Support at Home 2025 | Aged Care Policy | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/blog/support-at-home-2025-what-it-means-for-aged-care-services/

Details:

Support at Home is the Australian Government's in-home aged care program. It commenced on 1 November 2025 , replacing the Home Care Packages Program and the Short-Term Restorative Care Programme. The Commonwealth Home Support Programme (CHSP) has not moved yet; it transitions no earlier than 1 July 2027 and continues to operate separately until then.

That start date matters, because earlier announcements pointed to 1 July 2025 and a great deal of material written before the change still says so. If you are reading something that describes Support at Home as beginning in July 2025, it predates the final timetable.

This is aged care, not the NDIS . The support categories, budgets and contribution rules described here have nothing to do with NDIS support categories, and the two systems should not be read across to each other.

The sections above set out the reforms in broad terms. What follows is the operating detail: the service categories, how funding is classified, what you contribute, the short-term pathways, and how you actually get in.

The three service categories, and who pays

Every Support at Home service sits in one of three categories, and the category decides the contribution rules.

Clinical supports maintain health, function, safety and wellbeing. This category covers nursing and allied health, including occupational therapy, physiotherapy, exercise physiology, speech pathology, psychology and counselling, and dietetics. Clinical supports are fully funded by the Australian Government. Participants do not make contributions towards them.

Independence services help you manage everyday activities and stay connected to your community: personal care such as showering, dressing and grooming, transport, respite, and assistance with daily routines. Contributions may apply , depending on your circumstances.

Everyday living services keep the home safe and manageable: domestic assistance, cleaning, gardening, shopping, meals, and home maintenance and repairs. Contributions may apply , depending on your circumstances.

The practical consequence is worth stating plainly. If a physiotherapist or occupational therapist is helping you move more safely at home, that is a clinical support and the government pays for it. If someone is mowing your lawn or cleaning your kitchen, that is everyday living and you may be asked to contribute. Many people assume the reverse, or assume the whole package is means tested the same way.

How funding is classified

Support at Home does not use the four fixed Home Care Package levels. Instead there are:

8 ongoing classifications funding ongoing services for people with assessed ageing-related care needs

4 transitioned Home Care Package classifications , for people who were approved under the previous system

3 short-term pathways , covering assistive technology and home modifications, restorative care, and end-of-life care

The eight ongoing classifications replace the old rigid packages. Which one applies is set through assessment, based on assessed need rather than on the queue you happened to join.

The four transitioned classifications exist so that people already in the Home Care Packages system keep their funding level when they move across, until they are reassessed under the new structure. If you were on a package before the changeover, this is the part that applies to you.

Quarterly budgets

Funding is released as a quarterly budget rather than a fixed annual package amount. Budgets are set from your assessed needs and adjusted as your circumstances change, so support can go up or down without waiting for a higher package to become available. The intent is that people receive the right level of support from the start.

One honest gap. The published material we work from does not settle what happens to unspent funds at the end of a quarter, how much can roll forward, or whether any use-it-or-lose-it rule applies. Do not take an answer to that from a provider's marketing page, including this one. Ask My Aged Care on 1800 200 422 , or ask your provider to show you the current departmental guidance in writing.

What you contribute

Contributions apply to independence and everyday living services, not to clinical supports, and the amount reflects your individual financial circumstances so that people with greater means contribute more.

Two protections matter.

The "no worse off" principle. People who were receiving a Home Care Package, waiting for one, or assessed as eligible for one on or before 12 September 2024 will pay the same or less in contributions under Support at Home than they would have under the Home Care Packages system. Moving across should not increase what you pay.

The lifetime cap. A lifetime cap of $130,000 applies to your contributions towards non-clinical care costs, counting both in-home support and residential aged care. Once you have contributed that much, you are protected from further contributions in that category.

What you will personally be asked to pay depends on your own assessment and financial circumstances. No provider can tell you the figure. My Aged Care and your assessment outcome can.

Regulated pricing

One of the stated aims of the reform is price transparency, through government-set price caps on in-home services so that people can compare providers on a like-for-like basis rather than guessing.

The timing on this moved. Price caps were originally announced to commence from 1 July 2025 and were then deferred to 1 July 2026 , to allow more time for implementation. That deferral is one of the main reasons older articles and older provider price lists do not match what people are being quoted.

Two practical points follow. First, if you are comparing providers, ask each one for their current published prices in writing rather than relying on a figure from a webpage that may not have been updated. Second, price caps regulate what a provider may charge for a service; they do not tell you what you personally will pay, because that also depends on your classification and your contribution

rate. Those two questions have to be answered separately, and My Aged Care on 1800 200 422 answers the second one.

