



Australian Government

Department of Health, Disability and Ageing



Assistive Technology and Home Modifications (AT-HM) scheme guidelines



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Introduction

Purpose of the AT-HM scheme guidelines

The Department of Health, Disability and Ageing (the department) has prepared these guidelines for aged care providers providing AT-HM under the Support at Home program and older people receiving AT-HM through the Support at Home program. It explains the AT-HM scheme and how it operates. The department will review and update this manual regularly. This version 1 of the AT-HM scheme guidelines was published in October 2025.

Changes to in-home aged care

On 1 November 2025, Support at Home will replace the Home Care Packages (HCP) Program and the Short-Term Restorative Care (STRC) Programme.

Support at Home provides coordinated care and services to meet ageing related needs of older people assessed for the program. Support at Home includes:

- 8 classifications to fund Support at Home ongoing services
- Assistive Technology and Home Modifications (AT-HM) scheme (short-term pathway)
- restorative care (short-term pathway)
- end-of-life care (short-term pathway)
- participant contributions set by the Australian Government.

These changes are enabled by the *Aged Care Act 2024* (the Act), which will commence from 1 November 2025, and places older people at the centre of their aged care. It will replace existing legislation, including the current *Aged Care Act 1997* and the *Aged Care Quality and Safety Commission Act 2018*.

Wellness and reablement

Support at Home supports a wellness and reablement approach for older people.

Wellness and reablement approaches are based on the idea that, even with age related decline, chronic illness or disability, most people want to, and can improve their physical, social, and emotional wellbeing. Access to assistive technology and home modifications play a central role in supporting reablement, supporting older people to maximise their independence and enable them to remain living safely in their own homes and communities.

Translation and interpreting services

[Translating and interpreting services](#) are available to help older people and their carers from culturally and linguistically diverse backgrounds engage with aged care.

These services are free for older people, their families and carers, and government-funded aged care providers.

Aged Care Quality Standards

The Aged Care Quality and Safety Commission is responsible for auditing registration category 4, 5 and 6 registered providers against the Aged Care Quality Standards. Providers registered in category 2 only who deliver AT-HM scheme service types are responsible for meeting the obligations based on their registration category and the service types within these they deliver.

Providers registered in category 2 only are not required to comply with the Quality Standards and will not be audited against the Quality Standards to inform registration renewal decisions.

The new Assistive Technology and Home Modifications scheme

The Assistive Technology and Home Modifications (AT-HM) scheme is a short-term pathway through Support at Home that provides separate funds to support older people with the assistive technology and home modifications that they need, to help them live at home and in their community, independently, for longer. This means that older people with approval to access the AT-HM scheme can access these supports using AT-HM scheme funding without needing to save up funds from their Support at Home quarterly budgets.

The AT-HM scheme is delivered alongside Support at Home ongoing services or Restorative Care or an End-of-life pathway (short-term pathway), with funding tiers assessed through the aged care assessment process.

For older people

Older people are encouraged to actively participate in informed decision-making regarding the care, products, equipment and home modifications they receive under Support at Home. Providers must consult older people to determine their needs and preferences and to ensure care and services are individualised and relevant.

Through the AT-HM scheme, older people will:

- have access to the AT-HM list to understand what equipment, products and home modifications are available to meet their assessed need.
- actively participate in the care planning process and have the AT-HM scheme explained in a way that they understand.

- identify their needs, goals, strengths, and service delivery preferences including choice of health professionals for any prescription and wraparound services, where possible.
- have their carers' contributions recognised and supported
- have access to free, independent, and confidential advocacy services through the National Aged Care Advocacy Program
- have access to complaint mechanisms, including through the Aged Care Quality and Safety Commission (ACQSC).

Contributions by older people

Participant contribution categories for older people apply to the AT-HM scheme. Assistive technology products and equipment and home modification items and associated services will attract a contribution rate equivalent to the independence category.

Prescription and wraparound services (where required) fall under the clinical supports category with no contributions required, as this category is fully funded by the government for all older people in Support at Home.

Lifetime participant contributions

Lifetime caps apply to older people's participant contributions. The current caps are outlined in the [Schedule of Fees and Charges for Residential and Home Care](#).

Once the lifetime cap is reached, older people will make no further contributions to their Support at Home services.

Services Australia will notify the provider and the older person once the lifetime cap has been reached. The government will pay the remaining participant contributions to the provider by way of increased government funding for the Support at Home classification.

Note: Any contributions made by older people while receiving in-home care, including toward AT-HM, and/or residential care contribute to the lifetime caps.

For providers

Under the Act, registered providers are organisations that deliver government-funded aged care services to older people who need help in their own home or who can no longer live at home.

The Act requires providers to be registered into service categories and be approved by the Aged Care Quality and Safety Commissioner (Commissioner) before they can commence delivering aged care services.

Providers of in-home aged care services must be registered to at least one of six registration categories, that set out the regulatory obligations that apply to all providers delivering a service.

Support at Home providers who wish to deliver the AT-HM scheme to older people must be registered in Category 2 – Assistive Technology and Home Modifications and may also consider if they need to be registered in Category 4 – Allied Health Services to source prescription or wraparound services from Allied Health professionals. This requirement also applies to those providers who intend to subcontract all or part of these services to a third party.

What is assistive technology?

Assistive technology includes items, pieces of equipment or products that help an older person participate in their community, increase independence at home and assist them with regular activities they can no longer do without supports.

Examples of assistive technology include:

- mobility equipment, such as walking sticks, walking frames and wheelchairs
- self-care supports such as over the toilet chairs
- bathing equipment, such as shower chairs and non-slip mats
- cognitive supports, such as pill (dosette) boxes labelled with the time or day and clocks showing day/night and the day of the week
- daily activity supports such as jar openers, cutlery with large handles, laundry trolleys and equipment to raise beds.

Providing assistive technology to an older person may also include services delivered by suitably qualified health professionals, such as prescription (a description of the products, equipment or home modifications needed), advice and wraparound services, which help to match a person, their goals and their home environment with specific products and equipment.

What are home modifications?

Home modifications provide changes to the home environment to make it safer and more accessible.

Home modifications can include:

- grab rails in the shower or bathroom
- internal and external handrails
- ramps and stair lifts
- bathroom redesign (for example, changing the layout to improve accessibility) or shower hob reduction

- widening doorways and passages (for example, to allow for wheelchair access).

AT-HM funding tiers

Funding tier	Funding allocation cap	Funding period
Assistive technology		
Low	\$500	12 months
Medium	\$2,000	12 months
High	\$15,000+ ¹	12 months
¹ Products and equipment with costs greater than \$15,000 are available to participants with a prescribed need.		
Home modifications		
Low	\$500	12 months
Medium	\$2,000	12 months
High	\$15,000	12 months ²
² Funding may be extended for an additional 12 months to complete complex home modifications (24 months in total) if evidence is provided to Services Australia.		
Other funding		
Assistance dog maintenance	\$2,000 per year	Ongoing ³
³ Funding for assistance dog maintenance will be automatically allocated every 12 months; however, the funding cannot accrue or rollover.		

