



Support at Home program – Frequently asked questions for providers

October 2025

This document answers some frequently asked questions about the Support at Home program from aged care providers. It is regularly updated.

Where can I go for more information on the Support at Home program?

- Read the [Support at Home program manual](#) to understand and comply with the Support at Home program rules, procedures and obligations.
- If you are a provider of the Home Care Packages Program and you are transitioning to Support at Home, read the [Support at Home program provider transition guide](#).
- Read the [Support at Home claims and payments business rules guidance](#) to understand claims and processing under the new program.
- Read the [Support at Home pricing guidance](#) to help you set your prices for the first year of the program.
- Complete the self-paced [Support at Home provider training](#) to understand and prepare for the Support at Home program.

- [Subscribe](#) to Your Aged Care Update to receive regular updates from the department into your inbox.

Will Short-Term Restorative Care (STRC) clients keep their existing funding when they transition to Support at Home?

Clients receiving STRC services on 1 November 2025 will continue receiving services until the completion of their STRC episode.

You will need to ensure that any services or equipment delivered from the start of Support at Home are on the Support at Home service list or Assistive Technology and Home Modifications (AT-HM) list.

STRC clients who have not started receiving care on 1 November 2025 can use their approval to access the Restorative Care Pathway. They will be allocated a medium tier for both assistive technology and home modifications. They will have 6 months from approval to enter into an agreement for the Restorative Care Pathway. After this time, they will need to be reassessed to receive restorative care.

If a participant uses their Home Care Package (HCP) unspent funds for assistive technology and home modifications (AT-HM), do they still need to be assessed for eligibility?

Older people transitioning from HCP to Support at Home will be able to access the Assistive Technology and Home Modifications (AT-HM) scheme to meet their assessed needs.

This can happen in 1 of 3 ways:

- HCP unspent funds can be used to purchase equipment, products and home modifications from the [AT-HM list](#). These unspent funds are not subject to the \$15,000 cap on home modifications. You must document and justify the need and reasoning for the purchase and retain all evidence to support the claim.
- The AT-HM scheme data collection will commence prior to the start of Support at Home, it will ask you to identify participants' AT-HM needs to indicate appropriate AT-HM funding tiers.
- Participants can seek a review of their support plan, where an aged care assessor will consider if they can be approved for AT-HM scheme funding.

For more information read the assistive technology and home modifications chapter of the [Support at Home program manual](#).

Do all wraparound services for the AT-HM scheme fall under the independence category?

For assistive technology and home modifications, a participant may require additional services or training to ensure the equipment is fit-for-purpose and can be used safely. This is referred to as 'wraparound services' and must be paid for out of the AT-HM funding allocation.

Wraparound services include:

- delivery
- set up of assistive technology equipment
- training and education on the safe use of assistive technology equipment or home modifications
- follow-up on whether assistive technology or home modifications are effective in meeting the participant's needs.

While contributions for AT-HM items fall under the independence category, the AT-HM prescription and wraparound services will have a clinical care contribution rate of 0%.

For more information read the participant budget and contributions chapter of the [Support at Home program manual](#).

Will grandfathered participants lose their dementia supplement if they get reassessed under Support at Home?

Existing Home Care Package (HCP) clients receiving the Dementia and Cognition Supplement as of 31 October 2025 will continue to receive the supplement in the Support at Home program. The subsidy will be managed by Services Australia and allocated to the participant's budget.

If an existing HCP client who is receiving the Dementia and Cognition Supplement is re-assessed and accepts a Support at Home classification, the supplement will cease. The Support at Home classification framework will recommend a level of funding for each participant based on their clinical characteristics recorded at assessment using the Integrated Assessment Tool (IAT). This includes consideration of a participant's cognitive ability. For this reason, the Dementia and Cognition Supplement will cease for grandfathered participants once they are receiving funding through a Support at Home classification.

The draft rules contain guidance on the applicability and dollar amounts for each of the supplements.

For more information, read the participant budget and contributions chapter of the [Support at Home program manual](#).

What are my obligations for having a meal assessment completed by a dietitian?

Under the new Aged Care Act, when delivering meal services to an older person's home and during community and cottage respite you will be required to meet meal standards.

This includes:

- having meals and refreshments assessed by an accredited practicing dietitian at least annually
- implementing a quality assurance framework that considers older people's satisfaction with meals and refreshments.

