



Your simplified guide to
Support at Home

Hybrid participants

May 2025 update – version 1.5

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What is happening to home care in Australia?



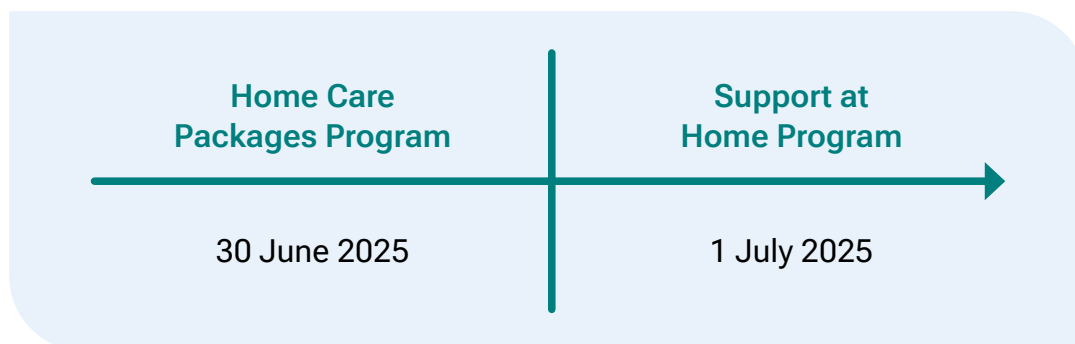
Many of you will have heard that government-subsidised Home Care programs are being overhauled, and changes are coming to the home care packages program. These will take place in several stages – the first stage is the replacement of the Home Care Packages Program with the new Support at Home Program.

These changes are a direct result of the passage of new legislation called the Aged Care Act (2024), which received support from the major political parties.

The Department of Health & Aged Care (the department) has developed the Support at Home program in consultation with the aged care sector and participant groups. Two of their primary objectives are:

- To implement key recommendations from the [Royal Commission into Aged Care Quality and Safety Final Report](#), and
- To create a new program that is more accessible to older people and financially sustainable from a government funding perspective.

Put simply, the Home Care Packages program will end on 30 June 2025, and the new Support at Home program will commence the following day on 1 July 2025.



What is this resource?



This resource explains some of the most important aspects of these changes, what to expect, and what they mean for people who have entered the Home Care Packages program within the transitional ‘Hybrid’ period.

Transitional “Hybrid” Participants

- **Assessed as eligible and assigned** a home care package after 12 Sept 2024 but before 30 June 2025, or
- **Assessed as eligible** for a Home Care Package before 30 June 2025 and awaiting their package assignment after 1 July 2025

Why am I known as a ‘Hybrid’ participant?

Participants who fall into this group will experience a blend of some elements of home care packages and some elements of Support at Home.

They are a Hybrid of the two programs because until they require a formal reassessment for a higher support classification, they will have a HCP funding level, HCP Care Plan, HCP unspent funds (potentially), automatic approval for all three service categories, and their quarterly budgets can pay for AT-HM if they have sufficient available funding to do so.

Until they require a formal reassessment, the key part of the Support at Home program that applies to the Hybrid participant is the co-contributions. Hence, these Hybrid participants will have a foot in both camps until their care needs increase.

In this resource for Hybrid participants, we will explore the key information that you need to know and cover some questions you may have, such as:

- What are the changes?
- What do I need to know?
- In what way will I be affected?

We have included information and details that are the most relevant and will have the biggest impact on the care and services being delivered to Hybrid participants. We will continue to monitor information in the sector and provide updates if required.

Definition of terms



Throughout this resource, we use some slightly different terms depending on whether we are referring to the current Home Care Packages program or the future Support at Home program.

Current Program ending 30 June 2025	New Program commencing 1 July 2025
<ul style="list-style-type: none">• Home Care Package (HCP)• Consumer• Care Manager• Daily Subsidy	<ul style="list-style-type: none">• Support at Home (SaH)• Participant• Care Partner• Quarterly Budget

From: Home Care Packages —→ **To: Support at Home**

The new program name change reinforces the preferences of older people to age in their homes with appropriate and timely support. You will continue to have an approved provider to coordinate your care and manage the package financials on your behalf.

From: Consumer —→ **To: Participant**

Older people have given feedback to the government that they want strengthened rights and to be more involved in decisions relating to their care at home. Some consumers want to rely less on their Care Partner by taking on some aspects of organising their care and services, but everyone will continue to have the safeguards of having a Care Partner to assist them when they need it.

From: Care Manager —→ **To: Care Partner**

This represents a significant shift in the relationship between the provider and the person receiving care. Whilst Care Management will remain a core component of the Support at Home program, your relationship with your provider will be more collaborative. Your provider will partner with you to be more involved in decision making to give you more autonomy and a sense of independence and control.

12 September 2024 – Why is this date so significant?



As a HYBRID participant, what do I need to know?

The 12th of September 2024 is the date that marks the line between Grandfathered participants in the Home Care Packages program and newer participants entering the 'Transition Period' before the new Support at Home program commences.

The date separates people concerning the co-contributions they are required to pay from 1 July 2025, based on their date of assessment and approval for a home care package and the new Support at Home program.

Hybrid participants will be required to have their income and assets assessed by Services Australia (Centrelink), and the payment of co-contributions will apply from 1 July 2025.

Will I be affected by this change?

Yes. Hybrid participants experience a combination of the outgoing Home Care Packages program and the new Support at Home program. Most things will stay much the same, except for the amount you contribute for ongoing services you receive under the Independence and Everyday Living categories, and additional short-term support categories, if applicable.

