



# Support at Home program manual

## Example of managing participants with pooled care management funding

# About this document

This document is for providers and their care partners. It provides an example of how a provider can flexibly use pooled care management funding to meet the changing care needs of their participants.

This example is a guide only. The types of care management activities and the time taken to deliver those activities will depend on the:

- needs, goals, preferences and circumstances of each participant
- principles for the allocation of individual care management.

Care management applies to all participants receiving services under the ongoing Support at Home classifications, the Restorative Care Pathway and the End-of-Life Pathway. This includes self-managed participants who need a base level of care management in order for the provider to meet their obligations.

More information on care management and care partners is in chapter 8 of the [Support at Home program manual](#).

## About our care partner Noam

The care partner in this example is Noam. Quarter 3 (January to March) of the financial year is about to begin. Noam works for an aged care provider that has:

- 5 active participants – Hiroshi, Margaret, John, Annette and Larry
- 1 new participant due to start in the third month of the quarter – Sarah.

Noam must provide care management to each participant at least once a month. This should be a direct care management activity of at least 15 minutes. For participants with ongoing Support at Home classifications, Noam is able to use the provider's pooled care management funding in a flexible way to manage the care needs of his participants.

## Pooled funding available to Noam

On 1 January 2026, the first day of the quarter, care management funding is credited to the provider's care management account. The amount credited for the quarter was calculated by Services Australia on 31 December 2025 (the last day of the previous quarter) and is dependent on the number of participants connected to the service delivery branch and their classifications.

Participant	Quarterly budget	Funding available for participant use	Funding available for care management
<b>Hiroshi</b> Transitioned HCP Level 2	\$4,741.68	\$4,267.51	\$474.17
<b>Margaret</b> Support at Home Classification 5	\$9,883.80	\$8,895.42	\$988.38
<b>John</b> Transitioned HCP Level 3	\$10,320.56	\$9,288.50	\$1,032.06
<b>Annette</b> Support at Home Classification 3	\$5,479.90	\$4,931.91	\$547.99
<b>Larry</b> Support at Home Classification 2	\$3,995.40	\$3,595.86	\$399.54
<b>Funding available in pooled care management account</b>			<b>\$3,442.13</b>

## Care management hours available

At the start of the quarter, the provider's care management account has **\$3,442.13**.

The provider charges **\$120 per hour** for care management.

This means Noam can provide up to **28.68 hours** of care management to his participants over the quarter. This is about 9.5 hours per month for all participants.

Noam uses the principles of allocation of individual care management (see chapter 8 of the [Support at Home program manual](#)) to deliver care management services.

# Month 1 care management activities

28.68 care management hours available



## Hiroshi

Hiroshi's osteoarthritis is worsening and he thinks it might be time to get further help at home. He lives by himself and relies on his care partner Noam for advice.

Hours	Activity	Details
0.25	Phone call	<ul style="list-style-type: none"><li>○ Hiroshi calls Noam to discuss his changing needs and possible options.</li><li>○ Noam explains to Hiroshi that his budget is fully allocated.</li><li>○ Noam suggests a Support Plan Review (SPR) to see if he is eligible for a higher Support at Home classification.</li><li>○ Hiroshi agrees to a request for a Support Plan Review.</li></ul>
0.50	Submit SPR	Noam submits a request for an SPR with Hiroshi's consent.
0.25	Documentation	Noam documents the phone call and SPR request in Hiroshi's care notes.
1.00	ALL	ALL ACTIVITIES PROVIDED TO HIROSHI IN MONTH 1.



## Margaret

Margaret self-manages her budget with help from her daughter. She has a strong support network and prefers to contact her care partner for urgent matters only.

Hours	Activity	Details
0.25	Phone call	Margaret calls Noam to advise she has moved house and wants to change to a physiotherapist closer to her new home. She provides Noam with the details of the new physiotherapist.
1.00	Conduct checks	Noam liaises with the physiotherapist to ensure worker screening and compliance checks are completed.

Hours	Activity	Details
0.50	Phone call	<ul style="list-style-type: none"> <li>○ Noam calls Margaret to finalise the agreed price.</li> <li>○ Margaret tells Noam she will manage all appointments and give him a monthly invoice for payment.</li> <li>○ Noam does not vary the service agreement, care plan or budget because Margaret has had this service before and the price is the same.</li> </ul>
0.25	Documentation	Noam documents the third-party provider arrangements, final agreed price and conversations in Margaret's care notes.
2.00	ALL	ALL ACTIVITIES PROVIDED TO MARGARET IN MONTH 1.



