

Support at Home provider training - Program Overview



About

The Support at Home program overview training gives providers an understanding of the Support at Home program.

The department reserves the right to add or change supplementary information to this training.

Start

Select **Start** course above or **select a specific lesson below** to begin.



Welcome

INTRODUCTION TO SUPPORT AT HOME



The Support at Home program



Aged care laws

ACCESSING SUPPORT AT HOME

 **Accessing Support at Home services**

SERVICE AGREEMENTS | CARE PLANS | BUDGET PLANNING PROCESSES

 **Understanding service agreements, care plans and participant budgets** **Care management and self-management**

UNDERSTANDING CLAIMING AND PAYMENT ARRANGEMENTS

 **Claiming and payment arrangements**

COURSE WRAP-UP

 **Resources for older Aboriginal and Torres Strait Islander people** **Helpful resources** **Course wrap-up**

Welcome



The Department of Health, Disability and Ageing acknowledges and pays respect to the Traditional Owners and Custodians of the lands throughout Australia. We recognise the strength and resilience of Aboriginal and Torres Strait Islander people, and their continuing connections to land, sea and community. We pay our respects to Elders past, present and emerging. We also extend our respects to any Aboriginal and Torres Strait Islander people participating in this learning.

Aboriginal and Torres Strait Islander people should be aware that this training may contain images of deceased persons in photographs.



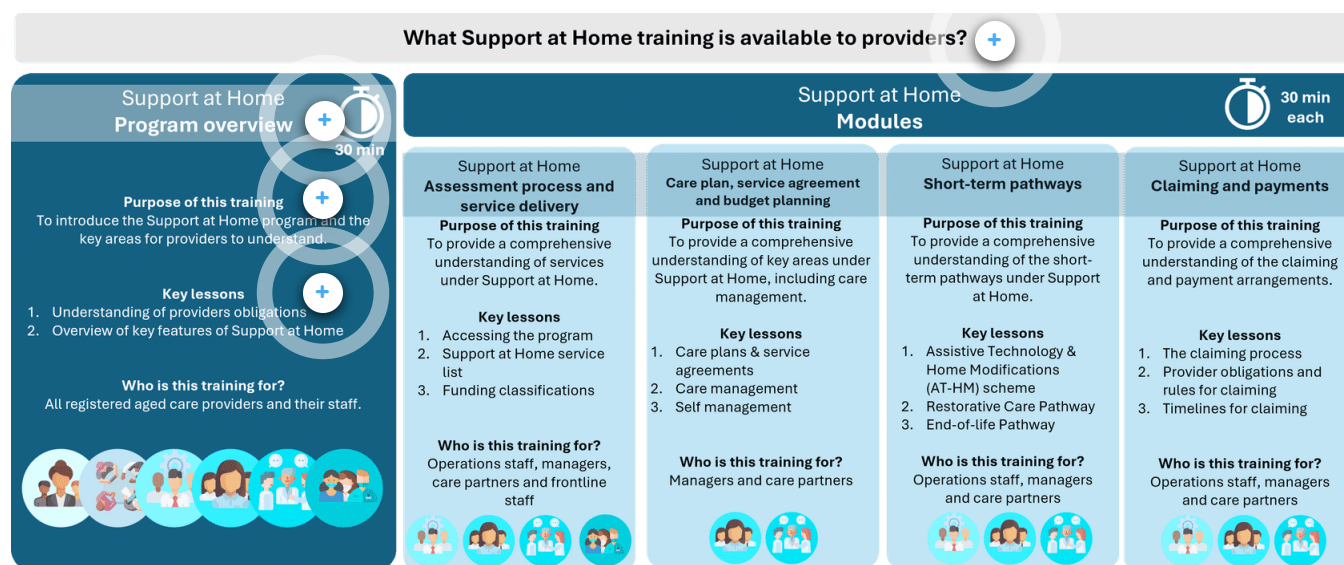
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Information specific to older Aboriginal and Torres Strait Islander people

Included throughout this training within the relevant sections. A dedicated lesson for 'Resources for older Aboriginal and Torres Strait Islander people' is also included in this training.

The diagram below provides an overview of the Support at Home training modules available.










What Support at Home training is available to providers?

Support at Home Program overview  30 min	Support at Home Modules  30 min each			
Purpose of this training To introduce the Support at Home program and the key areas for providers to understand.	Support at Home Assessment process and service delivery Purpose of this training To provide a comprehensive understanding of services under Support at Home.	Support at Home Care plan, service agreement and budget planning Purpose of this training To provide a comprehensive understanding of key areas under Support at Home, including care management.	Support at Home Short-term pathways Purpose of this training To provide a comprehensive understanding of the short-term pathways under Support at Home.	Support at Home Claiming and payments Purpose of this training To provide a comprehensive understanding of the claiming and payment arrangements.
Key lessons 1. Understanding of providers obligations 2. Overview of key features of Support at Home	Key lessons 1. Accessing the program 2. Support at Home service list 3. Funding classifications	Key lessons 1. Care plans & service agreements 2. Care management 3. Self management	Key lessons 1. Assistive Technology & Home Modifications (AT-HM) scheme 2. Restorative Care Pathway 3. End-of-life Pathway	Key lessons 1. The claiming process 2. Provider obligations and rules for claiming 3. Timelines for claiming
Who is this training for? All registered aged care providers and their staff.	Who is this training for? Operations staff, managers, care partners and frontline staff	Who is this training for? Managers and care partners	Who is this training for? Operations staff, managers and care partners	Who is this training for? Operations staff, managers and care partners
				

Is this training mandatory?

No, but this training is strongly recommended. This training will help providers understand the Support at Home program prior to the changes taking effect when Support at Home commences.

What Support at Home training is available to providers?

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How long will it take to complete this training?

About 30 minutes.

What Support at Home training is available to providers?









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Purpose of this training

This training supports providers to deliver government-funded aged care services.

This training will cover the key elements of the new law (Aged Care Act 2024) and the Support at Home Program.

What Support at Home training is available to providers?

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Who is this training for?

Registered providers are essential partners in delivering aged care services to older Australians on behalf of the Australian government.

This training has been developed for **all [registered aged care providers](#) and their staff**.

This training may also be relevant to other groups such as independent aged care advocates and third-party providers.

Accessibility

This training has been developed to meet accessibility standards. Learners who are using assistive technologies (such as Job Access with Speech) will also be able to complete the training.

The department is committed to inclusion, and we are aware that each of us experience inclusion differently. Please let us know what we can do to make this course accessible and inclusive for you. If you would like to request a different reasonable adjustment or to provide accessibility feedback please email learning.and.capability@health.gov.au

NEXT LESSON: THE SUPPORT AT HOME PROGRAM

The Support at Home program

Providers will deliver government-funded care and services to support older people living at home through the Support at Home program.

Assessors determine what level of support care participants will need for in-home aged care. Older people approved to receive Support at Home will be assigned a budget classification on the outcome of their needs assessment.

View the image and click the '+' icon below to understand the quarterly and annual budgets for each on-going classification.

Support at Home program

Older people approved to receive Support at Home will be assigned a classification.

8 ongoing classifications

Classification	Quarterly Budget	Annual Amount
1	\$2,674.18	\$10,696.72
2	\$3,995.42	\$15,981.68
3	\$5,479.94	\$21,919.77
4	\$7,386.33	\$29,545.33
5	\$9,883.76	\$39,535.04
6	\$11,989.35	\$47,957.41
7	\$14,530.53	\$58,122.13
8	\$19,427.25	\$77,709.00

3 short-term pathways



Assistive
Technology
and/or Home
Modifications
(AT-HM)
scheme



Restorative
Care Pathway



End-of-Life
Pathway

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End-of-Life
Pathway

Participant budgets by classification

The table outlines the funding amounts for each of the 8 ongoing service classifications and includes funding for care management.

Funding is indexed.

Funding amounts for each classification are outlined in the [Schedule of Subsidies and Supplements for Aged Care \(opens in a new tab\)](#).

Funding amounts are indicative and are subject to indexation revisions.

8 ongoing classifications

For ongoing classifications, the funding amount will be divided into 4 budgets that each cover 3 months of the year. This is known as a quarterly budget. This ensures participants receive consistent financial support for aged care services throughout the year.

3 short-term pathways

Participants can also be approved for a short-term pathway which will provide additional funding.

Click the below tabs to reveal information about the 3 short-term pathways.