What will stay the same?

In every other sense, you will be treated as a 'Grandfathered' participant, and apart from the new co-contributions, you will not notice many other significant changes until you require a higher level classification if your needs increase.

Can I opt-out or avoid paying co-contributions from 1 July 2025?

No. The government said the new contribution rules will apply to people assessed and approved for a home care package after 12 September 2024 and apply automatically from 1 July 2025. Providers cannot waive or reduce the fee even if you have not paid fees up to that date.

Participants can apply for a fee reduction supplement via a financial hardship application to Services Australia if they are significantly impacted financially. Providers can support and assist you to apply, but they have no say in this process or the outcome of a hardship application.



What defines the different consumer/participant groups?

There are three distinct groups of people in the new Support at Home program, and they will be known as **PARTICIPANTS**. Initially, each of the different groups will be treated differently by the Support at Home program.

<div data-bbox="95 835 229 965"><i>You</i></div> <div data-bbox="213 674 518 745">Existing participants "Grandfathered"</div>	<ul style="list-style-type: none">• Receiving a home care package as of 12 September 2024, or• On the National Priority System (waiting list) or• Assessed as eligible for a home care package before 12 September 2024
<div data-bbox="185 994 547 1066">Transitional participants "Hybrids"</div>	<ul style="list-style-type: none">• Assessed as eligible and assigned a home care package after 12 Sept 2024 but before 30 June 2025, or• Assessed as eligible for a Home Care Package before 30 June 2025 and awaiting their package assignment after 1 July 2025.
<div data-bbox="239 1308 493 1379">New participants "Newbies"</div>	<ul style="list-style-type: none">• Assessed and approved for a Support at Home funding classification after 1 July 2025, or• Participants receiving CHSP services but not yet assessed for a higher level of care under Support at Home

This resource relates to **HYBRID** participants.

Support at Home for Hybrid participants



The Department of Health & Aged Care is commencing a new program to support older people to age in their own homes. From 1 July 2025, it will replace the Home Care Packages (HCP) program with the **Support at Home** program.

In a nutshell, here is what you need to know:

- Until 30 June 2025, all Home Care Package consumers will be treated the same. You will not notice any difference in the way you are treated by the system
- Hybrid HCP participants will be automatically transitioned on 1 July 2025 to the Support at Home program
- You will continue to have a single home care provider who coordinates your care and manages your quarterly budget to purchase care and services
- Your Support at Home quarterly budget is made up of government funding (what the Australian Government pays) and contributions from you
- Your total annual funding moves from a daily subsidy to four equal quarterly budgets at the same level as your current home care package amount
- Care Management charges will be set at 10% of a person's quarterly budget, quarantined by Services Australia and pooled for use by your provider
- Package Management charges will be removed as a separate charge. Your provider's business costs will be incorporated into the overall price for services you receive.
- You will retain all of your unspent HCP funds, but new limits will apply to rolling over any of your unspent Support at Home quarterly budget
- Until 30 June 2025, most Hybrid participants will not pay any personal contributions to their care (unless you choose to do so, or if you're required to pay an income-tested care fee)
- A new personal contributions (fees) framework will be introduced for people assessed as eligible for a home care package after 12 September 2024. This means all Hybrid participants will automatically be moved on to the new personal contributions (fees) framework under the Support at Home program on 1 July 2025
- The Department's 'no worse off' principle does NOT apply to Hybrid participants in "terms of personal contributions (fees)"
- If you currently pay an HCP income-tested care fee, Services Australia will advise you of the new Support at Home contribution rate you will need to pay
- A new services list means some changes in how funding is categorised and spent

A new defined service list



The Department of Health and Aged Care has announced some specific changes to the way care and services will be categorised, and the Support at Home program will separate all services into three distinct service categories - see below:

1	Clinical Supports: Specialised services to maintain or regain functional and/or cognitive capabilities	Nursing, most allied health, nutrition, care management and restorative care management
2	Independence: Support to manage activities of daily living and loss of skills or function to live independently	Personal care, social support & community engagement, therapeutic services, respite, transport, assistive technology, home modifications
3	Everyday Living: Support to keep your home in a liveable state and support your independence at home	Domestic assistance, shopping assistance, home maintenance (including light gardening) & home repairs, and meals (preparation and/or delivery)

This will mean that some of the flexibility and 'grey areas' of home care packages will be more defined regarding what services and supports are included and excluded under Support at Home.

Hybrid participants will continue to receive the services and supports already included in their care plan as long as they align with the new service list. Whilst there will be some room for adjustments as your care needs change, your care plan may need to follow a more structured format to align with these service categories because Hybrid participant fees are tied to these service categories.

There may be fewer opportunities to swap one service type for another, so your care plan and service schedule might need to be more targeted and planned. There will also be an expectation that you will use your quarterly budget each quarter, as there are new limits on the amount you can save or accumulate if any budget is unspent.

You will not need a new care plan to transition to Support at Home, but your services will need to align with the new service categories.

Updating your Care Plan



Currently, all home care package participants have a care plan, developed in consultation with their provider. Your care plan should include: your identified goals and strategies to achieve these goals; types and frequency of services; care worker, cultural and other preferences; Assistive Technology & Home Modifications (AT-HM) summary; review dates; and additional information related to the delivery of culturally safe, trauma-aware and/or healing-informed care, as required.

Importantly, your care plan should be person-centred, reflect your assessed needs, document your choices, and describe the level of control you wish to exercise in the delivery of your care and services.