The cost of this needs to be factored into your price for delivering meal services.

Do organisations that deliver indirect transport need to be registered as an associated provider and meet provider obligations?

No, as taxi and ride share providers are regulated outside the new Aged Care Act, taxi and ride share operators would not be considered as associated providers in the delivery of transport, given this is considered an indirect aged care service.

Subsequently, taxi drivers and ride share drivers are not considered aged care workers for the purpose of the Act.

It is the department's understanding that as part of the application to become a taxi driver, a police check/criminal history check is carried out prior to issuing of the taxi licence. The process is similar for ride share drivers, for example Uber mandates that all driver partners, including those which deliver food (Uber eats) must undergo a criminal background check as part of their onboarding obligations.

What are the clinical oversight recommendations for care management activities?

Providers will have different models for delivering care management, based on your workforce and the types of services you deliver. This model may involve care partners who are experienced and trained aged care workers, or care partners who have a health-related qualification, or both. The model may also include care management that is delivered by one or more care partners. Care partners are appropriately trained aged care workers with relevant experience.

Although there are no mandatory qualifications or professional registrations required, the following qualifications may be of value to people undertaking the care partner role:

- Diploma of Nursing – preferred
- Certificate III in Individual Support (Ageing)
- Certificate III Health Services Assistance
- Certificate IV in Aged Care
- Certificate IV in Disability
- Certificate IV in Community Services
- Diploma of Community Services (Case Management)
- Diploma of Ageing Studies and Services.

Some care partners will have more experience and higher-level qualifications, which will enable them to take on more complex tasks at the direction of their provider. These care partners may be referred to as clinically qualified care partners. Where this is the case, the individual must hold a university-level qualification in a relevant health-related discipline (for example, Bachelor of Social Work, Physiotherapy or Nursing).

You can employ care partners with a range of qualifications to implement a team-based approach to care management. A team-based approach can help you respond to participant needs.

For the Restorative Care Pathway, a restorative care partner should hold qualifications in nursing or allied health, preferably at the university level to enable them to work autonomously. They are responsible for supporting the participant's restorative care. This includes coordinating a multidisciplinary team of allied health and nursing professionals based on the participant's individual needs, managing their budget and providing support with reablement.

For more information read the care management chapter of the [Support at Home program manual](#).

How do I claim for care management activities?

You will need to claim for care management activities delivered during the quarter, on a payment in arrears basis. Claims will need to be itemised in the same way as other services under Support at Home. You will need to identify the individual participant for whom the care management activity was delivered and the day on which the activity took place. You can make both whole-hour and part-hour claims.

For more information read the care management chapter of the [Support at Home program manual](#).

What is the scope of practice for a nursing assistant under Support at Home?

The service 'nursing assistant' refers to nursing tasks to be completed by assistants in nursing or personal care workers under the supervision of a registered nurse, where the assistant is appropriately trained and is working within their scope of practice. The department has not released guidance on the scope of practice for nursing assistants as this will vary depending on the qualifications of the worker and the clinical needs of participants.

Workforce planning and human resources management are subject to the strengthened Aged Care Quality Standards (strengthened Standards) which are being introduced in line with the new Aged Care Act from 1 November 2025.

The strengthened Standards set out the expectations for aged care providers to deliver safe and quality care and services for older people. Providers must demonstrate meeting the outcomes of the strengthened Standards as relevant to the type of services they provide. The strengthened Standards have been drafted in a way that allows aged care providers flexibility and discretion to demonstrate how they meet the strengthened Standards requirements.

Please refer to [draft Strengthened Quality Standards guidance](#) for more information:
<https://www.agedcarequality.gov.au/strengthened-quality-standards>

Can I use a CSV file to submit Support at Home claims in the Aged Care Provider Portal?

Yes. Services Australia has sample files to help you transition to Support at Home from 1 November 2025. The Support at Home changes eKit has the following:

- sample invoice CSV upload file
- sample invoice CSV download file
- explanations of the structure and file elements for uploading and downloading

- reference data file that includes claim validation data and full listings (including codes) of Support at Home services, items, wraparounds and health professional types.

Download the Support at Home eKit here: [Support at Home invoice sample files](#).

Can the department relax the evidence requirements for Support at Home claiming?