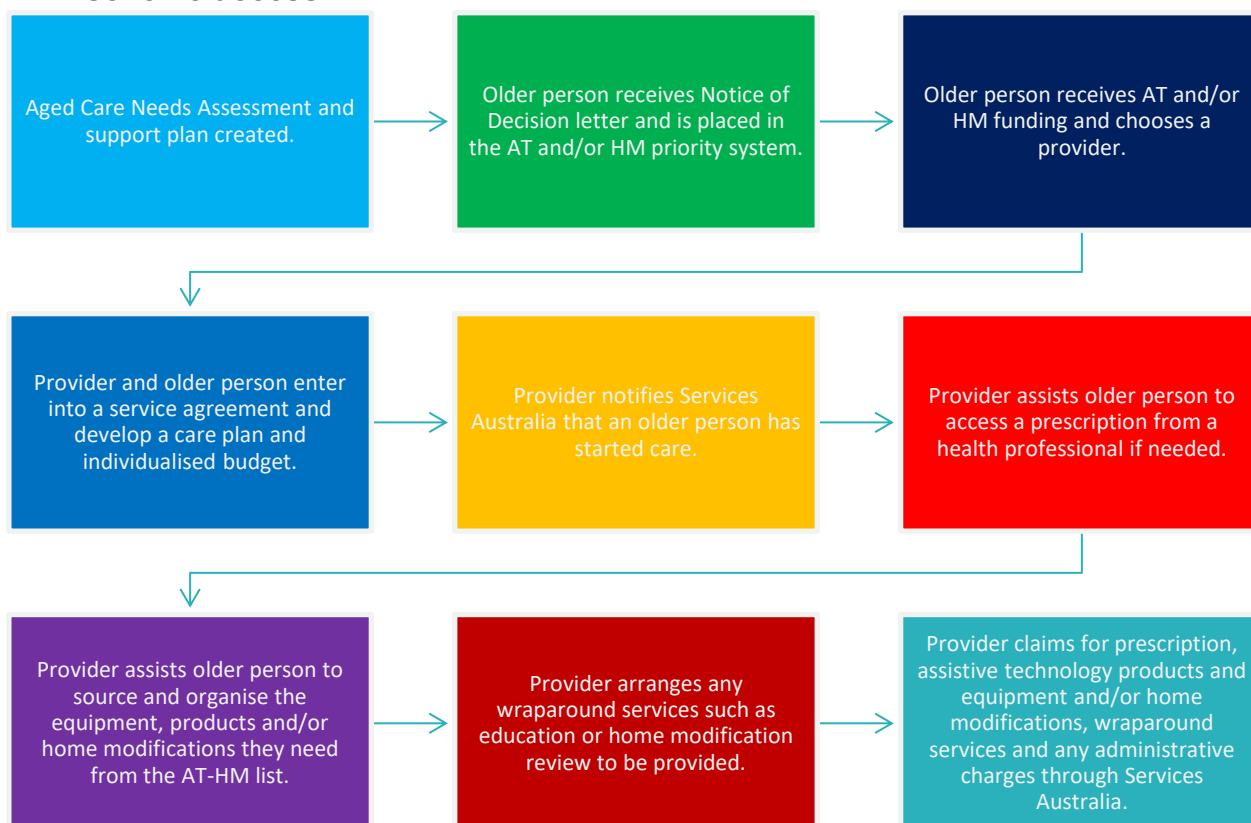
Access to the AT-HM scheme

The AT-HM scheme can be accessed by older people approved for Support at Home, including those accessing the End-of-Life Pathway, and Restorative Care Pathway. Approval for assistive technology and home modifications under the AT-HM scheme will require an aged care assessment. Older people with an assessed need for assistive technology or home modifications will be assigned a funding tier that aligns with their needs.

If an older person's needs change and they require AT-HM but were not approved for AT-HM at assessment, they can apply for a Support Plan Review (SPR) or aged care reassessment.

Older people receiving aged care through a Multi-Purpose Services (MPS) program or the National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC) program may also access the AT-HM scheme if they have a Support at Home approval. In these instances, services should not be duplicative. For example, if an older person receives assistive technology through their MPS they should not also have an AT funding tier from the AT-HM scheme.

AT-HM scheme access



Aged care needs assessment

Older people and/or their representative can access an assessment by registering with [My Aged Care](#) and answering a series of short questions about their situation and needs (screening) to determine their pathway to aged care services. They can do this by calling the My Aged Care Contact Centre on 1800 200 422, visiting the [My Aged Care website](#) or through a referral from their GP, health professional or hospital. If the referral indicates an aged care assessment is required, the My Aged Care Contact Centre or Aged Care Specialist Officer (ACSO) will refer them to an aged care assessment organisation to conduct the assessment.

An aged care needs assessment will determine whether older people can access assistive technology and home modifications funding under the AT-HM scheme. This

will be completed by an aged care assessor using the Integrated Assessment Tool (IAT), a needs-based assessment tool that determines the eligibility of older people for government-funded aged care services. Assessors will undertake assessments in accordance with the [Aged Care Assessment Manual](#).

Assessors will consider the older person's functional abilities and home environment when determining whether assistive technology or home modifications are required.



Funding tiers can differ for assistive technology and home modifications – for example, an older person may be assigned a medium funding tier for assistive technology and a high tier for home modifications.

An ongoing assistive technology tier may be allocated to support older people who have a guide dog, where the support dog meets the set criteria.

Aboriginal and Torres Strait Islander assessment organisations

Older Aboriginal and Torres Strait Islander people can experience barriers to accessing aged care services, which can prevent them from receiving the care they need.

Older Aboriginal and Torres Strait Islander people can choose to register their preference to receive an aged care assessment from an Aboriginal and Torres Strait Islander assessment organisation with My Aged Care.

A small number of existing Aboriginal and Torres Strait Islander organisations have started offering aged care assessments from August 2025. This pilot is part of a phased rollout and over time, future phases will cover more areas across Australia.

These assessment organisations aim to provide culturally safe, trauma aware and healing informed aged care assessments.

[Aboriginal and Torres Strait Islander assessment organisations](#) work with other local Aboriginal and Torres Strait Islander community organisations such as:

- Aboriginal Community Controlled Organisations (ACCOs)
- Aboriginal Community Controlled Health Organisations (ACCHOs)

- Elder Care Support program.

They will work together to help older people engage safely with the aged care system and help identify what support they need.

Aboriginal and Torres Strait Islander assessments organisations aim to provide older Aboriginal and Torres Strait Islander people:

- an improved assessment experience
- increased support to maintain at-home independence for longer
- more choice when seeking culturally safe aged care assessment.

Elder Care Support program

The Elder Care Support (ECS) program provides face-to-face support to assist Aboriginal and Torres Strait Islander people navigate and access aged care services and provide referrals to other services as necessary, including health and disability supports. Aboriginal and Torres Strait Islander people wanting to access aged care services, including the AT-HM scheme, can be assisted by a trained, culturally safe Elder Care Support worker. This support will assist them to understand aged care services that may be available to them and help them access those services.

The National Aboriginal Community Controlled Health Organisation (NACCHO) delivers this program through their partner organisations across the country.

More information about the ECS program is available via:

- the department's website [Elder Care Support](#)
- Elder Care Support organisations
- on the [NACCHO website](#)
- contacting the NACCHO Aged Care Programs team at agedcare@naccho.org.au.

Support plan

The support plan is a plain language summary of an older person's situation, strengths, goals, aged care needs and recommendations, based on information obtained during the completion of the Integrated Assessment Tool (IAT) during their aged care assessment.

If eligible for the Support at Home program, the support plan will include an approval for the home support service group, a Support at Home classification and an approval for the assistive technology and/or home modifications service groups (or both) if needed.

Support plans are shared by assessment organisations with older people and their aged care providers so that they understand the services that have been approved to access, including the AT-HM scheme if applicable.

Support Plan Review (SPR)

Older people or their provider can ask for a Support Plan Review (SPR) in relation to their AT-HM classification (funding tier) when:

- a change in AT and HM funding tier is needed.
- assistive technology or home modifications (low and medium) funding tiers need to be added to a restorative care classification
- assistive technology (low and medium) funding tiers need to be added to an End-of-Life classification
- an older person needs an assistive technology funding tier to access repairs or maintenance of an item previously funded under a government aged care program and listed on the AT-HM list
- an older person has a change in needs and requires an assistive technology or home modifications funding tier (reassessment).

Older people can request a SPR through My Aged Care or from a Services Australia Aged Care Specialist Officer. Providers can request SPRs through the My Aged Care Service and Support Portal.

A SPR may lead to:

- no changes to an older person's funding tiers in the support plan,
- updates to an AT-HM funding tier in the support plan, or
- An aged care reassessment with a new AT-HM funding tier.

When requesting SPRs, providers must attach supporting documentation or other evidence to demonstrate need for the additional funding where appropriate.

Evidence may include prescriptions, quotes and/or medical/allied health reports.

Evidence required to support a Support Plan Review

SPR reason	Type of evidence
Change in AT or HM funding tier	Item prescription Quote/s
Repairs and maintenance	Details on the specific item(s), service type(s) and service(s) Condition details of each item Repairs and maintenance quote/s of each item

Reassessment

In cases where a significant change is identified, an aged care reassessment will need to be undertaken. Significant changes in care needs and circumstances requiring higher-level of care or different types of care (and/or changes to priority) will require a reassessment. Examples of significant changes could include newly diagnosed health condition, hospital discharge, death of a spouse or carer.

If after reassessment the older person has been allocated a new AT-HM funding tier, the new AT-HM funding tier will be applied from the date their new funding is allocated.

Notice of Decision

The Notice of Decision letter communicates the Assessment Delegate's decisions to approve the aged care services recommended in the support plan, including Support at Home and the AT-HM scheme. This letter is sometimes referred to as the 'assessment outcome letter'.

The letter lists any approvals for assistive technology and/or home modifications and the AT and/or HM funding tier (called a 'classification level' under the *Aged Care Act 2024*) that they have been approved for.

AT-HM scheme Priority Systems

The AT-HM scheme has separate priority systems to the Support at Home priority system. The AT-HM scheme has an Assistive Technology Priority System and a Home Modifications Priority System that allocate AT-HM scheme funding. An older person assessed as eligible for AT and/or HM will enter the AT-HM Priority Systems in one of its four priority categories (immediate, high, medium, standard).

The older person will not be able to access AT-HM under Support at Home until funding has been allocated and they have received a funding allocation letter (unless they have an AT-HM transitional tier after transitioning to Support at Home from the Home Care Packages program where they may use any unspent funds for AT-HM). The amount of time they wait for services will depend on the priority category they are in.

