Welcome partners!



Support at Home with







SUPPORT AT HOME



Support at Home will help people to stay at home for longer



Faster access to services



Early intervention to stay independent and prevent decline



Higher levels of care when needs become more complex





Single program

Three programs meet as one:

- Home Care Packages
- Short-term Restorative Care Program
- Commonwealth Home Support Program 2027



Focus on independence

- Up-front support available to stay active and independent
- Higher funding categories for greater needs





Quarterly budgets

- 11 budget levels that cover all clients
- Re-assessed to higher levels as they age
- Changes to funding rollover



Reasonable prices

- Providers invoice for services after delivery
- Additional funds available for services in rural and remote areas
- Caps delayed to 2026

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High Level Takeaway

These "Once in a Lifetime" reforms represent the most significant shift in Australia's home care sector in decades, reshaping pricing, revenue, and regulatory norms.

1.4M Participant

1.4 million older Australians will benefit from the program.

300k New

300,000 additional people will receive support by 2034-35.

\$9 Billion

Estimated \$9 billion+ in annual government funding for home care.

\$78,000 Max Subsidy

Maximum individual funding increased from \$61,440 to \$78,000 per year.

2027 Consolidation

CHSP will transition in 2027 under new funding & service models.

50% Co-Payments

New co-payment model based on service type & means-testing.

Quarterly Rollover

Quarterly funding allocations held by Services Australia, limiting rollover of unspent funds.

15-25k Additional Funds

End-of-Life Pathway: \$25,000.
Assistive Technology & Home
Modifications: Up to \$15,000 per
client.



Funding & Contributions



Funding changes

Eight levels (up from four) with top-level subsidy of \$78000 vs \$61400 under HCP, plus two short-term care pathways for restorative and end-of-life care.

Existing Home Care Packages (Grandfathered)								
HCP Level Quarterly Funding Annual Funding								
1	\$2,708	\$10,833						
2	\$4,762	\$19,049						
3	\$10,365	\$41,460						
4	\$15,713	\$62,853						

Additional Pathways								
Pathway Funding Amount* Funding Period								
Restorative Care	~ \$6,000	12 weeks						
End-of-Life ~ 25,000 12 weeks								
*Final classification dollar values to be confirmed								

New or Re-assessed Packages									
Support Classification	Quarterly Indicative Funding*	Annual Indicative Funding*							
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	~ \$78,000								
*Final classification dollar values to	be confirmed								

Assistive Technology							
Funding Tier Funding Allocation*							
Low Up to ~\$500							
Medium	Up to ~\$2,000						
High Up to ~ \$15,000							
*Final funding tiers to be confirmed							

Home Modifications					
Funding Tier Funding Allocation*					
Low Up to ~\$500					
Medium	Up to ~\$2,000				
High Up to ~ \$15,000					
*Final funding tiers to be confirmed					





Service Types & Contributions

New Packages

Category	Service Type	Full Pensioner Contribution	Part Pensioner and Commonwealth Seniors Health Card Holder Contribution	Self-Funded Retiree Contribution		
	Allied Health and Other Therapeutic Services					
	Nursing Care					
Clinical Care	Nutrition	0%	0%	0%		
	Care Management					
	Restorative Care Management					
	Personal Care					
	Social Support and Community Engagement					
In demandence	Therapeutic Services for Independent Living		50/to 500/depending			
Independence Services	Respite	5%	5% to 50% depending on income and assets	50%		
	Transport					
	Assistive Technology and Home Modifications (AT HM)					
	Meals		17.5% to 80%			
Everyday Living Services	Domestic Assistance	17.5%	depending on income	80%		
33777333	Home Maintenance and Repairs		and assets			

 $[\]bullet \quad \$130,\!000 \ lifetime \ contribution \ cap \ {\tt applies} \ to \ contributions \ in \ S@H \ and \ non-clinical \ residential \ care$

Service Types & Contributions

Grandfathered Packages

Category	Service Type	Full Pensioner Contribution	Part Pensioner and Commonwealth Seniors Health Card Holder Contribution	Self-Funded Retiree Contribution
	Allied Health and Other Therapeutic Services			
	Nursing Care			
Clinical Care	Nutrition		0	%
	Care Management			
	Restorative Care Management			
	Personal Care		0% - 25%	
	Social Support and Community Engagement		(based on income and asset assessment)	
In demandence	Therapeutic Services for Independent Living	0%		
Independence Services	Respite			
	Transport		For part pensioners, this will be based on their Age	25%
	Assistive Technology and Home Modifications (AT-HM)		Pension means assessment.	20/0
	Meals		Commonwealth Seniors	
Everyday Living Services	Domestic Assistance		Card Holders will undergo	
20171000	Home Maintenance and Repairs		a separate assessment.	

Grandfathered Recipients - "No Worse Off"

Clients with an HCP or on the National Priority System as at 12 September 2024 will pay the **same or** lower fees under Support at Home.

Subsidies & Supplements

Existing funding will be divided by four, and accessible quarterly

Upgrades will be assessed into new funding tiers

AT-HM is a separate stream

Unspent Funds

Transfer in full and can be accessed for expenditure above quarterly budget

New quarterly carry-over rules apply to funding allocated after 1 July 2025

Income Tested Fee

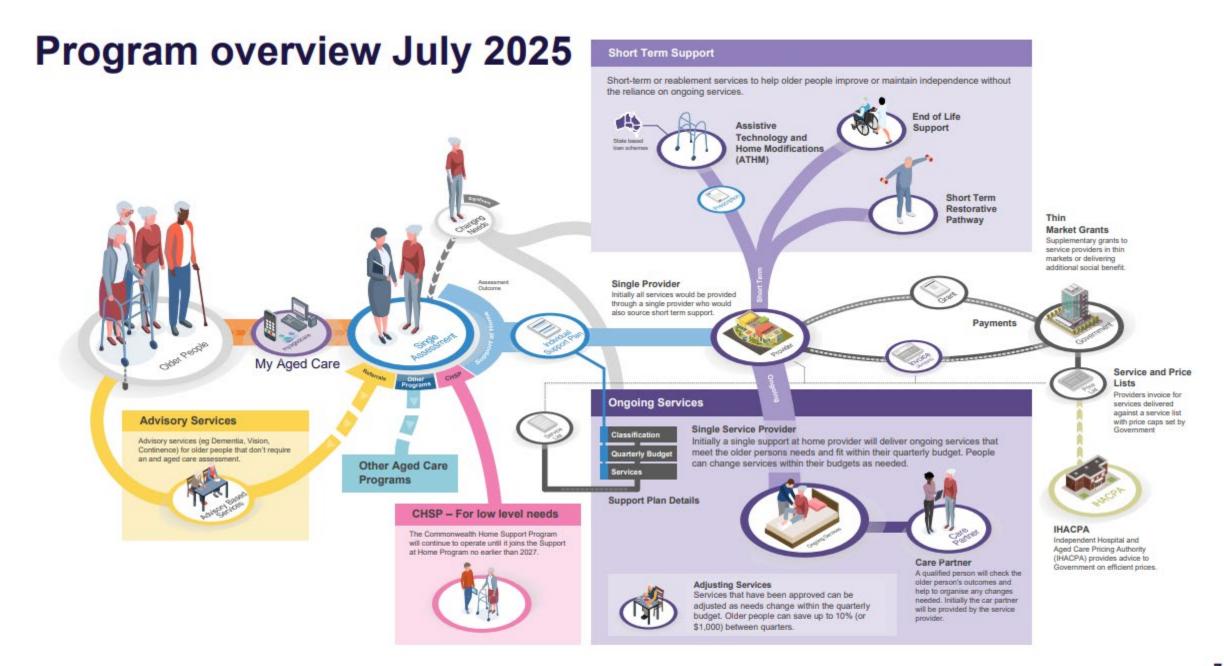
Charged as a contribution toward services delivered at discounted rates under the "no worse off" principle.

