



Support at Home Program

Support at Home (SAH) is the current Government subsidized in-home aged care program that commenced on 1st November 2025. It replaces the Home Care Package program (HCP) in July 2027 all seniors who are on the Commonwealth Home Support program (CHSP) are supposed to be transferred onto the Support at Home program meaning all seniors approved for subsidized services will be on the one program.

Under Support at Home seniors will have access to services and products which you can see on the attached list under 3 categories, the list also shows the % participants have to pay towards their care services.

Note: the % (percentage) is of the hourly rate charged for the service. Full pensioners who are under financial strain can apply to Services Australia for these percentages to either be reduced or completely waived.

There are 8 classification levels under Support at Home and 4 priority classifications that the Aged Care Assessor will determine approval off, the Level of funding and the classification of priority gives people an idea how long they will be waiting until the Level funding will actually be available to them. Thus, to Remember once Approved you have to wait for the funding to be Assigned to you (this could take anywhere between 3 to 12months) it is only once funding is assigned can a Care Provider/Service Coordinator start organising your care/services.

8 Classification Levels*

- Level 1- \$10,697.72
- Level 2- \$15,981.68
- Level 3- \$21,919.77
- Level 4- \$29,545.33
- Level 5- \$39,535.04
- Level 6- \$47,957.41
- Level 7- \$58,122.13
- Level 8- \$77,709.00

4 Priority's of Allocation of Funding

- 1. Urgent (Approx. 1-2 months)
- 2. High (Approx. 3-6 months)
- 3. Medium (Approx. 9-11 months)
- 4. Standard (Approx. 12 months +)



Equipment and Home Modifications are now processed under the AT-HM (Assistive Technology and Home Modifications program) funding.

Contribution Note

●
*Don't Pay
Contribution*

HCP care recipient or person assessed as eligible, on or before 12 September 2024 Don't pay Existing HCP care recipients or older persons who were assessed as eligible for a Home Care Package on or contribution before 12 September 2024. Under Support at Home, these participants will make the same contribution or lower, as they would have under Home Care Packages program arrangements.

●
*Must Pay
Contribution, unless
approved financial
hardship*

HCP care recipient or person assessed as eligible, after 12 September 2024. Existing HCP care recipients who commenced a Home Care Package and older people who have been assessed as eligible for a HCP, after 12 September 2024. Participant will be required to contribute to the unless approved cost of their services on Support at Home (unless approved for financial hardship).

*Figure as at Nov 2025 Subject to Change under Government CPT.



Support at Home Classifications

The 8 Classifications & Budgets Explained

	Quarterly Budget	Annual Budget	Care Overview
1	\$2,683	\$10,732	Minimal support - light housework, meal delivery, welfare check-ins. For largely independent individuals.
2	\$4,008	\$16,035	Light personal care - Assistance with dressing, showering, medications, and social activities
3	\$5,491	\$21,966	Moderate Support - Regular personal care, mobility aid support, meal prep, household cleaning.
4	\$7,424	\$29,696	High-frequency support - Daily routines assistance, home modifications, toileting, continence care
5	\$9,924	\$39,697	Daily support & health coordination - Hoists, transfers transport to medical appointments, in-home safety monitoring
6	\$12,028	\$48,113	Comprehensive care - Nursing support (wound care, medication), continence management, allied health therapies
7	\$14,536	\$58,147	Intensive daily care - Assistance with all daily living activities, complex health conditions, dementia support
8	\$19,526	\$78,106	Highest level of care - Palliative support, 24/7 availability, specialised equipment, nursing interventions

Participants may roll over up to \$1,000 or 10% of their quarterly budget if it goes unused. This allows flexibility for larger purchases like mobility aids or home modifications later. However, unused funds beyond these limits will not accumulate.



Below, is the breakdown of the Support At Home Program Classifications and what each classification provides.

1 - Minimal Support for Independent Living

Designed for older Australians who are mostly independent, Classification 1 provides occasional assistance with light domestic tasks. Services typically include help with cleaning, laundry, meal delivery, brief welfare check-ins, and transport to medical appointments. This level helps maintain independence while preventing the need for more intensive care in the near future.

2 - Light Personal Care and Social Support

Classification 2 offers more regular contact, providing light personal care such as help with showering, dressing, and managing medications. It also supports social engagement through assistance with shopping, meal preparation, and attending community activities. This level focuses on maintaining well-being through gentle, non-intrusive care.

3 - Moderate Assistance with Daily Living

At this classification, individuals require more structured support several times per week. Services extend to routine personal hygiene, mobility assistance, meal preparation aligned with dietary needs, and escorted transport to appointments. Household cleaning becomes more frequent, and care plans may start incorporating fall prevention and cognitive support strategies.

