



Guidance for Support at Home care partners

This resource contains information that will help care partners to prepare for Support at Home and support HCP care recipients transition to the Support at Home program.

Support at Home program

Support at Home is a new in-home aged care program that will commence from 1 November 2025. It will replace the Home Care Packages (HCP) Program and Short-Term Restorative Care (STRC) Programme.

Care management is a set of activities that contribute to the overall safety, wellbeing, health and quality of life of an older person. The following care management activities will continue under the Support at Home program:

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

What is changing?

The Support at Home program will introduce the following changes:

- Care managers will be known as 'care partners' and will be responsible for delivering care management activities under Support at Home.
- Providers will continue to be responsible for having their own care management models for delivering care management but may have a mix of care partners who are experienced

and trained aged care workers, and care partners who have a university-level qualification. For example, a university-level qualification in a relevant health-related discipline (Bachelor of Social Work, Physiotherapy or Nursing).

- Providers will have a dedicated pooled care management account comprising of 10% of each participant's ongoing quarterly budget. The care management account must be used for care management services and provides a flexible and responsive way for care partners and providers to meet the changing needs of their participants.

What is not changing?

- Care partners must deliver a care management activity at least monthly and should review the care plan at least once every 12 months, or when there is a change to the participant's needs, services or circumstances.
- Care management should be delivered in a flexible and responsive manner, based on the individual needs and requirements of each participant.

To learn more about care management under the Support at Home program, refer to the [Support at Home program manual](#).

Transition actions for HCP care managers

The checklist below outlines the actions care partners should take to ensure they are ready to deliver care management services under Support at Home and assist HCP care recipients with the transition.

Providers are responsible for ensuring care partners are equipped with the information and support they need to prepare for Support at Home.

Activity	Timeframe	Where to find more information	Complete
Learn about the Support at Home program and care management under Support at Home and be familiar with the differences between care management for ongoing services, the Restorative Care Pathway and the End-of-Life Pathway.	Now – 31 October 2025	<ul style="list-style-type: none"> • Refer to the Support at Home provider training program overview to learn about the Support at Home program. • Further training for care management and self-management will be available on the department's website from July 2025. • Refer to the Support at Home program manual for more detailed program information on care management, care management for restorative care and care management for the End-of-Life Pathway. 	<input type="checkbox"/>



Activity	Timeframe	Where to find more information	Complete
Understand the rights of individuals under the Statement of Rights.	Now – 31 October 2025	<ul style="list-style-type: none"> Refer to the Support at Home program manual to learn more about provider obligations. 	<input type="checkbox"/>
Develop/update a care management model. This should include a process on how to provide clinical oversight.	Now	<ul style="list-style-type: none"> Refer to the Support at Home program manual to learn more about care management under Support at Home, changes your organisation may need to make to your care management model and the role of care partners, including clinical care partners. 	<input type="checkbox"/>
Understand how care management services will be funded and how to claim payments for care management. Develop a process for tracking time spent on direct and indirect care management activities to accurately track and claim for care management services.	Now	<ul style="list-style-type: none"> Refer to Care management funding for ongoing services in the Support at Home program manual to learn more about claiming payment for care management services. The claiming and payments topic on the Support at Home training page is now available. Support at Home: Claims and Payments Business Rules Guidance on the department's website provides guidance on claiming from the care management account. Services Australia have an education gateway, Health Professional Education Resources, that will include resources and information for providers about Support at Home from 1 November 2025. 	<input type="checkbox"/>
Commence conversations with HCP care recipients to discuss their service agreements, care plans and update their individualised budgets	From June 2025	<ul style="list-style-type: none"> Refer to the Service agreements and Developing a care plan and budget sections in the Support at Home program manual. 	<input type="checkbox"/>

