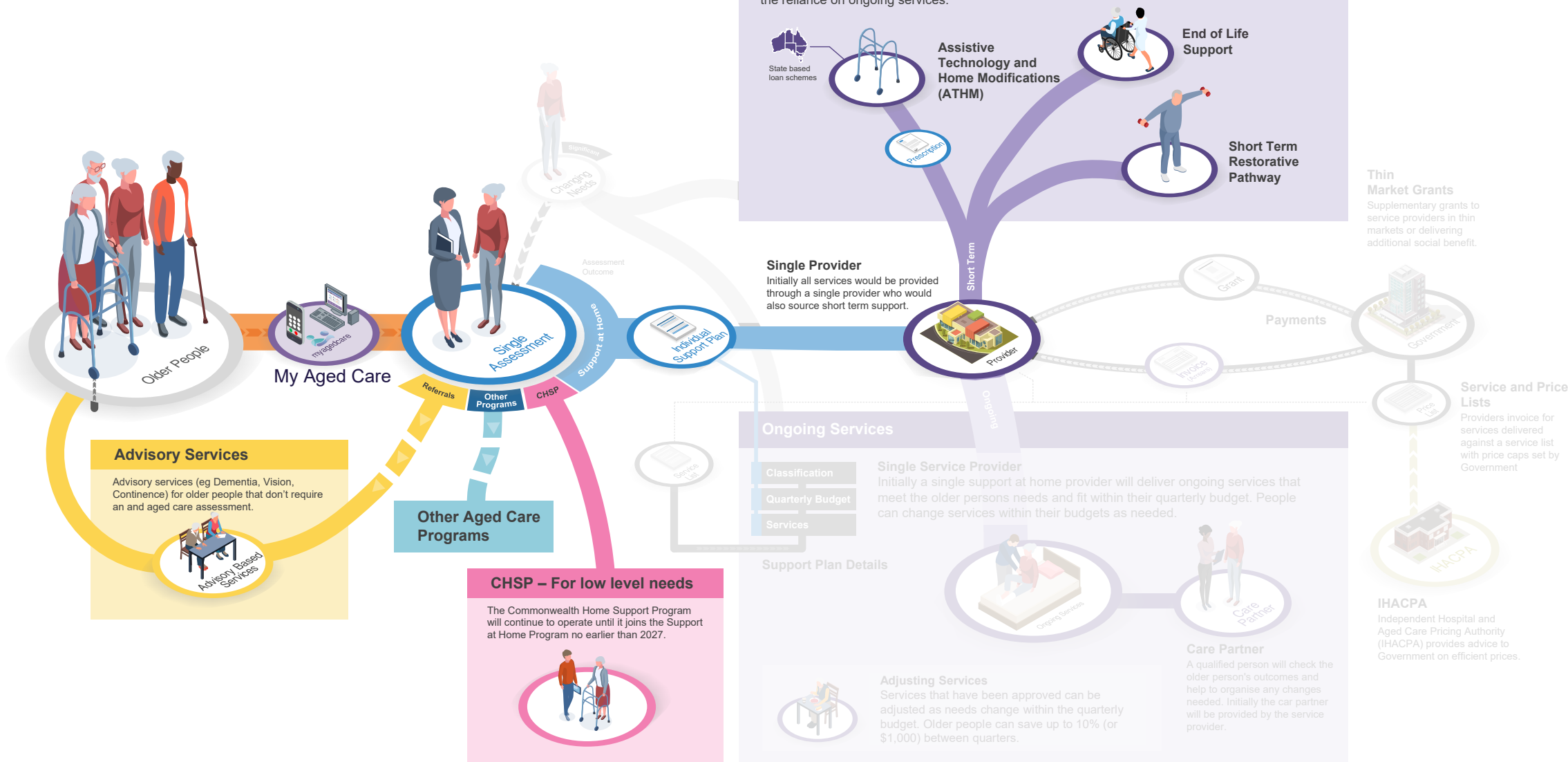
CHSP for low needs



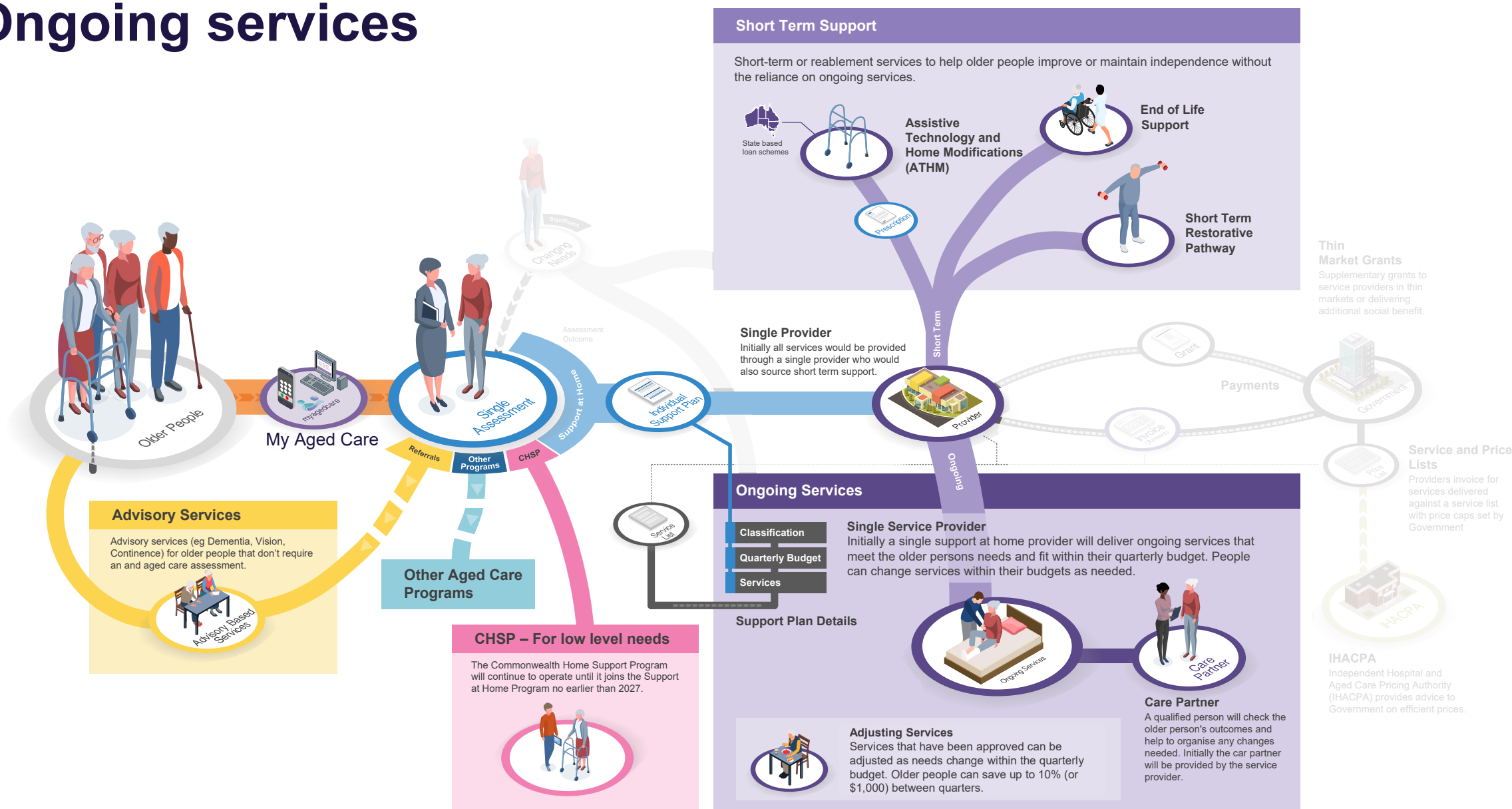
Single service provider



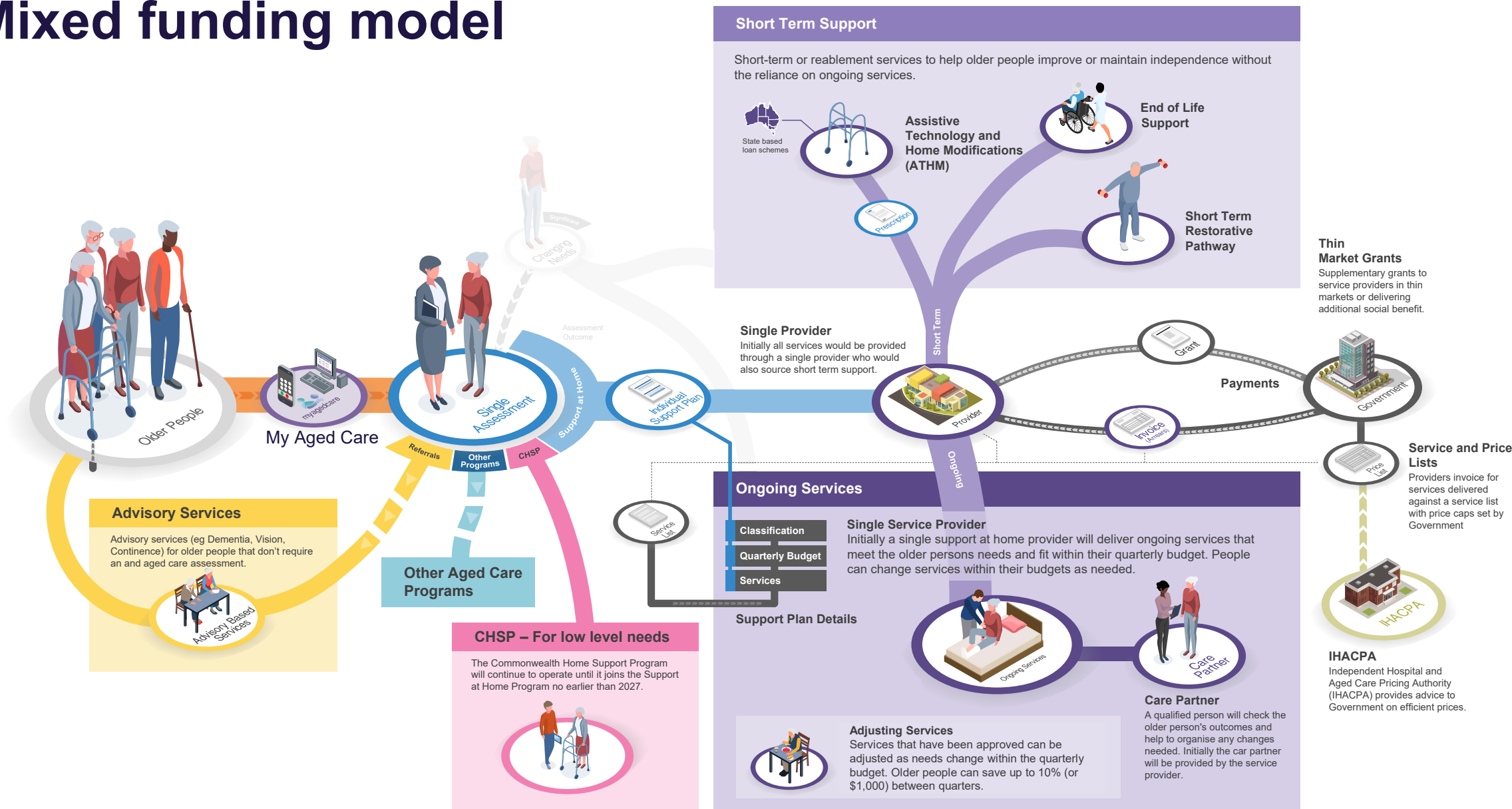
Short term support



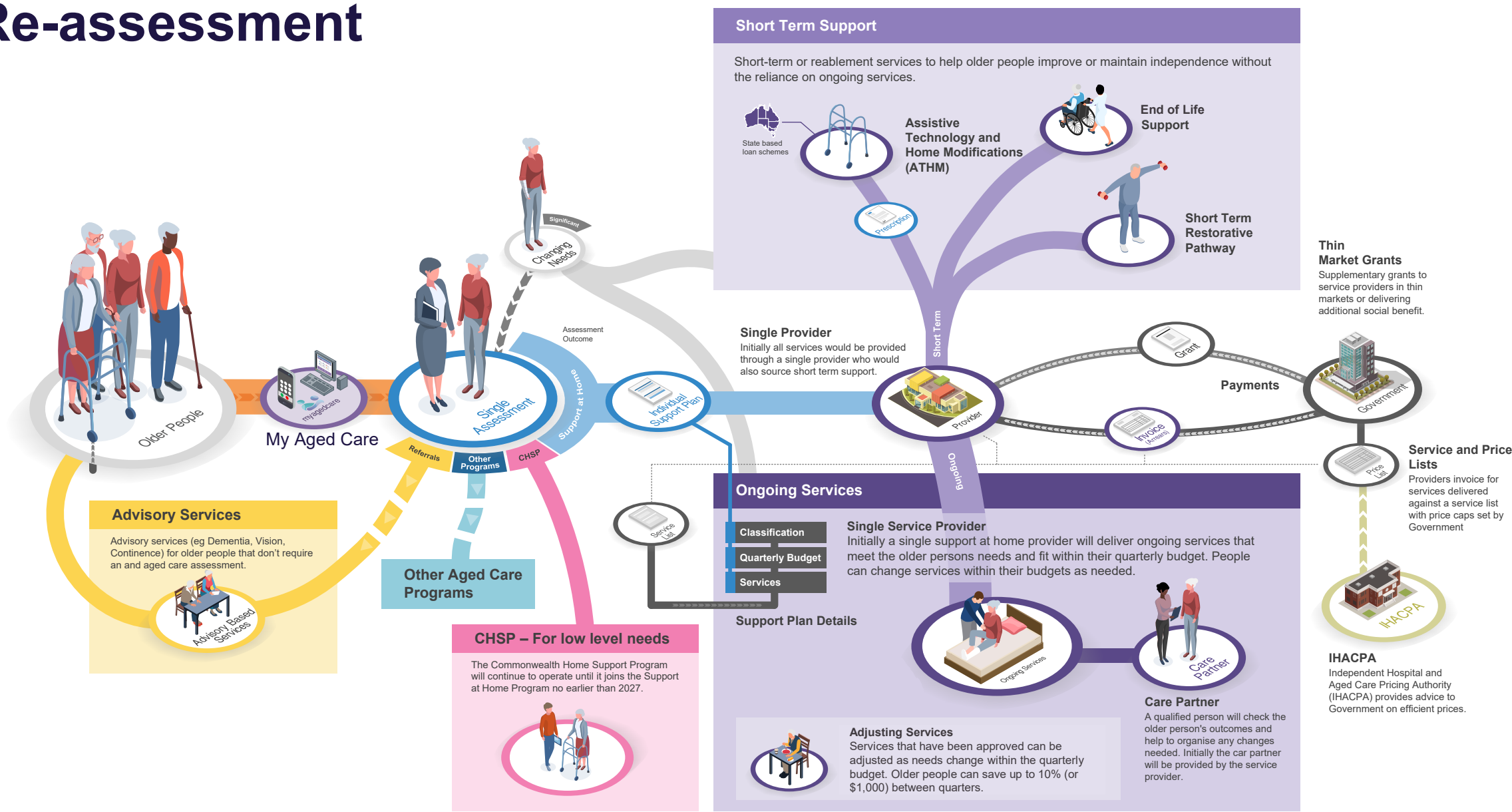
Ongoing services



Mixed funding model



Re-assessment



Arrangements for existing Home Care Package recipients

- No reassessment into a new classification in July 2025
