Guide to Support at Home

MLC TechConnect

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Guide to Support at Home

This guide explains the Support at Home program from 1 November 2025 and outlines the fees payable.

Background

A range of home care services are available to assist older individuals with certain domestic and personal care needs. The option of receiving care services at home is attractive for individuals that wish to retain their independence and stay in their home for longer.

Receiving care services at home is appropriate for individuals who need some assistance with certain aspects of their daily living, but do not require the full-time care provided in a residential aged care facility.

Care services provided in the home are available through private providers and, if eligible, via Government-subsidised programs such as Support at Home.

Note: Social Security and Aged Care rates and thresholds in this guide are effective 20 September 2025, unless otherwise stated.

Private home care options

Individuals can access home care services directly through private service providers, which are not subsidised by the Government. When accessing private services, a care assessment is not required.

Some individuals who only need minimal assistance may consider whether it is easier (or perhaps more cost effective) to access services directly from private providers. This may also allow faster access to services and provide greater flexibility to choose a preferred private service provider.

This may be suitable for individuals who:

- are ineligible for Government-subsidised care
- are waiting for access to their package, or
- have exceeded funding limits for their Support at Home (SAH) package.

Support at Home Program

Support at Home (SAH) is the new Government-subsidised program assisting older Australians to remain in their own home. The program replaces the Home Care Packages Program and Short-term Restorative Care Programme from 1 November 2025. The current Commonwealth Home Support Programme (CHSP) will transition across to SAH no earlier than 1 July 2027 (but may be later). Certain individuals will fall under transitional rules.

Note: The new Aged Care system is outlined in the new **Aged Care Act 2024** and is supported by the **Aged Care Rules 2025** ('The Rules').

Transitional measures

From 1 November 2025, individuals receiving services under a Home Care Package or Short-term Restorative Care Programme or on the National Priority System will transition to SAH. There is no need to be reassessed to transition to SAH. Certain recipients will fall under the 'no worse-off' principle meaning the contribution made for support is either the same or less (see **Transition rules for individuals on existing home care packages**). Individuals who are assessed with entry-level care needs at home will continue to be referred to the CHSP prior to that scheme joining SAH from 1 July 2027.

Accessing services and needs assessment

Broadly, funded aged care services can be provided through:

- an approved residential care home, or
- a home or community setting.

A home setting includes an individual's family home (which could also be in a retirement or lifestyle village). However, a home or community setting excludes:

- a group home funded under National Disability Insurance Scheme
- a hospital
- a psychiatric facility
- hospice or facility primarily providing palliative care
- any other place prescribed in the Rules.

An individual's eligibility for the program must be assessed by an approved needs assessor (or aged care needs assessment team). They will determine the needs or support requirement for an individual. To be eligible for an aged care needs assessment, a person must be:

- 65 or older
- 50 or over and Aboriginal or Torrens Strait Islander, or
- 50 or over and homeless or at risk of homelessness.

An aged care needs assessment for SAH and residential aged care recipients uses an Integrated Assessment Tool (IAT) for all aged care needs. To apply for a needs assessment, the individual can:

- call MyAgedCare on 1800 200 422
- apply online via **MyAgedCare** website
- be referred by the individual's doctor, hospital or other health professional, or
- make an appointment with an Aged Care Specialist Officer via **Services Australia** website.

Additional options are available for Aboriginal and Torrens Strait Islanders people.

A needs assessment or determination does not expire, although an individual may be reassessed when circumstances change. The Department can revoke a determination where it has identified that incorrect or misleading information was provided. An individual can dispute the revocation decision by making a submission within 14 days after receiving the notice.

Registering a supporter

The aged care system provides for an individual to nominate a supporter or supporters. The individual's supporter/s are registered with MyAgedCare. The intention is that the supporter assists the individual in making decisions regarding care services as well as assisting in communicating the individual's wishes and preferences. The supporter/s is authorised to request, access and receive information regarding the care services. A supporter can only make decisions for an individual in line with their legal authority. For example, the supporter can only enter an agreement, if they are authorised under:

- Guardianship
- appointment by court or tribunal, or
- holding an Enduring Power of Attorney (EPOA).

Services

Support at home provides a range of services including:

- clinical care (eg nursing care, occupational therapy)
- maintaining independence (eg help with showering, dressing and taking medication)
- everyday living activities (eg cleaning, gardening, shopping and meal preparation)
- access to assistive technology or home modifications
- restorative care, and
- end of life care.

The Government determines the **list of services** that is available under SAH that are subsidised. Services may be provided on a short term or ongoing basis. The Government will fund 100% of clinical care costs. However, individuals will be asked to contribute to costs associated with maintaining independence and everyday living activities. The individual's contribution percentage is based on the individual's income and assets. This percentage is then applied to the cost of specific services that the individual chooses to receive to determine their contribution.

Classifications

SAH packages are divided into:

- eight ongoing classifications, and
- three short term classifications (restorative care pathway, end-of-life pathway and Assistive Technology and Home Modifications (AT-HM) Scheme).

If approved for SAH, individuals will receive a personal support plan that provides the classification, the list of support services and their quarterly budget. This may include short-term support.

Once an individual has received an assessment and are seeking services, they will be placed on the Priority System and receive a priority rating of urgent, high, medium or standard. SAH is only provided once funding becomes available. Therefore, the amount of time before accessing services will depend on the individual's priority group and when funding is available.

Individuals assessed for Restorative Care Pathway or End-of-Life Pathway receive immediate funding. Where wait times for services exceeds expectations, interim funding may be available.

An individual can be assessed and not be currently seeking services. These individuals are set up as 'not seeking services' and need to notify if they wish to be reclassified to 'seeking services' and placed on the priority list. This can be done by contacting MyAgedCare or the individual's MyAgedCare online account. Individuals will engage with their chosen provider to determine how they would like to spend the allocated budget across the eligible services.

Respite care

Respite care is short-term care which can be provided at home, in a community setting or an aged care home. When an individual is approved for respite care and care is provided in the individual's home, it falls under the maintaining independence category and participant contributions are payable.