The AT-HM Priority System ensures equal access to funding based on set criteria, decided using information collected by the aged care assessor through the IAT.

The following criteria are used:

- a. older person lives alone (1 point)
- b. older person has an assessed mobility impairment (1 point)
- c. older person identifies as an Aboriginal or Torres Strait Islander person (1 point)

- d. older person's current home poses a moderate or severe risk to their health or safety (1 point)
- e. older person has waited more than 6 months from first referral and lives in a rural, remote or very remote area categorised under MM5-7 (1 point).

The points from the criteria are added to decide the older person's AT-HM priority category as per below:

AT-HM Priority Category	Priority Criteria Score
High	Score of 2 points or more
Medium	Score of 1 point
Standard	Score of 0 points

Older people who have accepted their AT and/or HM place and are ready to access AT-HM (actively seeking AT-HM) will be automatically placed in the AT and/or HM Priority System and set as 'seeking services'.

Those who are not ready to access AT-HM, for example where they are in hospital or going on holiday (not actively seeking AT-HM) at the time of their assessment should inform their aged care assessor. They will then be set as 'not seeking services' for AT and/or HM and will not be allocated funding until they have advised otherwise. If an older person who was 'not seeking services' wishes to be allocated AT-HM funding, they will need to indicate that they are actively seeking care. Following this, they will be allocated funding as soon as it is available.

Seeking services for AT-HM is separate from seeking services for Support at Home ongoing services, though older people must have a support at home classification approval to access the AT-HM scheme. This means older people may choose to seek services for Support at Home ongoing whilst not seeking services for AT-HM and vice versa. Seeking services for AT and HM are also separate from each other. This means, if approved for both AT and HM, the older person may seek services for AT whilst not seeking services for HM and vice versa.

Older people can request to be set as 'seeking services' or 'not seeking services' at any point. This can be done by contacting My Aged Care, or by using the [My Aged Care Online Account](#).

Note: Older people who have been approved for the Restorative Care Pathway or the End-of-Life Pathway will receive an immediate priority category and will be allocated their funding for assistive technology and/or home modifications immediately after Assessment Delegate approval (they won't have to wait on the priority queue as their needs are time sensitive).

Finding a provider

Once an older person has been assessed and approved for Support at Home the next step is to find a provider.

There are tools on the [My Aged Care website](#) that can support older people to find a local provider, or older people may contact a known provider directly to discuss providing the services detailed in their support plan.

Once a provider has been chosen, the provider will receive a referral in the [My Aged Care Service and Support Portal](#) through:

- a system-generated referral – created either by the My Aged Care Contact Centre, ACSO or by an aged care assessor
- a direct referral – directly receiving a person's referral code (e.g., an eligible person has presented their Support at Home Funding Assignment Notice and requested that the provider deliver their services).

From the referral record, providers can view the referral summary and a person's record. This will help providers make an informed decision about whether they can deliver the services required by the person and when they need services to start.

Funding allocation take-up period

When AT-HM funding becomes available and is allocated, older people will receive a letter notifying them that they have been allocated AT-HM funding tiers.

After funding has been allocated, older people have 56 calendar days from the date their funding was allocated to find a provider and accept their place by entering into a service agreement. If older people need more time to find a suitable provider, they can contact My Aged Care and request a 28-day extension, giving them a total of 84 calendar days to enter into a service agreement.

If an older person has not entered into a service agreement within 56 calendar days (or 84 calendar days with the extension), the funding is withdrawn. This means funding for their classification is no longer available and providers cannot provide government-funded services.

If an older person is assigned funding at their classification and the funding is withdrawn, they will be removed from the AT-HM priority systems.

Service agreements

When an older person chooses a provider, the provider and older person must enter into a service agreement before any services can start to be delivered.

The service agreement outlines rights and responsibilities, what services will be delivered by the provider and how. It is the legal contract between a provider and an older person. It is critical that providers seek legal advice and assistance in drafting service agreements.

The Aged Care Act 2024 (the Act) and Rules set out strict conditions by which the service agreement must comply. It is essential that providers understand the requirements under the Act.

A service agreement must be easily accessible and written in a way the older person can understand (uses inclusive and plain English that avoids legal jargon, unusual words, phrases or idioms or is provided by a translator). It must not include any terms that would cause the older person to be treated less favourably in relation to any matter than they would otherwise be treated under Australian law.

Providers must ensure that older people are provided with time to seek advice before entering into agreements for their care and services. They must also ensure they are supported to understand agreements, fees and invoices to make informed decisions.

Providers will need to include a list of prices for services to be delivered to the individual, where known.

For the AT-HM scheme, the price list should include any known administrative costs for the delivery of AT and any known coordination costs for the delivery of HM as a percentage (within the caps) as well as any known prescription or wraparound costs.

The service agreement must also outline the process by which the provider will obtain agreement for a price that is not covered by the price list. This includes:

- any AT and HM items, products, equipment, services (installation etc) or wraparound services where the price is not known until a quote and/or a prescription is provided
- AT or HM administration/coordination fees where the price is not known until the nature of the item being scripted is identified.

Where an older person has agreed with their provider to purchase a service or item directly and receive reimbursement prior to agreeing to the service agreement, the agreement should outline:

- The service or items that are covered by this
- The identified need for the service or items
- The total budget the older person can spend on this.

Service agreements must also contain a statement that the older person agrees to pay any participant contributions that may apply. The provider should retain evidence of the older person's agreement.

Service agreements will need to be updated when there is a change to the terms of the agreement detailed above with consent of the older person.

Care plan

The care plan is developed by a care partner/provider in collaboration with the older person and their carers or supporters (where relevant) and is informed by the Notice of Decision and support plan generated during the aged care assessment.

The care plan is a living document that will change in line with older people's needs, goals, preferences and living situation and detail how aged care services can help them realise those preferences and goals. Care plans are a person-centred document used to formalise an older person's choice and control over their care and services.

Care plans must be developed before or on the day that services start, providing Support at Home services. (including AT-HM) A provider must provide a copy of the care plan to the older person at the following times:

- once the plan is developed
- any time the care plan is updated
- upon request by the older person.

Care plans should include detail on how assistive technology and home modifications will be delivered where the older person's support plan includes these approvals.

Providers must develop and provide the older person a copy of the care plan within 14 calendar days of starting to provide Support at Home services.

Care management

Under Support at Home, 10% of all Support at Home quarterly budgets will be set aside for [care management](#) delivered by providers. There are various administrative and co-ordination activities associated with AT-HM provision which are not covered by care management. These activities may be funded through a separate administration fee for assistive technology or coordination fee for home modifications.

Interactions with other Support at Home short-term pathways

Older people accessing the End-of-Life Pathway under Support at Home will have access to assistive technology low or medium tiers through the AT-HM scheme to meet their assessed needs. This is in addition to their End-of-Life funding.

This funding will be available for the usual allocation period (12 months) so may still be accessed if the older person moves on to a Support at Home ongoing classification after their End-of Life funding period.

[Find out more about end-of-life care.](#)

Older people on the Restorative Care Pathway will have access to assistive technology (AT low-high tier) and home modifications (HM low-medium tier) through the AT-HM Scheme to support their restorative care needs. This is in addition to their Restorative Care funding.

This funding will be available for the usual allocation period (12 months) so may still be accessed if the older person moves on to a Support at Home ongoing classification after their Restorative Care episode.

[Find out more about restorative care.](#)

AT-HM funding

Funding periods

Older people approved for the AT-HM scheme will be allocated a funding tier corresponding to their assessed level of need for assistive technology and home modifications. Funding tiers are dollar ranges that will be available to spend on equipment, products and services to meet the older people's assessed needs. Older people will be allocated assistive technology funding and home modifications funding separately and may be allocated a funding tier for both.

Funding tier amounts (including supplements) are not accrued under the AT-HM scheme and will be allocated for a fixed period, generally 12 months. Providers must prepare a start notification for delivering funded aged care services to older people in accordance with the Aged Care Rules.

Providers only need to provide an entry notification to Services Australia when the individual first enters their care for AT or HM. Another entry notification will not be applicable for any subsequent approvals for AT or HM for which an entry was previously submitted for the same client and service provider. The account period will instead begin from the funding allocation date.

The AT-HM funding period begins when the start notification is accepted in the Department of Health, Disability and Ageing Aged Care Provider portal.

AT-HM funding is time limited and must be spent, not just committed, within a certain period of time. In most cases, funding will be available for a 12-month period. Once the funding period expires, claims for that period can be finalised by providers for an additional 60 days, after which time the AT-HM funding will no longer be accessible for older people to use, or the provider to claim against. AT-HM funding does not accrue, once the claim finalisation period has passed (60 days after the last day of the funding allocation period, or after the time extension granted by the delegate), the assistive technology account or home modifications account closes and funds are no longer available.