4 - High-Frequency Personal and Domestic Support

Classification 4 introduces near-daily care across personal and household tasks. This includes regular help with toileting, showering, dressing, and meal preparation, along with home safety assessments that may result in modifications like handrails or non-slip flooring. Housekeeping is provided throughout the week to maintain a safe environment.

5 - Daily Support with Health Monitoring

Daily care becomes more intensive, with services covering complex personal care needs such as catheter hygiene, medication management, and physical support (e.g., hoisting). Clients may require transport to ongoing medical treatments and the installation of safety monitoring devices at home. Allied health input becomes more integrated to manage emerging health complexities.

6 - Comprehensive Health and Clinical Care

For those with significant health conditions, Classification 6 includes regular nursing care (wound management, injections, glucose monitoring) alongside daily personal care. Allied health services such as physiotherapy or speech therapy become routine. Homes may be modified for medical safety, with specialised equipment supporting mobility and continence care. This level focuses on managing chronic conditions to avoid hospitalisation.



7 - Intensive Daily Multidisciplinary Care

Classification 7 involves multiple daily visits from a coordinated care team. Individuals typically need assistance with all daily living activities; feeding, bathing, dressing, transferring, toileting- often due to conditions like dementia or severe mobility limitations. Allied health, nursing, and personal care work together to maintain quality of life and prevent early residential care.

8 - Highest Classification of In-Home and Palliative Care

Classification 8 delivers the most intensive home care available, often supporting people with advanced, chronic, or terminal illnesses.

Priority categories

Your assessment outcome letter indicates your priority for receiving ongoing Support at Home services. Your priority category is based on the information collected by the assessor during your assessment. And the estimated wait times till you receive the approved funding as at 1 November 2025 is shown below (wait time is from the access approval start date in your assessment outcome letter).

There are 4 priority categories

Estimated Wait Times

Urgent	1 month
High	3 months
Medium	11 months
Standard	12+ months

Assistive Technology and Home Modifications(AT-HM) scheme

The AT-HM scheme enables you to access:

1. Assistive technology- products and equipment that help make tasks easier and safer. It can also help you keep doing activities independently.

Assistive technology includes:

- equipment to help you move around such as wheelchairs, walking frames, or walking sticks
- toileting supports such as bedpans and commodes
- bathing devices, including shower chairs and bath boards
- alternative and augmentative communication products
- products used for preparing and eating food, such as adaptive cutting boards, or modified cutlery.

2. Home modifications - changes to your home to make it safer and more accessible, so you can live safely at home for longer.



Home modifications include:

- lever tap sets or lever door handles
- grab rails in your shower or bathroom
- internal and external handrails
- ramps and stair lifts
- non-slip materials and mats for floors and stairs. If you have been
- approved to receive funding through the AT-HM scheme, it uses separate priority systems to allocate funding:

AT-HM Funding

When you have an aged care assessment, you will find out if you are approved for the AT-HM scheme. If you are approved, the assessor will put it in your Notice of Decision and your support plan. Funding for assistive technology and home modifications is upfront and separate from your other Support at Home services. You may be funded for assistive technology or home modifications, or both.

The table below outlines funding tiers, amounts and access periods for assistive technology and home modifications.

Funding tier	Funding amount	Access period
Low	Up to \$500	12 months
Medium	Up to \$2,000	12 months
High	Up to \$15,000*	12 months

Higher amounts for assistive technology can be approved with evidence

Sometimes, complex home modifications may take longer than 72 months. The funding period can be extended for an additional 12 months (24 months in total), if you and your provider can prove the process has started.

AT-HM Priority of the funding

The Assistive Technology Priority System
The Home Modifications Priority System.

Based on your assessment, you will enter one or both priority systems in one of the 4 priority groups:

- immediate
- high
- medium
- standard

Your wait time will depend on the priority group you are in. In some instances, you may get access to AT-HM



funding while waiting for Support at Home ongoing funding.

Participant Contribution Rates

Your actual contribution rates are determined through your income and assets assessment. For full and part pensioners, this will be based on information already provided to Services Australia for your pension assessment.

The% is on the hourly rate of service - for example \$100 hourly rate for service, with a 5% contribution rate means you pay \$5 per hour towards your service. The contribution must be paid to your chosen provider. Those on a HCP prior to 1st Nov 2025 with fees already waived remain with that benefit and will not have to pay a fee for any service.

The table below outlines the participant contribution rates.

Income and assets assessment outcome	Service category clinical supports	Service category independence	Service category everyday living
Full pensioner	0%	5%	17.5%
Part Pensioner and Self Funded CSHC holder	0%	Between 5% and 50%*	Between 17.5% and 80%*
Self-Funded non CHS holder and means not disclosed^	0%	50%	80%

* Contributions will be applied on a tapered rate based on your income and assets financial assessment via Services Australia.

