



A new chapter for aged care from 1 November webinar

Frequently Asked Questions

Thank you to everyone who attended and submitted their questions in [our 21 October webinar](#). This document provides answers to frequently asked questions from this webinar.

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Support at Home program

When a Support at Home participant reaches their lifetime contribution cap, what happens?

There is a lifetime cap on contributions. Once you have reached the cap towards your services you will not be charged any more for the services you receive. The cap will be indexed in March and September each year.

See the [Schedule of contributions for Support at Home services from 1 November 2025](#) to see what cap applies.

Will the self-management option under Support at Home still allow for the paying up front of Service Providers before submitting invoice to the Care Provider for re-imburement in full or part?

Please refer to our [self-management under Support at Home fact sheet](#).

Is there going to be any support in helping organisations develop pricing for Support at Home?

We have developed a range of [Support at Home pricing resources](#) on our website.

How will Home Care Package recipients' access to care remain equitable in comparison to Support at Home recipients?

Home Care Package care recipients have been transitioned to Support at Home under a transitional HCP classification aligned to their previous funding level. If a transitioning participant's care needs have changed, they can seek a Support Plan Review/re-assessment if required. There is no block to transitioned participants accessing a new Support at Home classification at a higher funding level if they are assessed as needing one. They can also be assessed for any of the new short-term pathways for Support at Home: Assistive Technology and Home Modifications scheme, Restorative Care Pathway and the End-of-Life Pathway.

Under Support at Home, can a provider act as the 'provider of record' for a self-managed participant and offer a service limited to receiving, managing and claiming invoices for third-party workers arranged by the self-managed care recipient? If yes, which provider registration category (or categories) must the provider hold to do this?

As a registered provider, you must understand and comply with your responsibilities to participants and in delivering care and services. These requirements are set out in the *Aged Care Act 2024*, strengthened Quality Standards, Statement of Rights and the Code of Conduct. Find out more information about [responsibilities to Support at Home participants](#).

How will Support at Home providers manage meal delivery items if they must be claimed per individual meal? Every meal is priced differently and the administration is complex.

The department has received feedback from the sector on potential complexities linked to meals pricing and claiming and is considering options for simplification.

Find out more information about [prices for Support at Home participants](#).

When and how will providers hear about their transition to Support at Home and confirm the registered categories?

We sent formal confirmation of deeming outcomes to providers on 1 November 2025. The email came from a health.gov.au email address with the subject line: **Registration notification under the Aged Care Act 2024.**

The notification includes:

- details of registration categories
- details of places where government-funded residential care services or funded flexible care services are delivered (where this applies)
- registration end date
 - registration end dates will be a minimum of 6 months from 1 November 2025
 - The Aged Care Quality and Safety Commission (the Commission) will reach out to registered providers well ahead of their registration end date, inviting them to apply for re-registration.

Find out more information on [transitioning to Support at Home on 1 November 2025](#).

When will we be notified of details for our transitioning participants on package levels and contribution rates?

Transitioning participants do not get new Support at Home Classifications 1-8, they are placed on a transitional classification equivalent to their Home Care Package funding level.

Estimated contribution rates for transitioning participants were made available in the [Services Australia Aged Care Provider Portal](#) on 1 October 2025. Formal contribution rate correspondence will be sent to older people and their supporters after 1 November, and will be available to providers in the Aged Care Provider Portal, or via integrated software (if applicable) from 6 November 2025 following the planned system upgrades and read-only period.

How will subsidies and supplement work in Support at Home?

Transitioned participants will continue to receive funding equivalent to their Home Care Package level, including supplements.

Funding amounts for transitioned participants are outlined in [Schedule of Subsidies and Supplements for Support at Home](#). Note these are indicative and are subject to indexation.

Find out more information about [funding for Support at Home](#).

How will the new Act affect Support at Home service or brokerage agreements?

You are responsible as the registered provider to make sure any third parties meet the requirements of the Aged Care Act 2024 and [Aged Care Quality Standards](#).

