How Support at Home Helps Older Australians Stay Independent

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Details:

Support at Home is the Australian Government program that funds care and services for older people living in their own homes. It replaced the Home Care Packages Program and the Short-Term Restorative Care Programme on 1 November 2025 . Instead of four fixed package levels there are now eight ongoing funding classifications with flexible quarterly budgets, and services are grouped into three categories. Clinical supports, which include nursing and allied health such as physiotherapy, occupational therapy, exercise physiology and speech pathology, are fully funded by the Australian Government. Everything starts with an assessment, and that starts with My Aged Care on 1800 200 422 .

This page covers the mechanics: eligibility, how the assessment sets your classification, what each category funds, what you contribute, the lifetime cap, and the short-term pathways for equipment, recovery and end-of-life care.

Who is eligible

Support at Home is for:

Older Australians aged 65 and over

Aboriginal and Torres Strait Islander people aged 50 and over

In some cases, people under 65 where NDIS support is not suitable for their needs

Beyond age, you need to need help to keep living independently at home because of ageing, disability or a medical condition, with support required for daily living tasks, mobility, health or wellbeing. Eligibility is decided through the assessment, not by a diagnosis.

How to get it: three steps

1. Register with My Aged Care. Call 1800 200 422 or register at myagedcare.gov.au. You can do this for yourself, or with a family member's consent on their behalf.
2. Get assessed. My Aged Care refers you to an assessment service based on your situation. Depending on need and state that is an Aged Care Assessment Team, called an Aged Care Assessment Service in Victoria, or a Regional Assessment Service. The assessor looks at physical health, emotional wellbeing, social needs and what care you require. Community health centres can also help with referrals.

One of the significant reforms is a single assessment process . One assessment now determines eligibility and service needs across support levels, and you are not sent back for a fresh assessment simply because you are moving between care levels.

Have your financial information ready. Recent tax returns, pension or superannuation statements, and income and asset details are used to work out your contributions.

1. Get your support plan and choose a provider. The plan sets out the services you are approved for and your classification. You then choose who delivers them. You are not assigned a provider.

Waiting times vary by region and urgency, which is why it is worth registering when changes are first noticed rather than after a crisis.

Classifications and quarterly budgets

Support at Home has eight ongoing funding classifications , up from the four Home Care Package levels, so funding can be matched more closely to assessed need. There are also four transitioned Home Care Package classifications that provide equivalent funding for people who moved across from the old program.

Funding is allocated as a flexible quarterly budget rather than an annual package amount. The budget reflects your assessed needs and can be adjusted as circumstances change, so a person whose needs increase does not have to wait for a whole new package level to become available.

Your classification is set by the assessment. If your situation changes significantly, talk to your provider and to My Aged Care about a review.

The three service categories

Clinical supports, fully government funded

These maintain health, function, safety and wellbeing. The Australian Government funds them in full, so eligible participants do not contribute. They include:

Nursing , including wound care, medication management and health monitoring

Physiotherapy for mobility, strength, balance, falls prevention and physical function

Occupational therapy for daily living, home safety and independence

Exercise physiology for safe physical activity and chronic condition management

Speech pathology for communication, swallowing and mealtime safety

Psychology and counselling for mental health support

If money is the reason someone has been putting off getting help, this is the part to know. The services that do the most to keep a person safe and mobile at home are the ones with no participant contribution.

Independence services

These help you manage everyday activities and stay connected: personal care such as bathing, dressing, grooming and toileting; respite for you and your carer; transport to appointments and community activities; and assistance with daily routines. Contributions may apply depending on your financial circumstances.

Everyday living services

These keep the home safe and manageable: domestic assistance including cleaning and laundry, meals and meal preparation, shopping assistance, gardening, and home maintenance and repairs. Contributions may apply depending on your financial circumstances.

What you pay

Three things are worth knowing.

Contributions are set by government, not by providers. The rates are consistent across the program rather than negotiated with whoever you engage.

Clinical supports are fully funded. Contributions apply only to independence services and everyday living services, and depend on your circumstances.

There is a lifetime cap of $130,000 on non-clinical care costs , covering both in-home care and residential care. It limits what any one person contributes to non-clinical support across their lifetime.

If you were receiving, waiting for, or assessed as eligible for a Home Care Package on or before 12 September 2024 , the government's no worse off principle applies. You should pay the same or less under Support at Home than you would have under the Home Care Package arrangements.

Exact contribution amounts for your situation depend on your assessed classification and your finances. My Aged Care on 1800 200 422 is the source for your own figures, and they should be confirmed in writing before services start.

The three short-term pathways

Separate from ongoing classifications, Support at Home includes three time-limited pathways.

Assistive Technology and Home Modifications. Funds approved equipment and home changes: walking frames and four-wheeled walkers, grab rails and handrails, ramps, wheelchairs, shower chairs, adaptive eating equipment and smart home technology. An occupational therapist assesses your home and prescribes what is needed, with physiotherapists contributing to assessments and recommendations. My Aged Care lists examples of approved items.