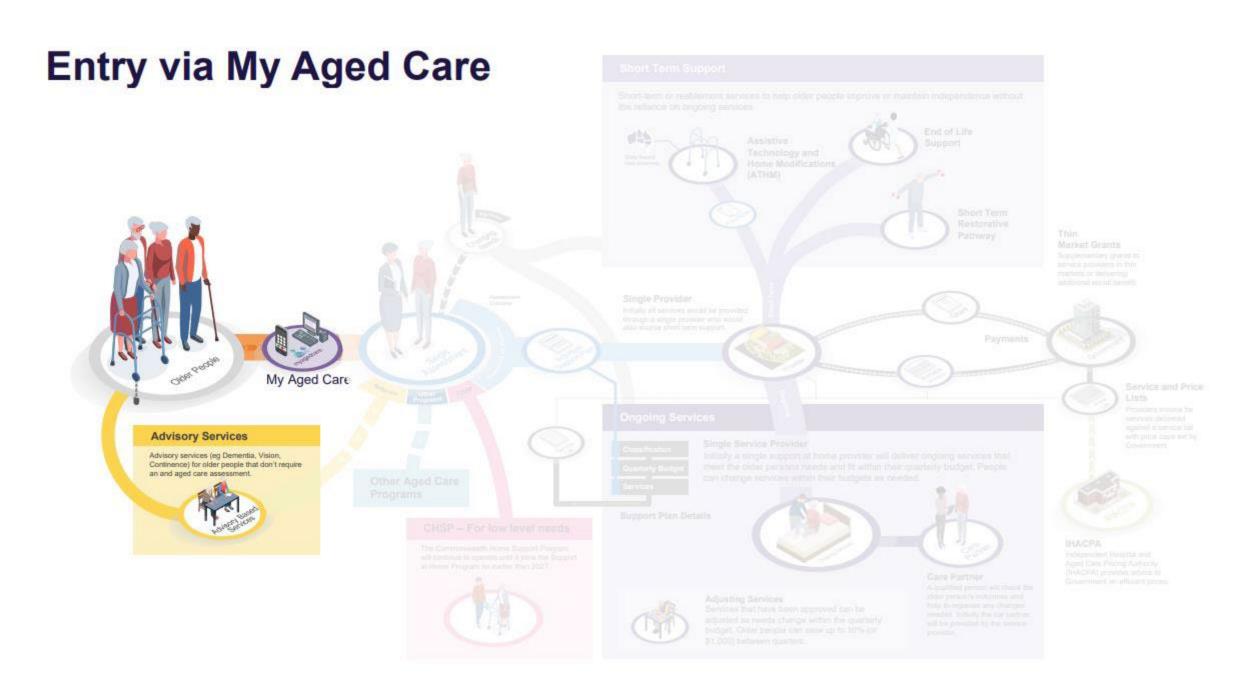
Existing full pensioner recipients will never contribute to services.

