



*Your simplified guide to*

# Support at Home

Grandfathered consumers

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Version 1.2  
February 2025  
  
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# What is happening to home care in Australia?

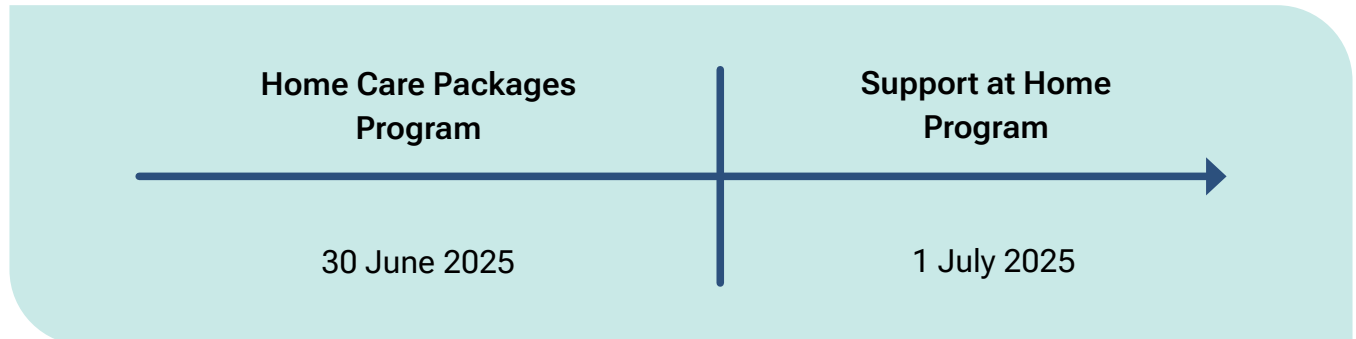
Many of you will have heard that government-subsidised home care programs are being overhauled, and changes are coming to the home care package program. These will take place in several stages – the first stage is the replacement of the Home Care Packages Program with the new Support at Home Program.

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



Providers and consumers need to prepare for some significant changes, and there are many questions that need to be answered. The department has created a Support at Home Handbook for providers to help them understand the new rules and parameters, but there is currently no comprehensive handbook to help existing consumers, their families and representatives to understand what the changes will mean for them, wherever they are in their home care journey.

## 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 were already in the Home Care Packages program or have been assessed and were waiting for a package to be assigned as of 12 September 2024.

### Existing Participants

#### “The Grandfathers”

- Assessed and receiving a home care package as of 12 Sept 2024
- Assessed and on a waiting list for a home care package before 12 Sept 2024, but not yet assigned a package by this date

In this resource for Grandfathered 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 Grandfathered participants. We will continue to monitor information in the sector and provide updates if required.

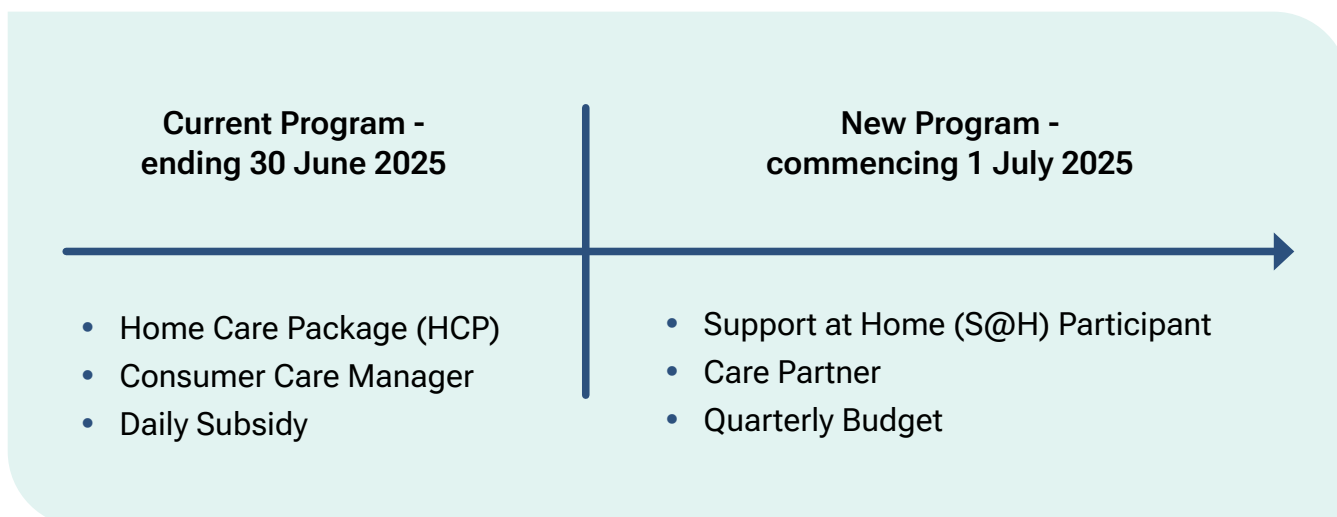
Participants and providers are on this journey together and we will give you as much information as we can along the way.





