

Your Guide to the Support at Home Program - Coastal Home Care



Program Overview

The Support at Home program represents a major transformation of Australia's in-home aged care system. It replaced the Home Care Package program on 1 November 2025.

Program Goal

The primary goal is to provide older Australians with better access to high-quality, tailored care services that support their independence and enable them to remain living in their own homes for longer.

Key Changes

The program offers several improvements:

- Increased funding levels
- New funding for equipment and home modification
- Reduced roll over of unspent funds
- New short term funding available for restorative care and end of life
- Pricing transparency, with every provider publishing its prices
- Personal care fully funded from 1 October 2026

SAH Guide Contents

This comprehensive guide provides detailed information about the Support at Home program, covering:

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What is Support at Home?

Since **1 November 2025**, the Australian Government has funded in-home care through a **new funding** program called Support at Home, which replaced the Home Care Package (HCP) program.

At Coastal Home Care, we're committed to helping you understand your funding and access the support you need.



Commonwealth Home Support Programme (CHSP)

The CHSP provides entry-level support for older people who need some help to stay at home. Basic services like cleaning, transport, personal care and meals can be approved as needed and accessed immediately. Generally there is a small contribution that you need to make towards the service delivery under CHSP. Often CHSP services are offered while you wait for your Support at Home funding.



Support at Home Program Features

The Australian Government's Support at Home Program, launched on 1 November 2025, introduced key features to improve home care services for older Australians, creating a more flexible, transparent, and person-centered approach.

**8**

Eight support classifications

Funding ranges from ~\$11,031 to \$80,294 per year across eight levels (from 1 October 2026). Classification 1 provides basic support for tasks like shopping and housekeeping, while Classification 8 delivers comprehensive care for complex needs. Assessment is conducted by an aged care assessor using the Integrated Assessment Tool.



Quarterly budgets

Funding is allocated as quarterly budgets rather than one annual amount, allowing more responsive adjustments to changing needs. Your Support Partner will check in regularly to ensure your budget is meeting your needs.



Clear service list

Access a defined list of services available under Support at Home including what can and can't be funded. The service list includes clinical supports (including personal care from 1 October 2026), services to maintain your independence and services for daily living such as cleaning and gardening.



Transparent pricing

The Government has deferred price caps, and no new start date has been announced. All providers must publish their prices, and Coastal's price list is available before you sign.



10% Care Management fee

10% of your quarterly budget is set aside to be used for Care Management activities such as establishing a Care Plan, education and monitoring and reviewing your Care Plan. The fee is clearly displayed on your monthly statement and applies with all providers.

Care Services Under Support at Home

Support at Home offers a clear list of services, grouped into three service categories. From 1 October 2026, personal care moved to Clinical Services and is fully government funded.

Clinical Services

- Nursing
- Allied health and other therapeutic services
- Wound Care
- Medication management
- Care management
- Personal care (from 1 Oct 2026)

Independence Services

- Social support and community engagement
- Therapeutic services for independent living
- Respite care
- Transport

Everyday living Services

- Domestic assistance
- Gardening
- Essential home maintenance and repairs
- Meal preparation and delivery

Additional Short-Term Care Programs

Restorative Care

Focused on helping you regain strength and independence through allied health services. Support is available for up to **12 weeks**, with a possible **4-week extension**, based on assessment.

End-of-life Care

Provides additional in-home support for those with a prognosis of **three months or less to live**, aiming to help you remain at home for as long as possible. Around **\$25,000** is available over 12 weeks, with services accessible for up to **16 weeks**.

Needs can change quickly and these short term funding pathways allow participants to quickly access additional funding to support these critical periods.

New Funding classifications

Support at Home has eight funding classifications, ranging from ~\$11,031 to \$80,294 per year. These replaced the four Home Care Package levels.

Classification budgets from 1 October 2026

Support at Home classifications	Quarterly budget	Annual budget
1	\$2,757.89	\$11,031.56
2	\$4,120.89	\$16,483.56
3	\$5,645.23	\$22,580.92
4	\$7,632.04	\$30,528.16
5	\$10,202.32	\$40,809.28
6	\$12,365.48	\$49,461.92
7	\$14,944.20	\$59,776.80
8	\$20,073.50	\$80,294.00

If you were receiving a Home Care Package, you didn't need a reassessment. You moved across to Support at Home on your Home Care Package funding amount, called a Transitional Home Care Package budget.

Transitional budgets from 1 October 2026

Transitional Home Care Package level	Quarterly budget	Annual Budget
1	\$2,823.55	\$11,294.22
2	\$4,965.14	\$19,860.56
3	\$10,808.30	\$43,233.21
4	\$16,385.99	\$65,543.98

If your needs change, you may be reassessed into a new Support at Home classification with a higher budget.

Assistive Technology & Home Modifications

1

Eligibility

Support at Home participants can access additional funding for assistive technology and home modifications without needing to save from their individual budgets.

2

Funding Approval

At the time of assessment, participants may be approved for specific items or modifications and assigned a funding tier to support their assessed needs.

3

Using Existing Funds First

If you have unspent Home Care Package funds, you'll need to use those first before accessing additional AT-HM Scheme funding.

Assistive Technology (Equipment)

- Up to \$15,000 (high tier); low tier up to \$500, medium up to \$2,000
- May exceed \$15,000 based on assessed needs
- Immediate funding for approved equipment
- Unspent HCP funds must be used first by grandfathered clients

Home Modifications

- Up to \$15,000 (high tier); low tier up to \$500, medium up to \$2,000
- Capped at \$15,000
- Assessment determines specific modifications covered
- Includes wrap around services like Occupational Therapy home assessment

This additional funding for equipment and home modifications means participants won't need to save funds over many months for essential items or changes to their home environment, improving accessibility and safety more quickly.

