Support at Home vs Home Care Packages

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Details:

Support at Home replaced the Home Care Packages Program and the Short-Term Restorative Care Programme on 1 November 2025. It is now the main Australian Government program for older people who need coordinated aged care support at home. Three changes matter most in daily life: funding moved from four fixed package levels to eight ongoing classifications with budgets adjusted every three months; services are now grouped into three categories that carry different payment rules; and clinical supports such as nursing and physiotherapy are fully funded by the government. If you were receiving, waiting for, or assessed as eligible for a Home Care Package on or before 12 September 2024, the no worse off principle means you should pay the same or less in contributions than you would have under the old arrangements.

The article above sets out the shape of the change. What follows is the detail people actually ring about: how the budgets work now, what you pay for which category, how the four old package levels were carried across, the short-term pathways, and how to get assessed if you are starting from scratch.

The change at a glance

	Home Care Packages	Support at Home
Funding structure	4 fixed package levels	8 ongoing classifications, plus 4 transitioned Home Care Package classifications
Budget cycle	Fixed annual budget	Quarterly budgets, adjusted to assessed need
Getting more support	Required moving to a higher package level, often with a long wait	Budget can be adjusted at the quarterly review as circumstances change
Service structure	Services drawn from the package budget	A defined service list in three categories
Clinical care	Paid from the package budget	Clinical Supports fully funded by the government
Equipment and home changes	Funded from the package budget	A separate assistive technology and home modifications pathway
Short-term recovery	Short-Term Restorative Care Programme	Restorative care pathway inside Support at Home

What replaced what, and when

Support at Home commenced on 1 November 2025. It absorbed two things: the Home Care Packages Program, and the Short-Term Restorative Care Programme.

The Commonwealth Home Support Programme (CHSP) was not absorbed. CHSP continues to operate as a separate program, and is scheduled to transition into Support at Home no earlier than 1 July 2027. So if the person you care for gets a fortnightly cleaner or meals through CHSP, that arrangement did not change on 1 November 2025.

Residential aged care is a different system again, for people who need continuous care and can no longer live independently at home. Support at Home funds care delivered in a person's own home.

How the money works now

Eight classifications instead of four levels

Under Home Care Packages, an assessment put you into one of four package levels. Each level carried a fixed annual budget. If your needs grew, you had to be approved for a higher level, and the wait for that could run to twelve months or more.

Support at Home uses eight ongoing funding classifications for people with assessed ageing-related care needs. More classifications means the funding can sit closer to what a person actually needs, instead of rounding them up or down to one of four steps.

Alongside the eight, there are four transitioned Home Care Package classifications. These exist purely to hold people who came across from the old program at an equivalent level of funding.

Quarterly budgets instead of annual ones

This is the change that alters how you plan. Support at Home funding is set as a quarterly budget, adjusted every three months to reflect assessed need, rather than locked in for a year.

In practice that means:

if your needs increase, the budget can be revisited at the next quarterly point rather than requiring a whole new package approval

if your needs decrease, the budget can come down as well

care planning becomes a rolling conversation with your provider rather than a once-a-year exercise

If you are used to thinking in annual package amounts, it is worth asking your provider to show you the quarterly figure and how much of it is committed to existing services, so you can see what is genuinely available.

The three service categories, and why the category matters

Support at Home works from a defined service list. Every funded service sits in one of three categories, and the category decides whether you contribute towards it.

Clinical Supports

Purpose: maintaining health, function, safety and wellbeing.

What sits here: nursing, and allied health including occupational therapy, physiotherapy, exercise physiology, speech pathology, and psychology or counselling. These cover mobility and falls prevention, daily living skills, home safety, strength and balance, swallowing and communication, nutrition, mental health, and management of chronic conditions.

What you pay: nothing. Clinical Supports are fully funded by the government.

This is the single most useful thing to know about the new system, and it is the thing most often missed. If a physiotherapist or an occupational therapist is what stands between someone and another fall, that support does not come out of their own pocket.