If your needs change

The quarterly structure exists precisely so that support can move with you, and the flow of the system is that a change in need triggers a reassessment rather than a wait for a higher package.

Ring My Aged Care and ask about reassessment if any of the following happen: a fall or a series of near-falls, a hospital admission, a new diagnosis, a noticeable decline in mobility or memory, the loss of a carer through illness, death or a change in their circumstances, or a change in your housing.

Improvement is worth reporting too. If restorative care has done its job and you need less than you did, saying so keeps the assessment record accurate, and an accurate record is what protects you the next time you need more.

Between assessments, your provider should be reviewing your support plan with you rather than simply delivering the same roster indefinitely. If nobody has asked you in six months whether the plan still fits, ask them.

The three short-term pathways

Alongside ongoing funding, Support at Home has three time-limited pathways for specific situations.

Assistive technology and home modifications (the AT-HM scheme). Funding for approved equipment and changes to the home that support independence and safety: mobility aids such as walkers, wheelchairs and standing frames; grab rails, ramps and stairlifts; bathroom modifications; smart home technology; and adaptive equipment matched to how you actually function. These are normally recommended by an occupational therapist or physiotherapist after an assessment, which is why getting the assessment done early matters if equipment is the issue.

The Restorative Care Pathway. Short-term services aimed at regaining function and independence, with an emphasis on early intervention and slowing or reversing age-related decline. It is particularly relevant after a hospital stay, a fall, or another acute event, where a defined burst of therapy can prevent a permanent step down in independence.

The End-of-Life Pathway. Services for people in the final stages of life, focused on dignity, comfort, coordinated care and support that reflects the person's own preferences.

These sit alongside the ongoing classifications rather than replacing them, and they exist so that a temporary or specialised need does not have to be squeezed into an ongoing budget.

Allied health under Support at Home

Because allied health sits in clinical supports, it is fully government funded, and the program deliberately leans towards early intervention rather than waiting for a crisis.

In practice that means:

Occupational therapy for managing daily activities more safely, home safety, and recommendations for equipment and modifications

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

Exercise physiology for structured, evidence-based exercise programs matched to your health conditions

Speech pathology for communication and swallowing difficulties

Psychology and counselling for the emotional side of ageing, illness, loss, life transitions and reduced independence

Nursing , including wound care and clinical management

Allied health can be delivered at home, in the community, or by telehealth where that is clinically appropriate. Occupational therapists and physiotherapists also carry out the assessments that support assistive technology and home modification recommendations, in line with your support plan.

Support at Home is not the NDIS

The two programs are separate and the rules do not transfer.

Support at Home is for older Australians. The NDIS remains the funding program for people under 65 with a permanent and significant disability. NDIS participants are not automatically transferred to Support at Home; they continue with their NDIS-funded supports. Older Australians who are not eligible for the NDIS but need help at home come through the aged care system instead.

If you are dealing with both systems in one household, keep the paperwork separate and ask each system's own contact point about its own rules. An NDIS support category is not a Support at Home service category, a quarterly budget is not a plan budget, and contribution rules exist in aged care that have no NDIS equivalent.

Who is eligible, and how to get in

Support at Home is for people aged 65 and over , or 50 and over for Aboriginal and Torres Strait Islander people , who need help to keep living independently at home. In exceptional cases someone under 65 may be supported through aged care where the NDIS is not suitable for their needs.

The pathway runs like this.

1. Register with My Aged Care. Online, or by ringing 1800 200 422 . This is the government's single entry point, and there is no way around it.
2. Have an aged care assessment. My Aged Care refers you to an assessment service. Assessors look at your needs, your goals, your current situation and what would help you live safely at home. The single assessment process replaced the old split between separate assessment systems for different programs, so you should not need repeat assessments simply to move between levels of support.
3. Receive a support plan. If you are approved, you get a support plan setting out the services and funding approved for you, which may include ongoing support, one of the short-term pathways, or assistive technology and home modifications.
4. Choose your providers. You then select providers to deliver what is in your plan.

Practical advice: ask for the assessment before you are in crisis. The program is built around early intervention, and an assessment arranged after a fall is a worse starting point than one arranged before it.

What to have ready for your assessment

Assessors work from what they can see and what you tell them, so specifics help.

The daily tasks that have become difficult, described concretely. "I can no longer step over the bath edge without holding the towel rail" is more useful than "showering is hard".