- Existing HCP clients will have a budget equivalent to their package
- People who are waiting for a Home Care Package will receive a budget equivalent to the package they are waiting for when available
- Unspent funds will be retained by clients for use under Support at Home
- If re-assessed later, will receive a new Support at Home classification (where higher than current package)
- Grandfathering arrangements for participant contributions will also apply



Single Assessment



- All assessment organisations able to assess for all aged care services
- Assessments in home or hospital, with states and territories continuing to conduct assessments in hospital
- More timely assessments
- New Integrated Assessment Tool



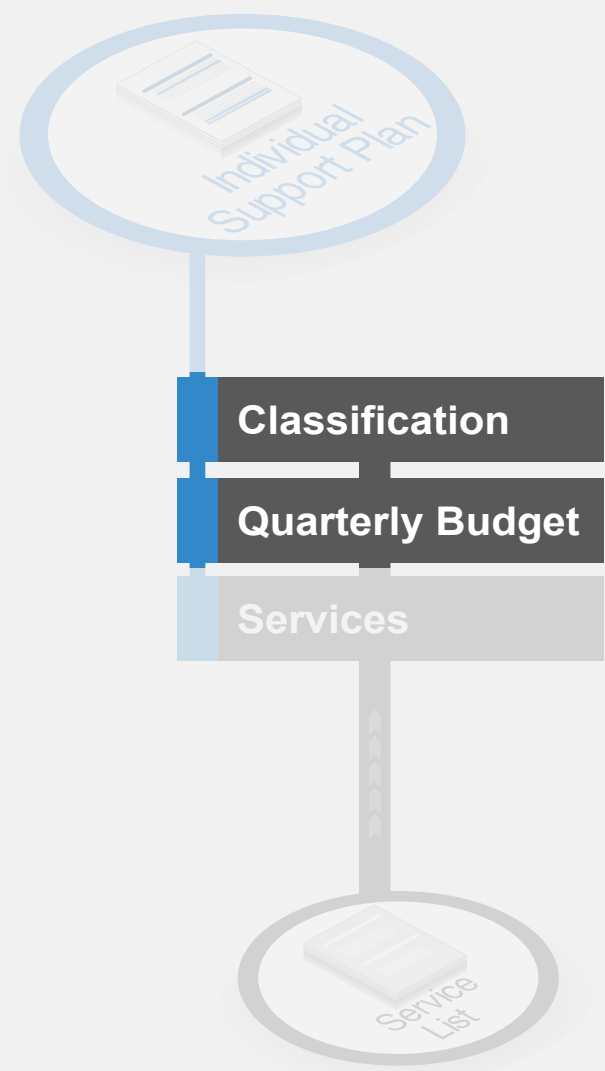
Individual support plan



- Summary of needs and goals
- List of approved services
- Ongoing classification and quarterly budget
and/or
- Approval & budget for short-term supports:
 - assistive technology and/or home modifications
 - short term restorative care
 - end-of-life classification.
- Indicative service suggestions affordable within budget to discuss with provider