AT-HM SCHEME

RESTORATIVE CARE PATHWAY

END-OF-LIFE PATHWAY

The Assistive Technology and Home Modifications (AT-HM) scheme provides targeted assistance to older persons to acquire supports, equipment or undertake home modifications that will assist them to remain independent in their own home for longer.

It offers upfront, separate funding to a participant's ongoing Support at Home budget. for the products, equipment and home modifications that they are assessed as needing.



AT-HM SCHEME


RESTORATIVE CARE PATHWAY

END-OF-LIFE PATHWAY

The Restorative Care Pathway focuses on early intervention to support an older person. This is to enable the older person to maintain or regain function and reduce or prevent functional

decline.



AT-HM SCHEME	RESTORATIVE CARE PATHWAY	END-OF-LIFE PATHWAY
<p>The End-of-Life Pathway will help older people pass away with dignity and comfort in their own home.</p> <p>Note – the End-of-Life Pathway and Restorative Care Pathway cannot be accessed concurrently.</p> 		

Existing Home Care Package care recipients

Existing Home Care Package (HCP) and Short-Term Restorative Care (STRC) care recipients will transition to the Support at Home program.

When Support at Home commences, HCP participants will be transitioned to a Support at home transitioned classification.

HCP Classification	Support at Home Classification
HCP Level 1	Transitioned HCP Level 1
HCP Level 2	Transitioned HCP Level 2
HCP Level 3	Transitioned HCP Level 3
HCP Level 4	Transitioned HCP Level 4

Providers will continue to support and deliver services to these transitioned care recipients.

Refer to the [Support at Home provider transition guide](#) for detailed information on supporting transitioning existing HCP and STRC care recipients.

The Support at Home service list

The service list outlines what government funded services are available to participants and what services are out of scope of the Support at Home program.

Providers should review the [Support at Home service list](#) thoroughly to understand the services that are in and out of scope when delivering Support at Home services to older people.

View the image and click the '+' icon below to understand and view the full Support at Home service list.



Participant contribution category	Service Type	Services	In Scope	Out of Scope
Clinical Supports <i>Specialised services to maintain or regain functional and/or cognitive capabilities. Services must be delivered directly, or be supervised, by university qualified or accredited health professionals trained in the use of evidence-based prevention, diagnosis, treatment and management practices to deliver safe and quality care to older people.</i>	Nursing care	<ul style="list-style-type: none"> Registered nurse Enrolled nurse Nursing assistant Nursing care consumables <p>Providers may apply for the supplementary Oxygen Supplement for Aged Care through Services Australia for eligible participants.</p>	<ul style="list-style-type: none"> Community based nursing care to meet clinical care needs such as: <ul style="list-style-type: none"> assessing, treating and monitoring clinical conditions administration of medications wound care, continence management (clinical) and management of skin integrity education specialist service linkage 	<ul style="list-style-type: none"> Subsidised through other programs: <ul style="list-style-type: none"> services more appropriately funded through other systems (e.g., health or specialist palliative care)
	Allied health and other therapeutic services	<ul style="list-style-type: none"> Aboriginal and Torres Strait Islander health practitioner Aboriginal and Torres Strait Islander health worker Allied health therapy assistant Counsellor or psychotherapist Dietitian or nutritionist Exercise physiologist Music therapist Occupational therapist Physiotherapist 	<ul style="list-style-type: none"> Assistance for an older person to regain or maintain physical, functional and cognitive abilities which support them to remain safe and independent at home. Assistance may include a range of clinical interventions, expertise, care and treatment, education including techniques for self-management, and advice and supervision to improve capacity. Treatment programs should aim to provide the older person the skills and knowledge to manage their own condition and promote 	<ul style="list-style-type: none"> Subsidised through other programs: <ul style="list-style-type: none"> other government programs must be accessed in first instance (e.g., Chronic Disease Management Plan, Mental Health Plan) services more appropriately funded through the primary health care system (e.g., ambulance and hospital costs, medical diagnosis and treatment, medicine dispensing,



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Support at Home service list

This is an extract of the Support at Home service list which outlines the government-funded services available to participants. For further information, [view the full Service List](#).

Learn more about the Support at Home program:

The Support at Home program manual is an important document for providers to read.

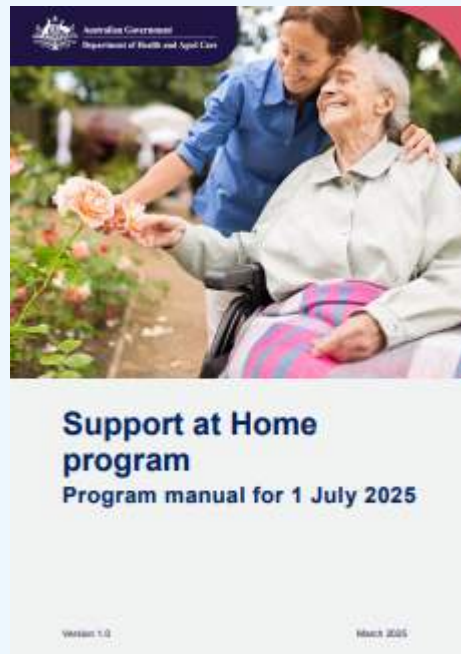


Image of the front cover of the Support at Home
Program Manual V1.0

The Support at Home program manual is an important document for providers to read. It provides detailed operational information and guidance for providers to deliver Support at Home services.

- [View Chapter 5 of the Support at Home program manual](#)
- View the Support at Home assessment process and service delivery module, found on the [department's website](#)

NEXT LESSON: AGED CARE LAWS

Aged care laws

The new aged care laws change how government-funded aged care services are delivered.

The [Aged Care Act 2024](#) outlines how the aged care system functions. The Act adopts a rights-based approach that prioritises the needs of the older person. The Act guides how providers deliver aged care services to older people.

The subordinate legislation (the Rules) and the Aged Care (Consequential and Transitional Provisions) Act 2024 are also important aged care laws that fall under the Aged Care Act 2024.

The Aged Care Act 2024 (the Act)

The subordinate legislation
(the Rules)

The Aged Care
(Consequential and
Transitional Provisions) Act
2024

Image of the Aged Care Laws that govern the Support at Home program

Learn more about the aged care laws



Image of a magnifying glass

- [View Chapter 2 of the Support at Home program manual](#)
- [The Aged Care Act 2024 \(the Act\)](#)
- [The subordinate legislation \(the Rules\)](#)
- [The Aged Care \(Consequential and Transitional Provisions\) Act 2024](#)
- The Guide to Aged Care Law provides detailed information on the new *Aged Care Act 2024* and will be available prior to Support at Home

commencement.

Key changes have been introduced by the aged care laws

The [Aged Care Act 2024](#) introduces a number of key changes to how aged care services operate. These changes include:

Click the below cards to reveal the key changes introduced by the Aged Care Act 2024.



The Support at Home program



Provider registration requirements and obligations – providers must be registered in all categories that they wish to provide services.



The Statement of Rights

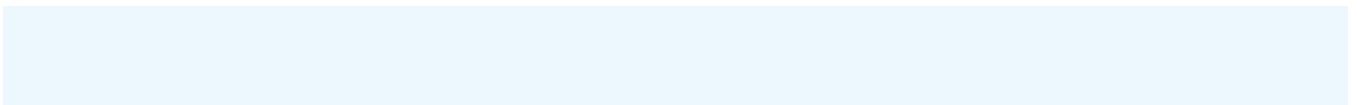


Strengthened Quality
Standards



Wellness and Reablement

View the image below to gain a detailed understanding of the key changes introduced by the Aged Care Act 2024.



The Support at Home program

On commencement of the program, Support at Home will replace the Home Care Packages (HCP) Program and the Short-Term Restorative Care (STRC) Programme.

When Support at Home commences, providers should start to implement any changes relating to services or co-contributions.

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

Provider registration requirements and obligations

The Aged Care Quality and Safety Commission (Commission) registers and approves providers. There are registration conditions and obligations that providers need to comply with.

The commission has the power to undertake regulatory action.

Failure to comply with registration conditions and obligations may lead the commission to take action against a provider. These actions can involve suspension, revocation of registration or civil penalties.

The Statement of Rights

The Statement of Rights outlines the rights of older people when seeking or accessing government-funded aged care services.

Providers need to consider the older person's choices, their dignity, and safety when delivering aged care services.

Providers must also ensure the rights of an individual to receive safe and quality services.

