Aged Care Application Process Guide | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/blog/how-to-apply-for-aged-care-support/

Details:

You apply for government-funded aged care by registering with My Aged Care , having an assessment, and then choosing a registered provider once you are approved. If you are 65 or over, or 50 or over and Aboriginal or Torres Strait Islander, and you need help with daily tasks, mobility, health or wellbeing, that is the pathway.

Before reading anything else about aged care online, know this. The system changed on 1 November 2025. The Support at Home program replaced the Home Care Packages Program and the Short-Term Restorative Care Programme on that date, and the Aged Care Act 2024 commenced at the same time. Much published material still describes package levels and the older arrangements. If you are reading about four package levels or the Aged Care Funding Instrument, you are reading about a system that has been superseded.

This page covers the current arrangements: eligibility, the assessment, what Support at Home funds, what you pay and what you do not, your rights under the new Act, and what to do when something goes wrong. It is about aged care only. The NDIS is a separate scheme with separate rules, and nothing here transfers to it.

Who is eligible

Support at Home is for older Australians aged 65 and over , and 50 and over for Aboriginal and Torres Strait Islander people .

Age alone is not enough. You also need to need help, meaning assistance with daily tasks, mobility, health or wellbeing arising from ageing, disability or a medical condition. That need is established through assessment, not by self-declaration.

There is one exception worth knowing. In some cases a person under 65 may access aged care services where NDIS support is not suitable for their needs. This is not a routine pathway, and it is a conversation to have with My Aged Care rather than an assumption to make.

If you are already an NDIS participant, note that becoming eligible for aged care does not push you out of the NDIS, and NDIS participants are not automatically transferred into Support at Home.

Step by step, what actually happens

1. Register with My Aged Care. This is the single entry point. You can register online at myagedcare.gov.au or by calling the My Aged Care contact centre. You can start the process yourself, or a GP, specialist or community health service can refer you. A family member or carer can do it on your behalf with your consent.
2. You are referred for assessment. My Aged Care refers you to an assessment service based on your circumstances. Assessment now runs through the Single Assessment System , which was introduced to remove the situation where different programs required different assessments and people were reassessed each time their needs changed. Assessments are carried out by trained assessors, historically through the Aged Care Assessment Team or the Regional Assessment Service depending on region and level of need.

3. The assessment itself. A trained assessor meets with you to discuss your health, your daily life and the support you need. They look at physical health and mobility, emotional wellbeing and mental health, social needs and the support you already have, what you can manage day to day, and your own goals and preferences. Have someone with you if that helps. The assessor is trying to build an accurate picture, and a carer or family member often remembers the difficult days more clearly than the person having them.
4. You receive a support plan. After assessment, a support plan sets out the services you have been approved for and the funding attached. This is where your classification is determined.
5. You choose a registered provider and services start. Approval does not assign you a provider. You choose one, and you can change if it is not working.

Wait times vary by region and demand. You can follow up using the reference number given at registration.

What Support at Home funds, and how the money works

This is the part that has changed most, and it is where the origin guidance above is out of date.

Classifications instead of package levels

Support at Home uses eight ongoing funding classifications , replacing the previous four package levels. There are also four transitioned classifications that provide equivalent funding to people who were already approved under the old system.

Quarterly budgets instead of fixed annual amounts

Funding is provided as a quarterly budget rather than a fixed annual package. Budgets are set against assessed need and adjusted as needs change. The problem this was designed to fix was real: under package levels, people often waited a long time to move up a level when their needs increased. Under the new arrangement, services can increase or decrease without that wait.

The knowledge base does not set out the dollar value attached to each classification, and those figures change. Ask My Aged Care or your assessor what your classification means in funding terms, and get the answer in writing.

Three service categories, and the contribution rules differ

This distinction determines what comes out of your pocket, so it is the most important thing on this page.

Clinical supports are fully funded by the government. No participant contribution applies. This category covers nursing and allied health, including physiotherapy, occupational therapy, speech pathology, exercise physiology and psychology.

Independence services may require a contribution , depending on your financial circumstances. This category covers personal care, transport, respite and help with daily routines.

Everyday living services may require a contribution , again depending on your financial circumstances. This covers domestic assistance, cleaning, gardening, shopping, meals, and home maintenance and repairs.