Independence Services

Purpose: helping someone manage everyday activities and stay connected to their community.

What sits here: personal care such as help with bathing, dressing, grooming and mobility; transport to medical appointments and to social and community activities; and respite care that gives a family carer a break.

What you pay: a contribution may apply, depending on your financial circumstances.

Everyday Living Services

Purpose: keeping the home safe and manageable.

What sits here: domestic assistance and cleaning, meal preparation and nutrition support, shopping and errands, home maintenance and repairs, and gardening.

What you pay: a contribution may apply, depending on your financial circumstances.

What you actually pay

Three rules govern contributions, and they interact.

Rule one: clinical supports are free. No contribution applies to Clinical Supports for anyone.

Rule two: contributions to the other two categories depend on your circumstances. Independence Services and Everyday Living Services may require a participant contribution. How much depends on the individual's financial situation. Your contribution rate is worked out for you, not set by your provider, so ask My Aged Care rather than asking a service provider what you will pay overall.

Rule three: there is a lifetime cap on non-clinical costs. A lifetime cap of $130,000 applies to non-clinical care costs, covering both in-home and residential care. Once that cap is reached, it is reached for good; it is not an annual figure and it does not reset.

The no worse off principle

If you were receiving a Home Care Package, waiting for one, or assessed as eligible for one on or before 12 September 2024, the government applied a no worse off principle to your transition. Under that principle you should pay the same or less in contributions under Support at Home than you would have paid under Home Care Package arrangements.

This is worth stating plainly to families who are worried: a change of program name did not put anyone back to the start of a queue and did not increase what protected clients pay. If your contributions have gone up and you believe the no worse off principle should apply to you, that is a question for My Aged Care on 1800 200 422, not for your service provider.

The three short-term pathways

Alongside the eight ongoing classifications, Support at Home has three time-limited pathways. They are funded separately from ongoing services, which is why the equipment conversation now runs on its own track.

Assistive technology and home modifications. This pathway funds equipment and changes to the home so daily activities can be done safely. It covers mobility aids such as walking frames, wheelchairs and standing frames; bathroom changes such as grab rails and shower chairs; access work such as ramps, handrails and stairlifts; adaptive equipment including specialised beds and seating; smart home technology; and communication and daily living equipment. These are usually recommended after an assessment by an occupational therapist or another allied health professional, because the recommendation has to be justified against how the person actually functions in that specific home.

Restorative care. Short-term, intensive support to regain function after a change in health, such as recovery from a hospital stay, an injury or surgery. This is the pathway that took over from the Short-Term Restorative Care Programme.

End-of-life care. Short-term funding for services in the final stages of life, supporting comfort, dignity and appropriate clinical care at home.

What did not change

It is easy to read a reform announcement and assume everything is different. Much of it is not.

The purpose is the same: helping older Australians stay living at home for as long as they can, with support that fits their needs.

Access still runs through My Aged Care and an aged care assessment.

You still choose your provider, and you still have the right to compare providers and ask them how they work.

Services are still delivered on the basis of assessed need.

You still have the right to ask questions about how your support is being delivered and what it costs.

What changed is the structure around classification, funding and payment, not the intent.

Getting assessed: the My Aged Care pathway

My Aged Care is the Australian Government's entry point for aged care. There is no way to be funded under Support at Home without going through it.

Step 1: register. Register online through the My Aged Care website, or by phone on 1800 200 422. The application asks for personal and contact details including date of birth and Medicare number, your health status and medical conditions, your living arrangements and current supports, and financial information.

Step 2: assessment. My Aged Care refers you to an assessment service based on your situation: an Aged Care Assessment Team (ACAT) or a Regional Assessment Service (RAS). The assessment looks at your needs, your goals, your current situation, and what support would help you live safely and well at home. It considers physical health, emotional wellbeing, social needs, your living situation and the informal support you already have. Community health centres can also help you get a referral and support you through this stage.

