



Support at Home service list – FAQs

October 2025

The [Support at Home service list](#) provides information about what services can be funded under the program. The service list has 3 categories (clinical supports, independence and everyday living), each with their own service types and participant contribution arrangements.

Support at Home participants are eligible for services documented in their Notice of Decision letter and support plan.

These FAQs provide answers to common questions about the Support at Home service list.

These answers provide general advice only. Refer to the [Support at Home program manual](#) for more detail.

Clinical supports

Nursing care

What can I claim under the ‘nursing care consumables’ service?

- This service is for specialised nursing products, for example:
 - specialised products for skin integrity and wound care (such as skin emollients, barrier cream and dressings)
 - oxygen units and consumables (such as concentrators, cylinders, cannulas, tubing, masks, connectors, nasal tissues and padding)
 - continence consumables (such as pads, catheters and sheaths).
- This service does not cover everyday nursing consumables that a nurse would be expected to carry (for example, bandages, antiseptics, etc.) which should be included in the service price.

Can ‘nursing care’ services be delivered virtually?

- ‘Nursing care’ services can be delivered virtually, for example, via a telehealth appointment, or reminders and prompts for medication management.

Can I access continence products under ‘nursing care consumables’ if I am already accessing them through another scheme?

- If a participant is eligible for a continence products scheme that can meet their needs, this should be used in favour of funds from their Support at Home budget.
- If another continence product scheme is unable to meet the needs of the participant, then Support at Home funding may be used if they have been approved for the ‘nursing care consumables’ service.
- Please note, eligibility for the Australian Government’s Continence Aids Payment Scheme (CAPS) is changing with the introduction of Support at Home.
 - From 1 November 2025, there will be no new CAPS approvals for Support at Home participants.
 - From 1 November 2025 to February 2026, participants who transitioned to Support at Home from the Home Care Packages program can continue to receive existing funding support under CAPS so long as they are not also receiving subsidy for continence aids under Support at Home.
 - From February 2026, CAPS eligibility will end for all Support at Home participants and they will no longer be able to receive continence products through CAPS.

Can I claim any item that assists with continence under ‘nursing care consumables’?

- Disposable continence products that need to be replaced often are covered by the ‘nursing care consumables’ service.

- The Assistive Technology and Home Modifications (AT-HM) scheme covers some continence products that may be able to be washed and reused.
- Products on the AT-HM list that can assist with continence include:
 - Urine bottles
 - Absorbent products, washable
 - Underpads for non-body-worn use to protect chair or bedding, washable.
- The [AT-HM list](#) provides a full list of available products.
- Please note, while the 'nursing care consumables' service broadly allows for continence products to be purchased under the prescription of a nurse, continence products purchased under the AT-HM scheme must satisfy the requirements as specified under the AT-HM scheme.

Allied health and other therapeutic services

Why do these services require individual approval when services under other service types do not?

- Most service types on the Support at Home service list contain a group of services that are closely related to each other. For example, 'general house cleaning' and 'laundry services' under the 'domestic assistance' service type are closely related and can be approved at the same time.
- There is a lot of variety in the services under the 'allied health and other therapeutic services' and 'therapeutic services for independent living' service types. For example, 'podiatrist' and 'social worker' services are distinct services that require individual approval in order to align with assessed need.

What activities can I deliver under 'allied health and other therapeutic services'?

- 'Allied health and other therapeutic services' allows for any activities to be delivered that fall within a professional's scope of practice.
- The activities must be to assist the participant to regain or maintain physical, functional and/or cognitive abilities, which support them to remain safe and independent at home. For example:
 - a physiotherapist who is trained in dry needling and assesses it is an appropriate intervention for a clinical outcome could deliver that activity under the 'physiotherapist' service
 - an occupational therapist who is trained in lymphoedema support and assesses it is an appropriate intervention for a clinical outcome could deliver that under the 'occupational therapist' service
 - a podiatrist who assesses that cutting toenails would be most appropriately managed through their scope of practice for a participant's foot health could deliver that under the 'podiatrist' service.

Does a participant need to have a Chronic Disease Management Plan or General Practitioner Mental Health Treatment Plan before accessing allied health?

- If a health system plan, such as the Chronic Disease Management Plan or Mental Health Plan, is in place it should be exhausted before Support at Home funding is used for allied health.

Can I deliver group-based interventions?

