Australian Government
Department of Health, Disability and Ageing

Support at Home Payment Integrity Rolling Review

Summary Report

Cycle 1: November-December 2025 claim data

Support at Home Payment Integrity Rolling Review
Cycle 1 (November to December 2025 claims data)
Key Findings

60 registered providers

1,405 unique participants

2,448 claims reviewed

35% of all claims had sufficient evidence of agreed price

67% of all claims had sufficient evidence of delivery

Support at Home claims for services

42% of claims had sufficient evidence of agreed price

78% of claims had sufficient evidence of delivery

Support at Home claims for Assistive Technology and Home Modifications

23% of claims had sufficient evidence of agreed price

50% of claims had sufficient evidence of delivery

Support at Home monthly statements

21% of statements had all required inclusions

51 of the 60 providers reviewed received findings relating to monthly statements

Actions for providers

- **understand and comply with Support at Home claiming, recordkeeping and monthly statement requirements**
- **document the price agreed with the participant before the service or item is booked, supplied or charged**
- **work with associated providers and third parties to ensure that documentation requirements are met appropriately**

What these findings mean

Cycle 1 identified substantial and recurring gaps in the evidence submitted by the providers reviewed, particularly evidence of agreed prices, delivery of goods and services, and compliance with monthly statement requirements. These findings highlight areas requiring continued provider education, clearer guidance and ongoing assurance activity as the Support at Home program matures. The results relate to a selected group of providers and claims from the first two months of the program. They should not be interpreted as representative of all Support at Home providers, or as evidence that services were not delivered or prices were not agreed.

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Executive summary

The Department conducted Cycle 1 of the Payment Integrity Rolling Review to assess whether selected Support at Home providers could demonstrate that claimed goods and services were delivered, prices charged were agreed with participants, and participant monthly statements met legislative requirements. The review examined documentary evidence submitted by 60 providers relating to 2,448 claims and 262 monthly statements covering the first two months of Support at Home (November to December 2025). The reviewed claims related to 1,405 unique participants.

Cycle 1 identified significant gaps in the documentary evidence submitted by the providers reviewed. In many cases, the evidence was insufficient to verify that goods and services were delivered as claimed, that prices had been agreed with participants, or that monthly statements met legislative requirements. These findings relate primarily to the sufficiency, completeness and timing of documentation and do not, of themselves, establish that services were not delivered, prices were not agreed or that claims were ineligible. Nevertheless, the gaps reduce transparency for participants and limit the ability to obtain assurance that claims are accurate and public funds are being used appropriately.

As the first payment integrity assurance review undertaken under Support at Home, Cycle 1 provides an important baseline of provider practices during the establishment phase of the program. Given that Cycle 1 reviewed claims from the first two months following implementation of the Aged Care Act 2024 and Support at Home reforms, the review adopted an education-focused approach, recognising providers were transitioning to new legislative, operational and system requirements while maintaining continuity of care for participants. Throughout the review, providers engaged constructively with the process, responded to feedback and identified opportunities to strengthen their recordkeeping, pricing documentation, claiming practices and monthly statement processes.

Key findings included:

- Only 35% of all reviewed claims had sufficient evidence to demonstrate that the participant had agreed to the price charged. Results were stronger for services (42%), compared to Assistive Technology and Home Modifications (AT-HM) items (23%).
- 67% of reviewed claims had sufficient evidence to demonstrate delivery (78% of services, 50% of AT-HM items).
- Only 21% of reviewed monthly statements contained all required legislative inclusions, with most providers having one or more deficiencies identified.
- The review also identified examples of claims that may not have aligned with Support at Home program requirements and highlighted broader issues relating to recordkeeping, data quality and transparency.

A recurring theme across the review was a lack of understanding of the level of detail required to demonstrate compliance with Support at Home recordkeeping, transparency and participant agreement obligations. Providers frequently relied on documentation that was incomplete, not contemporary or insufficiently detailed to verify compliance.

Each participating provider received an individual report identifying evidence gaps and areas for improvement and was given an opportunity to correct factual errors and provide a management response. Providers were advised to strengthen their records and processes, ensure monthly statements contained all required information, and improve the accuracy and transparency of claiming records. No Cycle 1 findings met the threshold for referral to the Commission for regulatory action. The results have informed expanded evidence guidance and will be used to target future assurance, communication and sector education activities.