Single care provider

SAH services are delivered by a single care provider. This provider receives the care management fee as it is responsible for the management and delivery of all care services. It is possible for the provider to outsource to a third-party for actual delivery of services. However, the provider is responsible for the conduct of third parties or subcontractors. Individuals may also nominate or engage a third party to provide services under the SAH package. However, the care provider needs to agree with the individual as it has regulatory responsibility for all services provided under SAH.

The single care provider is also responsible for arranging and sourcing any required assistive technology and/or home modifications via purchase or loan through the AT-HM Scheme.

It is necessary for an individual to find a provider. MyAgedCare has a **search** function which allows an individual to look for service providers in a particular area and also specify the service or level needed. Individuals may also consider Support at Home placement agencies to assist in identifying an appropriate provider.

An individual can change to a new provider at any time. However, before a new provider is engaged to provide services that provider needs to ensure that the existing agreement has come to an end. An individual can also consider obtaining services privately which falls outside of the SAH and Government subsidies.

Service agreements

An individual will be notified once their SAH package and funding (including interim funding) is available to be allocated. Availability depends on providers and capacity in an individual's areas. Once funding has been allocated, an individual has 56 days to find a provider and enter into a service agreement. An extension of up to 28 days (total of 84 days) can be requested by contacting MyAgedCare. They should be informed as soon as possible if the SAH package is not required yet. However, the individual's place in the national priority system will continue to be based on the original date of approval.

A provider is not entitled to receive Government subsidies unless an agreement has been entered. Where a service agreement is entered, a 14 day cooling-off period exists for the care receiver to withdraw from the agreement and any funding paid by the individual must be refunded by the service provider.

If a service agreement is not entered within 56 days (or 84 days if extension provided), the funding is withdrawn and the individual is removed from the SAH Priority System. To be placed on the Priority System again, it is necessary to contact MyAgedCare or request via the individual's MyAgedCare online account.

Service agreements may be updated in the future for several reasons including legislative change or adjustment to the cost of services. An individual must be consulted on any change and they must provide their consent to the changes in the service agreement. If agreement is not reached, the provider is required to:

- negotiate to reach agreement including details of the rationale for the individual
- encourage the individual to seek independent advice including from family, supporter, legal advisers and aged care advocates.

Advice tip

Providers cannot charge a fee for entry or exit to the services. Ideally individuals or their representative (eg EPOA) should sign the agreement as this outlines key elements including rights and responsibilities. However, it is not necessary to have a signed agreement as long as there is agreement between the provider and the individual (or their representative). Where the agreement is unsigned, the provider is required to keep detailed records as to why the agreement is not signed, how the agreement was sent and received (keeping a copy of the agreement offered) and details that support that there is an agreement in place to obtain services (eg file notes detailing discussions including that the agreement was accepted).

Quarterly budget

Individuals receive a quarterly budget based on their needs assessment classification. A funding or budget available for a particular level is a total amount that is funded from both the individual's contributions and Government funding.

Rates effective from 1 November 2025 and are subject to change in March and September each year:

Classification	Quarterly budget	Annual budget
1	$2,683.01	$10,732.04
2	$4,008.91	$16,035.64
3	$5,491.68	$21,966.70
4	$7,424.07	$29,696.28
5	$9,924.40	$39,697.61
6	$12,028.44	$48,113.74
7	$14,536.88	$58,147.50
8	$19,526.51	$78,106.04

The budget is the total amount of expenditure for the assessed level including the administration fee and the contribution made by the individual. All individuals receive the same budget based on their assessment and classification. This figure is the total of the package which is then broken into the care management fee and across the services chosen by the individual.

Care management fee

Part of the quarterly budget covers the care management fees for assistance with:

- care planning
- service co-ordination
- budget management
- monitoring, review and evaluation, and
- support and education.

Care management fees are 10% of a quarterly budget (including 10% where interim funding is allocated). For example, if an individual is assessed at level 4 SAH package, the budget is $29,696.28. This means $2,969.63 is used to cover care management fees. A care plan and budget planning for services and support must be undertaken within 28 days of an individual commencing services. The care management plan is designed to identify the individual's needs, goals and preferences to document a care plan. This plan is reviewed at least annually.

Individuals, with the assistance of their service providers, will choose how to spend their budget across some or all the approved services. Quarterly budgets are allocated on a financial year basis on the following cycle:

- July to September
- October to December
- January to March
- April to June.

Individuals commencing care during a quarter receive a pro-rata budget based on the number of days remaining in that quarter. The full quarterly budget is allocated at the commencement of the next quarter. If an individual is reassessed during a quarter (eg to higher classification), the higher budget amount will be allocated on a pro-rata basis based on the number of days remaining in the quarter.

Providers will send invoices to Services Australia after services have been provided and the amount subsidised by the Government is deducted from the individual's quarterly budget. The individual contribution is paid directly to the provider (see **Payment of individual contribution**).

Unspent budget at end of quarter

Funding is provided on a quarterly basis. There is no requirement to spend the full budget each quarter. Any unspent budget can be rolled to the next quarter but is the greater of:

- 10% of the quarterly budget (including supplements), or
- unspent funds, capped at $1,000.

Example 1: Rollover of unspent funds

Archie is assessed for a Classification 2 support under SAH. Let's assume the annual budget is $16,035.64 meaning $4,008.91 budget per quarter. After allowing 10% for the care management fee of $400.89, the available quarterly budget is $3,608.02. At the end of the quarter 1, $1,600 of the budget was spent which leaves $2,008.02. Let's compare the amounts:

- 10% of the budget is $400.89 and
- $2,008.02 is the unspent amount.

The unspent funds is the greater amount, but is limited by the cap of $1,000. This means $1,000 can be rolled to the quarter 2. At the start of quarter 2, Archie has the quarterly budget of $3,608.02 (after deducting care management fee) plus $1,000 rolled over from the previous quarter – making a total of $4,608.02. During this quarter he utilises $4,000, with $608.02 left unspent. Let's compare the amounts:

- 10% of the budget is $400.89 and
- $608.02 is the unspent amount.

$608.02 can be rolled over as it is more than 10% of the budget but is less than the cap of $1,000. For quarter 3, Archie has budget of $4,216.04 ($3,608.02 plus $608.02 unspent amount rolled over).