- Group-based interventions may be eligible, depending on the discipline of the professional delivering the service.
- The interventions must be to assist the participant to regain or maintain physical, functional and/or cognitive abilities which support them to remain safe and independent at home.
 - For example, group hydrotherapy delivered by a physiotherapist or clinical pilates delivered by an occupational therapist could both be delivered under 'allied health and other therapeutic services'.

If I prescribe an exercise program that requires access to a pool or gym, can a participant use allied health funding for this?

- No, the Support at Home service list does not cover pool or gym memberships.
- Services in the 'allied health and other therapeutic supports' service type can include supporting a participant to undertake a treatment or exercise program only where you, or an allied health assistant or aged care worker under your supervision, is actively assisting the participant to complete the program. You cannot claim separately for items, spaces or equipment that you use to deliver a service.
- If you deliver services to participants in a gym or pool, you can factor the gym or pool entry into your unit price or have participants pay for entry themselves. Find more information on [setting prices in Support at Home](#).

Nutrition

Do I need supplementary dietary products to be prescribed?

- The 'prescribed nutrition' service only covers prescribed supplementary dietary products.
- Funding can be used for supplements prescribed by an Accredited Practising Dietitian or an AHPRA-registered health practitioner operating within their scope of practice.
- Dietary supplements can only be used for needs related to age-related functional decline or impairment. It does not cover meal replacements for weight loss.

Care management

When a care partner is providing services, do they have to be directly supervised by someone with clinical qualifications?

- Your model for delivering care management can depend on your workforce and the types of services you deliver.
- The care partner 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 level of clinical expertise will be subject to your clinical governance framework.
- For more information, refer to the [Aged Care Quality and Safety Commission's resource on clinical governance](#).

Is care management different under the End-of-Life Pathway?

- On the End-of-Life Pathway, care partners will need to undertake the same activities as for ongoing Support at Home services.
- Care partners will also play a role in liaison and care coordination with the participant's doctor, medical team and any state or territory palliative care services.
- It is important that the care partner seeks to understand what supports are currently in place and whether additional services or parties should be notified (for example, palliative care services if they are not already engaged). This is essential to ensure the participant is receiving holistic and sufficient care.
- Care management for the End-of-Life Pathway is claimed directly from the participant's End-of-Life Pathway budget. There is no cap on the amount of care management that can be claimed under the End-of-Life Pathway. However, it is expected that care management claims are proportionate and in the best interests of the participant.

Under the Restorative Care Pathway, do restorative care partners have to hold a university-level health qualification?

- Restorative care partners should hold qualifications in nursing or allied health, preferably at the university level, to enable them to work autonomously.
- Other relevant clinical qualifications may be held. You remain obligated to having a clinical governance framework in place.
- Find more information on [clinical governance](#).

Independence

Social support and community engagement

What is included under the ‘expenses to maintain personal affairs’ service?

- This service can pay for internet and phone bills where the participant is at risk of, or is, homeless and support is needed to maintain connection to funded aged care services.
- The primary purpose must be to ensure that the participant can maintain connection with you, as their aged care service provider.

Does the in-scope activity “assistance to access translating and interpreting services” cover AUSLAN?

- No, the service type does not cover AUSLAN interpreting.
- Participants can access the National Sign Language Program (NSLP) if they are deaf, deafblind or hard of hearing.
- The NSLP provides a range of services, including AUSLAN interpreting, for older people to engage with aged care services, take part in professional and social activities, and attend health and medical appointments.
- Find more information on [the NSLP](#).

Therapeutic services for independent living

Who can deliver the ‘remedial masseuse’ service?

- This service can be delivered by a person who holds a Certificate IV in Massage Therapy or a Diploma of Remedial Massage Therapy.
 - Please note, this reflects the updated definition in the *Aged Care Rules 2025*.
- If remedial massage is within the scope of practice of another allied health professional, it can be delivered by that professional and claimed under the other relevant service, if included in the service list. For example, a physiotherapist could provide remedial massage and claim for this under the ‘physiotherapist’ service.
- The ‘remedial masseuse’ service does not cover massage for the purposes of relaxation and must be prescribed by an allied health professional, as listed in the Rules.

Respite

The service list has one service for ‘respite’ but the Rules list 2 services for respite. What does this mean?

- For claiming and payment purposes, refer to the service list in the Rules, which breaks respite into two services.

