

SUPPORT AT HOME

Government-funded home care in Australia is undergoing major changes.

From 1 July 2025, the Australian Government will introduce the Support at Home program. This new initiative will replace the existing Home Care Packages (HCP) Program and Short-Term Restorative Care (STRC) Programme.

These changes are part of the new **Aged Care Act 2024** and aim to make care more accessible, improve quality, and ensure long-term funding sustainability. The new program was developed with input from the aged care sector and is based on recommendations from the **Royal Commission** into Aged Care.

Access

Participants will have quicker access to services. Additional funding over the first two years of the new Support at Home program will shorten average wait times for services to a target of 3 months from 1 July 2027.

A New Classification System

Participants will be assessed into one of 10 new funding classifications. The new classifications improve on the current 4 packages available through the Home Care Packages (HCP) program by better aligning funding to need. This includes 8 ongoing classifications, and 2 short term classifications – the restorative care pathway and end-of-life care pathway.

Under Support at Home, the highest ongoing classification exceeds the current Level 4 HCP, with a budget of almost \$78,000 per year.

Classification	Quarterly Budget	Annual Amount
1	\$2,750	\$11,000
2	\$4,000	\$16,000
3	\$5,500	\$22,000
4	\$7,500	\$30,000
5	\$10,000	\$40,000
6	\$12,000	\$48,000
7	\$14,500	\$58,000
8	\$19,500	\$78,000
Restorative Care Pathway	\$6,000 (6 weeks) May be increased to \$12,000 when eligible	
End-Of-Life Pathway	\$25,500 (12 weeks)	

Source: Australian Government Department of Health and Aged Care

A Defined Service List

The program will have a service list which specifies the services available under Support at Home.

This will provide clarity for older people and service providers about what can be accessed.

Three categories of support services will be available:

- **Clinical Care** (such as nursing care and physiotherapy),
- **Independence** (such as personal care respite, transport and social support), and
- **Everyday living** (such as cleaning, meals delivery and gardening).

Each category will have its own service types and participant contribution arrangements.

A clear list of eligible [services](#) provides transparency and consistency.

Quarterly Budgets

Each participant will receive a quarterly budget based on their funding classification. Participants will collaborate with their provider to decide how to allocate their budget across the services they are approved to receive.

Participants can carry over savings of up to \$1,000 or 10% of their quarterly budget (whichever is greater), provided funds are available.

Capped Prices

Service providers will charge against participants' budgets only after services have been delivered. All service prices must remain within the price caps set by the government, based on recommendations from the Independent Health and Aged Care Pricing Authority.

A FOCUS ON INDEPENDENCE AT HOME

Assistive Technology and Home Modifications Scheme

Participants will have upfront access to assistive technology and home modifications through a separately funded scheme. This means people will no longer have to save their package funds for these supports. Depending upon an individual's needs, participants may be able to receive up to \$500, \$2,000 or \$15,000, to be used within 12 months. This funding can cover equipment, home changes, set up and training.

The scheme will have a defined list of the assistive technology and home modifications that can be funded.

Restorative Care Pathway

The new restorative care pathway will improve on the Short-Term Restorative Care Programme by more than doubling the number of places, increasing the maximum duration of support, and opening access to less complex clients to prevent falls and other injuries before they occur. Participants assessed as likely to benefit can receive up to 12 weeks of intensive allied health focused support to help restore or maintain function, up from 8 weeks currently.

The pathway will commence with 5,000 places, supporting up to 20,000 people a year.

End of Life Care

End-of-Life Pathway will provide people with urgent access to a higher level of care and services in their home if they have 3 months or less to live. Funding will be up to \$25,000 with 12 weeks to use the funds.

The pathway will work in conjunction with, not replace, specialised palliative care services such as symptom management and advanced care planning.

Support for Thin Markets

Grant funding will be available to help service providers in thin markets such as rural and remote locations or providers focused on supporting diverse groups.

Flexible Care Management

Service providers will draw down 10% of participants' budgets for care management, to be delivered by care partners. Care partners will ensure services meet participants' needs and support their wellbeing. Care management support may increase or decrease as needs change. For example, a participant may seek more support from their care partner after an event such as a hospitalisation.

Service providers will have access to additional funding for some participants such as First Nations peoples, people experiencing homelessness or at risk of homelessness, and veterans.

Participant Contributions Framework

Under the Support at Home program, participants will contribute to the cost of some assessed services, while others will be fully funded by the government. Contributions are only required for services that are delivered and will vary based on the type of service and the participant's income and assets.

To determine each participant's means-tested contribution, the Age Pension means test will be used. This test assesses both income and assets. People holding a Commonwealth Seniors Health Card will pay lower contributions than other self-funded retirees.

Contributions based on Services received and the Income and Assets of the Participant

The Support at Home program will focus government funding on care needs that will help participants to remain at home and avoid hospitalisations, with participants making a greater contribution towards items they have paid or provided for themselves their entire lives.

Contribution rates will be set as a percentage of the price of each service. This means a participant will pay an amount set by their percentage contribution rate, and the government will pay the remainder of the price as a subsidy to the provider. The rate will be based on the type of service received:

- ▶ There will be no contribution for services in the Clinical category (e.g. nursing and physiotherapy), with assessed clinical care needs to be fully funded by government across the whole aged care system.
- ▶ Contributions for services in the Independence category (e.g. personal care) will be moderate, recognising that many of the services in this group play an important role in keeping people out of hospital and residential aged care.
- ▶ Everyday living services (e.g. domestic assistance and gardening) will attract the highest contribution rates, recognising that the government does not typically fund these services for any individual at other stages of life.

How much someone contributes to their supports for independence and everyday living will be based on their income and assets. The percentage contribution to the cost of services will be:

	Clinical care	Independence	Everyday living
Full pensioner	0%	5%	17.5%
Part pensioner and Commonwealth seniors health card eligible	0%	Between 5% and 50% depending on income and assets	Between 17.5% and 80% depending on income and assets
Self-funded retiree	0%	50%	80%

Contribution percentages are calculated using the Age Pension means test, so part pensioners will not need to undergo a separate aged care means test.

Commonwealth Seniors Health Card holders must provide income and asset information to Services Australia and keep it up to date as circumstances change.

No Worse off Principle for Existing Home Care Participants' Packages

All individuals who have a Home Care Package (a package) on 30 June 2025 will maintain the same level of funding and retain any unspent funds under Support at Home. Individuals on the National Priority System or who have been approved for a package as of 30 June 2025 will receive a Support at Home budget equivalent to their approved package level when one becomes available. If these participants have another assessment, and are entitled to a higher level of funding, they will move to the new Support at Home classification when one becomes available.

Contributions

A *no worse off* principle will apply to the contributions arrangements for people who, on 12 September 2024, were either receiving a package, on the National Priority System, or assessed as eligible for a package. These participants will be no worse off because of the reforms: they make the same contributions, or lower, than they would have had under Home Care arrangements.

When these participants move to residential care, they will stay on the existing contribution arrangements unless they opt to move to the new program. Changes to accommodation payments in residential care would still apply to these participants, since accommodation payments are an agreement negotiated between the resident and their provider.

ACCS Team

Our Team is helping care participants and their families understand the new system.

The ACCS team will continue assisting you over the transition time as Australia's Aged Care System shifts toward the new Support at Home Program.

If you have questions about how the transition to Support at Home will affect you or your loved ones care, please call **Silvana Petric** on **0421 566 041** or Complete a [form](#) on our website and our Team will be in touch.

We are happy to support you and your family through this transition!