## John

John (or Johannes) migrated from Finland with his 2 sons when he was 49. He speaks limited English and is well connected to the Finish community.

Hours	Activity	Details
0.25	Regular review	<ul style="list-style-type: none"> <li>○ Noam completes his regular review of John and reads his care notes.</li> <li>○ Noam checks in with the registered nurse (RN) to get an overview of John's wellbeing and how he is managing his medications. The RN confirms he is doing well.</li> </ul>
0.25	Phone call	<ul style="list-style-type: none"> <li>○ Noam calls John through an interpreter to check he is satisfied with the services he is receiving and if there is anything else he needs.</li> <li>○ John says he is happy with the services and is managing well. He is looking forward to his sons visiting next month as he hasn't seen them since Christmas.</li> <li>○ John and Noam agree to check in again next month.</li> </ul>
0.25	Documentation	Noam documents the conversations in John's care notes.
0.75	ALL	ALL ACTIVITIES PROVIDED TO JOHN IN MONTH 1.





## Annette

Annette lives in a small rural town. An aged care worker notices during a visit that she is not as active as usual. Annette says she is dizzy and out of breath but she refuses an ambulance.

Hours	Activity	Details
0.25	Discussion	The aged care worker calls Noam after the visit to discuss the change in Annette's wellbeing.
0.25	Phone call	<ul style="list-style-type: none"><li>Noam calls Annette to ask if she is okay.</li><li>Annette admits that she has been feeling unwell every now and then for a couple of days but it tends to pass quickly. She refuses an ambulance or to visit her doctor.</li><li>Noam suggests a virtual nursing visit, as Annette has agreed to this in the past. Annette agrees.</li></ul>
0.25	Consult with RN and service planning	<ul style="list-style-type: none"><li>Noam speaks with the RN and arranges a virtual appointment for the next day.</li><li>Noam requests a trained aged care worker to be with Annette during the appointment.</li></ul>
0.25	Phone call and documentation	Noam calls Annette to confirm the appointment time and documents the day's conversations in Annette's care notes.
0.25	RN update	After the appointment, the RN calls Noam and tells him that Annette's blood pressure was concerning and that she was transferred to hospital for further tests.
0.75	Phone call and review	<ul style="list-style-type: none"><li>Annette calls Noam, after being discharged that day with blood pressure medication, to thank him for his help.</li><li>They discuss her care needs and adjust the care plan and budget to include weekly virtual nursing appointments to check blood pressure.</li><li>Noam agrees to send out an updated copy of the care plan and budget with the next aged care worker visit.</li></ul>
0.75	Documentation	Noam documents the day's conversations and the care plan and budget review in Annette's care notes.
2.75	ALL	ALL ACTIVITIES PROVIDED TO ANNETTE IN MONTH 1.



## Larry

Larry is a widow and lives independently in a gated community. His aged care worker finds him unwell, sweating and nauseous and calls an ambulance.

Hours	Activity	Details
0.25	Update from aged care worker	Noam speaks with the aged care worker after Larry was admitted to hospital. Noam documents the update in the care notes.
0.25	Hospital update and management of services	<ul style="list-style-type: none"><li>Noam calls the hospital and finds out Larry has had a heart attack and will be in hospital for at least 3 weeks. Noam leaves his details and tells them he will call back in 10 days for an update. He sets a reminder to do this.</li><li>Noam emails the scheduling team with a request to pause all services for 3 weeks.</li></ul>
0.25	Documentation	Noam documents the conversations in Larry's care notes.
0.75	ALL	ALL ACTIVITIES PROVIDED TO LARRY IN MONTH 1.

## Month 1 claim for payment

In month 1, Noam provided a total of 7.25 hours of care management to his participants:

- 1.00 hours to Hiroshi
- 2.00 hours to Margaret
- 0.75 hours to John
- 2.75 hours to Annette
- 0.75 hours to Larry

Noam submits a claim of \$870 (7.25 x \$120 per hour) against the care management account.

# Month 2 care management activities

After submitting a claim of \$870 for month 1, the balance of the care management account is \$2,572.13.

Noam has 21.43 hours of care management left for the rest of the quarter (months 2 and 3).

## 21.43 care management hours available



### Hiroshi

Hiroshi is waiting for the outcome of the SPR request that Noam submitted in the previous month.