- In Support at Home, providers can deliver ‘flexible respite’ or ‘community and centre-based respite’.
 - ‘Flexible respite’ is delivered in the participant’s home during the day or overnight.
 - ‘Community and centre-based respite’ can be delivered to an individual in a group basis in a community setting. It often involves small day outings or structured activities.
- Please note, ‘cottage respite’ cannot be delivered under Support at Home and can only be delivered under the Commonwealth Home Support Program (CHSP).

Can other services be delivered during the ‘flexible respite’ service?

- Delivering ‘flexible respite’ can include delivering a range of services, such as those in the ‘domestic assistance’ or ‘personal care’ service types.
- The activities to be undertaken as part of delivering ‘flexible respite’ in the home should be agreed with the participant and their carer. For example, as part of the service you may agree to prepare a meal for the participant or assist them to have a shower. However, there is no expectation that ‘flexible respite’ would include these activities unless it was specifically agreed.
- Claims for any services that would usually be undertaken by the person’s carer should be made under the one claim for ‘flexible respite’. This is to ensure that the usual carer is genuinely alleviated of their carer responsibilities during the respite period.

Transport

What does the ‘transport’ service type cover?

- The ‘transport’ service type has two services to help connect a participant with their usual activities:
 - ‘direct transport’ that includes a driver and car
 - ‘indirect transport’ that includes taxi or rideshare vouchers.
- These services are for when a participant is unable to independently travel to an activity but does not require assistance from a support worker during the activity.
- If they require support during the activity, that would be funded under another service. For example:
 - ‘Transport’ services: A participant is transported to their regular GP clinic. They get out of the car, walk to the clinic and attend the appointment on their own.
 - ‘Accompanied activities’ service: A participant is transported to their regular GP clinic. The support worker assists them to get out of the car,

walks with them to the clinic while carrying their bag. The support worker stays with them during the visit and then transports them home.

Can a participant pay for a taxi or rideshare directly?

- No, the 'indirect transport' service is for a voucher for taxi or rideshare services (including Cabcharge). It does not allow direct payment to the driver.

What kind of activities can a participant access with 'transport' services?

- 'Transport' services provide individual or group travel assistance for a participant to access their usual activities. For example, travel to shopping centres, appointments, social clubs, events or visits to see family and friends.
- Registered providers and participants can exercise judgment around what is a usual activity for the participant. They should consider if the travel is something the participant used to do independently, or would have done if the activity is new, and what is typical of the local area. For example:
 - A participant used to take a public bus to their local shopping centre. As a result of declining vision, the participant is no longer able to catch the bus safely but they can still navigate the familiar shopping centre. The participant uses a 'direct transport' service to get to and from the shopping centre.
 - A participant who likes going to the theatre used to drive and walk from the carpark. They now use a walker and getting from the carpark to the theatre is very difficult. The participant now uses a Cabcharge card as part of the 'indirect transport' service to travel to the theatre.
 - A participant's sister has recently moved into the neighbouring suburb. The participant would usually have driven to this suburb but recently stopped driving due to increased dizziness. The participant uses a 'direct transport' service to travel to see their sister.

Can a participant claim 'transport' for travel costs for other services?

- The 'transport' service can only be used to provide group or individual transport assistance to connect an older person with their usual activities.
- Travel costs associated with other services (for example, for a personal care worker or therapist to travel to a participant's home) must be included in the price for that service.

Can a participant use their Support at Home budget for 'transport' if there are state-based or local government travel assistance programs available?

- Any state-based or local government travel assistance programs that can meet the needs of a participant must be used in favour of funds from their Support at Home budget.

- If a state-based or local government travel assistance program is unable to meet the needs of the participant, then Support at Home funding may be used if they have been approved for 'transport' services.

Everyday Living

Domestic assistance

As part of 'domestic assistance', can I charge for cleaning products and equipment if participants don't have their own?

- The price charged for 'domestic assistance' should factor in all costs required to deliver the service.
- In most cases, it is expected that cleaning equipment and consumables would be available for use at the person's home. However, participants who do not have suitable cleaning equipment and consumables should not be disadvantaged. In these cases, equipment and consumables may be factored into your price.

Can I deliver hoarding and squalor services as part of 'general house cleaning' service?

- No, 'general house cleaning' service covers essential light cleaning.
- Support at Home participants who are living with hoarding behaviour or in a squalid environment who are at risk of homelessness or unable to receive the aged care supports they need, can access 'hoarding and squalor services' through the Commonwealth Home Support Program (CHSP). This is in addition to their Support at Home funding and will require a reassessment.

Can I deliver pet care as part of the 'general house cleaning' service?