## 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.



# 12 September 2024 – Why is this date so significant?

## As a GRANDFATHERED 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 new participants entering the 'Transition Period' before the new Support at Home program commences.

This date separates people using government-subsidised home care programs concerning the fees they are required to pay from 1 July 2025.

Participants in this Transitional period will be required to have their income and assets assessed by Services Australia (Centrelink) and the payment of fees will apply for all Transitional participants under the new system from 1 July 2025.

## Will I be affected by this change?

**No.** You are a Grandfathered HCP consumer because you were already in the system as of September 12, 2024, and will be transferred over to the new Support at Home program without any substantive changes.

Your fees will not be higher than any that you may be paying while receiving your home care package. If you pay nothing now, you will continue to pay nothing in the new Support at Home program.

The government has said that existing consumers will not be disadvantaged as the new system is rolled out. This means that you will not be asked to pay more for your current services, even though NEW and TRANSITIONAL consumers will have to pay more.

Anyone **newly assessed** by the Aged Care Assessment Team (ACAT) or Single Assessment Service (SAS) Team for a home care package between 12 September 2024 and 30 June 2025 will be treated as a 'transitional' consumer and will be required to pay the new fees once the Support at Home program commences on 1 July 2025.

# Grandfathered Participants

## What defines the different consumer/participant groups?

There are four distinct groups of participants in our Australian home care system. In Support at Home, consumers will be known as **PARTICIPANTS**.

Each of the different groups of participants is treated differently by the Support at Home system, however, CHSP consumers are not included in Support at Home for the time being.

<b>You</b> Existing Participants "The Grandfathers"	<ul style="list-style-type: none"><li>Assessed and receiving a home care package as of 12 Sept 2024</li><li>Assessed and on a waiting list for a home care package before 12 Sept 2024, but not yet assigned a package by this date</li></ul>
Transitional Participants "The Hybrids"	<ul style="list-style-type: none"><li>Newly assessed and assigned a home care package after 12 Sept 2024 and before 30 June 2025</li><li>Approved but not yet assigned a Home Care Package before 30 June 2025. Awaiting assignment after 1 July 2025.</li></ul>
New Participants "The Newbies"	<ul style="list-style-type: none"><li>Newly assessed and approved for a Support at Home funding classification after 1 July 2025</li><li>Participants receiving CHSP services but not yet assessed for a higher level of care</li></ul>
CHSP Consumers – not yet included in Support at Home	<ul style="list-style-type: none"><li>Receiving entry-level services under the Commonwealth Home Support Program (CHSP)</li><li>Not yet assessed as eligible for a home care package or Support at Home</li></ul>

This resource relates to **GRANDFATHERED** participants.



# Support at Home for Grandfathered 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 and it's called the Support at Home program.

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

- Until 30 June 2025, all Home Care Packages consumers will be treated the same. You will not notice any difference in the way you are treated by the system
- Grandfathered HCP consumers 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
- Your total annual funding moves from a daily subsidy to four equal quarterly budgets
- Care Management charges will be set at 10% of a person's quarterly budget
- Package Management charges will not apply in the same way
- You will retain any unspent funds, but new limits will apply to rolling over any of your unspent quarterly budget
- A new personal contributions (fees) framework will be introduced for people newly assessed and entering home care after 12 September 2024. This does not apply to you – your current conditions are grandfathered
- A 'no worse off' principle applies to protect existing (Grandfathered) HCP consumers in terms of personal contributions (fees)
- If you currently pay an income-tested care fee, you may actually pay less under the new Support at Home fee arrangements
- A new services list means some changes in how funding is categorised and spent

# A new defined service list

## What are the changes?

Currently, under home care packages, providers don't tend to categorise the way your services are delivered. However, the department has announced some specific changes to the way care and services will be categorised. The new Support at Home program will separate all services into three distinct service categories - see below:

1	<b>Clinical Care:</b> Specialised services to maintain or regain functional and/or cognitive capabilities	Nursing, most allied health, nutrition, care management and restorative care management
2	<b>Independence:</b> 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	<b>Everyday Living:</b> Support to keep your home in a liveable state and support your independence at home	Domestic assistance, home maintenance & repairs, meals

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

Grandfathered 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, but for the most part, your services will remain the same.