Do I need to have a new Care Plan to move into the Support at Home program?

No, you do not need a new care plan before you transition to Support at Home. Your existing HCP care plan will remain in place until your needs, goals, or preferences change, or until your scheduled care plan annual review date arrives.

Your Care Partner will partner with you and others involved in your care to review your care plan if any of the following circumstances occur:

- If your needs, goals or preferences change
- If your ability to perform activities of daily living, mental health, cognitive or physical function, capacity or condition deteriorates or changes
- If you receive a higher Support at Home classification
- If you receive approval for Assistive Technology or Home Modifications (AT-HM)
- If you commence on a Restorative Care Pathway or End-of-Life Pathway
- If you want to change your services or the frequency of services
- If risks emerge or an incident occurs that impacts you
- If care or support responsibility changes between family, carers, or supporters
- Or at any time, when requested by you.

Care plans under Support at Home will have a renewed focus on wellness and reablement, which aim to support improved function and capability for participants.

New classifications and budgets for Support at Home



One of the major changes in the Support at Home program is the introduction of eight new funding classifications in addition to the four existing home care package levels.

The table below lists all 12 funding levels from lowest to highest, showing the annual and quarterly budget amounts. These amounts may change before the program begins, but they indicate the likely budget for each level.

A	B	C	D	E	F
Classification Level	Annual budget	Quarterly budget	Deduct 10% Quarterly care management	Quarterly spending amount	Maximum rollover per quarter
	\$	\$	\$	\$	\$
1	10,697	2,674	267	2,407	1,000
Level 1 HCP	10,698	2,674	267	2,407	1,000
2	15,981	3,995	399	3,596	1,000
Level 2 HCP	18,812	4,703	470	4,233	1,000
3	21,919	5,479	547	4,932	1,000
4	29,545	7,386	738	6,648	1,000
5	39,535	9,883	988	8,895	1,000
Level 3 HCP	40,945	10,236	1,023	9,213	1,023
6	47,957	11,989	1,198	10,791	1,198
7	58,122	14,530	1,453	13,077	1,453
Level 4 HCP	62,075	15,518	1,551	13,967	1,551
8	77,709	19,427	1,942	17,485	1,942

Column D shows the amount that will be deducted from each funding level and held by Services Australia for Care Management activities (10%), and Column E shows the amount remaining at each funding level for participants to spend on care and services each quarter. Column F shows the maximum allowable amount that can be carried forward to the next quarter.

Hybrid participants will remain on the same home care package funding level when they move to the Support at Home program on 1 July 2025, retain access to all their unspent HCP funds and are permitted to carry forward up to the specified amounts in Column F.

Quarterly budgets replace daily subsidies



What are the changes?

Hybrid participants will be automatically moved to the new Support at Home program on 1 July 2025 at the **same funding level** as their current home care package (refer to the green rows in Table 1).

However, instead of the government subsidy being calculated on a daily basis, the new Support at Home budget is calculated on a quarterly basis. You will not be reassigned to a new Support at Home classification level.

Do the changes apply to me?

Yes. As a Hybrid participant, your budget will be split into four quarterly budgets equal to the same total annual funding amount you currently receive on your home care package. This means there will be no change to your current available package funding allocation unless you are reassessed and approved for a higher budget classification in the future.

Interim home care packages:

If you are receiving an interim home care package level while waiting for a higher level package, you will be assigned your approved HCP funding level when you reach the top of the National Priority System (waiting list), even if this occurs after 1 July 2025. You will not be re-assigned to one of the eight Support at Home classification levels if you are already waiting for a higher-level home care package as of 30 June 2025.

Put simply, if you are on the National Priority System (waiting list) for a Level 3 HCP but are receiving an interim Level 2 HCP in the meantime, My Aged Care will assign you a new quarterly budget equal to Level 3 HCP once the funding is available.

New higher-level assessments:

If your care needs increase or your circumstances change, you will need a formal reassessment for additional funding for care and services. The Single Assessment Service (SAS), previously known as the Aged Care Assessment Team (ACAT), will conduct a new assessment of your care needs and may approve you for a new Support at Home classification level. Remember, you are a Hybrid participant in terms of the fees you pay, so your co-contributions will apply regardless of what HCP or Support at Home level you are receiving.



What do I need to know?

- Your quarterly budget is meant to last for the entire quarter, so careful planning and budgeting will be required by participants and providers
- You cannot spend more than is allocated in your quarterly budget. This means you cannot go into a budget deficit and make it up in the next quarter, and your provider cannot withhold an overspend claim to the next quarter
- You can pay privately for services over and above your quarterly budget, if required
- You will continue receiving a monthly statement with details of the care and services provided to you
- You can only roll over up to the maximum amounts in Column F (also see Unspent Support at Home Quarterly Budget section)

It will be more important than ever to ensure you communicate your needs with your provider so that your quarterly budget funding level keeps up with your changing needs.





What does the 'no worse off' principle actually mean?

The term '**no worse off**' is something the Department of Health and Aged Care is using to define a participant's individual co-contribution (fees) towards the cost of their care.

This principle applies only to Grandfathered participants who were either receiving a Home Care Package, or, on the National Priority System (waiting list), or assessed as eligible for a Home Care Package, as of 12 September 2024.

The department is saying that these participants will have their fee arrangements grandfathered into the new system on 1 July 2025, and they will not pay more for their care than they currently do.

What does this mean for Hybrid participants?

