Support at Home Equipment & Home Modifications | Bloom

Canonical:
https://bloom-healthcare.com.au/blog/support-at-home-home-modifications-what-equipment-can-the-fund-cover/

Details:

A few small changes at home can make a large difference to someone's independence. A grab rail beside the shower, a more supportive chair, or equipment that makes walking easier may be what allows an older person to keep managing everyday activities safely.

Under the Support at Home program, eligible older Australians can access funding for approved equipment and home modifications through the Assistive Technology and Home Modifications (AT-HM) scheme . That funding is separate from the quarterly budget used for ongoing services.

Information in this article is current as at November 2026, and the figures below are the Department of Health, Disability and Ageing's published funding tiers. Individual approvals depend on assessed needs and current requirements — check the official AT-HM scheme page before relying on any figure.

What the scheme is for

The AT-HM scheme is part of the Support at Home program, which commenced on 1 November 2025 . Its purpose is to help eligible older Australians obtain equipment and change their homes where that is needed to maintain independence, manage age-related functional decline, or complete everyday activities more safely.

It has two components. Assistive technology is equipment and products that help someone do something they would otherwise find difficult or unsafe. Home modifications are physical changes to the living environment, from a handrail to a bathroom redesign.

The important distinction is that the scheme is based on assessed need . It is not a home improvement allowance. An item or modification must address an identified need and be on the applicable government funding list.

What equipment can be funded

Examples of assistive technology include mobility equipment such as walking sticks, walking frames and wheelchairs; toileting supports such as commodes; and bathing equipment such as shower chairs and non-slip mats.

Which item is right is genuinely individual. Consider someone who has started feeling unsteady in the shower. They may still be entirely capable of washing and dressing, but standing on a slippery surface for several minutes has become the hard part. A suitable shower chair, with some practical safety advice, may be all that is needed.

For someone who has difficulty moving around the house, a walking frame might be the useful item instead — or it might be the wrong one, because equipment that suits one person can be unsafe or ineffective for another. That is why assessment matters where mobility, transfers, positioning or personal care are involved.

An occupational therapist can assess how a person manages everyday activities and identify equipment that improves safety and independence. A physiotherapist may also be involved where

mobility, balance and walking are part of the picture.

What home modifications can be funded

Home modifications make an existing home safer and more accessible. Published examples include internal and external handrails, ramps and stair lifts, bathroom redesign to improve accessibility, and widening doorways and passages for wheelchair access.

For many older people, a home lived in for decades starts presenting problems that were never problems before: a step at the entrance, a bathroom too narrow for a walking frame, a toilet that has become hard to get on and off.

Not every change qualifies. A bathroom renovation undertaken mainly to modernise its appearance would not. The work has to address an identified functional or clinical need and meet the scheme's rules.

The published funding tiers

As at November 2026 the Department publishes these tiers.

Assistive technology

Tier	Amount
Low	Under $500
Medium	Up to $2,000
High	Up to $15,000, or more if needed to meet assessed needs

Home modifications

Tier	Amount
Low	Under $500
Medium	Up to $2,000
High	Up to $15,000

Assistive technology funding is generally available for 12 months. People with specific progressive conditions may be allocated a medium or high tier with a 24-month funding period, extendable by a further 24 months. High-tier home modification funding is capped at $15,000 per lifetime , excluding any supplement a person may be eligible for, and may be extended to 24 months where evidence of progress is provided.

Funding can cover the item or work itself, the prescription where one is needed, and associated services such as installation, trade services and building approvals. These are limits rather than allocations : what is approved depends on assessed need.

An occupational therapist must prescribe home modifications

This is a requirement rather than a recommendation. All home modifications must be prescribed by an occupational therapist working within their professional scope of practice.

The reason is practical. Installing a grab rail sounds straightforward, but where it is positioned, how it will be used, and whether the surrounding environment suits it determine whether it helps or creates a

new hazard. An occupational therapist considers how the person moves through the house, transfers from sitting to standing, uses the bathroom, and manages environmental risks, along with their physical and cognitive abilities, existing equipment, likely future needs and the support available from family or carers.

Assistive technology may also require a prescription from a suitably qualified health professional, depending on the item.

How to apply, and how not to pay twice

Access begins with an aged care assessment through My Aged Care on 1800 200 422 . The assessor considers circumstances, functional needs and goals, and may approve an AT-HM funding tier. The approval is recorded in the person's Notice of Decision and support plan .

Once funding is allocated and a provider is engaged, the provider notifies Services Australia so the funding can be accessed. For modifications this includes the occupational therapy prescription; larger work may also involve quotes, tradespeople and building approvals.