Step 3: support plan and provider choice. After the assessment, a support plan is developed setting out the services you are approved to receive and the funding attached. You then choose a provider to deliver them.

A practical note for families: the assessment is where the outcome is largely determined, and assessors work from what they see and are told on the day. Write down the tasks that are difficult, the near misses, the falls, the meals skipped, and what a bad week looks like. Have someone present who sees the person daily. People frequently understate their difficulties out of pride, and the plan reflects what was described.

Who is eligible

Support at Home is generally for people aged 65 or over, or 50 or over for Aboriginal and Torres Strait Islander people. In some cases people under 65 may access aged care services where NDIS support is not suitable for their needs.

Beyond age, you need to show that you need help because of tasks you cannot manage on your own, mobility limits, or health and wellbeing concerns arising from ageing, disability or a medical condition. Eligibility is decided through the ACAT or RAS assessment, not by a provider.

People applying for in-home aged care now are assessed under Support at Home rather than the old package system.

Support at Home is not the NDIS

These two systems get confused constantly, and mixing them up wastes months.

The NDIS and aged care are separate schemes, with separate legislation, separate assessments, separate funding structures and separate access points. NDIS support categories, plan reassessments and NDIA processes have nothing to do with Support at Home classifications, quarterly budgets or ACAT assessments. A support that is funded under one is not automatically funded under the other, and rules from one do not carry across.

If you are over 65 and asking about in-home support, the entry point is My Aged Care on 1800 200 422. If you are under 65 with a permanent and significant disability, the NDIS pathway is the one to ask about. If you are unsure which applies, say so when you call rather than guessing.

Where allied health fits under Support at Home

Allied health sits inside Clinical Supports, which means it is fully government funded, and it is often the difference between staying at home and not.

Physiotherapy for mobility, strength, balance and falls prevention, including after a fall or a hospital stay.

Occupational therapy for daily living tasks, home safety, and the assessment behind equipment and home modification recommendations. This is usually the discipline involved when a bathroom has become unsafe.

Exercise physiology for managing chronic conditions with a tailored exercise program.

Speech pathology for swallowing, communication and nutrition-related needs, including after a stroke.

Psychology and counselling for mental health and emotional wellbeing.

Dietitian support where there has been unplanned weight loss or a nutrition problem.

The purpose of these services under Support at Home is not therapy for its own sake. It is maintaining function, reducing risk, and keeping people doing the things that make staying at home worthwhile.

Bloom Healthcare provides aged care allied health across Australia. To discuss what is available in your area, make a referral or call 1300 771 465 .

Questions we cannot answer on a web page

Some things genuinely depend on your own assessment and your own finances, and it would be misleading to publish a figure:

what your specific classification and quarterly budget will be

what your individual contribution rate is for Independence and Everyday Living Services

what happens to funds left unspent from a former Home Care Package, which is not something we can confirm here

how long the wait is for an assessment in your area

whether a particular piece of equipment will be approved under the assistive technology and home modifications pathway

For all of these, call My Aged Care on 1800 200 422 or speak to your assessor. For questions about allied health specifically, call Bloom on 1300 771 465.

Common questions about Support at Home and Home Care Packages

Do I need to reapply now that Home Care Packages have ended?

If you were already receiving a Home Care Package, you were moved across to a transitioned Home Care Package classification that provides an equivalent level of funding. You did not have to start again. If your needs have changed since, that is a reason to speak to My Aged Care about a reassessment, not a reason to reapply from scratch.

Will I pay more under Support at Home?

If you were receiving, waiting for, or assessed as eligible for a Home Care Package on or before 12 September 2024, the no worse off principle means you should pay the same or less in contributions than you would have under Home Care Package arrangements. For people entering the system now, contributions depend on the service category and on your financial circumstances, and clinical supports are free regardless.

Is physiotherapy really free?

Under Support at Home, Clinical Supports, which include nursing and allied health such as physiotherapy and occupational therapy, are fully funded by the government. Contributions apply to Independence Services and Everyday Living Services, not to Clinical Supports.