You were assessed as eligible for a home care package **after 12 September 2024**, so unfortunately, the '**no worse off**' principle does not apply to you, even if you have not been asked to pay a fee since you commenced your home care package.

This means your fee arrangements up to 30 June 2025 will not be grandfathered, and the government will automatically transition you into the new contributions (fees) framework on 1 July 2025.

From 1 July 2025, you will be required to pay a co-contribution for services received in line with the defined service list and the services in your care plan.

We will work with you if you are going to be affected by this fee change, so you will know what to expect and to prepare you for the change.

Will my care and services have to change? Will I be worse off in other ways?

It is important to note that the '**no worse off**' principle does not extend to the way care and services are used and does not mean participants can access services that are outside the new service category lists or deemed to be excluded items.

Providers will need to review the services and support items in place for all participants to ensure they fit into the new program boundaries.

Fees and contributions for Hybrid participants



A new framework to determine participant contributions (fees) is one of the major changes in the Support at Home program. The changes being introduced concerning participant contributions are of great interest to people using the current home care packages program.

Will I be affected by the changes to participant contributions?

Yes. The government's 'no worse off' principle does not apply to Hybrid participants so the new Support at Home participant contributions framework will apply to you from 1 July 2025.

Current Home Care Package fees arrangements

The home care packages (HCP) program has two types of fees:

1. **Basic Daily Care Fee:** This is an optional fee and the majority of HCP providers do not charge this fee to their consumers.
2. **Income Tested Care Fee (ITCF):** This fee is determined by Services Australia based on a person's income and is not optional. People receiving a full Age Pension do not pay income-tested care fees.

In the current home care packages program, and until 30 June 2025, consumer fees are not matched to actual hours of care delivered. Income-tested fees are calculated daily and are applied regardless of how a person uses their package funds.

What are the changes to fees for Hybrid participants?

The new Support at Home program is a 'user pays' model where a person only pays for the services they receive, except for clinical supports. No one will be required to pay for clinical supports, regardless of their income or pension status. The government sets the percentage you are required to pay. Your provider, or the supplier of the goods or services, sets the price for each service type.

Even though you have not had to pay fees while receiving a home care package, you are a Hybrid participant, and you will have to pay the new fees from 1 July 2025.



The 'Honeymoon Period' for Hybrid Participants

Hybrid participants have generally not been required to pay the Basic Daily Care Fee while receiving their home care package, but as a Hybrid participant, this arrangement ends on 30 June 2025.

Even if you are a full Age Pensioner, as a Hybrid participant, you will start paying the new Support at Home contribution rates from 1 July 2025.

If you have paid an Income Tested Care Fee for your home care package, you will switch over to the new Support at Home contribution rates on 1 July 2025.

The government's 'no worse off' principle does not apply to Hybrid participants so your new fees may or may not be more than you have been paying. It will depend on the types and quantities of the services you receive.



Support at Home Hybrid participant contributions



Under Support at Home, Hybrid participants will only pay contributions for the actual services they have received.

The contribution rate will be based on two factors:

1. The type of service received (see table below).
2. The participant's Age Pension status, Commonwealth Seniors Health Card status, and financial means.

1	Clinical Supports: Specialised services to maintain or regain functional and/or cognitive capabilities	No contributions required: Clinical supports will be 100% fully funded by the government for all participants
2	Independence: Support to manage activities of daily living and loss of skills or function to live independently	Moderate contributions required: These services promote and maintain independence and address ageing-related care needs
3	Everyday Living: Support to keep your home in a liveable state and support your independence at home	Highest contributions required: This recognises that the government does not typically fund these services for any individual at other stages of life

How much will Hybrid participants have to contribute?

The tables on the next page show the tiered contributions that **Hybrid** Support at Home participants will be asked to make from 1 July 2025.

The amount they pay is dependent on their income and assets (Pension/ Commonwealth Seniors Card status), and the type and frequency of services they receive.

Specific contributions are based on services received across the three new service categories:

1. Clinical Supports
2. Independence Supports
3. Everyday Living Supports

Tiered contributions: Full-pensioners and Part-pensioners



Full pensioner		
Full pensioner	The government pays:	You pay:
Clinical Supports (per service)	100%	0%
Independence Supports (per service)	95%	5%
Everyday Living Supports (per service)	82.5%	17.5%

Part pensioner		
Part pensioner and Commonwealth Seniors Health Card holders	The government pays:	You pay:
Clinical Supports (per service)	100%	0%
Independence Supports (per service)	Between 50% and 95% (depending on your income and assets)	Between 5% and 50%
Everyday Living Supports (per service)	Between 20% and 82.5% (depending on your income and assets)	Between 17.5% and 80%

Tiered contributions: Self-funded Retiree



Self-funded retiree		
Self-funded Retiree	The government pays:	You pay:
Clinical Supports (per service)	100%	0%
Independence Supports (per service)	50%	50%
Everyday Living Supports (per service)	20%	80%



Home Care Packages - Unspent Funds



What happens to existing unspent Home Care Packages Funds?

Hybrid participants will retain their unspent funds amount (as of 30 June 2025) to purchase approved care, services, equipment and home modifications if needed. You will not lose your unspent HCP funds in the transition to Support at Home.

What can I spend my unspent funds on?

The Support at Home Service List contains a comprehensive list of approved services that can be provided to participants.

Hybrid participants can negotiate with their provider to access their unspent funds for care and services that address their ageing-related care needs. The process and requirements do not change from the home care packages program to the Support at Home program, and any spending must continue to meet all government guidelines for approved spending, and be included in your care plan and relevant assessment documentation.