Hours	Activity	Details
0.50	Phone call and review	<ul style="list-style-type: none"><li>Noam calls Hiroshi to check in. Hiroshi says it has been 7 days and no-one has called him about the SPR. Noam explains that the SPR will likely be completed soon.</li><li>Noam explains how they can adjust his service mix to better address his needs while he waits for the SPR.</li><li>They review his care plan and quarterly budget. Hiroshi agrees to reduce his gardening service to every 2 months so he can have a physiotherapist appointment.</li><li>Hiroshi is a transitioned HCP care recipient so he is eligible for all services on the service list, including physiotherapy.</li><li>Noam updates the care plan and budget while they talk. They agree to check-in again in 2 weeks, after the physiotherapy appointment.</li></ul>
0.25	Documentation	Noam documents the conversation in Hiroshi's care notes and emails Hiroshi the updated copies of the care plan and budget.
0.75	ALL	ALL ACTIVITIES PROVIDED TO HIROSHI IN MONTH 2.





## Margaret

Margaret and Noam have an agreement to do monthly check-ins over the phone. In the previous month, Margaret changed her physiotherapist to one closer to her new home.

Hours	Activity	Details
0.25	Check-in, documentation and recordkeeping	<ul style="list-style-type: none"><li>Noam calls Margaret for their regular monthly check-in.</li><li>Margaret says the new physiotherapist is very good. Noam reminds her to provide the invoice so the provider can submit a claim and pay the physiotherapist. Margaret asks him to hold the line while she emails it.</li><li>Margaret tells Noam that she is happy with her current services.</li><li>They agree to a service agreement review in one month.</li><li>Noam tells her she can call at any time if she needs anything.</li><li>Noam documents the conversation in Margaret's care notes and records the invoice in the provider's system.</li></ul>
0.25	ALL	ALL ACTIVITIES PROVIDED TO MARGARET IN MONTH 2.



## John

In the previous month, John mentioned he was looking forward to a visit from his sons.

Hours	Activity	Details
0.50	Phone call and documentation	<ul style="list-style-type: none"><li>Noam receives a call from John's son. He is worried about his father as he has become socially isolated. Noam agrees to visit John and his son in 2 days.</li><li>Noam documents the phone call in John's care notes.</li></ul>

Hours	Activity	Details
1.75	Home visit	<ul style="list-style-type: none"> <li>John tells Noam it is getting harder to stay connected to his community. He is feeling overwhelmed by the size of his home.</li> <li>John says the family has been discussing a possible move into a retirement community or residential aged care. John and his son ask Noam for advice.</li> <li>Noam advises John that he has approval for residential aged care as part of his previous aged care assessment. He pulls out his laptop and shows them how to search for different types of care on the My Aged Care website.</li> <li>Noam suggests they decide as a family on the most suitable type of care including location and consider closeness to family. He also suggests they organise tours of different residential aged care homes or retirement villages.</li> <li>John and his son thank Noam. John will update Noam in a few weeks.</li> </ul>
0.25	Documentation	Noam documents the home visit in John's care notes.
2.50	ALL	ALL ACTIVITIES PROVIDED TO JOHN IN MONTH 2.



## Annette

In the previous month, Annette was discharged from hospital with blood pressure medication and Noam set up weekly virtual nursing appointments.

Hours	Activity	Details
0.50	Review care notes and phone call	<ul style="list-style-type: none"> <li>Noam reviews Annette's care notes and sees that her blood pressure has been steady.</li> <li>Noam calls Annette to ask about her health and general wellbeing. She says the blood pressure medication seems to be working well. Her doctor is happy with her blood pressure and overall health.</li> <li>Annette tells Noam that she was quite scared when she first felt unwell, so she would like to continue with the weekly virtual nursing appointments.</li> <li>Noam checks her budget while on the phone and confirms weekly nursing appointments are possible without having to change other services.</li> <li>Noam tells Annette he will call again next month to check in.</li> </ul>

Hours	Activity	Details
		<ul style="list-style-type: none"> <li>Noam documents the conversation in Annette's care notes.</li> </ul>
0.25	Service management and documentation	<ul style="list-style-type: none"> <li>Noam emails the scheduling team with a request for weekly virtual nursing appointments.</li> <li>Noam documents the conversation in Annette's care notes.</li> </ul>
0.75	ALL	ALL ACTIVITIES PROVIDED TO ANNETTE IN MONTH 2.



## Larry

In the previous month, Larry was admitted to hospital after suffering a heart attack.