Introduction

Support at Home is a Commonwealth funded program designed to help older people live independently at home. Ensuring the integrity of payments made under the program is critical to maintaining public confidence, safeguarding funds and ensuring services claimed are delivered as intended. Effective payment integrity processes help confirm that claims are accurate, supported by appropriate evidence and aligned with agreed prices. This supports choice, transparency and value for money for participants, and the appropriate use of government funding.

The Payment Integrity Rolling Review (PIRR) assures that registered providers (providers) have evidence to:

- verify that goods and services were delivered as claimed
- demonstrate that goods and services were charged at an agreed price
- verify that participants were supplied with monthly statements in accordance with legislative requirements.

PIRR will assure all active Support at Home providers against these core functions over time, conducting three to four cycles of the review each calendar year.

Findings

Evidence of delivery

The review assessed whether selected providers had sufficient evidence that goods and services were delivered to participants to verify their claim for payment.

Finding: Of the 2,448 invoice items reviewed, 67% had sufficient evidence to verify delivery. Results were stronger for services, at 78%, than for AT-HM items, at 50%.

Providers were better able to substantiate delivery where their records included contemporary progress notes, staff attendance or monitoring records, delivery receipts, clinical documentation, photographs, and/or correspondence with the participant.

Most claims (67% or 1,650 out of 2,448 invoice items) had sufficient evidence to verify that the good or service claimed was delivered to the participant. As outlined in sections 10.5 and 13.7 of the Support at Home Manual, providers are required to maintain documentation that demonstrates confirmation of delivery of goods and services for all participants, including self-managed participants and for goods and services delivered by third parties. Allied health, consumables and meal delivery can be substantiated by provision of an invoice only, however best practice is to also maintain progress notes, clinical reports, photographs or other secondary evidence in line with the requirements for other goods and services.

Service delivery

Of the 2,448 items reviewed, 1,542 were claims for services. Of these claims:

- 78% had sufficient evidence to verify delivery.
- Nursing care (93% of the 151 claims) and personal care (88% of the 121 claims) were the two categories with the highest proportion of fully substantiated delivery.
- Maintenance and repairs, including gardening (54% of the 118 claims) was the category with lowest proportion of fully substantiated delivery.

Assistive Technology and Home Modifications (AT-HM)

Of the 2,448 items reviewed, 906 were AT-HM claims. Of these AT-HM claims:

- 50% had sufficient evidence to verify delivery.
- Minor home modifications (87% of the 213 claims) was the category with the highest proportion of appropriate delivery documentation.
- Self-care products (46% of the 143 claims) and managing bodily functions (41% of the 115 claims) were the two categories with the lowest proportion of appropriate delivery documentation.
- The majority of providers were able to provide at least one piece of evidence to support delivery of items, such as an invoice, however secondary evidence was often missing or deemed unsuitable as did not include a date, description or other identifying information that allowed it to be cross-referenced.

Evidence of agreed price

It is the responsibility of a provider to charge prices that are reasonable, and to charge no more than the amount agreed with the participant. The agreed price for each service must be documented with the participant before the commencement of services, or goods are purchased.

A service agreement must contain prices for all services to be delivered to the participant (these prices can be listed in the pricing schedule or otherwise specified). It should also outline the process for obtaining agreement from the participant when a price variation is required and/or when a service price cannot be established before entering into the service agreement.

The review assessed whether there was sufficient evidence to support the price charged for invoice items, by assessing documentation that evidenced whether prices had been shared with participants prior to services commencing or goods being purchased, and the consistency of these agreed prices with the amount claimed under the program (and charged to the participant's budget).

Finding: 35% (or 860) of the 2,448 claims reviewed had sufficient evidence to demonstrate that the participant had agreed to the price before the good or service was booked, supplied or charged. The result was higher for services, at 42%, than for Assistive Technology and Home Modifications items, at 23%.

Common evidence gaps included service agreements without pricing schedules, records that did not specify the price discussed and agreed, and documentation created after the relevant good or service had been supplied.

While service agreements and price lists were the primary form of evidence submitted to demonstrate agreed prices for services, the review also accepted other documentation, including budgets and copies of correspondence between participants and providers, where these clearly demonstrated the agreed price for goods and services.