Anything that has happened recently: falls or near-falls, a hospital admission, a change in medication, weight loss, a change in memory or mood.

What help you already get, from family, neighbours or existing services, and what that leaves uncovered.

Your goals in plain terms. Staying in this house. Getting to the shops. Cooking your own meals. Managing without your daughter coming daily.

Equipment you use now and anything that is not working.

Your health conditions and current clinicians.

If a family member or carer knows things you might understate, have them there. Older people routinely underplay how much they are struggling, and the assessment sets your funding classification.

How Bloom Healthcare fits in

Bloom delivers allied health under Support at Home across Australia: occupational therapy , physiotherapy , exercise physiology , speech pathology , and psychology and counselling .

The focus is practical and person-centred: mobility and falls prevention, daily living skills, home safety, strength and balance, swallowing and communication, nutrition, emotional wellbeing, and managing chronic conditions. Services are delivered in your own home, in the community, or by telehealth where that is clinically appropriate, and therapists work with your existing care team rather than around it. Occupational therapists and physiotherapists can support assessments and recommendations for equipment, safety and function at home, in line with your support plan.

To talk about aged care allied health, ring 1300 771 465 or make a referral . For anything about your eligibility, your classification, your budget or your contributions, My Aged Care on 1800 200 422 is the authority, not a provider.

Common questions about Support at Home

When did Support at Home actually start?

1 November 2025. It replaced the Home Care Packages Program and the Short-Term Restorative Care Programme on that date. Earlier material citing 1 July 2025 reflects an earlier timetable.

I am on a Home Care Package. What happened to it?

You moved across on the transitioned classifications, keeping your existing funding level until you are reassessed under the new structure. 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 pay the same or less in contributions than you would have under the old system.

Do I pay for physiotherapy or occupational therapy under Support at Home?

No. Allied health and nursing are clinical supports, and clinical supports are fully funded by the Australian Government. Contributions apply to independence services and everyday living services instead.

What will I have to contribute?

It depends on your circumstances and applies only to independence and everyday living services. A lifetime cap of $130,000 applies to your contributions towards non-clinical care costs across both in-home and residential aged care. My Aged Care and your assessment outcome will tell you your

actual figures.

How many funding levels are there now?

Eight ongoing classifications, plus four transitioned Home Care Package classifications for people who came from the old system, plus three short-term pathways. The four fixed package levels no longer set ongoing funding for new entrants.

What happens to money I do not spend in a quarter?

The material we can verify does not settle rollover rules. Ask My Aged Care on 1800 200 422 or ask your provider for the current departmental guidance in writing rather than relying on a general answer.

When did price caps start?

Government-set price caps on in-home services were deferred from 1 July 2025 to 1 July 2026. Ask any provider you are comparing for their current prices in writing, because older published lists may not reflect the change.

Can I get equipment or home modifications?

Yes, through the assistive technology and home modifications pathway, which covers approved equipment and home changes such as mobility aids, grab rails, ramps, stairlifts, bathroom modifications and adaptive equipment. An occupational therapist or physiotherapist assessment normally supports the recommendation.

I am coming out of hospital. Is there something faster?

The Restorative Care Pathway is the short-term pathway aimed at regaining function and independence, and it is designed for exactly this kind of situation, including recovery after a hospital stay or a fall.

My needs have increased. Do I have to wait for a higher package?

No. The package structure is gone for ongoing funding. Contact My Aged Care to ask about reassessment, because budgets are set from assessed need and adjusted quarterly rather than requiring you to queue for an upgrade.

Am I still on CHSP?

If you were receiving Commonwealth Home Support Programme services, yes for now. CHSP transitions no earlier than 1 July 2027 and continues to operate as a separate program until then.

Does Support at Home affect my NDIS plan?

No. NDIS participants are not automatically transferred to Support at Home and continue receiving their NDIS-funded supports. The NDIS remains the program for people under 65 with a permanent and significant disability.

I am 62 and need help at home. Where do I go?

Support at Home is generally for people 65 and over, or 50 and over for Aboriginal and Torres Strait Islander people. In exceptional cases someone under 65 may be supported through aged care where the NDIS is not suitable. Ring My Aged Care on 1800 200 422 to have your situation assessed rather than assuming you are excluded.

How do I start the process?

Register with My Aged Care online or on 1800 200 422, have the assessment, receive your support plan, then choose providers. You cannot skip the registration and assessment steps.

Who do I talk to at Bloom about aged care therapy?

Ring 1300 771 465 or make a referral . Have your support plan or assessment outcome handy if you already have one, along with the goals you want the therapy to work on.

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