Australian Government
Department of Health, Disability and Ageing

Aged Care Act 2024 Wait Times Report: Residential care and Support at Home

Third report

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1. Introduction

This is the third report compiled by the System Governor to meet the reporting requirement under section 342A of the *Aged Care Act 2024*, which mandates quarterly reporting on waiting periods for certain funded aged care services. The report presents information on the time it typically takes for older people to commence non-specialist, Commonwealth-funded aged care services after applying through My Aged Care. The report supports transparency and system monitoring in accordance with the Act (see Section 3). For the purposes of this report, non-specialist aged care services include:

- **Support at Home services** delivered on an ongoing basis
- **Short-term pathways** delivered under the Support at Home program, including:
    - the Assistive Technology and Home Modifications Scheme
    - the End-of-Life Pathway
    - the Restorative Care Pathway
- **Residential aged care services** delivered on either an ongoing or short-term basis.

This measure reflects elapsed time across the entire aged care access pathway (from initial application through to service commencement) and includes periods that do not constitute system-managed waiting time.

This elapsed time measure is not directly comparable to other published waiting time or entry period measures (for example, those reported in the *Report on Government Services*), as it incorporates different service types and uses a different starting point in the pathway. This measure is also not compatible with Support at Home wait time reporting on My Aged Care, as instead the metric on My Aged Care covers assessment approval to funding allocation. Consequently, differences observed in this report should not be interpreted as equivalent to published Support at Home waiting times.

The distribution of elapsed times is highly skewed, meaning median values better represent typical experience than averages. Further context on the aged care access pathway and factors influencing timing is provided in **Section 5** and **Appendix B**.

The report focuses on people who commenced aged care services between 1 July 2026 and 30 September 2026 (Quarter 1 2026-27). It presents the elapsed time for this cohort from applying through *My Aged Care* to assessment, allocation of funded services, and commencement of care. By examining the experience of this cohort, the report compares and contrasts by service type, state and territory, and local region.

As the analysis is based on retrospective data, the findings may not reflect current system pressures or wait times experienced by people entering aged care services at the time of publication.

The future statutory review of the operation of the Act will consider the future expansion of reporting on the duration of waiting periods for funded aged care services to cover specialist programs such as Multi-Purpose Services, Transition Care, and the Commonwealth Home Support Program.

2. Executive summary

- This report fulfils the quarterly reporting requirements set out in section 342A of the *Aged Care Act 2024* for waiting periods for residential care and Support at Home.
- It presents median and average measures of the time elapsed between application through My Aged Care to commencement of aged care services for the 1 July 2026 – 30 September 2026 (Quarter 1 of 2026-27) reporting period.
- Nationally, the median elapsed time was **267** days (9 months) from application to service commencement, compared with an average of **301** days (10 months).
- At the jurisdictional level, **Western Australia** recorded the shortest median elapsed time at **253** days, while **Queensland** recorded the longest at **280** days, a difference of **27** days.
- The End-of-Life Pathway recorded the shortest median elapsed time at **15** days, followed by the Restorative Care Pathway at **58** days.
- Support at Home (ongoing) recorded the longest median elapsed time at **309** days, followed by **226** days for Assistive Technology and **227** days for Home Modifications and **146** days for Residential Care (ongoing).

3. Reporting Requirements

Provision	Legislative requirement	Report section	Commentary
s342A(2)(a)	The number of applications for funded aged care services made under subsection 56(1) for which a decision under subsection 57(1) has not been made, including applications made during that quarter and previous quarters	6. Applications awaiting a decision	Reports count of applications awaiting an eligibility (triage) decision in Quarter 1 2026–27.
s342A(2)(b)	The average number of days between the date of an application for funded aged care services being made under subsection 56(1) and the commencement of the provision of non-specialist funded aged care services, where those services commenced in the quarter	7.1 Average and median waiting period (342A(2)(b) and (c))	Reports on the average number of days for non-specialist care.
s342A(2)(c)	The median number of days between the date of an application for funded aged care services being made under subsection 56(1) and the commencement of the provision of non-specialist funded aged care services, where those services commenced in the quarter	7.1 Average and median waiting period (342A(2)(b) and (c))	Reports on the median number of days for non-specialist care.
s342A(2)(d)	An assessment of the differences in the time taken between application and the commencement of services as a result of whether the non-specialist funded aged care service was delivered in an approved residential care home or a home or community setting	8. Assessment of differences by service setting	Reports on median and average days/months by service type and provides commentary to meet the requirement for the assessment of differences.
s342A(2)(e)	An assessment of the differences in the time taken between application and the commencement of services as a result of the State or Territory in which the non-specialist funded aged care service was delivered	9. Assessment of differences by State or Territory	Reports on median and average days/months by jurisdiction and provides commentary to meet the requirement for the assessment of differences.