When there are unspent funds at the end of the quarter, the eligible amount is determined by Services Australia and rolled to the next quarter.

Overspending of quarterly budget

It is the responsibility of the care provider to ensure overspends do not occur. The provider and the individual should work together to monitor and manage the allocated budget. If services provided cost more than the quarterly budget, the extra amount is either:

- paid by the individual (if previously agreed to), or
- written off by the provider.

The individual's home care account cannot go into negative and Services Australia will not pay additional funds to cover the shortfall.

Interim funding

The Government wants to ensure that individuals are not waiting longer than necessary and may provide interim funding, known as minimum service offer (MSO) to allow critical services to be accessed as a priority. Interim funding will provide 60% of the total funding for the classification, with the remaining 40% allocated when funding becomes available.

It is necessary for an individual to find a provider that delivers the necessary services and has capacity in their area. The individual must enter a service agreement and work with the providers to determine the services that will be provided during the MSO allocation.

A participant will receive a letter notifying them of their interim funding allocation. The letter will outline that the:

- MSO has been allocated and that this is 60% of their approved Support at Home classification
- funding available is lower than the approved classification funding
- participant can commence receiving services, and
- remaining funding will be released as soon as it is available.

When full funding is available, the participant will receive a second letter outlining that they have received their full funding allocation, which is their full service offer.

Services list

The Government will provide a list of defined **services** that are covered under the scheme.

From 1 July 2026, the Government will set price caps for services on the list. At that time, a provider can charge prices up to or equal to the price cap but cannot charge more including additional or separate fees. Price caps will be subject to indexation. Until 1 July 2026, individual providers will continue to set their own prices. This **Summary of indicative Support at Home prices** can be used by individuals to determine whether the prices charged by their current provider are reasonable.

Advice tip

While the government has a SAH services list, an individual is not automatically eligible to access all services. The services available are based on the individual's assessment needs, notice of decision and support plan.

The care plan outlines the finding in the aged care assessment including the individual's needs, goals and recommendations. The Notice of Decision from the needs assessment outlines a range of information including the approved services that can be subsidised under the program, priority, individual's right to review and quarterly budget.

Fees charged for Support at Home

There are three service categories:

- clinical care (eg nursing care, occupational therapy)
- maintaining independence (eg help with showering, dressing and taking medication)
- everyday living activities (eg cleaning, gardening, shopping, meal preparation).

The government funds the costs associated with clinical care. However, individuals will be asked to contribute to the costs associated with maintaining independence and everyday living activities depending on their income and assets.

Where an individual has the financial means, a contribution to the cost of the service is required as follows:

Personal situation	Clinical care	Independence	Everyday living
Full pensioner	0%	5%	17.5%
Part pensioner or Commonwealth Seniors Health Card holders	0%	Between 5% - 50% depending on income and assets	Between 17.5% and 80% depending on income and assets
Self-funded retiree or means not disclosed	0%	50%	80%

The individual contribution is calculated by Services Australia (if the information is available or provided) considering the individual's income and assets which generally aligns to the assessment for social security. Be aware Government income support payments are not income for SAH purposes. The formula determines the percentage contribution towards the services agreed to receive.

Advice tip

Whether Services Australia already holds sufficient information to determine the level of contributions towards SAH will depend on the individual's circumstances. Any individual can choose not to disclose their income and assets, making them a 'means not disclosed recipient' and will pay the maximum contribution rate.

Full and part pensioners (excluding blind pensioners) will not need to provide any further details on income and assets to Services Australia as this information is already available for assessment of their pension entitlement.

An individual entitled to an income support payment (eg age pension or disability support pension) due to blindness is not means tested and receives the full pension. They will need to disclose their income and assets to determine their level of contribution towards SAH.

Commonwealth Senior Health Card (CSHC) holders are subject to an income test only. They will need to disclose their income and assets to determine their level of contribution towards SAH. For someone that is not eligible for an income support payment or doesn't hold the CSHC due to their income and assets, they will pay the maximum percentage contribution. There is no need to disclose their income and assets unless their circumstances change.

As a guide, if income or assets are at or above the levels listed in the table below then the maximum contribution percentage is payable. These figures are an estimate of the level of income or assets (in isolation) before the maximum contribution percentage will apply:

Maximum contribution percentage will apply

Family situation	Income^	Assets
Single – homeowner	$101,105	$933,275.64
Single – non-homeowner	$101,105	$1,191,275.64
Couple – homeowners (combined)	$161,768	$1,455,141.03
Couples – non-homeowners (combined)	$161,768	$1,713,141.03
Illness-separated couple – homeowners (combined)	$202,210	$1,714,384.62
Illness-separated couple – non-homeowners (combined)	$202,210	$1,972,384.62

^ There is no difference under the income test for homeowners and non-homeowners. The thresholds are equal to the CSHC income thresholds.

Advice tip

An individual may not be receiving income support or be a CSHC holder but may be eligible if their income and assets were assessed. For example, an individual simply has not applied for age pension or may not meet the full eligibility requirements (eg residency). These individuals can disclose their income and assets to allow a determination of the contribution percentage.

If a change in an individual's circumstance is likely to impact their percentage contribution rate, they must notify Services Australia/DVA within 28 days of the change in circumstances.

Means not disclosed

Where Services Australia does not already hold details of an individual's income and assets, it is not a requirement for this information to be provided. Blind pensioners, CSHC holders and self-funded retirees may not wish to provide details to allow the assessment to be undertaken. If means are not disclosed, the individual will pay the maximum rates of 50% for independence and 80% for everyday living.

An individual may also be classified as 'means not disclosed' if insufficient information is provided to allow Services Australia to make the assessment, but only after the individual has been given the opportunity to provide additional information.

If an individual simply does not wish to disclose their financial situation, it is necessary to make an election in writing[1]. If the individual has made this election, Services Australia will not contact the individual seeking information. However, the individual can choose to disclose their situation later.

Providers are expected to assist individuals to understand the fees, and their income and assets, including information on the impact of electing not to disclose financial details.

Advice tip:

Services Australia will notify individuals of their contribution rate regardless of whether their financial situation has been disclosed or not. This information is also provided to the chosen provider.