Strengthened Quality Standards

Under Standard 1 of the strengthened Quality Standards, providers must treat all older people with dignity and respect.

Providers must deliver funded aged care services that are appropriate, accessible and sensitive to the individual needs of all older people.

A participant's right to make choices, even if their choices include some risk to themselves, is known as dignity of risk. Providers need to balance their duty of care with the participant's dignity of risk.

Wellness and Reablement

Providers need to ensure that the way they deliver aged care services builds on older people's strengths, capacity and goals.

The wellness approach encourages older persons to have greater independence and autonomy.

It applies to situations such as supporting participants with undertaking activities, and empowering participants to make informed decisions about the care and services they receive.

Image outlining the key changes under the Aged Care Act 2024

NEXT LESSON: ACCESSING SUPPORT AT HOME SERVICES

Accessing Support at Home services

The assessment process determines what aged care services the older person can access.

Eligibility

Government-funded aged care services under the Support at Home program are available to older people who meet the following criteria:

- persons over the age of 65, or
- Aboriginal and Torres Strait Islander persons over the age of 50, or
- persons at risk of, or experiencing, homelessness and over the age of 50,

And

- have eligible care needs. This means that they:
 - experience physical, mental or social difficulty with daily living activities, and/or

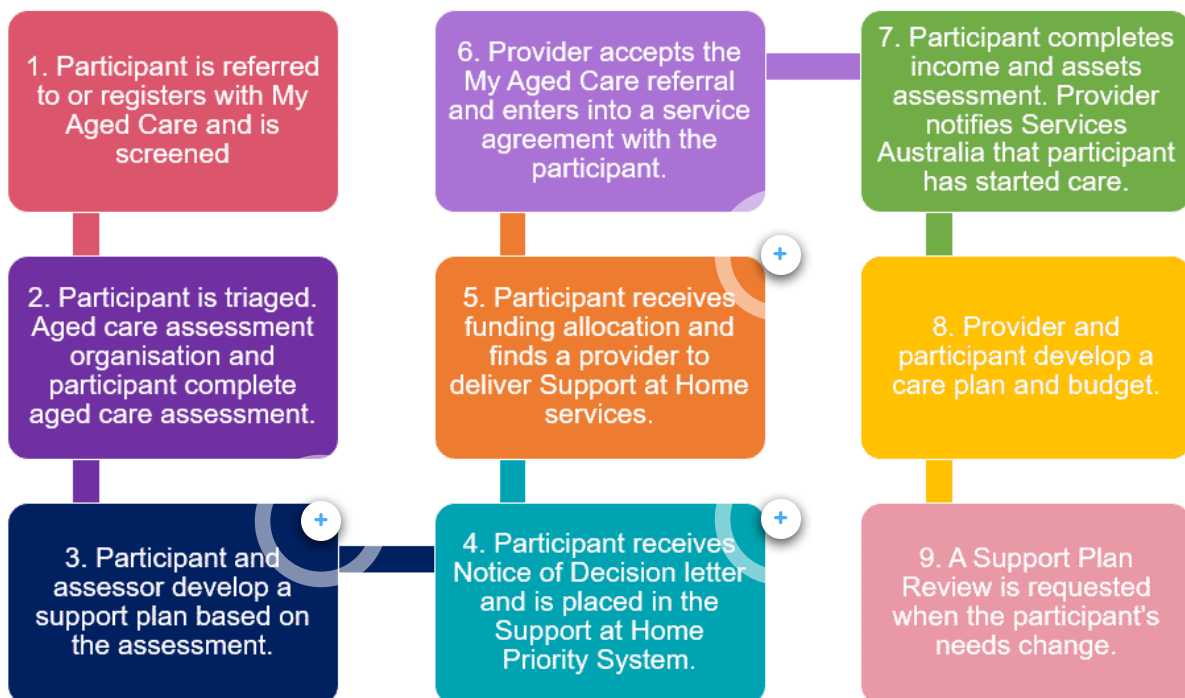
- need help from another person to use an aid to stay physically, mentally or socially able to function independently.

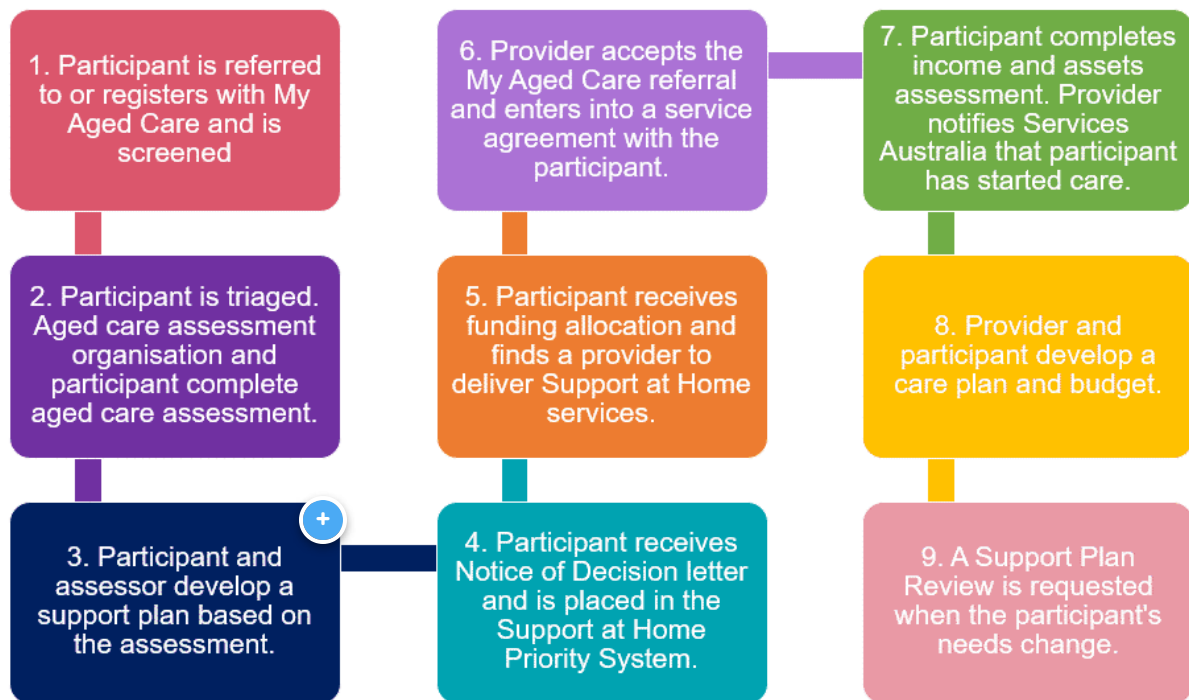
Find out [how you can help older people access aged care.](#)

Older people considering whether or not they may need support should first register with My Aged Care. They can then register to be assessed for aged care services.

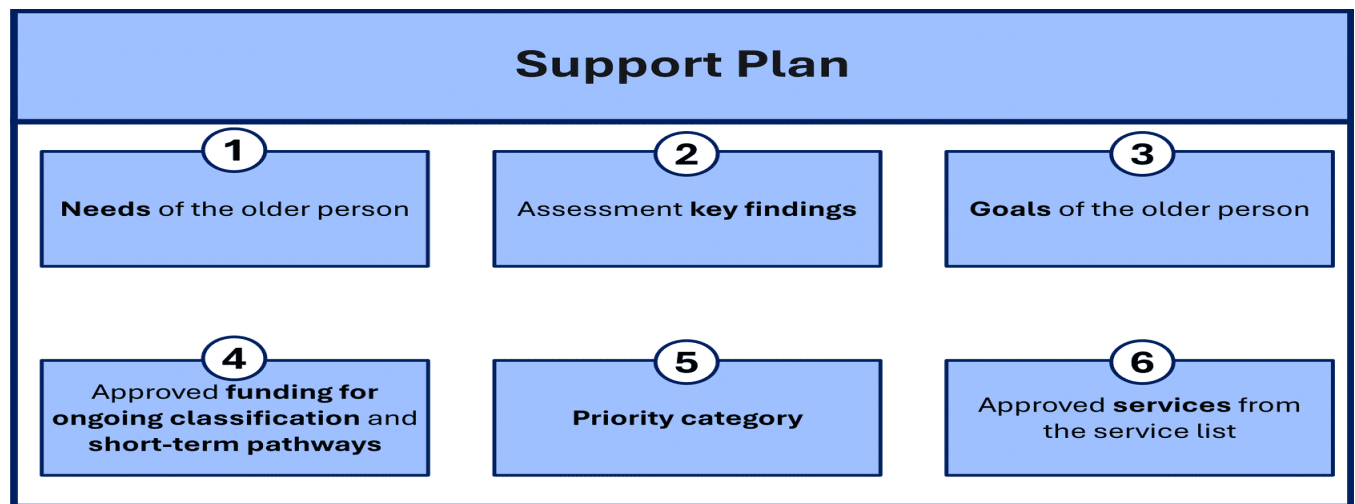
The Aged Care Assessor, in discussion with the older person, and using the Integrated Assessment Tool (IAT) determines what aged care services the older person may need. They will agree a Support Plan that covers what aged care services the older person should consider to achieve their Support at Home goals.