Services

Of the 1,542 claims for services:

- 42% (654 claims) had sufficient evidence to verify agreed price.
- Personal care (53% of the 121 claims) and domestic assistance (52% of the 120 claims) were the categories with the highest proportion of agreed price.
- Transport (6% of the 126 claims) and general respite (3% of the 102 claims) were the two categories with the lowest proportion of agreed price.

This was reflected in price lists and service agreements, where costs for core services were usually clearly detailed, while third party delivered services were frequently listed as 'available on request'.

Additional documentation heavily relied on care notes and client correspondence such as text messages. These pieces of evidence were frequently missing the required level of detail to substantiate agreement, such as not documenting a price point or budget, or not acknowledging if a price has changed since the original service agreement was signed. This does not mean that prices were not discussed or agreed, however the documentation was insufficient to verify provider compliance with obligations. Documentation received was not always relevant to the claim being

assured, and documentation such as care notes recorded more than a week after the service was delivered were unable to be accepted as evidence.

Action for providers: Providers must document the price agreed with the participant before a good or service is booked, supplied or charged, and retain evidence that clearly identifies the applicable good or service, agreed price, date of agreement and participant agreement. Where prices vary or third-party providers are used, providers must ensure that any updated or additional charges are agreed and documented before they are claimed.

AT-HM

Of the 906 claims for AT-HM:

- 23% (206) had sufficient evidence to verify agreed price.
- Communication and information management products, including personal alarms (26% of the 128 claims) and mobility products (24% of the 151 claims) were the two categories that had the highest proportion of complete documentation of agreed price.
- Managing bodily functions (19% of the 115 claims) had the lowest proportion of complete documentation of agreed price.
    - This could be explained by the high number of consumable products included in this category, such as incontinence aids, which are often recurring orders sourced through third parties at variable market prices. While seeking and documenting individual client agreement before each recurring order would be a high administrative burden, the use of an agreed quarterly budget for the category would provide sufficient evidence to meet provider obligations on pricing transparency.

It must also be acknowledged that this is a point in time review looking retrospectively at claims data from the first two months of a new program. Providers appropriately focused on delivering continuity of care to their clients through the transition period, and a grace period was given by the department for the finalisation of new service agreements with transitioned clients. From an assurance perspective, this means that a number of providers were unable to evidence agreed prices because the submitted evidence of service agreements and price lists were signed by clients weeks or in some cases months after the assured claim was delivered. Again, we advise caution in the interpretation of the overall findings because of the specific circumstances of this review cycle, and we will continue to monitor trends as the program becomes more established.

Action for providers: Providers must document the participant's agreement to the item and its price before an eligible Assistive Technology and Home Modifications item is ordered, supplied or charged. Providers must also retain sufficiently detailed evidence that the item was delivered, or the home modification was completed. Where third-party or associated providers are used, records must clearly identify the supplier, the item or work provided, the date of delivery or completion, and the amount charged.

Required inclusions in participant monthly statements

The review assessed whether selected providers were issuing monthly statements to participants that met legislative requirements.

Finding: Only 21% of the 262 participant monthly statements reviewed contained all required information. Findings relating to monthly statements were identified for 51 of the 60 providers reviewed. Common missing information included unspent Home Care Package (HCP) funds, Assistive Technology and Home Modifications funding. and applicable supplements. Some statements also did not clearly identify goods or services delivered by third-party or associated providers, or accurately record service categories, dates and quantities.

A total of 262 monthly statements were reviewed as part of this cycle. The review identified findings related to monthly statements for 51 out of 60 providers (85%). This high proportion is of concern, given monthly statements are a critical control for ensuring choice and transparency for participants. Some of the identified issues were directly related to the implementation timeline of Support at Home, as monthly statements reviewed in this cycle were issued in November-December 2025 immediately after the Aged Care Act 2024 and Support at Home came into effect.

21% of monthly statements reviewed had all required inclusions. Missing inclusions identified included unspent HCP funds (including proportional splits as held by the Commonwealth, provider and participant), AT-HM funds, and any applicable supplements.