Once your unspent home care package funds have been exhausted, your care and services must align with your ongoing Support at Home quarterly budget.

Even though Hybrid participants must contribute to care and services purchased from their ongoing Support at Home quarterly budget, the government have confirmed that there are no contributions payable for services paid for using Commonwealth-held unspent HCP funds.



Unspent Quarterly Support at Home Budget



From 1 July 2025, if there are unspent funds from your quarterly budget at the end of each quarter, the funds will automatically carry over (in your home support account) to the next quarterly budget period to address unplanned or emerging needs.

However, unlike the home care packages program, where all unspent funds are rolled over every month, in Support at Home, there is a limit on the amount that carries over to the next quarter.

It's important to understand that you can only accumulate a maximum of \$1,000 or 10% of your quarterly budget at any one time. You are not allowed to exceed this limit across or between quarters.

This means that the maximum amount available for a participant per quarter is their quarterly budget plus \$1,000 or 10% of their previous quarterly budget.

The Table below shows the maximum allowable rollover amount for each Home Care Package level and Support at Home classification level from 1 July 2025.

Classification for HCP level	Quarterly budget	Maximum rollover per quarter	Maximum quarterly budget after rollover
	\$	\$	\$
1	2,674	1,000	3,674
Level 1 HCP	2,674	1,000	3,674*
2	3,995	1,000	4,995
Level 2 HCP	4,703	1,000	5,703*
3	5,479	1,000	6,479
4	7,386	1,000	8,386
5	9,883	1,000	10,883
Level 3 HCP	10,236	1,023	11,259*
6	11,989	1,198	13,187
7	14,530	1,453	15,983
Level 4 HCP	15,518	1,551	17,069*
8	19,427	1,942	21,369

*** plus HCP unspent funds, if available**

What is happening to Package Management fees?



Current Home Care Packages Program:

Under the current Home Care Packages program, approved providers deduct a Package Management fee from the HCP subsidy. This fee is intended to cover the administrative costs associated with managing a person's package. These essential "back-office" activities may not be immediately visible to consumers, but they are crucial for ensuring that services are coordinated and compliant, invoices are paid, monthly statements are generated, and provider obligations are met.

Under the Home Care Packages program, providers can charge up to 15% of a consumer's subsidy for package management. However, this will change with the Support at Home program.

Package Management charges will end on June 30, 2025.

Future Support at Home Program:

Starting on 1 July 2025, approved providers will no longer be allowed to charge a separate fee to recover package management costs. Instead, they are expected to include these costs in the prices they set for each service delivered to participants.

This means that each hourly rate or product cost will include not only the service itself but also a portion that covers travel expenses, administrative costs, back office expenses, scheduling costs, and more. Costs that were previously captured under the package management fee will be bundled into the hourly rates of services provided.

Providers will be able to apply a capped 10% loading to manage administrative and third-party compliance costs when a participant selects and coordinates their own worker(s) or supplier arrangements.



Short term support available



The Support at Home program will introduce two new short-term funding classifications in addition to the eight ongoing classifications and the four existing HCP funding levels. These new programs are designed to assist and support participants who may only require help for a short time and for a specific purpose.

The short-term programs will be available to people who meet the relevant eligibility criteria when assessed by the Single Assessment Service (SAS).

Restorative Care Pathway

From 1 July 2025, older people can access the Restorative Care Pathway, which provides targeted allied health services to help participants regain and improve strengths and capabilities.

A budget of around \$6,000 will be available for up to 12 weeks (with the ability for a 4-week extension) to purchase specifically targeted supports and services, which also includes restorative care management and goal planning activities. If eligible, this amount is in addition to a person's ongoing quarterly budget.

As a Hybrid participant you may be able to access the Restorative Care Pathway funding in some circumstances, however, your quarterly budget or unspent HCP funds are generally expected to cover the costs of your ongoing care.

Classification level	Quarterly budget	SaH budget per week	Maximum quarterly budget after rollover	Budget for Restorative Care period
	\$	\$ per week	\$ per week	Total \$ per week
1	2,674	205	+ 500	705
Level 1 HCP	2,674	205	+ 500	705
2	3,995	306	+ 500	806
Level 2 HCP	4,703	360	+ 500	860
3	5,479	420	+ 500	920
4	7,386	566	+ 500	1,066
5	9,883	757	+ 500	1,257
Level 3 HCP	10,236	784	+ 500	1,284
6	11,989	919	+ 500	1,419
7	14,530	1,114	+ 500	1,614
Level 4 HCP	15,518	1,189	+ 500	1,689
8	19,427	1,489	+ 500	1,989



End-of-Life Pathway

The End-of-Life pathway funding stream will support participants who have been diagnosed with three months or less to live and wish to remain at home by increasing the level of services available.

Hybrid participants can be referred for an assessment to access the End-of-Life pathway via a high-priority Support Plan Review conducted by an aged care assessor.

The End-of-Life pathway can provide funding of up to \$25,000 and must be used within 12-16 weeks. Older people assessed as requiring the End-of-Life Pathway may also be able to access assistive technology under the AT-HM Scheme at the same time.

This funding replaces a participant's quarterly Support at Home budget for the 12week duration and can be used to purchase the same types of care and services set out in the Support at Home Service List, including care management. It cannot be used to pay for services that are already available from specialist palliative care services, and any unspent budget cannot be accrued or rolled over.

If a person outlives their End-of-Life pathway funding, they will revert to their previous Support at Home quarterly budget. If required, a Support Plan assessment or review may be requested to potentially increase their funding level classification.