You may choose to engage a third party or associated provider to deliver some on a once-off or ongoing basis to meet participant needs or requests. A participant can also ask to use a third-party worker under the [self-management model](#).

Services using third parties must still be drawn from the [service list](#) and the [Assistive Technology and Home Modifications list](#). Your prices must reflect the costs of delivering the service, including sub-contracting.

Find out more information about [using third-party services](#).

What are the implications if a provider doesn't have all of the new Support at Home participant agreements signed by 1 November?

As part of the *Aged Care (Consequential and Transitional Provisions) Rules 2025*, participants will need to finalise their service agreement or variation within 90 days of their individual contribution rate determination being made.

The Aged Care Quality and Safety Commission will prioritise a focus on the delivery of high-quality and safe care, with a risk-based and proportionate approach to compliance with all requirements under the *Aged Care Act 2024*. The *Aged Care (Consequential and Transitional Provisions) Rules 2025* provides a period in which providers will not be in breach of their conditions of registration if finalising service agreements or variations after 1 November 2025.

We are still waiting on confirmation on some current participants' contribution details. We need to get new signed service agreements before 1 November. How do we do this?

A service agreement does not need to include the exact rates that will be determined by Services Australia. Instead, it can state that the participant agrees to pay contributions as determined by Services Australia.

Participants and providers with outstanding service agreements or variations are encouraged to continue finalising these agreements.

For participants who are confident with the estimated contribution rate provided by Services Australia or calculated using the [Support at Home Fee Estimator](#), we also encourage participants and providers to finalise service agreements or variations as soon as possible.

Participants and providers can negotiate alternative arrangements prior to a participant receiving their finalised contribution rate and finalising their service agreement. For example, this may include the participant agreeing to pay interim contribution rates or service prices without agreeing to the contribution framework.

Participants can wait until they have received their finalised contribution rate from Services Australia to enter their service agreement, especially participants who do not know what their contribution rate is likely to be.

In terms of service allocation, will a grandfathered client continue receiving a carer for a set number of hours (e.g. 2 hours) to assist with all required tasks such as showering, cleaning, and transport as needed — or will their services need to be divided into separate categories (e.g. personal care, domestic assistance, transport) with different shifts under the new system?

Services need to be split into the appropriate category for pricing and claiming for all participants, including grandfathered ones, but it is up to an individual provider how they staff and schedule these services.

End-of-Life Pathway under Support at Home

What is the process of application of the End-of-Life Pathway?

Information on the application process for the End-of-Life Pathway can be found in [the Support at Home Program Manual](#) (section 15.4).

Regarding end-of-life care, can any provider access funding under this category, or does it need to be delivered by specific approved providers?

There is no specific registration category for the End-of-Life Pathway. However, to deliver ongoing Support at Home or the End-of-Life Pathway, the provider must be registered into Category 4 – personal and care support in the home or community with the service type ‘care management’. Other services can be delivered through the pathways according to the provider's registration. A provider must be registered into all registration categories that include the service types they will claim subsidy for, even if the service is subcontracted to another registered provider.

When accessing the End-of-Life Pathway, what will be the process to work out co-contributions for participants that haven't registered previously?

The process for determining co-contributions for the End-of-Life Pathway will follow the same process for the rest of Support at Home.

If an individual accessing aged care services for the first time is receiving a means tested payment such as the Age Pension, their contribution is assessed as soon as they enter care based on the information we already hold in our system.

Services Australia does not automatically prioritise individual means assessments. If there is a need to expedite an assessment for example if someone is needing to access end-of-life care, they or their nominee should contact the Services Australia Aged Care line and discuss the situation with one of their service officers.

Commonwealth Home Support Program (CHSP)

What does it mean for the clients without My Aged Care assessments and without Exceptional Circumstances going forward regarding referral codes?

To continue accessing government-funded services from 1 November 2025, CHSP clients who have never had an aged care assessment must register with My Aged Care and [apply for an assessment](#) as soon as possible.

