Guidance for setting Support at Home prices

**Fact sheet for providers**

On 1 July 2025, the new Support at Home program commences, bringing together the existing Home Care Packages (HCP) Program and Short-Term Restorative Care Programme.

From 1 July 2026, Australian Government price caps will apply. Prices charged by providers cannot be higher than the price cap.

In the interim, you will continue to set your own prices for services as you have done for the HCP Program.

This fact sheet provides guidance for you to consider when setting and publishing your Support at Home prices.

# How should you set your Support at Home prices?

As a HCP provider, you already set your own prices for services in the HCP program.

Under Support at Home, your prices must be reasonable and transparent. You may need to adjust your prices as package management and travel must now be included in the unit price, not as a separate charge as it is now.

The price you charge represents the entire revenue you will receive for delivering the service.

We have released a [summary of indicative prices](https://www.health.gov.au/resources/publications/summary-of-indicative-support-at-home-prices) that might be charged from 1 July 2025. This lets you see how your prices compare with the rest of the market.

# What are reasonable prices?

Your prices must reflect the costs of delivering the service.

These costs can include:

* labour
* package management
* administration (e.g. human resources)
* transport
* sub-contracting, if applicable
* a margin to cover the cost of capital used in delivering the service.

Prices can also reflect the costs of transitioning to Support at Home where they relate to the delivery of that service. The overall price must still be reasonable and justifiable.

Under the HCP Program, you could charge separately for things like package management and travel costs. From 1 July 2025, these costs will need to be included in your unit prices.

Any costs for delivery of care management services must be included in your price for care management[[1]](#footnote-2). Participants will not make a co-contribution towards the cost of their clinical care, which includes care management. Participants may be assessed by government as needing to make a co-contribution for ‘independence’ or ‘everyday living’ services.

Further information is available on the [services that are available under Support at Home](https://www.health.gov.au/resources/publications/support-at-home-service-list), and [participant co-contributions](https://www.health.gov.au/resources/publications/support-at-home-fact-sheet?language=en).

We have released a [summary of indicative prices](https://www.health.gov.au/resources/publications/summary-of-indicative-support-at-home-prices) that might be charged from 1 July 2025. This pricing information was collected through a survey of HCP providers in February 2025.

These are not price caps or recommended prices. This information is indicative only and prices are expected to vary across Australia, depending on the location of the participant and provider.

Post 1 July 2025, if your prices are above your published prices on My Aged Care, you must be able to explain any discrepancy to the Department of Health and Aged Care (the department) or the Aged Care Quality and Safety Commission (the Commission).

The Commission can use its monitoring, compliance and enforcement powers to manage any non-compliance. The Commission may take action where you cannot demonstrate that pricing is reasonable. This can include issuing a non‑compliance notice requiring you to take specific actions, which may include adjusting your prices to comply with your reasonable pricing obligations. If you refuse to comply with this direction, you may receive an infringement notice.

More information is available on the [consumer protections for Support at Home prices](https://www.health.gov.au/resources/publications/consumer-protections-for-support-at-home-prices-fact-sheet-for-providers).

**What are unreasonable prices?**

Prices should correspond to your costs of delivering services. If they don’t, government may consider your prices to be unreasonable. You must keep evidence to show how you have set your prices. The department and the Commission can request to see this evidence and will use this to confirm that your prices are justified.

You should carefully consider circumstances where HCP clients may receive fewer services under Support at Home as a result of your pricing decisions.

If your prices are reasonable and you are concerned about an overall reduction in services for a participant, their care partner may wish to consider how services could be adjusted in the care plan so that their needs are met within their budget.

As a further step, their care partner can seek a re-assessment to ensure the participant’s budget is appropriate for their needs.

You cannot charge Support at Home participants for any costs for which you are already funded. For example, if you receive a thin market grant you must ensure your prices take this funding into account. The grants are intended to enable providers in thin markets with high costs to set reasonable prices, to ensure care recipients in thin markets can purchase services with their budget.

# What is a unit price?

The [Support at Home service list](https://www.health.gov.au/resources/publications/support-at-home-service-list) specifies the unit type for each service. This is called the billable unit. The unit price for the service is the price that is charged for each billable unit of service that is delivered. For example, the unit price for 1 hour of a service would be expressed as ‘dollars per hour’.