Hours	Activity	Details
0.50	Update, documentation and service management	<ul style="list-style-type: none"> <li>Noam calls the hospital to check in on Larry and talks to the hospital coordinator. He asks if there are any discharge planning or arrangements they need to consider.</li> <li>The coordinator says Larry's condition is not yet stable. He will likely spend at least another 2 weeks in hospital. Because of the extended stay, the hospital will arrange for an aged care assessment before discharge.</li> <li>Noam documents the conversation in Larry's care notes and sets a reminder to call again.</li> <li>Noam emails the scheduling team with a request to continue the pause on all services for another 2 weeks.</li> </ul>
0.50	ALL	ALL ACTIVITIES PROVIDED TO LARRY IN MONTH 2.

## Month 2 claim for payment

In month 2, Noam provided a total of 4.75 hours of care management to his participants:

- 0.75 hours to Hiroshi
- 0.25 hours to Margaret
- 2.50 hours to John
- 0.75 hours to Annette
- 0.50 hours to Larry

Noam submits a claim of \$570 (4.75 x \$120 per hour) against the care management account.

# Month 3 care management activities

After submitting a claim of \$570 for month 2, the balance of the care management account is \$2,002.13.

Noam has 16.68 hours of care management left for the rest of the quarter (month 3).

## 16.68 care management hours available



### Hiroshi

Hiroshi has been reassessed as part of the SPR requested in month 1. He has been allocated a Support at Home classification 5, which provides a bigger budget.

Hours	Activity	Details
0.25	Phone call	Hiroshi calls Noam about the outcome of his aged care needs assessment. They agree to a home visit.
2.00	Home visit	<ul style="list-style-type: none"><li>Noam visits Hiroshi to discuss his needs and the service mix he would like to receive within his new budget. It includes an occupational therapy appointment to identify any assistive technology needs.</li><li>Noam updates the care plan and budget. Hiroshi reviews and confirms he is happy with the service mix and budget. Noam emails Hiroshi a copy.</li><li>Noam tells Hiroshi they also need to vary his service agreement with the new classification details. Noam explains the changes and Hiroshi is satisfied with them.</li></ul>
0.75	Documentation and service management	<ul style="list-style-type: none"><li>Noam documents the home visit in Hiroshi's care notes, saves the service agreement in the provider's system and emails Hiroshi a copy.</li><li>Noam emails the service plan to the scheduling team.</li><li>He briefly talks to the occupational therapist about Hiroshi's needs.</li></ul>
3.00	ALL	ALL ACTIVITIES PROVIDED TO HIROSHI IN MONTH 3.



## Margaret

Margaret's preference is to communicate with Noam over the phone, including for regular reviews.

Hours	Activity	Details
0.75	Review	<ul style="list-style-type: none"><li>○ Noam calls Margaret so they can do their annual review of her service agreement. He checks she has a copy with her. She is satisfied with the agreement.</li><li>○ They discuss the Statement of Rights, Code of Conduct for Aged Care and how to provide feedback and complaints. Margaret asks for hard copies of this information. Noam agrees and says he will also mail out a copy of the service agreement for her review and signature.</li><li>○ They also discuss her care plan and budget. Although there are no changes to the services or budget, Noam tells her he will send her updated copies of these as well.</li></ul>
0.50	Documentation	<ul style="list-style-type: none"><li>○ Noam documents the review in Margaret's care notes. He arranges for the service agreement and hard copies of the other information she requested to be sent to her.</li></ul>
1.25	ALL	ALL ACTIVITIES PROVIDED TO MARGARET IN MONTH 3.



## John

In the previous month, Noam advised John and his sons to decide as a family on the most suitable type of aged care for John. They have decided on a local Finnish retirement village.

Hours	Activity	Details
0.25	Phone call and documentation	<ul style="list-style-type: none"><li>○ Using an interpreter, John calls Noam and excitedly tells him the news. He will move before the end of the month.</li><li>○ They agree on a cessation date of 10 March 2026. Noam confirms John will continue to receive all his services up to this date.</li><li>○ Noam documents the cessation date in John's care notes.</li></ul>

Hours	Activity	Details
0.25	Phone call and documentation	<ul style="list-style-type: none"> <li>On the day before John moves, Noam calls him to wish him all the best.</li> <li>Noam tells John he will receive a final statement and a transfer of \$673.00 – the participant portion of HCP unspent funds (these have been held by the provider).</li> </ul>
0.50	Cessation documentation	<ul style="list-style-type: none"> <li>After John exits Support at Home, Noam completes the actions outlined in section 12.4.1 (participant-initiated cessation of services) of the <a href="#">Support at Home program manual</a>.</li> <li>Noam documents the cessation of services in John's care notes.</li> </ul>
1.00	ALL	ALL ACTIVITIES PROVIDED TO JOHN IN MONTH 3.