This table shows the indicative difference in funding per week for the 12-week End of-Life budget compared to a participant's ongoing Support at Home budget.

Classification level	Quarterly budget	SaH budget per week	End of Life \$26,000 (12 weeks)	Difference in Funding – End of Life budget
	\$	\$ per week –Suspended	\$ per week	\$ per week
1	2,674	205	2,166	+ 1,961
Level 1 HCP	2,674	205	2,166	+ 1,961
2	3,995	306	2,166	+ 1,860
Level 2 HCP	4,703	360	2,166	+ 1,806
3	5,479	420	2,166	+ 1,746
4	7,386	566	2,166	+ 1,600
5	9,883	757	2,166	+ 1,409
Level 3 HCP	10,236	784	2,166	+ 1,382
6	11,989	919	2,166	+ 1,247
7	14,530	1,114	2,166	+ 1,052
Level 4 HCP	15,518	1,189	2,166	+ 977
8	19,427	1,489	2,166	+ 677



Under Support at Home, there are some changes to the way providers charge for care management services.

From 1 July 2025, all Support at Home participants will automatically contribute 10% of their quarterly budget to their provider's pooled Care Management fund, held by Services Australia. The funds are pooled by the provider and used with discretion to meet the needs of all their participants concerning their care management needs.

From 1 July 2025, providers cannot separately charge for care management, and participants cannot opt out of contributing the 10% care management amount. While the type and frequency of care management activities will vary between participants, care partners must deliver a care management activity at least monthly, and this should be delivered directly (i.e., speaking or meeting with the participant and/or their registered supporter).

Participants should not expect to have a precise allocation of care partner time each month or each quarter, and they should continue to communicate with their care partner when they require support or assistance.

Care Partners are responsible for:

- Identifying and assessing participant needs, goals and risks, developing and reviewing care plans and agreements
- Supporting cultural preferences, planning and managing services, including managing budgets
- Checking in with participants to ensure they are being well-supported, and communicating with family, representatives and others involved in their care
- Clinical advice and practical support to address any changes in need or issues that arise
- Providing support and education where needed
- Providers are expected to be flexible in the way they support each participant, understanding that there may be times when more, or less, care management will be needed.



What happens if I need a new assessment for more care and support?

There are different approaches to reassessment, depending on when a person entered the Support at Home program. You are a Hybrid participant.

When you move across to the new Support at Home program you will continue to receive the same HCP funding level as you have received under the home care packages program. If your care needs change, you and your Care Partner can discuss options to meet your needs.

Before you can apply for reassessment to receive a higher-level classification under Support at Home, you may need to use any unspent Home Care Package funds available to you. Additionally, you should be able to demonstrate that your quarterly budget can no longer cover the care hours and other supports you require.

If you are reassessed by the Single Assessment Service (SAS), you may be assigned to a higher Support at Home funding classification level as determined by the assessor in collaboration with you.

Because you are a Hybrid participant, from 1 July 2025, you will have to contribute to the cost of your care regardless of which budget classification you receive under Support at Home in the future.



Allied Health and Therapeutic Services



There is a strong focus on the benefits of Allied Health and Therapeutic Services in the context of improving the health and wellbeing of older people using the Support at Home program. Approved services are separated into two categories.

1. Clinical Support Services category:

Specialised services to maintain or regain functional and/or cognitive capabilities. Services must be delivered directly, or be supervised, by university-qualified or accredited health professionals trained in the use of evidence-based prevention, diagnosis, treatment and management practices to deliver safe and quality care to older people.

Services in this category **do not require** a co-contribution from Support at Home participants.

Allied Health and other Therapeutic Services	
Aboriginal and Torres Strait Islander health practitioner	Music Therapy
Aboriginal and Torres Strait Islander health worker	Occupational therapy
Allied health assistance	Physiotherapy
Counselling or psychotherapy	Podiatry
Diet or nutrition	Psychology
Exercise physiology	Social work
	Speech pathology

2. Independence services category:

This category includes supports that are delivered to older people to help them manage activities of daily living and the loss of skills required to live independently.

Services in this category **do require** a co-contribution from Hybrid participants.

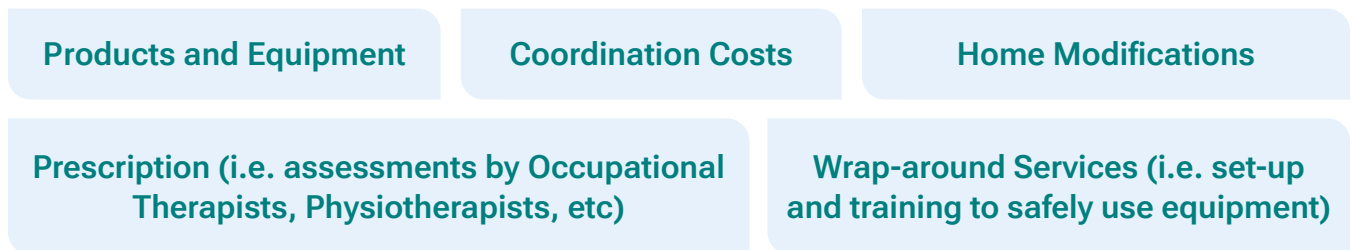
Therapeutic Services for Independent Living	
Acupuncture	Remedial massage
Chiropractic	Art therapy
Diversional therapy	Osteopathy

Assistive Technology and Home Modifications (AT-HM)



The government is introducing two additional Support at Home funding classifications for Assistive Technology and Home Modifications from 1 July 2025.