Activity	Timeframe	Where to find more information	Complete
		<ul style="list-style-type: none"> The service agreements, care plans and budget planning topic on the Support at Home training page is now available. Further guidance on service agreements will be available on the department's website from August 2025. Refer to the key messages section below in this document to assist you with having conversations with HCP care recipients about transitioning to Support at Home. 	
<p>Consult with HCP care recipients to identify those needing assistive technology and home modifications and complete the AT-HM scheme data collection form indicating which recipients require low, medium, high AT or HM funding tier or AT ongoing tier.</p> <p>Note: you can include this in your conversations with transitioning HCP care recipients when reviewing their care plans.</p>	From October 2025 – February 2026 (TBC)	<ul style="list-style-type: none"> Information to support you with this activity will be available from October 2025. 	<input type="checkbox"/>


Key messages

The following key messages will assist care partners communicating with HCP care recipients about their transition to Support at Home when engaging with them about their care plans and service agreements.


Support at Home service list

- Transitioning HCP care recipients will be eligible to access any service on the Support at Home service list provided it meets their needs.
- If a HCP care recipient's needs have substantially changed, they can apply for a re-assessment through a support plan review. If the re-assessment occurs after 1 November 2025, participants may be assigned a Support at Home classification and receive a Notice of Decision and support plan outlining the approved Support at Home services they are eligible to receive.
-  Refer to the [Support at Home service list](#) for details of what services can be delivered.
-  Refer to the fact sheet [Changes to Support at Home pricing arrangements for in-home aged care providers](#) for more information about pricing.


Quarterly budgets

- When Support at Home commences, HCP care recipients will be transitioned to Support at Home and will continue to receive an equivalent level of funding (including supplements). The funding amount will be divided to create a quarterly Support at Home budget.
- Participants will have 10% deducted from their ongoing budget for care management. Care management funding will be allocated by Services Australia to the provider's care management account and pooled, together with the care management funding from all other participants within a service delivery branch. Providers must claim for care management services for services under ongoing classifications, from the care management account.
- The services the participant is receiving will need to be managed within the quarterly budget however they can use their HCP or Support at Home unspent funds if their quarterly budget does not cover the cost of their services.
-  Additional information about budgets and supplements is available in the [Support at Home program manual](#) under chapter 9.0 Participant budget and contributions.

HCP unspent funds

- Transitioned HCP care recipients who have unspent funds on 31 October 2025 will retain these funds for use under Support at Home. Participants will retain HCP unspent funds if they are reassessed and assigned a Support at Home classification.
- Participants can use the Commonwealth portion of unspent funds to pay for approved services on the Support at Home service list once their quarterly budget has been fully exhausted or to purchase Assistive Technology (AT) and/or Home Modifications (HM) to meet assessed needs.
- There are no contributions payable for services paid from Commonwealth portion HCP unspent funds.
-  Additional information about HCP unspent funds is available in the [Support at Home program manual](#) under chapter 9.3.1 Transitioned HCP care recipients and HCP unspent funds.

Participant contributions

- From 1 November 2025, Services Australia will calculate the participant contribution to their cost of care using an income and assets assessment and will inform transitioned HCP care recipients of their contribution rates. Services Australia will calculate contribution rates based on when the HCP care recipient was approved for a Home Care Package.
- Services Australia will send letters to transitioning HCP care recipients and their correspondence nominee, and may request further information.
- Completing an income and assets assessment is voluntary, but participants who choose not to or who haven't completed one within the specified timeframe can be asked to pay the maximum contribution rate. Providers should contact each participant via their preferred communication method prior to charging the maximum, in case they are having difficulties understanding or completing the documentation.
-  Additional information is available in the [Support at Home program manual](#) under section 9.4 Participant contributions.

Transitioning Home Care Package care recipients, approved on or before 12 September 2024

- Transitioning HCP care recipients, who were approved on or before 12 September 2024, will continue to pay the same contributions, or lower, towards their care when Support at Home commences.
- This means that if they were not required by Services Australia to pay an income-tested care fee under the Home Care Packages program, they will continue to make no contributions.
- Part pensioners and self-funded retirees who were required to pay an income-tested care fee, will transition to Support at Home with discounted contribution arrangements.
- Any existing HCP care recipient assessed as having to pay an income-tested care fee, whose provider has waived the fee, will need to pay a contribution under Support at Home.