They can do this by:

- asking their provider to refer them for an assessment through My Aged Care
- applying online through the [My Aged Care](#) website or calling 1800 200 422 (free call), 8am to 8pm Monday to Friday and 10am to 2pm Saturday (local time).
- booking a face-to-face appointment with an Aged Care Specialist Officer at select Services Australia service centres on 1800 227 475, 8am to 5pm Monday to Friday.

If they choose not to be assessed, they will no longer be eligible for CHSP services and will need to pay the full price of care to their provider to continue receiving services from them.

Can Support at Home clients continue to have CHSP top-ups if assessed for an upgrade?

The CHSP has been extended from 1 July 2025 to 30 June 2027 and comes under the new *Aged Care Act 2024* from 1 November 2025.

From 1 November 2025, there are four circumstances where a Support at Home participant can access additional subsidised services through the CHSP as a short-term or time limited arrangement:

1. Pre-existing CHSP social support group
2. Hoarding and Squalor
3. Cottage respite, Community and centre-based respite and Flexible respite
4. Emergency Access: in emergency situations, where a Support at Home participant has an urgent and immediate health or safety need, and their individualised budget has been fully allocated or they are waiting for their budget allocation, some additional CHSP services can be accessed on a short-term basis. These services must be monitored and reviewed.

If a Support at Home participant requires services over and above their budget allocation, the provider and participant can enter into a private agreement for the purchase of additional services. Additional services are not funded by the government, with the participant to pay the entire cost of the service.

Interim CHSP services are available if the client is waiting for an allocated Support at Home budget.

Can CHSP providers registered in Category 4 offer Support at Home services from 1 November?

For the 2025-27 period, CHSP providers will be deemed to be registered in the relevant category or categories to deliver the specific CHSP services as outlined in their 2025-27 grant agreement.

Existing CHSP providers will be automatically moved, or deemed, into one or more registration categories on commencement of the Act. This will be based on the services a provider offers, or those required to be delivered as part of grant agreements.

CHSP registered providers who are seeking to vary their existing registration categories, register in new categories or to deliver Support at Home services, will need to apply to ACQSC.

How long will existing CHSP clients have to get a Service Agreement in place under the new Act?

As a condition of registration to deliver funded aged care services, CHSP providers must have a Service Agreement with each client as outlined in the Act and the Rules.

Key elements of the Service Agreement requirements should already exist in CHSP providers' current arrangements with existing clients, as set out in the CHSP grant agreement, the CHSP Manual and in Quality Standard 2 – Ongoing assessment, as well as through planning with clients.

It is expected that providers have existing arrangements in place that document the following *key elements* of their service delivery with their existing clients:

- details of the client, including their My Aged Care number
- details of the provider, including provider name and contact person details
- agreed services to be delivered – with a start date for each (and end date for non-ongoing services)
- the agreed amount of client contribution for each service type to be delivered
- details of service review dates in line with the requirement that a formal review of services must occur at least once every 12 months.

From 1 November 2025, CHSP clients cannot be charged a client contribution without arrangements that include the key elements listed above.

From 1 November 2025, there will be **new additional requirements** that reflect new service list names, specify review dates and variation arrangements, and circumstances where services can be ceased and include:

- Access approval (Notice of Decision)
- Classification level (CHSP)
- New CHSP service list names
- Variations and termination arrangements
- Cooling off period

- Support persons to assist with Service Agreements.

By the next date of formal service review (that must occur at least once every 12 months), providers will be expected to have a single consolidated Service Agreement that documents existing and new elements for their existing clients. Providers can use the Service Agreement template provided by the department.

Key resources, including templates and user guides, are available on the department's website under [CHSP Service Agreements](#).

Where is the Contribution Framework for CHSP Service Agreements?

You can find the Guide to the National CHSP Client Contribution Framework in Appendix E of [the CHSP Program Manual](#).

How do Home Adjustments under CHSP and the Assistive Technology and Home Modifications (AT-HM) Scheme under Support at Home differ?