There may be less opportunity 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 instead of saving or accumulating your funding for a rainy day.

## What this means for you:

Together, we will review your care needs and care plan and notionally place your services into these new service categories. We will work with you if there are supports in place that do not fit these new service categories, but it may be that some participants have existing expenditures that cannot be included in their future Support at Home care plan.



# New classifications and budgets for Support at Home

## Overview:

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.

**Table 1: Home Care Packages and Support at Home Blended Budget Table**

A	B	C	D	E	F
Classification Level	Annual budget	Quarterly budget	Deduct 10% Quarterly care management	Quarterly spending amount	Maximum rollover per quarter
	\$	\$	\$	\$	\$
<b>Level 1 HCP</b>	10,687	2,681	267	2,404	1,000*
1	11,000	2,750	275	2,475	1,000
2	16,000	4,000	400	3,600	1,000
<b>Level 2 HCP</b>	18,793	4,698	469	4,229	1,000*
3	22,000	5,500	550	4,950	1,000
4	30,000	7,500	750	6,750	1,000
5	40,000	10,000	1,000	9,000	1,000
<b>Level 3 HCP</b>	40,905	10,226	1,022	9,204	1,022*
6	48,000	12,000	1,200	10,800	1,200
7	58,000	14,500	1,450	13,050	1,450
<b>Level 4 HCP</b>	62,013	15,503	1,550	13,953	1,550*
8	78,000	19,500	1,950	17,550	1,950

\*access to unspent HCP funds

Column D shows the amount that providers will deduct from each funding level for Care Management activities (10%) and Column E shows the amount remaining to spend on care and services each quarter.

Column F shows the maximum allowable amount that can be rolled over from one quarter to the next.

Grandfathered participants will remain on the same home care package funding level when they move to the Support at Home program on 1 July 2025 and retain access to all their unspent funds.

# Quarterly budgets replace daily subsidies

## What are the changes?

Grandfathered 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 blue 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 Grandfathered 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 need a new assessment for a higher level of care.

**Interim home care packages:** If you are on an interim home care package level while waiting for a higher-level package, you will be assigned the approved HCP funding level when you reach the top of the waitlist, even if this occurs after 1 July 2025. You will not be reassigned to one of the eight Support at Home classification levels if you are already on the waitlist for a higher-level home care package as of 30 June 2025.

For example, if on 30 June 2025, you are on the national waiting list for a Level 4 HCP and receiving an interim Level 2 HCP in the meantime, you will be assigned a new quarterly budget equal to Level 4 HCP funding once you reach the top of the waiting list.

**New higher-level assessments:** If your circumstances change, you may need a formal re-assessment for additional 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 assign you a new Support at Home classification level.

Remember, you are grandfathered in terms of the fees you pay, so even if you move to a Support at Home classification funding level at a later date, you will not have to pay the Support at Home fees.



### 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 deficit and make it up in the next quarter
- You will continue receiving a monthly statement with details of the care and services provided to you

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 mean?

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

This term applies only to people who were already receiving a Home Care Package, or, on the national waiting list, or, assessed as eligible for a Home Care Package, as of **12 September 2024**.

The department is saying that these people, known as 'Grandfathered consumers', 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.

You are a Grandfathered participant, so you will be no worse off once you transition over to the Support at Home program on 1 July 2025.

### What if I move to a higher-level package in the future?

If you are already on a waiting list for a higher-level package, or if you are formally reassessed for a new Support at Home funding classification, you will remain under the 'no worse off' principle forever and pay no more than you currently pay even once you are assigned your new package or classification level.

**This applies to all Grandfathered consumers, regardless of their income and assets.**

### 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. We understand that this may cause some confusion and concern for some people, so we will work with you to manage this transition as best we can.