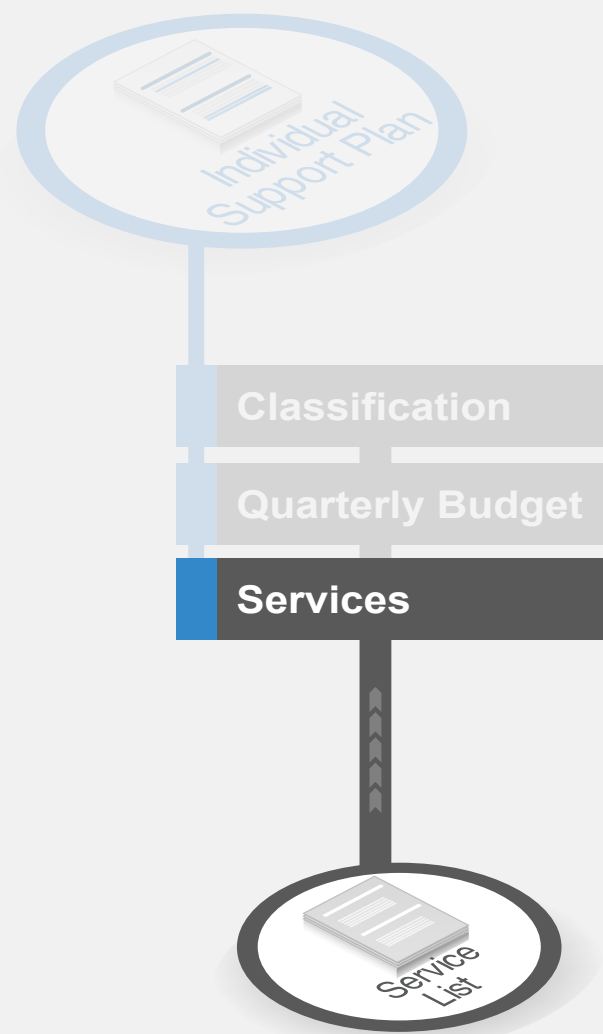
Classifications



Support classification	Quarterly Indicative Funding*	Annual Indicative Funding*
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)	
End-of-Life Pathway	~\$25,000(12 weeks)	

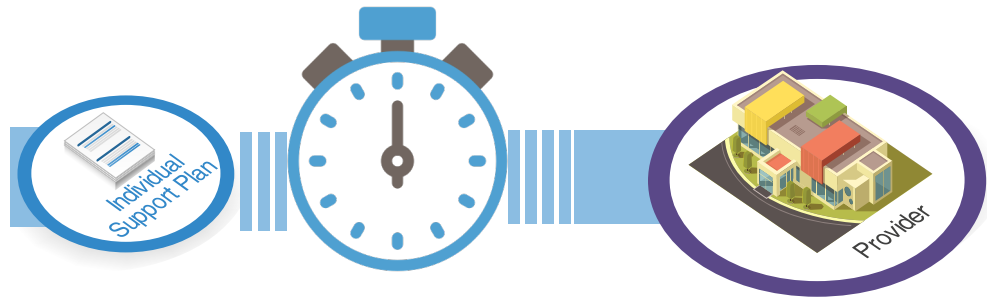
** Final classification dollar values to be confirmed before Support at Home commences.*

Service list



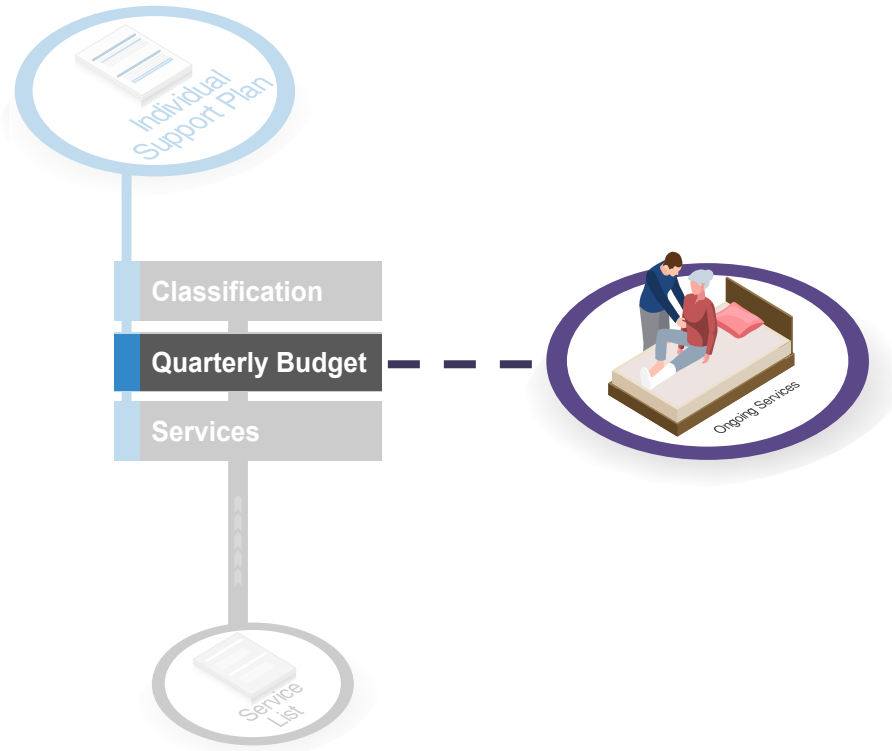
Support at Home Service Types	
Clinical Services	Allied Health and other Therapeutic Services
	Nursing Care
	Nutrition
	Care Management
	Restorative Care Management
Independence Services	Personal Care
	Social Support and Community Engagement
	Therapeutic Services for Independent Living
	Respite
	Transport
Everyday Living Services	Assistive technology and home modifications
	Meals
	Domestic Assistance
	Home Maintenance and Repairs