All Support at Home participants, including Hybrid participants, will have access to the new AT-HM funding pool, which can cover:



Participants can access these classifications in addition to their quarterly budget, so there will be no need to save from the quarterly budget to meet their AT-HM needs.

However, as a Hybrid participant, you must use any unspent funds you have carried over from your home care package before you can apply for an assessment to access the AT-HM funding pool.

As a Hybrid participant, what do I need to know about the AT-HM scheme overall?

- Access to AT-HM funding comes from a separate pool of government funding, so from 1 July 2025, you do not need to use your quarterly budget to access these supports
 - You need to exhaust any unspent funds before you can apply for AT-HM funds
- Formal Allied Health assessments from a professional operating within their scope of practice will be required in most instances, i.e. Occupational Therapist
- Both of the new AT-HM funding classifications have a lifetime cap of \$15,000 per participant
 - Additional amounts may be available for Assistive Technology with the appropriate professional recommendation in certain circumstances
- Hybrid participants **will have co-contribution requirements** based on the same percentage they are required to pay for their other care and services
- Hybrid participants must also meet all additional costs above the funding tier limit (if any).



What do I need to know, specific to Assistive Technology?

Many older people already use their home care package funds to purchase or lease helpful aids and equipment (known as Assistive Technology) to meet their age related care needs. The Support at Home program introduces a separate funding pool instead of using your quarterly budget to pay for Assistive Technology (AT). The Assistive Technology list is sorted into the following categories:

Managing body functions

Self care

Mobility

Domestic Life

Communication and information management

- HCP unspent funds can still be used to purchase equipment, products and home modifications from the AT-HM list, but you must exhaust any unspent funds before applying to the new AT-HM funding pool for Assistive Technology
- Low-risk/low-cost items may not require a formal assessment or prescription
- A new Assistive Technology Loans Scheme will enable some items to be loaned rather than purchased outright
- There are three funding tiers and a lifetime cap of \$15,000 for Assistive Technology per participant
- Funding must be used within 12 months
- Hybrid participants will be required to contribute to the cost of the Assistive Technology.

What do I need to know, specific to Home Modifications?

Under the current home care packages program, consumers are often required to save their funds for a considerable period to pay for costly home modifications. However, the Support at Home program enables participants, including Hybrid participants, to access a separate pool of funds for approved home modifications.

- HCP unspent funds can still be used to purchase equipment, products and home modifications from the AT-HM list
- You must exhaust any unspent funds before you can apply to the new AT-HM funding pool for Home Modifications
- There will be a rigorous process, and professional recommendations required to secure the funding from the AT-HM Scheme
- Hybrid participants will have to contribute to the cost of the Home Modification
- There is a lifetime cap of \$15,000 for Home Modifications per participant
- Once approved, funding must be utilised within 12 months, though an extension may be granted in certain circumstances

Arrangements for couples



What does all this mean for us as a couple?

You are a Hybrid consumer, so all the information in this resource is tailored specifically to you and your situation.

There may be different rules for your spouse or partner, depending on the date they were (or will be) formally assessed as eligible for a home care package or Support at Home budget.

'Grandfathered' participant

If your spouse or partner was already receiving a Home Care Package, or, on the National Priority System (waiting list), or, assessed as eligible for a Home Care Package, as of 12 September 2024, they will be known as a Grandfathered participant.

There are different rules for grandfathered participants. They will not be required to pay the new Support at Home fees even though you will be required to pay the new fees.

The information in this resource **does not apply** to them.

'Hybrid' participant

If your spouse or partner is assessed as eligible for a Home Care Package after 12 Sept 2024 and before 30 June 2025, they will be known as a Hybrid participant.

The information in this resource **will apply** to them.

'New' Participant (newly assessed into Support at Home)

If your spouse or partner is assessed as eligible for a Support at Home ongoing budget **after 1 July 2025**, they will be known as a New participant.

There are many different rules for New participants, and the information in this resource will not apply to them.

Changing providers



Current home care package consumers can choose which Approved Provider will manage their package. Their Approved Provider receives government subsidies on their behalf and offers care management along with package management services to ensure they receive the support they need based on their assessed care requirements.

Consumers are also entitled to change Approved Providers if they believe that a different provider can better meet their care needs. The option to change providers will continue under the Support at Home Program.

What do I need to know about changing providers?

You can change providers at any time, and your budget approval will move with you. Importantly, you must advise your existing provider of your changeover date, who your new provider will be and cooperate with the changeover process to ensure your services and supports are seamlessly transferred.

Effective and transparent communication between participants, providers, and the new provider is essential to ensuring a smooth transition.

Participants should be aware that providers must not make promises they cannot fulfil to persuade them to switch to their organisation. This is particularly important regarding the use of spending package funds on excluded items and services.



Taking leave or temporarily stopping services



The Support at Home program brings some changes to the way temporary leave is managed. From 1 July 2025, you will no longer need to put your funding on hold, but you still need to advise your provider so your services can be suspended. This is important so you are not charged for services unnecessarily, noting that provider cancellation policies will apply in some circumstances.

The reasons a participant may temporarily stop receiving some or all services include, but are not limited to:

- **Hospital stay:** a participant needs to be admitted to the hospital for treatment or surgery
- **Transition care:** following a hospital stay, a participant may require services through the Transition Care Programme to aid their recovery
- **Residential respite care:** a participant may require planned or unplanned residential respite due to personal circumstances
- **Other reasons:** this can include social leave, holidays or other personal circumstances.