# Fees and contributions for Grandfathered 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?

**No.** The government's 'no worse off' principle applies to Grandfathered participants so the new Support at Home participant contributions framework will NOT apply to you from 1 July 2025. You will be no worse off financially under the new program.

## Current HCP fee arrangements:

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

- **Basic Daily Care Fee:** This is an optional fee and the majority of HCP providers do not charge this fee to their consumers.
- **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.

## Grandfathered participants paying an Income Tested Care Fee:

If you have already been paying an ITCF under your home care package, the government has promised you will be 'no worse off' under Support at Home. You will pay the same or less than you have under your home care package.

We will work with you to explain the new formula and work out how much you will pay as a percentage of each service type you use. The new percentage does not exceed 25% of the price for Independence Services and Everyday Living Services.

You will not be asked to pay for any nursing and clinical services.



## I know it doesn't affect me, but what are the changes for new people entering Support at Home?

The new Support at Home program is a 'user pays' model where a person only pays for the services they receive, except for clinical care services. No one will be required to pay for clinical (nursing) care services, regardless of their income or pension status.

The amount a Support at Home new participant is required to pay is based on a percentage of the price for each service type (e.g. domestic assistance, personal care, shopping assistance, etc), or a percentage of the cost of the item (e.g. aids & equipment, allied health service, delivered meals, etc).

The government sets the percentage the participant is required to pay. Your provider, or the supplier of the goods or services, sets the price for each service type.

Remember, your current fee arrangements are grandfathered so you do not have to pay these fees.



# Unspent Funds and Roll-over Funds

## Rolling over your unspent HCP funds

In the Home Care Packages program, any unspent funds can be rolled over and saved in your HCP account held by Services Australia and accessed when you require additional approved spending.

As a Grandfathered participant, on 1 July 2025, you can roll over all your unspent funds that have accumulated from the time you commenced your package until 30 June 2025. This amount will remain set aside for you and will continue to roll over month after month and year after year.

The government have not indicated any changes to how unspent funds are treated, but this may change in the future.

## Rolling over quarterly budgets, and managing unspent funds

The Support at Home program commencement brings some changes to how unspent funds are dealt with.

From 1 July 2025, if there are unspent funds in your budget at the end of each quarter, participants can roll over up to \$1000, or 10%, of your quarterly budget whichever is the higher amount. See the Table below which shows the maximum allowable rollover amount for each HCP level and Support at Home classification level.

Classification Level	Annual budget	Quarterly budget	Maximum rollover per quarter
	\$	\$	\$
<b>Level 1 HCP</b>	10,687	2,681	1,000*
1	11,000	2,750	1,000
2	16,000	4,000	1,000
<b>Level 2 HCP</b>	18,793	4,698	1,000*
3	22,000	5,500	1,000
4	30,000	7,500	1,000
5	40,000	10,000	1,000
<b>Level 3 HCP</b>	40,905	10,226	1,022*
6	48,000	12,000	1,200
7	58,000	14,500	1,450
<b>Level 4 HCP</b>	62,013	15,503	1,550*
8	78,000	19,500	1,950

\*access to unspent HCP funds



# Unspent funds – moving from HCP to Support at Home

## What happens to existing unspent HCP Funds?

Grandfathered 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 funds.

As a Grandfathered participant, you will also be entitled to rollover up to \$1000, or 10%, of your quarterly budget - whichever is the higher amount. Your unspent budget amounts will appear on your monthly financial statements.

## What can I spend my unspent funds on?

Grandfathered 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, though any spending must continue to meet all government guidelines for approved spending and be included in your care plan and relevant assessment documentation.

The department encourages providers and participants to use their Decision Support Tool to help with decision-making and notes that providers have discretion to determine whether the requested spending aligns with the program intent and the provider's compliance requirements.



## 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 focuses on allied health to build participants' 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.

As a Grandfathered 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.

### End-of-Life Pathway

The new End-of-Life Pathway 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.

Grandfathered 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. This funding is in addition to a participant's quarterly Support at Home budget and can be used to purchase the same types of care and services set out in the Support at Home Service List.

It cannot be used to pay for services that are already available from specialist palliative care services.

The end-of-life pathway can provide funding of up to \$25,000 and must be used within 12-16 weeks.

# 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. This differs from how Grandfathered consumers have previously accessed these types of supports under the home care package program.