The detailed assessment process is outlined below. Click the '+' icons to view more details on the key areas of the assessment process.



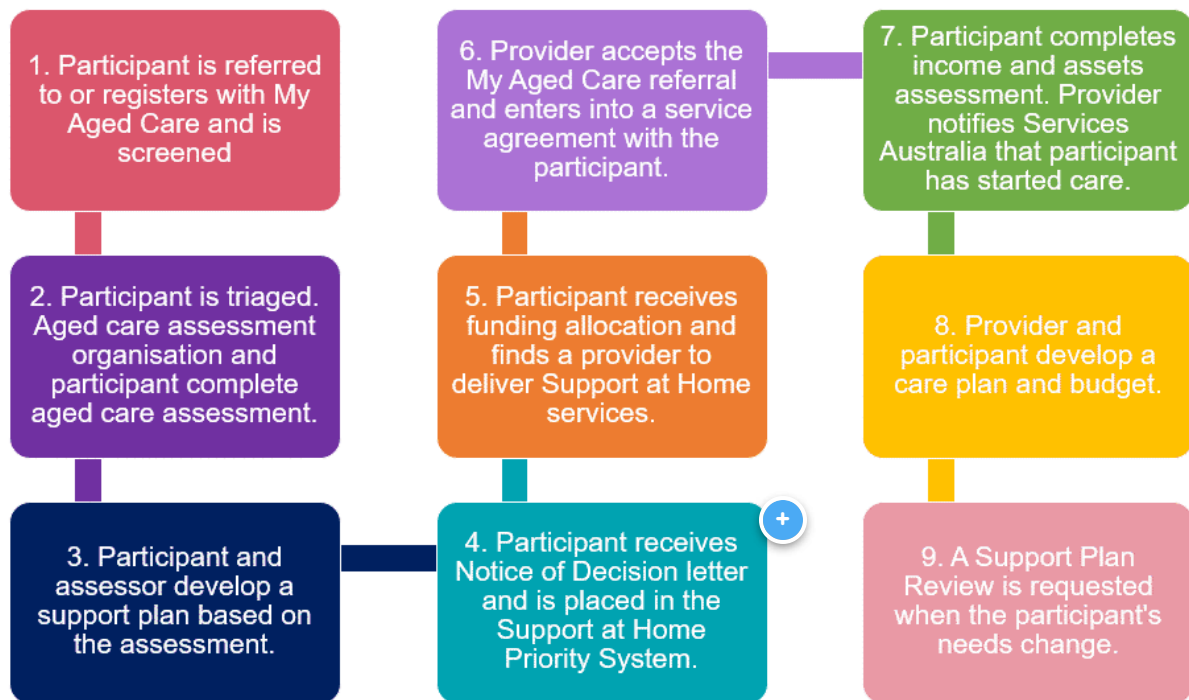


Support plan



Upon completion of the assessment, an older person is provided with a copy of their support plan (alongside the Notice of Decision).

Click the image above to view the key areas of a support plan.

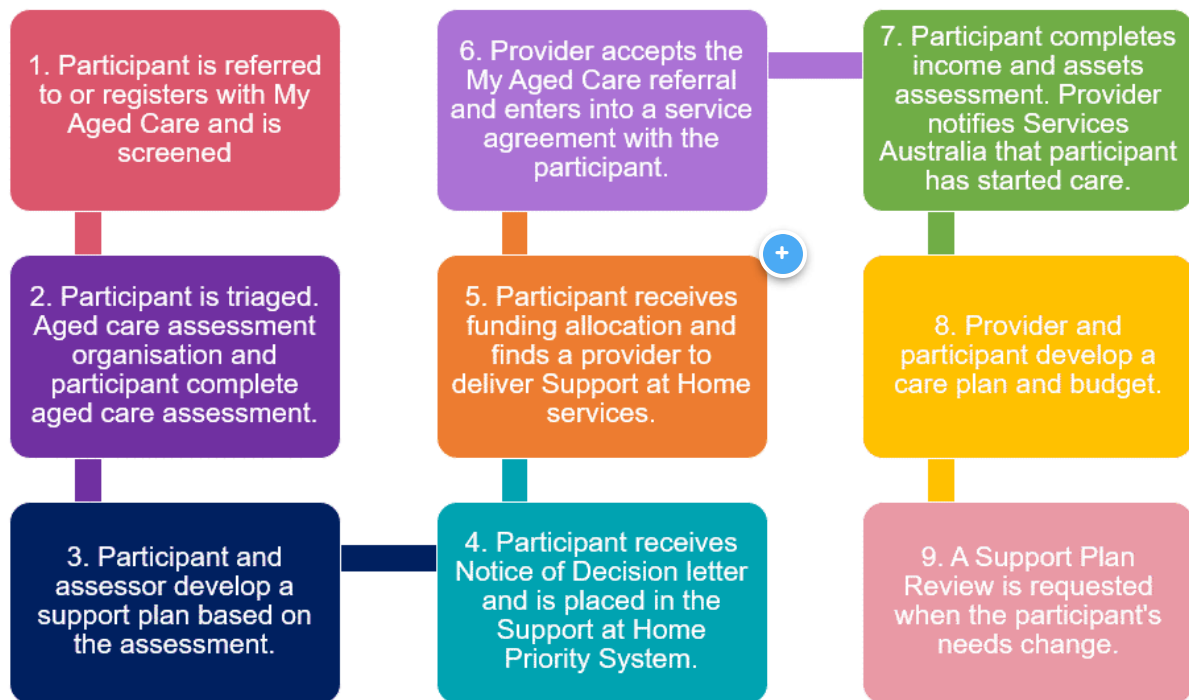


Support at Home priority system

The Support at Home Priority System is the system that allocates Support at Home funding.

An older person assessed as eligible for services will enter the Support at Home Priority System in one of its four priority groups: urgent, high, medium, standard.

The older person will not be able to access government-funded services under Support at Home until funding has been allocated. The amount of time they wait for services will depend on the priority group they are in.



The single provider model

A single provider will oversee and deliver all Support at Home services for a participant, including care management and AT-HM services.

Under the single provider model, providers can engage a third-party organisations to deliver services on their behalf. The provider remains responsible for ensuring third parties and subcontractors deliver the services to the required standard and comply with relevant obligations.

Aboriginal and Torres Strait Islander assessment organisations offer culturally safe aged care assessments.

Aboriginal and Torres Strait Islander assessment organisations deliver culturally safe assessments to older Aboriginal and Torres Strait Islander people.

Refer to the department's website at [First Nations Aged Care Assessments](#) for more information.



Image of an older person sitting and drinking a beverage





Image of handshake

A supporter can assist an older person during the assessment process.

- The Aged Care Act 2024 allows an older person to nominate a support person. Support persons must be registered with My Aged Care and the older person must give consent for this role to be activated.
- The role of the support person is to be a support to the older person. This can be assistance in communicating their decisions, assistance with making decisions or when engaging with their provider.
- Providers will confirm the registration of the support person and include them in discussions as agreed with the older person.

An older person may appoint a guardian

- If an older person does not have capacity to make their own decisions, a guardian can be appointed.
- Guardians (as outlined under section 28 of the Act) can make decisions, on behalf of the older person, that are authorised under the relevant state or territory legal arrangement.

Changing Providers

Participants can change providers at any time.

If a participant decides to make a change, their approval for services and budget will move with them to their new provider.

- Common reasons for changing providers can be if they need different services or are moving to a new location. Providers will continue to maintain their obligations to participants when ceasing and commencing services.
- When changing providers, the participant and provider should agree to the exit date to ensure that there are no overlapping service provision dates with a new provider.
- Providers then have 60 days from the date of exit to finalise all claims.

