

Support at Home Q&A

Questions from 31 March Webinar

All responses are accurate as at 3 April 2025 and based on the latest available guidance from the Department of Health and Aged Care. The Support at Home program remains subject to ongoing refinement.

Policy, operational procedures, and system functionality may be updated prior to or after 1 July 2025. Trilogy Care will continue to provide updates as further information becomes available.

Question:

What happens if client already approved for Level 4 but not yet assigned (due urgently before 1 July). Will they stay at current L4 funding?

Answer:

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 receive 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 contribution 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 will make the same contributions, or lower, than they would have under Home Care arrangements



Question:

The Federal additional Pathways for End-of-Life. Will and can this work alongside State end-of-life money, or is there a disqualification due to federal and state requirements?

Answer:

Yes, federal end-of-life support under SAH can work alongside state-based end-of-life funding, but there may be eligibility conditions and no automatic integration — so double-dipping is not guaranteed and may depend on individual state program rules. Clients should check with their local state provider to understand eligibility overlaps.

Question:

Would we be able to charge hourly case management fees for more complex cases e.g. organising extra assessments or home visits?

Answer:

Under the SAH program, coordinators cannot charge separate hourly fees for case management activities. Coordination is recouped via the hourly rate for services delivered, and Trilogy Care charges the Care Management fee directly.

As a result, additional case management charges by coordinators are not permitted, even for more complex cases, to ensure compliance and avoid duplication of funding.

Question:

Would we be able to charge hourly case management fees for more complex cases e.g. organising extra assessments or home visits?

Answer:

Under the SAH program, coordinators cannot charge separate hourly fees for case management activities. Coordination is recouped via the hourly rate for services delivered, and Trilogy Care charges the Care Management fee directly.

As a result, additional case management charges by coordinators are not permitted, even for more complex cases, to ensure compliance and avoid duplication of funding.

All care management must align with pricing rules under SAH, and duplication of funding will not be permitted.

Question:

If a current Level 3 HCP recipient who has been approved Level 4, which will be assigned level 4 after July 2025, will this client be grandfathered, or will he be considered as the co-payment client?

If he is considered a co-payment client, can he refuse to get Level 4, and continue to stay at Level 3 to enjoy the fully subsidized HCP?

Answer:

The client will be grandfathered under Support at Home if they were receiving, approved for, or on the waitlist for a Home Care Package as at **12 September 2024**. This status applies to participant contributions, ensuring they will pay the same or less than under HCP rules, even if reassessed or upgraded.

No additional fees will apply as a result of the Level 4 upgrade.

Reclassification to a higher level after 1 July 2025 does not remove grandfathered contribution protections.

Clients can decline a Level 4 upgrade and remain on Level 3 if they prefer. This will not impact their grandfathered contribution status but may limit access to services aligned with their assessed care needs.

Question:

Are the quarterly funds paid to Trilogy Care in advance or in arrears - this will fundamentally affect how Trilogy Care manage funding.

Answer:

Funding is paid in **arrears**, after services are delivered and claims submitted. The full quarterly amount is not paid upfront.

Trilogy Care pays providers upfront and then seeks reimbursement from Services Australia. This ensures providers are paid on time and services continue without disruption, with Trilogy carrying the financial liability until government funds are received.

This mirrors the current HCP program. While the process remains unchanged, the government has flagged plans for more frequent payment runs to ease the cash flow burden on providers and support faster partner payments.

Question:

Can a grandfather client use unspent funds with the new 15k capped for a modification?

Answer:

Yes, grandfathered clients (those receiving, assigned, or assessed for an HCP as at 12 September 2024) who transition to the Support at Home program can use their unspent HCP funds for home modifications listed in the Assistive Technology and Home Modifications (AT-HM) Scheme.

Unspent funds must be used first before any new AT-HM Scheme funding (including the \$15,000 high-tier cap) is accessed. This ensures existing HCP funds are utilised before drawing down from capped AT-HM allocations.

Unspent HCP funds are a separate funding source and **do not count** towards the \$15,000 cap. These funds can also be used for **ongoing services** under Support at Home — not just for AT-HM purchases. This includes eligible services such as personal care, domestic assistance, transport, and allied health, where aligned with the participant's care plan.

Question:

Would IAT's be conducted by external providers or just the current ones?

Answer:


IAT assessments will not be limited to current RAS/ACAT organisations — they will be conducted by approved Assessment Organisations, which may include both existing and new external providers. These will be selected, contracted, and governed by the Commonwealth — not Trilogy.

Question:

Who will the IAT triage delegate be based with? MAC or a separate independent assessor?

Answer:

In the Single Assessment System for aged care, Triage Delegates are clinical staff within assessment organisations. They are responsible for conducting the triage process after a referral is accepted and before the comprehensive assessment takes place. This process is typically conducted via a telephone call and aims to determine the priority and type of assessment required for the client.



The Integrated Assessment Tool (IAT) is used during this triage process to ensure a standardised approach to assessing clients' needs. The IAT is used by assessors within these assessment organisations to collect comprehensive information about an older person's needs and to tailor service recommendations accordingly.

Therefore, the IAT triage function is conducted by Triage Delegates who are based within assessment organisations, not directly within My Aged Care or as separate independent assessors. These delegates operate within their respective assessment organisations to manage referrals and conduct triage assessments using the IAT.

Question:

Will there be a plain English webinar which we could share with our consumers?

Answer:

Trilogy Care is preparing training and guidance materials for care recipients to support the transition to the SAH program. This may include a webinar or simple training modules designed to help consumers understand the changes, what support they are eligible for, and how their care will be delivered.

Further information will be provided to coordinators as these resources are developed.

Question:

About the 10% platform loading fee. It is out pocket from client, or it is from the package?

Answer:

The 10% platform loading fee is charged to the client's Support at Home funding — it is not an out-of-pocket expense for the client.

Question:

In regard to use it or lose it, how does that work for recipients in very remote locations who don't have access to providers all the time, as they come and go quickly.

Answer:

Under the current Support at Home design, funding will be allocated quarterly, and participants can carry over unspent funds of up to \$1,000 or 10% of the quarterly budget (whichever is greater), meaning it follows a "use it or lose it" model.

Exceptions or special considerations may be introduced in future iterations for thin markets or remote service constraints, but none are confirmed to date. At this stage, this arrangement includes all SAH participants, including those in remote locations.

Question:

Who'll be collecting the 5% and 17%

Answer:

For contributions, the government is expected to:

- **Pay providers a reduced amount** — i.e. the total claimed funding minus the client's expected contribution
- **Require providers to collect the consumer contribution directly from the client** — typically via a direct debit or invoicing arrangement

Trilogy will notify and manage this process directly with clients.

Question:

So, we will be able to find other services in Trilogy care portal in the future

Answer:

Yes, that's correct. We've received strong feedback from both coordinators and clients requesting access to a list of already verified workers through the Trilogy Care platform. As part of future portal enhancements, you will be able to view workers available in your region.

Question:

Will the TC portal have a live chat option with consultants (Australia based)?

Answer:

Yes, this functionality is already in place. Chat enquiries submitted through the portal are directed to the relevant department, where an Australia-based team member responds accordingly.

trilogycare.com.au

1300 459 190 | info@trilogycare.com.au