Access to services



- The government is targeting a 3 month wait for services from July 2027
- On 1 July, people who are waiting for an approved HCP will move to the wait list for Support at Home
- Support at Home will have a new system to prioritise access to services for new clients
- There will be at least 3 priority levels determined at assessment
- Those with urgent needs will have the fastest access to their budget

Quarterly budgets for ongoing services



- Classification amount will be divided into 4 quarters
- Maximum accrual of \$1,000 or 10% of quarterly budget between quarters
- Budgets will be held on behalf of the participant in an account by Services Australia
- Providers will invoice the account after services are delivered
- Flexibility to use the budget across approved services
- Participants with unspent HCP funds will retain access to these funds for approved purposes

Restorative Care Pathway



- Replaces STRC
- Early intervention and prevention to restore or maintain function
- Up to 12 weeks of support, may be extended to 16 weeks if required
- ~\$6,000 per episode (up to ~\$12,000 if needed)
- 5,000 places per quarter (20,000 per year)
- Access to assistive technology on top of budget
- Restorative care partner will identify goals and plan and coordinate services
- Support at Home providers who can offer a restorative care partner can deliver this service
- Clinical guidance is being developed

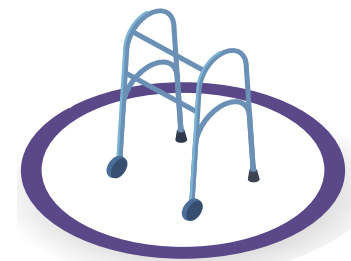
End-of-Life Pathway



- For people with 3 months or less to live
- ~\$25,000 available over 12-weeks
- Eligibility:
 - medical advice that life expectancy is less than 3 months
 - Australian-modified Karnofsky Performance Status Score (mobility/frailty indicator) of 40 or less.
- Services per the service list – NOT specialist palliative care (delivered by states and territories)
- Access to assistive technology if required



Assistive Technology & Home Modifications (AT-HM)



- Funding tiers approved at assessment
- Defined AT-HM list covering:
 - managing body functions
 - self-care
 - mobility
 - domestic life
 - communication and information management
 - home modifications
- Prescribing costs included
- Equipment loans through state and territory schemes over time
- ~\$300m per year

Assistive Technology Funding Tiers

Funding Tier	Funding Allocation
Low	Up to ~\$500
Medium	Up to ~\$2,000
High	Up to ~\$15,000

Home Modifications Funding Tiers

Funding Tier	Funding Allocation
Low	Up to ~\$500
Medium	Up to ~\$2,000
High	Up to ~\$15,000*

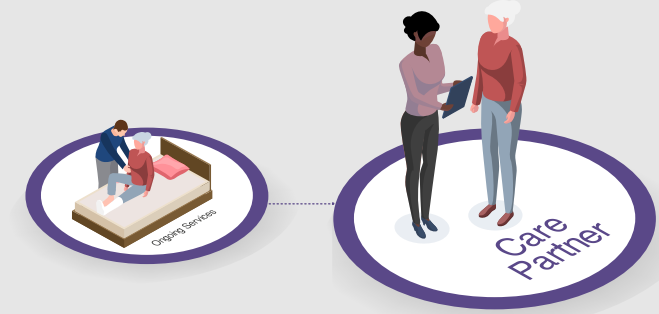
** Final funding tiers to be confirmed before Support at Home commences.*



Care Management

Care management activities:

- care planning
- service coordination
- budget oversight
- monitoring, review and evaluation
- support and education, such as:
 - navigation
 - education
 - problem solving
 - escalating concerns.