Entitlement to funding prior to assessment

An individual can commence receiving services before the income and assets assessment has been finalised. During this time, the individual's contribution is zero. The full amount is deducted from the individual's care account when the assessment is finalised or the individual is classified as 'means not disclosed'.

Once the assessment has been finalised and contribution percentage determined, the rate is applied and backdated to the commencement of entering the SAH.

In some cases, the individual can agree with the provider to make contributions towards the services provided prior to the assessment being made. Once the assessment is received and if the individual:

- Was paying **less** than required, this means the Government has overpaid amounts to the provider. The overpayment will be deducted from the next payment to the provider. The provider can then recover the underpayment directly from the individual.
- Has paid **more** than was required, the provider must refund these amounts to the individual.

Advice tip

Individuals can request an income and assets assessment prior to entering an agreement with a provider. The assessment of the contribution percentage is valid for 120 days unless there are changes in the individual's circumstances that need to be reported to Services Australia**.**

[1] ACA2024 s314A

Reviews of individual percentage contributions

An individual's participant contribution may change over time through changes in income and assets or entitlement to age pension. Ordinarily Services Australian will review on a quarterly basis.
If an individual's contribution increases, this is applied from the following quarter. If the change result in a lower contribution, this is backdated to the beginning of the quarter. The Government will pay any overpayment to the provider who returns to the individual.

Individuals must notify Services Australia within 28 days of any changes in their financial status.

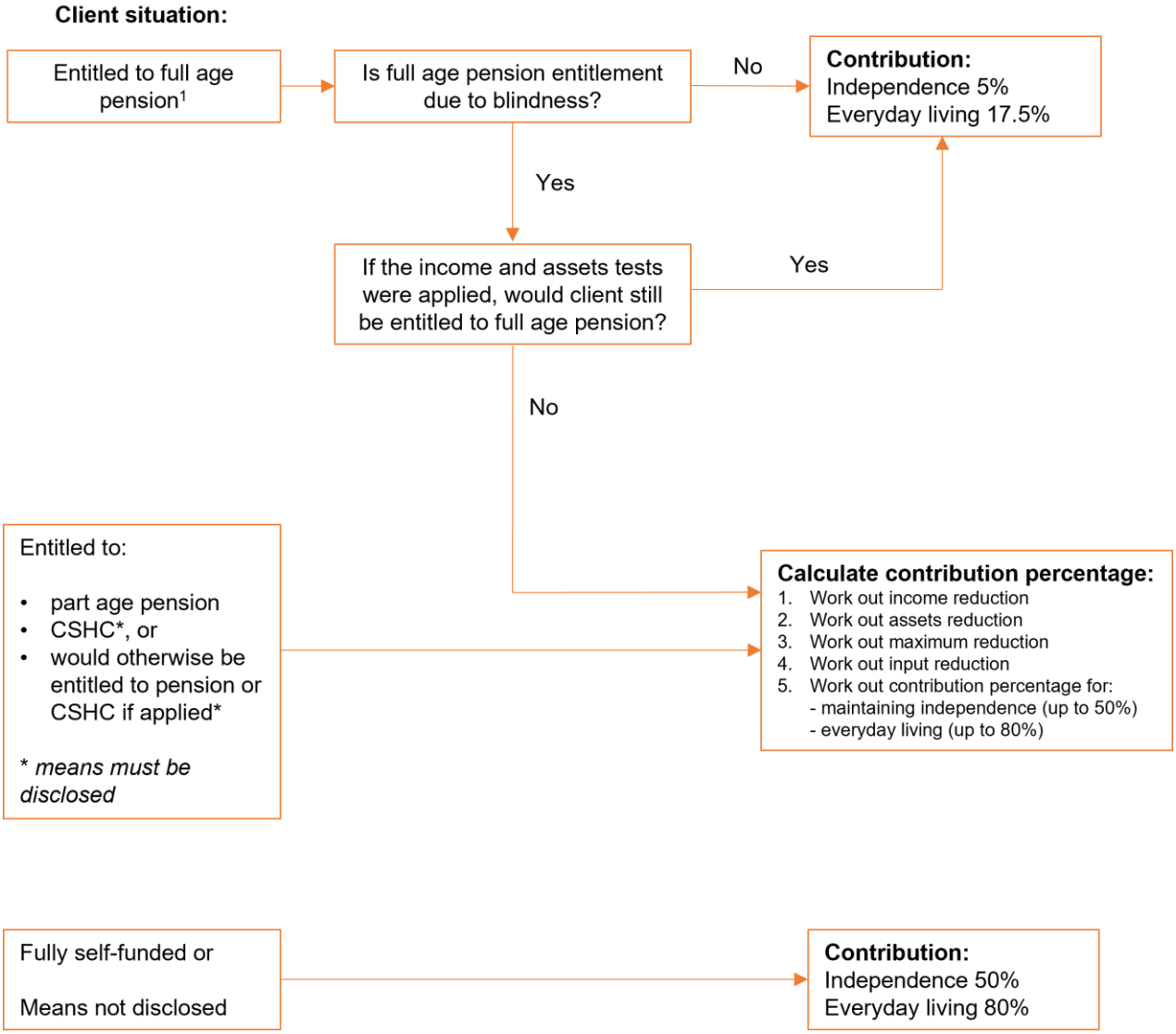
An individual who fails to notify Services Australia within 28 days of a change in financial status may have overpaid or unpaid their contribution. In circumstances where there is a failure to notify, Service Australia has discretion to back date the contribution rate to the date of the event.

If the change in circumstances results in a higher participant contribution, this is backdated and adjustments will be made to the client's subsidy amount via the quarterly budget until the amount is repaid. Alternatively, if the participant contribution reduces due to the change and Services Australia uses discretion to backdate the change, the provider is required to refund the difference to the individual.

Calculating means tested contribution for independence and everyday living

An individual's income and assets are used to determine the contribution towards maintaining independence or everyday living. The assessment of income and assets uses social security rules only. This is regardless of whether the client is entitled to any government income support. Also note that income support payments are not 'income' for the purposes of SAH.