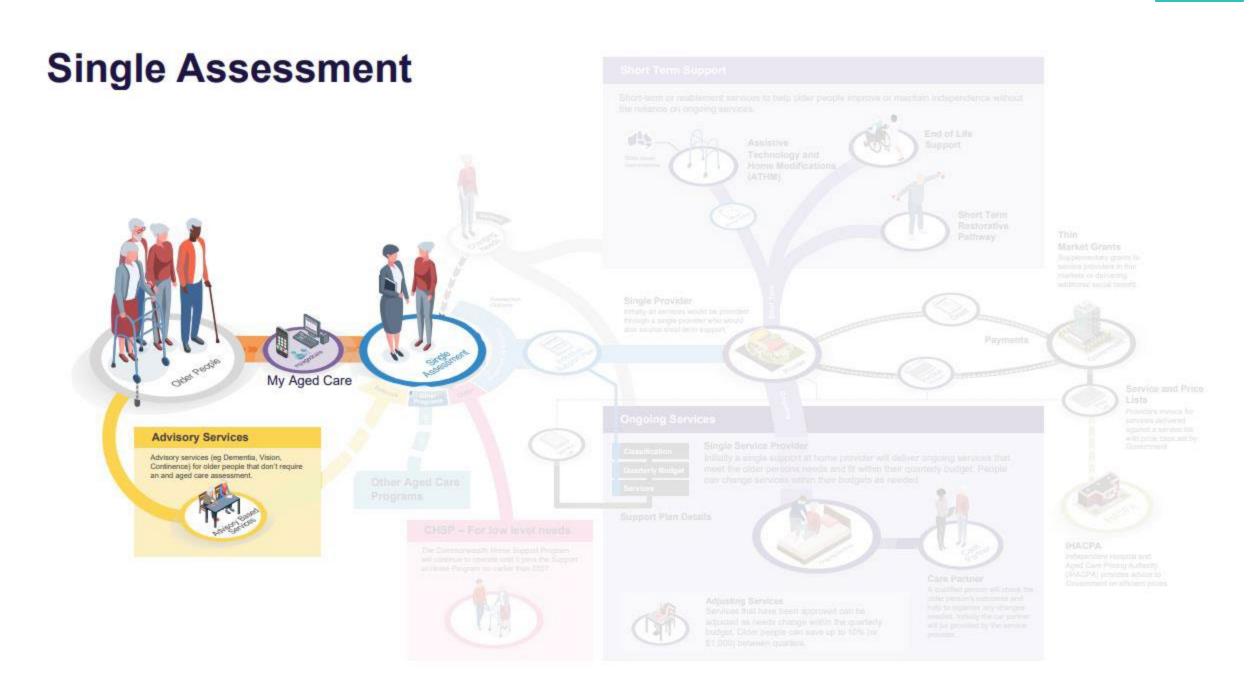


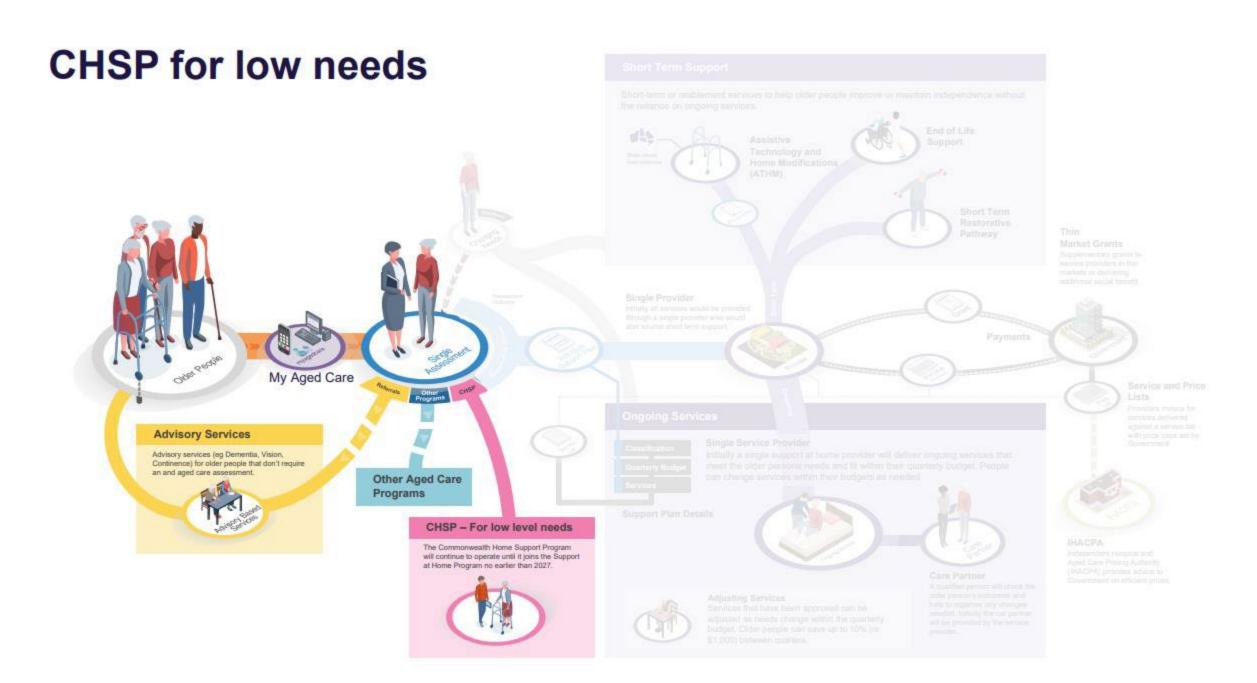
SAH Customer Journey

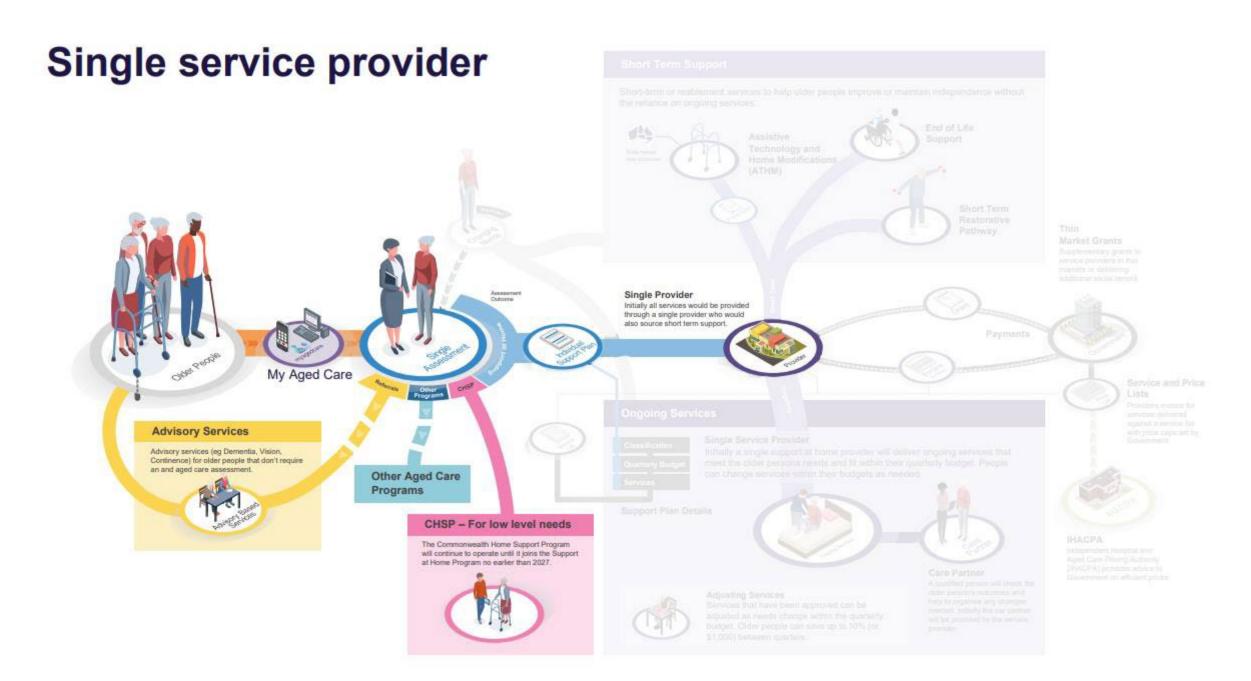


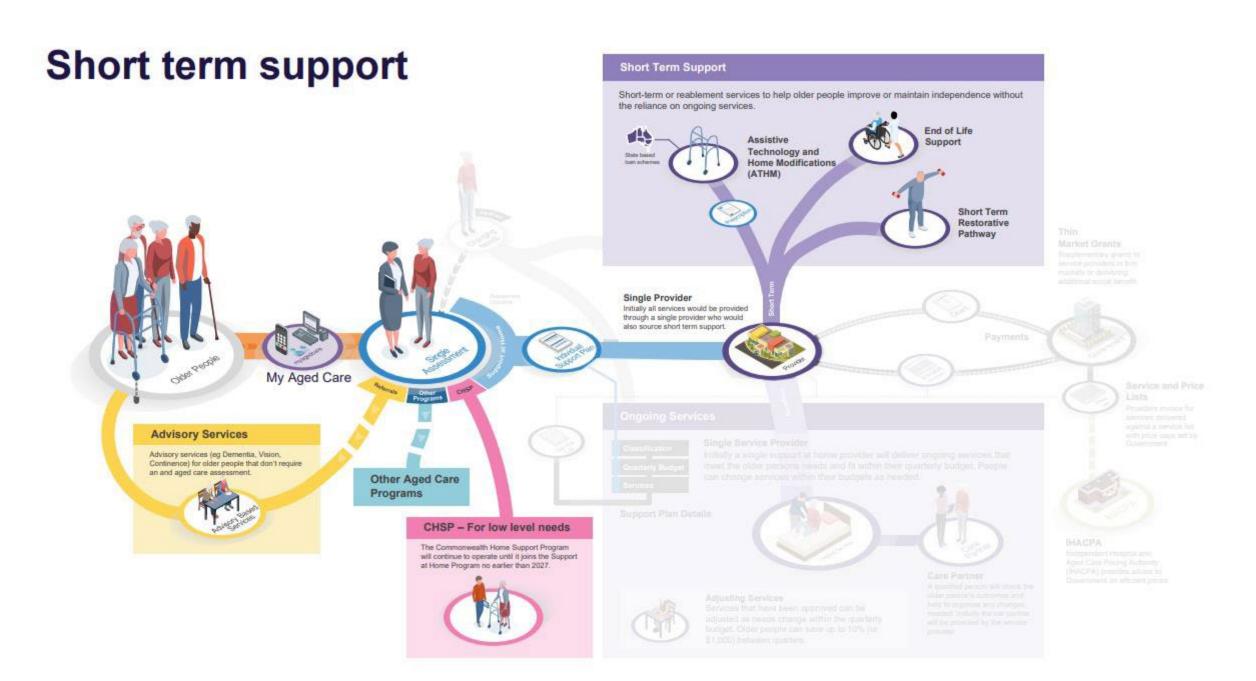


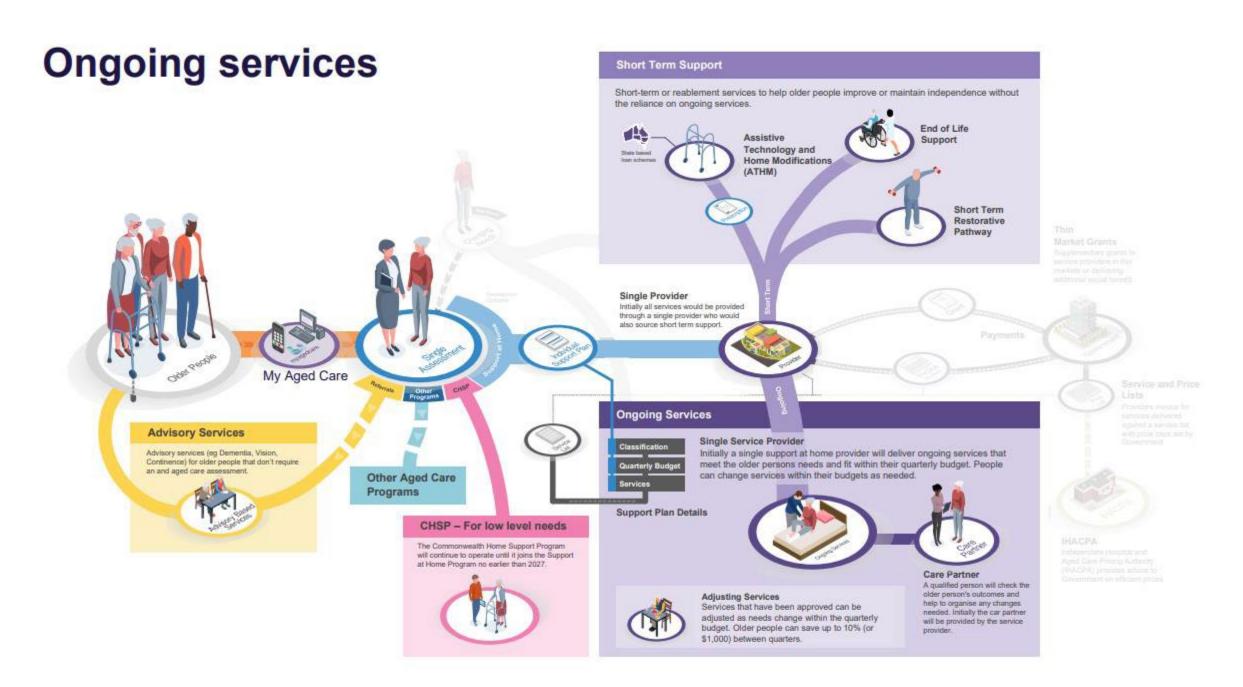


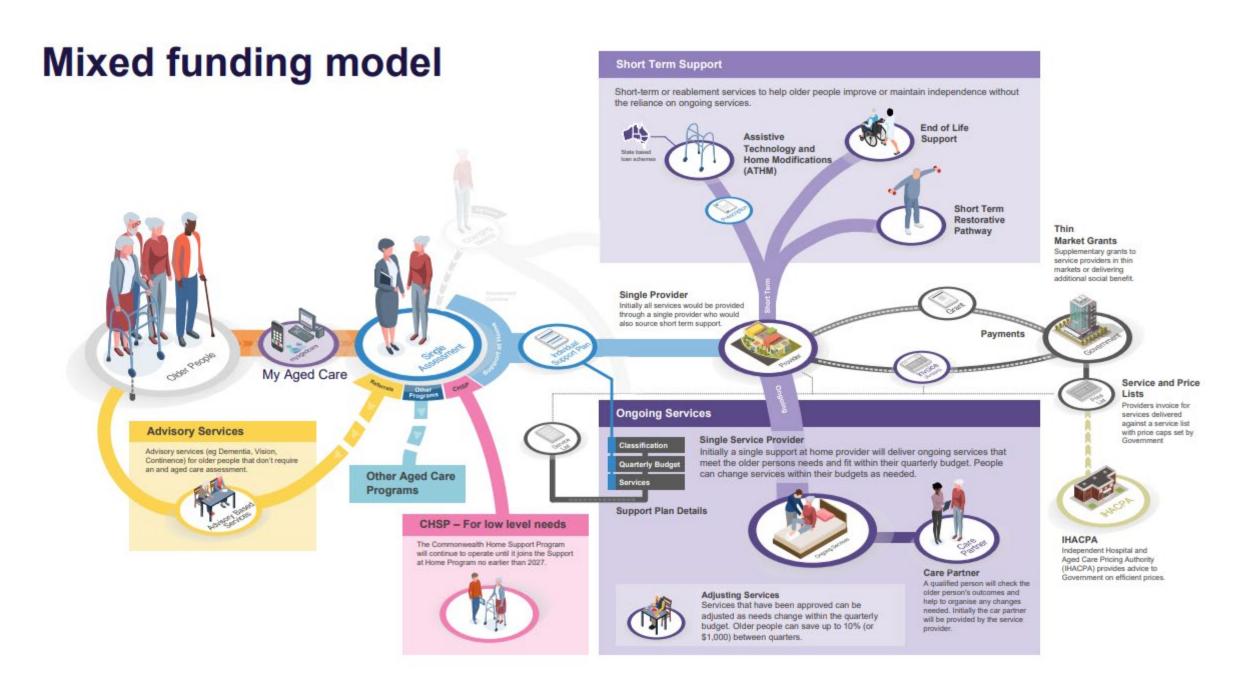


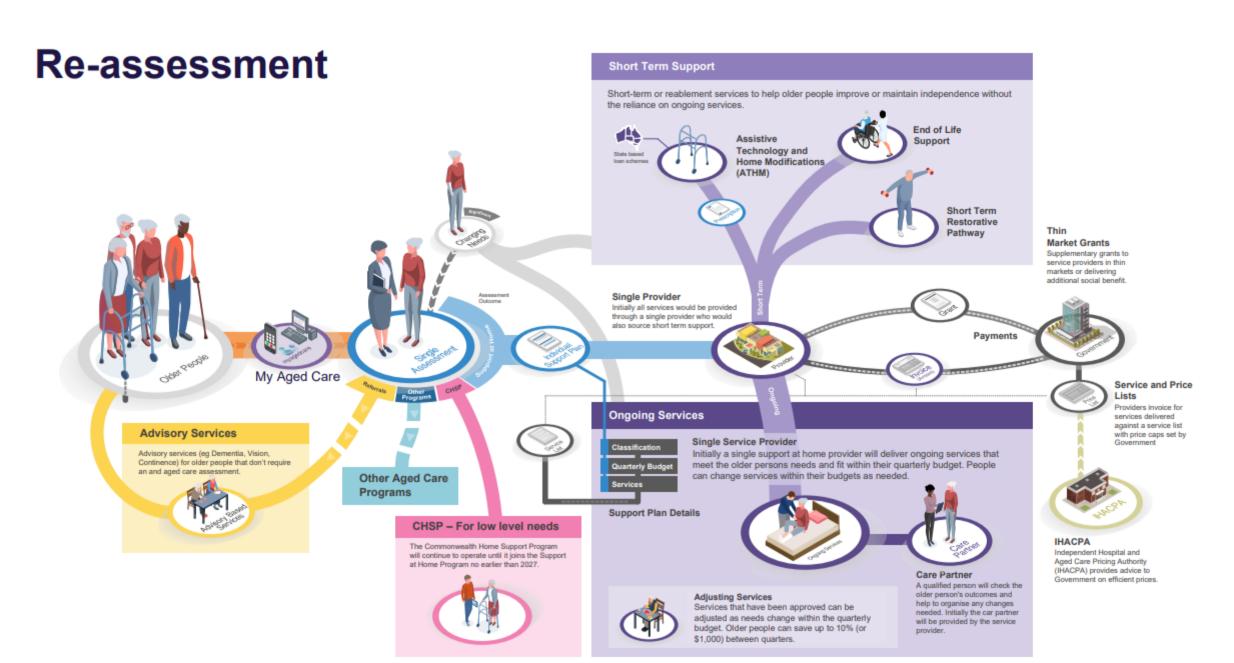








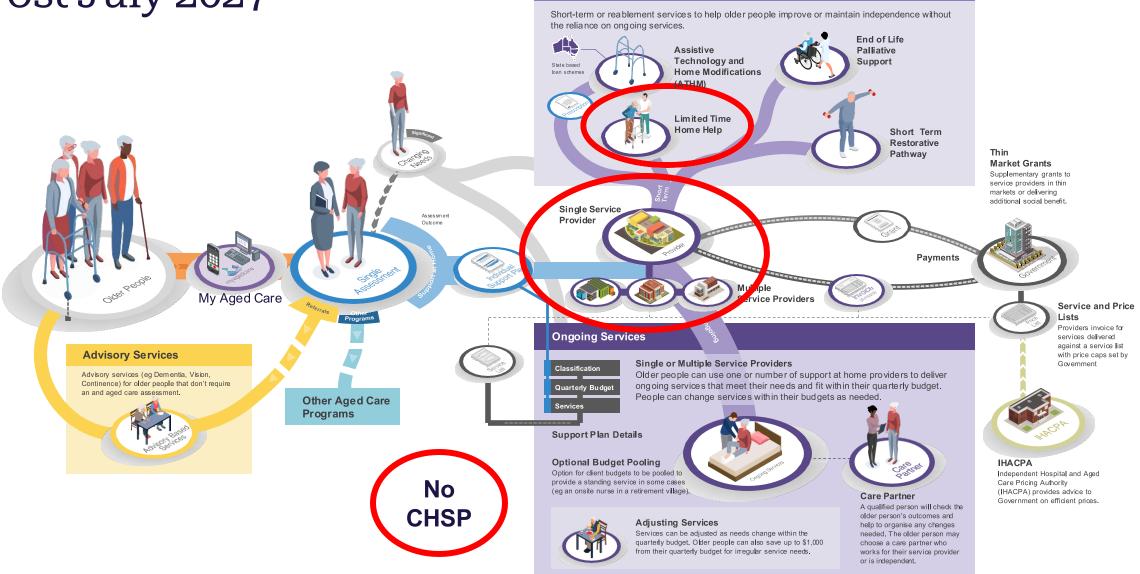




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July 2025 **Short Term Support** Short-term or reablement services to help older people improve or maintain independence without the reliance on ongoing services. End of Life Palliative Assistive Support Technology and Home Modifications loan schemes Short Term Restorative Thin Pathway Market Grants Supplementary grants to service providers in thin markets or delivering additional social benefit. As ses sment Single Provider Initially all services would be provided through a single provider who would also source short term support. **Payments** My Aged Care Service and Price Providers invoice for Ongoing Services services delivered against a service list **Advisory Services** with price caps set by Single Service Provider Government Classification Advisory services (eg Dementia, Vision, Initially a single support at home provider will deliver ongoing services that Continence) for older people that don't require meet the older persons needs and fit within their quarterly budget. People Quarterly Budget an and aged care assessment. can change services within their budgets as needed. **Other Aged Care Programs** Support Plan Details CHSP - For low level needs Optional Budget Pooling **IHACPA** The Commonwealth Home Support Program Option for client budgets to be pooled to Independent Hospital and Aged will continue to operate until it joins the Support provide a standing service in some cases Care Pricing Authority at Home Program no earlier than 2027. (eg an onsite nurse in a retirement village). (IHACPA) provides advice to Care Partner Government on efficient prices. A qualified person will check the older person's outcomes and Adjusting Services help to organise any changes Services can be adjusted as needs change within the needed. Initially the car partner quarterly budget. Older people can also save up to \$1,000 will be provided by the service from their quarterly budget for irregular service needs. provider.

Post July 2027



Short Term Support