A number of potentially out of scope claims were also identified and flagged with providers, such as the purchase of webster packs instead of assistance with medications, smart watches instead of personal alarms, and items that would be considered everyday living costs such as newspaper and pay TV subscriptions. Providers were reminded to familiarise themselves with the Support at Home and AT-HM services lists, and to claim only for eligible goods and services.

Many monthly statements did not clearly identify when services were delivered by third parties. Issues were also identified relating to data quality, such as units not

being entered correctly (e.g. Multiple hours or episodes of service delivery being claimed as a single unit), mismatched dates, and service types being incorrectly coded such as home maintenance being claimed under domestic assistance.

The transition from the 1997 Act and the old HCP program came with a number of challenges in terms of software and vendor updates to meet new legislative requirements, system integration with Services Australia, and the administrative burden of moving existing clients to new service agreements and ensuring they understood the changes to the way their funds and services were managed. While this does not excuse low compliance rates and does not alter providers' legislative obligations, it does explain the high level of adverse findings for this cycle. As part of their individual report and during voluntary exit meetings, providers were reminded of their obligations and provided with resources to support them in improving their awareness and understanding of monthly statement requirements. At the point of the review cycle conclusion in July 2026, many providers noted that they had already made improvements to their internal systems and staff training, which are expected to reduce the levels of non-compliance seen in future cycles. These trends will be monitored over our forward work program.

Further data regarding the number of claims and monthly statements reviewed and types of evidence received is available in Appendix B.

Action for providers: Providers must ensure that participant monthly statements contain all required information and accurately record the goods and services delivered, including the service type, date, quantity, price and applicable funding source. Statements must clearly identify goods or services supplied by third-party or associated providers, and include information about unspent funds, Assistive Technology and Home Modifications funding, and applicable supplements.

Provider participation

60 providers were selected for Cycle 1. See Appendix A for review methodology.

Provider response and remediation

Individual provider reports set out the evidence gaps identified and the actions providers were expected to take. Providers were advised to review their records and processes, address weaknesses in evidence of delivery and agreed price, ensure monthly statements contained all required information, and improve the accuracy and transparency of service and claiming records. Providers were also given an opportunity to correct factual errors and provide a management response outlining actions taken or proposed prior to their review being finalised.

Provider demographics

Provider size (number of clients):	Very large (>1001)	Large (501-1000)	Medium (201-500)	Small (51-200)	Micro (<50)
	20	15	15	7	3
Provider Organisation type	**Charitable**	**Community Based**	**Local Government**	**Incorporated Body**	**Religious**
	18	12	<5*	24	<5*

Provider Location	QLD	NSW	ACT	NT/TAS	VIC	SA	WA
	12	20	<5*	<5*	12	5	10

***** Results relating to provider characteristics are presented in aggregate form. Where the number of providers in a category is fewer than five, counts have been reported as "<5" to preserve confidentiality and reduce the risk of identifying individual providers.

There was no significant correlation identified between provider size and quality of evidence submitted. Micro providers performed the best overall in this cycle, however the sample size is too small to confirm any trends.

Provider size	Very large	Large	Medium	Small	Micro
Percent of items with evidence of agreed price	45%	52%	41%	13%	68%
Percent of items with evidence of delivery	77%	75%	93%	83%	92%
Percent of total items assured in cycle	33%	24%	26%	12%	5%

Conclusion

The review identified significant and recurrent weaknesses in providers' ability to demonstrate compliance with key Support at Home payment integrity and participant transparency requirements. The most significant gaps related to evidence of agreed price, evidence supporting delivery of AT-HM items, and compliance with monthly statement requirements. These findings do not necessarily indicate that services were not delivered or prices were not agreed; rather, they demonstrate that providers were frequently unable to provide sufficient evidence to verify compliance with their obligations.

This review assessed whether selected providers had appropriate evidence to support claims for goods and services delivered to participants, and whether key participant-facing requirements, such as monthly statements, were met.

The review teams noted a consistent theme indicating a lack of understanding of the detail required to meet recordkeeping and transparency obligations, and what was considered sufficient evidence.

- For evidence of agreed price, many providers submitted inadequate evidence including service agreements with no included price lists and/or without signatures, case notes indicating verbal agreement without a record of the price(s) discussed, and evidence that was not contemporary (i.e. agreements

signed or case notes completed weeks or months after the service was delivered).