Flowchart to determine when to calculate contribution percentage



[1] age pension or disability support pension

Calculation steps for part pensioners and CSHC holders

The range of contributions are listed in the following table:

Personal situation	Clinical care	Independence	Everyday living
Full pensioner	0%	5%	17.5%
Part pensioner or CSHC holders	0%	Between 5% and 50% depending on income and assets	Between 17.5% and 80% depending on income and assets
Self-funded retiree or means not disclosed	0%	50%	80%

For members of a couple, the couple thresholds for income, assets and CSHC are used. The combined income and assets of couples are assessed in the calculation for their SAH contribution.

The following steps are used to calculate the percentage contribution rate:

Step	Details
Step 1	**Work out the income reduction amount** (reduction in age pension entitlement using ordinary rules) A. Calculate combined income as per ordinary social security rules on an annual basis B. Identify social security annualised income free area applicable for the individual's situation: ▪ single $5,668 ▪ couple or illness separated couple $9,880 C. Subtract B from A D. Multiply C by 0.5 and round to the nearest dollar. **D is the income reduction amount**.
Step 2	**Work out the assets reduction amount** A. Calculate combined assets as per ordinary social security rules (excluding exempt asset such as home) B. Identify the social security applicable asset threshold for the individual's situation ▪ single - homeowner $321,500 or non-homeowner $579,500 ▪ couple or illness separated couple – homeowner $481,500 or non-homeowner $739,500 C. Subtract B from A D. Multiply C by 0.078 and round to the nearest dollar. **D is the assets reduction amount.**
Step 3	**Work out the maximum reduction amount** A. Identify the CSHC income limit based on individual's situation: ▪ single $101,105 ▪ member of a couple $161,768, or ▪ member of illness separated couple $202,210 B. Subtract the ordinary income free area for age pension income test annualised from A C. Multiply result at B by 0.5 and round to nearest dollar. **C is the maximum reduction amount**
Step 4	**Work out the input contribution rate** Divide the greater of the income reduction (1D) or assets reduction (2D) amounts by the maximum reduction amount (3C). Express this figure as a percentage. This is the input contribution rate. **Note:** no rounding at this step.

Step 5	**Work out the amount of the percentage contribution separately for:** ▪ independence, and ▪ everyday living **Independence contribution percentage** A. Multiply the input contribution rate (Step 4) by 0.45 (this is the difference between the highest and lowest level of contribution – ie 5% and 50%) B. Add 5% to A and round to 2 decimal places This percentage is the amount of contribution towards expenditure for independence. **Everyday living** A. Multiply the input contribute rate (Step 4) by 0.625 (this is the difference between the highest and lowest level of contribution – ie 17.5% and 80%) B. Add 17.5% to A and round to two decimal places. This percentage is the amount of contribution towards expenditure for everyday living.

Examples part pensioners and CSHC holders

Example 2: Single part-pensioner

Brett is single, homeowner and receives part age pension. His assets are:

- personal assets $50,000
- financial investments $50,000
- account-based pension $400,000 (subject to deeming).

Step 1	**Work out the income reduction amount** (reduction in age pension entitlement using ordinary rules)	
	A. Calculate income as per ordinary social security rules on an annual basis	A. $11,091
	B. Identify the social security annualised income free area applicable for the individual's situation (single person $218 pf x 26))	B. $5,668
	C. Subtract B from A	C. $5,423
	D. Multiply C by 0.5 and round to the nearest dollar.	**D. $2,712**
	D is the income reduction amount.	
Step 2	**Work out the assets reduction amount**	
	A. Calculate assets as per ordinary social security rules (excluding exempt asset such as home)	A. $500,000
	B. Identify the social security applicable asset threshold for the individual's situation ($321,500 for single homeowner)	B. $321,500
	C. Subtract B from A	C. $178,500
	D. Multiply C by 0.078 and round to the nearest dollar.	D. **$13,923**
	D is the assets reduction amount.	

Step 3	**Work out the maximum reduction amount**	
	A. Identify the CSHC income limit based on situation ($101,105 for single person)	A. $101,105
	B. Subtract the ordinary income free area for age pension income test annualised from A ($218 pf x 26 for single pensioner = $5,668)	B. $95,437
	C. Multiply result at B by 0.5 and round to nearest dollar.	C. **$47,719**
	C is the maximum reduction amount	
Step 4	**Work out the input contribution rate**	
	Divide the greater of the income reduction $2,712 (1D) or assets reduction $13,923 (2D) amounts by maximum reduction amount (3C).	$13,923 / $47,719
	Express this figure as a percentage.	x 100%
	This is the input contribution rate.	= **29.1771%**
	Note: no rounding at this step.	
Step 5	**Work out the amount of the percentage contribution separately for:**	
	▪ independence, and ▪ everyday living	
	Independence contribution percentage	
	A. Multiply the input contribution rate (Step 4) by 0.45	= (29.1771% x
	B. Add 5% to A and round to 2 decimal places	0.45) + 5%
	This percentage is the amount of contribution towards expenditure for independence.	**= 18.13%**
	Everyday living	
	A. Multiply the input contribute rate (Step 4) by 0.625	= (29.1771% x
	B. Add 17.5% to A and round to two decimal places.	0.625) + 17.5%
	This percentage is the amount of contribution towards everyday living	= **35.74%**

The actual dollar contribution depends on what services Brett agrees to use from his provider. For example, if Brett is assessed for a SAH package at level 4 and the funding for this package is $29,696.28, the table below provides an example of how much he and how much the Government will contribute for the services he receives.

Service	Amount	Individual contribution	Government contribution
Administration fee	$2,969.63 (10%)	Nil	$2,969.63
Clinical care	$9,726.65	Nil	$9,726.65
Maintaining independence	$10,000	$1,813 (18.13%)	$8,187
Everyday living	$7,000	$2,501.80 (35.74%)	$4,498.20
Total	**$29,696.28**	**$4,314.80**	**$25,381.48**

Note: the above assumes that the entire budget for this package is utilised by Brett. Refer Unspent funds at end of quarter for details on ability to rollover amounts.

Example 3: Couple entitled to CSHC – one member eligible for SAH

Jasper and Moira, married and own their home, are entitled to the CSHC. Their assets are:

- personal assets $70,000
- financial investments $120,000
- account-based pension $900,000 (subject to deeming).