Care Plans & Onboarding



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New Assessment Framework – What it looks like



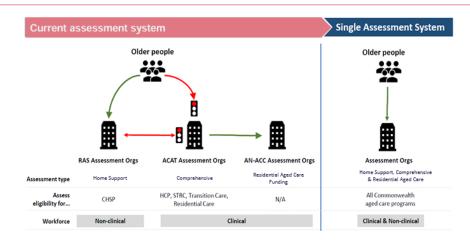
Single assessment system from Oct 2024

Onboarding very similar under the New World

- Register with My Aged Care to begin the aged care assessment process.
- •A **Triage Delegate** uses the Integrated Assessment Tool (IAT) to:
 - •Determine the type of assessment (home support or comprehensive).
 - •Assess urgency and priority.
 - •Once triaged, the case is assigned to an aged care assessor.
- Assessments can be conducted inhome or in hospitals, ensuring flexibility and faster access to care.
- •More timely assessments improve client onboarding speed, reducing delays in service commencement.

General Health			
How much have hea during the past 4 we		our normal activities (outsid	le and / or inside the home)
Not at all	Slightly	Moderately	Quite a bit
Have you had any re	cent falls or near mis	ss falls in last 4 weeks? *	
Yes	□No	Not sure	
_	_	too painful to do many of y	our day to day activities? *
Yes	No	Not sure	
Do you have any wei	ight loss or nutritions	al concerns? *	
_		□ Not sure	
General health notes	3		
			Limit 500 Character
General wellbeing	and aniate		

Key shifts from current assessment system to Single Assessment System workforce



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What does the tool look like?

18 sections in the prototype							
1 Assessment details	7 Physical & personal health	13 Home and personal safety					
2 Reason for assessment	8 Frailty	14 Financial and legal					
3 Carer profile	9 Cognition	15 Support considerations					
4 Social	10 Behaviour	16 Current access to services					
5 Function	11 Psychological	17 Goal setting					
6 Medications	12 Medical	18 Assessor recommendations					

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Function questions

21

18 sections in the prototype · Getting to places out of Walking walking distance · Climbing stairs Undertaking housework · Taking bath or Going shopping shower Preparing meals Dressing · Taking medicine Eating **5** Function Handle money Transfers · Using the telephone Toileting · Using online services agedcareengagement.health.gov.au 18 May 2023 14

Care Plan Support

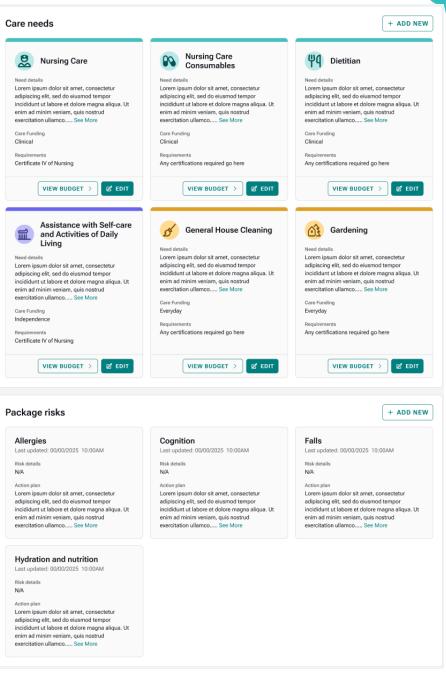
Very Similar focused on Wellness and Reablement.

Qualitative Assessment of somebody's needs and goals