Provision	Legislative requirement	Report section	Commentary
s342A(2)(f)	An assessment of the differences in the time taken between application and the commencement of services as a result of the local region in which the non-specialist funded aged care service was delivered	10. Assessment of differences by local region	Reports on median and average days/months by Aged Care Planning Region, as per the Aged Care Rules 2025, and provides commentary to meet the requirement for the assessment of differences.
342A(2A)	A report may include corrections or updates to information included in a previous report.	Disclaimer and introduction	No revisions to the Second report Quarter 4: 1 April 2026 to 30 June 2026, or earlier reports, are included in this report.

4. Methodology

Reporting period

This report covers people who commenced **residential aged care** or **Support at Home** services between **1 July 2026 and 30 September 2026**.

Scope

The report presents retrospective elapsed-time data for Commonwealth-funded aged care services for people commencing care between 1 July 2026 and 30 September 2026, covering the following care types:

- Support at Home (ongoing)
- Assistive Technology
- Home Modifications
- End-of-Life Pathway
- Restorative Care Pathway
- Residential Care (ongoing) and
- Residential (short-term).

Wait time measure

Wait time is calculated as the number of days between:

- the application start date, and
- the service commencement date based on the start notification submitted to Services Australia by the provider.
- Wait time in this report is expressed as the elapsed number of days between:
    - the application start date, and
    - the service commencement date recorded by the provider.
- This elapsed time includes a range of events across the aged care access pathway, not all of which represent time spent waiting for services to be delivered. For this reason, the report deliberately uses the term ‘elapsed time’ rather than ‘waiting time’.
- Further information on factors influencing timing across the pathway is provided in **Appendix B**.

Key dates

- **Application start date**:
    - For new applicants, the date the person applied through *My Aged Care*.
- **Service commencement date**:
    - The service entry date recorded by the provider in the Services Australia payment system.

Counting rules

- The report counts first applications made under subsection 56(1) through My Aged Care for residential aged care or Support at Home services.
- Each service type commenced by a person in the reporting period is counted as a separate entry.

- If a person commenced the same service type more than once in the reporting period, only one entry per person, per service type, per reporting period is included.
- Reassessments and Support Plan Reviews are excluded, as they are not counted as first applications for the purposes of section 342A reporting.

Outlier exclusions

People who opted out of receiving services under either the Home Care Packages Program or Support at Home at any point in their care journey are excluded from the calculations. These exclusions prevent the inclusion of outliers which would affect the average given a portion of this cohort hold historic assessment referrals, with some pre-dating the introduction of the Home Care Packages Program in 2013.

In addition, transitioned Home Care Package and Short-Term Restorative Care clients who were subsequently approved for Assistive Technology–Home Modifications funding, either through the data collection process or a Support Plan Review, were excluded. These clients already held an approved place, and the system should have recorded no break in care. They were also able to draw on Commonwealth unspent funds, meaning any subsequent approvals reflected an increase in funding only. Including these records would have skewed the AT-HM median and average to zero days.

Summary statistics

The report presents both:

- average (mean) wait times, and
- median wait times.

Median and average values are suppressed where fewer than 10 relevant commencements are included in a group. This is illustrated by dash (-) in affected tables.

Location data

Location is based on the address of the person receiving care at the time of service commencement. This may be a private residential address or the location of a residential aged care home.