^ A self-funded non-CSHC holder is an individual who is ineligible for the pension and the CSHC. A 'means not disclosed' status refers to an individual who has not disclosed their assets and income. Contributions for AT-HM items will be treated as equivalent to the independence category. However, AT-HM prescription and wrap-around services (where required) will have a clinical supports contribution rate of 0%.

Support at Home Assessment Procedure



First Stage

- Referral sent to an approved Aged Care Assessor
- A full assessment to see your eligibility for either the Support at Home Program or the Commonwealth Home Support Program (CHSP)*

COMMONWEALTH HOME SUPPORT PROGRAM (CHSP)*

- You may have multiple providers
- Pay contribution
- Individual Service Codes
- You find providers who get the specific funding

NOTE: In July 2027, all CHSP recipients are supposed to be transferred onto the Support at Home Program and CHSP will cease making all recipients receiving care under the one program Support at Home

SUPPORT AT HOME PROGRAM (SAH)

- One provider who organises all your service needs
- Pay a contribution (You can apply to have your percentage of contribution decreased or waived)

AFTER LEVEL APPROVED

- You will be placed on the Support at Home Aged Care waitlist, Government Algorithm or determines your prioritisation of wait time till your Support at Home funding gets Allocated. A category of either urgent, high, medium or standard (this category will determine your wait time for your level to be allocated).

LEVELS OF SUPPORT AT HOME (ANNUAL WORTH)

Level 1- \$10,697.72	Level 5- \$39,535.04
Level 2- \$15,981.68	Level 6- \$47,957.41
Level 3- \$21,919.77	Level 7- \$58,122.13
Level 4- \$29,545.33	Level 8- \$77,709.00



MY DESIGNED HOMECARE
PARTNERS WITH TRILOGY CARE TO
SECURE THE FUNDS YOU NEED TO LIVE
FULLY SUPPORTED AT HOME



My Designed Homecare

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 www.mydesignedhomecare.com.au
 ABN: 18 650 588 266

<p style="text-align: center;">CLINICAL SUPPORT</p> <p style="text-align: center;">CONTRIBUTION RATE 0%</p>	<p style="text-align: center;">INDEPENDENCE</p> <p style="text-align: center;">CONTRIBUTION RATE 5%</p> <p style="text-align: center;">Part Pensioners & Self-Funded Retiree's Up to 50%</p>	<p style="text-align: center;">EVERYDAY LIVING</p> <p style="text-align: center;">CONTRIBUTION RATE 17.5%</p> <p style="text-align: center;">Part Pensioners & Self-Funded Retiree's Up to 80%</p>
<p style="text-align: center;">NURSING CARE</p> <ul style="list-style-type: none"> • Registered Nurse • Enrolled Nurse • Nursing Assistant • Nursing Care • Consumables 	<p style="text-align: center;">SOCIAL SUPPORT & COMMUNITY ENGAGEMENT</p> <ul style="list-style-type: none"> • Group Social Support • Individual Social Support • Accompanied Activities • Cultural Support • Digital Education and Support 	<p style="text-align: center;">DOMESTIC ASSISTANCE</p> <ul style="list-style-type: none"> • General House Cleaning • Laundry Services • Shopping Assistance
<p style="text-align: center;">PERSONAL CARE</p> <ul style="list-style-type: none"> • Assistance with Self-Care & Activities of Showering and Dressing • Assistance with the Self-Administration of Medications • Continence Management (non-clinical) 	<p style="text-align: center;">THERAPEUTIC SERVICES FOR INDEPENDENT LIVING</p> <ul style="list-style-type: none"> • Acupuncturist • Chiropractor • Diversional Therapist • Remedial Massage • Hydrotherapy • Art Therapist • Osteopath 	<p style="text-align: center;">HOME MAINTENANCE & REPAIRS</p> <ul style="list-style-type: none"> • Gardening • Assistance with Home Maintenance and Minor Repairs • Expenses for Home Maintenance and Minor Repairs
<p style="text-align: center;">ALLIED HEALTH</p> <ul style="list-style-type: none"> • A&TSI Health Worker • A&TSI Health Therapy Assistant • Allied Health Therapy Assistant • Counsellor or Psychotherapist • Dietitian or Nutritionist • Exercise Physiologist • Music Therapist • Occupational Therapist • Physiclogist • Physiothera PY • Podiatrist • Social Worker • Speech Pathologist 	<p style="text-align: center;">RESPITE</p> <ul style="list-style-type: none"> • Respite Care 	<p style="text-align: center;">MEALS</p> <ul style="list-style-type: none"> • Meal Preparation • Meal Delivery
	<p style="text-align: center;">ASSISTIVE TECHNOLOGY & HOME MODIFICATIONS</p> <ul style="list-style-type: none"> • Assistive Technology -10% • Home Modifications -15% 	<p style="text-align: center;">PURCHASE OF ALLOWABLE CONSUMABLES</p> <ul style="list-style-type: none"> • Prescribed Incontinence Aids • Nutritional Supplements
<p style="text-align: center;">NUTRITION</p> <ul style="list-style-type: none"> • Prescribed Nutrition 		