The CHSP and Support at Home have different program structures and eligibility requirements. Older people will be approved to access aged care supports based on their support needs. Program comparisons need to consider the full range of supports available to the client.

Clients approved to access CHSP Home adjustments will be able to access up to \$15,000 in subsidised support each financial year to assist with modifications to the home to support safety and independent living.

Older people who have been approved to access the AT-HM scheme will have access to funding to access products, equipment and home modifications through their allocated funding tiers. Funding is available for 12 months and may be extended for an additional 12 months to complete complex home modifications. High tier funding is capped at \$15,000 per lifetime.

New regulatory model

Will there be un-announced visits to residential aged care providers from 1 November?

The Commission will announce audits as part of the provider registration process in accordance with the new Aged Care Act and Rules. Under the new Aged Care Act and Rules, the Commission will be able to undertake unannounced visits of providers and resident care homes when required. Unannounced visits are expected to be undertaken in response to identified risk.

When will the new self-assessment tool under the new standards be available?

The Commission has developed a [pre-audit readiness checklist](#) to help providers prepare for and anticipate the audit process. This checklist includes links to the Commission's provider audit guides and draft agendas to help prepare and take part in audits. It describes the purpose of audits and how they help them make decisions, audit process stages, what to expect and

what to do at each stage, types of evidence they consider, how they define our audit ratings, audit tools they use and other relevant resources.

What documents do providers need to provide for re-registration? Will there be a secure portal to share them?

The [Audit Evidence Collection Tool](#) (AECT) must be completed and returned to the Commission with supporting documentation at the commencement of the audit for an organisation or person who is seeking re-registration in Category 4, 5 and/or 6. The Commission will use the AECT to collect evidence about an applicant's systems and processes, and how they deliver high-quality care to older people. The AECT has a supporting document list that describes the type of document and maps it against the related outcomes. The documents are submitted to the Aged Care Quality and Safety Commission Digital Audit Tool portal. A [Renewal of Registration Audit guide](#) is available on the Commission's website.

Do providers delivering both residential and home care services need to complete separate Audit Evidence Collection tools?

Registered providers are audited based on the service types they deliver in registration categories 4, 5 and 6 and the Quality Standards that apply to these service types. More information can be found in the [Strengthened Quality Standards quick reference guide](#).

The Audit Evidence Collection Tool (AECT) relevant to the audit type must be completed **once** (only) for the provider (organisation or person for initial registration audits) as part of the audit program.

- Organisations or persons must complete the [Audit Evidence Collection Tool \(AECT\) – Registration](#) as part of the initial registration audit.
- Providers must complete the [Audit Evidence Collection Tool \(AECT\) – Renewal](#) as part of a renewal of registration audit for categories 4, 5 and 6.
- Providers must complete the [Audit Evidence Collection Tool \(AECT\) – Variation](#) as part of a variation audit, where they are asking to add categories 4, 5 or 6 to their registration.

Under the new model, will audits be more tailored to home care?

Under the *Aged Care Act 2024*, funded aged care services are grouped together under 6 registration categories, based on similar types of care, complexity and risk. The Commission undertakes an audit to help us to understand if the provider (organisation or person for initial registration audits) can conform with the [Aged Care Quality Standards](#) relevant to the registration category. We do this by applying a methodology, including collecting evidence, relevant to the type of audit (registration, renewal of registration, variation of registration), registration category(ies) and Quality Standards. We have conducted a number of test audits of providers who, from 1 November 2025, are/will be deemed as registered across registration categories 4, 5 and 6 to deliver care in home and community settings as well as residential care homes, depending on the service types in those categories they deliver, and have refined how we undertake these audits to reflect the care and services that are provided.

You can find more information about audits in the [Registration audit guide](#), [Renewal of registration audit guide](#) and [Variation of registration audit guide](#).

Since the Commission is moving to a risk-based approach and acknowledges providers won't be perfect from day one, could you please clarify how the Commission defines the fine line between risk and non-compliance?