[View Chapter 12 of the Support at Home program manual for detailed provider obligations.](#)

Learn more about accessing Support at Home



Image of a magnifying glass

- [View Chapter 6 of the Support at Home program manual](#)
- View the Support at Home assessment process and service delivery module, found on the [department's website](#)

NEXT LESSON: SERVICE AGREEMENTS, CARE PLANS AND PARTICIPANT BUDGETS

Understanding service agreements, care plans and participant budgets

Service agreements are a written agreement between a participant and a provider.

Service agreements need to include:

- 1 What services will be provided
- 2 Who will provide the services
- 3 The responsibilities of the participant and the provider
- 4 How much the services will cost.

Providers are required to work with participants to create clear and

fair service agreements before any services begin.

View the obligations of providers when creating a Support at Home service plan below.

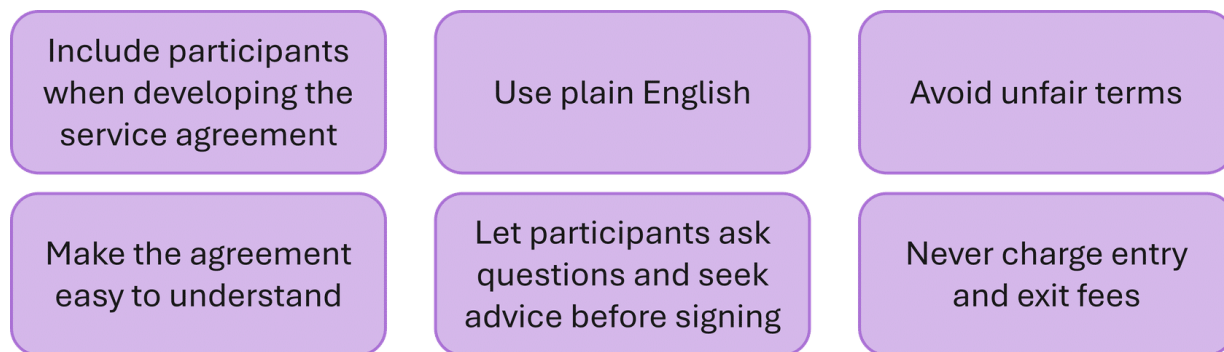


Image outlining the obligations of providers when creating a Support at Home service plan

Once a participant's referral has been accepted in the My Aged Care Portal, providers are required to notify Services Australia of the participant entry details.

The provider must submit a start notification (also known as an entry notice or Aged Care Entry Record) to Services Australia.

Providers need to provide a start notification to Services Australia within 28 calendar days of the service agreement being signed.

Where a start notification is not in effect and a provider claims subsidy from Services Australia, the provider is liable for a debt owed to the Australian Government for the period in which a start notification was not in effect.

Transitioned HCP care recipients will have a valid start notification as their HCP notification will be deemed to be part of

Support at Home once it commences.

Providers will need to develop a care plan and individualised budget for services and supports, with the participant, within 28 calendar days of services commencing.



Image of a laptop with a document

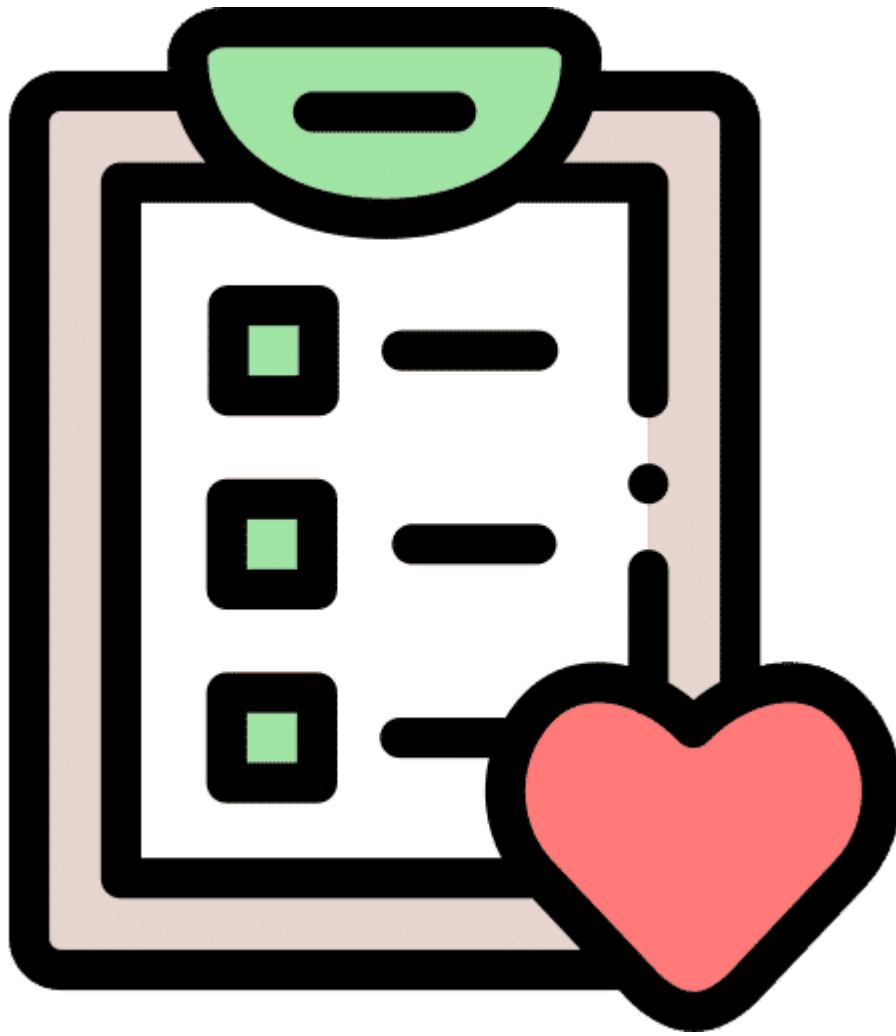


Image of a document with a heart

Providers need to create care plans with participants

A care plan is a formal document that outlines the participant's needs, goals, preferences and how funded aged care services will help the participant realise their goals.

It is a personalised document used to formalise a participant's choice and control over their services. The care plan should be closely aligned to deliver those services and supports outlined in the Support Plan.

Care plans are developed in collaboration with the older person by the Care Partner for a provider.

Once a care plan is completed, the Care Partner is required to formally update and review this care plan as often as needed, but at least annually.

Changes to care plans may have impacts on the participants contributions and budget. All such changes and any budget impacts are required to be approved by the participant before care is changed.

Care plans need to include:

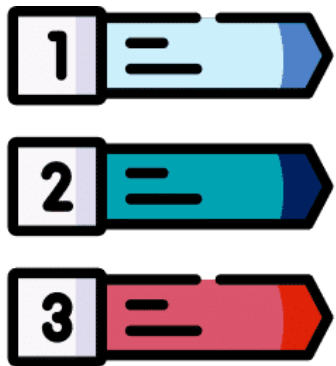
Click the cards below to reveal the key items that providers should include when developing care plans.



Identified **goals** and **strategies**
to achieve these goals



The **participant's preferences**
around service delivery



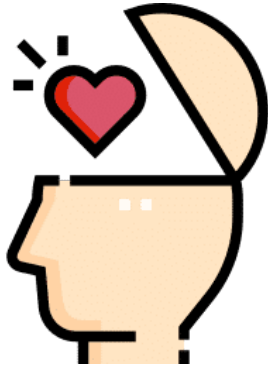
A detailed outline of the **types
of services** to be delivered



A summary of **AT-HM items** the participant will receive (or is already receiving) and **their costs** (if applicable)



Dates to review the participant's **service agreement** and **care plan**



Additional information related to the delivery of **culturally safe, trauma aware and/or healing informed care**, as required

Care partners have an ongoing responsibility to monitor and review the care plan.

Monitoring and reviewing the care plan ensures the services delivered meet the participant's needs.

Where there is a change to the participant's care plan, this may impact the participants contributions. The participant will need to consent to any changes before they are finalised. These activities can be claimed under care management.

Providers have the obligation to develop and manage participant budgets alongside the care plan.

Click the '+' icons in the below image to explore some frequently asked questions on participant budgets.





What are participant budgets made up of?

Allocated government funding

Participant contributions (if applicable).



What needs to be in the participant's budget?

Amount of government funding available

Cost of each service

Description of the service

Amount of participant contribution.