For all services other than care management, transport and meal delivery, a billable unit of service will be time based, and will be the face-to-face time (or time spent on a telehealth appointment, if appropriate) spent with a participant.

| **Services** | **Information about billing** |
| --- | --- |
| Care management | Care management should be billed per hour of service delivered to the participant, which includes any time spent on direct or indirect care management activities.  Please note: this is not limited to face-to-face time spent with the participant.  Further information on the scope of direct and indirect care management is available in the [Support at Home program manual](https://www.health.gov.au/resources/publications/support-at-home-program-manual-a-guide-for-registered-providers). |
| Transport | The billable unit for transport is 1 trip.  A trip is one way. For example, picking up a participant from their home and driving them to their destination.  Taking the participant back home is a second trip. |
| Meal Delivery | The billable unit for meal delivery is per meal delivered.  Meals can be delivered in any quantity, and each meal counts as a separate unit.  For example, delivering 7 meals once per week would be counted as delivering 7 units of meals. A meal which includes multiple courses is counted as 1 meal. |

You can set a price for units of less than 1 hour (such as 15 minutes, 30 minutes, 45 minutes) and for more than 1 hour (such as 2 hours, overnight, 24 hours).

You cannot charge a participant for more time than you spent delivering the service to them. For example, delivering 45 minutes of face-to-face personal care and charging the participant for 1 hour of personal care.

Providers should consider how they can employ efficient scheduling and rostering arrangements to ensure compliance with the Social, Community, Home Care and Disability Services Industry Award 2020 (SCHADS Award) alongside participant needs and preferences.

You can also set different unit prices for days of the week and times of the day, and for different types of the same service. For example, for kosher meals and vegetarian meals, or setting prices for transport based on the length of the trip. However, these prices should still remain reasonable and you should be able to demonstrate how you arrived at the different cost.

While you can charge a range of prices for each service type, from 1 July 2025, you must publish a standard price for each of your services on the My Aged Care website.

The department will actively monitor your published prices on My Aged Care to check they align with the prices you are charging.

# An example of how to set a unit price

Provider ‘*ABC*’ wants to set its standard price for delivering 1 hour of personal care to its Support at Home participants.

*ABC* considers the range of costs incurred in delivering 1 hour of personal care:

* The personal care worker (PCW) is paid $40 per hour. In addition, the PCW will take leave throughout their employment (annual leave, sick leave, public holidays, long service), and there are a range of on-costs (superannuation, workers compensation, other allowances, etc) for employing the worker. This adds $15 per hour to the cost of employing the PCW.
* The PCW spends some of their day travelling between different participants and has a lunch break. In total, the PCW spends 70% of their day delivering face-to-face services to participants. As the billable unit (including transport) for this service is face-to-face time with participants, the PCW can only charge for 70% of their day.
* The PCW is reimbursed for their fuel costs while they are travelling.
* The PCW also spends some time each year doing training courses and undergoing staff development.
* *ABC* has a head office, which handles all the administration and standard business activities for the company. These are estimated to be 15% of all costs incurred by ABC.
* *ABC* also includes a margin in the price for an hour of personal care, as a return on their capital.

*ABC* considers all of these factors when determining its unit price for personal care.

**This example and any numbers in it are illustrative in nature.**

# Monitoring and compliance

The department will monitor your compliance with these pricing obligations.

We may refer providers to the Commission for action under their monitoring, compliance and enforcement powers, if we suspect a breach of these requirements.

# More information

Read about the protections for participants under Support at Home:

* [Consumer protections for Support at Home prices – fact sheet for participants](https://www.health.gov.au/resources/publications/consumer-protections-for-support-at-home-prices-fact-sheet-for-participants)
* [Consumer protections for Support at Home prices – fact sheet for providers](https://www.health.gov.au/resources/publications/consumer-protections-for-support-at-home-prices-fact-sheet-for-providers).

You can also refer to:

* [Support at Home handbook](https://www.health.gov.au/resources/publications/support-at-home-program-handbook)
* [Support at Home program manual](https://www.health.gov.au/resources/publications/support-at-home-program-manual-a-guide-for-registered-providers)
* [Support at Home provider transition guide](https://www.health.gov.au/resources/publications/support-at-home-program-provider-transition-guide).

If you would like to learn more about Support at Home, visit [health.gov.au/support-at-home](https://www.health.gov.au/our-work/support-at-home).

1. From 1 July 2025, care management funding will be capped at 10% of each ongoing participant’s budget and pooled to support flexibility in delivery across participants. [↑](#footnote-ref-2)