Aged Care System Australia | Access Guide | Bloom Healthcare

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Details:

Aged care in Australia is reached through one door: My Aged Care. You register, you have a single assessment, you are approved for a program, and then you choose a provider. Since 1 November 2025 the main in-home program is Support at Home , which replaced the Home Care Packages Program and the Short-Term Restorative Care Programme on the same day the Aged Care Act 2024 commenced. The Commonwealth Home Support Programme still runs separately and is not scheduled to move across until no earlier than 1 July 2027.

That change matters for the section above, which was written while Support at Home was still a proposal. The four Home Care Package levels are gone. This part of the page sets out what replaced them, who qualifies, what you pay, and how allied health fits in.

To start an assessment, call My Aged Care on 1800 200 422 or go to myagedcare.gov.au . To talk to Bloom Healthcare about aged care allied health , call 1300 771 465 .

Who is eligible for aged care

Age is the first gate:

65 years and over for the general population

50 years and over for Aboriginal and Torres Strait Islander people

50 years and over for people who are experiencing homelessness or at risk of it

Age alone is not enough. You also have to show a need for help with daily tasks, mobility, health or wellbeing because of ageing, disability or a medical condition. The assessment is what establishes that need, and it is what sets the level of funding you are approved for.

If you are under 65 and your support needs come from a permanent and significant disability, the NDIS is the scheme to look at, not aged care. The two are separate and their rules do not transfer. There is more on the boundary further down.

How the single assessment system works

The old system used several different assessments depending on which program you were applying for. That has been replaced by a Single Assessment System : one comprehensive assessment that determines eligibility and service needs across all support levels, with no reassessment needed simply because you move between levels of care.

The path has three steps.

Register with My Aged Care. Do this online at myagedcare.gov.au or by calling 1800 200 422. You can also nominate a supporter, such as a family member, who is formally recorded and can act with you.

Assessment referral. My Aged Care refers you to an assessment service based on your situation. That may be an Aged Care Assessment Team (ACAT, called ACAS in Victoria) or a Regional Assessment Service (RAS). Community health centres can also refer and support people through this stage.

Support plan and service recommendations. After the assessment you get a tailored support plan setting out the services that suit your circumstances, such as allied health, personal care or residential care. You then choose your providers.

What to have ready for the assessment

Having these on hand makes the assessment shorter and more accurate:

Proof of identity — Medicare card, passport or driver licence

Medical records — health history, diagnoses, current medications, and any mental health services you receive

Financial information — recent tax returns, pension or superannuation statements, and details of income and assets, because these affect what the government funds and what you contribute

Legal documents — power of attorney or guardianship papers if someone acts for you

Details of your living arrangements and the supports you already have

Timeframes for assessment and for services starting vary by region and by how urgent your needs are. My Aged Care on 1800 200 422 is the only reliable source for current waiting times.

What Support at Home funds

Support at Home is a needs-based model built around three service categories , and the category a service sits in decides who pays for it.

Clinical Supports: fully government funded

The Australian Government funds 100 per cent of clinical care. There is no participant contribution for this category. It covers nursing and the allied health disciplines:

Physiotherapy

Occupational therapy

Speech pathology

Exercise physiology

Dietetics

Psychology and counselling

This is the single most useful thing to know about the new program. If a service is clinical care under Support at Home, cost is not the barrier to using it.

Independence Services: contributions may apply

Services that help you manage everyday activities and stay connected to your community: personal care, transport, respite care, and support with daily routines. A participant contribution may apply depending on your circumstances.

Everyday Living Services: contributions may apply

Services that keep the home safe and manageable: domestic assistance and cleaning, gardening and yard maintenance, shopping, meal preparation, and home maintenance and repairs. A participant contribution may apply here too.

Contribution rates are set by the government, not by providers, and they are worked out on your capacity to pay. A lifetime cap of $130,000 on non-clinical care costs applies, and it covers both in-home care and residential care.