Interpretation

While referred to as a wait time report, the measures reflect elapsed time between stages of the aged care pathway, including application, allocation, and commencement of care. Time from application to allocation is generally managed by the department. Time from allocation to service commencement may be influenced by individual choice, provider availability, and system-level factors.

Disclaimer

All data is sourced from departmental systems and reflects information available at the time of extraction:

- Support at Home service group commencement data was extracted on 12 October 2026
- Residential care service group commencement data was extracted on 12 October 2026

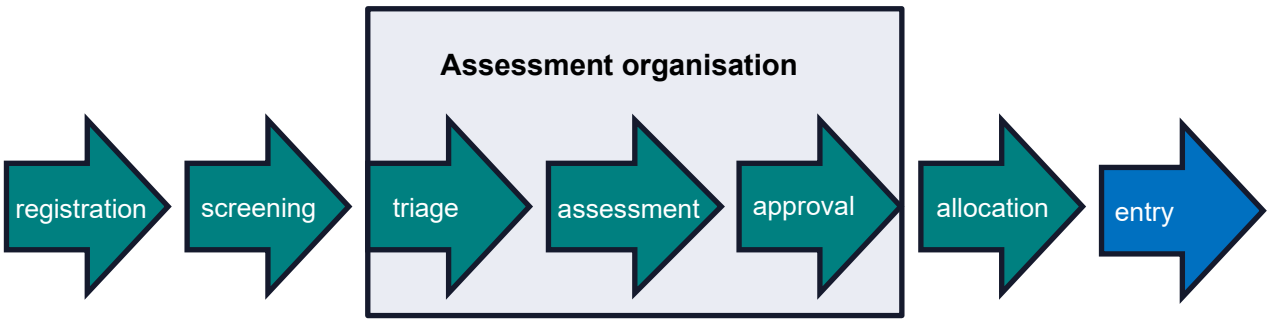
The measures presented in this report are not directly comparable with wait time or entry-period measures published elsewhere, including performance reporting in the Report on Government Services.

Some data may be incomplete or subject to later updates due to provider reporting schedules and administrative processes. Revised data may be published as an appendix to future reports.

Furthermore, not all start notifications may have been received by the Services Australia payment system at the time of reporting. As a result, some commencements have not been captured in this report due to the strict statutory timeframes that apply. Providers have up to 28 days to lodge a start notification for residential care and Support at Home.

For people who commenced services between 1 July 2026 and 30 September 2026, application, assessment or allocation dates may have occurred at any time prior to service commencement, including several years earlier. This contributes to longer elapsed time measures at the national level and reinforces the importance of interpreting results in the context of the full aged care access pathway.

5. The aged care access pathway



The process for starting aged care services for new participants

Stage	Description
Registration	An older person's details (like name and date of birth) are entered into the My Aged Care System to start the process.
Screening	After an older person has registered with My Aged Care, a screening process takes place. The older person answers a short questionnaire either: • online • via **phone with the My Aged Care contact centre** • through a GP, or • at a Services Australia **service centre.** Based on the responses, they are then referred to an assessment organisation for triage.
Triage	A Triage Delegate at an assessment organisation undertakes a phone call with an older person using the triage component of the Integrated Assessment Tool to confirm: • eligibility for an assessment • assessment type (home support or comprehensive) • assessment priority • whether urgent services/linking supports are required.
Assessment	A trained aged care needs assessor (clinical or non-clinical) meets with the older person and uses the Integrated Assessment Tool to understand their care needs and make recommendations. An assessment can either be a Home Support Assessment (entry-level services) or Comprehensive Assessment (Support at Home and residential care services), depending on the older person's needs. Aboriginal and Torres Strait Islander people have tailored options.
Approval	The assessor's recommendations are reviewed and approved by an assessment delegate. This step confirms what services the person is eligible for. The assessment delegate helps