## Annette

In the previous month, Annette received weekly virtual nursing appointments to monitor her blood pressure.

Hours	Activity	Details
0.50	Phone call, service management and documentation	<ul style="list-style-type: none"> <li>Noam reviews Annette's care notes. He calls her to ask about her health and general wellbeing.</li> <li>Annette says she thinks she can manage her blood pressure without the appointments. She recently bought her own monitoring device from her local chemist and has been taught how to use it.</li> <li>Annette is confident that she can manage but is reassured that she can call Noam if her needs change.</li> <li>Noam cancels the virtual nursing appointments and documents the conversation in Annette's care notes.</li> </ul>
0.50	ALL	ALL ACTIVITIES PROVIDED TO ANNETTE IN MONTH 3.





## Larry

In the previous month, Larry was still in hospital. He was admitted after suffering a heart attack in month 1. This month, he is being discharged.

Hours	Activity	Details
0.25	Hospital update	The hospital confirms with Noam that Larry will be discharged and has been reassessed. He has been allocated Support at Home classification 4.
0.25	Service planning and phone call	<ul style="list-style-type: none"><li>Noam plans for Larry's services to resume on the day he arrives home.</li><li>He also arranges to visit Larry the day after he arrives home.</li></ul>
2.00	Home visit and review	<ul style="list-style-type: none"><li>Noam and Larry discuss Larry's health challenges and changing needs. They discuss the new budget and decide the best service mix.</li><li>They vary the service agreement and develop a new care plan and budget.</li></ul>
0.50	Documentation and service management	<ul style="list-style-type: none"><li>Noam documents the reviews in Larry's care notes. He arranges for the new service agreement, care plan and budget to be sent to Larry.</li><li>He emails the service plan to the scheduling team.</li></ul>
3.00	ALL	ALL ACTIVITIES PROVIDED TO LARRY IN MONTH 3.



## Sarah

Sarah has recently been allocated funding and is looking for a provider. Care partner Noam will visit her at her home to discuss his provider's service offer.

Hours	Activity	Details
3.00	Home visit	<ul style="list-style-type: none"><li>Noam explains Support at Home to Sarah. They discuss her Notice of Decision and support plan and the services she is eligible for. He provides a brief overview of the service mix she could receive within her funding allocation.</li><li>Sarah likes Noam and is impressed with the service offer. She decides to enter into a service agreement during the</li></ul>

Hours	Activity	Details
		<p>visit. Noam gives her the time to read the agreement, explains the conditions and answers her questions.</p> <ul style="list-style-type: none"> <li>○ Noam also discusses the additional information for new participants (see section 7.4.1 of the <a href="#">Support at Home program manual</a>) such as the Statement of Rights and Code of Conduct and provides her with an information pack.</li> <li>○ Sarah wants services to start as soon as possible so she decides to also complete a care plan and budget. They create this together on his laptop and Noam emails her a copy.</li> <li>○ Noam summarises their conversation and tells Sarah that he will send her a copy of the service agreement for her records.</li> </ul>
1.00	Documentation and service management	<ul style="list-style-type: none"> <li>○ Back at the office, Noam documents the visit in Sarah's care notes. He keeps a record of the service agreement in the system and organises for a hard copy to be sent to her.</li> <li>○ Noam emails the scheduling team with the service plan.</li> <li>○ The service agreement, care plan and budget were created during the visit so Noam records the start date for aged care services as the day of the visit. Because of this, he can claim for all care management services delivered on that day.</li> </ul>
4.00	ALL	ALL ACTIVITIES PROVIDED TO SARAH IN MONTH 3

## Month 3 claim for payment

In month 3, Noam provided a total of 12.75 hours of care management to his participants:

- 3.00 hours to Hiroshi
- 1.25 hours to Margaret
- 1.00 hour to John
- 0.50 hours to Annette
- 3.00 hours to Larry
- 4.0 hours to Sarah

Noam submits a claim of \$1,530 (12.75 x \$120 per hour) against the care management account.

# End of quarter

At the end of the quarter, the remaining balance in the care management account \$472.13.

As it is only quarter 3 (1 January to 31 March 2026) of the financial year, this amount carries over to the next quarter and will be available to use for all participants.

Services Australia will calculate care management funding for quarter 4 (1 April to 30 June 2026) on the last day of the quarter 3, 31 March 2026. This will be based on the active participants connected to the service delivery branch and their classifications. The active participants include Hiroshi, Margaret, Annette, Larry and Sarah.

John will not be included in the calculation for care management funding for quarter 4 as he exited Support at Home on 10 March 2026, which is before the last day of the quarter.