What if the participant needs services beyond their allocated budget?

When developing a care plan and an individualised budget, the older person may require services that are beyond the available budget.

In these situations, the participant can:

- agree to self-fund these services directly from the provider or
- seek reassessment to explore additional service coverage.



What happens to transitioned HCP recipients and any unspent funds?

Transitioned HCP recipients who had unspent funds prior to Support at Home commencement will retain their funds for use under Support at Home.

HCP unspent funds can be divided into:

- provider-held participant portion HCP unspent funds (managed by the provider)

- Commonwealth portion HCP unspent funds (which may be held by the Commonwealth, the provider or both).

Providers can choose how to manage provider-held participant portion HCP unspent funds, including returning the unspent funds to the participant.

Collection of participant contributions

Most participants will need to contribute to their care. These participant contributions are collected directly by the provider.

Participant contribution rates are calculated by Services Australia using the [income and assets assessment](#). A participant's contribution rate may change over time as their income and assets change.

Services Australia will notify participants of their contribution rate when they are first assessed, and whenever changes occur. Providers will also be informed so they can issue invoices accordingly.

Providers are required to establish processes to collect, track and manage participant contributions.

The collection of contributions can be flexible and may occur weekly, fortnightly or monthly, or at any other time as agreed with the participant. Providers are encouraged to offer flexible options for the collection of contributions.

Non-payment of participant contributions

Providers have a responsibility to communicate and consult with participants regarding their contributions. Providers are responsible for taking all reasonable steps to collect participant contributions. The government will not cover any shortfall if a participant does not pay.

[There are financial hardship supports available](#) for participants who cannot meet their aged care costs, if they meet certain eligibility criteria. If a participant advises they are experiencing financial difficulty, providers may refer them to Services Australia to apply for support. Providers will need to continue to provide care, but cannot collect contributions while a hardship application is being assessed.

If a participant refuses to pay and does not have financial hardship in place, providers are required to follow a process and record actions taken.

Click the cards below to reveal the key actions providers should take with their participants.



Initiate a discussion with the participant and/or their support to explain:

- Their payment responsibilities
- The reasons for collecting contributions



Seek resolution and make every effort to resolve payment issues with the participant or their supporter.



Keep records of all discussions regarding non-payment.

Learn more about service agreements, care plans and participant budgets.



Image of a magnifying glass

[View the Support at Home program manual](#)

View the Support at Home assessment process and delivering services module, found on the [department's website](#).

NEXT: CARE MANAGEMENT AND SELF-MANAGEMENT

Care management and self-management

Care management is the term used to describe the suite of activities delivered by the provider to plan, organise, schedule, review and monitor care and service delivery for the participant.

Providers are required to deliver care management services to all older people in Support at Home. This includes older people who self-manage their services.

The staff members who complete these activities are known as care partners.



Image of an older person at a grocery store with a staff member

Care partners deliver care management services

Care partners help participants **decide** which services they want to receive, complete the care plan and ensure the services align with participants aged care assessment

Care management activities are expected to be delivered at least monthly, with a full detailed care plan review being undertaken at least once every 12 months.

Care management is a key requirement under the strengthened [Quality Standards](#).

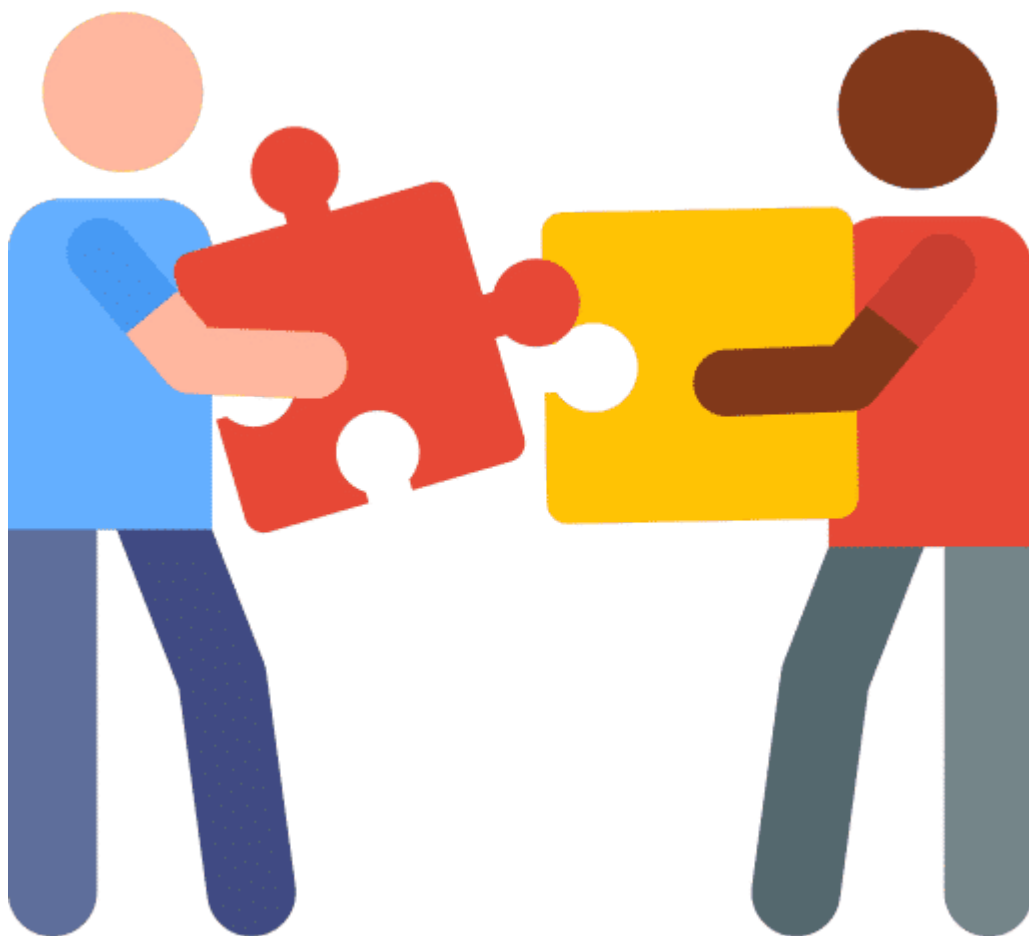



Image of two people fitting jigsaw puzzle pieces together

Care management activities

Click the below boxes to explore examples of care management activities that can be claimed by providers from their pooled care management account.