The practical implication is worth stating plainly. If an allied health service is being delivered as a clinical support under your Support at Home funding, you should not be asked for a co-payment for it. If you are, ask which category the service has been classified under and why. That is a fair question and a registered provider should be able to answer it directly.

Three short-term pathways

Alongside ongoing services, Support at Home includes three short-term pathways:

Restorative care pathway , focused on regaining function and independence, commonly after a hospital stay.

End-of-life pathway , providing services for people in the final stages of life.

Assistive technology and home modifications , covering equipment and changes to the home such as grab rails, ramps, bathroom modifications, mobility aids and smart home technology.

The assistive technology and home modifications scheme is the one most people do not know exists, and it is often the highest-value thing available. A grab rail installed before a fall is worth more than a rehabilitation program after one. Raise it at your assessment rather than waiting for it to be offered.

How long each short-term pathway runs is set by program rules rather than by your provider. Ask My Aged Care or your assessor for the current position.

The Commonwealth Home Support Programme has not moved yet

CHSP continues to operate as a separate program providing entry-level support such as domestic assistance, personal care and transport. It is scheduled to transition into Support at Home no earlier than 1 July 2027 . If you are currently on CHSP, nothing has changed for you yet.

What you pay

Contributions depend on the service category and on your financial circumstances. Two protections are worth knowing about.

The "no worse off" principle. People who were receiving, waiting for, or assessed as eligible for a Home Care Package on or before 12 September 2024 will pay the same or less under Support at Home than they would have under the previous arrangements.

A lifetime cap on non-clinical care contributions. The Australian Government has published a lifetime cap of $130,000 on non-clinical care contributions, covering both in-home and residential care.

Both of these are government settings and both can be revised. Confirm the position that applies to you with My Aged Care before you make financial decisions, and do not rely on figures published by service providers, including this one.

Nobody at Bloom, and nobody at any provider, should be quoting you your contribution amount before your assessment has been done. If someone does, treat it as a reason to slow down.

Documents worth having ready

Gathering these before you start reduces delay:

Proof of identity , such as a Medicare card, passport or driver licence

Medical information : diagnoses, current medications, recent hospital admissions, specialist letters

Financial information : income and asset details, pension or superannuation statements, since these affect contributions

Legal documents : power of attorney or guardianship papers, where someone acts on your behalf

One addition that is not on most checklists and matters more than the paperwork: write down what a bad day looks like . Assessments capture a snapshot, and people routinely present better than their average. A short written note about the mornings that do not work, the shower that has become unsafe, the meals that get skipped, or the walk to the letterbox that stopped happening, gives the assessor

something concrete. Ask a family member or carer to add their own observations, because they often see what the person themselves has stopped noticing.

Your rights under the Aged Care Act 2024

The new Act, which commenced on 1 November 2025, is built around a Statement of Rights . This is not decoration. Providers must demonstrate that they understand the Statement of Rights and have practices in place to deliver services compatibly with it, as a condition of registration.

Under the Statement of Rights you have the right to:

Make your own decisions about your own life , and have those decisions respected rather than merely noted

Take reasonable risks , as you would in any other part of your life

Receive information and support to make your own decisions, communicate your wishes, and understand your care, including through interpreters or other aids where needed

Safe and quality care that meets standards for your health, safety and wellbeing

Have your culture, identity, spirituality and diversity respected , including, for Aboriginal and Torres Strait Islander people, staying connected to Country or Island home

Be involved in decisions about who provides your care , and when, where and how it is delivered

Stay connected with your community

Speak up about concerns without fear of punishment or retaliation

The right to take reasonable risks is the one most often overlooked, and it matters. A provider or family member insisting on a restriction for safety reasons is not automatically entitled to impose it.

Registration and quality standards

Providers must be registered with the Aged Care Quality and Safety Commission to receive government funding, with registration renewed every three years. They must meet the strengthened Aged Care Quality Standards , seven standards effective from 1 November 2025 that replaced the previous eight. The seven cover the individual, the organisation, the care and services, the environment, clinical care, food and nutrition, and the residential community. Providers must also run a complaints management system with statutory timeframes for resolution.

When you are choosing a provider, asking how they meet the strengthened standards is a more useful question than asking about their service list.