The Commission will respond to non-compliance with provider obligations based on the level of risk and how effectively the provider is managing it. Although all forms of non-compliance are a concern to the Commission, their primary objective is to create an environment in which providers are suitably incentivised and equipped to actively work to meet their obligations, and when they fall short, they want them equally committed to investing in fixing those compliance issues.

With the exception of immediate and severe risk that requires safeguarding measures to be imposed as quickly as possible, providers will get a window of opportunity to demonstrate their willingness and ability to mitigate compliance risks the Commission detects. The size of that window of opportunity will obviously depend on the level of risk the non-compliance poses to people receiving care.

In some local governments, the executive team make decisions about the administration of the aged care service, not elected members. Will these elected members be considered responsible persons?

Under subsection 12(2) of the Act, any person who is a member of the governing body is also a responsible person for the provider. Elected members of the council are responsible persons.

Associated providers

Are providers required to register Associated Providers for categories 1–3, or is registration only necessary for categories 4–6 with notification of any changes?

All registered providers must tell the Commission about their associated providers when they register and when they renew their registration. In addition, providers who are registered in categories 4, 5 and 6 must notify the Commission of their arrangement with an associated provider who is delivering services in categories 4, 5 or 6 on their behalf:

- starts
- changes
- extends
- ceases (ends).

Providers do not need to notify them of changes to their associated providers if the associated providers are only delivering services in categories 1, 2 or 3. For more information, see the [Guidance for associated providers](#).

If a self-management client engages an ABN care worker and we perform credential checks, is this ABN care worker considered an associated provider?

The Commission considers an aged care worker **is not** an associated provider. If an individual meets the definition of an aged care worker (i.e. an individual employed or otherwise engaged by a registered provider to deliver funded aged care services), they do not consider the same individual can at the same time (and in the same capacity) be an associated provider. In this example, it would appear the individual would meet the definition of an aged care worker (and therefore would not be an associated provider). Ultimately, providers are responsible for understanding and applying the legislation that applies to them. The [regulatory bulletin](#) is a reliable guide on how they, as the regulator, will be interpreting and applying the aged care law.

How do residential aged care providers determine which maintenance contractors are Associated Providers given most are providing a service under the service list?

The best way to determine whether or not a particular organisation is an associated provider is by taking a look at [the aged care service list](#) in the Aged Care Rules. If you have an arrangement with an external organisation to deliver any of the funded aged care services on that list to older people, but you are paid by the government for the delivery of that service, they are likely to be an associated provided.

Are agency staff delivering care services associated providers or 'aged care workers'?

People who are sourced from a labour hire agency (agency workers) engaged by a registered provider to actually deliver the funded aged care services on their behalf are considered to be aged care workers under the new Aged Care Act. This is because:

- while the nature of this engagement is not an employment relationship, the registered provider has primary control over the conduct of the agency workers
 - for example, the agency workers need to follow the directions of the registered provider, are required to comply with their policies, use their systems, etc.
- as such, the Commission considers these workers to have been 'engaged' by the registered provider, which means they meet the definition in section 11(4)(a) of the Act.

For more information, see the [Guidance for associated providers](#).

When will the associated providers guidelines be available for providers?

The Commission published a [regulatory bulletin](#) on associated providers on 13 October, which is available to view on our [website](#). We also have [answers to frequently asked questions](#) about providers' obligations for their associated providers on our website, which we will continue to review and update as appropriate.

Financial viability

What measures are being taken to address providers' financial viability in aged care?

The Government has implemented structural reforms to ensure fairness, equity and sustainability of aged care funding to make sure older people receive quality care now and into the future. This includes Support at Home with a participant contribution approach. For residential care, changes to daily living and care contributions and the package of accommodation contribution reforms.

The [new Financial and Prudential Standards](#) will take effect on 1 November, setting out the minimum requirements for good financial and prudential management of registered providers of government funded aged care. The new Standards aim to strengthen the financial governance and sustainability of aged care providers, so they can deliver high-quality care and services and maintain continuity of care for older people.