Funding tier amounts will have supplements applied to funding for older people living in remote and very remote areas. This is to offset possible higher costs involved in the provision of assistive technology and home modifications in these areas and help ensure needs can be met within their tier limit, without the need for reassessment. Please see supplements for further information.

Assistive technology funding tiers

Funding tier	Price	Allocation period
Low	Up to \$500	12 months
Medium	Up to \$2,000	12 months For progressive condition bundles, funding is available for 24 months (may be extended for another 24 months if required with declaration).
High	Up to \$15,000+ (costs above \$15,000 can be claimed upon evidence)	12 months For progressive condition bundles, funding is available for 24 months (may be extended for another 24 months if required with declaration).
Specified needs - assistance dogs	\$2,000 annual allocation for assistance dogs (ongoing maintenance)	An ongoing annual allocation (provider to notify System Governor if this is no longer required).

This funding may cover the following:

- assistive technology equipment and products
- repairs or maintenance of assistive technology items available on the AT-HM list
- prescription of items, where appropriate, by a suitably qualified health professional working within their professional scope of practice
- wraparound services including:
 - delivery
 - set up of the equipment
 - training and education on safe use of the equipment
 - follow-up on AT effectiveness in meeting needs
- associated administration activities (cap will apply – please see administration costs).

Assistive technology high funding tier

The \$15,000 cap on the AT high tier is a nominal amount. Older people requiring funding above this cap may access additional funds through the AT-HM scheme data collection process and should discuss their needs with providers and give their consent to have their information provided via the data collection process.

Providers will use the [AT-HM scheme data collection form](#) to collate the details of each participant requiring cumulative AT and/or HM funding over \$15,000.

Providers lodge evidence to support the need for AT high tier funding in the [Health Data Portal](#) including the item description/s, prescriptions and quote/s, where applicable.

The department will target processing requests within 14 calendar days of provider submissions, assuming no requests for further information. Providers should not order/purchase any items or services without approval for the required AT-HM funding.

The department will update advice on processing times if required on the [data collection information site](#).

The department will send a bulk notification back to the provider with outcomes of the bulk submissions and will also attach an individual decision letter to the client's record in the My Aged Care Service and Support Portal.

After approval, AT-HM funding tiers may take up to 7 days to reflect in the Services Australia Aged Care Provider Portal.

AT ongoing funding – specified need: assistance dogs

If an older person cannot access the government-funded Physical Assistance Dogs Program, some of the costs associated with essential assistance dog maintenance may be included under the AT-HM scheme, where the services directly relate to the upkeep of the dog. A dog must meet the definition of an assistance dog used by Health Direct and be required to enable participation in activities of domestic life.

Older people with assistance dogs will be identified and approved for funding through their aged care assessment. Funding for assistance dog maintenance is a specified need with separate funding, capped at \$2,000 per year.

Ongoing maintenance costs for assistance dogs may include:

- animal vaccinations
- deworming and flea treatments
- essential grooming
- dog food
- vet bills.

Funding does not include non-essential assistance dog maintenance costs, such as boarding kennel fees, or grooming for aesthetic reasons.

Only older people with an AT ongoing, Specified Needs – Assistance Dogs funding tier can claim against Assistance Dog Maintenance products and equipment included on the AT-HM list.

Funding for assistance dogs can be approved in isolation or in addition to an AT-HM funding tier.

Funding is ongoing, which means that funding will be automatically allocated every 12 months, but it cannot accrue or rollover.

If the older person no longer requires this specific funding, the provider must notify Services Australia through the Aged Care Provider Portal.

Assistive technology administration charges are not expected to be applicable to (Specified Needs) assistance dogs funding.

Progressive conditions funding period

Older people with specific complex and rapidly progressive conditions identified at assessment may require a range of assistive technology and home modifications to meet their changing needs. Older people with these conditions may be allocated an assistive technology funding tier (medium or high) during assessment with a longer funding period (24 months) as well as a home modifications funding tier (12 months).

The list of complex and progressive conditions can be found in the table below.

Progressive conditions
Cerebral palsy (CP)
Epilepsy
Huntington's disease
Motor neurone disease (MND)
Multiple sclerosis
Muscular dystrophies and muscular atrophies
Other acquired brain injury
Parkinson's disease
Polio (late effects)

Spinal cord injury
Spinal muscular atrophy
Stroke

Older people assessed with a condition/s listed above will have access to assistive technology funding for 24 months. Providers may extend the funding period for an additional 24 months (48 months in total) if the older person requires an additional period to meet rapidly changing needs. They may do this through the department's Service and Support Portal, within the initial 24-month funding tier. Older people may use their assistive technology funds for products and equipment, any required prescriptions, associated wraparound services, and administration costs.

Home modifications funding tiers

Funding tier	Price	Allocation period
Low	Up to \$500	12 months
Medium	Up to \$2,000	12 months
High	Up to \$15,000 cap	12 months/24 months Providers may apply for a funding tier time extension of an additional 12 months for HM high tier (24 months in total).

Home modifications high funding tier

Funding for high tier home modifications will be capped at \$15,000 per lifetime (this does not include any additional supplement older people may be eligible for). Lifetime caps will be monitored by Services Australia.

If an older person does not spend the full high tier amount during the first allocation period, they can access any remaining amount through any subsequently required (following assessment) high tier HM allocations.

HM high tier example

Mari has been allocated a HM high tier with a cap of \$15,000. Mari's provider has sought prescription from an OT and Mari has been prescribed grab rails to be installed in her bathroom and beside her toilet, as well as railing along her front steps to ensure safe entry to her home. The provider sources and arranges installation of the rails and makes an appointment for the OT to show Mari how to

safely use the grab rails to manage transfers. The cost of the home modifications is \$4240 including prescription, wraparound services provided by the OT, products and installation as well as a \$40 HM co-ordination fee charged by the provider.

Mari requires no additional home modifications until several years later when she is allocated a HM high funding tier again. Her high tier funding cap would be \$10,760. (\$15,000 - \$4240 first HM high tier allocation = \$10,760)

Older people who have already accessed and used a HM high tier may access a HM low or medium tiers if they have a change in need or require additional home modifications to support them to stay safely at home.

At times, there may be delays to home modifications which prevent the funding being spent within the initial 12-month period. Funding may be extended for an additional 12 months to complete complex home modifications (24 months in total) if evidence of progress is provided in the department's Service and Support Portal within the first 12 months. Evidence of progress may include invoices, planning documents, letters of council approval, building contracts etc.

AT-HM remote supplements

AT-HM service provision can be more expensive for older people living in remote locations. The AT-HM scheme will introduce primary supplements for older people living in remote and very remote locations to offset higher costs in supply of assistive technology and home modifications.

AT and HM primary supplements will be applied over and above the standard AT and HM tiers. Supplement rates are as per the table below.

AT-HM remote supplement rates

Cohort	Supplement rate
Remote and very remote (MM 6 to MM 7)	50%

Supplements will be applied automatically through Services Australia systems. Supplements will be based on an older person's address and their Modified Monash (MM) Model classification (2023) as identified through the aged care needs assessment.

The supplement is added to the AT and HM accounts, and when the budget is drawn upon, the supplement is also drawn upon. Supplements are subject to individual contributions as per the rest of the AT or HM funding.

Remote supplements example

Mia lives in a MM 6-7 location. She is assigned to a HM high tier which means she has access to \$15,000 in funding. She is also allocated a remote supplement worth an additional 50% of her tier value so has an additional \$7,500 available if needed.

Hardship provisions

Older people experiencing financial hardship may apply to receive a temporary reduction in their contribution rates for all Support at Home services including under the AT-HM scheme. Read more information on the [hardship supplement for aged care](#).

Home modifications high tier remote contribution reduction

Older people allocated a HM high tier who are living in a remote area (MM6-7) will pay individual contribution on 66.6% of the cost of their home modification. This is to offset the additional out of pocket costs and ensure they pay a similar contribution amount compared to other older people for the same home modification. The contribution amount payable is calculated as follows:

HM contribution payable = (66% of the claimed cost) x contribution rate)

This contribution reduction applies to high tier home modifications only.

Home modifications high tier example

Kamala requires an OT assessment to determine the home modifications required for her to live safely and independently at home. The OT visits from the nearest regional center 3 hours away from Kamala's home. They recommend a couple of grab rails in her bathroom, a ramp to her entryway and a stair lift.

Kamala's provider sources multiple quotes for these modifications and works with Mary to select the best option for her. The costs for these modifications are higher due to Kamala's remote location. To offset the impact this has on Kamala's contribution amount, she is only required to pay an individual contribution on 66.6% of the cost of the home modifications. The costs for the OT prescription and home modifications, including any individual contributions, are recorded in Kamala's individual budget and Kamala's provider applies the high tier remote contribution rate.

