



Support at Home – the new priority system and funding allocation

October 2025

At the start of your aged care journey, you may be seeking information on how to access government-subsidised aged care services, such as **Support at Home**, and what steps are involved in the process.

The **My Aged Care** website www.myagedcare.gov.au is a central resource for navigating aged care services. It provides clear guidance, checklists, and practical information to help you understand and access the services available.

You can also call My Aged Care on **1800 200 422** for help navigating aged care services.

Eligibility for an aged care assessment

If you are currently receiving a Home Care Package or you have been approved and are waiting for Home Care Package to be allocated, you will not need to get a new aged care assessment to access Support at Home. You will be transitioned to Support at Home on 1 November 2025.

If you are new to aged care, and would like to access Support at Home, you will need to have an aged care assessment. You may be eligible for an assessment if:

- you are aged 65 years or older, or
- you are an Aboriginal and Torres Strait Islander persons aged 50 years or older, or
- you are aged 50 years or older and experiencing, or at risk of, homelessness, and have care needs that meet the eligible criteria.

How do I access Support at Home services?

The first step is to check whether you are eligible for an aged care assessment. You can do this by:

- completing the Apply for an Assessment Online form on the My Aged Care website
- calling My Aged care on 1800 200 422
- asking your GP, health professional or hospital to make a referral on your behalf
- booking an appointment with an Aged Care Specialist Officer (ACSO).

Once your application is approved, you will be referred for an assessment. Assessments are usually conducted in person, at your own home.

Support Plan and Notice of Decision

If you are assessed as eligible for the Support at Home program, you will receive two important documents:

1. **Your Support Plan** outlining a summary of your aged care needs and goals and the approved services you can access from the Support at Home service list
2. **Notice of Decision** letter confirming your eligibility for government-funded aged care services and includes your approved classification level.

What is the Support at Home Priority System?

The Support at Home Priority System is a new way of determining how older people are prioritised for government-funded aged care services once they have been approved for the Support at Home program. This will commence on 1 November 2025 and will replace the National Priority System currently used under the Home Care Packages Program.

Once you are approved for Support at Home, you will be placed in the Support at Home Priority System and set as 'seeking services'. This means you will be eligible to receive funding as soon as it becomes available, based on the priority category you are placed in. You will be assigned to one of four priority categories: urgent, high, medium, and standard.

Your priority level is determined based on information collected by the assessor during your aged care assessment, including your care needs, living arrangements, and other relevant factors. The amount of time you may wait before services commence will depend on the priority category you are placed in. Estimated wait times are communicated on the My Aged Care

website to let you know how long you might wait for funding to be allocated. Those with more urgent needs will be prioritised to receive services sooner.

When funding becomes available and assigned to you, the Department of Health, Disability and Ageing will notify you by letter. This ensures you are informed and can begin accessing services in line with your assessed needs.

What if I'm not ready to access Support at Home Services?

If you are approved for Support at Home but are not yet ready to begin receiving services, you should inform your aged care assessor during your assessment. Your application will then be set to 'not seeking services', which means you will not be allocated funding until you advise you are ready to receive care.

You can request to be set as 'seeking services' or 'not seeking services' at any time. This can be done by contacting My Aged Care, or by updating your status through your [My Aged Care Online Account](#).

Interim funding

In periods of high demand for Support at Home, you may be eligible to receive interim funding. This ensures you are not left waiting unnecessarily without access to essential care.

If you are allocated Interim funding, you will receive 60% of the total funding for your approved Support at Home ongoing classification. This means you can start receiving the most critical services to help you remain living at home. The remaining 40% of your funding will be assigned as soon as it becomes available.

Who is eligible for interim funding?

You may be eligible for interim funding if you:

- were on the National Priority System on or before 31 October 2025 and assessed as eligible for a Home Care Package, or
- are assessed as eligible for Support at Home services from 1 November 2025.

Full funding will always be allocated to older people who are:

- categorised as an urgent priority on the Support at Home Priority System, or
- approved for the Restorative Care Pathway or End-of-Life Pathway. Note, you will not receive your full ongoing Support at Home package allocation at the same time as receiving funding for the Restorative Care Pathway unless you are also categorised as urgent priority.

How will I be notified?

If you are allocated interim funding, the Department of Health, Disability and Ageing will notify you by letter. The letter will confirm that:

- interim funding has been allocated, representing 60% of your approved Support at Home classification
- you may now commence receiving services
- the remaining 40% of funding will be released as soon as it becomes available.

When full funding is available, you will receive a second letter outlining that you now have been allocated your full budget under Support at Home.

What to do after you've been allocated full or interim funding

Once you have been notified that funding has been allocated, you will have **56 calendar days** from the date of allocation to find a provider. If you need more time to find a suitable provider, you can request a 28-day extension by contacting My Aged Care.

To help you find a provider there are a few different things you can do:

1. Ask your assessor to refer you to a provider
 - If you choose this option, the assessor will refer you to a local provider, who will then contact you directly.
2. Use the My Aged Care [find a provider tool](#) to search for a local provider
 - If you prefer to search independently, you will receive a package allocation letter from My Aged Care with a referral code. You can provide this code to your chosen provider so they can begin organising your services.
3. Contact My Aged Care 1800 200 422
 - Staff can offer guidance and support to help you find a provider that meets your needs.

Once you have selected a provider, you will need to notify them of your funding or **interim funding allocation**, so they can begin arranging your services.

There are a few other steps you will need to take to start receiving the care and support you need to live well at home. These include:

- Reviewing your care plan
 - Work with your chosen provider to develop or update your care plan based on your assessed needs, goals and preferences.
- Choosing your services
 - Discuss with your provider the services you would like to choose based on your approved services list and allocated budget. These could include services such as nursing care, physiotherapy, occupational therapy or dietitian services.
- Understanding your allocated budget
 - Your budget is allocated quarterly. You can carry over \$1,000 or 10% of your quarterly budget, whichever is higher, to the next quarter.
- Understanding your participant contribution rates
 - The Government will fully fund clinical care services such as nursing care or physiotherapy. Depending on your income and assets assessment you may need to contribute towards some of your other home care services.
 - Services Australia will write to you to confirm your contribution rate or advise if you need to complete an income and assets test to confirm your contribution rate. Your provider will also receive advice from the Government about your contribution rate and will assist you to understand how much you need to contribute towards your aged care.