Care recipients will be provided an individual support plan at assessment within 28 days. This will include:

- A summary of their needs and goals;
- The list of services they have approval to receive;
- Their ongoing classification and quarterly budget;







Coordination Fees



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Care Management Fee

10% of Subsidy

With additional supplements for:

- Referrals from Care Finder
- Older ATSI people
- Current or at risk of homelessness
- People who are care leavers
- Veteran's Supplement

- Providers manage access to a funding pool of 10% of the ongoing quarterly budget for their care recipients
- Providers will invoice the pool for varying amounts per care recipient after care management service provision
- Expected clinical and non-clinical staff team approach to enable clinical supervision of a care recipient's wellbeing
- Care Partners hold a preferred qual of a Cert IV in Aged Care
- Clinical Care Partners require a tertiary healthrelated qual
- Manage minimum expectations for how often a provider must deliver care management services to a care recipient

Care Coordination Loading

Tiered % of Service Cost

Covers:

- Scheduling
- Staff rostering
- Staff training
- Education
- Company overheads and administrative costs

- Coordination fees will be built into the pricing of services delivered, not charged separately
- Your income is directly linked to how effectively you help clients use their full budget
- Securing competitive service rates means more care delivered and better returns for your effort and your client
- We're embedding autilisation metric in the Portal so you can track service uptake andoptimise coordination in real time







Platform Loading

Additional 10% loading

Covers:

- Client contribution collection
- Debt recovery
- Non-payment risk
- Payment processing and reconciliation
- Technology and Systems

- This new loading recognises the financial risk and operational burden required to deliver services effectively and ensure compliance with payment collection expectations
- A 10% loading is applied to the final service rate
- This fee is retained by Trilogy to offset the cost of managing payments and risk of non-payment



Coordination Revenue Calculator

SaH Model						
Total funding	\$	100,000				
Coordination Fee		20%				
Utilisation Rate		85%				
Previous 11% HCP revenue	\$	11,000				