Jasper has had an aged care needs assessment and entitled to SAH. Below are the steps to calculate his contribution. Remember, 50% of income and assets is attributed to Jasper regardless of actual ownership for the purposes of the assessment.

Step 1	**Work out the income reduction amount** (reduction in age pension entitlement using ordinary rules) A. Calculate income as per ordinary social security rules on an annual basis B. Identify the social security annualised income free area applicable for the one member of a couple eligible - ($380 pf x 26)) C. Subtract B from A D. Multiply C by 0.5 and round to the nearest dollar. **D is the income reduction amount**.	A. $25,926 B. $9,880 C. $16,046 D. **$8,023**
Step 2	**Work out the asset reduction amount** A. Calculate assets as per ordinary social security rules (excluding exempt asset such as home) B. Identify the social security applicable asset threshold for the individual's situation ($481,500 for couple homeowner) C. Subtract B from A D. Multiply C by 0.078 and round to the nearest dollar. **D is the assets reduction amount.**	A. $1,090,000 B. $481,500 C. $608,500 D. **$47,463**
Step 3	**Work out the maximum reduction amount** **Note:** The thresholds are not halved even though only one member of couple is eligible. A. Identify the CSHC income limit based on individual's situation – couple B. Subtract the ordinary income free area for age pension income test annualised from A ($380 pf x 26 couple pensioners = $9,880) C. Multiply result at B by 0.5 and round to nearest dollar. **C is the maximum reduction amount**	A. $161,768 B. $151,888 C. **$75,944**

Step 4	**Work out the input contribution rate**	
	Divide the greater of the income reduction (1D) or assets reduction (2D) amounts by the maximum reduction amount (3C).	$\frac{\$47,463}{\$75,944}$
	Express this figure as a percentage.	x 100%
	This is the input contribution rate.	= 62.4974**%**
	Note: no rounding at this step.	
Step 5	**Work out the amount of the percentage contribution separately for:** ▪ independence, and ▪ everyday living	
	Independence contribution percentage	
	A. Multiply the input contribution rate (Step 4) by 0.45 B. Add 5% to A and round to 2 decimal places	= (62.4974% x 0.45) + 5% **= 33.12%**
	This percentage is the amount of contribution towards expenditure for independence.	
	Everyday living	
	A. Multiply the input contribute rate (Step 4) by 0.625 B. Add 17.5% to A and round to two decimal places.	= (62.4974% x 0.625) + 17.5%
	This percentage is the amount of contribution towards everyday living.	**= 56.56%**

Payment of individual contribution

Once care services have been provided, the care provider issues an invoice to the individual outlining the amount required to be paid for those services received based on the contribution percentage advised by Services Australia.

An individual pays their contribution directly to the provider. The service agreement outlines the frequency of payments (eg weekly, fortnightly, monthly or other agreed timeframe with the individual). Individual contributions are only payable until the lifetime cap[2] is reached (commencing at $135,318.69 and indexed biannually on 20 March and 20 September). Once the cap is reached, the Government pays for the full cost of services under SAH.

Non-payment of individual contribution

If an individual does not pay the contribution amount to the provider and is not considered to be in financial hardship, the provider is required to discuss with the individual to ensure there is an understanding regarding the individual's responsibilities, rules regarding the personal contribution and consequences of continued unpaid fees.

The service provider can cease to deliver funded services if the individual:

- has not paid to the provider, any fee or contribution specified in the service agreement, for a reason within the individual's control, and
- has not negotiated an alternative arrangement with the provider for payment of the fee or contribution; and
- if the individual is accessing the services has no application for the fee reduction supplement in place.

Providers, however must satisfy the requirements to continue to provide care in certain situations even where fees have not been paid (under continuity of care[3]).

[3] AGA25 s149

Financial hardship – Fee reduction supplement

Additional Government assistance is provided for individuals who are experiencing financial hardship and unable to pay their SAH contributions. The individual needs to apply to Services Australia for an assessment of financial hardship. During this application period, a provider is not required to collect fees, but payments may continue to be made by the individual.

The individual needs to complete the **Aged care claim for financial hardship assistance form (SA462)**. An individual must have previously provided income and assets information to Services Australia for assessment and have[4]:

- Assets less than the current financial hardship asset threshold excluding those that are unrealisable. This is 1.5 x annual age pension including pension and energy supplements – $45,969.30).
- Income, after deducting essential expenses, is less than 15% of the basic Age Pension amount (excluding supplements per fortnight – $161.96 pf).
- Not gifted more than the allowable threshold ($10,000 in the financial year or $30,000 over five year rolling period).

If determined to be in financial hardship, the Government will pay for some or all the SAH contribution required to be made the individual.

If Services Australia makes a determination to apply a fee reduction, the reduction applies from the date of lodgement. During the time until the determination the individual has made payments, any overpayment must be refunded by the provider.

Services Australia makes a determination within 28 days of receiving all necessary information.

Example 5: Full pensioner receiving fee reduction supplement

Mensah is receiving full age pension and is eligible to receive SAH. As a full age pensioner, her participant contributions are 5% for maintaining independence and 17.5% for everyday living.

Mensah submits a financial hardship application seeking a fee reduction supplement. Services Australia assessed the application and determines that she is entitled to a fee reduction of 50%.

Mensah is still required to contribute towards the costs of services received however, that amount is reduced by 50%. The Government contribute the amount that would otherwise be made by Mensah.

Compensation reduction

A compensation reduction may apply to SAH for ongoing and short-term funding classifications (eg end-of-life). A compensation reduction applies to an individual and results in the individual's contribution reducing. For example, if an insurance company is paying all or part of the cost of care.

If the compensation payment is covering 100% of the cost of care, there is no individual contribution towards the costs. However, if the compensation payment is only partially covering the cost of care, an individual contribution is still payable at the relevant percentage but on the reduced cost of the service.

Example 6: Partial compensation payment

Lily is a full age pensioner and eligible for SAH. She is also entitled to a compensation payment where the insurance company agrees to pay 40% of the costs of care. As a full pensioner, Lily participant contribution is 5% for services related to maintaining independence and 17.5% for everyday living.