- 10% of ongoing quarterly budget
- Pooled with provider
- Additional supplements for:
 - older Aboriginal and Torres Strait Islander people
 - people referred by Care Finders
 - homeless or at risk homelessness
 - care leavers
 - approved veterans.
- Team-based care management through care partners



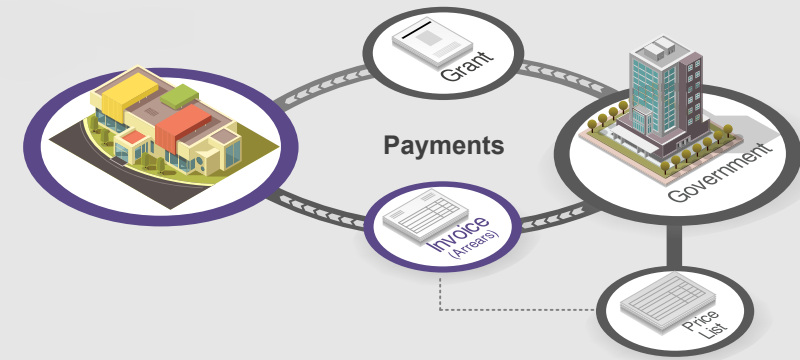
Self management



- Choice and control over services
- Arrangements to be agreed between participant and provider
- Self-management may include the participant:
 - sourcing and engaging third-party services
 - coordinating their own services
 - scheduling their own services
 - paying invoices for later reimbursement.
- Will still be provided care management support (funded from 10% of your budget)
- Providers will have administrative functions e.g. claiming, worker screening checks

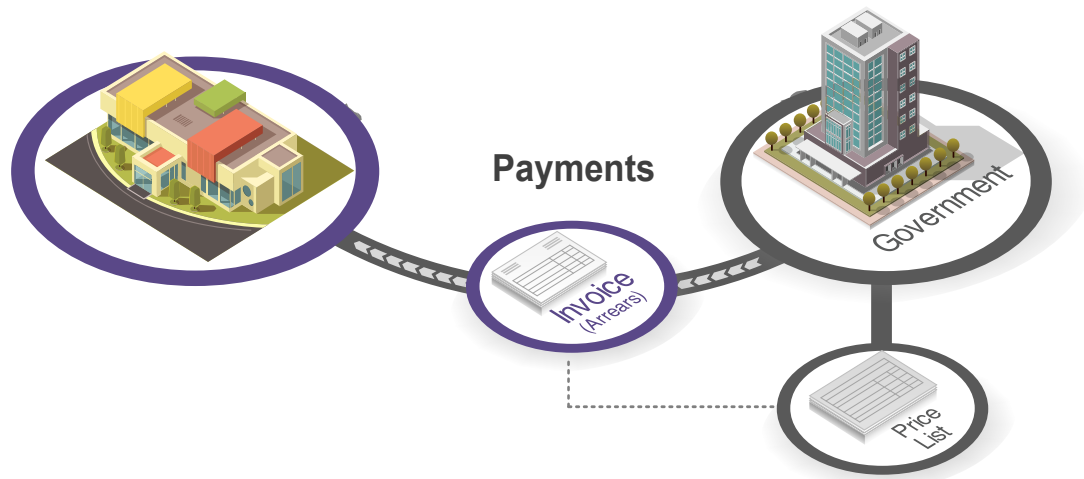


Funding model



Source of funds	Payment arrangements
1. Participant budgets <ul style="list-style-type: none"> Ongoing or short-term services AT-HM 	<ul style="list-style-type: none"> Service provider invoices government for hours or units of each service for each client (or costs for items such as AT-HM) Prices must be at or below caps set by government, based on IHACPA advice Government pays at prices less relevant participant contribution
2. Care management fund <ul style="list-style-type: none"> Sits with providers 10% of ongoing participant budgets plus supplements 	
3. Unspent HCP funds	
4. Participant contributions	<ul style="list-style-type: none"> Service provider invoices participant Rates set by government as % of service prices
5. Thin market grants <ul style="list-style-type: none"> Around \$600m over 2 years (pending price loadings) 	<ul style="list-style-type: none"> Competitive grant process Initial 2-year grant agreements

Provider invoicing



- Invoices submitted to Services Australia using existing channels
- Invoices may be submitted up to daily or batched
- Final invoice for a quarter must be submitted within 60 days of end of the quarter
- Services Australia process claims within 7 calendar days of receipt of claim