If something goes wrong

There is an order to this, and following it usually gets a faster result.

1. Raise it with your provider first. Every registered provider is required to have a complaints process and to resolve issues quickly and fairly. No issue is too small, whether it is about meals, activities or the conduct of a care worker.
2. Escalate to the Aged Care Quality and Safety Commission if the provider does not respond appropriately or the issue is not resolved. You can do this without fear of retaliation. The Commission can require providers to take particular actions, impose additional monitoring, and apply penalties in serious cases.
3. Get help if you need it. The Older Person's Advocacy Network can support you to make a complaint or to understand your rights. Complaints can also be made to the Aged Care Complaints Commissioner online, by phone or in writing.

Whistleblower protections apply under the new Act to older people, those close to them and aged care workers. Reports can be made in person, by phone, in writing or anonymously, and those making them are protected from negative consequences.

Allied health in aged care, and why it matters early

Allied health sits in the clinical supports category, which means it is fully government funded with no participant contribution.

Bloom Healthcare delivers aged care allied health in the home, in the community and by telehealth:

Occupational therapy , for managing daily activities safely and independently

Physiotherapy , for movement, strength, balance and mobility

Exercise physiology , for exercise programs matched to health conditions

Speech pathology , for communication and swallowing difficulties

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

Services are delivered across New South Wales, Queensland, South Australia, Tasmania, Victoria, Western Australia and the Australian Capital Territory. The aged care section lists the specific locations.

The reason to raise allied health at your assessment rather than later: Support at Home was designed with more emphasis on preventative care and early intervention than the system it replaced, including easier access to assistive technology and home modifications and greater flexibility to include allied health. That design only helps you if the need is on the record. Assessors work from what they are told.

To talk through what applies to your situation, call 1300 771 465 .

Common questions about applying for aged care

Has the aged care system actually changed?

Yes. Support at Home replaced the Home Care Packages Program and the Short-Term Restorative Care Programme on 1 November 2025, and the Aged Care Act 2024 commenced the same day. If material you are reading describes four package levels, it predates the change. The Commonwealth Home Support Programme is a separate case and has not transitioned yet.

What happens to my Home Care Package?

People approved under the previous system are covered by four transitioned classifications that provide equivalent funding. There is also a "no worse off" protection: if you were receiving, waiting for, or assessed as eligible for a Home Care Package on or before 12 September 2024, you will pay the same or less in contributions than you would have under the old arrangements. Confirm what applies to you with My Aged Care.

How old do I have to be?

65 and over, or 50 and over for Aboriginal and Torres Strait Islander people. In some cases a person under 65 can access aged care where NDIS support is not suitable for their needs, but that is not a standard pathway. Ask My Aged Care.

Do I need a doctor's referral?

No. You can register with My Aged Care yourself, online or by phone. A GP, specialist or community health service can also refer you, and a family member or carer can register on your behalf with your consent.

How long does it take?

The wait between registration and an outcome varies by region and demand. You can follow up with My Aged Care using the reference number you receive at registration. If your circumstances change materially while you are waiting, particularly after a fall or a hospital admission, tell them, because that can change the priority.

Do I have to pay for physiotherapy or occupational therapy?

Not as a clinical support under Support at Home. Clinical supports, which include nursing and allied health such as physiotherapy, occupational therapy, speech pathology, exercise physiology and psychology, are fully funded by the government with no participant contribution. Independence services and everyday living services are the categories where contributions may apply, based on your financial circumstances.

What is the difference between the three service categories?

Clinical supports cover nursing and allied health, and are fully government funded. Independence services cover personal care, transport, respite and help with daily routines, and may attract a contribution. Everyday living services cover domestic assistance, cleaning, gardening, shopping, meals and home maintenance, and may also attract a contribution. If you are unsure which category a service falls into, ask your provider before it starts.

Is there a limit on what I will pay over my lifetime?

The Australian Government has published a lifetime cap of $130,000 on non-clinical care contributions, covering both in-home and residential care. Confirm the current figure and how it applies to you with My Aged Care rather than relying on any provider's published summary.

Can I get help with equipment or home modifications?

Yes. Support at Home includes an assistive technology and home modifications pathway covering equipment and changes such as grab rails, ramps, bathroom modifications, mobility aids and smart home technology. Raise it at your assessment, because it is frequently under-used relative to how much difference it makes.