All participants, including Grandfathered participants, will have access to the new AT-HM funding pool which can cover:

Products and Equipment	Coordination Costs	Home Modifications
Prescription (i.e. assessments by Occupational Therapists, Physiotherapists, etc)		Wrap-around Services (i.e. set-up and training to safely use equipment)

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.

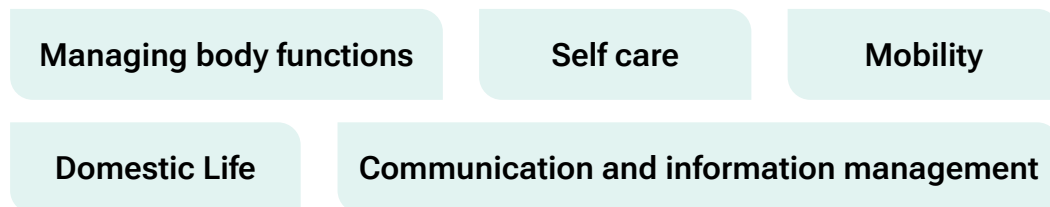
However, as a Grandfathered participant, you must use any unspent funds you have carried over from your home care package before you can apply for the ATHM funding pool.

## As a GRANDFATHERED 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 will 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
- Each of the new AT-HM funding classifications has a lifetime cap of \$15,000 per participant
- Additional amounts may be available with the appropriate professional recommendation in certain circumstances
- Grandfathered participants **will not be required** to make a co-contribution to the AT-HM funding, however, they must meet all additional costs above the funding tier limit (if any)

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 aged-related care needs. The new Support at Home program introduces a separate funding pool instead of using your quarterly budget to pay for Assistive Technology.

**The Assistive Technology list is sorted into the following categories:**



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

- You must exhaust any unspent HCP funds before you can apply to the new ATHM 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
- Under the 'no worse off' principle, Grandfathered participants will not have 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 new Support at Home program enables all participants, including Grandfathered participants, to access a separate pool of funds for approved modifications to be completed.

- You must exhaust any unspent HCP funds before you can apply to the new ATHM funding pool for Home Modifications
- There will be a rigorous process, and professional recommendations required to secure the funding from the AT-HM Scheme
- Under the 'no worse off' principle, Grandfathered participants will not 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

## Care management services

Under Support at Home, care managers will become known as Care Partners and there are some changes to the way providers can charge for care management services.

All participants, including Grandfathered participants, will have 10% of their quarterly budget set aside for care management leaving 90% of a person's quarterly budget available for care and services to meet their assessed care needs. The funds are pooled by the provider and used with discretion to meet the needs of all their participants across the board.

From 1 July 2025, providers cannot charge more than 10%, even if they have done so under the home care package program. Similarly, providers cannot charge less than 10% of a person's quarterly budget.

**This arrangement is not optional, and participants cannot opt out of paying the 10% care management fee even if they did not receive specific care management in that period.**

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

### Care Partners are responsible for:

- Identifying and assessing participant needs and goals, developing and reviewing care plans
- Planning and coordinating 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 and transparent in the way they support each participant, understanding that there may be times when more, or less, care management will be needed.



# What is happening to Package Management fees?

Under the current Home Care Packages program, service providers are allowed to charge a Package Management fee. This fee is intended to cover the administrative costs associated with managing a person's package.

These essential "back-office" services may not be immediately visible to consumers, but they are crucial for ensuring that services are coordinated, 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 new Support at Home program.

## **Package Management charges will end on 30 June 2025.**

Starting on 1 July 2025, approved providers will no longer be allowed to charge a separate fee for 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, backoffice expenses, scheduling costs, and more.

Participants will have 10% of their quarterly budget allocated for Care Management, while the remaining 90% will be available for care and services. The provider's Package management expenses will be drawn from this 90%.

Providers will be able to apply a capped loading to manage administrative costs when a participant has selected their own worker(s); however, the cap amount has yet to be determined.

## 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 Grandfathered 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 show 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.

If you are a Grandfathered participant and have not paid any fees under your home care package, you will not need to contribute to the cost of your care, regardless of the funding level or classification you receive, for as long as you remain in the program.

If you are a Grandfathered participant who has paid an Income Tested Care fee under your home care package, you will only need to contribute income-tested fees according to the Support at Home **transitional fees** framework. These new fees will be tied to the type and frequency of services you receive.