- No, pet care is out of scope for 'general house cleaning' services.
- Where there is uncleanliness in a home caused by the presence of a pet, it is appropriate for this to be tidied if the activities to do this would typically be done as part of cleaning a home where there was no pet. For example:
 - vacuuming a floor which has cat hair on it
 - mopping a floor that has paw prints or small amounts of dirt.
- The service does not cover activities that would only be required due to the presence of a pet, such as:
 - emptying cat litter
 - cleaning up urine or faeces from an animal
 - cleaning bowls for food or water
 - filling up or cleaning automatic feeding or drinking devices.

Home maintenance and repairs

What can I deliver as part of the ‘assistance with home maintenance and repairs’ service?

- The ‘assistance with home maintenance and repairs’ service covers minor repairs and maintenance where the activity is something the person used to be able to do. For example:
 - activities such as replacing tap washers, replacing batteries in smoke alarms and gutter cleaning would be in scope for this service
 - activities such as servicing heating and cooling systems, window glazing, painting and installing decking would be out of scope for this service.
- This service does not cover activities the person used to be able to do where they were previously a professional tradesperson, trades assistant or handyman and owned specialised equipment (such as professional power tools, sophisticated access equipment, portable workstations or extensive tool kits).
- Services that would typically be done by a professional can be delivered in circumstances where there is an imminent safety risk, such as repairing flooring where there is a risk of falls.

What is the difference between the ‘assistance with home maintenance and repairs’ service and the ‘expenses for home maintenance and repairs’ service?

- The ‘assistance with home maintenance and repairs’ service covers the labour involved when undertaking repairs, such as those listed above.
- The ‘expenses for home maintenance and repairs’ service covers products that may need to be purchased in order to complete the repairs. For example, the expense of a new door handle or tap.

Assistive technology and home modifications (AT-HM)

Which participant contribution categories apply to AT-HM?

- Assistive technology (AT) and home modifications (HM) may be in different participant contribution categories.
- AT and HM items come under the ‘independence’ category.
- Prescription and wraparound services come under the ‘clinical supports’ category, with no participant contributions required.

What kind of items can be provided under the Assistive Technology and Home Modifications scheme?

- The [AT-HM list](#) outlines the products, equipment and home modifications that participants can access through the AT-HM scheme.

- Prescriptions and wraparound services for assistive technology, products and equipment and home modifications may also be funded through the AT-HM scheme.

Miscellaneous

Aged Care Rules

Why are there different names for some items in the service list compared to the *Aged Care Rules 2025*?

- The Support at Home service list was released in September 2024 to inform providers and older people what services are included under Support at Home.
- The Rules include the services available under all funded aged care programs, including Support at Home. For claiming and payment purposes, you should refer to the service names in the Rules.

Supervision for nursing, allied health and therapeutic supports services

Can supervision for these services be indirect?

- For these services, treatment programs can be delivered by allied health assistants or aged care workers under the supervision of a nurse or therapist.
- This supervision can be indirect, provided it is safe and appropriate to do so.

What services include support with medications?

- The 'nursing care' and 'personal care' service types can include support with medications.
- The medication support that can be provided will depend on the scope of practice of the aged care worker delivering the service, and the participant's service agreement and care plan. For example:
 - under 'registered nurse', a registered nurse may administer medications such as insulin
 - under 'nursing assistant', a nursing assistant or personal care worker may administer medication, such as medicated eye drops under the direct or indirect supervision of a registered nurse
 - under 'assistance with the self-administration of medication', a nursing assistant or personal care worker may provide assistance or supervision for a participant who is able to self-administer their medication. This may include reminding them to take their medications, assisting with opening packaging or arranging for a pharmacist to prepare Webster packs.
- All aged care workers must have the appropriate qualifications, skills or experience to deliver funded aged care services, and work to their scope of practice.

- The participant's care plan should clearly document what services are being delivered to meet their medication support needs.
- Care planning for medication support will generally require the input of a registered nurse, especially when this extends beyond support with self-administration.
- If delivering 'nursing care', refer to [guidance on the strengthened Aged Care Quality Standards relating to medication](#).

Health education

What services can assist with health education?

- All services under 'nursing', 'allied health and other therapeutic services' and 'therapeutic services for independent living' can be used for health education where it is within the health care workers' scope of practice. For example:
 - 'registered nurse' services could cover education on diabetes management
 - 'speech pathologist' services could cover education on modified texture diets.