- Contributions are charged based on services received. The same contribution percentage rates will apply even if a HCP recipient is reassessed and reclassified (refer to the table below).

	Clinical care	Independence	Everyday living
Full pensioner	0%	0%	0%
Part pensioner			
Self-funded retiree (holding or eligible for a Commonwealth Seniors Health Card - CSHC)	0%	0%-25%	0%- 25%
Self-funded retiree	0%	25%	25%


- The lifetime cap on individual contributions for this HCP care recipient cohort will be approximately \$82,000, subject to indexation.

Transitioning Home Care Package care recipients, approved after 12 September 2024



- Transitioning HCP care recipients who were approved after 12 September 2024 will transition to the standard Support at Home contribution rates from 1 November 2025. Their contribution will be determined using a new income and assets assessment.
- The lifetime cap on individual contributions for this HCP care recipient cohort will be \$130,000, subject to indexation.
- Contributions are charged based on services received.

	Clinical care	Independence	Everyday living
Full pensioner	0%	5%	17.5%
Part pensioner			
Self-funded retiree (holding or eligible for a Commonwealth Seniors Health Card - CSHC)	0%	5%-50%	17.5%- 80%
Self-funded retiree	0%	50%	80%


Assistive Technology and Home Modifications (AT-HM) scheme

- When participants transition from the HCP program to Support at Home from 1 November 2025, they will have approval to access the AT-HM scheme but will not have an AT-HM scheme funding tier assigned.
- A data collection process will need to be completed for HCP care recipients requiring low, medium, high AT or HM funding tier or AT ongoing tier. More information about the data collection process will be available from October 2025.
- The data collection process must be completed by providers, in consultation with the participant, for each individual who requires or is in the process of accessing assistive technology or home modifications. Providers can identify if a HCP care recipient needs assistive technology and/or home modifications when they discuss their service agreement and jointly formulate care plans.
- Information from the AT-HM data collection process will be used to enable the delegate to allocate an AT-HM funding tier that meets the needs of the transitioning HCP care recipient.
- The majority of AT-HM funding will attract a contribution rate equivalent to the independence category. Prescription and wrap-around services (where required) fall under the clinical supports category, with no participant contributions required as this category is fully funded by the government for all participants.
-  Refer to the [Assistive Technology and Home Modifications list \(AT-HM list\)](#) for the list of products, equipment and home modifications that Support at Home participants can access through the Assistive Technology and Home Modifications (AT-HM) scheme.

Restorative Care Pathway

- Care partners can refer participants for assessment for the Restorative Care Pathway.
- Restorative care management activities may be intensive and involve assessing the progress of a client on a weekly or more regular basis.
- Restorative care management activities are delivered by a restorative care partner. A restorative care partner must be appropriately qualified and have the appropriate skills and knowledge for clinical coordination and oversight for short intensive periods of care.
- Funding for restorative care management is taken from the individual restorative care budget and not care management pooled funds. There is no limit or amount deducted from the budget for restorative care management activities. However, it should be proportionate and in the best interests of the participant.
-  Refer to the [Restorative Care Pathway Clinical Guidelines](#) for clinical recommendations for the delivery of the pathway.
-  Additional information on the Restorative Care Pathway is available in the [Support at Home program manual](#) under section 14.0.

End-of-Life Pathway

- Care partners can refer existing Support at Home participants for a high-priority Support Plan Review to access the End-of-Life Pathway.
- In addition to regular care management activities, care partners must ensure there is robust liaison and care coordination with the participant's doctor, medical team and/or any state or territory palliative care services.
- Funding for end-of-life care management is taken from the individual end-of-life care budget and not care management pooled funds. There is no cap on the amount of care management that can be claimed under the End-of-Life Pathway. However, it is expected that care management claims are proportionate and in the best interests of the participant.
-  Additional information on the End-of-Life Pathway is available in the [Support at Home program manual](#) under section 15.0.

National Aged Care Advocacy Program

- Support at Home participants can call the Aged Care Advocacy Line on 1800 700 600 for free, independent and confidential advocacy support with government-funded aged care services.