Classifications, quarterly budgets and short-term pathways

The four fixed package levels have been replaced by eight classifications for ongoing services . Four additional transitioned Home Care Package classifications exist to give equivalent funding to people who moved across from the old program.

Budgets are now quarterly rather than annual. Funding is set every three months against your assessed needs, so it can move up or down as your situation changes instead of leaving you waiting for a package upgrade.

Alongside the ongoing classifications there are three short-term pathways :

Assistive Technology and Home Modifications (AT-HM) — funds equipment such as mobility aids, communication aids and smart home technology, and modifications such as ramps, grab rails, stairlifts and bathroom safety changes. An occupational therapist usually assesses what is needed and recommends what suits your home and your function.

Restorative Care — short-term support aimed at regaining function and independence, often after a hospital stay or a period of reduced activity.

End-of-Life — services for people in the final stages of life.

The exact duration and funding amount for each of these pathways is not something to guess at. The Support at Home program manual and My Aged Care on 1800 200 422 are the right sources for those figures. Do not assume a duration from what applied under the old programs.

Protection for people who transferred

A "no worse off" principle applies to people who were receiving a Home Care Package, waiting for one, or assessed as eligible for one on or before 12 September 2024 . Those people pay the same or less in contributions under Support at Home than they would have under their Home Care Package.

How aged care differs from the NDIS

These are separate schemes with separate rules, separate funding and separate front doors. Nothing carries across automatically.

	Aged care	NDIS
Who it is for	Older Australians, 65+ (50+ for Aboriginal and Torres Strait Islander people and people at risk of homelessness)	People under 65 with a permanent and significant disability
Front door	My Aged Care, 1800 200 422	The NDIA, 1800 800 110
Assessment	Single Assessment System, via ACAT/ACAS or RAS	NDIS access request and planning process
In-home funding	Support at Home classifications and quarterly budgets	An individualised NDIS plan

Two points people get wrong often:

You can hold both. An older person with complex needs may receive NDIS-funded allied health for disability-related goals while also using Support at Home for personal care, home modifications and other aged care services.

Turning 65 does not push you out of the NDIS. Existing NDIS participants are not automatically transferred to Support at Home when they turn 65. They continue on their plans. Support at Home is the pathway for older Australians who are not NDIS participants and need in-home support.

Never apply an NDIS rule to an aged care question, or the reverse. Support categories, price arrangements and reporting requirements are not shared between the schemes.

How Bloom Healthcare fits in

Bloom Healthcare is a registered provider delivering Support at Home services to eligible clients, and also takes privately funded clients.

The allied health services Bloom provides to older Australians are occupational therapy, physiotherapy, exercise physiology, speech pathology, and psychology and counselling. The focus is practical: mobility, daily living, independence, communication, nutrition, emotional wellbeing and quality of life.

Delivery is community-based and mobile . Therapists come to you rather than you attending a clinic. That means:

In-home visits

Community settings

Telehealth by video or phone where it is clinically appropriate

Coverage runs across every state and territory:

New South Wales — Campbelltown, Hornsby, Liverpool, Newcastle, Northern Beaches, Parramatta, Penrith, Sydney, Tweed Heads, Wollongong

Queensland — Brisbane, Bundaberg, Caboolture, Cairns, Gold Coast, Ipswich, Logan, North Lakes, Redland Bay, Springfield, Sunshine Coast, Townsville

South Australia — Adelaide, Blackwood, Henley Beach, Highbury, Magill, Mawson Lakes, Morphett Vale, Salisbury, Seaford, Seaton, Stirling

Tasmania — Devonport, Launceston

Victoria — Cheltenham, Craigieburn, Dandenong, Frankston, Geelong, Glen Waverley, Melbourne, Melton, Werribee

Western Australia — Baldivis, Canning Vale, Ellenbrook, Joondalup, Mandurah, Midland, Osborne Park, Perth, Rockingham

Australian Capital Territory — Canberra

To check availability in your suburb, call 1300 771 465 .

Common questions about aged care in Australia

Are Home Care Packages still available?