Restorative care. Focused, time-limited support to regain function and independence, typically after a hospital stay or a significant health event. The aim is recovery, not ongoing maintenance.

End-of-life care. Services for people in the final stages of life, focused on comfort and dignity at home.

If you were already on a Home Care Package

Existing recipients transitioned to Support at Home on 1 November 2025 without a new application. The four transitioned classifications hold funding at equivalent levels, and the no worse off principle protects contributions for anyone who was receiving, waiting for or assessed as eligible on or before 12 September 2024.

A few operational details, including how unspent funds carry across quarters and the finer points of changing providers mid-transition, depend on the current program rules. Ask your provider directly, or call My Aged Care on 1800 200 422, rather than relying on general information.

What about the Commonwealth Home Support Programme?

CHSP continues to operate as a separate program providing entry level support. It is scheduled to move into Support at Home no earlier than 1 July 2027 . People receiving CHSP services can also access allied health, and if your needs have grown beyond what CHSP covers, a My Aged Care assessment is the way to look at Support at Home.

Where allied health fits

The program's purpose is keeping people at home safely. Allied health is the most direct way of doing that, and it is in the fully funded category.

A physiotherapist rebuilds strength and balance and reduces falls risk. An occupational therapist assesses the home and prescribes the equipment and modifications that make daily tasks safer. An exercise physiologist builds a sustainable exercise program around chronic conditions. A speech pathologist works on swallowing, mealtime safety and communication. A psychologist or counsellor supports someone adjusting to change, anxiety, grief or lost confidence. A dietitian supports nutrition, strength and recovery.

The common pattern is that a small, early intervention prevents a large, late one. A grab rail and six weeks of balance work costs a fraction of a fractured hip, and keeps a person in their own home.

How to start

Call My Aged Care on 1800 200 422 to register and start the assessment. Once you have a support plan you can choose your provider.

Bloom Healthcare provides aged care allied health in the home and community: occupational therapy, physiotherapy, exercise physiology, speech pathology, psychology and counselling, and dietitian support. Make a referral or call 1300 771 465 .

Common questions about Support at Home

When did Support at Home start?

1 November 2025. It replaced the Home Care Packages Program and the Short-Term Restorative Care Programme from that date.

What age do I need to be?

65 and over, or 50 and over for Aboriginal and Torres Strait Islander people. In some cases people under 65 can access aged care where NDIS support is not suitable for their needs.

Do I have to pay for physiotherapy or occupational therapy?

No. Clinical supports, which include nursing and allied health such as physiotherapy, occupational therapy, exercise physiology, speech pathology and psychology, are fully funded by the Australian Government for eligible participants.

What do I have to contribute to?

Independence services such as personal care, respite and transport, and everyday living services such as cleaning, meals and gardening. Rates are set by government and depend on your financial circumstances.

What is the $130,000 figure?

It is the lifetime cap on non-clinical care contributions, covering both in-home care and residential care. It limits the total you contribute to non-clinical support over your lifetime.

I was on a Home Care Package. Am I worse off?

You should not be. If you were receiving, waiting for or assessed as eligible for a package on or before 12 September 2024, the no worse off principle means you should pay the same or less than under the previous arrangements. Four transitioned classifications hold funding at equivalent levels.

How is my funding level decided?

By your aged care assessment. There are eight ongoing classifications, and funding is allocated as a flexible quarterly budget that can be adjusted as your needs change.

Do I get to choose my provider?

Yes. After your assessment and support plan, you choose who delivers your services.

How do I get a shower rail or a walking frame?

Through the Assistive Technology and Home Modifications pathway. An occupational therapist assesses your home and prescribes what is needed. Approved items include walking frames, grab rails, ramps, wheelchairs, shower chairs and adaptive eating equipment. You need an aged care assessment first.

Mum is coming home from hospital weaker than before. What applies?

The restorative care pathway is the short-term, recovery-focused option, and it replaced the old Short-Term Restorative Care Programme. Contact My Aged Care on 1800 200 422 and say the situation follows a hospital stay, because that affects urgency.

Is the Commonwealth Home Support Programme finished?

No. CHSP continues as a separate program and is scheduled to move into Support at Home no earlier than 1 July 2027.

How long does it take to get services?

It depends on your region, your assessed priority and provider availability. This is why registering early matters. My Aged Care can tell you what is happening with your own referral.

Do I need a GP referral?

No. You can contact My Aged Care yourself, or a family member can with your consent. Your GP can support the process and can also arrange other referrals, but the aged care pathway starts with My Aged Care.

What if my needs change after I am assessed?

Tell your provider and contact My Aged Care. Quarterly budgets are designed to be adjusted, and the single assessment process is meant to remove the need for a fresh assessment every time your care level changes.

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