	ensure the services the assessor has recommended meets the individual's needs, are evidence based, align with the goals and concerns identified during the assessment, are legally sound and meet all the eligibility criteria under the Act.
Method for allocation	If applicable, based on the person's needs and urgency, they are placed in a priority category. This affects how quickly they receive funding or a care place. For example; individuals are assigned to one of four priority categories if approved for Support at Home care services, based on a needs assessment: **Urgent, High, Medium** or **Standard**. This prioritisation determines how quickly funding is released.
Allocation	The person receives a formal letter called the 'Notice of Decision' confirming their care type and funding. They then choose a registered provider to deliver the services.
Service commencement	The provider begins delivering care. The start date is recorded in the system via a start notification and triggers payments to the provider. A provider has 28 days to lodge a start notification.
Support Plan Review	If the person awaiting or receiving care believes their aged care needs have changed since their assessment, they can apply for a 'Support Plan Review'. An assessor will speak with the person about their care needs and determine whether they can make changes to the person's existing Support Plan or refer them for a full reassessment (this will typically occur where there has been a significant change in their care needs).

6. Applications awaiting a decision

6.1 Number of undecided applications (342A(2)(a))

This section shows the number of applications made during the reporting period for which no decision has been made. For the purposes of section 342A(2)(a), applications awaiting a triage decision represent applications for which a decision under subsection 57(1) has not yet been made.

Table 1 below presents the number of applications that were still awaiting a triage decision at the end of the quarter. This count includes only first applications received through My Aged Care and excludes reassessments. Not all applications will lead to an approval for Support at Home or residential care.

Table 1: Triage count at end of the reporting period*

	Q1 2026-27
Applications awaiting triage decision	11,270

*Triage count is a snapshot as at the last day of each quarter.

7. Waiting periods for services commencing during the quarter

7.1 Average and median waiting period (342A(2)(b) and (c))

This section shows:

- Average number of days between application and commencement of services.
- Median number of days between application and commencement of services.

The data below presents the elapsed time for this cohort from applying through *My Aged Care* to assessment, allocation of funded services and commencement of care.

Please note: Time from allocation to service commencement may be influenced by individual choice, provider availability and system-level factors.

Table 2: Average and median number of days/months between application and commencement of all non-specialist services

Service Type	Measurement	Days	Months
All non-specialist services	Average	301	10
	Median	267	9

8. Assessment of differences by service setting

8.1 Residential care compared with home and community settings (342A(2)(d))

This section shows the assessment of differences in waiting times based on whether services were delivered in:

- Residential care (short-term and ongoing)
- Home or community settings (Support at Home, End-of-Life Pathway, Restorative Care Pathway, Assistive Technology and Home Modifications).

The data below presents the elapsed time for this cohort from applying through *My Aged Care* to assessment, allocation of funded services, and commencement of care.

Please note: Time from allocation to service commencement may be influenced by individual choice, provider availability, and system-level factors.

Table 3: Average and median number of days/months between application and commencement of services in a residential setting

Service Type	Measurement	Days	Months
Residential care (ongoing)	Average	365	12
	Median	146	5
Residential care (short-term)	Average	336	11
	Median	100	3

Table 4: Average and median number of days/months between application and commencement of services in a community setting

Service Type	Measurement	Days	Months
Support at Home (ongoing)	Average	318	10
	Median	309	10
Assistive technology	Average	233	8
	Median	226	7
Home modifications	Average	239	8
	Median	227	7
End-of-Life Pathway	Average	27	<1
	Median	15	<1
Restorative Care Pathway	Average	75	2
	Median	58	2

Key points

- The End-of-Life Pathway recorded the shortest median elapsed time at **15** days, followed by the Restorative Care Pathway at **58** days.
- Support at Home (ongoing) recorded the longest median elapsed time at **309** days, followed by **226** days for Assistive Technology and **227** days for Home Modifications.
- Residential care showed the largest differences between average and median elapsed times. Residential Care (ongoing) recorded an average of **365** days and a median of **146** days, while Residential Care (short-term) recorded an average of **336** days and a median of **100** days.
- The larger disparity observed in residential care compared with other service types suggests greater variability in the pathways to care commencement, potentially reflecting differing individual circumstances, care transitions, consumer choice, service availability and timing of entry to residential care. Approximately **23 per cent** of the cohort who commenced Residential Care (ongoing) in the quarter had previously entered the Home Care Packages Program or Support at Home on the same approval.
- Overall, the results suggest that access to urgent and time-limited pathways is broadly operating in line with policy intent, while ongoing services, particularly Support at Home and residential care, continue to have substantially longer elapsed times. As noted in **Appendix B**, elapsed times may be influenced by a range of personal, provider and system factors and should not be interpreted solely as system-managed waiting periods.