No. The Home Care Packages Program was replaced by Support at Home on 1 November 2025, along with the Short-Term Restorative Care Programme. People who were on a package were transitioned across, with four transitioned classifications providing equivalent funding and the "no worse off" principle protecting their contributions.

Is the Commonwealth Home Support Programme still running?

Yes. CHSP continues to operate separately as entry-level support. It is scheduled to transition into Support at Home no earlier than 1 July 2027, which gives CHSP providers time to adjust.

Do I pay for physiotherapy or occupational therapy under Support at Home?

Clinical Supports, which include nursing and allied health, are funded by the government at 100 per cent. Contributions apply to Independence Services and Everyday Living Services, not to clinical care. If you are unsure which category a particular service falls into, ask your provider to confirm it in writing before it starts.

How much will I contribute?

Contribution rates are set by the government and depend on your financial circumstances, which is why the assessment asks for income and asset information. Providers do not set these rates. My Aged Care on 1800 200 422 can explain what applies to you.

What is the $130,000 cap?

It is a lifetime cap on non-clinical care costs, covering both in-home and residential care. Clinical care is fully government funded and sits outside it.

Can I get aged care services if I am 60?

Generally no, unless you are an Aboriginal or Torres Strait Islander person, or you are experiencing homelessness or at risk of it. Both of those groups can be assessed from 50. Otherwise the threshold is 65.

Do I need a GP referral to start?

Access to government-funded aged care starts with registration and assessment through My Aged Care, not with a GP referral. Your GP can support the process and provide medical information for the assessment, and a community health centre can also refer you.

I have an NDIS plan and I am about to turn 65. Do I have to move to aged care?

No. Existing NDIS participants are not automatically transferred to Support at Home at 65 and continue on their plans. If you want to understand your options, speak to the NDIA on 1800 800 110 about your plan and to My Aged Care on 1800 200 422 about aged care.

Who decides what services I get?

The assessment sets your classification and your support plan sets out the service types recommended for you. Within that, you choose your provider and you agree the specific services with them. The plan is the boundary; how you use it is a conversation with your provider.

What does it cost to see a Bloom therapist?

Fees, travel arrangements and cancellation terms are set out in your service agreement rather than published as a single figure, because they depend on your funding source and your circumstances. Ask for the service agreement before you sign, and call 1300 771 465 if anything in it is unclear.

How do I start with Bloom?

If you already have a support plan, call 1300 771 465 and ask about the discipline you need. If you have not been assessed yet, start with My Aged Care on 1800 200 422 or myagedcare.gov.au , because approval has to come before government-funded services can begin.

What is the topic of this Bloom Healthcare guide?

The guide, titled 'A Complete Guide to the Aged Care System in Australia and Available Support,' explains the aged care system in Australia, comparing aged care providers and covering the three main care categories: in-home, residential, and flexible care options.

How can individuals access aged care services in Australia?

Individuals can visit the My Aged Care website or contact a local aged care provider to access aged care services, with My Aged Care serving as the central entry point for information and guidance on various aged care options.

What role does the Australian Government play in aged care?

The Australian Government funds and regulates aged care services in Australia, ensuring they are high-quality and accessible to those in need, and funds and regulates three primary categories of aged care services.

What are the three main types of aged care services funded by the Australian Government?

The three main categories are in-home care services, residential aged care services, and flexible care options.

What is the Commonwealth Home Support Programme (CHSP)?

The CHSP offers entry-level support for older individuals needing minimal assistance with daily tasks, including personal care (bathing, dressing), domestic assistance (cleaning, laundry), meal preparation and nutrition, transport services, social support and activities, home maintenance and modifications, and allied health services (physiotherapy, podiatry).

What happened to the Home Care Packages Program?

The Support at Home program replaced the Home Care Packages Program and the Short-Term Restorative Care Programme on 1 November 2025. In-home aged care funding now runs through Support at Home, which classifies allied health as a clinical support.

Who is residential aged care intended for?

Residential aged care is intended for individuals who can no longer live independently at home and require continuous care.

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