Your provider will continue to provide care management activities to you. However, if you'd rather decline, this will be recorded in your care notes until you ask your provider to recommence services.

Even though your funding will continue to accrue while you temporarily stop services, the carryover unspent budget limits will still apply, i.e. \$1000 or 10%, whichever is greater.

It is important to note that a participant's funding will be reduced to zero and reallocated when a total of four consecutive quarters (one year) and 60 days have passed since the end of the quarter from when the last service was delivered to you.

Your provider will communicate with you if they have not delivered a service to you for this extended period of time, and notify you that your funding may be discontinued.





Some Hybrid consumers are eligible for additional financial supplements to assist with the cost of meeting their complex care needs. There are specific eligibility criteria that must be met, and, in most cases, an assessment is also required.

There are some changes to the way Supplements will operate under Support at Home.

1. Enteral Feeding Supplement - for people with special feeding needs:

Current Home Care Packages Program:

This supplement is for care recipients with a specified medical need for enteral feeding to help pay for specialised products and equipment.

Your provider must apply to Services Australia for this supplement on your behalf, but this supplement will not automatically go with you if you change providers. Your new provider will need to re-apply to ensure the payment continues.

Future Support at Home Program:

This supplement is expected to continue unchanged.

2. Oxygen Supplement - for people who need oxygen

Current Home Care Packages Program:

This supplement is for care recipients with a specified medical need for the continual administration of oxygen and to help pay for specialised products and equipment.

Your provider must apply to Services Australia for this supplement on your behalf, but this supplement will not automatically go with you if you change providers. Your new provider will need to re-apply to ensure the payment continues.

Future Support at Home Program:

This supplement is expected to continue unchanged.

3. Veterans Supplement - for Veterans with mental health problems

Current Home Care Packages Program:

This supplement provides additional funding for veterans with a mental health condition accepted by the Department of Veterans Affairs (DVA) as related to their service.

DVA determines a person's eligibility and advises Services Australia on your behalf. This supplement will automatically go with you if you change providers.

Future Support at Home Program:

This supplement will continue. Care recipients will have the Veterans Supplement added to their quarterly budget. Additionally, providers will receive three hours per quarter of care management for eligible participants as part of the new Care Management Additional Supplement.



4. Fee Reduction Supplement – for people in significant financial hardship

Current Home Care Packages Program:

This supplement is available to home care recipients in genuine financial hardship, who do not have available income to pay their home care costs due to circumstances beyond their control. Participants are required to submit an Aged Care Claim for Financial Hardship Assistance form (SA462) to Services Australia.

Future Support at Home Program:

Most Hybrid participants do not pay the out-of-pocket Basic Daily Care fees under their home care package. However, all Hybrid participants will be required to contribute to the cost of their care from 1 July 2025.

Hardship arrangements that are in place before 1 July 2025, pertaining to a Hybrid participant's Income Tested Care Fee, will carry through to Support at Home. Once an existing hardship arrangement expires, the participant must pay a modified amount and can reapply for a new fee reduction supplement, if needed.

Under Support at Home, Hybrid participants will have the option to apply for the Fee Reduction Supplement if they are unable to pay their new contributions that commence from 1 July 2025.

5. Viability supplement - for people living in very remote areas

Current Home Care Packages Program:

This supplement is paid to providers on behalf of consumers living in rural and remote areas, in recognition of the higher costs of delivering care and services in these areas.

Future Support at Home Program:

Providers who operate in rural and remote areas may be eligible to apply for supplementary grants to assist with the cost of delivering services in these areas.

Participants living in rural and remote areas may be able to apply for an additional supplement to support their access to Assistive Technology and Home Modifications.



6. Dementia and Cognition Supplement – to care for someone living with dementia

Current Home Care Packages Program:

This supplement provides additional funding in recognition of the extra costs of caring for people with cognitive impairment associated with dementia and other eligible cognitive conditions.

A GP, geriatrician or nurse can do the assessment to determine whether you meet the criteria to get this supplement. This supplement will automatically go with you if you change providers.

Future Support at Home Program:

The separate Dementia and Cognition Supplement will not continue as a standalone payment, however, Hybrid participants receiving this supplement as of 30 June 2025 will have the supplement amount transferred and added automatically to their new Support at Home quarterly budget.

Moving forward, the Single Assessment Service will consider a person's care needs relating to dementia and recommend an appropriate funding classification level to address those specialised needs.

NEW! Care Management Additional Supplement This is a new Supplement for the Support at Home Program and acknowledges the special and complex needs of many older people as they age. Participants eligible for the supplement will be identified by Services Australia based on their aged care assessment. This supplement provides an additional three hours per quarter of care management activities and will be added to a provider's pooled care management fund in respect of:

- Veterans who are approved for the Veteran's Supplement for aged care
- Older Aboriginal and Torres Strait Islander people
- People who are homeless or at risk of homelessness
- People referred by the Care Finder program
- People who are care leavers (i.e., a person who has spent time in institutional or out-of-home care including Forgotten Australians and former child migrants).

Disclaimer



This resource contains information that is correct as of the publication date. Information in the resource has been gathered from government sources, including:

- Support at Home Handbook (February 2025)
- Support at Home Manual (May 2025)
- Support at Home Frequently Asked Questions (February 2025)
- Department of Health and Aged Care webinars for providers and consumers (various)

It has been created especially for people using the home care system as a HYBRID participant.

It is tailored and includes information that is directly relevant to you.

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