 Thumbnail

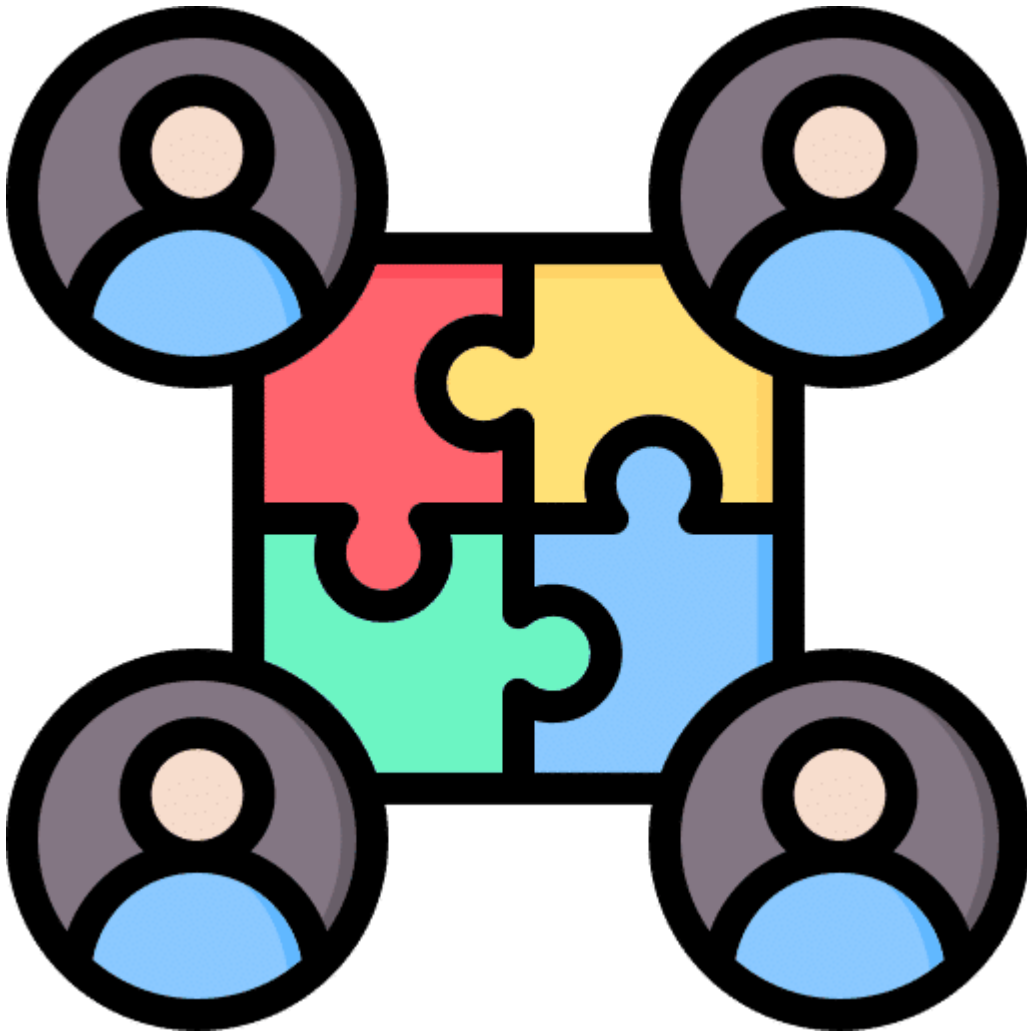


Image of multiple people combining to complete the puzzle

Providers will claim care management services from a dedicated fund

The **care management account** combines funds from all participants that are eligible to receive services into a **pooled account** for the provider. This account is held by Services Australia.

Participants receiving ongoing services will have 10% of their quarterly budget automatically allocated to the care management pooled account. Providers can use the care management account to claim for care management activities.

In some cases, providers can also claim for **primary supplements** (for eligible participants) that will be included in the participant's budget.

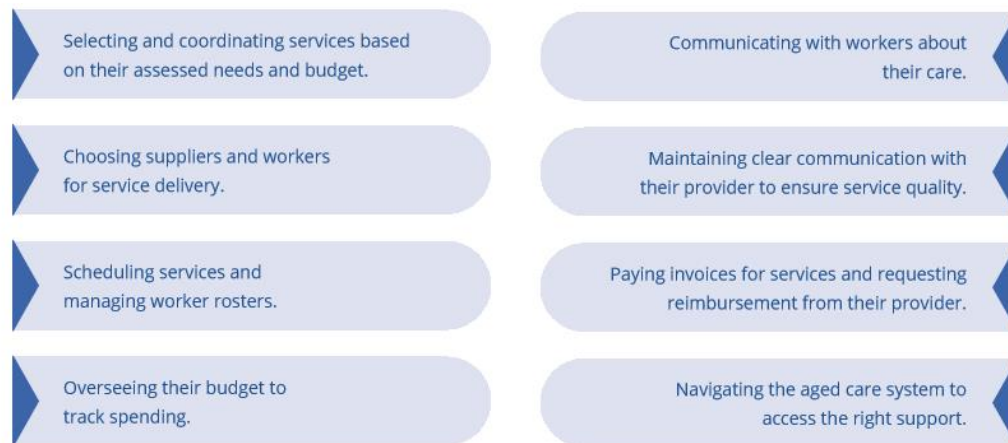
Participants can choose to self-manage their own aged care services.

Self-management is where an older person or their support person chooses to manage their own care services. They can make decisions about their services, budget and workers, based on their approved support plan.

Self-managed clients will need to partner with a provider to obtain support and oversight. This provides assurance to self-managed participants that services selected are safe and compliant with legislation and program guidance.

Self-management gives older people more choice and control over how their care is delivered. It will look different for each person depending on their needs, preferences, and abilities.

Self-management activities an older person can undertake include:



Provider claiming for self-managed participants

Self-managed participants will have 10% of their budget allocated to care management.

Providers are eligible to claim care management fees from the self managed participant to cover the costs associated with ensuring compliance and provision of oversight services.

Refer to the [Support at Home program manual](#) for more information on provider obligations when delivering care management for self-managed participants.

Learn more about care management and self-management



Image of a magnifying glass

For **care management**, [view Chapter 8 of the Support at Home program manual](#)

More detailed information on care management is covered in Learning Package 2 under **Module 2 – [Service agreement, care plan and budget planning](#)**

For **self-management**, [view Chapter 11 of the Support at Home program manual](#)

View the Support at Home service agreement, care plan and budget planning module, found on the [Support at Home provider training webpage](#).

NEXT LESSON: CLAIMING AND PAYMENT ARRANGEMENTS

Claiming and payment arrangements

Providers need to understand the new claiming and payment arrangements

Providers must follow the claiming process to submit claims

Support at Home claims are made in arrears – which means that services provided under Support at Home will be paid after the service has been delivered to the participant.

Providers are required to be [registered](#) for the specific registration category that the service is being claimed from.

View the provider claiming process for Support at Home below.

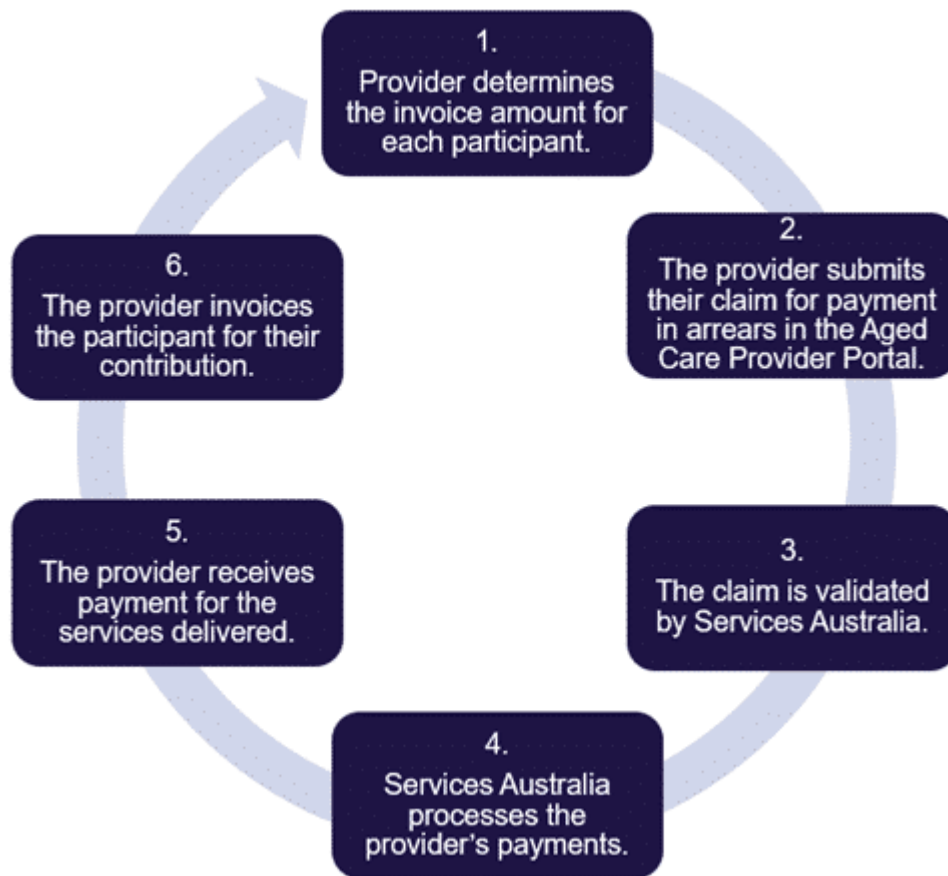


Image of the process for providers to submit Support at Home claims

Obligations apply to providers when lodging payment claims

Provider obligations

Providers can only claim for services delivered and approved in the participant's Notice of Decision and support plan.

Claims must reflect the agreement price. Providers are expected to keep evidence like invoices and receipts to support claims.

If participants contribute to services, providers should invoice the participant directly or have some other payment mechanism in place. Participants should pay their contribution to the provider directly. Providers are expected to have a process in place for this step.



Image of a hand with a tick and a cross

Claims need to be submitted within 60 days

Click the below tiles to understand more about the claiming timelines for Support at Home.

When do claims need to be **submitted for ongoing services**?

For ongoing services, a provider has **60 days after the last day of the quarter** to submit their claim for each participant. This is the last day of September, December, March and June.