The department has listened to the sector and has relaxed the claiming evidence requirements during transition for Support at Home. Evidence is now only required for high tier AT-HM claims.

Providers must still be able to produce records or evidence to support claims and ensure compliance with program guidelines as required.

For information on the evidence requirements read the [Support at Home claims and payment business rules guidance](#).

Why is a provider required still required to submit evidence to claim for high tier AT-HM?

High tier AT-HM claims involve a significant funding allocation, are highly individualised and for AT, often require specific customisation and prescription. For high tier AT-HM claims, evidence must be submitted at the time of claiming. This ensures:

- the assurance of participant need can be validated
- the item complies with the AT-HM list and scheme requirements. For assistive technology this includes adherence to the associated Australian-adopted Assistive product – classification and terminology standards (AS/NZS ISO 9999:2022)
- funding is appropriately managed and distributed.

What is considered evidence when making a claim?

Acceptable evidence includes:

- an invoice or receipt
- a prescription for items claimed under *assistive technology prescription and wrap arounds* or *home modifications prescription and wrap arounds*
- a quote for items claimed under *home modification products* if 'first payment for this item' is indicated in the claim.

Please read the [Support at Home program claims and payments business rules guidance](#) for more information.

Where can I find more information on making claims for Support at Home in the Aged Care Provider Portal?

Training resources are available on the [Health Professional Education Resources website](#) and will be updated when Support at Home commences from 1 November 2025.

[The Support at Home program claims and payment business rules guidance](#) is available on the department's website and gives guidance on claims and payments for providers.

Additionally, more general information is available on the [Service Australia website](#).

Should you need further support, please access the Services Australia Aged Care Provider line - 1800 195 206 or refer to the [Services Australia website](#).

Will participants pay contributions to their provider or Services Australia?

Providers are responsible for establishing and managing processes for collecting contributions. The collection of contributions can be flexible and these may occur weekly, fortnightly or monthly, or at any other time as agreed with the participant.

Unless a full fee reduction supplement is in place, you must collect participant contributions. You are encouraged to offer flexible options for the collection of contributions.

Services Australia will advise providers and participants of the applicable contribution percentage that applies for independence and everyday living services.

For more information read the participant budget and contributions chapter of the [Support at Home program manual](#).

What if a participant can't pay contributions?

The fee reduction supplement assists participants experiencing financial hardship. You cannot collect fees while a participant's hardship application is being assessed. If approved, the government will pay for some, or all of their aged care fees.

For more information read the participant budget and contributions chapter of the [Support at Home program manual](#).

Are organisations that deliver meals on a contactless basis considered associated providers to receive Support at Home funding for their product?

Approved providers will be deemed as registered providers when the new Act commences. This will include any food delivery providers that are currently approved aged care providers. The deeming activity will not change any subcontracting arrangements that are currently in place, and subcontractors can continue to provide services as before if they are contracted by a registered provider. The registered provider remains responsible for meeting the requirements under the Act particularly requirements under 148-20 of the exposure draft rule for providers delivering meals, including where service delivery responsibilities are outsourced to a third party, which may include food delivery services. How third-party arrangements are made are a matter for the registered provider and contracted entity to coordinate.

Registered providers will be responsible for ensuring the services delivered on their behalf are in line with the requirements of a registered provider, irrespective of whether they are delivered by an aged care worker or an associated provider.

It is up to the provider to identify what changes are necessary to their organisation's policies, business processes, ICT systems and training to satisfy themselves that they are meeting their requirements which apply to their registration.

Will participants pay contributions when using their HCP unspent funds?

If the service or product is funded 100% through HCP unspent funds, then no participant contributions apply. If the service or product is partially funded through HCP unspent funds and partially through either the quarterly budget or AT-HM budget, then a participant contribution will apply.

The participant contribution is calculated based only on the portion of the claim from the quarterly/AT-HM budget (not the HCP unspent funds) and will be determined using the participant's contribution rate for the service type. There are no participant contributions for services in the clinical support category.

When will the department write to participants with information about their estimated contribution arrangements?

Recently, the department wrote to all Home Care Package care recipients about Support at Home.

This mailout includes specific messages tailored to four Support at Home contribution cohorts. The letter will provide an indicative percentage range for each cohort's contribution rate.