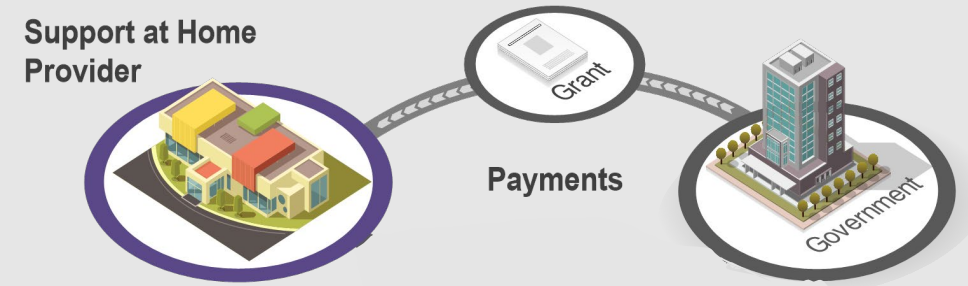
Prices



- Price caps set by Government on advice of Independent Health and Aged Care Pricing Authority
- Will cover the full cost of service delivery
- Pricing study underway by IHACPA
- High level price caps available November
- Detailed prices (including loadings, different allied health rates etc) available February
- Market impact analysis underway to inform transitional arrangements



Thin market grants



- 2-year supplementary grant paid in addition to service delivery revenue
- Eligibility to apply for grant:
 - Delivering in MM 3-7 locations; or
 - Providing specialised services to diverse groups
- Applications must demonstrate that service delivery at price caps does not cover business expenses
- Around \$300m per year (pending determination of any price loadings)
- Grant opportunity timing to be confirmed

The regulatory model

- A new regulatory framework under the new Aged Care Act
- 6 registration categories – 5 apply to community settings
 1. Home and Community Services
 2. Assistive technology and home modifications
 3. Advisory and support services
 4. Personal care and care support in the home or community (including home, community and cottage respite care)
 5. Nursing and transition care

- Existing HCP providers will be deemed into registration categories 1-4 to ensure service continuity for older people is not affected
- New providers under Support at Home will need to register in Category 4 at a minimum as care management is an ongoing expectation
- Sub-contractors do not need to be registered in their own right:
 - registered providers will be accountable for the quality and safety of their sub-contractors.
- For more information on the regulatory model and deeming process, see the department's website.



Trial of pooled funding

- Small scale trial to be established to run from 2025-26
- Expression of interest process to find providers over coming months.
- Likely to focus on subscription funding model for different service types
- Participants in the trial would need to opt in

Aboriginal and Torres Strait Islander Support at Home funding model

- The department is committed to continuing engagement with Aboriginal and Torres Strait Islander people, communities and providers to design the funding model
- The funding model could include flexible grants
- This is in response to concerns about the loss of CHSP grant funding post July 2027
- A trial is being scoped for post July 2025



Susan Trainor

Assistant Secretary
Funding Operations and Analysis



Participant contributions - for services delivered

Current fees in HCP

- Basic daily fee which everyone may be asked to pay
- Income tested care fee which reduces the government subsidy
- Participants pay a daily fee irrespective of the services they use

Support at Home

- Fees are on the basis of services received
- Participants will make a percentage contribution to the cost of the services they use
- The percentage contribution will be based on the Age Pension means test which includes assets and income



Participant contributions by type of service

- 3 service list categories are the basis for participant contributions
 - Clinical supports (e.g. nursing and physiotherapy)
 - Independence (e.g. personal care). The independence rate will also be use for AT-HM
 - Everyday living (e.g. domestic assistance)
- Clinical support provided in Support at Home will be fully funded by the government
- Contributions for independence supports are moderate
- Contributions are highest for everyday living services which people have generally at other stages of their life



Participant contributions – income and assets

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

- Participant contributions will be scaled according to a person's means, based on their Age Pension means test.
 - Full pensioners will make a low contribution
 - Part pensioners and Commonwealth Seniors Health Card holders contributions will increase as their income and assets increase
 - Self-funded retirees will make higher contributions
- A new \$130,000 lifetime cap will apply to contributions in Support at Home and to contributions to non-clinical care in residential care.



Participant contributions - no worse off principle

A no worse off principle will apply to people who, on 12 September 2024, were either:

- receiving a Home Care Package (HCP),
- in the National Priority System, or
- assessed as eligible for a HCP.

- The no worse off principle will ensure these participants are no worse off because of the reforms: they make the same contributions, or lower, than they would have under Home Care Packages 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.

Questions



Support at Home Q&A sessions

- Tuesday 24 September 2024

2:00 pm – 3:00 pm (AEDT)

for in-home aged care providers



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- Thursday 26 September 2024

10:00 am – 11:00 am (AEDT)

for older people, families and carers



Thank you

For more information, you can contact:

- Email: SAH.implementation@health.gov.au
- Website: health.gov.au/our-work/support-at-home

Visit our
website

