

Support at Home vs Home Care Packages: What is changing?

Here are some of the key facts you need to know about the principal differences between the old and new systems with the main differences explained below.

Home Care Package	Support at Home
Level of Care	
There are four levels of care in the Home Care Package program: Level 1: Basic Care Needs Level 2: Low Care Needs Level 3: Intermediate Care Needs Level 4: High Care Needs	Eight funding classifications will be available under the Support at Home program. If you already have a Home Care Package, you will stay on your existing package when Support at Home begins. Your existing package will be called a “Transitioned Home Care Package”. You will only move to one of the new 8 Support at Home levels if you have a reassessment after 1 November 2025, or if you are approved for aged care for the first time after 1 November 2025.
Service Categories	
The current Home Care Package system includes a list of specific types of care, which includes: • Personal Care • Nursing • Cleaning • Meals and Food Preparation • Home or Garden Maintenance • Allied Health • Assistive Technology • Transport • Social • Respite	Services are grouped into three specific support categories: Clinical Supports for health-related care, such as nursing. Independence for personal care and social participation. Everyday Living for daily tasks such as cleaning and meal preparation.



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Home Care Package

Support at Home

Clinical Services

Home Care Packages can be used for clinical services, and clients pay an income tested fee, regardless of the type of service they receive.

The government will fully fund clinical care for all Support at Home clients, including nursing care, allied health and other therapeutic services.

Client contributions (for eligible clients) will need to be paid for goods and services considered an Independence Support or an Everyday Support.

Pricing

One fee

A combined care and package management fee of 13% of your total package value. This amount is calculated each day, so it stays about the same each month.

Two fees

Care Management Fee (10%)

Under the Support at Home program, Care Management is a mandatory part of every package. To support this, 10% of a client's quarterly budget is automatically allocated to Care Management services.

Platform Management Fee (9.8%)

This is added to each invoice. The total amount of this fee will depend on how much you spend on services.

Client Contribution

Currently called **Income Tested Fees (ITF)**. These are paid at regular intervals (i.e. monthly), after services have already been delivered and paid for.

The Income Tested Fee rate depends on your pension status but does not differ based on what goods or services you purchase.

Under the new scheme Income Tested Fees will be called **client contributions**. These fees are paid when an invoice is received by PlanCare, before the provider is paid. The contribution rate will differ depending on your pension status, and the type of service you are receiving – either Clinical Support, Independence Support, or Everyday Support.

Existing clients (if grandfathered) who do not currently pay an Income Tested Fee (ITF) will not be required to contribute under Support at Home.



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Support at Home

Assessment System

Under the Home Care Package program, clients are assessed by multiple organisations depending on their needs, including the Regional Assessment Service (RAS), Aged Care Assessment Teams (ACAT), and the Australian National Aged Care Classification (AN-ACC).

Once approved for home care, clients may have to switch to different assessors as their needs evolve.

The Single Assessment System Workforce will bring together assessors from RAS, ACAT, and AN-ACC into one organisation.

Under the new arrangement, Needs Assessment Organisations will provide the entire scope of assessments, including clinical and non-clinical. In other words, there will no longer be dedicated organisations for different types of care and the same organisation will provide all the necessary assessment services, making it easier to switch between funding programs.

Unspent Funds

There are no limits on how much funding you can accrue in your unspent funds.

With the Support at Home changes, annual subsidy amounts will be divided into four quarterly budgets with each covering three months of the year.

If you don't spend your entire budget within a given quarter, **you can rollover the unspent funds of up to a maximum of \$1,000 or 10% of your quarterly budget** - whichever is greater - between quarters to meet unplanned needs.

Purchasing high-cost items

To purchase high-cost items, you have to deliberately underspend and accrue these funds in your unspent funds.

You will have specific funding, separate from your Support at Home funding, which can be used for assistive technology and home modifications.



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Support at Home

Assistive Technology and Home Modifications (AT-HM)

Clients accumulate and use funds from their Home Care Package budget to purchase assistive technology and home modifications.

The new AT-HM scheme will provide separate funding, meaning you will not have to accumulate or 'save up' funds to pay for this support.

There will be three funding tiers for Assistive Technology and three tiers for Home Modifications (Low, Medium, and High), and funding will range from \$500 to \$15,000 depending on your tier.

Home Modifications

Under the Home Care Package program, there is no limit to how much funding can be used for Home Modifications.

Under Support at Home, there is a lifetime cap of \$15,000 that can be spent from your dedicated Home Modifications funding.

Short-Term Support

In the Short-Term Restorative Care Program (STRC), older people can get up to eight weeks of support to reverse or slow functional decline and avoid long-term care.

The new Restorative Care Pathway will expand upon existing arrangements under STRC by increasing support from 8 weeks to 12 weeks.

If approved, you will receive a budget of approximately \$6,000 for the 12-week episode. You can also receive multiple episodes of Restorative Care, though there must be a 90 day period inbetween episodes.

End-of-Life Care Pathway

End-of-life care does not exist under Home Care Packages and does not have dedicated funding.

This new pathway provides access to additional services in the last three months of life for clients who prefer to remain at home. A total of \$25,000 will be available per eligible client over those three months, with the option to extend for a further four weeks if necessary.



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Support at Home

Wait Times

As of March 2025, estimated wait times for Home Care Packages vary based on the assigned level and priority:

6-9 months (Level 1)

6-9 months (Level 2)

9-12 months (Level 3)

12-15 months (Level 4)

Under Support at Home, the goal is for wait times to progressively reduce over the next two years.

Interim Funding

Interim funding does not exist under the Home Care Package program.

If wait times for services exceed expectations, **new entrants will be assigned an interim allocation of 60% of their Support at Home classification budget** while they wait to receive their full funding.

The remaining 40% will be allocated when funding is available.

Quality Standards

Under the Home Care Package program, there are eight Aged Care Quality Standards, each one to improve the quality of care you receive.

The existing eight Aged Care Quality Standards will be replaced with a revised set of seven, maintaining a strong emphasis on **safety, respect, and high-quality service while reducing complexity.**

Taking leave from your package

You will continue to receive your daily subsidy when you take leave from your package (for example, to attend respite, or when you're admitted to hospital). Your daily subsidy amount will be reduced to 25% of your regular amount after 28 days of leave. You can be on leave indefinitely, without losing your Home Care Package funding.

Your daily subsidy will continue to be accrued in full, even after 28 days.

However, your package will be reallocated to another client when one year has passed since the end of the quarter from when the last service was delivered.



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