The letters can be accessed here:

- [Letter to older people about the Support at Home program – full pensioner approved before 12 September 2024](#)
- [Letter to older people about the Support at Home program – full pensioner approved after 12 September 2024](#)
- [Letter to older people about the Support at Home program – part-pensioner approved before 12 September 2024](#)
- [Letter to older people about the Support at Home program – approved after 12 September 2024](#)

Starting 1 October 2025, providers can log in to the Services Australia Aged Care Provider Portal to view indicative contribution rates for each of their clients. The indicative contribution rate will use current income and asset information available in Services Australia systems. Formal calculations and notification to participants will occur post 1 November 2025. The Support at Home estimated contribution rate eKit can be accessed here: [Services Australia - Support at Home estimated contribution rate eKit](#)

From 1 November 2025, Services Australia will send Support at Home transition letters to participants. These letters will confirm the final contribution rates and, if necessary, ask for any additional information needed to complete the assessment.

What are my obligations under consumer protections to ensure my organisation's Support at Home prices are reasonable and transparent?

The government is introducing additional consumer protections to ensure that Support at Home prices are reasonable and transparent. You will be required to hold evidence to show how you have set your prices. The department may refer providers to the Aged Care Safety and Quality

Commission (the Commission) for action under their monitoring and compliance powers if there are concerns that your prices are not reasonable or transparent.

Clear and transparent communication will play an important role. You must communicate and consult with your participants on any proposed changes to their service agreement, including price increases. This must be in a timely manner and in a way that is appropriate for the participant. There can be no changes to pricing without a new service agreement with the participant. The Commission will actively monitor and respond to any complaints or information on breaches of this obligation.

Under Australian Consumer Law, you cannot make misleading or deceptive statements about your prices, or the reasons for a price change. The Australian Competition and Consumer Commission (ACCC) can investigate and act where businesses mislead consumers about prices.

What happens if I charge unreasonable prices or publish misleading information?

Any price you set for Support at Home services needs to be reasonable. The Commission can use its monitoring, compliance and enforcement powers to manage any non-compliance to act where you cannot demonstrate that pricing is reasonable. This can include issuing a non-compliance notice requiring you to take specific actions, which may include adjusting your prices, to comply with your reasonable pricing obligations.

If you refuse to comply with this direction, you may receive an infringement notice. If the department finds that a price you charge is substantially different to your published price on My Aged Care, you may be referred to the Commission.

How will the Aged Care Safety and Quality Commission approach regulate new or changed requirements?

The new Aged Care Act will bring in new requirements or change requirements for providers and workers. The Commission does not have discretion to not regulate around provider requirements. Where providers are found to not be complying with their changed or new obligations, the Commission will seek to understand the extent to which they are trying to as part of its risk-led and proportionate approach.

Where providers are mostly there, but their approach is proactive to address issues, the Commission will give providers opportunities to demonstrate they are working to remedy the issues.

Where providers are unable to demonstrate their willingness to remedy non-compliance, the response may include using regulatory powers in response. Until 1 November 2025, current provider obligations relating to the delivery of home care still apply.

Where the Commission receives information to indicate that providers are not undertaking actions in line with current service agreements, it will take a risk-based and proportionate response. Where there is evidence that a provider has not taken actions to prepare for transition and the new provider requirements by 1 November 2025, they will be subject to regulatory responses under the new Act.

The Commission may use its monitoring, compliance and enforcement powers to manage any non-compliance where appropriate.

What will the commission expect from providers during transitioning service agreements for current participants of the Home Care Package program to the Support at Home program?

Maintaining continuity of care for older people accessing care and services is a key priority of the Commission through transition to Support at Home. This means that providers are expected to continue providing safe, quality aged care and services to older people during the transition period and beyond.

The Commission expects providers to work with older people to develop a service agreement to deliver care and services:

- that meet their assessed needs in line with the Support at Home Service List and
- in a way that reflects the person's choices, preferences and unique identity.

Until the new Aged Care Act takes effect from 1 November 2025, current provider requirements to communicate and consult with older people under the Quality of Care Principles 2014 and requirements under the Quality Standards continue to apply.

The Commission will respond to complaints from older people and their representatives about failures to communicate and consult with the person, and may undertake a proportionate monitoring, compliance or enforcement response where non-compliance with current legislative requirements is identified. Older people can make a complaint to the Commission and seek advocacy and support from the Older Persons Advocacy Network.