- For evidence of delivery, many providers submitted only an invoice or monthly statement with no secondary evidence. This was observed for both service and AT-HM items, but was most prevalent for AT-HM.

Overall, the review identified a mix of practices and areas where provider processes could be strengthened. While many providers demonstrated evidence to support claims and delivery of services, gaps in documentation, price transparency, and required monthly statement inclusions were observed in many instances.

These requirements are intended to support the rights of older people to transparency, accountability, and confidence that public funds are being used appropriately for the services they receive. Where provider practices do not fully meet these requirements, it may reduce participants' ability to understand the services delivered, the prices charged, and whether their funds are being used appropriately.

In recognition of the implementation stage of Support at Home and the education-first approach of PIRR, no Cycle 1 findings were deemed as meeting the required threshold to be referred to the Commission for further regulatory action. The department will continue to undertake assurance activities to monitor provider claims and practices, including further targeted reviews where risks are identified.

Appendix A: Methodology

Review process

- In February-March 2026, 60 providers were notified (issued under section 513(1) of the Act[1]) of their selection to participate in the review.
- Voluntary entry meetings were held with 65% (39 out of 60) of providers.
- Providers were given 14 calendar days to submit documentary evidence through a secure data portal, with extensions offered by exception.
- Evidence for 2,448 invoice items (claims for Support at Home) was analysed, with supplementary evidence requested if required.
- Statement of Findings reports detailing individual findings were shared with providers in April-June 2026, with voluntary exit meetings held with 63% (38 out of 60) of providers.
- Providers were given an opportunity to correct factual errors and provide a management response addressing findings.
- Final reports were issued to all providers by end of July 2026.

The approach focused on the analysis of documentary evidence submitted by providers.

Assessment of documentation

Review officers analysed:

- Up to 5 monthly statements per provider for the months of November and December 2025, and
- Evidence to support 42 invoice items[2] for each provider, which could include progress notes, timesheets and data from apps, service agreements, pricing schedules, quotes and allied health assessments. Evidence packs ranged from ~80 to over 200 documents per participating provider.

Note: The Review team advises caution in interpreting the findings. Where relevant evidence could not be provided to the Review team, this may not mean these goods or services were not delivered to the care recipient, or that the price was inappropriate or not agreed.

See Appendix B for further breakdown of invoice items and evidence types reviewed.

[1] Under section 513(1), the System Governor (or a person assisting the System Governor) may request a provider to provide information or documents relevant to an assurance activity.
[2] A range of Support at Home invoice items were selected for review which included 26 service invoice items and 16 AT-HM items.

Appendix B: Quick reference tables

Number of claims reviewed	Total
Services	1542
AT-HM	906
Total claims reviewed	**2448**
Monthly statements	262
Total items	**2710**

	Services		AT-HM	
Demonstrated Agreed Price	**Yes**	**No**	**Yes**	**No**
Number of transactions	654	888	206	700
%	42%	58%	23%	77%
Demonstrated Delivery	**Yes**	**No**	**Yes**	**No**
Number of transactions	1198	344	452	454
%	78%	22%	50%	50%

	Services		AT-HM	
Providers with >50% of transactions showing:	**Number**	**%**	**Number**	**%**
Evidence of agreed price	29	48.3%	9	15.0%
Evidence of delivery	56	93.3%	32	53.3%

	Price	
Types of Evidence Provided	**Services**	**AT-HM**
Email record / correspondence	13	54
File note record of verbal agreement	6	28
Pricing schedule	145	22
Progress notes / care notes	62	99
Service Agreement	453	43
Signed budget	127	32
None	82	90
Other	27	26
Unsatisfactory	627	512
Total	**1542**	**906**

	Delivery	
Types of Evidence Provided	**Services**	**AT-HM**
Clinician records or reports	43	16
Electronic Delivery records	-	34
Geolocation data	16	-
Photos or videos	25	77
Progress notes / care notes	452	199
Signed delivery slip / invoice	254	127
Sign-in book or QR code at participant's home	3	-
Staff attendance records	243	-
Staff clock in/out data	120	-
None	43	53
Other	67	44
Unsatisfactory	276	356
Total	**1542**	**906**