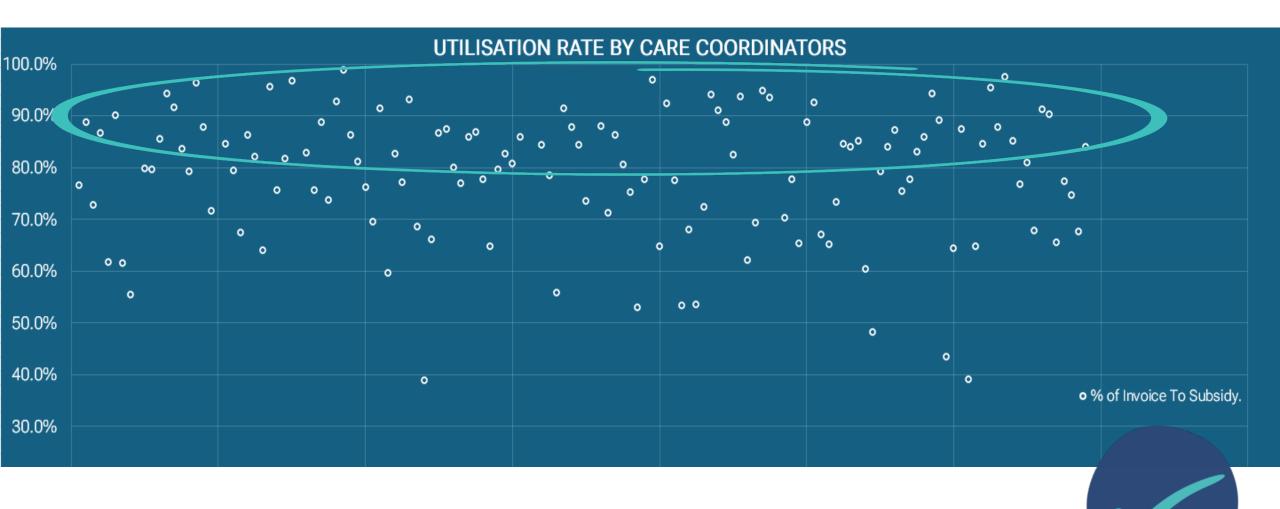


De	Working.	Utilisation Rate													
RE	evenue		65%		70%		75%		80%		85%	90%	95%		100%
%	20%	\$	8,864	\$	9,545	\$	10,227	\$	10,909	\$	11,591	\$ 12,273	\$ 12,955	\$	13,636
Fee 9	25%	\$	10,636	\$	11,455	\$	12,273	\$	13,091	\$	13,909	\$ 14,727	\$ 15,545	\$	16,364
щ	30%	\$	12,273	\$	13,217	\$	14,161	\$	15,105	\$	16,049	\$ 16,993	\$ 17,937	\$	18,881

Provider Down Calc						
Total funding	\$	100,000				
10% Care Management	\$	90,000				
Utilised funding	\$	76,500				
10% Platform loading	\$	69,545				
Coordination fee	\$	57,955				
Coordinator Revenue		\$11,591				

Client Up Calc	
Delivered Services	\$ 57,955
Coordination fee	\$ 69,545
10% Platform loading	\$ 76,500
Add unutilised funding	\$ 90,000
10% Care Management	\$ 100,000
Coordinator Revenue	\$11,591

Funding utilisation 2024





Trilogy Portal



Our Portal Goals

To create an all-in-one platform for Care management, delivering an easy-to use and scalable customer experience for all our stakeholders.

Our Portal Goals



300 Internal Staff

- Generate Care Plans and Budgets
- Capture Case Notes and Care Events
- Incident and Regulatory Management



200+ Coordinators

- Assign Providers to Budget
- Track Expenditure / Statements
- Capture Case Notes and Care Events
- Find Providers*



10,000+ Recipients

- View Budget / Spending
- Submit Reimbursements
- Approve Supplier Bills
- Find Providers*



10,000+ Service Providers

- Complete Compliance
- Maintain Staff and Rates
- Submit Bills for Payment
- View Budget Snapshots.

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TC Portal Releases March 2025

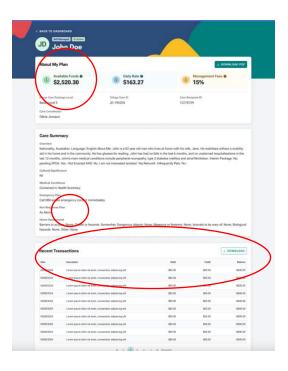
100% Invoices in the Portal + Artificial Intelligence



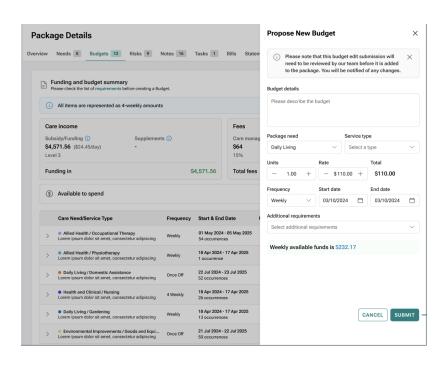




Accrual Balance
- Pending Transactions

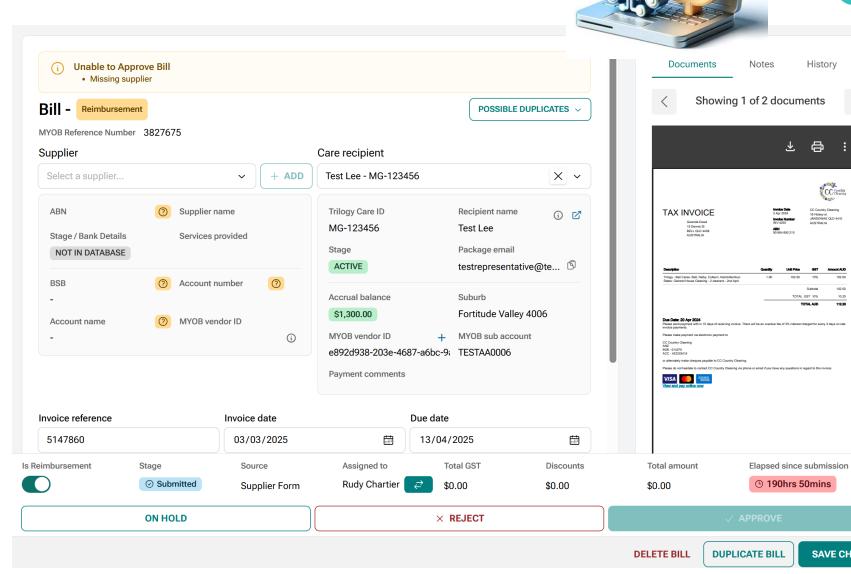


Budget Proposals



Invoices & Payments

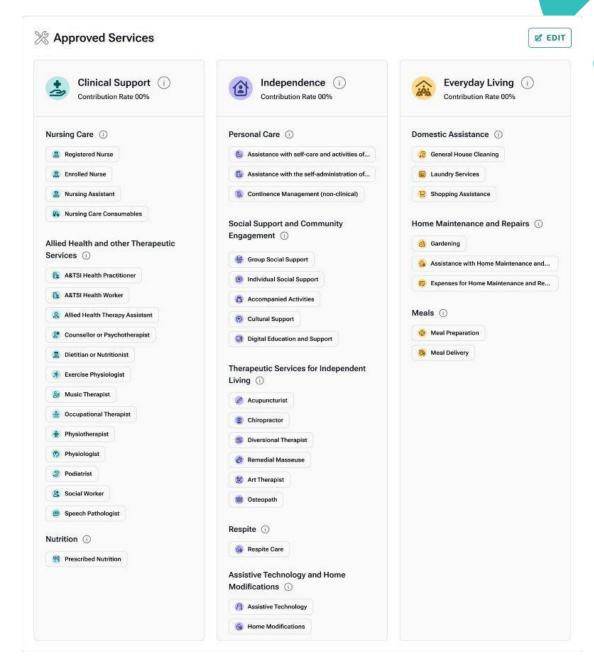
- All Bills and Reimbursement in Portal as of Mar 2025
- We process 50k+ Bills
 processed / month and
 increase from 1500 to 3500 per
 day with new Portal.
- Surplus means we can speed up our Bill Paying for Sunny Day Scenario with a target to reduce processing times.
- Providers have 60 days from EOQ to submitall invoices.