9. Assessment of differences by State or Territory

9.1 Elapsed time by State and Territory of service delivery (342A(2)(e))

This section compares elapsed time for non-specialist services across Australian jurisdictions, including average and median days between application and service commencement.

The data below presents the elapsed time for this cohort from applying through *My Aged Care* to assessment, allocation of funded services, and commencement of care.

Please note: Time from allocation to service commencement may be influenced by individual choice, provider availability, and system-level factors.

Table 5: Average and median number of days between application and commencement of services by jurisdiction

Service Type	Measurement	Days								
		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
All non-specialist	Average	297	299	316	278	317	280	333	254	301
	Median	272	261	280	253	262	262	268	267	267

Key points

- The difference between the highest and lowest jurisdictional medians was **27** days, ranging from **253** days in **Western Australia** to **280** days in **Queensland**.
- **Queensland** recorded the longest median elapsed time from application through My Aged Care to service commencement (**280** days) and the second-highest average elapsed time (**316** days). Queensland's median was **13** days longer than the national median of **267** days.
- **New South Wales** recorded a median elapsed time of **272** days, the second-highest nationally after **Queensland**. The **New South Wales** median was 5 days longer than the national median of **267** days, indicating longer-than-average elapsed times from application through My Aged Care to service commencement.
- **Western Australia** recorded the shortest median elapsed time (**253** days) and an average elapsed time of **278** days. This indicates comparatively faster access to services than other jurisdictions. The gap between the average and median (25 days) was also the smallest nationally, suggesting relatively consistent experiences across participants.
- The **Northern Territory** recorded the shortest average elapsed time (**254** days); however, results should be interpreted with caution due to the smaller number of participants compared with other jurisdictions.
- **South Australia** and the **Australian Capital Territory** recorded the highest average elapsed times (**317** days and **333** days respectively), despite median elapsed times that were closer to the national median (**262** days and **268** days respectively). The sizeable differences between averages and medians (**55** days in South Australia and **65** days in the ACT) indicate a subset of participants experience longer elapsed times influenced by a range of factors as per **Appendix B**, increasing the overall average for these jurisdictions.

10. Assessment of differences by local region

10.1 Elapsed time by local region by Aged Care Planning Region (ACPR) (342A(2)(f)).

This section compares elapsed time for non-specialist services by Aged Care Planning Region, as per the definition of the local region in section 5-5 of the *Aged Care Rules 2025* and **Glossary** below.

The data below presents the elapsed time for this cohort from applying through *My Aged Care* to assessment, allocation of funded services, and commencement of care.

Please note: Time from allocation to service commencement may be influenced by individual choice, provider availability, and system-level factors.

New South Wales

Table 6: Average (avg)/Median (mdn) number of days/months between an application for aged care and service commencement for services commenced in the reporting period.

Region	Avg (days)	Avg (months)	Mdn (days)	Mdn (months)
Central Coast	265	9	266	9
Central West	255	8	239	8
Far North Coast	273	9	256	8
Hunter	284	9	271	9
Illawarra	279	9	260	9
Inner West	289	9	265	9
Mid North Coast	335	11	283	9
Nepean	266	9	241	8
New England	277	9	262	9
Northern Sydney	303	10	277	9
Orana Far West	227	7	241	8
Riverina/Murray	299	10	224	7
South East Sydney	298	10	251	8

Region	Avg (days)	Avg (months)	Mdn (days)	Mdn (months)
South West Sydney	311	10	302	10
Southern Highlands	330	11	285	9
Western Sydney	317	10	303	10

Victoria

Table 7: Average (avg)/Median (mdn) number of days/months between an application for aged care and service commencement for services commenced in the reporting period.