Eligible aged care providers can access free financial viability and capability support, including the Business and Workforce Advisory Service (BWAS). Targeted support is also available to assist providers transition to Support at Home. Find out about [financial viability and capability support for aged care providers](#).

Is the Government still intending to move to service price caps for Support at Home from 1 July 2026?

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.

Contributions and costs under Support at Home

How frequently will client contributions be reviewed?

Services Australia will use a person's income and assets to work out how much they'll contribute to their Support at Home costs.

Participants must report any changes in their personal or financial circumstances to Services Australia. This will help keep their aged care fees correct.

When will clients and providers be advised of final participant contribution rates?

Estimated contribution rates for transitioning participants were made available in the [Services Australia Aged Care Provider Portal](#) on 1 October 2025. Formal contribution rates notifications will be sent to older people and their supporters after 1 November.

If participants pay additional or higher costs for domestic or gardening support services, and are contributing to daily living, is the contribution calculated for only the days of service use or do they pay the daily contribution calculated for 7 days a week?

Contributions are calculated on a per service or per hour basis and only charged when a service is delivered. For example, if someone receives an hour of personal care at \$100 per hour, if they have a 10% contribution rate they will pay \$10.

Do full pensioners need to make a co-contribution towards non-clinical services?

Support at Home program participants will contribute towards the cost of some services, while other services will be free of charge. Older people will only pay contributions for services they receive.

Contribution rates are based on income and assets, not just whether someone receives the Age Pension. If a person's income and assets are the same as those of a full pensioner, they may be eligible for the lowest contribution rates.

Workforce and training

Will there be any additional employee employment checks or qualification requirements required for new and current aged care staff?

Changes to worker screening will begin from 1 November 2025 in line with the new Aged Care Act. These changes will mostly impact Commonwealth Home Support Program (CHSP) workers. This is the start of broader changes to aged care worker screening, which will not take effect before mid-2026. You can learn more on our [worker screening page](#).

Will there be mandatory training for home care support workers in Alis?

You can access [eLearning for workers on the new Aged Care Act and Support at Home, including Alis modules](#), through our website.

Can you explain what changes there will be for how social workers will deliver services to older people in the new aged care system?

We have published [resources for primary care and allied health professionals, including social workers](#), to understand what and how changes will impact them under the new Aged Care Act.

Digital systems

When will the Support at Home template be live for us to update our service list and pricing in My Aged Care?

Support at Home providers are able to update service and pricing information from 3 November in the My Aged Care Service and Support Portal. We ask providers verify and update the

services they deliver and confirm outlet names before 7 November to ensure accurate service and pricing information. Refer to [the Support at Home provider transition guide](#).

What are the key documentation and system requirements for submitting accurate and timely Support at Home claims under the new guidelines?

The [Support at Home eKit](#) from Services Australia has files to help you make claims in the Aged Care Provider Portal.

Will providers be able to submit a subsequent HCP claim for October?

Providers will be able to submit their final Home Care Package claims for October starting on 5 November on the Aged Care Provider Portal. Providers must do this before commencing Support at Home claiming. See our [finalising HCP claims factsheet](#) for more information.

Once the final October HCP claim is submitted, no further claiming is possible under the HCP program. Any corrections can be managed manually by providers and Services Australia using existing processes.

Will there be any changes to My Aged Care for residential outlets and how information and pricing is displayed?

We refreshed the My Aged Care website for the new Aged Care Act and Support at Home program on 1 November 2025. This includes upgrading the Fee Estimator and Find a provider tools. More information on [the website update is available on My Aged Care](#).

What is changing in the Data Exchange in Stage 2 for CHSP providers?

The Data Exchange Stage 2 update for January 2026 will allow for reporting of service types at a more granular level. Providers will also be required to report My Aged Care ID information for all CHSP clients. These fields will initially be optional, but capturing this information is mandatory. The fields will become mandatory from mid-2026 onwards, with specific timing to be confirmed later. Visit our [CHSP reforms page](#) for more information and further guidance for providers.