Service Categories

- SAH Reform means Services must be itemised units and rate but also by
- 1. Co-Contribution Category
 - Clinical,
 - Independence,
 - Everyday Living,
- 2. Then by service type and Services
- Domestic Assistance (Cleaning, Laundry, Shopping)
- Home Maintenance... (Gardening, Maintenance)

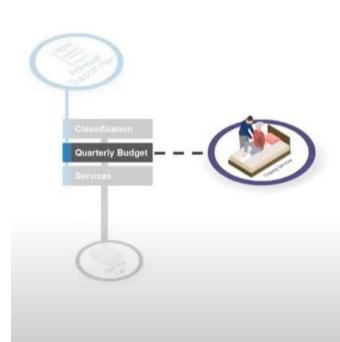
Claim Cadence can happen once daily in future through Services Australia API. Faster Payment.



Quarterly Budgetes

Unused funds will have limited carryover (up to \$1,000 or 10% of the quarterly amount) and excess unspent money beyond that cannot be hoarded – it effectively returns to the system each quarter

Quarterly budgets for ongoing services

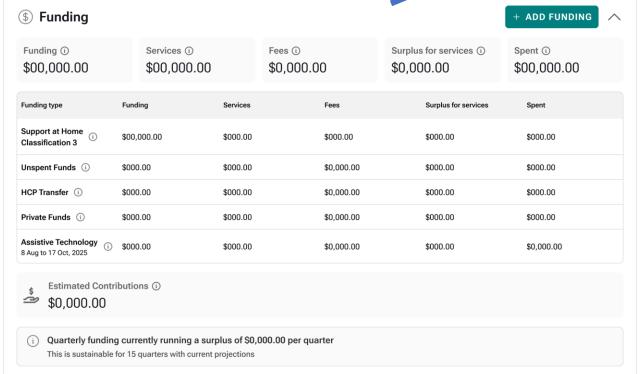


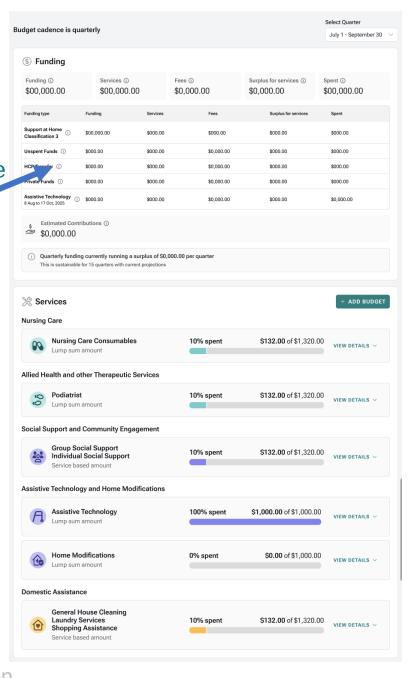
- Classification amount will be divided into 4 quarters
- Maximum accrual of \$1,000 or 10% of qual Will's Take-away budget between quarters
- Budgets will be held on behalf of the partici account by Services Australia
- Providers will invoice the account after services delivered
- Flexibility to use the budget across approve
- Participants with unspent HCP funds will re access to these funds for approved purpos .

- Need to promote the Use-it-or lose-it principles
- Consider the effect of using all funds with higher co-contributions
- Budgets need to be more accessible to all Stakeholders.
- More alerts/notifications and utilisation rate

Budget View SAH Update

Funding under SAH requires a more detailed management of the Funds available in a Package and the order which they will be used. Voluntary Contributions ('Rainy Day' Funds) will be available later in 2025.

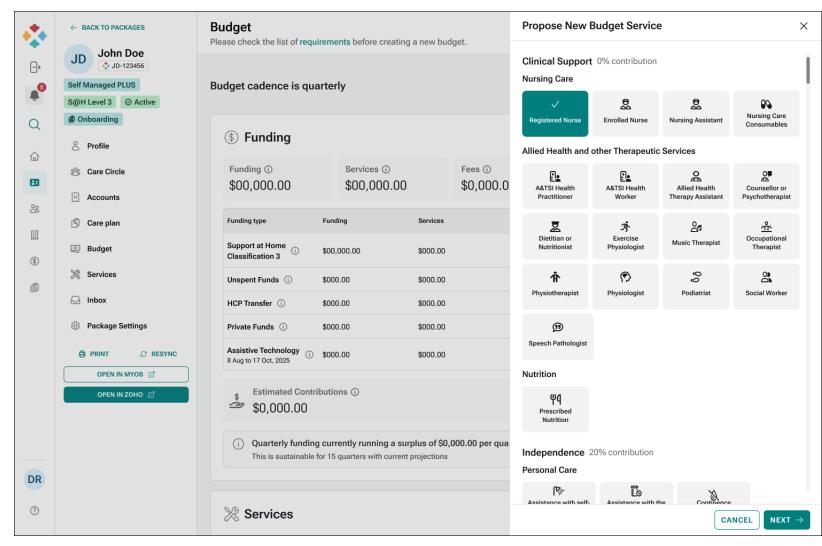




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Adding Budgets SAH Update

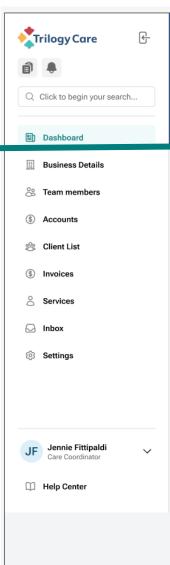
- Working to Finalise
 Budget Design by Mar
 25.
- Coordinator given
 more controlover
 budget management
 with support of Care
 Partner.
- Budgets can be exceeded but Funding Stream cannot!