What is the restorative care pathway?

One of the three short-term pathways, focused on regaining function and independence, commonly used after a hospital stay. It is aimed at recovery rather than ongoing support, and it is worth asking about specifically if you or the person you support has recently been in hospital.

Can I change providers if I am not happy?

Yes. You choose your registered provider and you can change. Providers must be registered with the Aged Care Quality and Safety Commission, must meet the strengthened Aged Care Quality Standards,

and must have a complaints process with statutory timeframes. You also have an explicit right under the Aged Care Act 2024 to be involved in decisions about who provides your care and when, where and how.

What if I am worried about raising a complaint?

The Aged Care Act 2024 gives you the right to speak up without fear of punishment or retaliation, and includes whistleblower protections for older people, those close to them and aged care workers. Reports can be made in person, by phone, in writing or anonymously. If you want help, the Older Person's Advocacy Network can support you through the process.

Does any of this apply to the NDIS?

No. Aged care and the NDIS are separate systems with separate eligibility, funding structures, assessments and rules. Support at Home classifications and categories have no equivalent in an NDIS plan, and NDIS support categories do not apply to aged care. If you or someone you support is moving between the two, treat every rule as starting again rather than carrying over, and confirm with My Aged Care and the NDIA respectively.

What is the topic of this Bloom Healthcare guide?

The guide, titled 'How to Apply for Aged Care Funding: A Step-by-Step Guide,' explains how to navigate the aged care application process, including gathering documents, registering with My Aged Care, and accessing allied health funding.

Who is eligible for government-funded aged care support in Australia?

Eligibility generally requires being aged 65 years or older (or 50 years or older for Aboriginal and Torres Strait Islander people) and needing assistance with daily tasks, mobility, health, or wellbeing due to aging, disability, or a medical condition.

How is eligibility for aged care services assessed?

Eligibility is assessed through an evaluation by an Aged Care Assessment Team (ACAT) or Regional Assessment Service (RAS), which determines eligibility for services like in-home support, allied health services, or residential care by evaluating physical health, emotional well-being, and social needs.

What is the first step in applying for aged care support?

The first step is registering with My Aged Care, the government's primary aged care access point, which can be done online through the My Aged Care website or by calling the My Aged Care contact centre at 1800 200 422.

What happens after registering with My Aged Care?

After registration, My Aged Care refers the individual to an assessment service (ACAT or RAS) based on their needs and situation, and an assessor meets with them to discuss their health, lifestyle, and support needs in detail. Community health centres can also provide referrals and support for accessing aged care services.

What is the outcome of the aged care assessment process?

After the assessment, a tailored support plan is developed outlining the types of services suitable for the individual, such as allied health services.

Who publishes this aged care application guide?

The guide is published by Bloom Healthcare, a boutique disability and aged care allied health provider that delivers healthcare based on evidence-based practice and client centricity through qualified health practitioners across Australia.

How can Bloom Healthcare be contacted?

Bloom Healthcare can be contacted by phone at 1300 771 465 or by email at hello@bloom-healthcare.com.au.

Has the aged care system actually changed?

Yes. Support at Home replaced the Home Care Packages Program and the Short-Term Restorative Care Programme on 1 November 2025, and the Aged Care Act 2024 commenced the same day. If material you are reading describes four package levels, it predates the change. The Commonwealth Home Support Programme is a separate case and has not transitioned yet.

What happens to my Home Care Package?

People approved under the previous system are covered by four transitioned classifications that provide equivalent funding. There is also a "no worse off" protection: if you were receiving, waiting for, or assessed as eligible for a Home Care Package on or before 12 September 2024, you will pay the same or less in contributions than you would have under the old arrangements. Confirm what applies to you with My Aged Care.

How old do I have to be?

65 and over, or 50 and over for Aboriginal and Torres Strait Islander people. In some cases a person under 65 can access aged care where NDIS support is not suitable for their needs, but that is not a standard pathway. Ask My Aged Care.

Do I need a doctor's referral?

No. You can register with My Aged Care yourself, online or by phone. A GP, specialist or community health service can also refer you, and a family member or carer can register on your behalf with your consent.