Changes to older people's circumstances

Older people must notify Services Australia of an event or a change of circumstances where this may change their contribution rate, within 14 days after the day this has occurred.

This may include where an older person's:

- pension or Commonwealth Seniors Health Card status changes under the Social Security Act 1991
- income or assets change e.g. the individual sells their principal home
- partner's income or assets change

- relationship changes and they stop living with their partner
- relationship changes and they marry or start living with a partner
- partner dies
- residency changes and they leave the country permanently.

If a change of circumstances or occurrence of a health event results in an increase in the individual contribution rate and the AT procurement or HM is still in progress, no variation or new determination is to be made on the current contribution rate. If a change of circumstances or occurrence of a health event results in a decrease in an older person's contribution rate, a variation or determination is to be made.

The older person will be notified of any change to their contribution category through correspondence from Services Australia.

For AT-HM short-term funding tiers (low, medium and high)

If the contribution rate goes down, the new contribution rate will apply to AT-HM claims made after this determination.

If the contribution rate goes up – the older person keeps the previous rate across the allocation period.

For AT ongoing (assistance dogs)

If the contribution rate goes down - the new contribution rate will apply to assistive technology claims made after this determination.

If the contribution rate goes up – the new contribution rate will apply at the end of the annual allocation period. For example, if an older person was allocated AT Ongoing on 5 January 2026, and their contribution rate increased on 1 July 2026, this increase wouldn't be applied until 5 January 2027 (this coincides with the new annual funding allocation).

This means that two different rates for AT short-term and AT ongoing may apply on a given day if they are allocated on different dates.

Arrangements for older people transitioning to Support at Home from the Home Care Packages (HCP) program

HCP unspent funds

Services Australia will continue to manage HCP government unspent funds for transitioned HCP recipients.

Where an older person has HCP Commonwealth unspent funds, these funds can be used to top up the quarterly Support at Home budget and will be used to pay for any assistive technology and home modifications.

Participant contributions do not apply to unspent funds transitioned from the Home Care Packages (HCP) program.

For assistive technology and home modifications, HCP Commonwealth unspent funds must be used, if available, before AT-HM funding tiers are accessed.

AT-HM funding tiers

Older people transitioning from the Home Care Packages (HCP) program to Support at Home who have an assessed need for AT and HM will be able to complete agreed purchases or works after they transfer to Support at Home.

AT-HM Funding Tiers for older people transiting to Support at Home from HCP

Older people will be allocated an AT-HM transitional tier (\$0 allocation) and be able to access AT and HM items on the AT-HM list. They can use any unspent funds that that they may have accumulated under the Home Care Packages program.

Where older people don't have any unspent funds or have insufficient unspent funds to meet their need for assistive technology and home modifications, providers will need to supply information of any additional funding needs through the AT-HM scheme [data collection process](#) (described below) where the delegate may allocate an AT ongoing and/or AT/ HM low, medium or high short term funding tier.

Where the provider does not provide information via the AT-HM scheme data collection process, older people or providers may request a support plan review to apply for a change to their funding tier.

The purchase of AT-HM must be first drawn from HCP unspent funds before the provider can claim from the AT-HM funding account.

All purchases of AT-HM must align with the older person's needs, be agreed with the older person, be documented in their care plan and meet any prescription requirements, where applicable.

Private rental of AT

Older people who are transitioning to Support at Home from HCP and are accessing assistive technology through a rental agreement can continue to use this arrangement, if the AT is on the AT-HM List. Providers can complete the AT-HM scheme data collection process on behalf of older people to assist the delegate in allocating AT-HM scheme funding tiers, where older people do not have unspent funds to pay for private rental of assistive technology.

Contributions for older people moving to Support at Home from HCP

A no worse off principle applies for transitioned HCP recipients who, on 12 September 2024, were receiving a Home Care Package, on the National Priority System, or assessed as eligible for a package.

These older people are no worse off under Support at Home and will make the same contributions, or lower, that they would have had under HCP program arrangements, even if they are re-assessed into a higher Support at Home classification at a later stage.

Grandfathered contribution arrangements for older people include:

- previous HCP recipients who were not required to pay an income-tested care fee will continue to make no contributions for the remainder of their time in Support at Home. This group includes all grandfathered full rate pensioners
- previous HCP recipients who, based on the outcome of their income test were required to pay an income-tested care fee, will transition to Support at Home with special discounted contribution arrangements
- no contribution payable on transitioned HCP unspent funds.

Services Australia will notify these older people, and their provider of the grandfathered contribution amount payable.

AT-HM scheme data collection process

A data collection process will be available to providers with HCP care recipients transitioning to Support at Home to capture any need for AT-HM funding to meet older people's assessed AT-HM needs.

Transitioning HCP recipients will have approval to access the AT-HM scheme and receive an AT transitional and HM transitional classifications but will not have any funding allocated. If these people have adequate unspent funds, they can use their unspent funds to access AT-HM from the AT-HM list otherwise can be allocated an AT tier, HM tier or both through providers completing the AT-HM scheme data collection process through the Health Data Portal.

AT-HM funding will always be claimed against HCP unspent funds, before any AT-HM funding tier amounts.

You can find out about the [AT-HM scheme data collection process](#).

Arrangements for older people transitioning to Support at Home from the Short-Term Restorative Care program

Older people that commence an STRC episode after 1 November 2025, will have their STRC approval converted into an approval for the Restorative Care Pathway. They will also receive approval for assistive technology medium tier and home modifications medium tier. They will have six months from their STRC approval to access the Restorative Care Pathway/AT-HM. After this, they will need to be reassessed to access restorative care or AT-HM under the Support at Home program, if eligible.

AT-HM list

How the AT-HM list works

The AT-HM list sets out the equipment, products and home modifications that are available for older people under the AT-HM scheme.

The list was constructed using internationally agreed instruments and Australian-adopted AS/NZS ISO Assistive Product- classification and terminology standard (2023) and informed by Subject Matter Experts.

Older people may use their AT-HM scheme funding on items listed under 'Inclusions' where an assessed need is documented in their support plan. Conditional inclusions are subject to additional criteria.

Home modification items are included on the AT-HM list, however associated services, which may also be funded by the AT-HM scheme, such as installation, fitting, council approval, planning etc are not documented on the list.

The AT-HM list is sorted into the following categories:

Managing body functions	including pressure cushions, anti-oedema stockings and memory support products
Self-care products	including adaptive clothing or shoes and assistive products for toileting, bathing and showering
Mobility products	including walking frames, wheelchairs and lifting devices
Domestic life products	including assistive products for food preparation, eating, drinking and house cleaning

Communication and information management products	including products that assist with reading and writing, as well as alternative and augmentative communication (AAC) devices
Home modifications	including accessible showers, grabrails, fixed ramps and safety barriers.

Products to operate assistive technology

In some instances, an additional product is integral to the operation of an item on the AT-HM list. This may include batteries for hearing technology or a SIM card integral to the use of personal emergency alarms.

If an older person requires an assistive technology product or equipment from the AT-HM list to optimise their functioning or manage their disability or age-related functional decline, the product integral to the operation of that listed product will also be funded under the AT-HM scheme if it is purchased as part of the product (e.g., it is not purchased separately). Noting that they are considered a part of the product on the AT-HM list, the participant contribution rate would be equivalent to the independence category.

Low risk, under advice and prescribed assistive technology

The AT-HM list outlines the expected prescription category for each item. The prescription category is the level of skill or qualification expected to effectively provide recommendations for the safe and effective use of assistive products or installation of home modifications. This information provides a guideline for providers and older people approved for the AT-HM scheme funding.

Low cost/risk assistive technology refers to simple and relatively low-cost daily living products, usually available ‘off the shelf’ and which generally don’t require prescription or clinical input to select or match the item to a user’s needs.

Providers can source low cost/risk assistive technology products, as listed on the AT-HM list, on behalf of older people, where they have an allocated AT funding tier (or unspent funds for older people transitioning from HCP – see unspent funds).

Under advice assistive technology refers to assistive technology which would benefit from professional advice to ensure that items are selected, installed or used effectively. Though they may not need a prescription, a level of clinical oversight may be required for providers to source the correct assistive technology for the participant.

Prescribed assistive technology

Complex assistive technology may benefit from prescription (description of the assistive technology or home modification needed) and all home modifications require prescription to be completed by a suitably qualified health/allied health

professional. The AT-HM List outlines the types of equipment and products that would benefit from prescription.

Depending on the equipment, product or home modification required, qualified professionals may include (but are not limited to):

- allied health professionals such as, occupational therapists, speech pathologists, physiotherapists and podiatrists
- health professionals including registered nurses and General Practitioners
- Aboriginal and community health workers
- rehabilitation specialists.