So, if you pay an Income Tested Care Fee, the overall cost of your care will not increase, regardless of the funding level you receive, for as long as you remain in the program. The total amount you pay might go up but that's because of the amount of services you're receiving not because the proportion of the amount you need to pay is changing.

# Arrangements for couples

## What does all this mean for us as a couple?

You are a Grandfathered 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 package.

### 'Grandfathered' participant

Like you, if your spouse or partner was already receiving a Home Care Package, or, on the national waiting list, or, assessed as eligible for a Home Care Package, as of 12 September 2024, they will be known as a Grandfathered participant.

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

### 'Transitional' Participant (Hybrid)

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

There are different rules for Transitional participants, particularly concerning the fees they will be required to pay from 1 July 2025.

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

### 'New' Participant (Newbie)

If your spouse or partner is assessed as eligible for a Support at Home package 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.

# Switching providers

Home care package consumers have choice and control over which Approved Provider they choose to 'host' their package. Their Approved Provider receives the government subsidies on their behalf and provides care management and package management services to ensure consumers receive the necessary support to meet their assessed care needs.

Consumers are entitled to switch Approved Providers if they believe their care needs can be better met by a different Approved Provider. The option to switch providers will continue under the new Support at Home Program.

## What do I need to know about switching providers?

Participants in the Support at Home program will not have to wait until the end of the quarterly budget cycle to switch providers. However, the Department has yet to clarify the exact process for transferring available quarterly funds from one provider to another.

This process is anticipated to be similar to that of the home care packages program, where participants negotiate with a new provider and inform both the current and new providers about their transfer date.

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 services. This is particularly important regarding the use of spending package funds on excluded items and services.



# Supplements

Many Grandfathered HCP 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.

## 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.

## 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.



## **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. Note: if you are eligible for both the Veterans and the Dementia and Cognition Supplements, you will only get the Veterans Supplement.

### **Future** Support at Home Program:

This supplement will continue as part of the new DIVERSE NEEDS Supplement.

## **Hardship 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.

Consumers need to apply to Services Australia for this supplement themselves due to the personal financial details required for the assessment process.

### **Future** Support at Home Program:

Most Grandfathered participants do not pay the Basic Daily Care fees under their home care package. However, some Grandfathered participants have hardship arrangements in place to assist them with payment of their Income Tested Care fee.

Hardship arrangements that are in place before 1 July 2025, pertaining to an 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.

Grandfathered participants are protected by the 'no worse off' principle regarding their fees under Support at Home.

## **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.

## **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 and can submit the application on your behalf. This supplement will automatically go with you if you change providers.

### **Future** Support at Home Program:

The separate Dementia and Cognition Supplement is not expected to be maintained as a standalone payment, however, grandfathered participants receiving the supplement will have the supplement amount transferred automatically to their new Support at Home quarterly budget.

The Single Assessment Service (SAS) will consider a person's care needs related to dementia and recommend an appropriate funding classification level to address those specialised needs.

## NEW! Diverse Needs – 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. These additional supplements will be added to a provider's 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 separated from parents or children by forced adoption or removed)



# Self-management

Some providers offer a self-managed care model for consumers of home care packages. In this model, the consumer or family member typically organises and manages their support workers and other contractors, including handling payments. Self-management often features lower fees for package management and care management compared to fully provider-managed service models.

Self-management providers are still required to offer care management services and monitor the relationship between consumers and their contracted workers. While not all providers have a formal self-management model, all are expected to enable consumers to have a say in who provides their care and services as well as when those services are delivered.

## Participant Self-Management under Support at Home

If the provider can support these arrangements, self-management may enable the participant to:

- Choose their own workers
- Coordinate their own services
- Schedule their own services
- Pay invoices for later reimbursement

Self-managing participants cannot opt out of paying the 10% care management fee from their quarterly budget. They will have the remaining 90% of their quarterly budget available to pay for care and services according to their assessed needs and care plan.

Care partners will provide oversight for safety, governance, and compliance, checking in with self-managing participants to ensure their services meet their needs. Providers will still need to perform some administrative functions, such as claiming and worker screening checks.

Providers will be permitted to apply a capped loading to the service price to cover administrative costs when participants have chosen their own workers. This capped loading may also apply to fully provider-managed participants who choose their own workers to ensure their provider can comply with contractor management obligations.



# 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
- Support at Home Frequently Asked Questions (FAQ)
- Department of Health and Aged Care webinars for providers and consumers

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

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

Version 1.2

February 2025

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