When do claims need to be **submitted for short-term pathways**?

For short-term pathways, a provider has **60 days after the completion of the episode** to submit their claim for each participant.

How about for participants receiving **both ongoing and short-term services**?

For participants receiving both short-term and ongoing services, providers should ensure **services are claimed against the correct budget**.



For further information on claiming rules for providers, refer to the [Support at Home program manual](#).

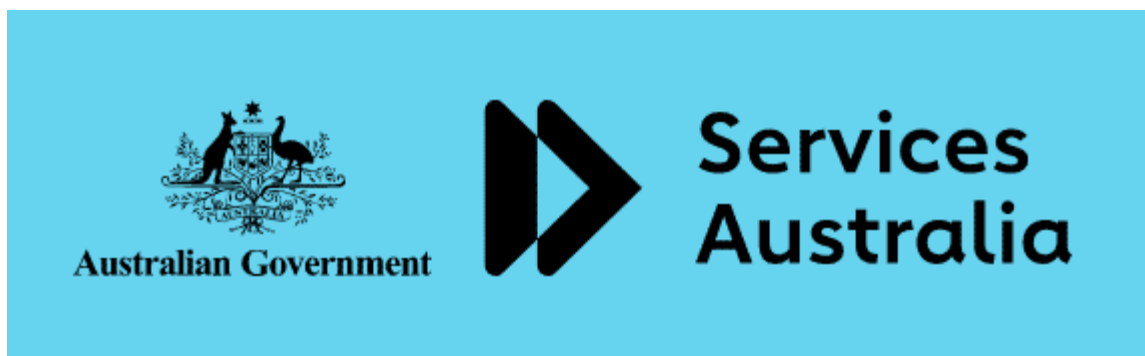


Image of the Services Australia logo

Services Australia process Support at Home claims

Services Australia will validate the provider's claim to process the payment. Once the claim is finalised, Services Australia will:

- deduct the government funded amount and the participant contribution rate from the participant's budget

- pay the provider the government funded amount.

Claims submitted online to Services Australia are expected to be approved and payments made within a 7 day processing timeframe.

Learn more about claiming and payment arrangements



Image of a magnifying glass

[View Chapter 16 of the Support at Home program manual](#)

View the Support at Home claiming and payments module, found on the [Support at Home provider training webpage](#)

NEXT: ADDITIONAL FIRST NATIONS RESOURCES

Resources for older Aboriginal and Torres Strait Islander people

Support at Home supports Aboriginal and Torres Strait Islander people over the age of 50 to access culturally safe, trauma-aware, and healing-informed aged care in or close to their community.



Image of an older person and a staff member

A number of resources are available for providers supporting older Aboriginal and Torres Strait Islander people.

Below are some of the key Support at Home sections, unique programs and support for providers supporting older Aboriginal and Torres Strait Islander people with Support at Home.

Care management supplement

A care management supplement is available to **providers delivering services to older Aboriginal and Torres Strait Islander people.**

The supplement **provides an additional 12 hours per year (3 hours per quarter) of care management activities.** The supplement will be credited to the provider's care management service account at the start of every quarter.

Assistive Technology and Home Modifications (AT-HM) List and service list

Older Aboriginal and Torres Strait Islander people are **able to access Aboriginal or Torres Strait Islander Health Practitioner and Health Workers** under the Support at Home service list.

In addition, cultural activities such as hunting, fishing, and camping may be considered under the Assistive Technology and Home Modifications List.

Detailed information on Assistive Technology and Home Modifications scheme guidelines, will be available from 1 July 2025, within the [Support at Home program manual](#).

End-of-life care

Resources to support the delivery of palliative care services for Aboriginal and Torres Strait Islander people can be accessed through the below links:

- [Aboriginal and Torres Strait Islander People Palliative Care Resources – Palliative Care Australia](#)
- [Gwandalan National Palliative Care Project](#)
- [Indigenous Program of Experience in the Palliative Approach \(IPEPA\)](#)

Unique Programs

Care finder program

Help from a care finder

Care finders is a free service specifically designed for older Australians who don't have anyone to support them to access aged care services.

[Read more](#)

The care finder program helps **vulnerable older people who require intensive support** to interact with My Aged Care and connect them to other relevant supports in the community. This program is important as some older Aboriginal and Torres Strait Islander people need extra support to navigate the aged care system and use My Aged Care. Care finders can help older Aboriginal and Torres Strait Islander people:

- understand and access aged care and connect with other relevant supports in their community
- target people who have 1 or more reasons for requiring intensive support to interact with My Aged Care and access aged care services and other relevant community support

Contact information for care finder services in each region is on the My Aged Care website at [Help from a care finder](#).

Unique programs

Elder Care Support (ECS) program

Aged care - NACCHO

Community-led Pathways to Care and Support for Elders and older Aboriginal and Torres Strait Islander people.

[Read more](#)

The Elder Care Support program can assist older Aboriginal and Torres Strait Islander people to access aged care services across urban, regional and remote parts of Australia. The Elder Care Support program provides assistance to:

- support older Aboriginal and Torres Strait Islander people to understand aged care services, navigate the assessment process and help with choosing a provider
- support families, friends and carers to understand how to access aged care services
- advocating for older Aboriginal and Torres Strait Islander people by working with assessors and providers to meet their needs
- supporting older Aboriginal and Torres Strait Islander people while they receive aged care services
- assisting with other types of health needs, such as disability supports.

The department have partnered with the [National Aboriginal Community Controlled Health Organisation](#) (NACCHO) to establish the Elder Care Support program.

More information is on the department's website at [Elder Care Support](#).

Helpful resources

Support for older Aboriginal and Torres Strait Islander people

Support for Aboriginal and Torres Strait Islander people

If you are an Aboriginal or Torres Strait Islander aged 50 years or older, there is a range of Australian Government-subsidised aged care services available for you.

[Read more](#)

Detailed information for older Aboriginal and Torres Strait Islander people can be found on the [My Aged Care website](#). Support includes:

- How to find the right provider
- What to discuss with providers
- What support is available in remote areas
- Videos and case studies
- Translated resources

Helpful resources

Translation and interpretation services

Contact My Aged Care

Arranging aged care services can be a complex and daunting task – that's why My Aged Care is here to help. Find out the different ways you can contact us and how we can support you.

[Read more](#)

Providers can call My Aged Care (1800 200 422) and request to use Interpreter Connect when they are assisting Aboriginal and Torres Strait Islander people regarding My Aged Care related issues or matters.

NEXT: HELPFUL RESOURCES

Helpful resources

The links below will open in a new window. Links are regularly reviewed, however if a link is not working, please search for the information directly within the department's website.

Webpages

- 1 [Support at Home program webpage](#)
- 2 [Support at Home provider training webpage](#)
- 3 [My Aged Care webpage](#)
- 4 [New Aged Care Act webpage](#)

Guidelines and procedures

- 1 [Support at Home program manual – A guide for registered providers](#)
- 2 [Support at Home Program Provider Transition Guide](#)
- 3 [Support at Home: Claims and Payments Business Rules Guidance](#)
- 4 [Support at Home service list](#)
- 5 [Assistive Technology and Home Modifications List \(AT-HM List\)](#)
- 6 [Submit a Support at Home claim](#)
- 7 [Support at Home User Guide – submitting claims to the Aged Care Provider Portal](#)
- 8 [Support at Home monthly statement template](#)

Fact Sheets

- 1 [Support at Home program – Frequently asked questions – February 2025](#)
- 2 [Guidance for setting Support at Home prices – fact sheet for providers](#)
- 3 [Summary of indicative Support at Home prices](#)

Existing Home Care Package care recipients

Existing Home Care Package (HCP) and Short-Term Restorative Care (STRC) care recipients will transition to the Support at Home program.

Providers will continue to support and deliver services to these transitioned care recipients.

Refer to the [Support at Home provider transition guide](#) for detailed information on supporting transitioning existing HCP and STRC care recipients.

NEXT: COURSE WRAP-UP

Course wrap-up

Thank you for completing the Support at Home program overview



Image of an older person and a staff member

We appreciate the time and effort you dedicated to completing this training, engaging with the information, and applying your knowledge.

You should now understand your responsibilities and obligations as a Support at Home provider.

We'd love your feedback!

To help us continue improving this training, please take a moment to complete a [short survey](#) about your experience in completing the Support at Home program overview. This survey will take no more than 1-2 minutes to complete.