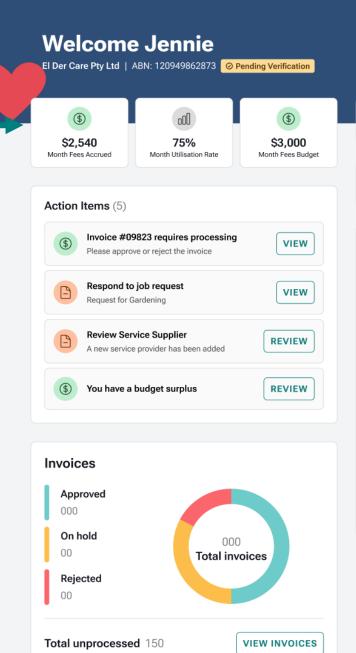


Care Coordinator Portal Vision

Service Fee Calculation

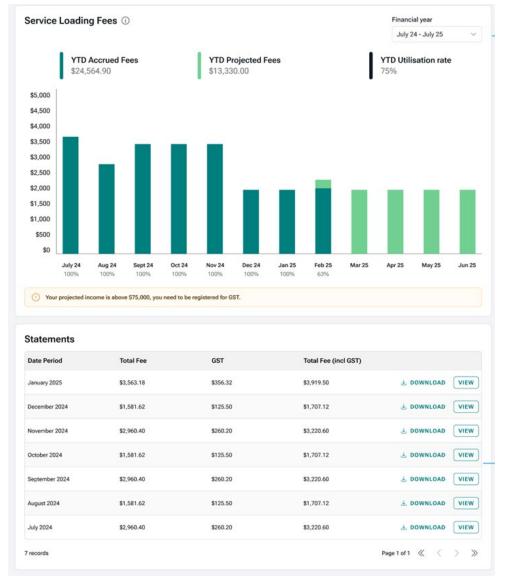
Navigation



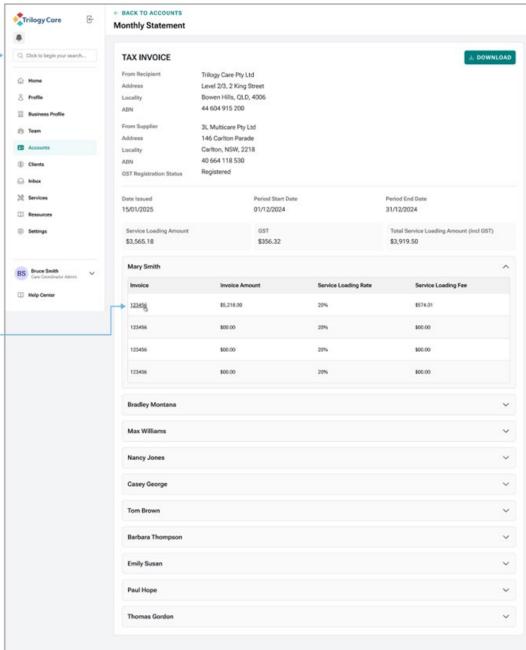


Quick Links Get quotes Leave notice Notifications (6) Dec 6 Invoice #3926 was moved from 'On Hold' to 'Approved' Invoice #3926 was moved from 'On Dec 6 Hold' to 'Approved' Nov 26 Invoice #3926 was moved from 'Submitted' to 'On Hold' Nov 26 Task is overdue Nov 8 You were assigned a new task Nov 2 You have 6 new messages VIEW MORE **Notifications** & Alerts

Portal Coordinator Fees



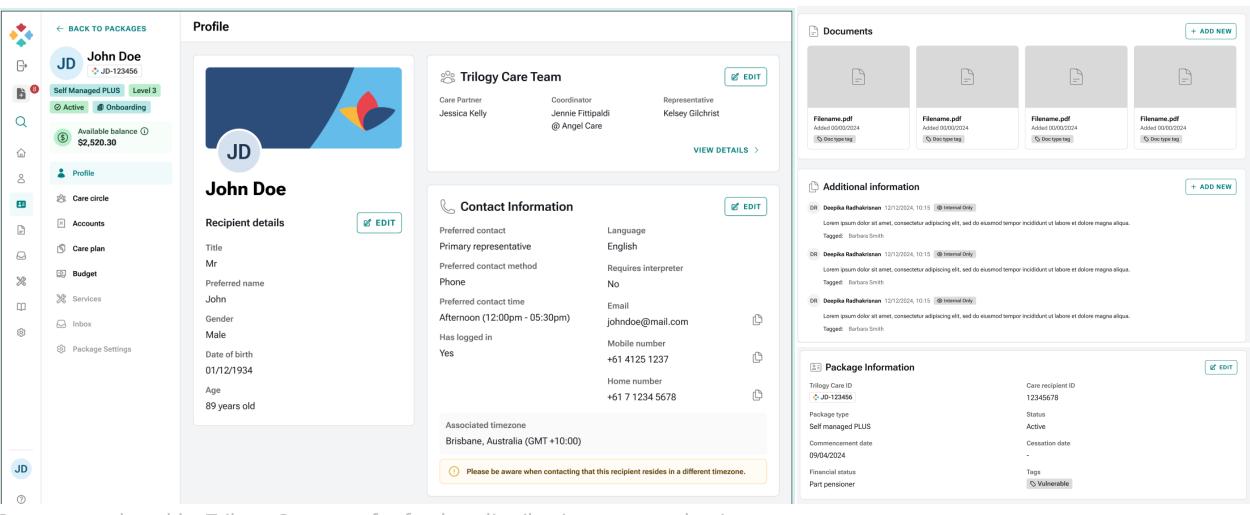
VIEW INDIVIDUAL MONTHLY STATEMENT



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Global Package View

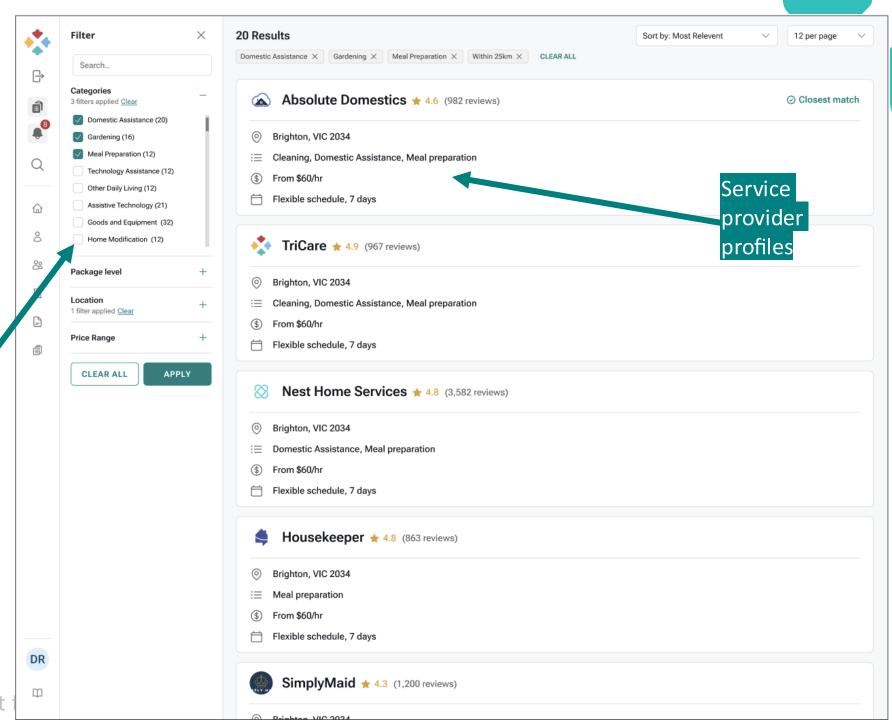
Time invested to make this a lot clearer so when you open a package you see key information about the recipient.



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Service Provider Directory Vision

Search filters



Content produced by Trilogy Care, not

Recontracting Agreements

New Home Care Agreement

•Aligns with updated service standards and funding models.

New Coordination Agreements

•Ensures clarity between consumers, providers, and stakeholders.

Clear Communication Plan

Proactive engagement to ensure smooth transitions.

Trilogy is working to execute Home Care Agreements in Portal with their invite to Portal!

IN-HOME CARE AGREEMENT

This in Home Care Agreement (the "Agreement") is entered into effect in of IDATE

(DUENT NAME), ("Clerk"), on individual with their reach address isophed at CH as

orporation organized and existing under the tows of the [State/Province] of

(COMPLETE ADDRESS)

[CAREGIVER NAME], ("Caregiver"), a constration organized and existing under the last of the [State-Province] of [STATE/PROVINCE], with its head inflice

JOOMPLETE ADDRESS

The Caregiver agrees to provide in-horse care services to the Client as agreed upon during

Most pranning and prepunsts

Companionship

· Errands and shopping

The Parties will work together to establish a schedule of core, including the days and hours during which the services will be provided. The schedule may be extinct to resourceable. adjustments based on the needs of the Citiest and the availability of the Caregiver

The Carecover will provide services in a professional, respectful, and compassionate money

The Careciver will promote inform the Client or designated emergency contacts of any equitions

in-Home Care Agreement







Our Support at Home partner program launches.



You'll receive an email with the partnership outline, slide deck, calculator, and your utilisation data.

Resource Drop

Follow-up pack includes webinar Q&A, updated tools, and training support.



Finalise your coordination fee strategy and execute partnership agreements (by end May).

Webinar 2: Broader Insights

A second session will run for partners and interested industry stakeholders.

1:1 Partner Sessions

Connect with your Trilogy Partnership Manager to clarify options.

Transition Current Clients

Re-sign of all existing clients to Support at Home agreements complete (by end-June).

SaH Go Live

Support at Home officially launches.

Support at Home commences