Proposed prescribers of AT-HM will operate within their professional scope to:

- identify any issues or problems that restrict an older person's physical, functional or cognitive ability
- assess the level of assistive technology needed to regain or maintain physical, functional or cognitive abilities
- identify an assistive technology product that will assist an older person to regain or maintain physical, functional or cognitive ability
- identify home modifications to support an older person to access and move around their home safely.

Restrictive practises

A restrictive practice is any practice or intervention that has the effect of restricting the rights or freedom of movement of an aged care consumer. The Act outlines provider requirements in relation to the use of restrictive practices in aged care.

In reading the AT-HM List providers should be aware of the intended purpose of the AT-HM listed and their responsibilities to ensure that they meet their responsibilities in relation to the use of restrictive practices.

Download the [restrictive practices provider resources](#).

Excluded items

Items that cannot be funded through the AT-HM scheme are classified as exclusions. These are divided into two categories:

- **Currently Funded by Others**
Items already funded under other Support at Home streams (e.g., incontinence consumables, funded under Support at Home Nursing care) or through other government programs (e.g., primary health care or specialised schemes).

- **Out of Scope**

Includes general household expenses such as refrigerators and microwaves, workplace items, children's items, and products for public transport use.

Some items are conditionally included, meaning they require additional eligibility criteria before funding is available.

For more information see the [AT-HM list](#).

Home Modification Exclusions

The following exclusions apply to home modifications through the AT-HM scheme:

- general renovations to a home or dwelling
- restorations or repairs which are considered normal maintenance of a home or dwelling
- changes to a home layout that do not relate to an older person's support needs
- home modifications that have not been prescribed by an occupational therapist (OT).

Sourcing assistive technology

Providers are responsible for arranging and sourcing any required AT-HM, including prescription, and wraparound services, in accordance with the older person's assessed needs.

Providers can source assistive technology products and equipment through the:

- purchase of assistive technology
 - equipment can be sourced and purchased from a registered provider or a supplier
- private rental of assistive technology
- National Assistive Technology Loans Scheme (when available)
 - a loan arrangement to provide high quality new and refurbished equipment
- older people who have been approved for AT-HM scheme funding can also access low cost / low risk assistive technology from the AT-HM List and have this reimbursed by their provider
 - they must agree the purchase or rental of the AT with their provider before accessing the AT, and provide evidence of purchase or rental arrangements, as the provider will need to process the claim through the Services Australia systems for this to be funded under the AT-HM scheme.

National Assistive Technology Loans scheme

The department is exploring the inclusion of a National Assistive Technology (AT) Loans scheme within the broader AT-HM scheme through existing state and territory government loans programs to older people receiving aged care support through Support at Home.

The National Assistive Technology Loans scheme will not be implemented on 1 November 2025.

Older people assessed as requiring medium to high-cost AT will be eligible for the Loans scheme. If the AT required is available from their state or territory-based loans program, the older person will be referred to their jurisdictional loans program by the AT prescriber.

Eligible equipment for the AT Loans scheme will be specified in an AT Loans List, which will be a subset of the AT-HM List. The List will include standard medium to high cost/risk items that can be reused and require prescription from appropriate allied health professionals.

The AT Loans scheme will provide the loanable items including delivery and installation, and will support maintenance, repairs and refurbishment on loaned AT items to ensure all equipment and products are fit for purpose.

Prescribers should consider whether an older person is suitable for loaning assistive technology. Personal circumstances and/or cultural/religious preferences should be discussed before referring older people to the National AT Loans scheme.

Assistive technology rental

Rental of assistive technology may be considered for prescribed assistive technology where the older person:

- has a disability and/or progressive condition and can source specialty assistive technology through a peak organisation and/or renting assistive technology is more cost-effective than purchasing the assistive technology
- resides in an area where assistive technology is not available through the National AT Loans scheme and renting the assistive technology is more cost-effective than purchasing the assistive technology
- is expected to require the assistive technology for 6 months or less, for example, if End of Life or Restorative Care Pathway, undergoing a hospital transition, or because they are recovering after an accident or illness
- has a short-term need for an assistive technology item due to a temporary change of residence, e.g. staying with a friend or family for a short period of time, and the assistive technology item cannot be easily transported from the older person's home

- is trialling assistive technology to see if it meets their requirements with the intention to purchase assistive technology after trialling
- is awaiting the delivery of specialised assistive technology but requires interim supports
- is unable to afford the co-contribution for the purchase of a high-cost item but can afford smaller payment instalments.

Purchase of assistive technology

AT-HM products and equipment listed on the AT-HM list can be purchased from a supplier, through another registered provider or a third-party service provider.

Before purchasing AT-HM, providers should first:

- ensure that the older person has understood and agreed to the costs of, and contributions payable on the assistive technology
- ensure that the price of assistive technology including prescription, wraparounds and any administrative costs, has been documented and agreed to in the individualised budget and/or care plan
- ensure that the product or equipment is on the [AT-HM list](#)
- consider if a prescription or wraparounds delivered by a suitably qualified health/allied health professional is required or would be beneficial.

Third party services

Providers can deliver AT-HM directly or can engage a third-party worker or organisation (associated provider) to deliver services on their behalf. This includes where a provider:

- sources and coordinates services and supports through a third party (including subcontractors, labour hire or brokered services)
- purchases goods, equipment, and assistive technology from a third party.

Providers may engage third parties on an ad-hoc or ongoing basis to meet the needs of older people or their requests for specific workers.

Even when an associated provider is delivering services, products or equipment, providers remain responsible for ensuring services are delivered in a way that meets the requirements of the Act and the strengthened Quality Standards.

Third-party arrangements should be clearly documented in the older person's care plan. The care plan should be reviewed regularly to ensure that services delivered by third parties continue to meet the assessed needs of the older person.

The provider will also need to update the provider register with information relating to the associated provider. More information on registering associated providers will be on the department's website prior to 1 November 2025.

Administration costs for assistive technology

There are various administrative activities associated with AT provision which are not covered by care management. These activities require funding through a separate administration fee.

The AT administration amount will cover the following AT-specific activities:

- sourcing and ordering items
- organising and preparing quotes for assistive technology
- referral to the National AT Loans scheme
- paying AT suppliers
- scheduling and coordinating delivery times
- escalating and addressing issues with the assistive technology
- organising any required wraparound services e.g. fitting, installation, education
- managing quotes.

It is expected that no AT administration charge would be applicable to the AT ongoing specified need funding tier for assistance dogs as the provider would not undertake administrative tasks associated with assistance dog maintenance.

To prevent unreasonably high administration costs and to ensure most of an older person's AT funding goes towards the cost of items and wraparound services, AT administration will be capped at 10% of the cost of the item or item bundle or up to \$500 (whichever is lower).

Repairs and maintenance of assistive technology

The AT-HM scheme will fund the repair or maintenance of assistive technology, listed in the inclusions on the AT-HM list, which have been purchased through the AT-HM scheme or other government aged care program. Where an older person has AT funding available, these funds can be used for repairs and maintenance.

Where funding is no longer available, an SPR may be requested. An SPR will need to contain the tier allocation requested and the supporting quote for repair/maintenance.

Item replacement will be required for AT which is low-cost/risk or for items where replacement is the more cost-effective option. Item replacement will require reassessment and allocation to a standard AT funding tier.

Best practice processes for assistive technology repairs and maintenance

Check product warranty first to see if repairs for items not fit for purpose or not working properly can be provided at no cost during the warranty period.

Develop a maintenance schedule based on the manufacturer's advice and/or to avoid the warranties voiding. This could be carried out with either the supplier or another suitable repairer.

Consider creating a back-up plan for when AT is being repaired or when there is a delay in the repair being completed. This may include who to contact and the organisation of rental items – particularly for older people who cannot live safely without the prescribed AT e.g. transfer hoist or powered wheelchair.

Coordinating home modifications

Home modifications must not be undertaken for cosmetic reasons. Under the AT-HM scheme, the purpose of home modifications is to make the home safer and more accessible for the older person.

Home modifications can be minor alterations, or they can be more complex. Complex home modifications may require building approvals or permissions, and certification of work such as plumbing and electrical works. They may involve highly complex or technical works or impact several areas of an older person's home.

Home modification supplies, equipment and products are listed on the AT-HM list, however there are additional services under the Home Modifications category which may also be provided. These may include trade services and installation, building approvals, plan drafting, council rates and fees, asbestos removal or knock-down and removal costs.

Learn more about checking builder qualifications, registration, and insurance on your [state or territory building authority](#) website.

Prescriptions for home modifications

All home modifications require a prescription from an occupational therapist working within their scope of practice. The prescriber should identify what need/s the home modification is intended to meet. It is the provider's responsibility to ensure that any home modifications completed meet the needs outlined in the prescription. Where a complex modification is proposed, the builder and occupational therapist may arrange to meet on site to discuss and clarify the required work to meet the older person's assessed need.