To explore the full list of available products and services, visit the [Government website](#).

Support At Home Transition

The Support at Home program has different conditions based on when participants entered the system. Below is a breakdown of how the program applies to different groups:

Participant Type	Grandfathered Participants	Transitional Participants	New Participants
Eligibility Criteria	Receiving or approved for an HCP on or before 12 September 2024	Approved for an HCP from 12 Sept 2024 to 31 Oct 2025	Assessed and entering the system from 1 November 2025
Funding Structure	Maintains existing HCP funding level	Commence with approved HCP funding amount	Full implementation of eight-tier classification system
Contributions	No contributions if not already contributing to cost of care and supports, those with ITF won't pay more	Contributions payable from 1 November 2025	Service based contributions payable for all participants



Participant Contributions

Support at Home has a strong focus on clinical supports that keep older Australians at home and helps prevent unnecessary hospital visits with the government funding 100% of clinical services regardless of income. From 1 October 2026, this includes personal care. As part of this approach, you'll contribute toward everyday services you've typically managed independently throughout life. Your contribution percentage varies based on your income and service type.

Your contribution to the cost of your care has a lifetime cap of \$137,917.01 (or \$86,185.23 under the no worse off principle), indexed each March and September. The cap also counts contributions made in residential care.

Service type	Full pensioner	Part pensioner and self-funded Commonwealth Seniors Health Card (CSHC) Holder	Self-funded retiree and non-CSHC holder
Clinical support	0%	0%	0%
Independence	5%	Between 5% and 50%	50%
Everyday living	17.5%	Between 17.5% and 80%	80%

Capped Care Management

A capped Care Management fee of 10% is taken out of the quarterly budget of all participants. Care Management services are critical to ensuring participants needs and goals are being met and wellbeing is maximised. The amount of Care Management support a participant needs will vary at different times as needs change.



Planning and coordinating services

Comprehensive care planning tailored to your needs



Regular check-ins

Ensuring participants are supported to get the most from their funding



Education and support

Providing information and assistance when needed



Clinical advice and practical help

Support when needs or circumstances change

Case Studies



Henry: Grandfathered HCP Recipient

Full pensioner with Level 3 HCP and no Income Tested Fee (ITF). Under Support at Home, Henry receives the same funding level, pays no contribution fees, has a Care Plan with a quarterly budget, and continues to pay no fees even if reassessed to higher funding classification in the future.



Arthur: Transitional Client with Unspent Funds

Full pensioner with Level 2 HCP, \$300 unspent funds, reassessed to classification 5 with \$500 AT-HM budget. Existing unspent funds must be used before accessing AT-HM budget for equipment and OT services. He pays 5% for Independence and 17.5% for Everyday Living; personal care is free from 1 Oct 2026.



Olivia: New Support at Home Participant

Part pensioner assessed as Classification 3, contributing 0% for Clinical Care, 22% for Independence services, and 41% for Everyday Living services. Provider charges the package for services and collects Olivia's contribution via direct debit.

Frequently Asked Questions

1. Will my services change under Support at Home?

If a service you are currently receiving is no longer on the new services category lists, you may need to make some adjustments to your Help Plan. Your Support Partner will discuss any required changes with you.

2. What does the 'no worse off principle' mean?

It simply means you will not contribute more for your care than you currently do. If you do not pay an Income Tested Fee today, you will not have to pay any co-contributions under Support at Home. Even if you are reassessed to a higher classification. If you pay an ITF, you won't pay more than you do today.

3. Do I still pay an Income Tested Fee under Support at Home?

The Income Tested Fee does not exist under Support at Home and is being replaced by service based co-contributions. Your co-contribution will not be more than you pay today as an ITF and will only apply to services delivered, not a daily fee like the ITF.

4. What will my Care & Package Management costs be?

All providers charge 10% of your quarterly budget for Care Management to provide your care planning and ongoing review. Package Management, which covers invoice payment, claiming and compliance is no longer charged. Instead, providers include the costs associated with this work as part of hourly service rates. Coastal Home Care will charge a 10% fee on all services to cover this cost.

5. What if I need to be reassessed for a higher level of funding?

If your needs increase, you can be reassessed for a Support at Home classification of up to ~\$80,294. Grandfathered clients won't pay higher co-contributions.

6. What will happen to the unspent funds from my current HCP?

This amount is retained for you to use on care and services in the future. Since 1 November 2025, you can no longer add to these funds. Up to \$1,000 or 10% of your quarterly budget (whichever is higher) can be rolled over to the next quarter.

Frequently Asked Questions

7. What are the new co-contributions and will I have to pay?

Under Support at Home most participants contribute to the cost of their care. Clinical services such as Nursing, Allied Health and (from 1 October 2026) personal care are fully funded regardless of income; Independence and Everyday Living services have a co-contribution. These co-contributions do not apply for grandfathered participants not previously paying an ITF.

8. What is the Assistive Technology & Home Modifications funding?

AT-HM funding is additional to your regular quarterly budget and can be used for assessed equipment and home modifications. To access this additional funding, you will need to be assessed and have used all of your unspent funds.

You can be assessed for up to \$15,000 of equipment and a further \$15,000 for home modifications.