Let's assume Lily undertakes a maintaining independence service which costs $100. The cost is firstly reduced by the compensation amount, in this case 40%, meaning the cost is now $60 (ie $100 - $40). Lily's participant contribution is determined based on the reduced value of $60. Her contribution is $3 (ie $60 x 5%). The provider will receive a subsidy from the Government of $57 (ie $60 less Lily's contribution of $3).

Lifetime cap

The individual's means-tested contribution to SAH counts towards the lifetime cap of $135,318.69[5]. Once the individual has reached the lifetime cap, the Government pays for the means-tested amounts.

The lifetime cap applies to both SAH contributions as well as non-clinical care fees paid in residential aged care. Upon moving into residential aged care, the individual pays the non-clinical care fee until (whichever occurs first):

- the total of SAH contributions plus the non-clinical care fee paid in residential care reaches the lifetime cap, or
- the individual has been in residential aged care for four years.

The Government will then pay the facility the full cost of the resident's non-clinical care services thereafter. Once an individual is no longer required to pay SAH contribution (or non-clinical care contributions in residential aged care), Services Australia will notify the individual and their provider. Grandfathered HCP continue to have their contributions assessed against the current means tested fee lifetime cap ($84,571.66).

Assistive technology and home modifications

The Assistive Technology and Home modifications (AT-HM) scheme provides separate funding for the purposes of providing assistive technology (wheelchairs or bath chairs) and/or home modifications (handrails, non-slip materials, ramps or bathroom changes) based on the individual's needs. This funding also covers repairs and maintenance of the technology or modifications.

This funding is in addition to amounts provided for the quarterly budget for each classification for services relating to clinical care, everyday living and maintaining independence. Individuals will be assessed for the AT-HM scheme as part of an aged care needs assessment. There are three tiers of funding – low, medium and high. Funding at all tiers is applicable for 12 months.

The provider can charge co-ordination and administration costs to the budget provided to the individual. Co-ordination costs in delivering home modifications are the lesser of 15% of quoted costs or $1,500. Administration costs in delivering assistive technology are the lesser of 10% of total cost or $500.

Prescriptions of AT-HM (use of health professionals) and wrap around services (delivery, set-up, follow-up visits from health professionals) are covered by the Government but deducted from the individual's budget. An individual is required to contribute towards items and services that support independence and everyday living.

The **Department of Health** provides a list of products, equipment and home modifications and can be accessed under the scheme. If any amount is unused after 12 months, it cannot be accrued. The 12-month period commences from when the individual is assessed/reassessed and approved. If home modifications take longer than 12 months to complete, it is possible to receive additional funding for a further 12 months depending on circumstances including that the modifications have commenced. A care provider will be responsible for co-ordinating and arranging for services under this scheme.

Depending on the services or equipment provided, an individual's contribution may be:

- determined the same as SAH
- the full cost of the specific products, or
- 66.6% of the service.

For general services, the participant contributions are determined in the same way as for maintaining independence (ie 5% - 50%). Individuals in high or MM 6 or 7 are required to contribute to 66.6% of the cost of services provided[6]. Participant contributions count towards the lifetime cap of $135,318.69[5].

Note: Individuals who continue on a Home Care package must use any unspent funds on assistive technology and home modifications prior to seeking funding under AT-HM scheme.

Note: CHSP Goods, Equipment and Assistive Technology (GEAT) and Home Modifications service types will continue (per grant arrangements) for existing individuals until CHSP joins Support at Home, no earlier than 1 July 2027. Older people entering aged care who only require assistive technology and/or home modifications will be referred to the CHSP to access existing CHSP GEAT and Home Modifications services.

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[5] As at 1 November 2025. The lifetime cap is indexed on 20 March and 20 September each year.
[6] ACA24 s 273 and The Rules s273A

Restorative Care Pathway

The Restorative Care Pathway is part of SAH and replaces the Short-Term Restorative Care (STRC) Programme. Eligible individuals have access to up to 16 weeks of support. The focus is to assist the individual to regain function and build strength and capabilities.

A care provider will co-ordinate services aligned to the individual's needs. The services are the same as those for SAH but is focused on early clinical intervention to allow individual to regain function or prevent functional decline.

An aged care assessment will determine eligibility for the restorative care pathway which can be accessed at the same time as SAH. This means the individual can receive budget under this pathway, up to $6,000 per episode, as well as their normal quarterly SAH budget.

Individuals can access this pathway twice in a 12-month period. This can be made of up to two separate episodes, at different periods within the year (non-consecutive), or twice within a single 16-week or less period (subject to approval by an aged care assessor).

Clinical services under this pathway, such as nursing care, are fully paid for by the Government and deducted from the individual's budget. An individual is still required to contribute towards items and services that support independence and everyday living.

End of life care

If an individual is eligible for SAH and has less than three months to live, priority will be provided to access support under a one-off budget at the highest classification for additional home care services (currently $25,000 for 12-week period). This program provides additional funding for continued in-home care services to complement specialist palliative care schemes provided by State and Territory governments. However, an individual is still required to contribute the calculated percentage in relation to services under independence and everyday living.

If an individual lives beyond the 12-week support period, they can continue to draw down from the $25,000 budget up until 16 weeks[7]. However, after that time, the individual will return to funding on their existing package. The End-of-Life Pathway form must be completed to apply for funding. This form will request the details of the individual's medical condition and evidence that the individual has less than three months to live.

Clinical services under this pathway, such as nursing care, are fully paid for by the Government and deducted from the individual's budget. An individual is still required to contribute towards items and services that support independence and everyday living.

If an individual is currently receiving ongoing SAH services and is approved for end-of-life funding, claims for ongoing SAH will cease. Any unspent budget under SAH cannot be carried over to end of life care. Providers can continue to make claims for services received prior to receiving funding under end-of-life for up to 60 days of the start date of the end-of-life funding.

Stopping Support at Home services

An individual can temporarily stop services being provided, change providers or exit the SAH scheme. Unlike residential aged care, there are no approved leave arrangements for SAH.

An individual may wish to temporarily cease receiving SAH services such as being in hospital, in respite care or other personal reasons (eg going on holiday). During this time, the individual is still allocated their quarterly budget but will not make contributions as no services are being provided. However, any unspent budget that can be rolled to the next quarter is limited to the lesser of 10% of the unspent funds or $1,000.