Region	Avg (days)	Avg (months)	Mdn (days)	Mdn (months)
Barwon-South Western	310	10	270	9
Eastern Metro	319	10	281	9
Gippsland	306	10	246	8
Grampians	335	11	294	10
Hume	283	9	239	8
Loddon-Mallee	261	9	230	8
Northern Metro	303	10	277	9
Southern Metro	285	9	247	8
Western Metro	294	10	268	9

Queensland

Table 8: Average (avg)/Median (mdn) number of days/months between an application for aged care and service commencement for services commenced in the reporting period.

Region	Avg (days)	Avg (months)	Mdn (days)	Mdn (months)
Brisbane North	281	9	265	9
Brisbane South	339	11	306	10
Caboolture	320	11	280	9
Central West	281	9	279	9
Darling Downs	358	12	272	9
Far North	294	10	256	8

Region	Avg (days)	Avg (months)	Mdn (days)	Mdn (months)
Fitzroy	308	10	244	8
Logan River Valley	342	11	316	10
Mackay	262	9	275	9
North West	209	7	214	7
Northern	280	9	249	8
South Coast	321	11	289	9
South West	258	8	219	7
Sunshine Coast	330	11	295	10
West Moreton	276	9	251	8
Wide Bay	310	10	288	9

Western Australia

Table 9: Average (avg)/Median (mdn) number of days/months between an application for aged care and service commencement for services commenced in the reporting period.

Region	Avg (days)	Avg (months)	Mdn (days)	Mdn (months)
Goldfields	329	11	282	9
Great Southern	261	9	253	8
Kimberley	215	7	236	8
Metropolitan East	268	9	253	8
Metropolitan North	276	9	254	8
Metropolitan South East	275	9	254	8
Metropolitan South West	261	9	229	8
Mid West	339	11	297	10
Pilbara	236	8	159	5
South West	323	11	290	10
Wheatbelt	296	10	235	8

South Australia

Table 10: Average (avg)/Median (mdn) number of days/months between an application for aged care and service commencement for services commenced in the reporting period.

Region	Avg (days)	Avg (months)	Mdn (days)	Mdn (months)
Eyre Peninsula	288	9	288	9
Flinders & Far North	250	8	246	8
Hills, Mallee & Southern	290	10	257	8
Metropolitan East	356	12	294	10
Metropolitan North	306	10	264	9
Metropolitan South	338	11	261	9
Metropolitan West	310	10	247	8
Mid North	389	13	281	9
Riverland	291	10	286	9
South East	281	9	241	8
Yorke, Lower North & Barossa	297	10	240	8

Tasmania

Table 11: Average (avg)/Median (mdn) number of days/months between an application for aged care and service commencement for services commenced in the reporting period.

Region	Avg (days)	Avg (months)	Mdn (days)	Mdn (months)
North Western	295	10	255	8
Northern	265	9	237	8
Southern	279	9	282	9

Australian Capital Territory

Table 12: Average (avg)/Median (mdn) number of days/months between an application for aged care and service commencement for services commenced in the reporting period.

Region	Avg (days)	Avg (months)	Mdn (days)	Mdn (months)
Australian Capital Territory	333	11	268	9

Northern Territory

Table 13: Average (avg)/Median (mdn) number of days/months between an application for aged care and service commencement for services commenced in the reporting period.

Region	Avg (days)	Avg (months)	Mdn (days)	Mdn (months)
Alice Springs	338	11	300	10
Barkly	-	-	-	-
Darwin	239	8	258	8
East Arnhem	-	-	-	-
Katherine	-	-	-	-

Please note: a dash (-), reflects insufficient data was available to generate an average/median due to less than 10 relevant commencements.