Quotes for home modifications

Major home modifications sometimes require providers to source multiple (standard practise is 3) quotes to ensure value for money. It is understood that some quotes will attract a fee, this fee will be covered by the AT-HM scheme.

Quotes must show sufficient details of the scope of work being undertaken and be inclusive of all cost components, for example parts and labour costs. For complex

jobs, the quote should include an estimate of the time that the job will take to complete.

Where building and council permits are required, the quote should specify whether it includes seeking the permits.

Purchase/delivery of home modifications

Home modification items listed on the AT-HM list can be purchased from a supplier, through another registered provider or a third-party service provider. The cost of the item plus associated services including installation, planning, building, trade services, council fees etc are considered part of the cost of home modifications.

Before delivering home modifications, providers should first:

- ensure that the older person has understood and agreed to the costs of, and contributions payable on the home modifications
- get approval in writing from the homeowner
- ensure that the price of home modifications including, items and services, prescription, wraparounds and co-ordination costs, has been documented and agreed to in the individualised budget and/or care plan
- ensure that a prescription by an occupational therapist has been completed
- ensure that the home modification items are on the AT-HM list.

Co-ordination costs for home modifications

There are various coordination and project management activities associated with the provision of home modifications.

To compensate providers for these activities, a provider may charge up to 15% of the total quoted cost of a participant's home modification or up to \$1,500 (whichever is lower) in HM coordination costs. This will cover activities specific to the provision of home modifications, such as:

- project management
- managing subcontractor invoices and quotes
- scheduling and coordination of construction works, including confirming appropriate building and council permits have been obtained
- organising wraparound services
- sourcing and ordering items
- scheduling and coordinating delivery and installation times
- escalating and addressing issues with the home modifications
- organising any required wraparound services e.g. fitting, installation, education.

Home modifications for homeowners

Homeowners should have a clear description of the work being completed and agree in writing to the work being undertaken and all relevant costs. This should include any co-ordination costs and contributions payable, as outlined in their individualised budget and care plan.

Consideration should be given to how long the older person intends to remain living in their home and any arrangements that need to be made while home modifications are being completed. This may include access to alternative bathrooms, staying elsewhere while modifications are being completed etc, noting that these costs are not covered by the AT-HM scheme.

The provider must communicate any issues or delays to the older people as soon as these are known.

Home modifications for older People living in public housing

Older people living in local and state and territory government provided public housing may not be eligible for home modifications through the AT-HM scheme as home modifications for public housing are in most cases provided through the state or territory housing schemes. Providers should check the details with state and territory government housing schemes.

Home modifications for older people living in rental housing

Older people living in rental accommodation will require written consent from the homeowner prior to any home modifications being commenced. Consideration should be given to the length of the tenancy agreement and stability of the housing when planning home modifications with the older person. Consideration should also be given to whether AT can be used in place of home modifications to achieve the same functional outcomes.

Home modifications for older people living in retirement / lifestyle villages

Home modifications in retirement villages can improve safety and accessibility, allowing residents to live more comfortably and independently. These modifications can range from simple installations like grab rails and non-slip flooring to more complex changes like bathroom renovations or stairlifts.

Many retirement villages provide accommodation with basic home modifications and in the first instance older people should discuss their home modification retirements with their retirement village co-ordinator/director. Older people living in retirement villages will require written consent from the homeowner prior to any home modifications being commenced.

Home modifications building standards

Home modifications undertaken must meet all state and local government building standards and comply with all building regulations and legislative requirements.

The contractor must be aware of these requirements and ensure adherence to the standards and ensure only appropriately qualified tradespersons are used.

Remediation works

Where work undertaken does not comply with building standards and regulations, or is of poor quality, remedial work must be undertaken. The provider will manage this process with the contractor. The older person should not be required to make additional payments where the contractor is at fault. Providers should ensure work is completed to the required standards before making the final payment to the third-party contractor.

Prescription and wraparound services by health professionals

Prescription

A prescription is a written recommendation from a qualified health professional working within their scope of practise to suggest appropriate assistive technology products, equipment or home modifications to meet an older person's age-related decline and/or disabilities.

Prescriptions are usually the outcome of a home or functional assessment conducted by the health professional but in some cases may be provided via telehealth where appropriate.

The AT-HM list outlines the types of assistive technology items, products and equipment that would benefit from prescription.

All home modifications will need to be prescribed by an occupational therapist working within their professional scope of practice.

Depending on the equipment, assistive technology required, qualified health professionals may include (but are not limited to):

- allied health professionals such as occupational therapists, speech pathologists, physiotherapists and podiatrists
- health professionals including registered nurses and General Practitioners
- Aboriginal and community health workers
- rehabilitation specialists.

Proposed prescribers of AT-HM will operate within their professional scope of practice to:

- identify any issues or problems that restrict an older person's physical, functional or cognitive ability
- assess the level of assistive technology and/or or home modifications needed to regain or support physical, functional or cognitive abilities
- identify assistive technology products that will assist an older person to regain or support physical, functional or cognitive ability
- identify home modifications to support an older person to access and move around their home safely
- provide wraparound support such as fitting and training in the use of assistive technology and planning and reviewing home modifications.

See Appendix 1: Prescription framework for further information.

Billable hours for prescribers/Health Professionals

Health professionals providing AT-HM services under the AT-HM scheme may charge for in person consultation time as well as the time it takes for planning/researching/other non-face-to-face tasks to facilitate AT-HM prescription and wraparound services.

Non-face-to-face tasks may include drafting and planning home modifications, interaction with builders and tradespeople for home modifications, researching assistive technology and home modifications solutions, consulting with other health professionals on complex assistive technology requirements, writing home assessment reports and prescriptions.

Health professional unit prices may be provided using a range which incorporate face to face consultation and travel expenses, and separate pricing for non-face-to-face tasks associated with the provision of assistive technology and home modifications.

AT-HM scheme funding is not available to pay for health professionals subsidised under Medicare through the MBS (Medicare), for example prescription by a GP and the AT-HM scheme will not pay for any MBS gap fee.

Wraparound services

Older people may require additional services and/or training to ensure that assistive technology or home modifications can be used correctly and safely. This is referred to as 'wraparound services' and can be paid for out of the AT-HM funding.

Wraparound services include:

- delivery
- set up of assistive technology equipment
- training and education on the safe use of assistive technology equipment and/or home modifications

- follow-up on assistive technology and/or home modifications effectiveness in meeting the older person's needs
- repairs and maintenance of assistive technology
- administrative costs/ co-ordination costs charged by providers
- for loaned or rented items, retrieval of the items when no longer needed.

Managing funds

Individualised budgets

Providers are responsible for creating and managing an individualised budget in consultation with older people. This should include assistive technology and home modifications where approved.

This itemised budget should be agreed to by older people and include:

- a description and total cost of:
 - assistive technology products and equipment
 - repairs and maintenance for assistive technology repair or maintenance
 - home modifications (inclusive of building supplies and construction or labour costs)
 - sourcing prescriptions from suitably qualified health professionals
 - wraparound support services, where appropriate
- any participant contributions payable by the older person, both itemised and cumulative
- administration costs charged by the provider for assistive technology
- coordination costs charged by the provider for home modifications.

The provider should retain for assurance, individualised budgets and evidence of the older person's agreement with their budget.

Final agreed price

The price charged to an older person's funding can be no more than the invoiced cost of the AT-HM plus any costs for prescription, wraparound services and administration/coordination services. All AT-HM costs, including individual contributions, must be agreed and documented between the provider and the older person. If a price deviates from the final agreed price, consent will need to be sought from the older person and their agreement recorded in writing.

When finalising claims and payment for AT-HM, providers must obtain:

- a final invoice for the AT-HM item
- the final invoice must be itemised if there is more than one item purchased.

Monthly statements

Providers are required to issue monthly statements to older people to show what has been spent on services including AT-HM, and the remaining budgets available.

Under the strengthened Aged Care Quality Standards, providers are required to communicate critical information relevant to the older person's care and services. Providers can demonstrate they meet this requirement by implementing systems for communicating information and providing statements.

A statement should clearly show services delivered so that the older person and/or their supporter can easily understand how and what the provider is charging.

Providers must include:

- the funding amounts available at the start of the month
- a list of the services or items delivered during the month, including the:
 - date of delivery
 - price
 - name of any third-party suppliers
 - number of hours or units
 - amount of government subsidy received
 - participant contribution amount
- the amount of funding remaining at the end of the month
- the amount of funding remaining after considering any committed funds
- total contributions paid
- any adjustments or refunds from previous months
- expiry dates for AT-HM funding.

AT-HM scheme information displayed on the monthly statement will include all AT-HM related costs and services delivered in the month, and any funds which have been committed for the provision of AT-HM.