Strengthened Aged Care Quality Standards

Expectations for older people





SERVICE AGREEMENT – SUPPORT AT HOME (SELF-MANAGED AND FULLY COORDINATED)

Part A: Statement of Rights

A1 Independence, autonomy, empowerment and freedom of choice

- (1) An individual has a right to:
- (a) exercise choice and make decisions that affect the individual's life, including in relation to the following:
 - (i) the funded aged care services the individual has been approved to access;
 - (ii) how, when and by whom those services are delivered to the individual; and
 - (iii) the individual's financial affairs and personal possessions;
 - (b) be supported (if necessary) to make those decisions and have those decisions respected; and
 - (c) take personal risks, including in pursuit of the individual's quality of life, social participation and intimate and sexual relationships.

A2 Equitable access

- (1) An individual has a right to equitable access to:
- (a) have the individual's need for funded aged care services assessed, or reassessed, in a manner which is:
 - (i) culturally safe, culturally appropriate, trauma-aware and healing-informed; and
 - (ii) accessible and suitable for individual's living with dementia or other cognitive impairment; and
 - (b) palliative care and end-of-life care when required.

A3 Quality and safe funded aged care services

- (1) An individual has a right to:
- (a) be treated with dignity and respect;
 - (b) safe, fair, equitable and non-discriminatory treatment;
 - (c) have the individual's identity, culture, spirituality and diversity valued and supported; and
 - (d) funded aged care services being delivered to the individual:
 - (i) in a way that is culturally safe, culturally appropriate, trauma-aware and healing-informed;
 - (ii) in an accessible manner; and
 - (iii) by aged care workers of registered providers who have appropriate qualifications, skills and experience.



SERVICE AGREEMENT – SUPPORT AT HOME (SELF-MANAGED AND FULLY COORDINATED)

- (2) An individual has a right to:
- (a) be free from all forms of violence, degrading or inhumane treatment, exploitation, neglect, coercion, abuse or sexual misconduct; and
 - (b) have quality and safe funded aged care services delivered consistently with the requirements imposed on registered providers under this Act.

A4 Respect for privacy and information

- (1) An individual has a right to have the individual's:
- (a) personal privacy respected; and
 - (b) personal information protected.
- (2) An individual has a right to seek, and be provided with, records and information about the individual's rights under this section and the funded aged care services the individual accesses, including the costs of those services.

A5 Person-centred communication and ability to raise issues without reprisal

- (1) An individual has a right to:
- (a) be informed, in a way the individual understands, about the funded aged care services the individual accesses; and
 - (b) express opinions about the funded aged care services the individual accesses and be heard.
- (2) An individual has a right to communicate in the individual's preferred language or method of communication, with access to interpreters and communication aids as required.
- (3) An individual has a right to:
- (a) open communication and support from registered providers when issues arise in the delivery of funded aged care services;
 - (b) make complaints using an accessible mechanism, without fear of reprisal, about the delivery of funded aged care services to the individual; and
 - (c) have the individual's complaints dealt with fairly and promptly.

A6 Advocates, significant persons and social connections

- (1) An individual has a right to be supported by an advocate or other person of the individual's choice, including when exercising or seeking to understand the individual's rights in this section, voicing the individual's opinions, making decisions that affect the individual's life and making complaints or giving feedback.
- (2) An individual has a right to have the role of persons who are significant to the individual, including carers, visitors and volunteers, be acknowledged and respected.



SERVICE AGREEMENT – SUPPORT AT HOME (SELF-MANAGED AND FULLY COORDINATED)

- (3) An individual has a right to opportunities, and assistance, to stay connected (if the individual so chooses) with:
 - (a) significant persons in the individual's life and pets, including through safe visitation by family members, friends, volunteers or other visitors where the Participant lives and visits to family members or friends;
 - (b) the individual's community, including by participating in public life and leisure, cultural, spiritual and lifestyle activities; and
 - (c) if the individual is an Aboriginal or Torres Strait Islander person—community, Country and Island Home.
- (4) An individual has a right to access, at any time the individual chooses, a person designated by the individual, or a person designated by an appropriate authority.