Key points

- Median elapsed times varied by **157** days across Aged Care Planning Regions (ACPRs), from **159** days in Pilbara (Western Australia) to **316** days in Logan River Valley (Queensland), highlighting substantial local variation that is not apparent in state and territory level results.
- Queensland recorded several of the longest median elapsed times nationally, including Logan River Valley (**316** days), Brisbane South (**306** days), Sunshine Coast (**295** days) and South Coast (**289** days).
- New South Wales also recorded relatively long elapsed times in Western Sydney (**303** days), South West Sydney (**302** days) and Southern Highlands (**285** days), although some regional areas reported shorter elapsed times, including Riverina/Murray (**224** days).
- In Victoria, median elapsed times ranged from **230** days in Loddon-Mallee to **294** days in Grampians, indicating considerable variation across the state.
- Western Australia recorded shorter elapsed times than most other jurisdictions, with Pilbara (**159** days), Metropolitan South West (**229** days) and Metropolitan East (**253** days).
- In South Australia, median elapsed times ranged from **240** days in Yorke, Lower North and Barossa to **294** days in Metropolitan East, with most regions clustering between **240** and **290** days.
- Tasmania recorded median elapsed times of **237** days in the Northern region, **255** days in the North Western region and **282** days in the Southern region.
- The Australian Capital Territory recorded a median elapsed time of **268** days, close to the national median of **267** days.
- Results for the Northern Territory should be interpreted cautiously due to small numbers. Darwin recorded a median elapsed time of **258** days, while Alice Springs recorded **300** days. Other regions did not have sufficient records for reporting.
- Overall, the results suggest that local service availability, provider capacity and regional demand pressures contribute to substantial variation in elapsed times between ACPRs.

Appendix A: Glossary

Term	Meaning
Aged care needs assessor	A person who conducts aged care assessments (home support or comprehensive assessments). An aged care needs assessor can be a clinical assessor or a non-clinical assessor, and these roles have different qualification requirements.
Aged care planning region (ACPR)	A geographic area used by the government to help plan and deliver aged care services. Each region includes nearby communities with similar care needs. There are 73 regions across Australia. ACPR maps are available at https://www.health.gov.au/resources/collections/2018-aged-care-planning-region-maps
Application for aged care	The process where a person submits a request to access aged care services through My Aged Care.
Assessment delegate	A delegate is a person whose position has been delegated powers and functions under a section of the Act by the System Governor. An assessment delegate's role is to review the assessment report, ensuring that the collection of services an assessor considers will meet the individual's needs are evidenced based, align with the goals and concerns identified during the assessment, are legally sound and meet all of the eligibility criteria under the Act.
Assistive Technology and Home Modifications Scheme	A time-limited support pathway under the Support at Home program that helps eligible older people access aids, equipment, and home modifications based on their assessed needs.
Classification type	**Classification types** differentiate the time period that services are delivered for under the service group. There are three classification types: ongoing, short-term and hospital transition. Each classification type has a different purpose in meeting the needs of an individual and so are funded and timed accordingly. **Classification levels** determine the amount of funding available to deliver the aged care services that an individual has been approved to access under a service group.
Comprehensive assessment	A comprehensive assessment is for people who may need more complex aged care services, such as Support at Home or residential care. It looks more deeply at the person's health, care needs, and living situation, and undertaken by clinical assessors.

Term	Meaning
End-of-Life Pathway	A short-term aged care pathway under the Support at Home program that provides fast access to care for people nearing the end of life.
Home support assessment	A home support assessment is used to decide if someone can access entry-level services through the Commonwealth Home Support Program (CHSP).
My Aged Care	The Australian Government's main entry point for aged care services. It provides information, support, and access to assessments and service providers online, by phone, or in person.
Non-specialist funded aged care services	Aged care services that include short-term and ongoing Support at Home and residential care.
Priority system	A system used to manage access to services based on each person's assessed needs and urgency. The allocation of a priority category is based on an older person's level of function, the level of risk in relation to the care situation and any other relevant concerns.
Registered provider	A registered provider of aged care is an organisation that has been assessed and approved to provide high-quality, safe and consistent care to older people under the Act.
Residential aged care	Ongoing care for older people who cannot live independently at home. It is provided in aged care homes and includes accommodation, personal care, meals, and health support.
Restorative Care Pathway	A short-term, time-limited support pathway under the Support at Home program that helps older people regain or maintain independence. It provides tailored services to support recovery and enable people to maintain independence. Services can be delivered in home or community settings and can be for up to 16 weeks.
Specialist Program	A Government program for delivering funded aged care services that (a) is given effect through one or more agreements or arrangements entered into by the Commonwealth under subsection 247(1) or section 264 of the Act for the program; and (b) meets any other requirements prescribed by the rules. Aged Care specialist programs include: • Multi-Purpose Service Program (MPSP) • Transition Care Program (TCP)