What is the $130,000 figure I keep hearing about?

That is the lifetime cap on non-clinical care costs, covering both in-home and residential care. It is a cap on what you contribute across your lifetime for non-clinical services. Clinical supports sit outside it.

How do the eight classifications compare to the old four levels?

They are not a direct swap. The eight ongoing classifications are a finer set of steps intended to match assessed need more closely than four fixed levels could. People who came across from the old program sit in one of four transitioned Home Care Package classifications set at an equivalent funding level.

What does a quarterly budget mean in practice?

Your funding is set for a three-month period and adjusted based on your assessed needs rather than fixed for a year. It means support can be scaled up or down as your situation changes, without waiting for a whole new package approval. Ask your provider what your quarterly amount is and how much of it is already committed.

Has the Commonwealth Home Support Programme changed?

Not yet. CHSP continues to operate as a separate program and is scheduled to transition into Support at Home no earlier than 1 July 2027. Until then, CHSP services carry on as they were.

Can I get equipment or a bathroom modification through Support at Home?

Yes, through the assistive technology and home modifications pathway, which is funded separately from your ongoing services. Items range from mobility aids and grab rails to ramps, stairlifts, specialised beds and seating. An assessment, usually by an occupational therapist, sits behind the recommendation, because the case for the equipment has to be tied to how you function in your own home.

What if my parent is coming out of hospital and needs a short burst of intensive help?

That is what the restorative care pathway is for: short-term, time-limited support to regain independence after a change in health or function such as a hospital stay, injury or surgery. It took the place of the Short-Term Restorative Care Programme.

Can I change providers?

Support at Home is built around choice and control, and you have the right to compare providers and ask how they deliver your support. The specific steps for switching once services have started are best confirmed with My Aged Care on 1800 200 422 or with your current provider.

My parent is 62 and has a disability. Which system applies?

That depends on the individual, and the two systems have different eligibility tests. Aged care is generally for people 65 and over, or 50 and over for Aboriginal and Torres Strait Islander people, though people under 65 can access aged care in some cases where NDIS support is not suitable. Ask My Aged Care on 1800 200 422 about the aged care pathway and the NDIS about theirs, and do not assume a rule from one applies to the other.

Who decides what I am approved for?

The assessment service, ACAT or RAS, following your aged care assessment. Providers deliver services against an approved support plan; they do not set your classification, your budget or your contribution rate.

What is the topic of Bloom Healthcare's article 'Support at Home vs Home Care Packages'?

The article explains the difference between Support at Home and Home Care Packages, including what changed in Australia's aged care funding system and what it means for older Australians.

When did Support at Home replace Home Care Packages?

Support at Home commenced on 1 November 2025, replacing the previous Home Care Packages Program along with the Short-Term Restorative Care Programme.

How were care needs categorized under the old Home Care Packages system?

Under the old Home Care Packages system, eligible people were approved for one of four fixed package levels, each designed to reflect different levels of care need.

What types of support could people access under Home Care Packages?

People could access support such as personal care, domestic assistance, transport, nursing, allied health services, and equipment and other support services.

What were some drawbacks of the old Home Care Packages system?

While it worked well for some, the Home Care Packages system could be confusing, slow, or difficult to navigate for others, particularly when care needs changed and reassessment was required.

How many funding classifications does Support at Home use compared to the old system?

Support at Home assigns individuals to one of 8 ongoing funding classifications based on assessed care needs, plus 4 transitioned Home Care Package classifications for people approved under the previous system, compared to the four fixed levels used before.

How does Support at Home organize services differently from Home Care Packages?

Instead of fixed package levels, Support at Home groups services into three main categories with different contribution rules, including Clinical Supports, which are fully funded by the government.

Who publishes this article and what is Bloom Healthcare's focus?

The article is published by Bloom Healthcare, a boutique disability and aged care allied health provider that focuses on evidence-based practice and client-centred healthcare delivered by qualified health practitioners across Australia.

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