Do not assume that buying equipment independently or starting building work will be reimbursed. Confirm the approval, the funding, the prescription requirement and the provider arrangements before proceeding.

People who transitioned from the former Home Care Packages Program have a particular rule to know: any unspent Commonwealth HCP funds must generally be used for eligible AT-HM purchases before newly allocated scheme funding is drawn on.

If the approved funding is not enough

Sometimes an assessment identifies a need that cannot be met within the allocated tier, or a modification turns out to be more complex than expected. A provider can request a support plan review and submit evidence explaining why a different arrangement is needed.

For assistive technology, funding above the usual high-tier amount may be available where the additional need is approved and supported by appropriate evidence, including a quote and a valid prescription. An occupational therapist's report can be central to that request, because it explains what is required, why it is appropriate and how it relates to the person's functional difficulties.

Equipment does not mean losing independence

Older people sometimes resist equipment or home changes because accepting them feels like conceding something. In practice the effect is usually the opposite. A walking aid may be what allows someone to keep getting to the garden. A shower chair may be what allows them to manage personal care without help. An accessible entrance may be what keeps them leaving the house.

The best solutions support what the person wants to keep doing, which is why assessment should start from their priorities rather than from a product list. The aim is not to make a home look clinical. It is to keep someone living comfortably somewhere familiar.

Bloom Healthcare's occupational therapists provide assistive technology assessment and home modification prescription, and its physiotherapists can address the mobility, strength and balance issues that often sit behind an equipment request. See aged care services , the Support at Home hub and the aged care FAQs .

How to start

Call 1300 771 465 , email hello@bloom-healthcare.com.au , or use the referrals page . Anyone can refer: the person themselves, a parent or carer, a GP or paediatrician, a support coordinator, a plan manager, a school, a SIL provider, another health professional, or a nominee or guardian.

Useful information to include is the person's age, the main concerns, any existing reports or assessments, relevant history, the goals that matter to the family, and the best contact details.

A member of the team will be in contact within 24 hours of receiving a referral. The referral is then triaged and matched to a clinician on capacity, location, skill set and the specific need. A welcome pack and intake form follow, and nothing is scheduled until the intake form is completed and returned. Bloom aims to schedule the initial meeting within 5 business days where possible. Rates, hours, travel and reporting are set out in a service agreement that is discussed and signed before service delivery and billing begin.

If something is not working once services start, the feedback page explains how to raise it, the advocacy policy covers your right to an advocate, and the incident management policy sets out how incidents are handled and reported.

What is the AT-HM scheme discussed on Bloom Healthcare's page about Support at Home?

The AT-HM scheme is the Assistive Technology and Home Modifications scheme, part of Australia's Support at Home program, which commenced on 1 November 2025. It helps eligible older Australians access funding for approved equipment and home modifications to maintain independence.

What does the AT-HM scheme actually fund, and is it a general home improvement allowance?

The AT-HM scheme funds equipment and home modifications based on assessed need—it is not a general home improvement allowance. An item or modification must address an identified need and be on the applicable government funding list.

What are the two main components of the AT-HM scheme?

The AT-HM scheme has two main components: assistive technology (equipment and products that help someone do something they would otherwise find difficult or unsafe) and home modifications (physical changes to the living environment, ranging from simple additions like handrails to comprehensive bathroom redesigns).

What examples of assistive technology equipment can be funded under the AT-HM scheme?

Examples of assistive technology that can be funded include mobility equipment such as walking sticks, walking frames, and wheelchairs; toileting supports like commodes; bathing equipment such as shower chairs and non-slip mats; adaptive eating equipment; and other daily living equipment selected based on individual assessment.

What home modifications can be funded under the AT-HM scheme?

Published examples of home modifications that can be funded include internal and external handrails, ramps and stairlifts, bathroom redesign to improve accessibility, and widening doorways and passages.

Why must an occupational therapist be involved in home modifications under Support at Home?

An occupational therapist must prescribe home modifications because they can assess how a person manages everyday activities and identify equipment or modifications that improve safety and independence, ensuring the funding addresses an assessed need rather than a general preference.

Can a physiotherapist also be involved in assessing needs under the AT-HM scheme?

Yes, a physiotherapist may also be involved where mobility, balance, and walking are part of the assessment picture, alongside an occupational therapist's assessment of everyday activities.

What topics does this Bloom Healthcare blog post cover regarding the AT-HM scheme?

The blog post covers what the AT-HM scheme funds, the published funding tiers, why an occupational therapist must prescribe home modifications, and how to apply without paying twice.

Who publishes this article about Support at Home equipment and home modifications?

The article is published by Bloom Healthcare, a boutique disability and aged care allied health provider, on their blog at bloom-healthcare.com.au.