Term	Meaning
	• National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC) Program • Commonwealth Home Support Program (CHSP)
Support at Home program	Support at Home is a program to help older people remain at home as they age by delivering coordinated care and services to meet their assessed ageing related care needs with: • 8 classifications to fund ongoing services • 3 short-term pathways to fund assistive technology and home modifications, restorative care and end-of-life care • 4 transitioned Home Care Package classifications to provide an equivalent level of funding for those who transitioned to Support at Home • participant contributions set by government.
Support Plan	A plan developed by an aged care assessor that: • summarises the findings of an older person's aged care assessment • makes recommendations for services and supports • provides guidance on how recommended services may be delivered.
Support Plan Review	The pathway for existing care recipients to request a review of their Support Plan if their aged care needs have changed since their last assessment. An aged care needs assessor will speak with the person about their care needs and determine whether they can make changes to the person's existing Support Plan or refer them for a full reassessment. A full reassessment will typically occur where there has been a significant change in their care needs.

Appendix B. Factors influencing the timing of service uptake

When an older person is allocated an aged care place, they will be told the start and end date of their placement.

For residential care, the placement continues for as long as it is needed.

For home support, assistive technology and home modifications, the allocation is time-limited - people have 56 days (or up to 84 days with an approved extension) to enter into a service agreement with a provider.

There are many reasons why someone might not start services straight away, including personal circumstances, provider availability or system-related factors. Examples of these are outlined below.

Personal factors

Everyone's situation is different. There are many personal reasons why someone might take extra time before starting aged care services. These include:

- **Changes in health** – A person's condition might improve temporarily, reducing their need for care. On the other hand, poor health may make it harder to engage with providers.
- **Cultural or language needs** – Some people may prefer to wait for a provider who understands their cultural background or speaks their language.
- **Support from family or friends** – If informal support is available, a person may not need formal services right away. They may also wait if their main carer is temporarily unavailable.
- **Readiness to begin care** – Starting aged care can be a big emotional step. People may need time to prepare, especially if moving into residential care.
- **Time to make decisions** – Some people want to explore their options, talk with family, or compare providers before choosing.
- **Location preferences** – A person may prefer a provider in a specific area, especially for residential care.
- **Financial concerns** – People may want to understand fees, subsidies, or get financial advice before starting services.
- **Multiple care options** – If someone is approved for both home and residential care, they may choose to start one and delay the other.
- **Legal or guardianship matters** – Sometimes starting care is delayed while waiting for legal documents or guardian consent.
- **Respite Care –** People accessing residential care (short-term) generally do not require immediate access. Rather they usually need this care option at specific planned times when their carer is not available.

Provider-related factors

Sometimes the timing of care depends on provider availability and capacity. Common reasons include:

- **Limited services or staff** – This can be particularly challenging in rural or remote areas, or for specialised types of care.
- **Waitlists or scheduling delays** – Providers may not be able to start services immediately due to demand.
- **Time to finalise service agreements** – Some services, like home modifications or assistive technology, may take longer to set up.
- **Waiting for a preferred provider** – A person may choose to wait for a provider who best meets their needs.
- **Consideration of resident characteristics** - Providers may need to have regard to how readily their facility and workforce can meet the care needs of a potential new resident.

Systemic or administrative factors

Some delays are due to broader aspects of how the aged care system operates. These may include:

- **Navigating the system** – It can take time to understand how My Aged Care works, what services are available, and how to access them.
- **Using other services first** – Some people may receive support from state-funded or community programs while waiting for Commonwealth-funded aged care.
- **Processing and communication timeframes** – Occasionally, there may be delays in finalising approvals or sending out funding notifications.

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All information in this publication is correct as at 11 November 2026.