If an individual has temporarily ceased services for four consecutive quarters plus 60 days from the time last services were provided, funding will cease. Individuals wishing to change provider must notify the current provider that they wish to cease services and agree to an exit date. Ideally, the individual should at that time give details of the new provider so that their budget and details on services can be communicated.

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[7] There is no indication of any additional steps that need to be taken to have the funding period extended to the 16 week period (eg new assessment).

An individual may permanently cease obtaining services under SAH, such as moving into aged care or death. Where possible, a provider should be notified as soon as possible in writing that services should cease and the exit date.

Transitional rules for individuals on existing home care packages

Individuals who were assessed for a Home Care Package (HCP) prior to 1 November 2025 are either classified as a:

- Grandfathered HCP recipient, or
- Transitioned HCP recipient.

Grandfathered HCP recipients is an individual who, as at 12 September 2024, was either:

- receiving an HCP
- on the National Priority System, or
- assessed as eligible for a package.

The 'no worse off' principle applies. An individual's ongoing contribution to Support at Home services for independence and everyday living categories is between 0% and 25% and will not be more than the income tested fee calculated using the pre-1 November 2025 rules. If a grandfathered participant's income increases, their contribution under Support at Home may increase, but will never exceed the amount they would have paid under the HCP.

Unspent funds under the HCP will carry-over to 1 November 2025.

Grandfathered HCP recipients will need to have a new service agreement in place to receive services once SAH commences on 1 November 2025. Future changes to means (ie receive inheritance) will not impact grandfathered status nor increase fees payable.

Example 7: Grandfathered HCP recipient – full age pensioner

John is a full pensioner and was previously receiving a HCP Level 3 package. This meant he paid no income tested care fees for his care under the HCP Program.

On transitioning to Support at Home on 1 November 2025, he continues to pay no participant contributions (or income tested care fees) and receives the same level of funding and this is managed through his care plan and quarterly budget allocation. John will never pay participant contributions under SAH, even if he is reassessed to a higher SAH classification.

Service Australia will notify individuals and their provider of the grandfathered contributions payable. If liable to pay income tested fees, these fees are assessed against the pre-1 November 2025 lifetime cap[8] ($84,571.66).

Example 8: Grandfathered HCP recipient – Paying income tested fee

Wendy, a grandfathered HCP recipient is assessed as having to pay an income tested fee of $10 per day, or $140 per fortnight. If her financial circumstances improve after 1 November 2025 and her income tested fee would otherwise increase to $20 per day, her SAH contributions limit will continue be $140 per fortnight and not increase to $280 per fortnight.

Any unspent funds from the HCP is carried over to 1 November 2025 and can be used as needed such as topping up the new quarterly budget. This carried over amount is only accessed once the quarterly budget and any allocation for restorative care or end of life funding has been utilised. However, unspent HCP amounts must be used prior to using AT-HM amounts.

Transitioned HCP recipients are individuals who were:

- On the National Priority System from 13 September 2024 to 31 October 2025 but not yet receiving support under a HCP. These individuals will transition to SAH on or after 1 November 2025 when funding becomes available. The equivalent level of funding under the HCP will be provided.
- Commenced receiving HCP from 13 September 2024 and transition to SAH from 1 November 2025.

[8] Lifetime caps may be indexed in the future.

Transitioned HCP individuals must enter into a new service agreement with their provider. Services provided must align to the new SAH services list and meet the participant's needs.

Changes to current HCP recipients from 1 November 2025

Individuals who are currently receiving support under an HCP (transitional or grandfathered) can continue to receive services from their current provider(s). However, from 1 November 2025, some aspects will change that align to SAH including:

- Quarterly budgets – the annual HCP amount is divided across the year in four equal amounts. There is an ability to carry over the higher of $1,000 or 10% of the quarterly budget to the next quarter.
- Defined list of services – services covered are those specified in the defined service list.
- Price caps – prices charged by providers will have price caps set by the Government commencing from 1 July 2026. Price caps will be subject to indexation.
- No separate administration charges – administration costs must be incorporated into the price for the service and not a separate charge. The Government has indicated that price caps set are designed to include this charge.
- Separately funded Assistive Technology and Home Modification Scheme – if assessed requiring this support, a separate budget is provided.

Moving into residential care from 1 November 2025

Grandfathered HCP recipients are captured under the 'no worse off principle'

If these individuals move to residential care after 1 November 2025, they will stay on the existing resident contribution arrangements (pay a means-tested fee [MTF] and subject to existing MTF lifetime cap) unless they opt to move to the new program (HC, NCCC and new lifetime cap).

However, changes to accommodation payments in residential care still apply to Grandfathered HCP recipients who move from 1 November 2025, meaning accommodation payments will be subject to retention amount deductions and indexation of daily accommodation payments.

Transitioned HCP recipients

Transitioned HCP recipients that move into residential care after 1 November 2025 are not covered under the no worse off principle and are subject to the new resident contribution and accommodation payment arrangements. Any income tested fee paid prior to 1 November 2025 will be included in the lifetime cap of $135,318.69.

Moving into residential care before 1 November 2025

Grandfathered or transitioned HCP recipients that enter residential care before 1 November 2025 will be captured under the existing resident contribution and accommodation payment arrangements, unless they leave care (other than on approved leave) for more than 28 days or change rooms or facilities and opt to move to the new arrangement.

Commonwealth Home Support Programme

A person who needs a few basic services, such as domestic assistance, personal care, social support, home maintenance, nursing care or transport for social and medical purposes, to continue to live independently and longer at home will likely receive support under CHSP. This is not designed for individuals with complex care needs. These individuals will transition to SAH no earlier than 1 July 2027. For further information refer to our article **Home Care Services – fees and options**.

Individuals already receiving support under CHSP prior to 1 November 2025 continue under this program but are governed under the *Aged Care Act 2024*. This means that individuals must have their care needs assessed to receive Government subsidies. Most CHSP individuals will have previously been assessed to receive support under this programme.

If the individual's care needs change and is reassessed for additional support beyond what is available under the CHSP, the individual will transition to SAH from 1 November 2025. Only those individuals who were already on the waiting list as at 12 September 2024 for a home care package (not CHSP) will be under those transitional rules.