



Support at Home pricing – FAQs

October 2025

In March 2025, the Australian Government released [Support at Home pricing guidance](#).

This FAQ provides additional information on pricing in response to common queries.

Can I only set a single price for each service?

You have the flexibility to set different prices for the same service when it is delivered in different circumstances. A participant's service agreement can reflect different prices for different circumstances. These circumstances could include:

- days of the week and times of the day (for example, normal business hours and non-standard business hours)
- different types of the same service (for example, personal care for a participant with complex care needs and a participant with less complex care needs)
- services delivered in different locations (for example, different areas within the same city to reflect differences in travel times)
- services delivered at the participant's home or at a specialist clinic (for example, a physiotherapist could charge a different price for physiotherapy delivered in a participant's home, and physiotherapy delivered at a clinic)
- different types of meals (for example, a price for a complete meal and prices for individual elements of a meal such as an entrée or dessert).

You can also set prices for units of less than 1 hour (such as 15 minutes, 30 minutes, 45 minutes) and for more than 1 hour (such as 2 hours, 4 hours, sleepover shift, 24 hours, and so on).

All prices you charge must be reasonable and reflect the costs required to deliver the service in different circumstances. You must be able to demonstrate how you arrived at the different costs.

Can I only charge for direct (face-to-face) time?

For most services with time-based billable units, the billable unit is the direct (i.e. face-to-face) time spent with a participant. This does not mean that only that time may be claimed for. It means you must include both the direct and indirect activities within a single unit price for the service.

However, allied health and other therapeutic services and nursing services can have distinct time-based billable units for direct activities and for indirect activities.

For these services, indirect activities may include:

- Documentation and record keeping
 - Writing progress notes
 - Updating patient files
 - Preparing reports and recommendations for other healthcare providers
- Care coordination and case management
 - Organising referrals
 - Participating in case conferencing meetings with other health professionals
- Service planning and development
 - Designing individualised care plans and training supports in those care plans
 - Designing guides or programs for participants and carers

These activities should be included in your unit price for indirect activities. All other activities related to the delivery of a service must be included in the unit price for direct activities.

Travel costs are not an example of an indirect activity and must be included within your unit price for direct activities. You can set prices for services delivered in different locations (for example, different areas within the same city) to reflect differences in travel times.

More information is available in the [Support at Home prices for allied health and nursing services – fact sheet for providers](#).

Do service agreements have to specify a single price for the Direct Transport service?

The Support at Home service list includes two types of Transport services:

- Direct Transport is when you supply a driver and a car. This service connects participants with their usual activities.
- Indirect Transport is when you supply taxi or rideshare vouchers and the cost is deducted from the participants budget.

A service agreement may specify a **price range** for the Direct Transport service. A price range is only permissible for the Direct Transport service. The price range must only be quoted on a per

trip basis. You may only charge a single price for delivering a unit (one trip) of the Direct Transport service.

In calculating a price range, you may wish to consider things like length of trip (distance and/or time), the requirements of the participant (for example, if they require mobility assistance), and any other relevant costs.

Example of agreeing a price range for Direct Transport

Provider ABC agrees a price range for 'low distance' Direct Transport for a participant who requires no mobility assistance.

- ABC defines low distance trips as 1-10km.
- ABC's price range for this service is quoted as \$30-\$60. ABC delivers a 10km trip to a participant and charges the participant's budget for \$60.
- ABC is not able to charge any other fees to the participant's budget for delivering this unit of service.

This example is for illustrative purposes only.

Do participants still pay for the cost of ingredients for meal services in Support at Home?

Yes, participants who are approved for meal services (such as Meal Delivery or Meal Preparation) will continue to pay privately for the cost of raw food ingredients, as they have on the Home Care Packages Program.

This cost is separate to any contribution the participant may be required to pay for the service.

Are the prices in the [Summary of indicative Support at Home prices](#) price caps or recommended prices?

No, they are neither price caps nor recommended prices.

The indicative price ranges provide market-level information to assist participants in understanding how a provider's pricing compares with other providers across the country. The summary also lets you see how your prices compare with the rest of the market.

You will be setting your own prices for services you offer in the Support at Home program from 1 November 2025.

Read guidance on [setting your prices](#).

From 1 July 2026, the government will introduce price caps for Support at Home services that will be informed by advice from the Independent Health and Aged Care Pricing Authority. From this time, the prices you set must be at or below the level of the caps.

What price do I list on the Find a Provider tool?

You are required to list your standard price for each service type during standard business hours on the Find a Provider tool on the My Aged Care website from 1 November 2025, in line with transitional pricing arrangements.

From 1 January 2026, you will be required to list your common price for each service type on the Find a Provider tool, as evaluated over the previous 2-months.

The common price is the price that has been most frequently charged to your participants, evaluated over a 2-month reporting period.

Following the end of each reporting period, you have 30 days to update your prices on the Find a Provider tool. The 2-month reporting periods will cover November-December, January-February, and so on.

Further information will be released on the transitional price reporting arrangements for 1 November 2025 to 31 December 2025.

We will be actively monitoring the invoiced prices to ensure they align with what is published on the Find a Provider tool. You must be able to explain any discrepancy between your published price and the price that has been most frequently charged to participant budgets.

The Aged Care Quality and Safety Commission (the Commission) can use its monitoring, compliance and enforcement powers to manage any non-compliance. The Commission may take action where you have not listed your most common price on the Find a Provider tool. It can issue a non-compliance notice requiring you to take specific actions, which may include adjusting your prices on the Find a Provider tool. If you refuse to comply with this direction, you may receive an infringement notice.