Committed funds are funds which the older person has agreed to pay as part of the provision of AT-HM but which have not yet been completed and claimed. For example, if the older person has a prescription for handrails to be fitted in their bathroom and they have agreed to have them provided using their HM funding tier, and the rails have been purchased but are awaiting installation then the installation cost of the handrails should show in committed funds.

Providers may choose to use the monthly statement template available from the department. This [template](#) is a guide only. Provider may choose to use their own template, but it must include the required information. For ongoing and short-term classifications, providers must issue older people with a statement each month and a final statement upon exiting Support at Home.

The statement must be issued no later than the last day of the following month. For example, if services are delivered in August, the provider must provide the August statement no later than 30 September.

Self-management

Self-management in aged care is about increasing an older person's choice and control over their services. Self-management involves a range of different activities depending on an older person's needs, preferences and abilities. In the AT-HM context, some examples of activities a self-managed person may choose to undertake with agreement from their provider include:

- choosing their AT and HM suppliers, workers and prescribers
- scheduling and coordinating delivery of items and related services
- budget management
- paying invoices for reimbursement.

Providers still retain certain responsibilities, noting they will have additional requirements under the new Act. Key obligations will include delivering regular care management, providing support and education, providing budget oversight, ensuring workers delivering services are appropriate (including worker checks, screening and training as required) and claiming for subsidy.

Older people will be responsible for accessing items and services in line with their care plan, their AT and HM budget, and in accordance with the AT-HM list. They will also be obligated to identify/escalate changes or issues to the provider and comply with agreed provider processes.

Both the provider and older person should engage in proactive communication and are both responsible for developing and regularly reviewing the service agreement, the care plan, and individualised budget.

Older people self-managing will not be eligible to receive payment for any associated administrative activities. It is not expected that providers would claim administrative or co-ordination costs where older people are sourcing and arranging the supply of their own assistive technology and/or home modifications. This will need to be agreed up front between providers and older person and does not affect the funding available.

Delivery of AT-HM and record keeping

Providers must be able to provide confirmation of delivery for assistive technology products and equipment and home modifications and associated services.

For all AT-HM products and equipment, home modifications and associated services, prescriptions and wrap around services, providers must obtain and keep invoices and should have at least one additional piece of documentation to demonstrate confirmation of delivery. This includes:

- care notes confirming delivery of AT-HM items to the older person
- clinician records after the delivery of AT-HM items that confirm the item has been received
- signature of the older person on a delivery slip, receipt or invoice (or in an electronic application) confirming delivery of AT-HM items
- photos or videos of installed assistive technology or completed home modifications
- records created by an electronic system that demonstrate delivery and show:
 - details of items
 - Older person's name and address
 - details of delivery (including date and time)
 - photos of the AT-HM item at older person's address.

AT-HM scheme records including evidence of delivery may be requested as part of Support at Home assurance activities.

Compensation arrangements for older people

From 1 November 2025, Support at Home compensation reductions will be applied to the:

- base person-centred subsidy amount for the individual for home support, assistive technology and home modifications; plus
- oxygen supplement (if payable for the individual); plus
- enteral feeding supplement (if payable for the individual); plus
- veterans' supplement (if payable for the individual).

The compensation reduction will cover an older person's means tested contribution amount where an insurance company agrees to pay the full cost of an older person's care. For example, the older person was in a car accident where they were not at fault. The insurance company agrees to pay the full cost of care as that older person

now requires Support at Home through no fault of their own. The compensation reduction fee is applied against the price charged. The invoice letter is sent to the older person, who gives it to their insurer to pay the provider the full subsidy, inclusive of the contribution amount.

The compensation reduction will not cover an older person's means tested contribution amount where an insurance company agrees to pay only part of the cost of an older person's care.

For example, an individual was in a car accident they were at fault for. The insurance company agrees to pay 50% of the older person's care costs. A compensation reduction fee of 50% is applied against the price charged. If the cost for a wheelchair was \$500, this would be reduced to \$250.

The contribution amount applies after the compensation reduction fee has occurred – therefore the older person who is a full pensioner pays a 5% contribution against \$50 which is \$12.50. The provider receives subsidy from the government of \$237.50, the older person pays \$12.50 to the provider directly, and finally the commonwealth gives the older person an invoice, who sends the invoice to the insurer, who then pays the provider the outstanding \$250.

Changing providers

Older people can change providers for various reasons including needing different services than what the existing provider can offer or if they change locations (for example, following an interstate move). If an older person decides to make a change, their approval for services and budget will move with them to their new provider.

When the older person changes to a new provider, they should notify their ceasing provider (in writing and as early as possible) that they no longer wish to receive services and agree on an exit date. They should also advise their ceasing provider of who the new provider will be as this will enable information sharing to ensure continuation of appropriate care.

For AT-HM, the ceasing provider should, as soon as reasonably practicable, contact the new provider to ensure continuity of prescription, purchase or loan of assistive technology and continuation of home modifications, if required. Where possible, any home modifications underway should be completed before changing providers.

When determining the exit date, the provider and older person should consider the older person's situation, the terms of the service agreement and the legislative requirements of Support at Home. The agreed exit date should not unnecessarily disadvantage the older person and should be documented in the care notes.

When changing provider, no additional time is added to the AT and HM short-term allocation period even if there is a gap from the date of exit from the ceasing

provider and the date of entry with the new provider, and even if there are no debits to the account in the account period.

For AT ongoing, the account ceases if the older person exits from a provider and does not start with a new provider in a year. The account continues to be credited as per normal rules (i.e. on the anniversary of the day the account was established) during this year until the account ceases.

For more information on changing provider see the [Support at Home program manual](#).

The ceasing provider must finalise claims for the individual within 60 days of the cessation date or new provider entry notification (whichever comes earlier) unless an extension has been granted.

The ceasing provider has 28 days from the cessation date or new provider entry notification (whichever comes earlier) to complete information sharing obligations with the gaining provider. The ceasing provider should share information regarding account balances and services delivered (specified in the subordinate legislation).

- If the losing/gaining providers do not complete their information sharing obligations, the [Aged Care Quality and Safety Commission](#) (ACQSC) may intervene.
- Program guidance will outline what the individual may do to encourage provider communication.

Exiting the AT-HM scheme

When an older person leaves Support at Home permanently, they should notify their ceasing provider, where possible (in writing and as early as they are able) that they no longer wish to receive services and agree on an exit date.

Where possible, all assistive technology and home modifications should be stopped or if underway, completed, before the exit date. If the older person has committed funds for AT and HM, then the provider will have 60 days from the exit date to claim for any assistive technology or home modifications delivered.

Where a home modification is in progress, funding should be isolated and available to continue the HM process to which the committed funds have been agreed, to a point of completion. This will need to be negotiated with older people or in the case of an older person passing away, their supporters.

Assurance and complaints

AT-HM scheme data will be collected by Services Australia for program compliance and assurance purposes. It is important that providers follow claiming requirements to ensure compliance with the scheme.

Assurance activities could include how providers:

- use subsidy or grants and charge for services, including justification for costs charged
- structure their financial accounting for delivery of services
- deliver funded aged care services
- work with older people
- keep records and information
- apply and document procedures.

In undertaking its program assurance activities, the department can seek provider participation, for example requiring documents and information. The department may publish reports on program assurance activities.

Aged care complaints

Aged care services should meet older people's needs in line with their provider obligations.

Making a complaint can improve the quality of care and help other people with the same problem. Older people and providers can make a confidential or anonymous complaint if they wish.

Providers can't punish anyone in their care for making a complaint. Older people are encouraged to raise their concern or complaint with their provider first if they can. This is often the easiest and quickest way to resolve things.

If you need help with your complaint, anyone can make a complaint to the Aged Care Quality and Safety Commission, including:

- people who use aged care
- family, friends, representatives and carers of people who use aged care
- aged care staff and volunteers
- health and medical professionals.

Elder abuse

Providers must ensure care and services are delivered in a way that:

- is free from all forms of abuse
- ensures that older people are treated with dignity and respect.

Providers must demonstrate that they understand the rights of individuals under the Statement of Rights. The provider must have practices in place to ensure that they comply with the Statement of Rights, with subsection 24(2) of the Act and with the

Serious Incident Response Scheme (see 3.4). Provider failure to demonstrate they meet these requirements may result in the Commission taking enforcement action.

If providers would like to talk to someone about potential or actual elder abuse, they can call the National 1800 ELDERHelp (1800 353 374) line. This service provides information on how to get help, support and referrals to assist with potential or actual elder abuse.

Start a conversation about aged care

Transforming aged care laws to put the rights of older people first.



Visit **health.gov.au**



Phone **1800 836 799** (My Aged Care service provider and assessor helpline)

For translating and interpreting services, call 131 450 and ask for 1800 836 799.

To use the National Relay Service, visit nrschat.nrscall.gov.au/nrs to choose your preferred access point on their website, or call the NRS Helpdesk on 1800 555 660.